



**AAPTLE**

The Alliance of Associations  
& Professionals in  
Theatre & Live Events

**UK Backstage Entertainment Industry  
Wellbeing Evaluation 2021**

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## FOREWORD

In 2019 the first UK technical backstage entertainment industry mental health evaluation highlighted some significant mental health concerns for individuals working in the industry. For example, of the 1302 individuals who participated in the evaluation 58.7% stated that they currently, or had previously had, a mental health problem, a figure significantly higher than estimates of the general population in the UK (McManus et al, 2016). Several post survey meetings were held with the 5 key sponsors of the 2019 study (PLASA, ABTT, PSA, ALPD, ASD). Working with the executive summary and the recommendations an action plan was drawn up to implement new strategies for the industry to better support the mental health and wellbeing of its staff.

However, before any of the strategies could be implemented the COVID-19 pandemic hit the UK in March 2020 having a dramatic and unprecedented effect on the lives of everyone and particularly the workings of the theatre and live events industry. The required restrictions to control and manage COVID-19 had a significant impact to the operation and productivity of the theatre and live events industry with many events, theatres and shows enduring closure since March 2020. As a result, the industries workforce endured long-term furlough, redundancies venue closure and individuals being forced to leave the industry all together. Furthermore, as a result of the industries employment structure in which the majority (circa 71%) of the workforce are 'freelance' (FMTW, 2021) the workforce often missed out on government support and help during this pandemic period. As a result of the impact of COVID-19 on the industry, AAPTLE (The Alliance of Associations & Professionals in Theatre & Live Events) was formed as a new association with representation from many existing industry groups and associations. This new association offers a national platform for all the existing industry associations and groups to work on common goals and issues. One of the new initiatives launched by AAPTLE has been the Wellbeing Working Group which aims to promote and advocate for good practice in all matters concerning mental health and wellbeing within the technical backstage entertainment industry.

The AAPTLE Wellbeing Working Group quickly took the decision to conduct a wellbeing evaluation of the industry similar to that undertaken in 2019 due to the effect of the pandemic on the industry and its workforce. Therefore, this evaluation offers an insight into mental health prevalence and its relationship to factors such as type of job, gender, and contract type alongside more specific data to examine the effects of the pandemic on the industries workforce. This 2021 follow up survey is not intended to replace the 2019 findings, but supplement the data we have gathered around mental health and wellbeing in our industry. The 2021 survey report should be considered and read in conjunction with the 2019 evaluation.

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## Executive Summary

- 39.45% of people identify with having a mental health condition.
- Mental health prevalence is higher in women than men. 40.48% Women, 32.6% Men.
- Mental health prevalence is much higher in people that identify with the gender types “other” & “prefer not to say” 52%.
- 59% of those that identify with a mental health condition are under the age of 34.
- 22% of those that identify with a mental health condition are under the age of 24.
- 44.26% of people with a mental health condition are not receiving any help.
- The pandemic hasn't increased mental health prevalence in our work force. 85% of people said they didn't experience their mental health condition for the first time during the pandemic. 83% said that the pandemic period made their mental health condition worse.
- There is no real difference in prevalence of mental health conditions in freelance / PAYE staff. (38% freelance / 33% PAYE)
- Very high prevalence in mental health conditions in students. 57%
- No real difference in prevalence of mental health conditions in white / not white participants. (39% / 40%)
- 69% of our workforce identify with being freelance.
- 59% of the workforce didn't find any work outside of our industry during the pandemic.
- It is a fairly even split between people that have worked, and people that haven't worked during the pandemic. 41% worked 36% didn't work.
- 66% of our workforce work over the national average of weekly hours (37 hours).
- 51 % of people are thinking or maybe thinking about leaving their backstage career.
- 48% of people are not confident or not sure that returning to work will improve their mental health.
- 63.63% feel the thought of returning to work is causing them stress and anxiety.
- 68% don't think there is adequate mental health and wellbeing support for their return to work.

- Regardless of whether you have a mental health condition or not, overwhelming the pandemic's effects on our industry have caused a negative effect on people's mental health. (Yes 75.8%)
- Those that don't have a mental health condition overwhelmingly feel the pandemic has had a negative effect on their mental health. (Yes 79%)
- A huge 98% of people think there is difference in perceptions between physical and mental health.
- Our survey sample have something to say about perceptions on physical and mental health. 66% responded to the open question on this topic.
- 72% don't feel they can take time off work for a mental health reason.
- 76% of people that took the survey feel they have lost confidence in their skills and ability to do their job.
- 84% of managers feel they **can** talk to their staff about mental health However, 60% of people feel they can't talk to their employers about their mental health.
- The majority of our survey sample preferred to talk about their mental health face to face as opposed to other methods. (email/phone)
- 1 in 3 participants feel bullying is a factor for their poor mental health.
- The main changes in behavior during the pandemic lock down period were sleep, exercise drinking and eating. Either doing these more or less.

## **Recommendations**

Our industry has a higher than national average of prevalence of mental health conditions. We also seem to attract workers with preexisting conditions. The pandemic hasn't created more mental health illness in our workforce, but it had overall a big impact on EVERYONE in the workforce regardless of whether they have a formal mental health condition or not.

The creative entertainment industry only functions with the people that make up its workforce. Actors, musicians, front of house staff, and of course the technicians and design teams backstage to which this study pertains. There is no creative production without the people that make the shows or events. It stands to reason therefore that the industry's greatest asset is the people that make up its workforce. To preserve and maintain a good end product it's important to preserve and maintain the people that make that profitable product. The results and findings of both the 2021 and 2019 surveys give us clear evidence and statistics that more needs to be done to not only acknowledge mental health needs, but to consider and make active plans on wellbeing in this industry.

68% of people don't think that there will be adequate mental health and wellbeing support when they return to work. The industry should work to prove them wrong and make sure businesses consider this in their back to work strategy.

- Acknowledge the high prevalence rate of mental health in the backstage industry.
- Commit to being proactive in the provision for support of the staff for mental health and well-being.
- Work to better understand and offer empathy towards the needs of mental health and well-being for the work force.
- Pledge to work on creating and cultivating a positive cultural change backstage towards mental health and well-being.
- Work to promote an open culture of "communication" on mental health and wellbeing. One where people are safe to talk about this topic and can be heard.

## **Recommendations for practice**

- Take time to acknowledge the pandemic, the effects on people, and the effects on industry that have gone on to further cause additional distress and worry in our workforce. Restarting work as normal after a year break or even longer is not acknowledging the big impact this period has had on the people working in our sector. It is not recommended to simply reopen as if nothing has happened.
- 44% of people are not currently receiving help for their mental health condition. Promote more sign posting in the work place towards finding support. Work to create a culture of care towards your staff's wellbeing and encourage staff to seek help if they need it. Offer an open and flexible approach for your staff to be able to attend appointments seek the support they are offered. Give the same priority and support for mental health needs as you give to physical health conditions. 72% of people don't feel they can take time off work for a mental health reason.
- Pay particular attention to high risk groups when considering mental health and wellbeing needs. People who don't identify as male or female, younger people, parents or carers.
- It's important to acknowledge that the workforce have largely had very different experiences during the pandemic. Some found work, and a large percentage didn't find any work at all. Others worked throughout with an understaffed department and are very tired and run down. Applying a blanket approach to provision of wellbeing for all is not appropriate in this case.
- Staff that have continued working need particular care and attention, especially if they are managers and will now be responsible for returning employees wellbeing needs. Are they rested?

Do they have the training to be able to offer this support to their staff?

- People are very anxious about returning to work. Skills fade, stamina, work life balance and job security were the highest worries. Factor and consider these elements into your return to work plans for your staff.
- 51% of people are thinking of leaving the backstage industry. So, it's important that when our staff come back we let them know they are appreciated and essential. More work needs to be done to work on staff retention. People are also very nervous and worried about job security, so if you are able to do so consider letting your staff know that their job is protected.
- It's time to acknowledge the high percentage of freelance staff that work in our sector. If you know you employ a high number of freelance staff make a commitment to offer provision and support for them. This also includes casual members of staff on zero-hour contracts. Start to work on more inclusive ways to include them in the provision of wellbeing support within your organisation.
- Managers and supervisors have an overwhelming confidence that they are able to talk to their staff about mental health (84%). However, most people don't feel they can talk to their employers about mental health (60%). Are your managers sufficiently trained and confident to do this? Consider talking to your staff to work out if you have a need for further support and training in this area. Consider also if they are the right person for this kind of role, not everyone is well suited to offering listening or support on matters of mental health and wellbeing.
- 1 in 3 people think bullying is a factor in their poor mental health. Are your staff happy to communicate to you about problems of this nature? Will they be heard? Work to promote a culture of honesty about bullying and harassment.
- 66% of our workforce work over the national average of 37 hours. Look at your working hours and make sure it supports the mental health and wellbeing of your employees.
- Our survey sample has a lot to say on the differences between physical and mental health. Work to make sure that mental health is treated equally and with as much respect as physical health needs.
- Most people want to communicate and talk about mental health issues face to face and in person. Make sure you have provision and staff that are trained to do this. You could also consider having a wellbeing email address for people to contact in the first instance.
- Work to create a work place that is free from the stigma that is associated with mental health. Make sure people are safe to talk, they are heard when they do talk, and supported when they need to seek extra care and provision.

