

Burnout Britain

Overwork in an Age of Unemployment

*4 Day Week Campaign, Compass
and Autonomy*

October 2020





The 4 Day Week Campaign is a national campaign group demanding a four day week and shorter working time.

4dayweekuk@gmail.com

@mpass

Compass is a think tank and a home for those who want to build and be a part of a Good Society; one where equality, sustainability and democracy are not mere aspirations, but a living reality.

info@compassonline.org.uk



Autonomy is an independent think tank that provides necessary analyses, proposals and solutions with which to confront the changing reality of work today

autonomy.work



Author

Nic Murray

Contents

1. Working time & mental health pre-crisis
2. Mental health of workers in Covid-19
3. The how and why of working time reduction and wellbeing
4. Recommendations

Executive Summary

Since the onset of austerity in 2010, depression and anxiety across the UK workforce has increased.

Since the 2008 recession, earnings have still failed to fully recover and employment has become much more precarious for millions of workers due to the rapid growth in the use of precarious contracts such as those on zero hours.

In 2018/19 stress, depression or anxiety accounted for 44% of all work-related ill health cases and 54% of all working days lost were due to ill health. This increase is projected to continue to the point where poor mental health will represent the majority of all cases of work-related ill health.

By far the clearest overlap between work-related mental ill-health and overwork is in the North West where a quarter of people that have taken time off due to mental health issues related to their workplace are seeking to work less hours.

Covid-19 has exacerbated all of these trends. For workers who have made the transition to working remotely, the always-on culture of being available for meetings, calls and checking emails has suddenly entered their homes. The rapid speed of this change, alongside insufficient barriers put in place to separate work and home lives, has steadily extended the length of the working day. By April a third of all those who remained employed without being furloughed were working more hours than usual.

As a result, the prevalence of mental distress among workers is now 49% higher compared to 2017-19, and has increased across all major sectors apart from in Agriculture, Forestry and Mining.


Throughout all stages of the Covid-19 crisis the mental health impacts have been disproportionately felt by women.

Women are 43% more likely to have increased their hours beyond a standard working week than men, and for those with children this was even more clearly associated with mental distress. A staggering 86% of women who are carrying out a standard working week alongside childcare greater than or equal to the UK average experienced mental distress during April.

Without any substantial changes in unpaid labour, new working patterns have placed a greater burden on those carrying out standard caregiving, which again has disproportionately impacted women. Two thirds of workers (65%) whose working week increased beyond a standard 37.5-40 hours and who also engaged in active childcare during April at a rate greater than or equal to the UK average of 80 minutes a day, reported levels of mental distress. By June more than half (51%) of workers keeping up this level of work alongside childcare responsibilities were experiencing mental distress.

As well as an impending recession and mass unemployment, we are heading into an unprecedented mental health crisis, as a direct result of both overemployment and underemployment.

Based on our analysis, what the first few months of this crisis have shown is that workers' mental health has become even more sensitive to having to put in long hours, due to the additional stressors and burdens faced outside of work.



The Government should establish a Working Time Commission to explore both underemployment and overemployment and seek out the best policy-making opportunities for using shorter working time to share work more equally across the economy.

Section 1. Working time & mental health pre-crisis

Even before Covid-19 the UK economy and its workforce were still feeling the lasting impact of the 2008 recession. The employment rate heading into this crisis was markedly higher compared to the first quarter the economy emerged from the last recession (from 70.2% in January to March 2010 to 76.6% for the same quarter in

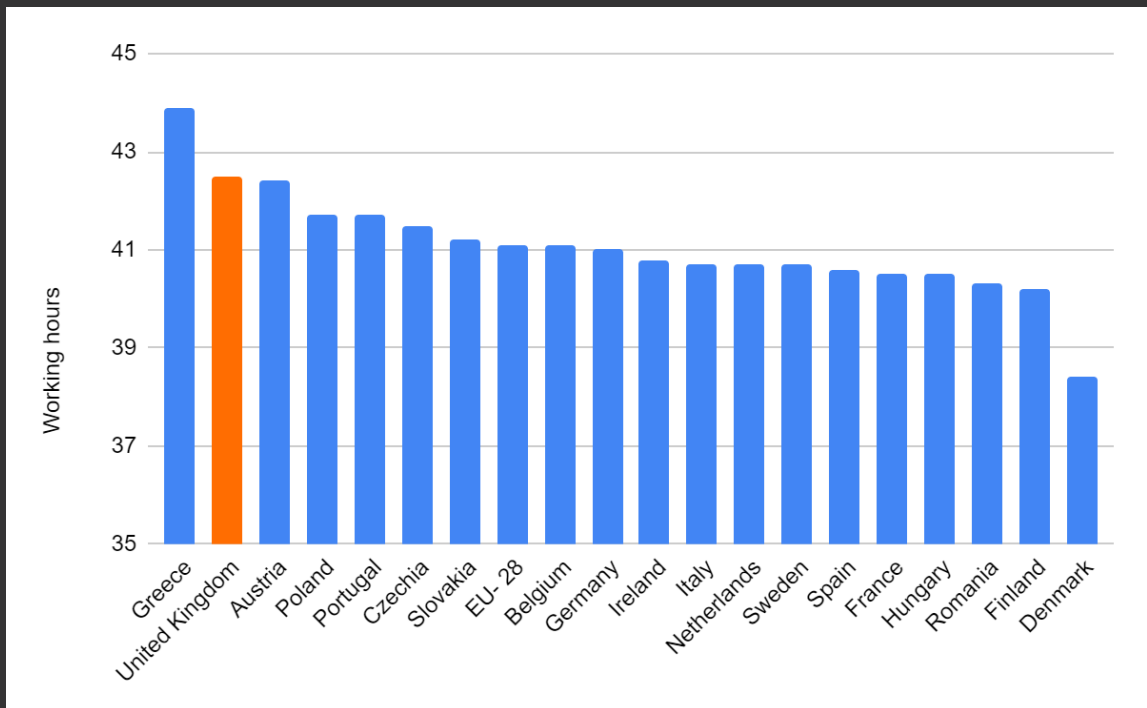


Figure 1. Average working hours across EU countries

Source: Four Day Week Campaign analysis. Eurostat (2020). Average number of usual weekly hours of work in main job

2020).² However this figure hides the ways in which the economy is no longer working for millions of workers.

By 2019, earnings had still failed to recover with real median weekly wages standing 3% below 2008 levels.³ Employment has also become much more precarious for millions of workers due to the rapid growth in the use of zero-hour contracts. Prior to 2010, the number of workers on zero-hours contracts hovered around

