



Public Health
England

Health and Work Spotlight on Mental Health



Almost

1 in 6

people of working age
have a diagnosable
**mental health
condition**

Mental health conditions are a leading cause
of sickness absence in the UK



were lost to
**stress, depression
and anxiety' in
2014 –**
an increase of 24% since 2009



**long-term
sickness
absence**

in England **attributed
to mental ill health**

In 2015, some **48%** of

**Employment and Support
Allowance recipients**

had a '**Mental or Behavioural disorder**'
as their primary condition



Of people with
**physical long
term conditions,**

1 in 3

**also have
mental illness,**
most often depression
or anxiety

Work can be a
cause of stress
and common mental
health problems:

in 2014/15
9.9m days
were lost to

**work-related
stress,
depression
or anxiety**



In 2016,

42.7%
employment rate

for those who report mental illness
as their main health problem (Mental
illness, phobia, panics, nervous
disorders (including depression, bad
nerves or anxiety). **Compared to
74% of all population**

Each year
mental ill-health
costs the economy
an estimated



£70bn

through lost productivity, social benefits
and health care.



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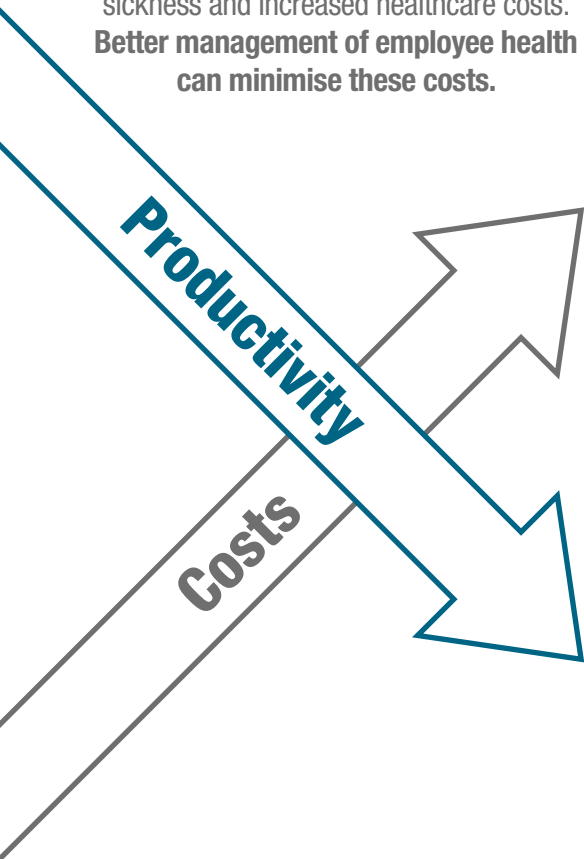
Health and Work Costs



An unhealthy workforce hurts the UK's economy

and society due to lost productivity, reducing in income tax receipts, increases in long-term sickness and increased healthcare costs.

Better management of employee health can minimise these costs.