## **Recommendations for further research – To be investigated and actioned by the AAPTLE Wellbeing working group**

More investigation needs to be done to work out why prevalence is higher in women than men.

More investigation is needed into why prevalence is higher in young people and particularly students.

Produce industry guidance notes with ABTT to support this study and its recommendations.

## Introduction

Since December 2019 the world has witnessed an unprecedented level of change as a result of the COVID-19 pandemic. International borders have shutdown, countries have enforced lockdown measures, and daily reporting of death rates have become the norm. COVID-19 has resulted in a radical change to the social fabric of society with unprecedented uncertainty across all areas of life, from two-meter social distancing, to face masks becoming a legal requirement, to industries being forced to shut their doors owing to health concerns.

As a result, research has found that the pandemic has had a significant psychosocial impact on the general public. For example, during the initial phase of the COVID-19 outbreak in China, research was undertaken which included 1210 respondents from 194 cities in China. The project found that 53.8% of respondents rated the psychological impact of the outbreak as moderate or severe. To offer more detail the authors showed that from their sample 16.5% reported moderate to severe depressive symptoms, 28.8% reported moderate to severe anxiety symptoms, and 8.1% reported moderate to severe stress levels. In addition, this research showed that gender, student status, specific physical symptoms (e.g., myalgia, dizziness, coryza), and poor self-rated health status were significantly associated with a greater psychological impact of the outbreak and higher levels of stress, anxiety, and depression (Wang et al, 2020).

In the first nationwide large-scale survey of psychological distress in the general population of China during COVID-19 similar results were found with some additional findings in relation to health inequalities (Qui et al, 2020). This study received a total of 52 730 valid responses from 36 provinces, autonomous regions and municipalities, as well as from Hong Kong, Macau and Taiwan by 10 February 2020. Among all the respondents, 18,599 were males (35.27%) and 34,131 were females (64.73%). Almost 35% of the respondents experienced psychological distress. Female respondents showed significantly higher psychological distress than their male counterparts. People under 18 years had the lowest COVID-19 Peritraumatic Distress Index (CPDI) scores. Individuals between 18 and 30 years of age or above 60 presented the highest CPDI scores. It is noteworthy that migrant workers experienced the highest level of distress among all occupations, this finding was statistically significant.

Finally, in their Weibo sentiment analysis of 17,856 active Weibo users, Li, S et al (2020) explored the impacts of COVID-19 on people's mental health through the word frequency of emotional (e.g. anxiety) and cognitive (e.g. social risk judgement) indicators. Their results show negative emotions (e.g., anxiety, depression and indignation) and sensitivity to social risks increased, while the scores of positive emotions (e.g., Oxford happiness) and life satisfaction decreased. People were concerned more about their health and family, while less about leisure and friends.

Prior to the pandemic, it was estimated that 1 in 4 people experienced at least one diagnosable mental health issue each year in the UK (NHS, 2016). Whilst exact mental health prevalence rates as a result of the pandemic in the UK are currently unknown, existing research points to the links between poverty (Murali, & Oyebode, 2004), insecure employment (e.g. Bentely et al., 2019), unemployment (Walker et al., 2015a), debt and mental health difficulties (e.g. Walker et al., 2015b). In addition, with the theatre and live events industry experiencing one of the most significant impacts of the pandemic in relation to venue closure, the present evaluation seeks to understand the impact of COVID-19 on the UK technical backstage entertainment industry workforce.

## Method

### Evaluation design

The AAPTLE Wellbeing working group worked together to design the 2021 mental health evaluation survey. They used the template of the 2019 questionnaire as a starting point and worked out what new information we wanted to obtain, focussing on the effects of the pandemic. We also elected to add in questions that would be useful to gather data to support other industry causes such as contract type, ethnicity and if you were a carer.

The questionnaire was designed and run on the software Qualtrics. It was launched formally on the 24<sup>th</sup> May, and closed on the 20<sup>th</sup> July, running for around a 10-week duration.

## Sample

The data collection process yielded a good number of participants for this evaluation.

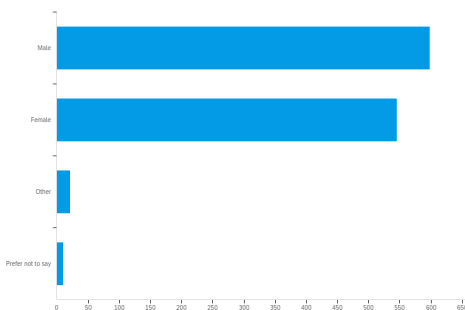
**In total there were 1,234 participants.**

Of these 1,234 participants, 722 participants recorded responses for all of the questions, with the remaining 512 recording partial responses (where some but not all of the questions were completed – see Appendix 1 for more detail).

**1,022** – fully completed and 80% and above partially completed surveys

### Gender to which you identify

Of the 1,234, 1,175 completed the question on gender with 598 (50.89%) participants identifying as male, 546 (46.47%) identifying as female, 21 (1.79%) selected 'other' with the remaining 10 (0.85%) participants selecting 'prefer not to say'.



## Age

In terms of age, there were more participants in the 25-34 age bracket than any other (n=388, 32.02%) with 90.21% of the sample under the age of 55 (see Figure 1 for more details).

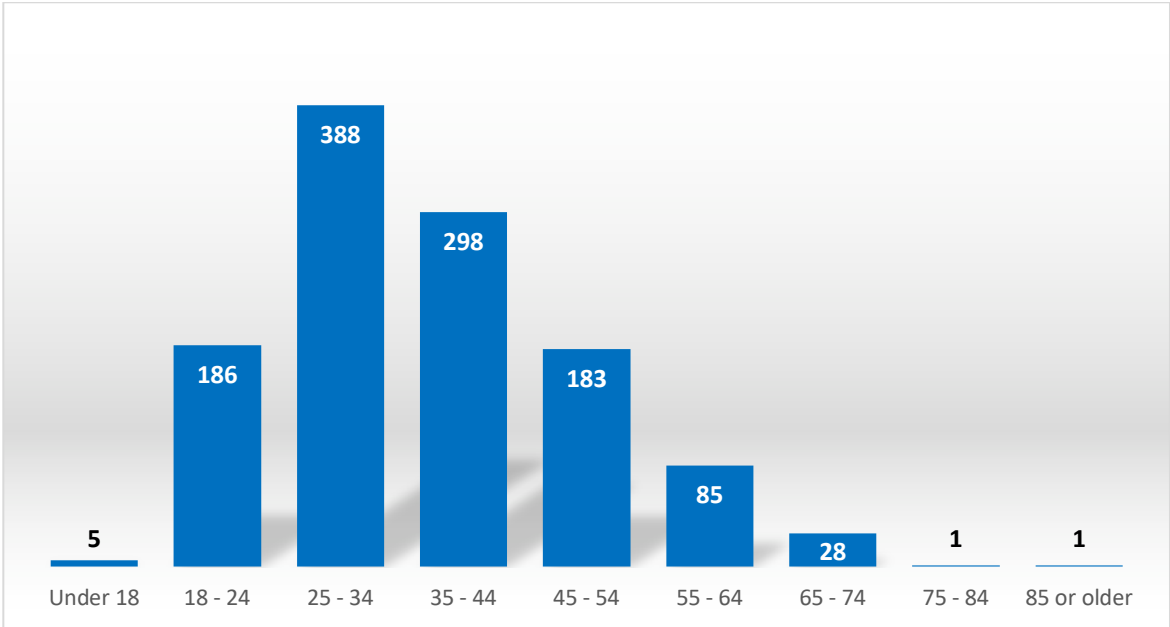
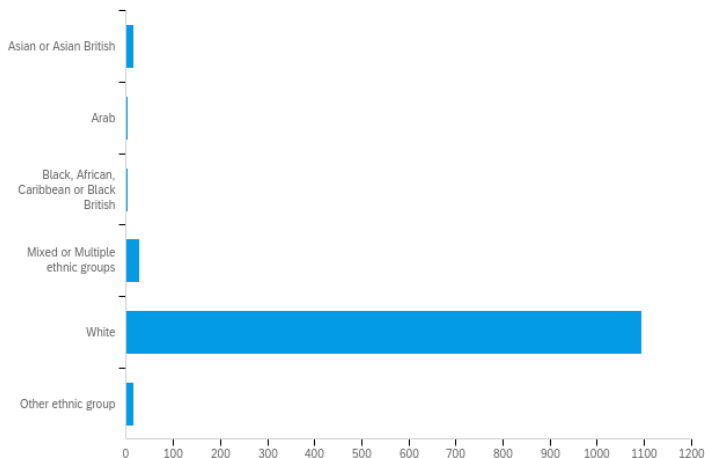


Figure 1 – Participant age

## Ethnicity

This evaluation recruited a sample which predominantly identified as 'White' (1905; 93.91%), 29 (2.49%) participants identifying as 'Mixed or Multiple Ethnic Groups', 17 (1.46%) identifying as 'Asian or Asian British', 17 (1.46%) as 'Other Ethnic Group', 4 (0.34%) identified as 'Black African, Caribbean or Black British', and 4 (0.34%) identifying as 'Arab'.



**93.9%** of people that said they did **costume or wardrobe** are white

**92.6%** of people that said they did **stage management** are white

**95%** of people that said they did **production management** are white

**93.3%** of people that said they did **technical management** are white

Props, video, rigging, backstage, wigs, education, scenic arts, automation, production carpenter – all only have one person that isn't white.