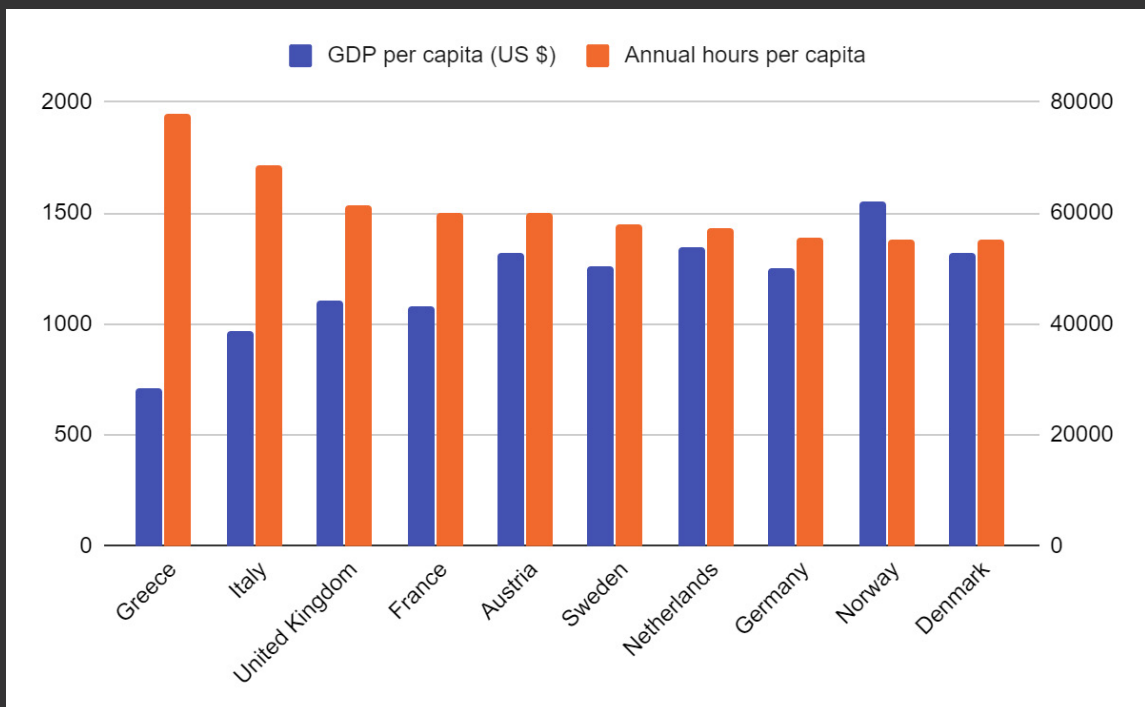


Figure 2. GDP & annual hours per capita across EU countries
Source: Four Day Week Campaign analysis. OECD (2020), GDP per capita & Annual hours per capita (indicators).

² ONS (2020). Labour market overview, UK: June 2020. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/uklabourmarket/june2020>

³ Trades Union Congress (2018). 11 years after the crash, the wage crisis continues for working people. Available at: <https://www.tuc.org.uk/blogs/11-years-after-crash-wage-crisis-continues-working-people>

200,000 but recent figures show that their use has now risen five-fold with over one million workers employed on zero-hour contracts for the first time ever.⁴

Increasing hours and stress

The last 10 years continued the intensification of work. By 2017 47% of the British workforce strongly agreed that their work requires them to work very hard, compared to 32% in 1992.⁵ This resulted in 55% of women and 47% of men reporting they 'always' or 'often' returned home from work exhausted.⁶

Not only has the intensity of work increased, the hours during which they are carried out has remained well above the UK's European neighbours (Figure 1.). In 2019, prior to the UK's departure from the European Union, the only country in the EU-28 where full-time workers were putting in more hours per week was Greece. At an average of 42.5 hours, the UK is 84 minutes a week above the EU average of 41.1, and since 2010 average weekly working hours across the EU had decreased by around twice the amount of the UK (41.6 - 41.1 compared to 42.8 - 42.5).⁷

These high levels of work intensity carried out during some of the longest working hours are not returning gains to the economy, as GDP per hour worked is currently the second lowest in the G7. Furthermore there appears to be no direct link between a country's average hours worked and the strength of its economy. In fact based on examples of other countries the opposite appears to be the case (Figure 2.) Worst of all, this broken model of work

4 ONS (2020). EMP17: People in employment on zero hours contracts

5 Felstead, A., Green, F., Gallie, D. & Henseke, G. (2018) Work Intensity in Britain: First Findings from the Skills and Employment Survey 2017. Cardiff: Cardiff University. Available at: <https://www.cardiff.ac.uk/research/explore/find-a-project/view/626669-skills-and-employment-survey-2017>

6 *ibid*

7 Eurostat (2020). Average number of usual weekly hours of work in main job, by sex, professional status, full-time/part-time and occupation (hours). Available at: https://ec.europa.eu/eurostat/web/products-datasets/-/LFSA_EWHUIS

is worsening existing health conditions and making millions more people ill.

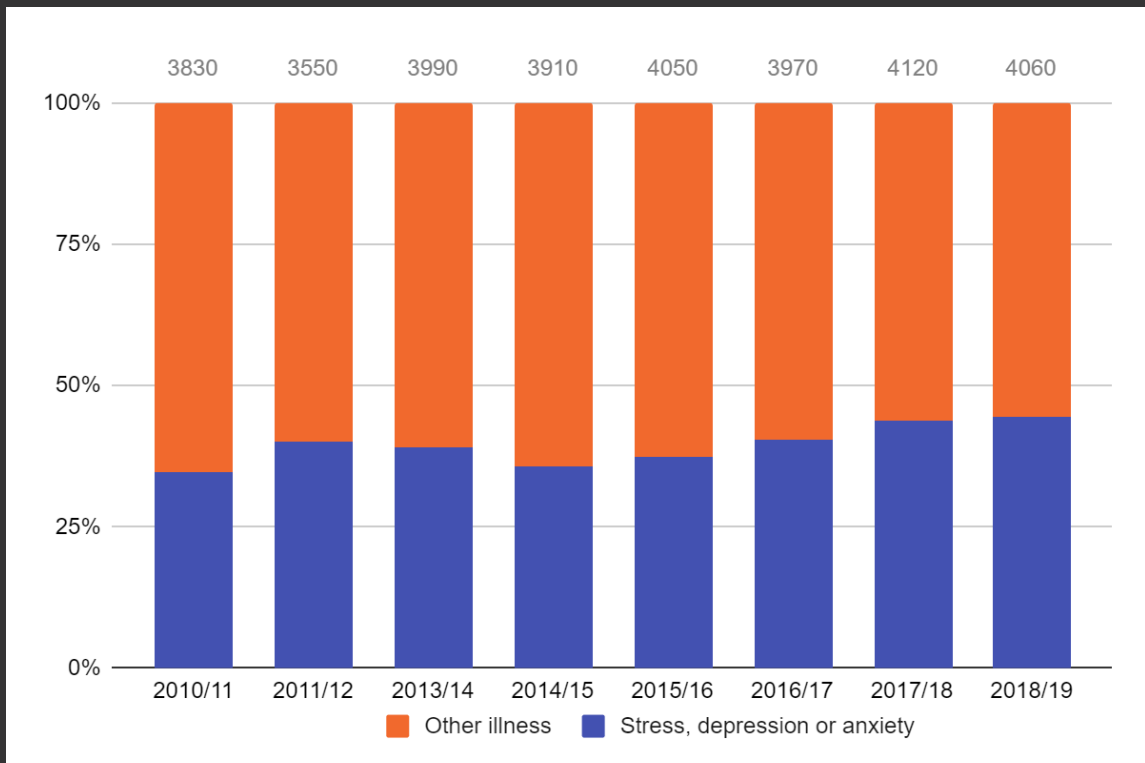


Figure 3. Cases of self reported illness caused or made worse by work. Rate per 100,000 employees employed in past 12 months, 2010/11-2018/19

Source: Four Day Week analysis. Quarterly Labour Force Survey Jan-March 2011-2019

The mental cost of overwork

Over the last decade the total rate of workplace absences has slightly declined (from an average of 5.3 days per worker in 2008 to 4.4 in 2018)⁸, while rates of work-related ill health have remained relatively stable. Work-related ill health includes all cases where a health condition is caused or made worse by an individual's job, ranging from sudden minor injuries, such as those caused by slips or trips to the slower development of issues like backache or work-

⁸ ONS (2019). Sickness absence in the UK labour market: 2018

related stress.

