

Work-related stress, anxiety or depression statistics in Great Britain, 2022

Data up to March 2022

Annual statistics

Published 23 November 2022



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Summary

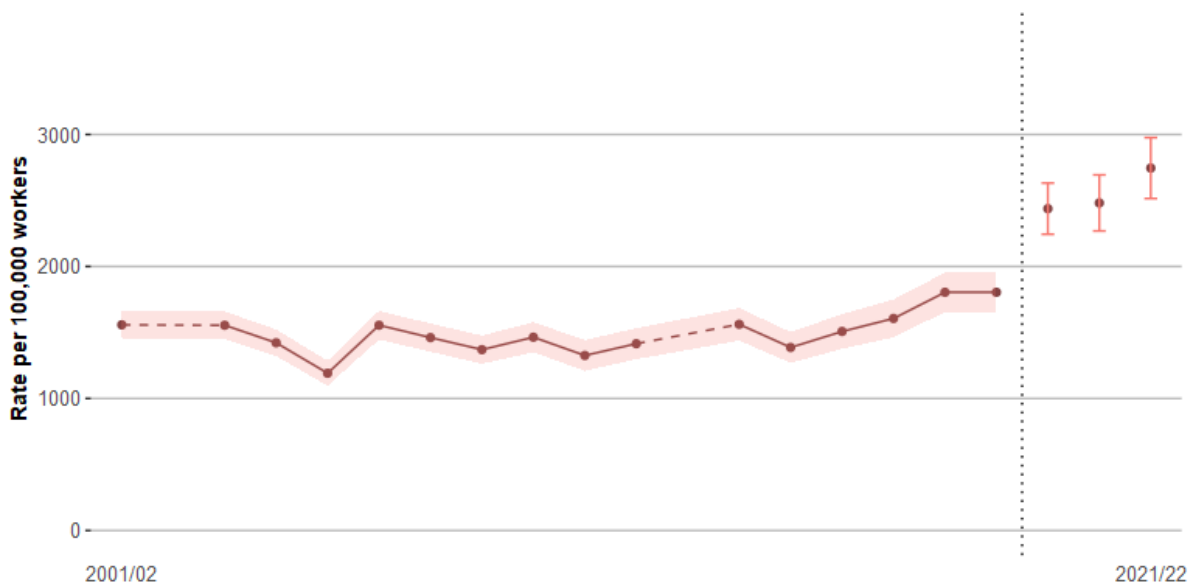
914,000 workers suffering from work-related stress, depression or anxiety (new or long-standing) in 2021/22

Labour Force Survey (LFS)

17.0 million working days lost due to work-related stress, depression or anxiety in 2021/22

Labour Force Survey (LFS)

Rate of stress, depression or anxiety per 100,000 workers: new and long-standing



In the recent years prior to the coronavirus pandemic, the rate of self-reported work-related stress, depression or anxiety had shown signs of increasing. The current rate is higher than the 2018/19 pre-coronavirus levels.

No ill health data was collected in 2002/03 and 2012/13, represented by the dashed line

Latest data includes the effects of the coronavirus pandemic, shown as a break in the time series.

Shaded area and error bars represent a 95% confidence interval

Source: LFS annual estimate, from 2001/02 to 2021/22

Work-related stress, depression or anxiety is defined as a harmful reaction people have to undue pressures and demands placed on them at work. The latest estimates from the Labour Force Survey (LFS) show:

- The total number of cases of work-related stress, depression or anxiety in 2021/22 was 914,000, a prevalence rate of 2,750 per 100,000 workers.
- In the recent years prior to the coronavirus pandemic, the rate of self-reported work-related stress, depression or anxiety had shown signs of increasing. The current rate is higher than the 2018/19 pre-coronavirus levels.
- The number of new cases was 372,000, an incidence rate of 1,120 per 100,000 workers.
- The total number of working days lost due to work-related stress, depression or anxiety in 2021/22 was 17 million days. This equated to an average of 18.6 days lost per case. Working days lost per worker due to self-reported work-related stress, depression or anxiety shows no clear trend.
- In 2021/22 stress, depression or anxiety accounted for 51% of all work-related ill health cases and 55% of all working days lost due to work-related ill health.
- By top-level industry averaged 2019/20-2021/22, stress, depression or anxiety was most prevalent in:
 - Public administration and defence; compulsory social security
 - Human health and social work activities
 - Education
- In terms of occupation averaged 2017/18-2019/20, higher rates of stress, depression or anxiety were found in:
 - Professional occupations
 - Associate professional and technical occupations