Special effects, manufacturing, and admin had only white people participating.

*From this survey sample it would be definitive to say that statistically there is very little diversity in ethnicity in the backstage workplace. Although not directly related to wellbeing and mental health it would be worth doing some further research and investigations into why diversity in the workforce is so low.*



## What is your principal area of work?

The participants in this research principally worked in Lighting (n=237, 20.17%), Sound/Audio (n=165, 14.04%) and Stage Management (n=162, 13.79) (see Table 2 for more details).

Area of work	Number of Participants	Percentage
Lighting	237	20.17
Sound/Audio	165	14.04
Stage Management	162	13.79
Costume/Wardrobe	99	8.43
Other	85	7.23
Production Management	81	6.89
Technical Manager	60	5.11
Education	38	3.23
Stage	37	3.15
Video	34	2.89
Administration	31	2.64
Backstage	29	2.47
Set Design/Set & Costume Design	29	2.47
Production Carpenter/Scenic construction	19	1.62
Rigging	17	1.45
Wigs/Hair/Makeup	15	1.28
Scenic Arts	14	1.19
Automation	10	0.85
Manufacturing/Hires/Sales	8	0.68
Props	4	0.34
Special Effects	1	0.09

**Table 2: Principle Area of Work**

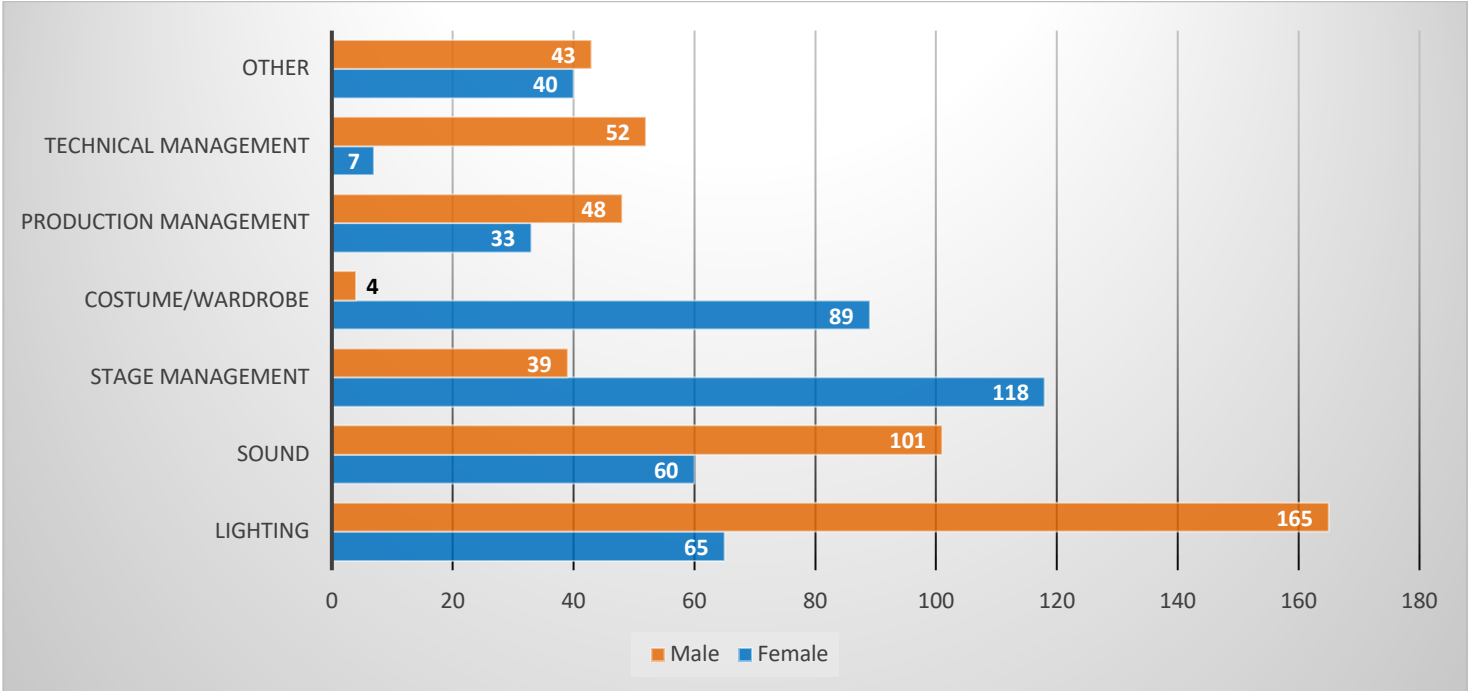
The additional work categories were added from the original categories used in the 2019 evaluation as a result of AAPTLE's desire to capture the opinions of a more diverse sample. The larger turnout of females taking the 2021 survey (46.47% in 2021 compared to 26.7% in 2019) might be due to the addition of data from vocations that tend to attract a larger female identifying workforce such as stage management, costume, wigs and wardrobe (see Figure 2).

**85 people answered other:**

5 could be assigned to existing groups  
 14 didn't answer

Additional groups to be pulled from this are:

- 11 design/creative/scenography/dramaturg
- 12 director/movement director/ producer/prompt/casting
- 4 marketing
- 4 consultancy
- 8 theatre/venue/events management, operations/programming/festivals/clubs
- 2 front of house
- 6 performer/actor/musician
- 7 maintenances/event plumbing/catering /security/driver
- 2 Zoom programmer/op
- 1 puppetry
- 1 photography
- 4 multi-disciplined / crew boss
- 1 ex Tech
- 1 engineer
- 1 company owner
- 1 health and safety



**Figure 2 – Area of work/gender**

## Contract Type

In addition to the above demographic information, this evaluation sought to establish the contract type individuals are/were employed on. In line with other research (e.g. FMTW, 2021) the majority of participants in this evaluation identified as being 'Freelance' (n= 460, 40.96%) or 'both PAYE and Freelance' (n= 312, 27.78%).

**69%** of the participants in this evaluation worked Freelance either some, or all, of the time (see Figure 4)

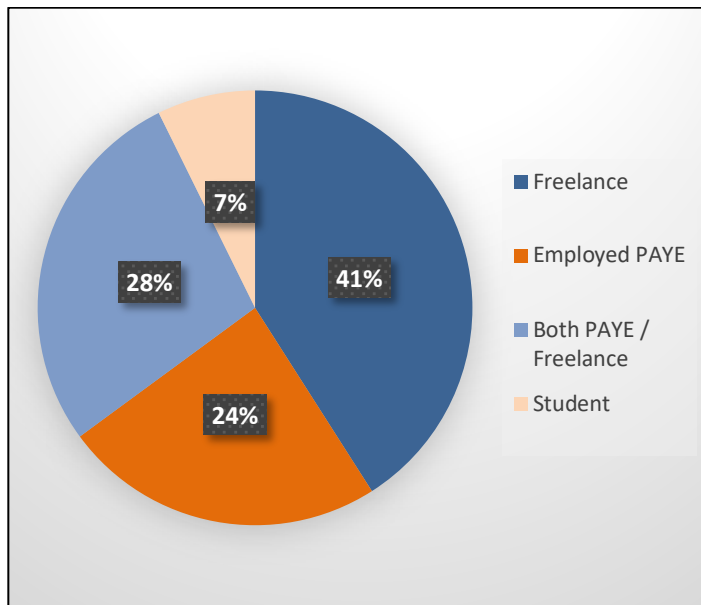


Figure 3 – Contract type

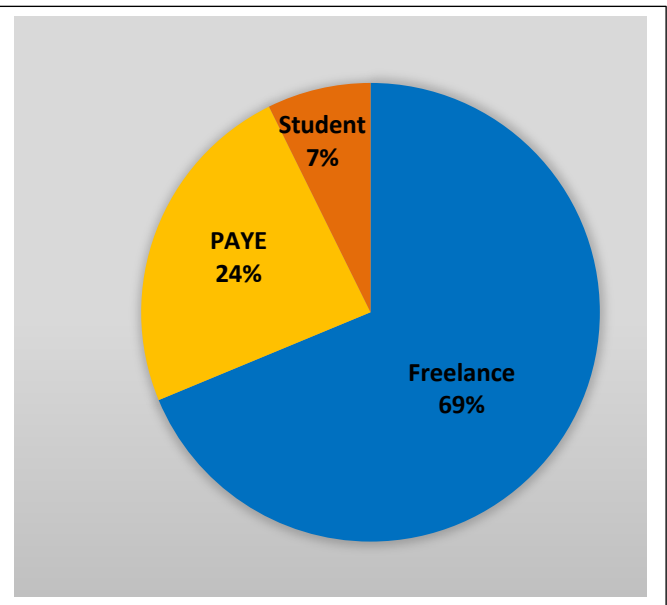


Figure 4 – Freelance percentage total

It should be noted that freelance staff don't benefit from the same employment benefits as PAYE staff with an employer. They won't have the same job security, holiday pay, sick pay etc. All benefits that can provide support and peace of mind if you are dealing with mental ill health.