The costs to the taxpayer

– benefit costs, additional health costs and forgone taxes – are estimated to be

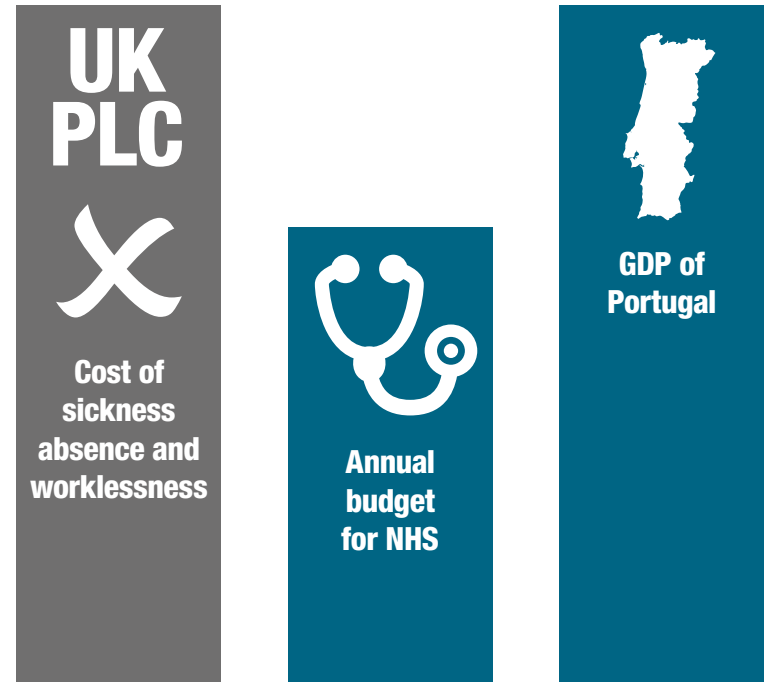


The combined costs

of sickness absence, lost productivity through worklessness, and health-related productivity losses, are estimated to be over

£100bn annually

This is greater than the current annual budget for the NHS and equivalent to the entire GDP of Portugal





Health and Work

Health of the working age* population

General

1 in 3 of the working age population in England report having at least one **long-term health condition**



1 in 7 of the working age population in England report having **more than one** long-term condition

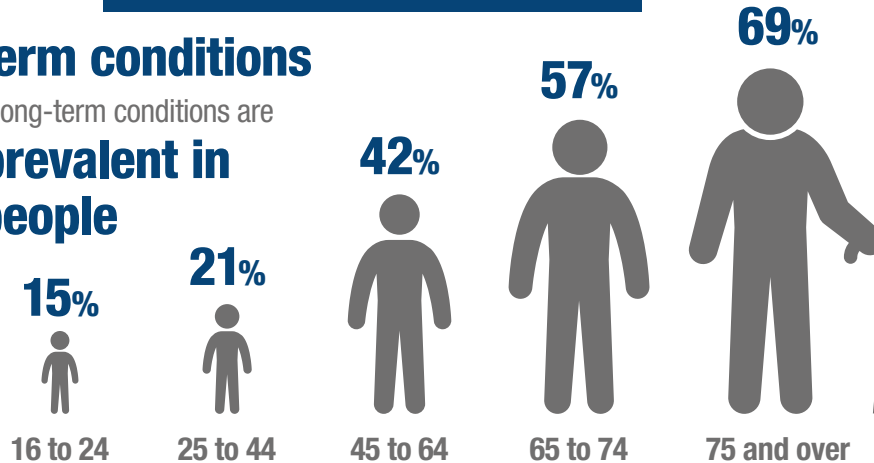
Over half of people with a long term condition say their health is a

BARRIER

to the type or amount of work they can do, **rising to over 80%** when someone has three or more conditions

Socio-economic factors

Long-term conditions and limiting long-term conditions are **more prevalent in older people**



Long-term conditions are associated with social class and type of occupation

People in the **poorest communities** have a **60 per cent higher** prevalence of long-term conditions than those in the richest.



Employees from **unskilled occupations** (**52%**)

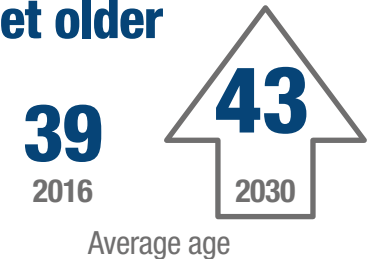
experience long-term conditions more than groups from



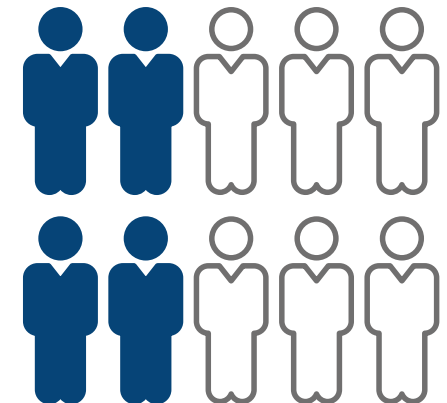
professional occupations (**33%**)

Future

In the coming years the **workforce is projected to get older**



By 2030 **40%** of the working age population will have a **long term condition**