- The main work factors cited by respondents as causing work-related stress, depression or anxiety were workload pressures, including tight deadlines and too much responsibility and a lack of managerial support (2009/10-2011/12).
- Of the 914,000 workers suffering from work-related stress, depression or anxiety in 2021/22 an estimated 452,000 believed it was caused or made worse by the effects of the coronavirus pandemic.
- These estimates of the number of workers who suffered work-related stress, depression or anxiety as a result of the coronavirus pandemic should not be subtracted from the overall estimate of work-related stress, depression or anxiety. It cannot be assumed that those individuals would not have otherwise suffered from work-related stress, depression or anxiety in the absence of coronavirus.

Introduction

Work-related stress is defined as a harmful reaction that people have to undue pressures and demands placed on them at work. By its very nature, stress is difficult to measure. HSE's preferred data source for calculating rates and estimates for work-related stress, depression or anxiety are self-reports from the Labour Force Survey (LFS).

Previously, HSE also collected data on work-related stress through The Health and Occupation Research network for general practitioners (THOR-GP). These data, although historic, provide a general practitioners perspective and still useful data on work-related causes of stress. The two data sources may reflect different perceptions of work-related attribution to individual cases.

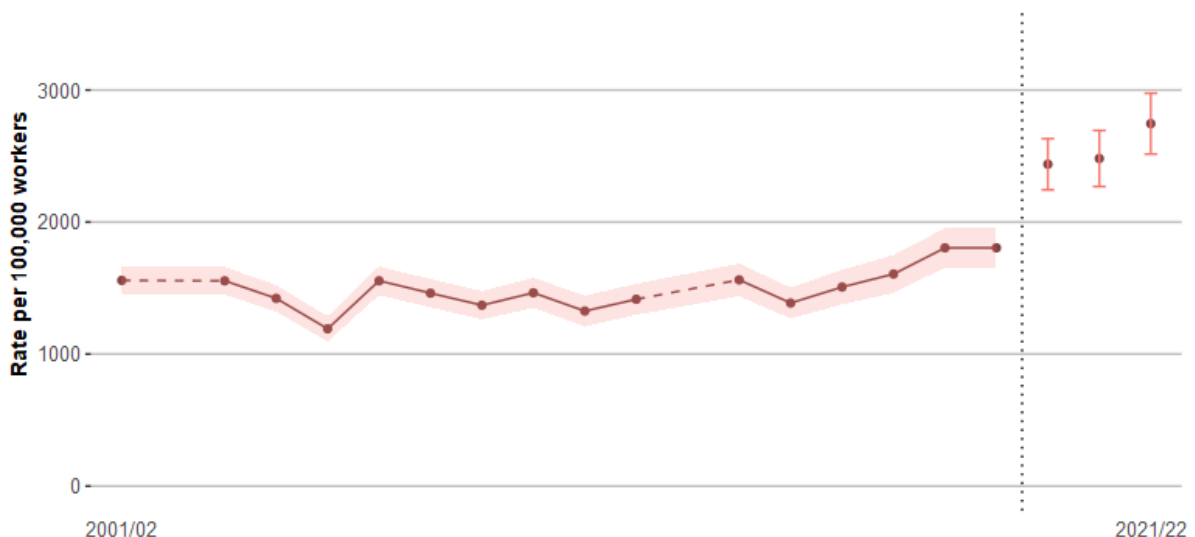
Important Note: The coronavirus (COVID-19) pandemic and the government's response has impacted recent trends in health and safety statistics published by HSE and this should be considered when comparing across time periods. More details can be found in our [reports](#) on the impact of the coronavirus pandemic on health and safety statistics.

Scale and trend in work-related stress, depression or anxiety

In 2021/22 there were an estimated 914,000 workers affected by work-related stress, depression or anxiety. This represents 2,750 per 100,000 workers and results in an estimated 17 million working days lost. In 2021/22 work-related stress, depression or anxiety accounted for 51% of all work-related ill health and 55% of all days lost due to work-related ill health.