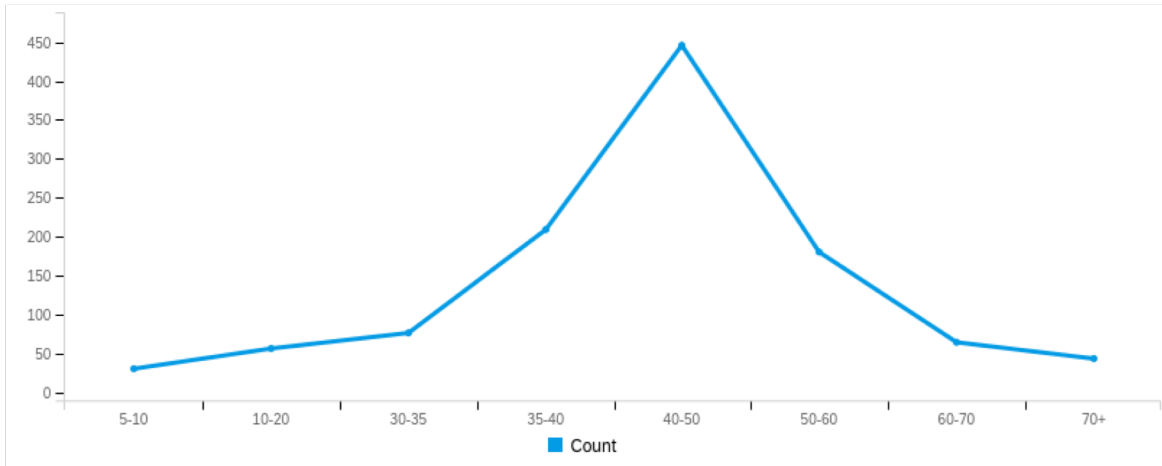
'Can Music Make You Sick?' was the largest nationwide study of its kind exploring the psychological impact on musicians seeking to forge careers within the UK music industry. A survey of over 2,200 music industry stakeholders alongside thirty detailed qualitative interviews with artists and industry professionals, demonstrated that there are cripplingly high levels of self-reported depression (68.5%) and anxiety (71%) amongst music makers. Crucially, it also explores the source of their mental ill health. The research suggests that the conditions of their self-employment are often the cause of their psychological distress. (Gross, Musgrave and Janciute, 2018)

### How many hours do you usually work a week when not affected by the pandemic?

40% of our sample said they worked between 40-50 hours a week (n=446).

If you take 37 to be the national average of weekly working hours, 66% of our sample said they worked more than 37 hours a week.( n= 733).

Based on this data the work force in this sample work longer hours than the national average.



#	Answer	%	Count
1	5-10	2.72%	30
2	10-20	5.07%	56
3	30-35	6.88%	76
4	35-40	18.93%	209
5	40-50	40.40%	446
6	50-60	16.30%	180
7	60-70	5.80%	64
8	70+	3.89%	43
Total		100%	1104

UK National weekly working hours (Office for National Statistics, 2019)

Period	Value
2017	37.4
2018	37.1
2019	37.2
2020	33.7

## Are you responsible for a dependent?

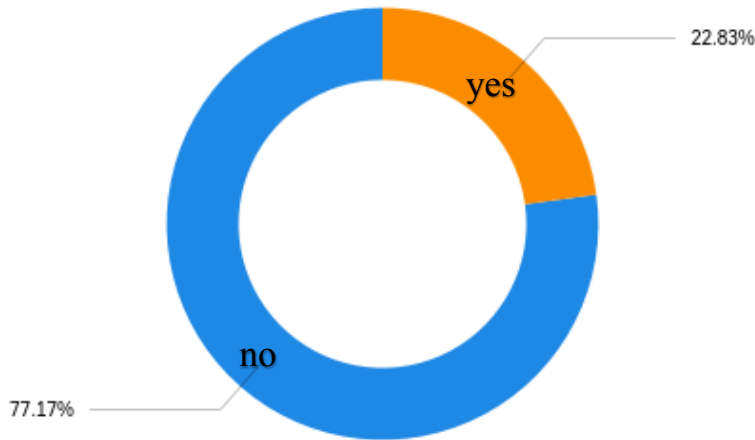
This question was added to support the research and work that is going on in industry at this present time.

22.83% ( n=255) said they are responsible for a dependent.

32.15% (n=82) of those who are responsible for a dependent have a mental health condition

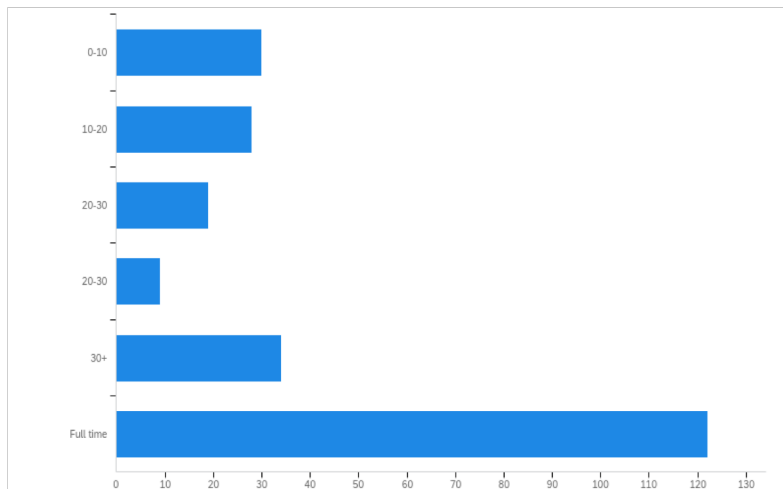
110 of the people that are responsible for a dependent are freelance, 56 are freelance and PAYE.

This means 65% of people that have responsibility for a dependant are freelance.



#	Answer	%	Count
1	Yes	22.83%	255
2	No	77.17%	862
	Total	100%	1117

## How many hours are you responsible for a dependent?



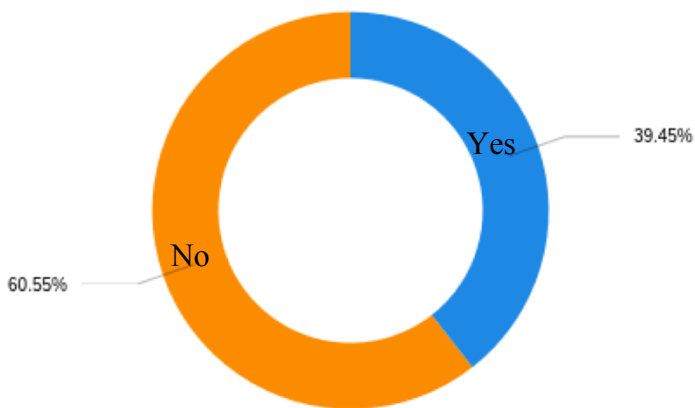
#	Answer	%	Count
1	0-10	12.40%	30
2	10-20	11.57%	28
3	20-30	7.85%	19
4	20-30	3.72%	9
5	30+	14.05%	34
6	Full time	50.41%	122
	Total	100%	242

## Findings

### Do you currently have a mental health condition?

We refined the question for the 2021 survey to get a clearer statistic of prevalence of current mental health illness in our industry. The 2019 survey question was “have you ever or do you currently have a mental health problem” For which the 2019 statistic was 58.7% (n= 755) - which does tell us that a high percentage of work force have experienced a mental health condition.

This 2021 survey the question was structured in a much simpler way “ Do you have a mental health condition?” 39.45% answered yes giving us a definitive percentage of prevalence in our industry.



#	Answer	%	Count
1	Yes	39.45%	432
2	No	60.55%	663
	Total	100%	1095

**39.45% of people currently have a mental health condition (n=432)**

**40.48% of females** said they currently have a mental health condition ( n=221)

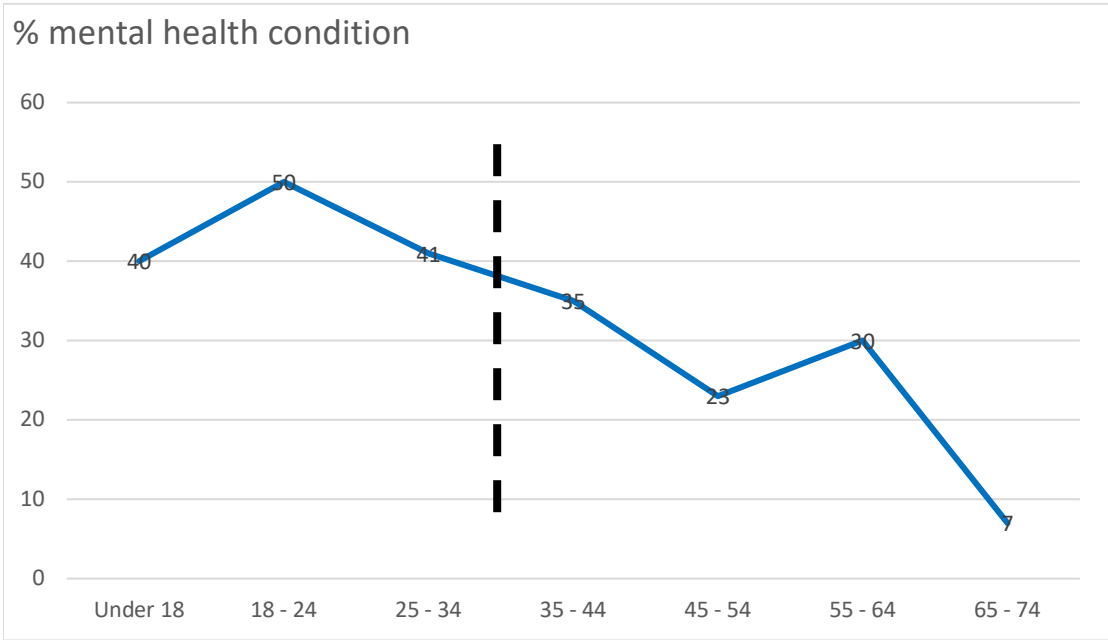
**32.6% of males** said they currently have a mental health condition (n=195)