Since 2010, poor mental health has made up an increasing proportion of all work-related ill health (Figure 2 & 3.). In 2018/19 stress, depression or anxiety accounted for 44% of all work-related ill health cases and 54% of all working days lost due to ill health.⁹ This increase is projected to continue to the point where poor mental health will represent the majority of all cases of work-related ill health.¹⁰

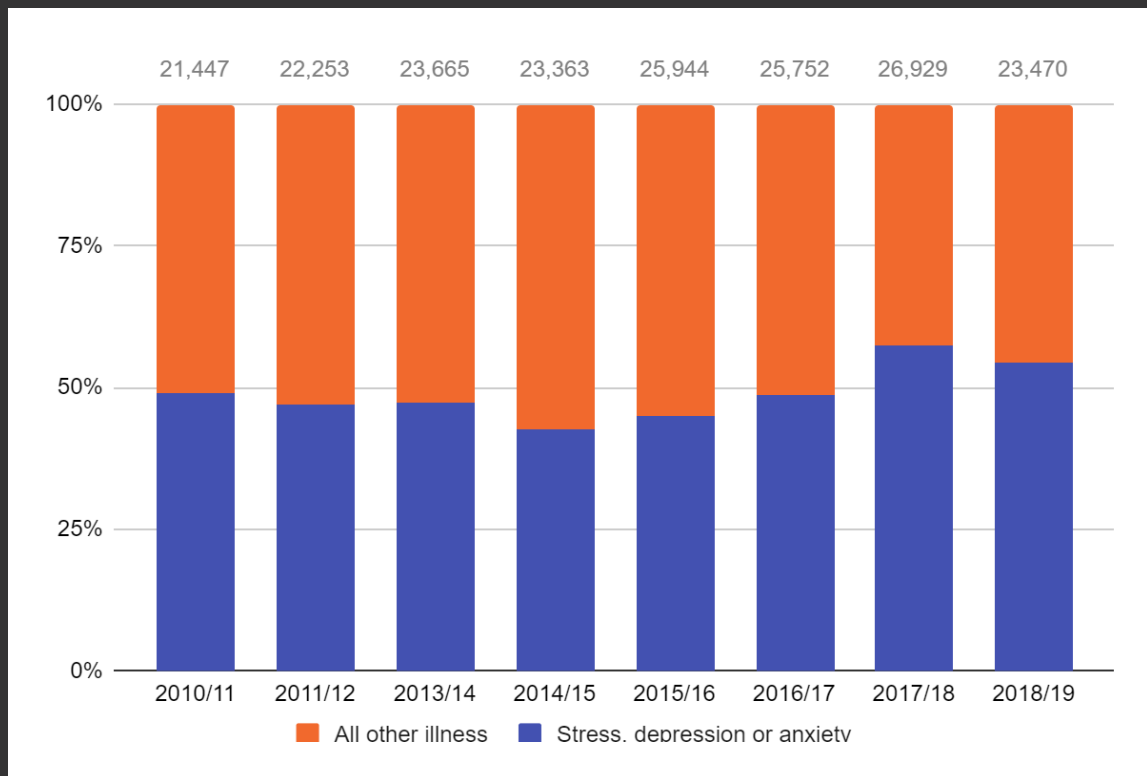


Figure 4. Days lost due to illness caused or made worse by work. Thousands of days lost in past 12 months, 2010/11-2018/19

Source: Four Day Week Campaign analysis. Quarterly Labour Force Survey Jan-March 2011-2019

⁹ Health and Safety Executive (2019). Work related stress depression or anxiety statistics in Great Britain, 2019. Available at: <http://www.hse.gov.uk/statistics/causdis/stress.pdf>

¹⁰ Health and Safety Executive (2019). The occupational disease burden

The factors at work that can contribute to the development of stress or worsening of individuals' depression or anxiety while at work are numerous. Poor management of organisational change, difficulties in interpersonal relationships and lack of managerial

support are frequently cited in surveys on triggers of poor mental health at work.^{11 12} The nature of the work itself and factors intrinsic to individuals work also exert a considerable effect on workers' mental health. Workload was estimated by the HSE to have caused 44% of all work-related stress, depression and anxiety.¹³

The experience of stress, burnout and exhaustion means workers are placed under strain throughout the working day and unable to switch off mentally from work in their personal lives. Work intensification and failure to address workload over time are likely contributors to the projection of poor mental health as the primary reason for days caused by work-related factors. Based on the 2018/2019 figures, and HSE estimates, a quarter (24%) of all work-related ill health were caused by overwork, equating to 5.6 million days over the course of the year.

This substantial figure is likely to be an underestimate of the impact of overwork on mental health. Across the EU-28 the UK is the fourth highest country for workers indicating they had worked while ill in the last year at 59%, well above the national average of 42%.¹⁴ These count for all cases of illness caused by work or otherwise, but are in line with those found by mental health charity Mind, whose Workplace Wellbeing Index recorded only

11 BITC (2019). Mental Health at Work 2019: Time To Take Ownership. Available at: <https://www.bitc.org.uk/report/mental-health-at-work-2019-time-to-take-ownership/>

12 Mind (2019). Mind's Workplace Wellbeing Index 2018/2019. Available at: <https://www.mind.org.uk/media-a/5990/mind-index-insight-report-2019.pdf>

13 Health and Safety Executive (2019). Work related stress depression or anxiety statistics in Great Britain, 2019. Available at: <http://www.hse.gov.uk/statistics/causdis/stress.pdf>

14 Four Day Week Campaign Analysis. Sixth European Working Conditions Survey

6% of workers 'always' or 'mostly' taking time off when they were struggling with their mental health and would benefit from time off.¹⁵

Presenteeism, the practice of turning up to can be a valid choice, particularly if workers are in precarious unemployment, may only be able to avail of inadequate statutory sick pay and if they feel they have too much work they cannot leave undone. When this pattern continues over time and workloads are not eased is when this is likely to cause more severe and prolonged issues.

Ill-health and working less

Rather than being the cultural norm, workers have adapted to and accepted - compared to their European counterparts, that UK workers are much more likely to be discontent with the number of hours they are working. 38% said they would like to work fewer hours than currently, the sixth highest country, and above the EU average of 30%.¹⁶ In line with these figures, polling from the TUC has found that behind pay, stress at work and long hours were the most frequently cited concerns from workers about their workplace.¹⁷

The more precise definition of overemployment, where workers are dissatisfied with their current working hours and would be willing to work less hours for less money, either in their current job or one elsewhere, captures workers who are feeling overworked in their current role. In the last quarter before Covid-19 and the lockdown and social distancing measures were introduced, 10.5% of the UK workforce were recorded as being overemployed, where the

15 Mind (2019). Mind's Workplace Wellbeing Index 2018/2019. Available at: <https://www.mind.org.uk/media-a/5990/mind-index-insight-report-2019.pdf>

16 Four Day Week Campaign analysis. Sixth European Working Conditions Survey

17 Trades Union Congress (2018a). A future that works for working people. Available at:

<https://www.tuc.org.uk/research-analysis/reports/future-works-working-people>

average actual hours worked among this group was 35 hours per week.¹⁸

Wanting to have more free time, or simply spend less time in a certain job can be motivated by a range of factors, none of which may be related to wellbeing concerns, but on average overemployment consistently shows links with poor mental health. Workers who have had to take time off in the previous year for mental health reasons that were caused or made worse by their work were 85% more likely to be classified as overemployed compared to the overall workforce. This is in line with all work-related illness in the previous year, which is to be expected as work-related mental ill-health makes up almost the majority of all cases, but considerable regional variation exists across the UK (Figure 5.).

By far the clearest overlap between work-related mental ill-health and overemployment was in the North West where a quarter of people who had taken time off due to mental health issues related to their workplace wanted to work less hours. These workers were 2.5 times more likely to be overemployed relative to all other workers in the region. They were not alone as in total there are five regions across the UK where at least one in five workers who had been off work as a result of mental health problems caused or made worse by their workplace wanted to work less hours. The differences in overemployment between the overall workforce and workers who had absences due to work-related mental ill-health were among the most pronounced in the devolved nations. For Northern Ireland, Scotland and Wales workers with these cases of work-related ill-health were twice as likely to be overemployed relative to all workers in these nations.