In the recent years prior to the coronavirus pandemic, the rate of self-reported work-related stress, depression or anxiety had shown signs of increasing. The current rate is higher than the 2018/19 pre-coronavirus levels. Working days lost per worker due to self-reported work-related stress, depression or anxiety shows no clear trend. Days lost per worker is a combination of the overall case rate and the days lost per case.

Figure 1: Estimated prevalence rates of self-reported stress, depression or anxiety caused or made worse by work in Great Britain, for people working in the last 12 months



In the recent years prior to the coronavirus pandemic, the rate of self-reported work-related stress, depression or anxiety had shown signs of increasing. The current rate is higher than the 2018/19 pre-coronavirus levels.

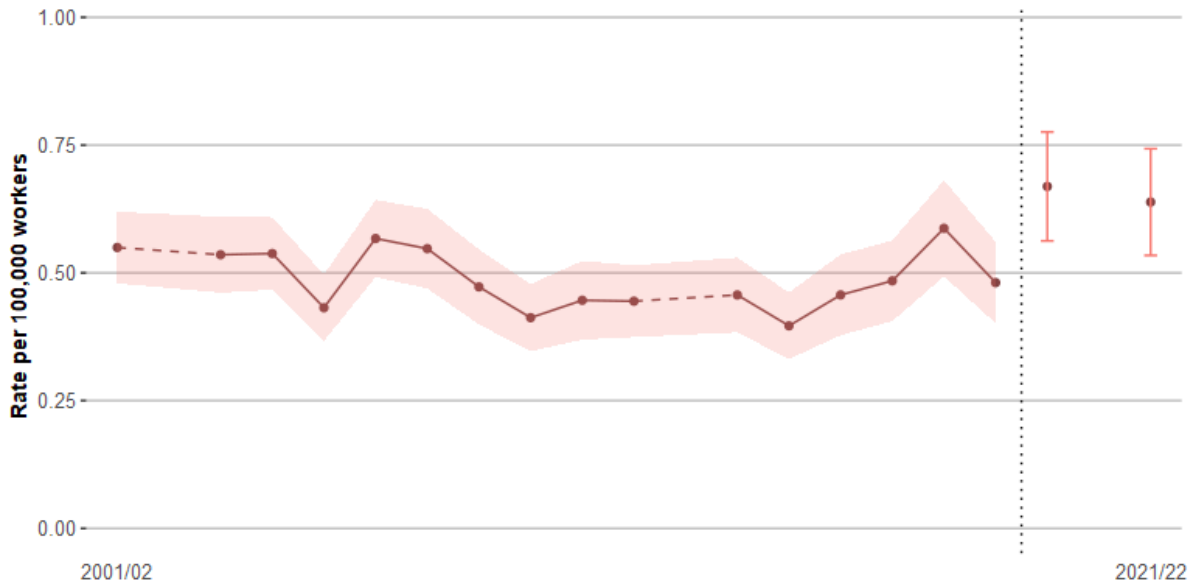
No ill health data was collected in 2002/03 and 2012/13, represented by the dashed line

Latest data includes the effects of the coronavirus pandemic, shown as a break in the time series.

Shaded area and error bars represent a 95% confidence interval

Source: LFS annual estimate, from 2001/02 to 2021/22

Figure 2: Estimated working days lost per worker due to self-reported work-related stress, depression or anxiety in Great Britain, for people working in the last 12 months



Working days lost per worker due to self-reported work-related stress, depression or anxiety shows no clear trend.

No ill health data was collected in 2002/03 and 2012/13, represented by the dashed line

Latest data includes the effects of the coronavirus pandemic, shown as a break in the time series.