**52% of people that said “other” or “prefer not to say”** have a mental health condition (sample size – 31 n= 16)

**40%** of all those people that identified as “Asian, Asian British, Arab, African Caribbean, Black British, Mixed or Multiple Ethic Groups” have a mental health condition (sample size –71 n=29)

### Mental health prevalence and age

- 40% of under 18's** identifies with having mental health condition (n=2)
- 50% of 18-24 year olds** identify with having a mental health condition (n=93)
- 41% of 25-34 year olds** identify with having a mental health condition (n=161)
- 35% of 35-44 year olds** identify with having a mental health condition (n=105)
- 23% of 45-54 year olds** identify with having a mental health condition (n=43)
- 30% of 55-64 year olds** identify with having a mental health condition (n=26)
- 7% of 65-74 year olds** identify with having a mental health condition (n=2)



**59%** of those that identify with a mental health condition are under the age of 34. ( n= 256)

**22%** of those that identify with a mental health condition are under the age of 24 (n=95)

## Mental health prevalence and contract type

- 38% (n=174) of freelance staff identify with having a mental health condition
- 38% (n=120) of freelance / PAYE staff identify with having a mental health condition
- 33% (n=91) of employed PAYE staff identify with having a mental health condition
- 57% (n=47) of students identify with having a mental health condition

**38% of people who identify with being freelance (freelance full time and part time) have a mental health condition**

## Mental health prevalence and principal area of work

### Lighting

- 33.3% of people working in lighting have a mental health condition (n=79)
- 11.81% of those are female (n=28)
- 19.83% of those are male (n=47)

### Sound

- 44.2% of people working in sound have a mental health condition (n=73)
- 36.9% of those are female (n=27)
- 60.3% of those are male (n=44)

### Stage Management

- 38.2% of people working in stage management have a mental health condition (n=64)
- 32% of those are female (n=52)

### Costume and Wardrobe

- 43.4% of people in costume and wardrobe have a mental health condition (n=43)
- All of which are female apart from 5 who selected "other"

### Production Management

- 35.8% of people in production management have a mental health condition (n=29)
- 19.8% of those are female (n=16)
- 16% of those are male (n=13)

### Technical Managers

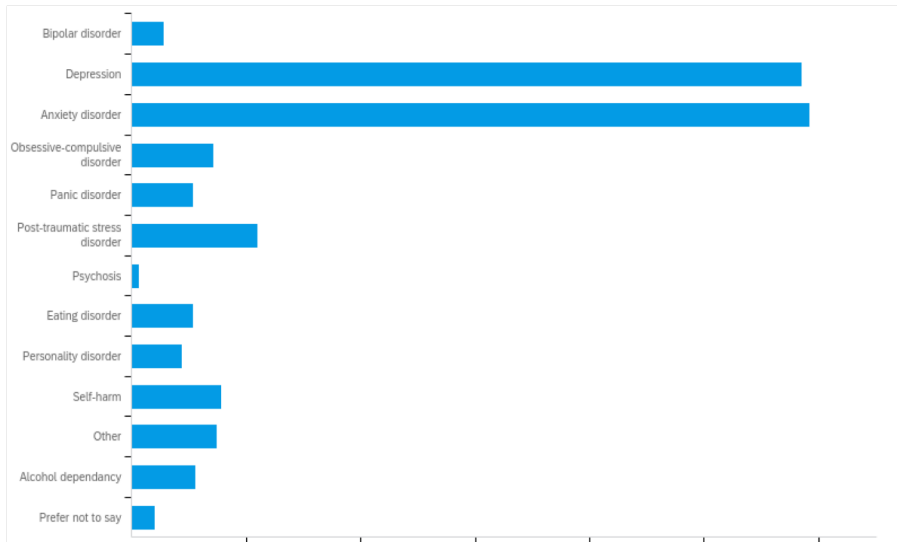
- 36.7% of people in technical management have a mental health condition (n=22)
- 18.2% of those are female (n=4)
- 82% of those are male (n=18)



## Category of mental health diagnosis

Please specify what mental health condition you identify with?

*Please note people could select more than one option for this question*



#	Answer	%	Count
1	Bipolar disorder	1.58%	14
2	Depression	33.03%	293
3	Anxiety disorder	33.37%	296
4	Obsessive-compulsive disorder	4.06%	36
5	Panic disorder	3.04%	27
6	Post-traumatic stress disorder	6.20%	55
7	Psychosis	0.34%	3
8	Eating disorder	3.04%	27
9	Personality disorder	2.48%	22
10	Self-harm	4.40%	39

#	Answer	%	Count
11	Other	4.17%	37
12	Alcohol dependency	3.16%	28
13	Prefer not to say	1.13%	10
	Total	100%	887

Of the proportion that stated they have, or have had a mental health problem the most common diagnoses were depression (n=293,33.03%) and anxiety (n=296,33.37%) mirroring the national trend in terms of common mental health diagnosis (Macrory, 2016) despite showing greater prevalence rates.

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## Related to those that answered “OTHER”

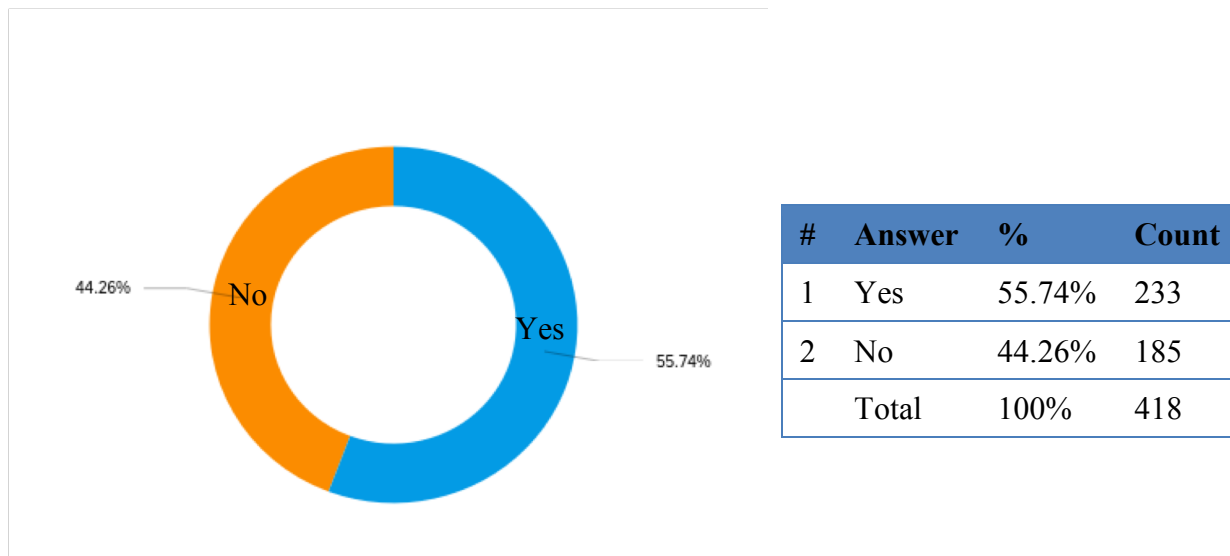
Please specify what mental health condition you identify with?

Unstable	1
Low mood	1
ADHD	5
Burn out	1
Drug dependence	2
Anxiety & stress	3
Autistic spectrum disorder	1
Panic disorder	1
Gender dysphoria	1
PMS	1
PMDD	1
Autism	1
Substance addiction	1
Trauma	1
Depersonalisation	1
Insomnia	1
Borderline personality disorder	1
Low level continuous anxiety	1

## Mental health support

This question was asked to those that responded “yes to having a mental health condition. (n=432)

### Are you currently seeking support and receiving care for your mental health?



It is positive to see that the majority (55.74% n=233) are receiving care and support, although this statistic supports the high prevalence of mental health conditions in our industry.

44.26% (n=185) are not seeking support or receiving care.

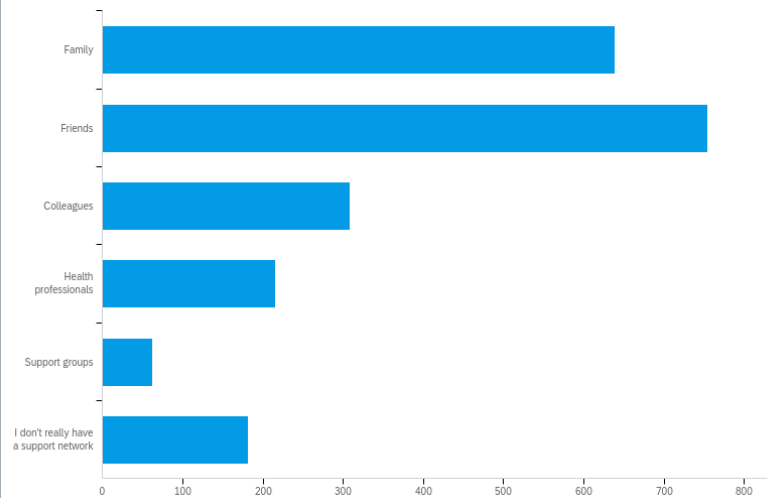
It is encouraging to see that in our industry the uptake of people seeking to receive care and support is above the national average, although it does highlight that the prevalence of mental health in our sector is high.