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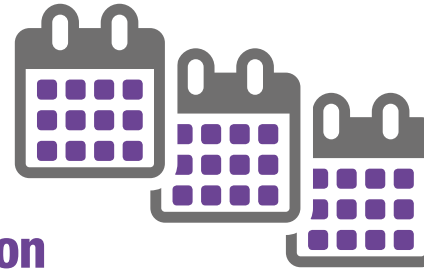
Health of UK employees



1 in 4
of UK employees
reported having a
**physical
health
condition**

1 in 5
of those employees with
physical health conditions,
also reported
having a mental
health condition

1 in 3
of current UK
employees have a
**long-term
health condition**



1 in 8
of current employees
reported having a
mental health condition

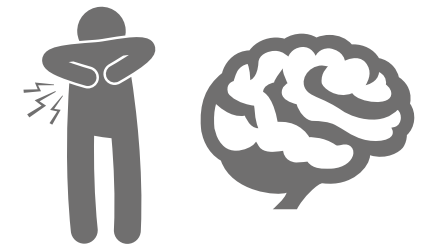


1 in 10
employees
reported having
musculoskeletal conditions



42%
of employees with a health
condition felt their condition

**affected their work 'a great
deal' or 'to some extent'**



Employees with mental and physical
health comorbidity were much
**more likely to see
their health as
affecting work**

29%
were affected 'a great deal'
compared to

13%
of those with a
physical condition only
and

15%
of those with a mental health
condition only





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Spotlight on musculoskeletal conditions (MSK)

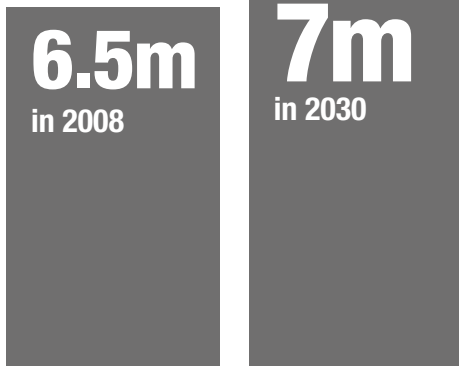


1 in 8

of the working age population reported having an MSK



The **prevalence of MSK** in the workforce is **likely to increase**



Employment rate for people who report MSK as their main health condition is **59.7%**

In 2013, **more days** of sickness absence were attributed to back, neck and muscle pain than any other cause.

In 2013, **30.6m** days of sickness absence could be attributed to **MSK**

23% of all working days lost

33% of English **long-term** sickness absence is attributed to **MSK**

In 2015, **13%** of **Employment and Support Allowance (ESA)** recipients reported MSK as their **main condition**



In 2010, ESA claimants with MSK were **more likely than those with other conditions, to attribute their health conditions to work – 36%** related it to work

An estimated **9.5m** working days were lost due to work related MSK, an average of 17 days lost for each case. This represents **40%** of all days lost due to work related ill-health in 2014/15. Agriculture; construction; health and social care; and transportation and storage industries all show elevated rates of MSK.





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Health and Work

Managing health at work for employers



THE WORK
FOUNDATION
PART OF LANCASTER UNIVERSITY

131m
working days are lost
to sickness absence every year

4.4 days
are lost on average for
each worker
due to sickness absence



42% of employees
experience at least one period of
sickness absence in a year

7% of employees
take periods of sickness absence
lasting 2 weeks or more

Main causes for lost working days in 2013

Musculoskeletal conditions



31m days

Minor illnesses (coughs and colds)



27m days

Stress, anxiety or depression



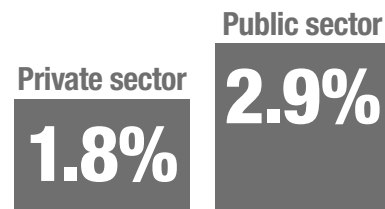
15m days

**Costs of
presenteeism**
(attending work while ill)
are estimated to be
£30bn
annually



Employers spend
£9bn each year
on sick pay and associated costs

**Percentage of
hours lost to
sickness in 2013**



1 in 3
of employees with a long term
health condition have
**not discussed it
with their employer**



52%
of employees
report having **access to
occupational health**
through their work.