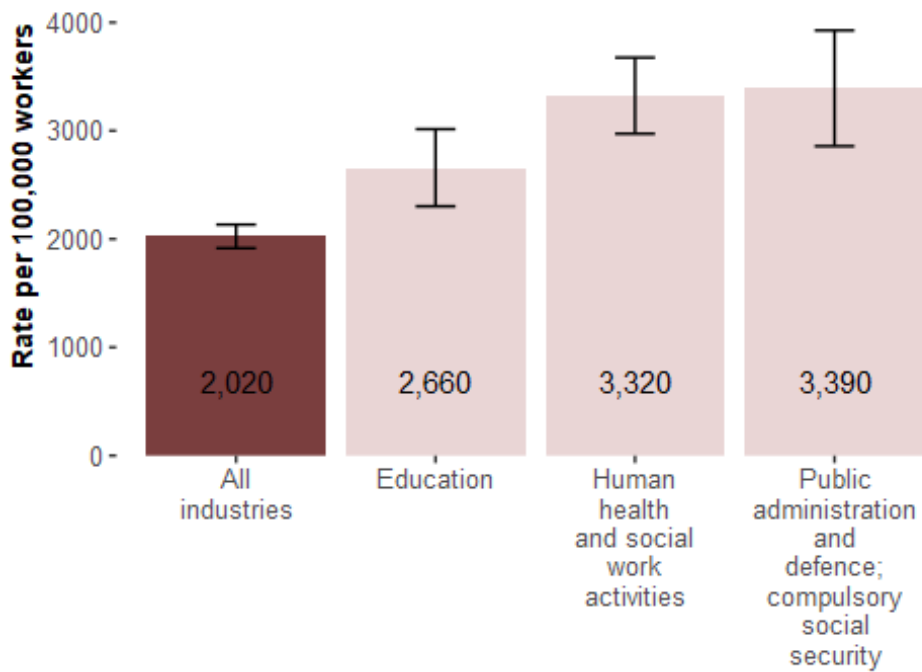
Shaded area and error bars represent a 95% confidence interval

Source: LFS annual estimate, from 2001/02 to 2021/22

Work-related stress, depression or anxiety by industry

The average prevalence of work-related stress, depression or anxiety across all industries was 2,020 cases per 100,000 workers averaged over the period 2019/20-2021/22. The broad industry categories of public administration and defence; compulsory social security (3,390 cases per 100,000 workers), Human health and social work activities (3,320 cases per 100,000 workers) and Education (2,660 cases per 100,000 workers) all had significantly higher rates than the average for all industries.

Figure 3: Estimated prevalence rates of self-reported work-related stress, depression or anxiety in Great Britain, for people working in the last 12 months, by industries with higher rates, averaged 2019/20-2021/22



Source: LFS, estimated annual average 2019/20-2021/22
95% confidence intervals are shown on the chart

Work-related stress, depression or anxiety by occupation

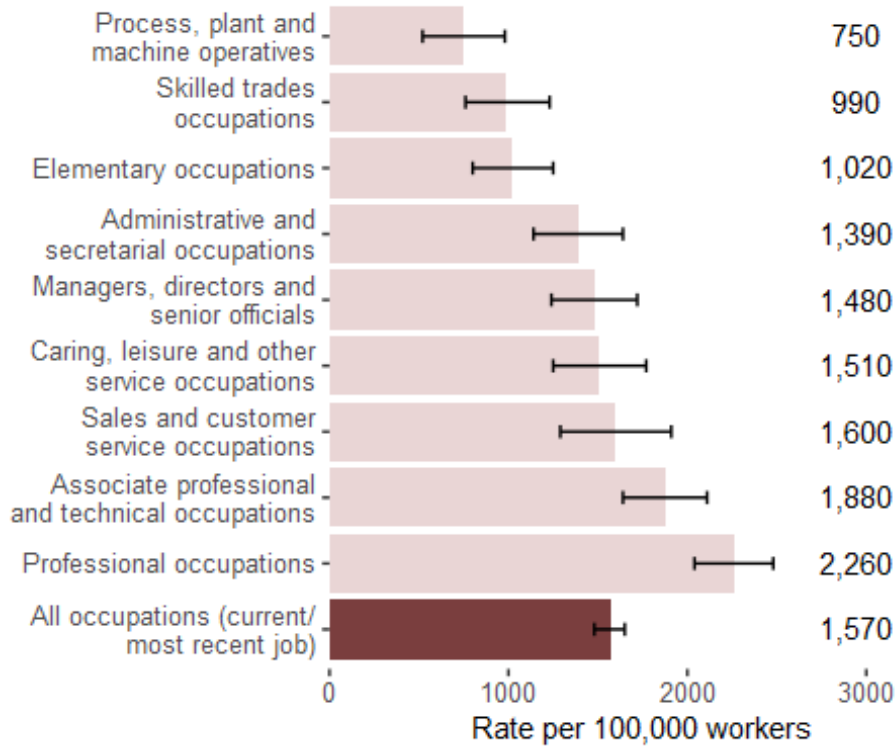
For the three-year period averaged over 2017/18-2019/20, Professional occupations (2,260 cases per 100,000 workers), Associate professional and technical occupations (1,880 cases per 100,000 workers) had statistically significantly higher rates of work-related stress, depression or anxiety compared to the rate for all occupational groups (1,570 per 100,000 workers).