18 ONS (2020). EMP16: Underemployment and overemployment. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/underemploymentandoveremploymentemp16>

Unbalanced hours, unbalanced wellbeing

Rather than being a minor inconvenience, this uneven sharing of working hours impacts on mental health.¹⁹ Since the onset of austerity in 2010, research has found rises in levels of depression and anxiety across the UK workforce which are particularly pronounced among the underemployed. The overemployed have also been unhappy as a result of their working hours. The greater the desired change in hours for both the under and overemployed, the lower their levels of wellbeing across four measures: happiness, life-satisfaction, feeling life is worthwhile and anxiety, with feelings of life satisfaction being particularly sensitive to working hours. In extreme cases overwork can leave prolonged impacts on mental

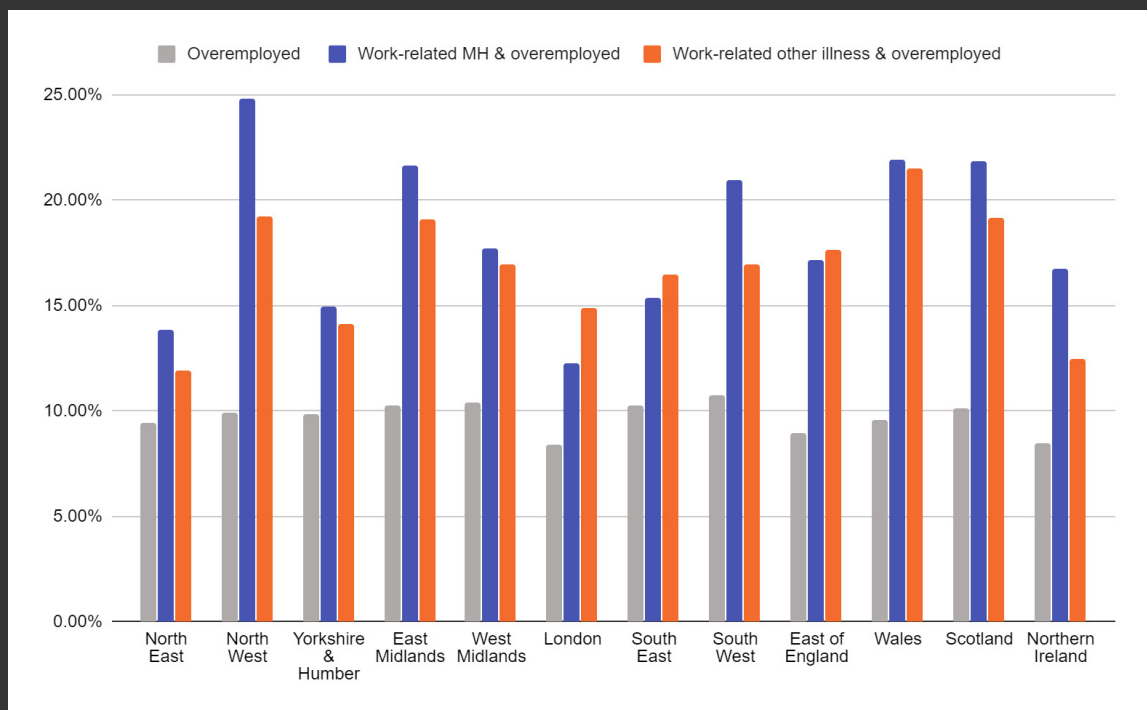


Figure 5. Overemployment and work-related ill-health cases by region

Source: Four Day Week Campaign analysis. Quarterly Labour Force Survey Q1 Jan-March 2017-2019

¹⁹ Bell, D. N., & Blanchflower, D. G. (2019). The well-being of the overemployed and the underemployed and the rise in depression in the UK. *Journal of Economic Behavior & Organization*, 161, 180-196.

health. A study of Whitehall civil servants found that those working more than 11 hours a day were more than twice as likely to have major depression five years later than those working a regular seven hour work day.²⁰

Between January and March 2020, 8% of workers were unhappy with their hours and wanting more work.²¹ Taken alongside the overemployment rate, this meant about one in five workers (18.5%) in the UK economy were dissatisfied with their current working hours by the time of the Government lockdown. The unbalancing of the economy taking place since the recession, where both under and over-employment has increased, will have had increasingly negative implications for workers at either end of these scales, leaving millions ill-prepared to face into the economic and social crises created by Covid-19. Without drastic action into the economy, this looks set to only continue the negative impacts on mental health.

20 Virtanen, M., Stansfeld, S. A., Fuhrer, R., Ferrie, J. E., & Kivimäki, M. (2012). 'Overtime work as a predictor of major depressive episode: a 5-year follow-up of the Whitehall II study'. *PloS one*, 7(1), e30719.

21 ONS (2020). EMP16: Underemployment and overemployment. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/underemploymentandoveremploymentemp16>

2. Mental health of workers in Covid-19

The Covid-19 pandemic has been a crisis unlike any other in recent history, bringing about rapid changes to society and the economy at large. All of which are happening against a backdrop of uncertainty, making adapting to these changes and working practices all the more difficult to manage and their impacts on already elevated levels of mental distress more pronounced.

Lockdown and social distancing measures have forced many businesses to temporarily cease trading or to continue operating at a significantly reduced capacity, leaving millions of workers furloughed and at risk of being made redundant. For those that have continued working, there has been a rapid change to the working practices, such as remote working. Whereas previously only 6% of workers were regularly working from home (with managers being most likely to do so) but in the first month of the crisis 47% of workers were doing so from home. Such a rapid change is one of many that may impact on the mental wellbeing of workers during the crisis.

The collapse of home/life balance

For workers who had to make the transition to working remotely the always-on culture of being available for meetings, calls and checking emails had suddenly entered their homes. The rapid speed of this change meant that insufficient barriers were put in place to separate work and home lives and these practices were steadily extending the length of the working day. By April a third of all

those who remained in employment without being furloughed were working more hours than usual.²²

The National Bureau for Economic Research estimated that the number of meetings per person had increased by 12.9%.²³ The average length of each meeting was found to have decreased, but overall the working day had consistently been extended by an average of 49 minutes, largely attributed to a greater number of emails being sent after standard business hours.

A survey from the Mental Health Foundation suggested that among those working from home during the pandemic, an extra 28 hours a month were being put in on average, with clear negative impacts on health and wellbeing.²⁴ Almost half of respondents (47%) had faked being busy while working from home due primarily to the fear they may lose their job. The survey also revealed a quarter (25%) of respondents felt pressured to respond more quickly and be available online for longer than they normally would, with one in eight (12%) now signing in before 7 am and 18% still working after 7 pm.²⁵

Workers' mental health in a crisis

In order to greater understand the impact the crisis has had, and to assess the extent to which these findings are indicative of the economy as a whole, new analysis from the Four Day Week Campaign attempts to establish the impact the crisis has had on workers' mental health. More importantly it aims to understand

22 ONS (2020). Coronavirus and homeworking in the UK: April 2020. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/coronavirusandhomeworkingintheuk/april2020>

23 DeFilippis, E., Impink, S. M., Singell, M., Polzer, J. T., & Sadun, R. (2020). Collaborating During Coronavirus: The Impact of COVID-19 on the Nature of Work (No. w27612). National Bureau of Economic Research.

24 <https://metro.co.uk/2020/05/05/working-extra-28-hours-per-month-lockdown-12654962/>

25 *ibid*

how changes in working patterns and working hours may also be associated with changes in mental health and wellbeing in the first months of the crisis.

Impact across sectors

The average prevalence of mental distress for workers who remained in employment during the crisis did not differ significantly from the general public during the first three months of the crisis. However there was considerable variation across sectors and how this had changed relative to the years preceding the crisis. The prevalence of mental distress among workers was 49% higher than that rate from 2017-19, and increased across all major sectors apart from in Agriculture, Forestry and Mining. The greatest changes in rates of mental distress were in the Wholesale and Retail, and the Arts, Entertainment and Recreation sectors, where the prevalence