According to the mental health foundation 1 adult in 8 receives mental health treatment, with 10.4% receiving medication and 3% receiving psychology therapy. For those with a common mental health problem, 36.2% reported receiving treatment. (Mental Health Foundation, 2018)

## Do you have a support network to whom you feel you can talk to about mental health? Who are they?

Participants could select more than one

#	Answer	%	Count
1	Family	29.57%	639
2	Friends	34.89%	754
4	Colleagues	14.30%	309
5	Health professionals	10.00%	216
6	Support groups	2.87%	62
7	I don't really have a support network	8.38%	181
	Total	100%	2161



8.3% (n=181) don't feel they have a real support network. While this is a low percentage it is these people that fall into higher risk categories as they don't have access to support. Further filters revealed that 44% (n=80) people who don't have access to support have a mental health condition.

More worryingly 60% (n=48) of those that have a mental health condition and no support are not currently accessing support and help for their mental health condition. Particular care should be made to identify these high-risk people.

There is a higher percentage of people that have no support network that are freelance. See figure

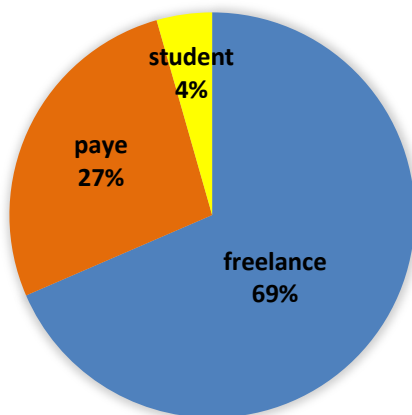
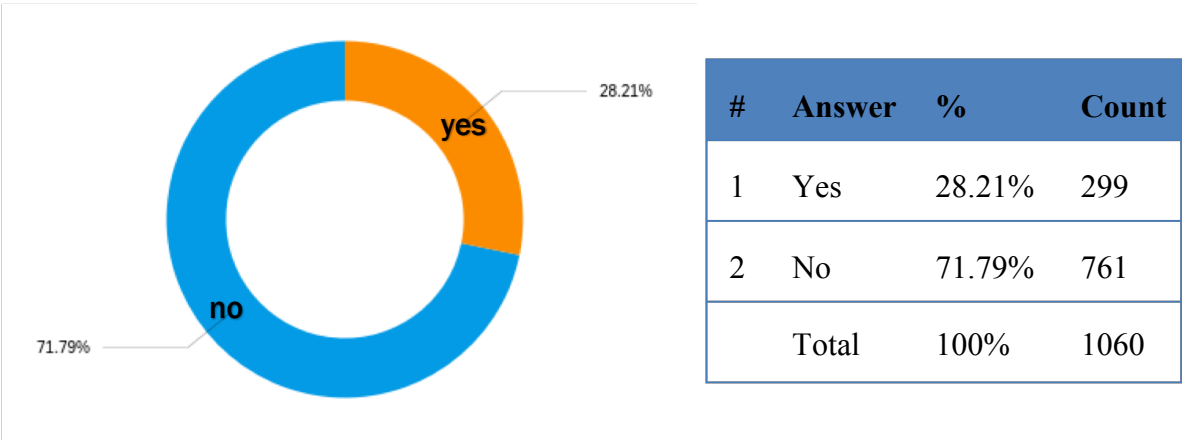


Figure 6 – No support network by job type

**Do you feel you can take time off work for a mental health reasons, including doctors or professional help?**



The majority 72% (n=761) felt that they couldn't take time of work for a mental health reason. Only 28% (n=299) felt they could take time of work.

### Why do you feel you can't take time of work for mental health reasons?

We had 640 open responses to this question.

52% of the people that completed the survey felt compelled to respond to this question  
96% of the text data had a negative sentiment

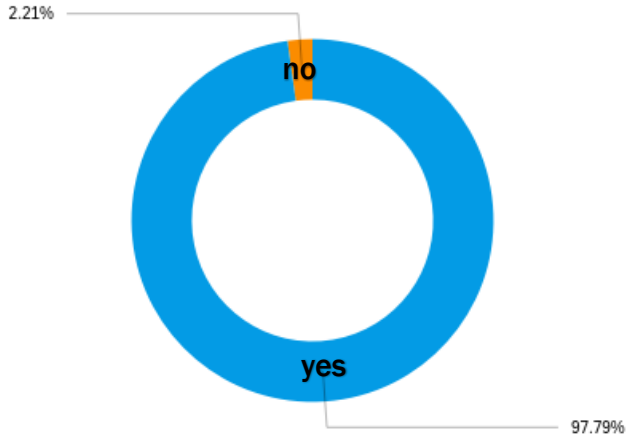
*A supplementary report will be released for all open questions outlining the responses in greater detail*



Word cloud of the open responses

## Mental health perceptions and stigma

Do you think there is a difference between how physical and mental health is perceived?



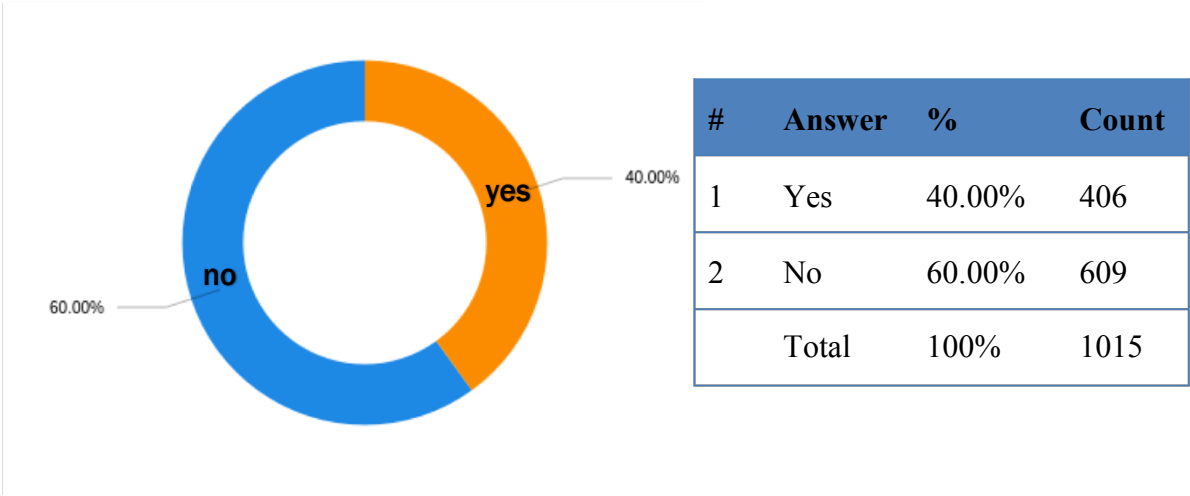
#	Answer	%	Count
1	Yes	97.79%	1016
2	No	2.21%	23
	Total	100%	1039

98% (n=1016) of people think that there is a difference in how physical and mental health is perceived.





### Do you feel confident and able to talk to your employer about your mental health?



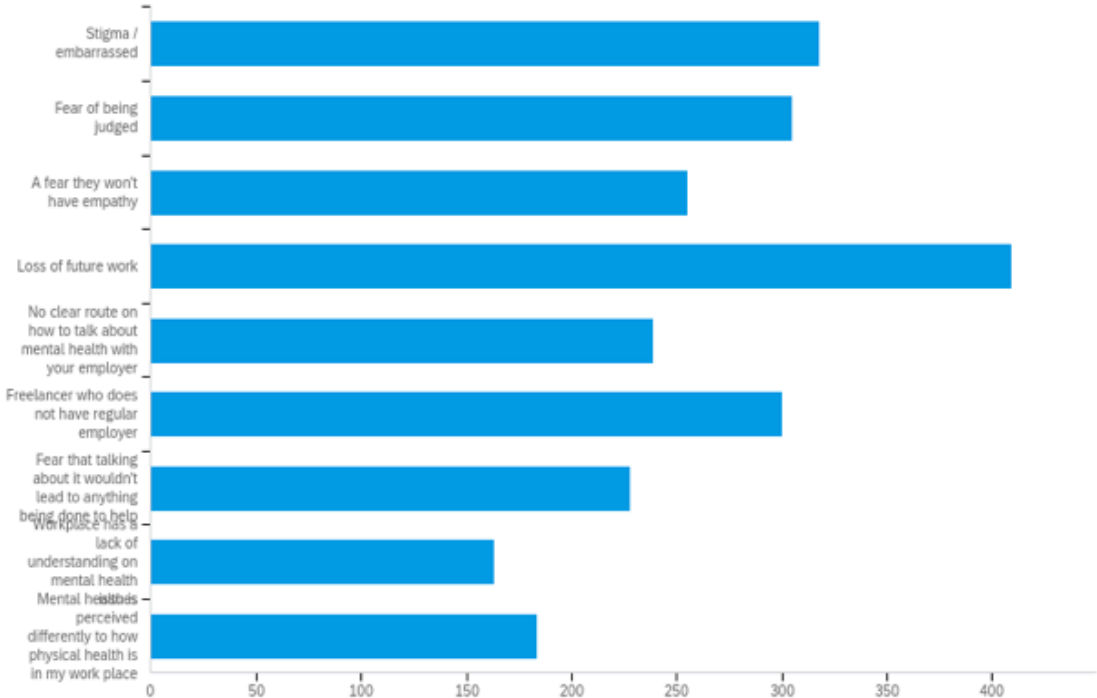
The majority 60% (n=609) don't feel they can talk to anyone at work about their mental health.