A number of smaller occupational groups, some part of the above bigger groupings, also had statistically higher rates (averaged over 2017/18-2019/20) including:

- Protective service occupations
- Customer service occupations
- Teaching and educational professionals
- Health and social care associate professionals
- Health professionals
- Business, media and public service professionals

These occupations often involve high levels of public contact or interaction and many are also largely within the public sector.

Figure 4: Estimated prevalence rates of self-reported work-related stress, depression or anxiety in Great Britain, for people working in the last 12 months, by occupation, averaged 2017/18-2019/20



Source: LFS estimated annual average 2017/18-2019/20
95% confidence intervals are shown on the chart

Work-related stress, depression or anxiety by age and gender

The most recent data shows that compared to all workers, females overall had statistically significantly higher rates of work-related stress, depression or anxiety and males significantly lower.

Compared to all workers:

- Males aged 16-24
- Males aged 45-54
- Males aged 55+

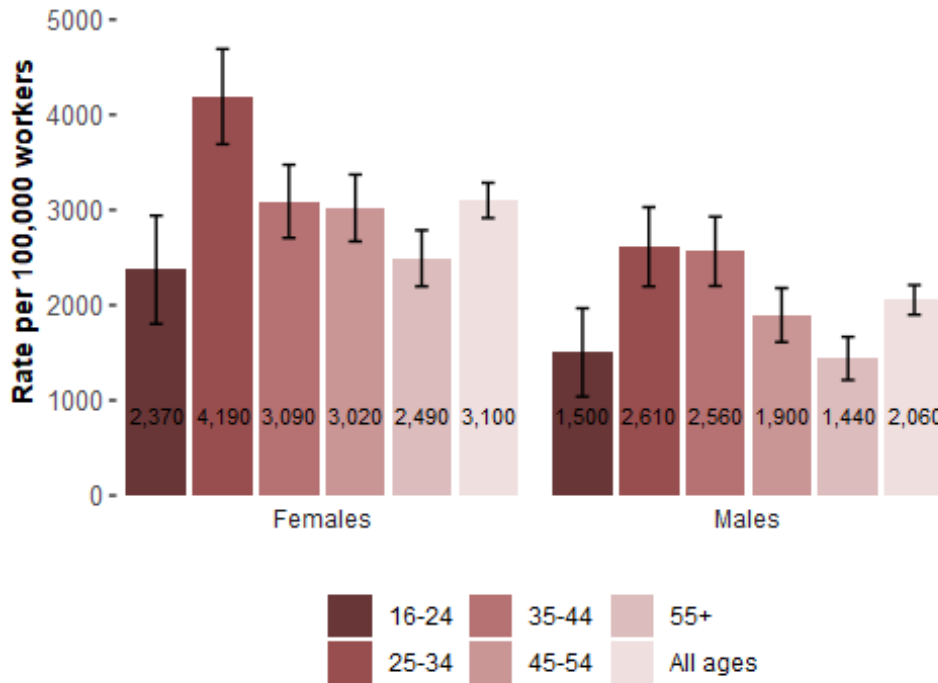
had significantly lower rates of work-related stress, depression or anxiety.

By contrast:

- Females aged 25-34
- Females aged 35-44
- Females aged 45-54

had significantly higher rates.