39% report having
**access to
independent
counselling**

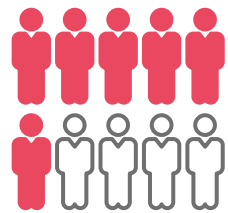


Health and Work

Spotlight on Small Medium Enterprises (SME)

SMEs (between 0 and 249 employees) represent a very large proportion of UK workplaces. In 2015,

99.9%
of all UK
private sector
businesses
were SMEs



They employ **15.6m** people, accounting for **60%** of private sector employment

Only **21%** of employees of small businesses (<50 employees) reporting access to occupational health, and only

12% reporting access to Employee Assistance Programmes



95% of people who move from economic inactivity into work in the private sector **start their own business or work for a SME**



Employees in micro businesses

(<10 employees) are **twice as likely to leave work and move onto Employment Support Allowance without a period of sickness absence** than those in larger businesses, suggesting that micro businesses and their employees can find **managing ill-health challenging**

Sickness absence is lower in smaller businesses

% of working hours lost to sickness, by number of employees

2.3%
Between 25-500 employees



Similar when self-reported

% that reported no absence in a year:

61%
Employees in small business (1-49)

56%
Large firm employees



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Health and Work

Unemployment and economic inactivity



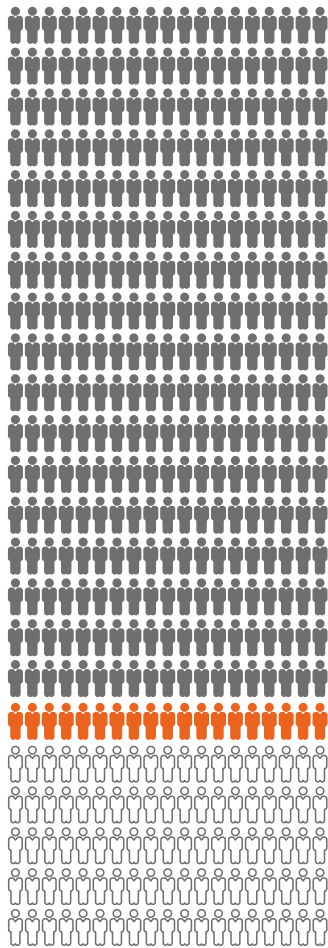
In March 2016, there were

31m people
aged 16+
in work

74%
16-64 employment rate

5%
unemployment

22%
economically
inactive



Having a
long-term condition is associated with unemployment and worklessness
with an employment rate of only

60%



Unemployed people were
more than twice as likely as employed
people to report having a limiting
long term condition

17% unemployed
9% employed

Among working age people, those
who are economically inactive
have the **highest prevalence of
long term conditions (42%)**
and **limiting long
term conditions (31%)**
even when accounting
for age and income.

Unemployed people are
defined as those who are not
working, but are looking for work.

Economic inactivity:
people not in employment who
have not been seeking work
within the last 4 weeks and/or
are unable to start work within
the next 2 weeks.



In 2016,
6% of
working age adults
are on **Employment
Support Allowance/
incapacity benefits**





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Health and Work Welfare



The annual State spend on health-related benefits

£13bn



Annual cost to the State of the average claimant receiving Employment and Support Allowance (ESA)

£8,500

Each year, approximately

330,000 people

flow from work on to the State's main health-related benefit, ESA

2 in 3

are male



Over

1 in 3

are over 50 years of age

50+

Around

140,000

people a year

fall out of work and claim health related benefits without having a period of sick leave beforehand



Summary of ESA claimants by condition (August 2015)