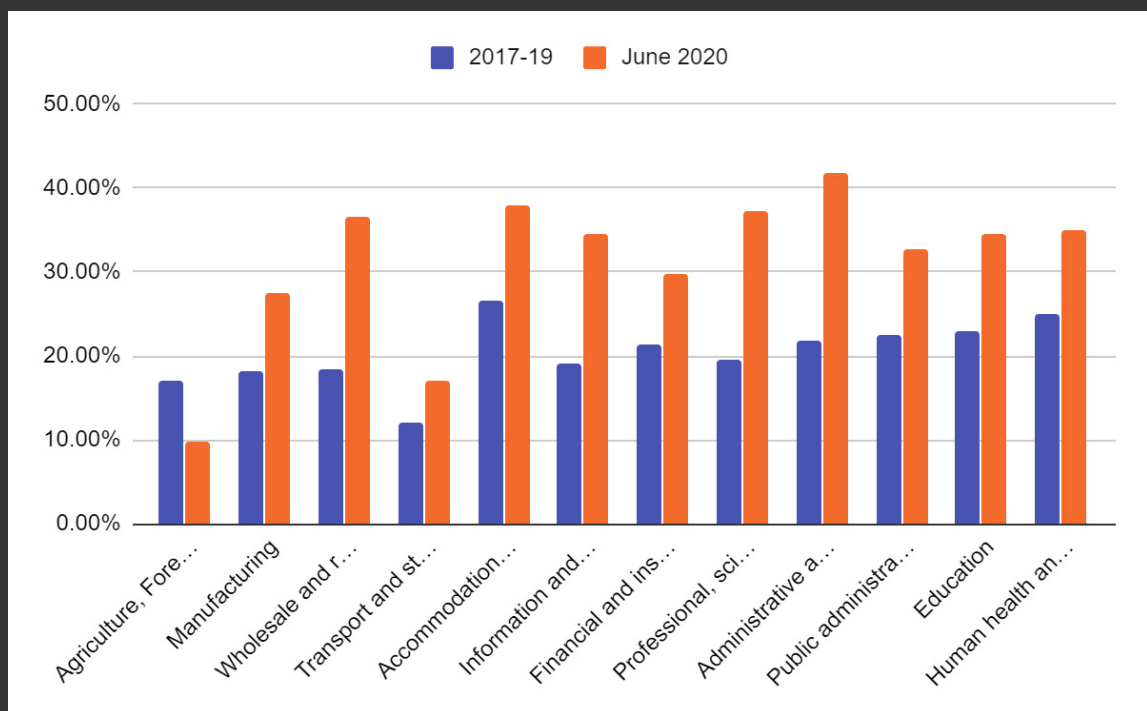


Figure 6. Prevalence of mental distress across industries for 2017-19 and June 2020
Source: Four Day Week Campaign analysis of Understanding Society, Wave 7 - Covid-19 Wave 3 (June)

of mental distress doubled compared to 2017-19.

Businesses in the Arts, Entertainment and Recreation sector have been uniquely impacted by the nature of this crisis and new social distancing restrictions placed on venues. As of August only 4% of UK businesses are reporting that they have temporarily closed or paused training, but for the Arts, Entertainment and Recreation sector that figure was five times higher (21%).²⁶ As a result this has placed the jobs of hundreds of thousands of workers in the sector at risk, as 41% still remained furloughed.²⁷ The precarious future of the sector is likely a strong contributor to why 50% of its workers are reporting signs of elevated mental distress.

Gendered impact

Throughout all stages of the crisis the mental health impacts have been disproportionately felt by women (Figure 7.). Rates of mental distress are generally higher among women relative to men, but during the crisis this difference has become even more pronounced, with longer lasting impacts for women.²⁸ Increased working hours and changes to working practices alongside these, or the loss of hours of employment entirely were associated with greater levels of mental distress.

The adjustment of working practices and patterns clearly hit all workers hard during April, when the crisis was in its infancy, but in the coming months, their continued association with mental distress differed between men and women.

26 ONS (2020). Coronavirus and the economic impacts on the UK: 10 September 2020. Available at: <https://www.ons.gov.uk/businessindustryandtrade/business/businessservices/bulletins/coronavirusandtheeconomicimpactsontheuk/10september2020>

27 ibid

28 McManus, S., Bebbington, P. E., Jenkins, R., & Brugha, T. (2016). Mental Health and Wellbeing in England: the Adult Psychiatric Morbidity Survey 2014. NHS digital.

At the start of the crisis 48% of women whose hours increased beyond their regular standard working week (37.5-40 hours) prior to the crisis reported elevated levels of mental distress. For women who had to adjust to working from home the prevalence was higher at 52%, while among those facing both these pressures, rates of mental distress were higher still at 53%. The experience of being furloughed was also associated with greater rates of mental distress among women (50%) compared to men (26%) at the start of the crisis, a disparity which continued on into June.

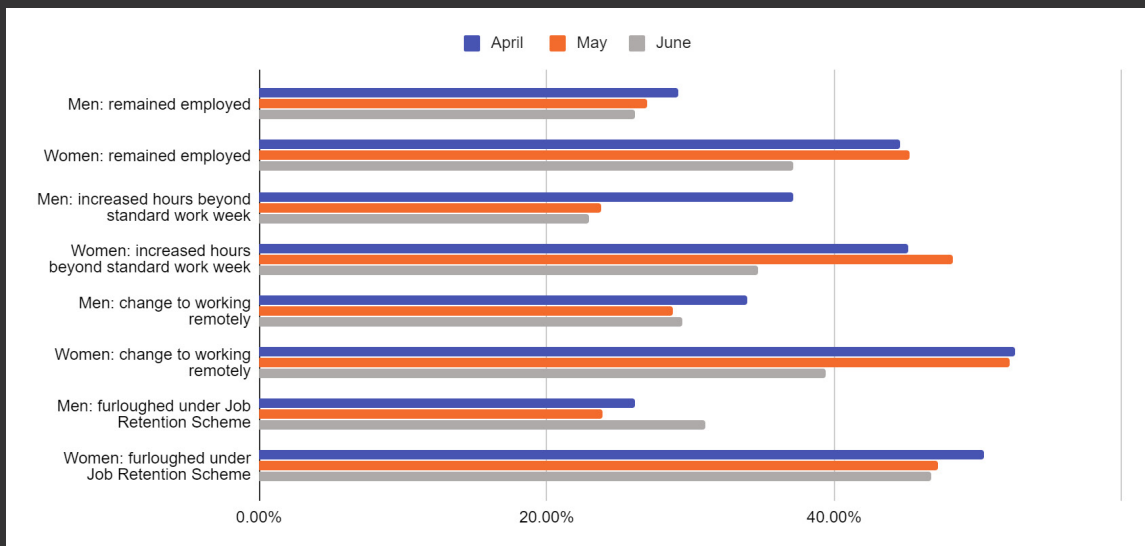


Figure 7. Prevalence of mental distress associated with changes in working patterns for men and women between April and June

Source: Four Day Week Campaign analysis of Understanding Society, Covid-19 Wave 1 - 3 (April - June)

Unpaid labour

Women in the UK provide 74% of all childcare time and spend on average, 26 hours a week doing unpaid domestic labour, including cooking and cleaning, while in comparison men only do an average of 16.²⁹ Changes in schooling and the provision of childcare as a result of lockdown as well as increasing hours being spent at home

²⁹ ONS (2016). Women shoulder the responsibility of 'unpaid work'. Available at: <https://visual.ons.gov.uk/the-value-of-your-unpaid-work/>

caused the levels of unpaid labour carried out to increase for many.

Even without any substantial changes in unpaid labour, new working patterns placed a greater burden on those carrying out standard caregiving, which again disproportionately impacted women. Two thirds of workers (65%) whose working week increased beyond a standard 37.5-40 hours and who also engaged in active childcare during April at a rate greater than or equal to the UK average of 80 minutes a day, reported levels of mental distress.³⁰ By June still more than half (51%) of workers keeping up this level of work alongside childcare responsibilities were experiencing mental distress.

Women were 43% more likely to have increased their hours beyond a standard working week than men, and for those with children this was even more clearly associated with mental distress. A staggering 86% of women who were carrying out this amount of work alongside childcare greater than or equal to the UK average experienced mental distress during April. Though this had declined by June, more than half of women (58%) whose working hours had increased above standard and who were managing an average or above level of childcare were still experiencing mental distress.

This situation will not have been helped by the fact that the majority of workers had no adjustments to their working patterns or hours as many had to carry out additional work as well as unpaid labour and childcare as schools closed. In June only 7% of workers with children at home had any changes in their working hours as a result of having to now undertake homeschooling, changing working patterns was more common, but still only 18% of workers were given this opportunity. For those who were working from home there was a greater likelihood of having changes to working patterns and hours, but still only occurred in the minority

³⁰ ONS (2018). Regional differences in unpaid household service work, leisure and unpaid childcare: 2015

of cases (14% and 42% respectively). In the case of those working a standard work week only 3% experienced a change in their working hours meaning that unpaid labour and the new task of homeschooling was carried out around a full working day.