Figure 5: Prevalence rate of self-reported work-related stress, depression or anxiety in Great Britain, by age and gender per 100,000 workers, averaged over the period 2019/20-2021/22

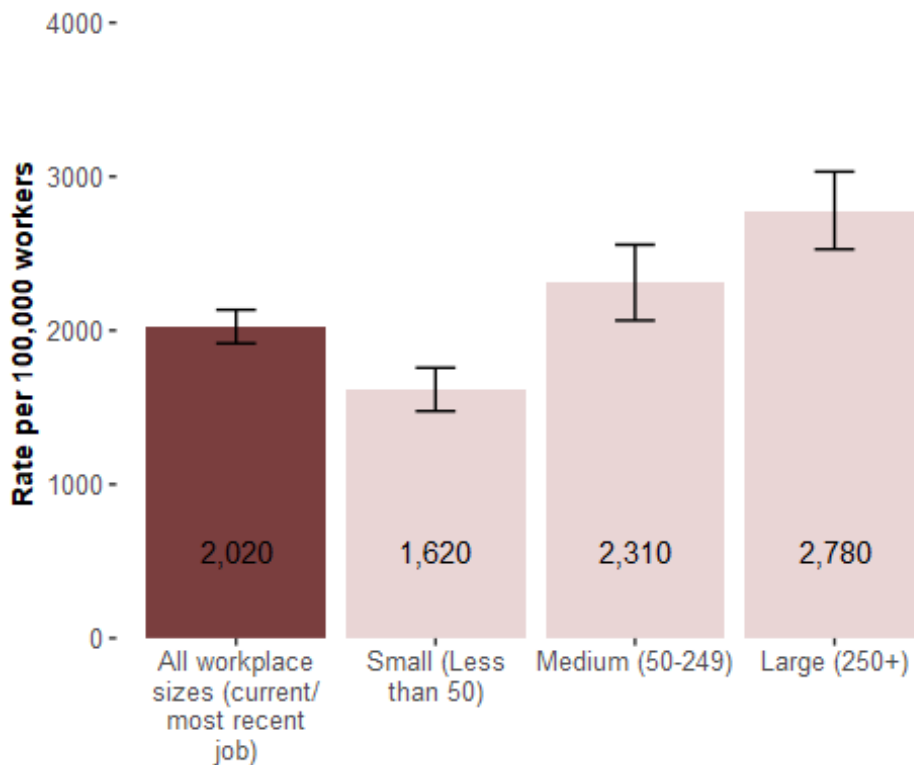


Source: LFS estimated annual average 2019/20-2021/22
95% confidence intervals are shown on the chart

Work-related stress, depression or anxiety and workplace size

Compared with the rate of all workplaces size, small workplaces had a statistically significantly lower rate of work-related stress, depression or anxiety. Medium and large enterprises had statistically significantly higher rates.

Figure 6: Prevalence rates of self-reported work-related stress, depression or anxiety in Great Britain, by workplace size per 100,000 workers, averaged over the period 2019/20-2021/22



Source: LFS estimated annual average 2019/20-2021/22
95% confidence intervals are shown on the chart

Causes of work-related stress, anxiety or depression

Of the 914,000 workers suffering from work-related stress, depression or anxiety in 2021/22 an estimated 452,000 believed it was caused or made worse by the effects of the coronavirus pandemic.