48% Mental and behavioural disorders



13% Diseases of the musculoskeletal conditions and connective tissue



6% Diseases of the nervous system



6% Diseases of the circulatory and respiratory system



5% Injury, poisoning and other external causes



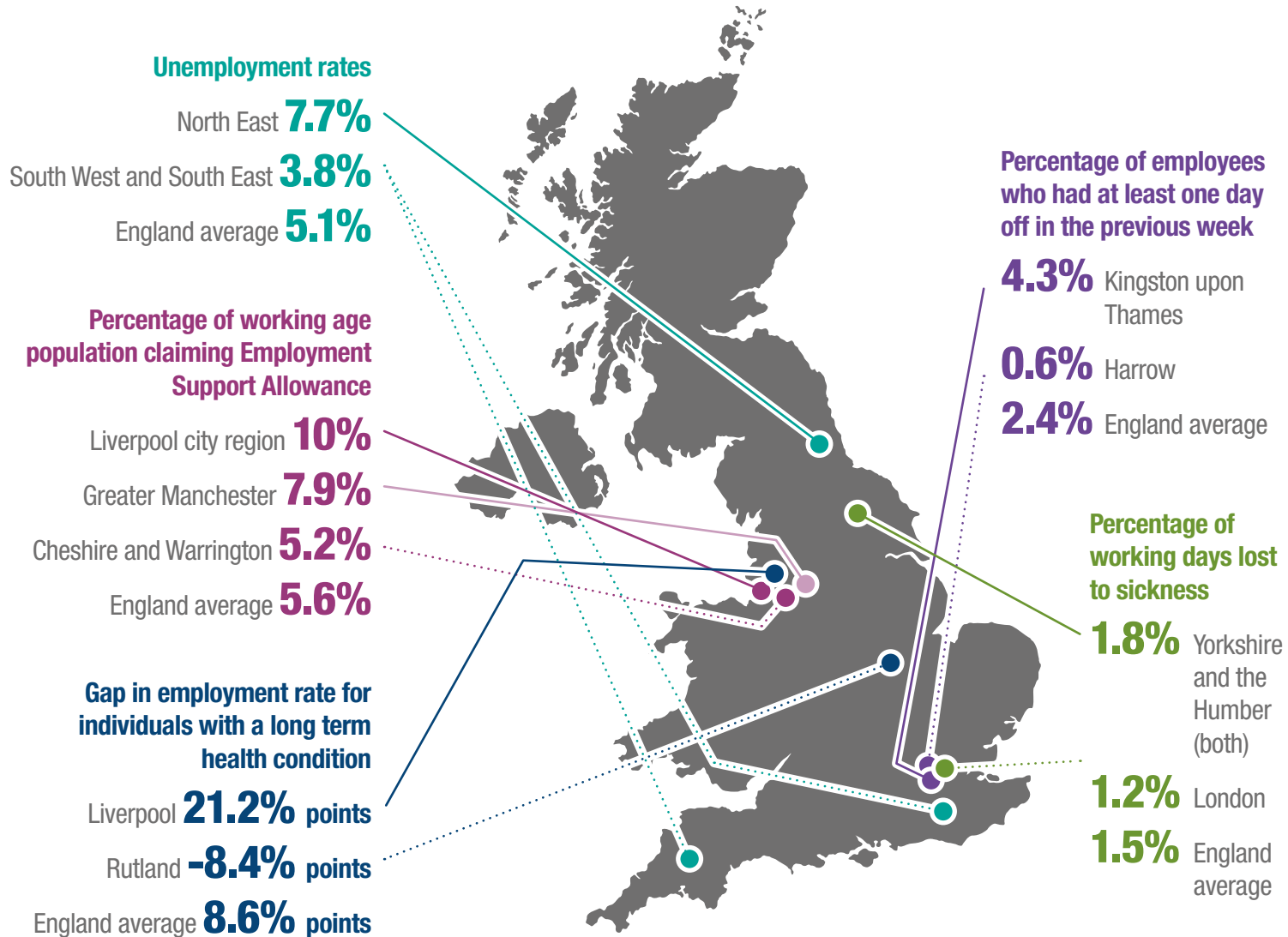
12% Other



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The local picture

There is considerable variation in health and health-related employment outcomes across the UK