Mismatched hours continue

The unbalanced nature of the economy and working time may only be exacerbated by Covid-19. By August the number of workers who were furloughed at some point during the crisis was 9.1 million but based on our analysis, a similar proportion were both underemployed and overemployed, meaning that about one fifth of the overall workforce have consistently been unhappy with their working hours during the last decade (Figure 8.) In the years preceding the last recession a greater proportion of this group were underemployed, but in recent years a larger number of workers desiring a change in working hours have wanted to work less hours.

Even in the first quarter after lockdown was imposed on March 23rd, the level of overemployment and underemployment remained steady at 11% and 9% respectively. This level of overemployment is even more striking given that workers would be willing to accept a reduction in hours with a decrease in pay in the midst of social and economic crisis and impending recession. The consistent level of overemployment highlights the strength of the desire of millions of workers to reduce their working hours, but facing a labour market with little slack it's clear many have been unable to manage this transition.

The average amount that these workers wanted to reduce their working hours while accepting a reduction in pay was eight hours a week. This was a consistent figure across all regions of the UK and sectors of the labour market apart from Scotland and Northern Ireland where overemployed workers wanted to reduce their hours by an average of 10 hours, and the manufacturing industry where the average was also 10 hours.

Taken across the economy as a whole this meant that the level of overemployment stood at over 35.5 million hours per week. This is the equivalent of 947,000 full-time positions (based on a standard working week of 37.5 hours), which was almost three times the total number of vacancies (341,000) in the labour market for the same time period, many of which will also be part-time positions.³¹

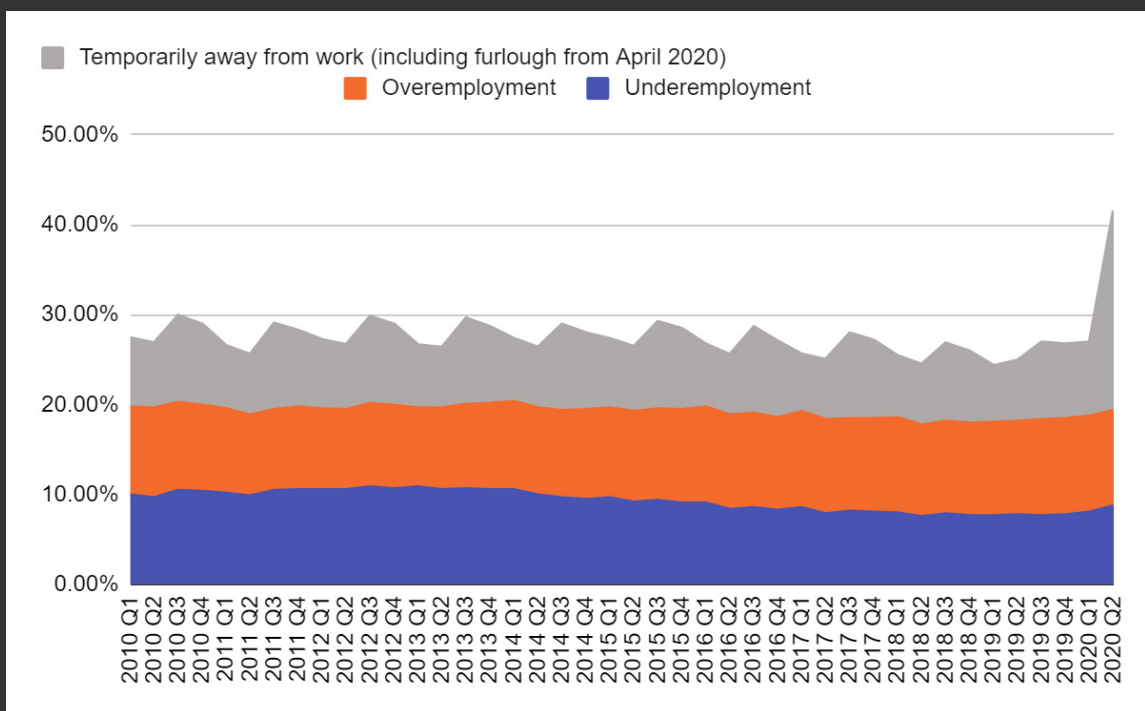


Figure 8. Proportion of labour force dissatisfied with working hours and temporarily away from work 2010-2020

Source: Four Day Week Campaign analysis of Labour Force Survey, Q1 2010 - Q2 2020

The latest estimate of vacancies suggest that there is a continuing recovery in vacancies from the record low reached between April to June, but their current level of 434,000 for June to August, is roughly half pre-crisis levels. Estimates from the Institute for

³¹ ONS (2020). Labour market overview, UK: September 2020. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/uklabourmarket/september2020>

Employment Studies suggest that there are now as many as seven claimants for every advertised vacancy, and in several London boroughs the ratio of claimants per vacancy is above 40.³²

Future economic crisis- future mental health crisis?

As well as an impending recession and mass unemployment many have warned that we are heading into a mental health crisis.³³ Our analysis mirrors the findings of a wide range of studies to date that the experience of the pandemic has considerably elevated levels of depression, anxiety and mental distress across the UK population.^{34 35} This is a crisis unlike any other in recent history, characterised by uncertainty and mass disruption of and access to support networks. As such elevated levels of anxiety and depression are to be expected, but the public has yet to be exposed to the full extent of the economic crisis caused by the pandemic, which can impede improving wellbeing and push many more groups into mental distress as the 2008 recession clearly showed. Mental distress, substance abuse and diagnosed mental health problems all increased following the economic crisis with the latter rising most among those out of work.^{36 37} Tragically regions of the UK with the largest rises unemployment also exhibited the largest increases in

32 Papoutsaki, D., & Wilson, T. (2020). Monthly vacancy analysis: Vacancy trends to week-ending 9 August 2020. Available at: <https://www.employment-studies.co.uk/system/files/resources/files/IES%20Briefing%20-%20w.c%2017.08.2020%20final2.pdf>

33 RCPsych (2020). Psychiatrists see alarming rise in patients needing urgent and emergency care and forecast a 'tsunami' of mental illness. Available at: <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2020/05/15/psychiatrists-see-alarming-rise-in-patients-needing-urgent-and-emergency-care>

34 Jia, R., Ayling, K., Chalder, T., Massey, A., Broadbent, E., Coupland, C., & Vedhara, K. (2020). Mental health in the UK during the COVID-19 pandemic: cross-sectional analyses from a community cohort study. *BMJ Open*, 10(9), e040620.

35 ONS (2020). Coronavirus and depression in adults, Great Britain: June 2020. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusanddepressioninadultsgreatbritain/june2020>

36 Frasilho, D., Matos, M. G., Salonna, F., Guerreiro, D., Storti, C. C., Gaspar, T., & Caldas-de-Almeida, J. M. (2015). Mental health outcomes in times of economic recession: a systematic literature review. *BMC public health*, 16(1), 1-40

37 Barr, B., Kinderman, P., & Whitehead, M. (2015). Trends in mental health inequalities in England during a period of recession, austerity and welfare reform 2004 to 2013. *Social Science & Medicine*, 147, 324-331.

suicide rates particularly among men.³⁸

Mental health services have long been at crisis point due to years of funding cuts, and are being stretched increasingly thin. The TUC have found that in 2013 there was 1 mental health nurse for every 29 of patients accessing services but by 2018 this has fallen to 1 for every 39 patients, while beds for mental health patients fell by 13% in the same time period.³⁹ At all times preventative intervention should be targeted at factors known to influence the development of mental distress, but in the current crisis this is all the more pressing.