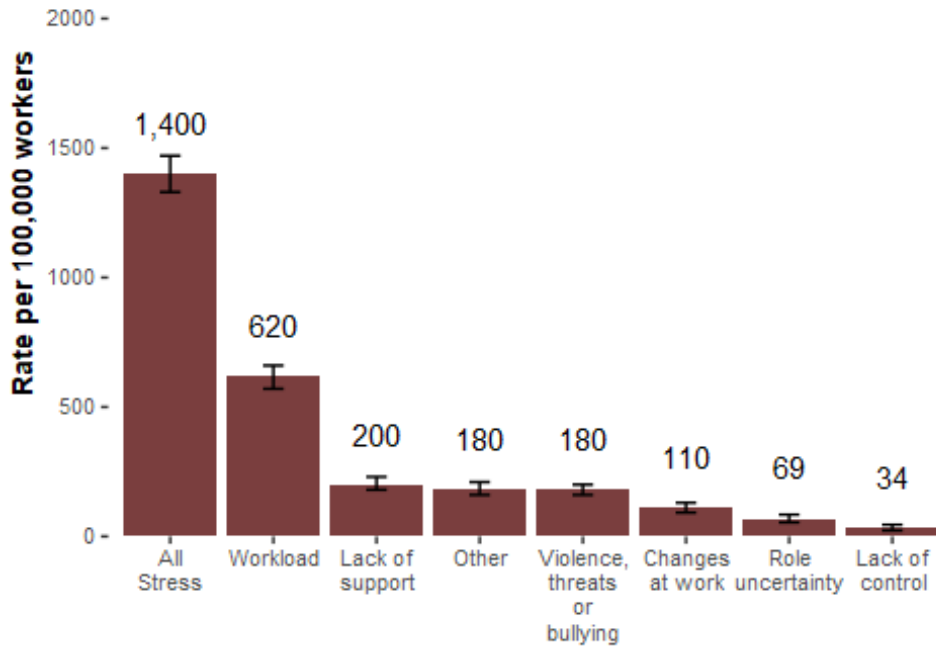
Source: LFS

These estimates of the number of workers who suffered work-related stress, depression or anxiety as a result of the coronavirus pandemic should not be subtracted from the overall estimate of work-related stress, depression or anxiety. It cannot be assumed that those individuals would not have otherwise suffered work-related stress, depression or anxiety in the absence of coronavirus.

Prior to the coronavirus pandemic the predominant cause of work-related stress, depression or anxiety from the Labour Force Survey (2009/10-2011/12) was workload, in particular tight deadlines, too much work or too much pressure or responsibility.

Other factors identified included a lack of managerial support, violence and bullying, organisational changes at work and role uncertainty (lack of clarity about job/uncertain what meant to do).

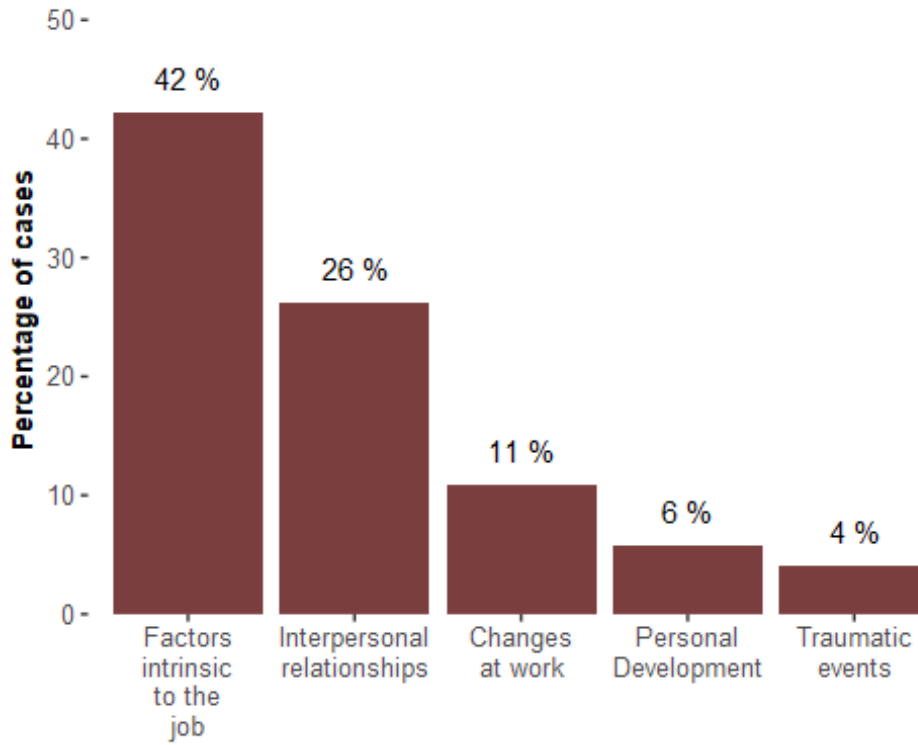
Figure 7: Estimated prevalence rates of self-reported stress, depression or anxiety in Great Britain, by how caused or made worse by work, averaged 2009/10-2011/12



*Source: LFS estimated annual average 2009/10-2011/12
95% confidence intervals are shown on the chart*

The general practitioner's network (THOR-GP 2013-2015) identified an analysis of work-related mental ill health cases by precipitating events. They concluded that workload pressures were the predominant factor, in agreement with the LFS, with interpersonal relationships at work and changes at work significant factors also.