Whenever an out-of-work claimant moves into a job at the Living Wage, the local economy

benefits on average by £14,436 annually



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Health and Work

Supporting older workers with health problems



By 2020, it is estimated that

1 in 3
British workers

will be over the age
of 50 years



Older people are more likely to experience longer periods of unemployment

47% of unemployed 50-64 year olds
have been out of work for a year or more

compared to **40%** of
unemployed 25-49 year olds,

and only **33%** of
unemployed 18-24 year olds

Of the **7.2m**
people aged 50-64 who are employed,

42% are living with a
health condition or disability

Among those aged over 50 even a
short period of unemployment

increases the risk of mortality
and a heart attack as much as smoking



Each year,
330,000 people
move from work onto
Employment Support Allowance

1 in 3
are over 50 years old



**Long term
absentee employees**



46% of long term absentee employees in
England are aged 50 or over, as compared to

27% of the employee
population overall

Economic inactivity rate vs **Unemployment rate**

29% vs **5%**

50-64 year-olds

14% vs **6%**

25-49 year-olds

12% of 50-64 year olds are retired

For those who are not working when asked why:

10% say they are not looking for
work due to **sickness or disability**

4% say they are looking after the home
or family

People with a disability and
those aged 50 and over are

less successful
**in getting a job through
the Work Programme**

50+



Health and Work

Young people and health at work

About half of mental health conditions

begin before the age of 14



Young people with disabilities

account for **7%** of the 16-24 population

16% of the total NEET (not in education, employment or training) group



The **employment rate gap** between people with and without disabilities widens after education

27.8 percentage points at the age of 23

36.2 percentage points at the age of 24

Among 16 to 24 year olds with **work-limiting disabilities**

the unemployment rate is

24%

For young people without such disabilities it is

14%



In a study reporting on how **young people's chronic conditions** can affect their ability to prepare for and seek employment

54% reporting having to delay their education or training, while

63% reported that their condition prevented them from reaching their full educational potential

Chronic health conditions

also lead young people at school age to review their career plans:

93% indicated that their chronic condition had an impact on their self-confidence leading them to believe that certain careers were not viable

Education

The percentage of pupils at the end of Key Stage 4 achieving 5 or more GCSEs at grades A* to C



88.9%

students without Special Educational Needs (SEN)

59.2%

students with SEN without a statement

24.9%

students with SEN with a statement

Post-19 Education



Disabled people are around **3 times as likely not to hold any qualifications** compared to non-disabled people, and around **half as likely to hold a degree-level qualification**

% of people who **do not hold any formal qualification**

19.2%

working age disabled people

6.5%

working age non-disabled people

% of people who **hold degree-level qualifications**

14.9%

working age disabled people

28.1%

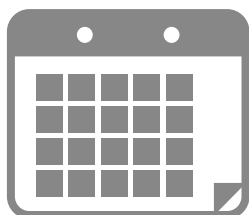
working age non-disabled people



Health and Work

Spotlight on alcohol, drugs and tobacco

Alcohol



17m
working days lost annually through absences caused by alcohol



£7bn
Estimated costs in lost productivity through unemployment and sickness related to alcohol



72%
of people entering treatment for alcohol problems were not in paid employment at the start of their treatment



50k+
individuals in Great Britain in 2013 were claiming incapacity benefits with a primary disabling condition of alcohol misuse

Drugs



People with severe and multiple disadvantage (substance misuse, homelessness, mental health and offending history) are likely to be the furthest from the labour market and need the most support around education, training and employment

In 2014/15

84% of individuals seeking treatment in England for opiate problems were not in paid employment at the start of their treatment

In 2013

34k+ individuals claiming incapacity benefits had a primary disabling condition of drugs misuse

Claimants are hesitant to self-disclose substance misuse for fear that it could affect their benefit entitlement



Employers are reluctant to employ people with a known history of substance misuse

Employment and volunteering leads to better treatment outcomes, and reduced relapse rates

Smoking

Smoking affects organisational productivity

Smokers take between 1 and 2.7 more sick days off per year than non-smokers. Smokers may also take more breaks during the working day.

This equates to

136 hours of lost productivity time every year for the average smoker – costing the average business **£1,522** in unproductive wages

Many smokers would welcome the support of their employers in helping to quit

71% say they would find free information on quitting smoking useful

67% say they would like their employers to promote campaigns like Stoptober and No Smoking Day

78% would like information about their local stop smoking service for support