We have shown that working practices and working hours were associated with increases in mental distress during the first three months of the crisis. Just like the last recession, even those who remain in work are not immune to the harms of economic crises. Following 2008 greater job insecurity meant that presenteeism rose considerably among those in work, meaning that workers were putting in unpaid overtime, showing up to work while unwell.⁴⁰ All of which are key predictors for the development of mental health problems, either in the short term or further down the line.⁴¹ Working time reduction and sharing out good work to prevent unemployment and overemployment can be a vital tool to protect millions of the population from adverse mental health outcomes.

38 Barr, B., Taylor-Robinson, D., Scott-Samuel, A., McKee, M., & Stuckler, D. (2012). Suicides associated with the 2008-10 economic recession in England: time trend analysis. *Bmj*, 345, e5142.

39 TUC (2018). Breaking point: the crisis in mental health funding

40 Parsonage, M., & Saini, G (2018). Mental health at work. Centre for Mental Health

41 Virtanen, M., Stansfeld, S. A., Fuhrer, R., Ferrie, J. E., & Kivimäki, M. (2012). 'Overtime work as a predictor of major depressive episode: a 5-year follow-up of the Whitehall II study'. *PloS one*, 7(1), e30719.

3. The how and why of working time reduction and wellbeing

The last decade clearly showed the harmful impacts on mental health of overwork, as work-related stress and burnout steadily became the most common reason for work related absences. As workers in the UK worked harder, faster and for longer hours there was a considerable negative effect on their mental health. Based on our analysis, what the first few months of this crisis have shown is that workers' mental health has become even more sensitive to having to put in long hours, due to the additional stressors and burdens faced outside of the work.

At the other end of the scale millions of workers are expected to become unemployed as the Job Retention Scheme is wound down. Projections from the Office for Budget Responsibility estimate that unemployment could rise to 11.9 per cent in its 'central scenario' and 9.7 percent in its 'upside scenario'.⁴² This is likely to further exacerbate the mental distress of those still in the labour market, as the experience of unemployment can lead to poorer mental health among some people and is capable of producing a 'scarring effect' on wellbeing that can persist into later life.⁴³

42 Office for Budget Responsibility (2020). Coronavirus analysis. Available at: <https://obr.uk/coronavirus-analysis/>

43 Daly, M., & Delaney, L. (2013). The scarring effect of unemployment throughout adulthood on psychological distress at age 50: Estimates controlling for early adulthood distress and childhood psychological factors. *Social Science & Medicine*, 80, 19-23.

Poor mental health at work was already estimated to cost £45 billion, 80% of which is accounted for by workers showing up to work despite their mental health being too poor to do so and increased mental health absences.⁴⁴ The former is likely to increase in a recession with greater job insecurity, while the latter has been consistently higher in public sector industries (Figure 9.), who have been placed under a considerable burden throughout this crisis. Healthcare workers in particular take double the number of sick days as those in the private sector, and around 25 percent more than staff in other public sector organisations.

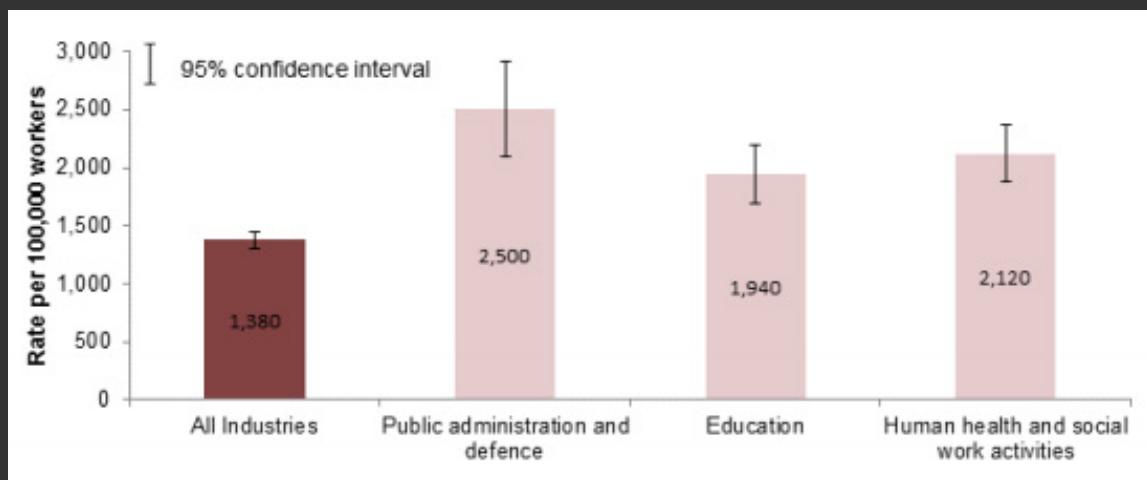


Figure 9. Prevalence rate for work-related stress, depression or anxiety in Great Britain, by broad industry category per 100,000 people employed in the last 12 months averaged over the period 2016/17-2018/19

Source: HSE (2019). Work-related stress, anxiety or depression statistics in Great Britain, 2019

44 Deloitte (2020). Mental health and employers. Refreshing the case for investment. Available at: <https://www2.deloitte.com/uk/en/pages/consulting/articles/mental-health-and-employers-refreshing-the-case-for-investment.html>

Research examining hours worked and levels of wellbeing in general indicates that there is an association whereby wellbeing rises as hours worked increase, however this soon levels off and then hits a tipping point where hours negatively impact wellbeing. As little as eight hours of paid work a week are needed to gain the wellbeing benefits of employment.⁴⁵ The tipping point at which negative impacts of additional hours can be felt is as low as 35 hours for women carrying out high levels of unpaid labour.⁴⁶

Autonomy

Being able to feel a sense of control over tasks at work; how they are carried out and the speed at which this is done as well as the hours that they are undertaken in are important contributors to workers' sense of autonomy. Unfortunately the working lives of most of the labour force are characterised by a lack of autonomy. While 90% of those working in management report some or a lot of autonomy in the workplace, 23% of sales and customer service workers report no autonomy whatsoever.⁴⁷

Without wide scale change in working practices and management this means the more time they spend in work the less autonomy individuals have over their lives as a whole. Research has found the increased wellbeing experienced by many during weekends and time spent outside of work is in a large part due to the increased feeling of autonomy, bringing volition and connectedness.⁴⁸

Previous polling we carried out found that when presented with

45 Kamerade, D., Wang, S., Burchell, B., Balderson, S.U. & Coutts, A. (2019). A shorter working week for everyone: How much paid work is needed for mental health and well-being? *Social Science & Medicine*

46 Dinh, H., Strazdins, L., & Welsh, J. (2017), 'Hour-glass ceilings: Work-hour thresholds, gendered health inequities', *Social Science & Medicine*, 176, pp. 42- 51.

47 Wheatley, D. (2017). Autonomy in paid work and employee subjective well-being. *Work and Occupations*, 44(3), 296-328.

48 Ryan, R.M., Bernstein, J.H. & Brown, K.W. (2010), 'Weekends, Work, and WellBeing: Psychological Need Satisfactions and Day of the Week Effects on Mood, Vitality, and Physical Symptoms', *Journal of Social and Clinical Psychology*, vol. 29, no. 1, pp. 95-122

the choice of what to do with extra free time 53% said they would spend more time with friends and family. The second most popular choice was rest and recuperation, which 39% said they would spend extra free time from work doing.

Rest and recuperation

Rather than being an inherent good or negative for mental health, there are elements of work that are beneficial, but others that have energy sapping potential. Longer working hours sap energy by increasing exposure to work-related stressors, and reducing the time needed for recovery.⁴⁹ This does not always have to be excessively long work weeks, as working many more hours than preferred can have negative mental health impacts.⁵⁰ If workers are unable to have sufficient time away from these stressors and switch off mentally, they are much more likely to have lower levels of mental health.