Figure 8: Percentage of work-related mental ill-health cases reported to THOR-GP according to main precipitating event, three-year aggregate total, 2013-2015 in Great Britain



Source: THOR(GP), data 2013-2015

Annex 1: Sources and definitions

The Labour Force Survey (LFS): The LFS is a national survey run by the Office for National Statistics of currently around 36,000 households each quarter. HSE commissions annual questions in the LFS to gain a view of self-reported work-related illness and workplace injury based on individuals' perceptions. The analysis and interpretation of these data are the sole responsibility of HSE.

- Self-reported work-related illness: People who have conditions which they think have been caused or made worse by their current or past work, as estimated from the LFS. Estimated total cases include long-standing as well as new cases. New cases consist of those who first became aware of their illness in the last 12 months.
- It is important to note that an estimate of work-related stress, depression or anxiety for the latest year in the absence of the coronavirus pandemic cannot be derived from the estimates presented in this document. This is due to the fact that it cannot be assumed that any individual case attributed to the coronavirus pandemic would not have developed anyway in the given year.

Reports of ill health by general practitioners (GPs) (THOR GP): THOR GP is a surveillance scheme in which general practitioners (GPs) are asked to report new cases of work-related ill health. It was initiated in June 2005. Participating GPs report anonymised information about newly diagnosed cases to the Centre for Occupational and Environmental Health (COEH), University of Manchester. HSE funding ended in 2016 so the last year of data available to HSE is 2015.

Rate per 100,000: The number of annual workplace injuries or cases of work-related ill health per 100,000 employees or workers.

95% confidence interval: The range of values within which we are 95% confident contains the true value, in the absence of bias. This reflects the potential error that results from surveying a sample rather than the entire population.

Statistical significance: A difference between two sample estimates is described as 'statistically significant' if there is a less than 5% chance that it is due to sampling error alone.

For more information, see www.hse.gov.uk/statistics/sources.pdf

Potential impact of COVID-19 on HSE's main statistical data sources in 2021/22
See www.hse.gov.uk/statistics/coronavirus-pandemic-impact.htm

Annex 2: Links to detailed tables

The data in this report can be found in the following tables:

LFS tables

Type of illness (LFSILLTYP): www.hse.gov.uk/statistics/lfs/lfsilltyp.xlsx

Age and gender (LFSILLAGE): www.hse.gov.uk/statistics/lfs/lfsillage.xlsx

Industry (LFSILLIND): www.hse.gov.uk/statistics/lfs/lfsillind.xlsx

Occupation (LFSILLOCC): www.hse.gov.uk/statistics/lfs/lfsillocc.xlsx

Workplace size (LFSILLSIZ): www.hse.gov.uk/statistics/lfs/lfsillsiz.xlsx

How caused or made worse by work (LFSILLHOW):

www.hse.gov.uk/statistics/lfs/lfsillhow.xlsx

THOR GP tables

THORGP14-Mental ill-health by precipitating event:

www.hse.gov.uk/statistics/tables/thorgp14.xlsx

More data tables can be found at: www.hse.gov.uk/Statistics/tables/index.htm

National Statistics

National Statistics status means that statistics meet the highest standards of trustworthiness, quality and public value. They are produced in compliance with the Code of Practice for Statistics and awarded National Statistics status following assessment and compliance checks by the Office for Statistics Regulation (OSR). The last compliance check of these statistics was in 2013.

It is Health and Safety Executive's responsibility to maintain compliance with the standards expected by National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the OSR promptly. National Statistics status can be removed at any point when the highest standards are not maintained and reinstated when standards are restored. Details of OSR reviews undertaken on these statistics, quality improvements, and other information noting revisions, interpretation, user consultation and use of these statistics is available from www.hse.gov.uk/statistics/about.htm

An account of how the figures are used for statistical purposes can be found at www.hse.gov.uk/statistics/sources.htm.

For information regarding the quality guidelines used for statistics within HSE see www.hse.gov.uk/statistics/about/quality-guidelines.htm

A revisions policy and log can be seen at www.hse.gov.uk/statistics/about/revisions/

Additional data tables can be found at www.hse.gov.uk/statistics/tables/

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