It is worth noting that later in our survey we asked if managers felt they were able to talk to their staff about mental health. The overwhelming majority were confident they could talk to their staff. 84.50% ( n=387) felt they could talk to their staff about mental health. ( see page 32). We can now clearly see from the data here the disparities in lines of communication in the work place. We have managers that feel they are able to talk to staff, and staff that aren't comfortable talking to managers in their place of work.

## What do you consider the main reasons why you wouldn't feel comfortable talking to your place of work about your mental health?

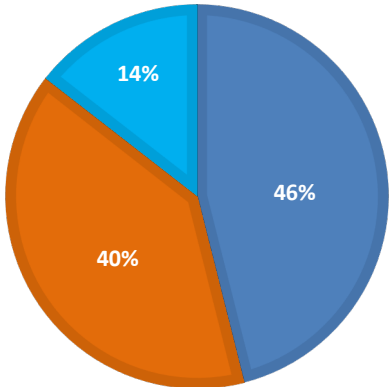
This question was asked if they answered no to I don't feel confident talking to my employer about my mental health. Participants could answer more than one.

2401 responses were recorded.



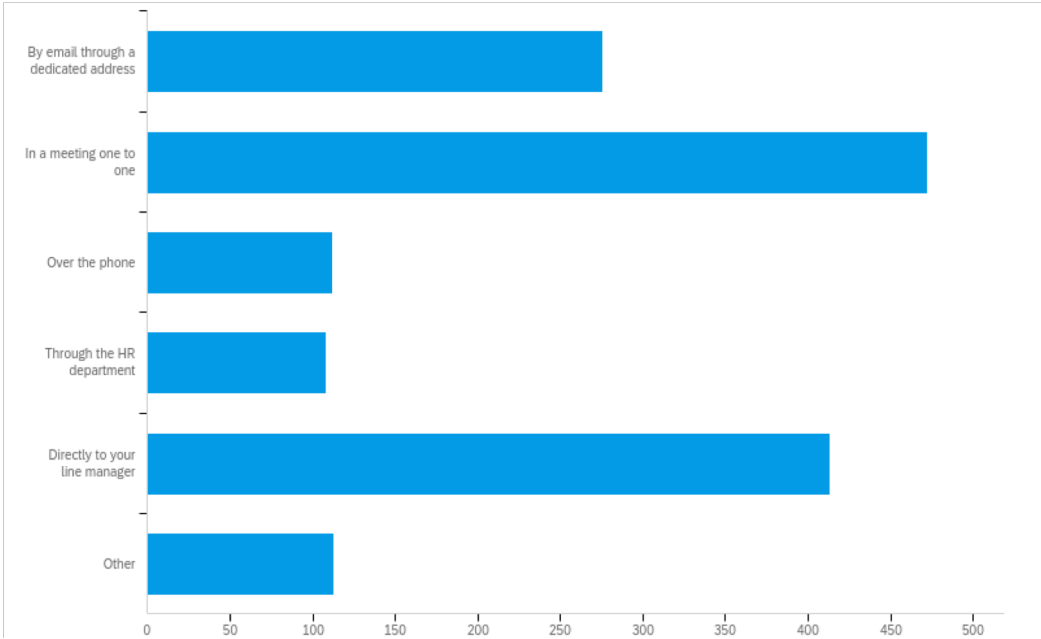
Loss of future work comes in at the highest 17% (n=409)  
13% (n=318) think that stigma and embarrassment would stop them from talking to anyone at work  
12.49% (n=300) felt it was because they were a freelancer with no fixed employer

- Stigma / fear / being judged
- Practical issues/ freelancer / loss of work / no sign posting for talking
- Lack of understanding / mental health not the same as physical health

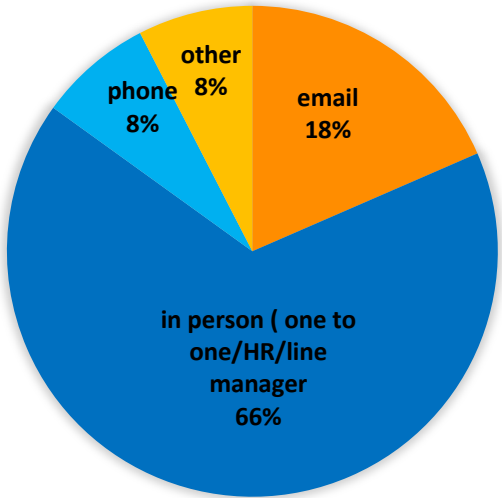


### If you needed to let your workplace know about a mental health issue how would you like to communicate it?

Overwhelmingly 66% of the responses show that people would prefer to talk rather than use phone or email communication methods to report mental health issues at work.



#	Answer	%	Count
1	By email through a dedicated address	18.47%	276
2	In a meeting one to one	31.59%	472
3	Over the phone	7.50%	112
4	Through the HR department	7.23%	108
5	Directly to your line manager	27.64%	413
6	Other	7.56%	113
	Total	100%	1494

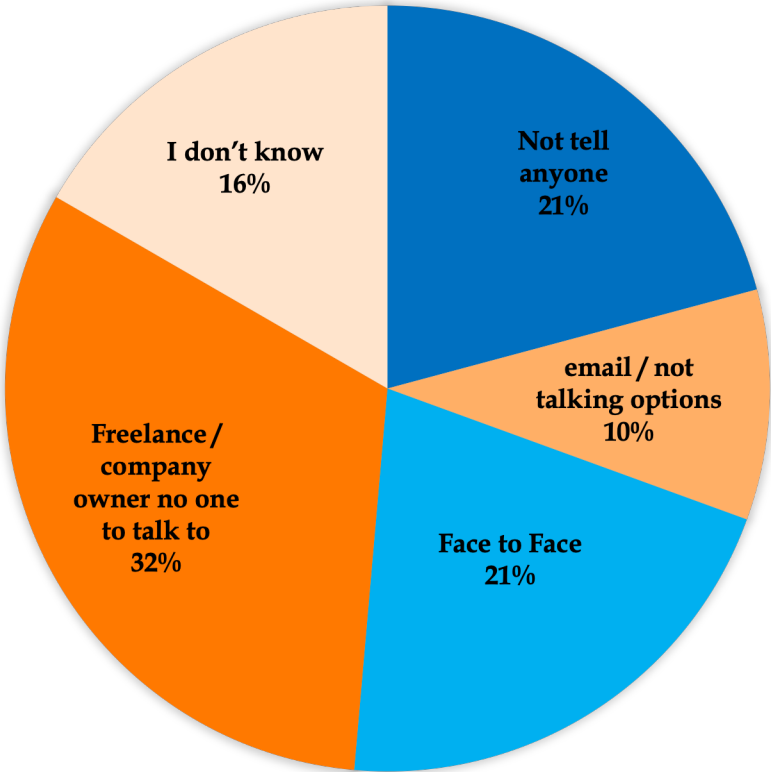


Those that selected OTHER: Please specify

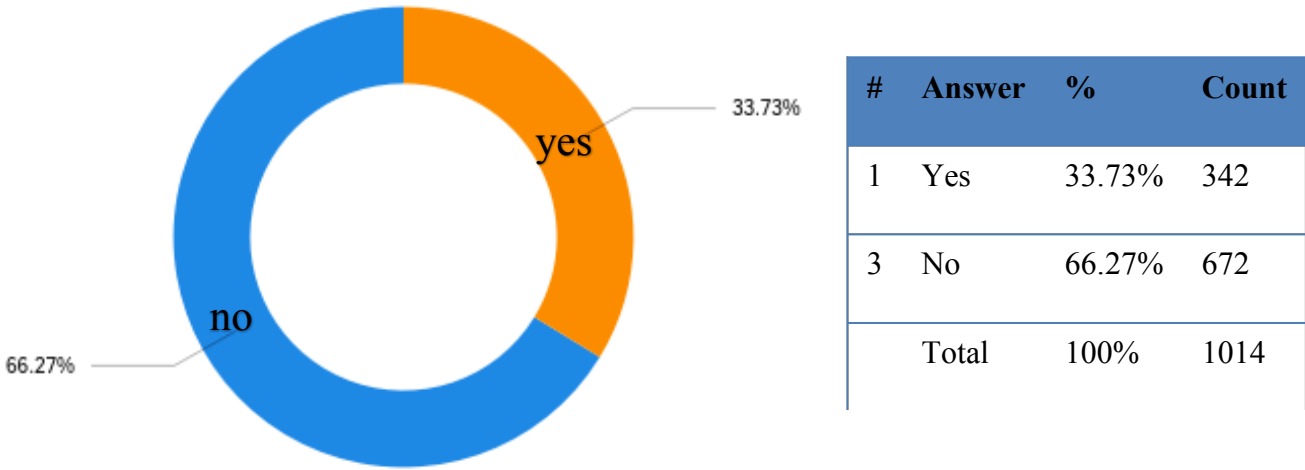
### How you would like to communicate with your place of work about your mental health?