Research suggests that there are four key components of time away from work that allow workers to rest and recuperate: relaxation, mastery, control, and psychological detachment.⁵¹ Regular time off provides workers with a variety of opportunities to use this free time to relax, switch off and choose how to best make use of their own time, all of which are more beneficial than irregular longer periods of leave. Though short holidays benefit wellbeing, this effect wears off after only three days back at work.⁵²

49 Bannai, A., & Tamakoshi, A. (2014). The association between long working hours and health: a systematic review of epidemiological evidence. *Scandinavian journal of work, environment & health*, 5-18

50 Otterbach, S., Wooden, M., & Fok, Y., (2016), 'Working-time mismatch and mental health'. SOEP. Berlin: DIW.

51 Fritz, C., Sonnentag, S., Spector, P. E., & McInroe, J. A. (2010). The weekend matters: Relationships between stress recovery and affective experiences. *Journal of Organizational Behavior*, 31(8), 1137-1162

52 De Bloom, J., et al., (2012) 'Effects of Short Vacations, Vacation Activities and Experiences on Employee Health and Well-Being', *Stress and Health*, Volume 28, Issue 4, pp. 305 - 318

Preventing burnout

Not only does sufficient free time away from work deliver benefits to wellbeing in the short-term, it can also act as a protective factor against more long-term and severe problems such as exhaustion and burnout. Burnout can involve emotional exhaustion and is strongly associated with the number of sick days taken, it is also linked to both intentions to leave roles and actual turnovers.⁵³ This is particularly important for healthcare workers, given that number of NHS staff citing lack of work-life balance as a reason for leaving their post, which has tripled in the last six years.⁵⁴

Well-proven intervention

It's clear that levels of wellbeing are higher among those who already have greater free time from work but what many recent trials have shown is that working time reduction is a well-proven intervention to improve wellbeing over a range of measures across the whole organisation. A finding that is applicable to workplaces in a range of different industries.

For 18 months in Sweden a randomized control trial was run in 33 workplaces across four sectors (social services, technical services, care and welfare, and call centres). The work day was reduced from 8 to 6 hours in 17 randomly selected workplaces, and these organisations received extra funding to recruit additional staff. Across all workplaces workers whose hours reduced reported greater quality of sleep, longer duration of sleep, lower daytime tiredness and reduced stress.⁵⁵

53 Yanchus, N., Periard, D. & Osatuke, K. (2016). 'Further examination of predictors of turnover intention among mental health professionals'. *Journal of Psychiatric and Mental Health Nursing*, 24, 41-56

54 NHS Digital. (2019) *NHS Workforce - Reasons for Leaving, Staff Movements*

55 Schiller, H., Lekander, M., Rajaleid, K., Hellgren, C., Åkerstedt, T., Barck-Holst, P., & Kecklund, G. (2017). 'The impact of reduced worktime on sleep and perceived stress—a group randomized intervention study using diary data'. *Scandinavian journal of work, environment & health*, 43(2), pp. 109-116.

Another trial based in Sweden, where collective agreements were signed by Gothenburg City Council and the trade union Kommunion, reduced the working day to six hours in residential care homes, with new workers hired to account for the reduction in hours. The trial showed consistent improvements to health and wellbeing, but only when working time reduction was accompanied by additional changes to working practices. The intervention was the first step to provide space to improve working practices to benefit workers' wellbeing.⁵⁶


At a national level, research across 22 European countries found that shorter working hours alongside high employer control over scheduling is linked with high levels of work intensity.⁵⁷ If working time reduction is solely pursued as a cost-cutting measure aimed at increasing productivity by better aligning it with work-loads any intervention will only increase levels of stress in the workplace.

Current evidence suggests that there are a number of key conditions that working time reduction interventions should aim to fulfil in order to maximise the wellbeing benefits of shorter working hours:

1. Working time reductions should take the form of a reduced working week to allow regular time to rest and recuperate
2. Reductions in working time should not excessively increase work intensity, meaning additional employment may be required
3. Workers should be given a say in how their new working hours and patterns are arranged
4. Working time reductions should be made by collective

⁵⁶ Lorentzon, B. (2019). Longitudinal, experimental evaluation of reduced weekly working hours for assistant nurses.

⁵⁷ Piasna A. (2015) 'Thou shalt work hard': fragmented working hours and work intensification across the EU, *Forum Socjologiczne*, Special Issue (1), 77-89.



agreement and form part of a wider package of interventions aimed at improving worker wellbeing

4. Recommendations

The UK economy has long been unbalanced, harming workers at either end of the scale. The current crisis threatens to exacerbate the negative mental health impacts for the millions struggling to find any or more work, and similar numbers wishing to reduce their hours. If the first months of the crisis are any indication of what is to come it also suggests that these impacts will be felt much more strongly by women and drive us further from a gender equal economy.

The Job Retention Scheme was an immediate intervention to protect the wellbeing of the economy, but as it is being wound down and we face into what is set to be a long recovery, what is needed is policies to protect the workers at the heart of the economy itself. Such an approach can prevent working practices that harm mental health from continuing unabated and protect workers from experiencing the prolonged negative effects of unemployment.

There are a number of options for introducing shorter working-time, which will reflect requirements of different sectors. Our preferred option is for a four-day, 32-hour working week (or any equivalent variation) with no reduction in pay (except for the highest earners who can clearly afford to take the option).

1. Shorter Working Time Subsidy Scheme

As the furlough scheme winds down its place should be taken by a targeted Shorter Working Time Subsidy Scheme. Employers in sectors disproportionately affected by the crisis such as hospitality, retail and arts sectors should be offered subsidies to place workers on shorter working hours, totalling the value of one day's wages each week per full-time worker, or 20% of their weekly pay or monthly salary.

For those working in the arts who had the highest levels of mental distress in the economy, an intervention aimed at keeping as much of the sector in employment via the sharing out of good work will have clear benefits to wellbeing. A range of other sectors where workers are experiencing distress and would strongly like to work less will also be able to avail effectively of the scheme.

Employers would continue to pay workers for four days' worth of work (thus reducing their wage bill), while the government would top up earnings for hours no longer on the job to ensure no drop in pay. This would effectively reduce firms' wage bills by 20%.

This scheme largely mirrors the German Kurzarbeit scheme, which was initially used during the last recession and has been implemented again by its government to aid recovery from Covid-19. A range of costs for the implementation of the scheme have been made by Autonomy, while variants of the same proposal have also been put forward by IPPR and the TUC.^{58 59 60}

58 Autonomy (2020). Time For Change: the four-day week as a strategy for unemployment

59 IPPR (2020). Rescue and recovery: Covid-19, jobs and income security

60 TUC (2020). A new jobs protection and upskilling plan

The Government's Jobs Support Scheme, inspired by the German Kurzarbeit scheme, announced on Thursday 25 September 2020, falls far short of the Working Time Scheme that Autonomy, IPPR and others had called for.

2. Introduce a four day week in the public sector

Autonomy has estimated that a 32-hour working week would cost as little as £2.85 billion to implement in the public sector, which constitutes just 6% of the public sector employment salary bill.⁶¹ In doing so this would create between 300,000 and 500,000 jobs, and would be particularly beneficial for regions of the UK such as Wales, the North of England and Scotland, due to the high proportion of employment public sector jobs make up there.


This would considerably benefit a sector with high levels of work-related absences due to stress, and also regions like Wales and Scotland where those who have experienced these absences are most likely to feel they are overemployed.

Having set this benchmark, the public sector would function as a pioneer within the labour market and could potentially use procurement strategy to encourage private sector partners to follow suit.

3. Set up a Working Time Commission

In the same way that the Low Pay Commission exists to advise the Government on the National Minimum Wage, an independent body should be set up to provide recommendations on working time. Just as the setting of the minimum wage has implications for millions of workers, so too will any interventions on issues such as maximum working hours and annual leave entitlement.

⁶¹ Autonomy (2020). Public Sector as Pioneer: shorter working weeks as the new gold standard



The Commission should explore both underemployment and overemployment and seek out the best practical opportunities for using shorter working time to share work more equally across the economy.

The Scottish Government has already announced that shorter working times will be in the remit of its Post-COVID-19 Futures Commission. Going further a specific body to set the direction of travel for working time in the UK economy could help ensure any interventions lead to social, economic and health benefits for workers, as well as benefiting the economy as a whole.

