



Data Insights- Mental Disorder, Occupation Type and Family Demands

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Mental Disorder, Occupation Type and Family Demands

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While employment has an overall protective effect against mental ill health, evidence suggests variation in mental health with respect to occupation types. Individuals who manage multiple roles in relation to childcare and family caregiving may be at increased risk of adverse mental health outcomes due to competing responsibilities of family and work demands. This programme of work examines mental disorder across occupation types and the association of family demands.

What we did

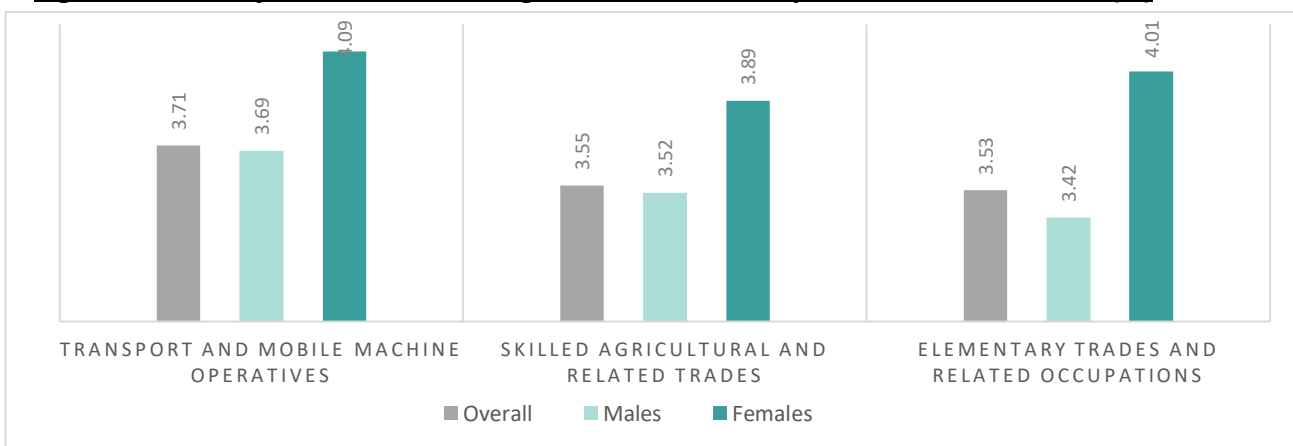
We linked Census data to Enhanced Prescribing Data and examined self-reported mental disorder *lasting at least 12 months* and *any* psychotropic medication use *within a 12-month period*. We examined the rates of mental disorder across Standard Occupational Classifications (SOCs) and how family demands might influence these. Findings are based on workers aged 18-59 enumerated in the 2011 Northern Ireland (NI) Census.

Why it matters

While employment is generally beneficial, various jobs and working conditions have been associated with stress, absenteeism and early retirement due to poor health. The impacts on individuals, families and the economy are substantial. The UK government commissioned ‘Thriving at Work’ report (2017) outlines ‘core standards’ that should be adopted by all UK companies, including the implementation of ‘mental health at work plans’. This research programme has the potential to provide insights into this area by profiling mental health disorders across occupation types and examining the influence of family demands.

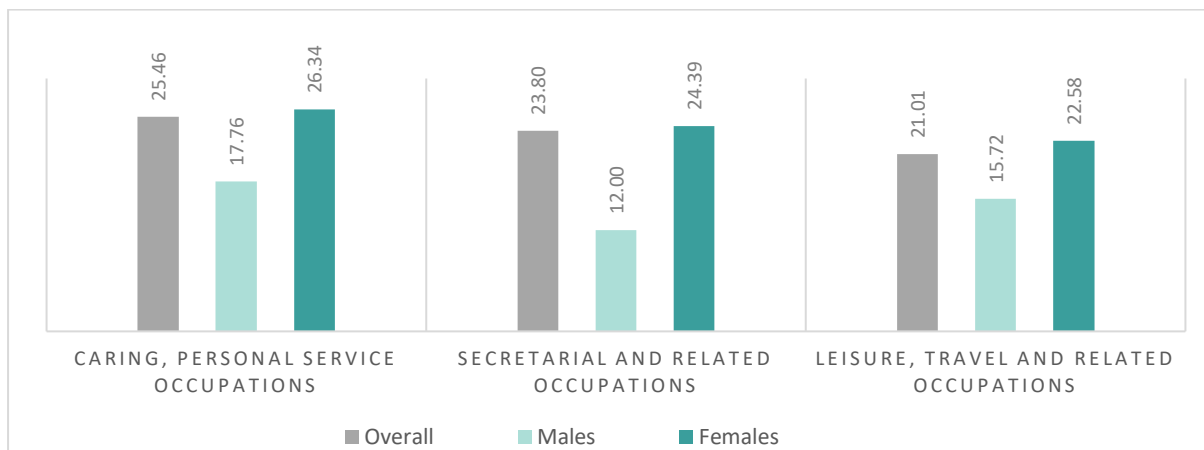
What we found

Figure 1: Sub-major SOCs with the highest rates of self-reported mental disorder (%)



- There were 619,608 workers aged 18-59 identified in the 2001 Census.
- Overall, 2.87% had self-reported mental health problems.
- Sub-major SOCs with the highest rates of self-reported mental disorder were “transport and mobile machine operatives” (3.71%), “skilled agricultural and related trades” (3.55%) and “elementary trades and related occupations” (3.53%)

Figure 2: Sub-major SOCs with the highest rates of psychotropic medication use (%)



- Overall, 17% of workers used any psychotropic medication over a 12-month period.
- Use of psychotropic medication was generally higher among females.
- Sub-major SOCs with the highest rates of psychotropic medication use were “caring, personal service occupations” (25.46%), “secretarial and related occupations” (23.80%) and “leisure, travel and related occupations” (21.01%).

Family demands

- The likelihood of self-reported mental disorder and psychotropic medication use was lower among workers with dependent children.
- Informal caregiving responsibilities was associated with reduced likelihood of self-reported mental disorder, but increased likelihood of psychotropic medication use.
- Lone parenthood was also associated with an increased likelihood of psychotropic medication use.

What next?

Our study provides an initial insight into self-reported mental disorder and psychotropic medication use among particular occupation types and the association of family demands. Next steps will include an examination of variation in the *types* of mental health disorder across occupations and more in-depth analysis of ‘risky’ occupations.

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