We had 97 responses to this question

The majority can be categorised into the 5 outlined in the pie chart below.  
16% of the answers simply said they didn't know  
21% wouldn't tell anyone  
32% of responses again referred to being freelance and not having anyone to communicate with



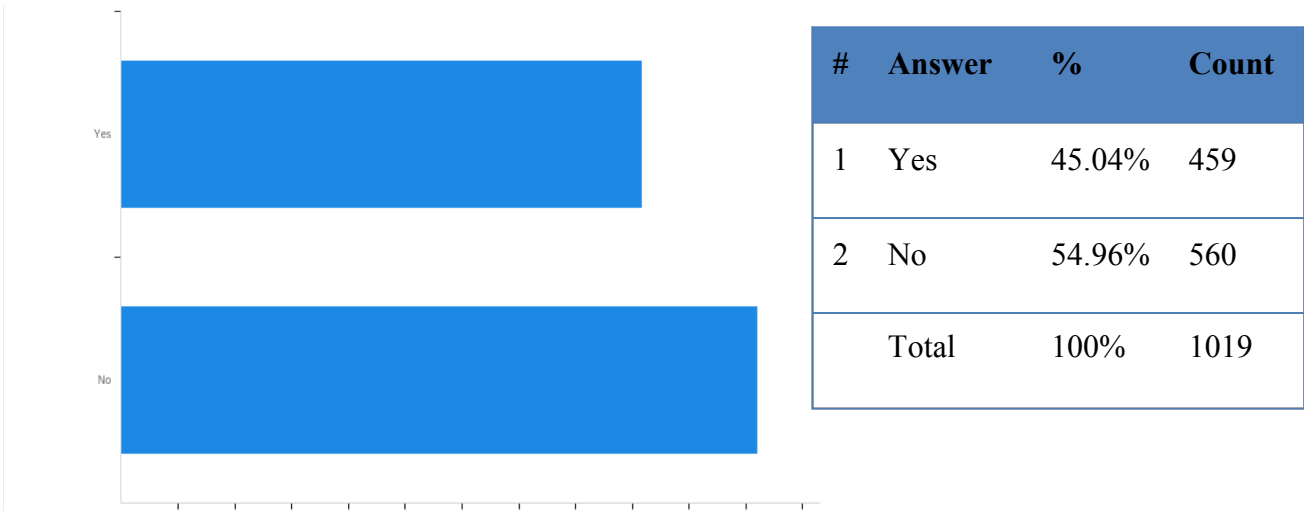
### Has bullying or harassment been a cause of poor mental health for you?



While the majority 66% (n=672) don't feel bullying has been a cause of poor mental health. It is worth noting that over a quarter of our participants do feel this is a factor.

1 in 3 people think that bullying or harassment has been a cause of poor mental health.

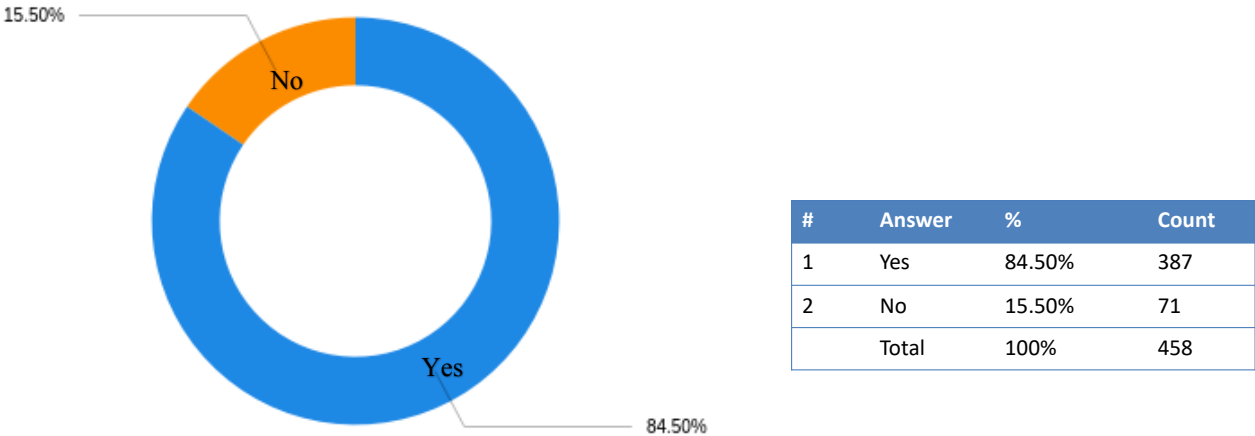
### Are you a manager / supervisor and responsible for staff in your usual job role?



We had 459 people (45% of our sample size) say they were a manager or supervisor responsible for staff. Of those 458 asked went on to answer our follow up question “are you able to talk and support your teams on matters of mental health?” 84.50% (n=387) of these managers felt they were able to talk to their staff about mental health. An overwhelming positive response of confident managers who feel they are equipped to talk about wellbeing with employees. Other areas of this report however do not support this statistic as 60% of people in this survey are not confident talking to anyone at work about their mental health. This highlights a clear issue in communication in the workplace in the backstage community.

If they answered yes to being a manager or supervisor they were asked:

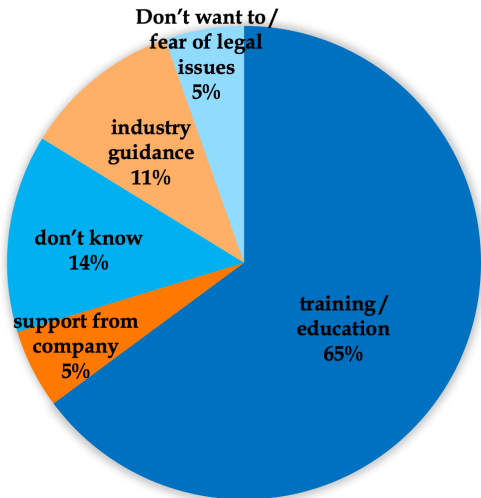
### Do you feel able to talk to and support your teams on matters of mental health?



If they answered No to being able to talk to and support their team on mental health matters they were asked:

### Why do you feel you're not able to talk to and support your teams on matters of mental health?

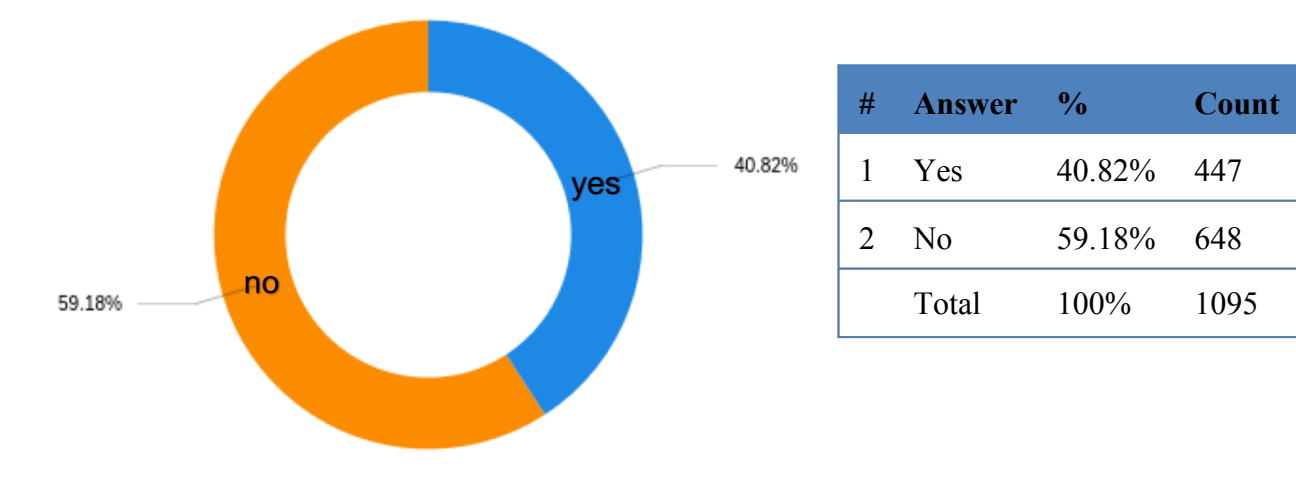
We had 48 responses to this question  
68% of people that responded gave an answer to this open question.  
Training was mentioned 22 times.  
*A supplementary report will be released for all open questions outlining the responses in greater detail*



**Word cloud of open responses to this question**

## Impact of COVID-19

**Did you find employment outside of the backstage entertainment industry during this pandemic period?**

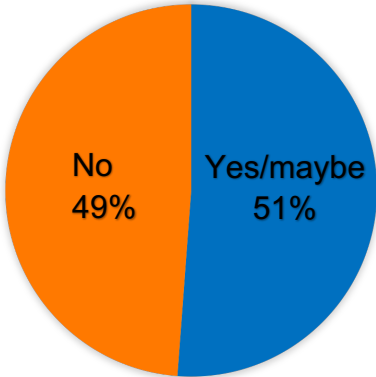


The majority of people in our survey sample 59% (n=648) didn't find any work during the pandemic period.

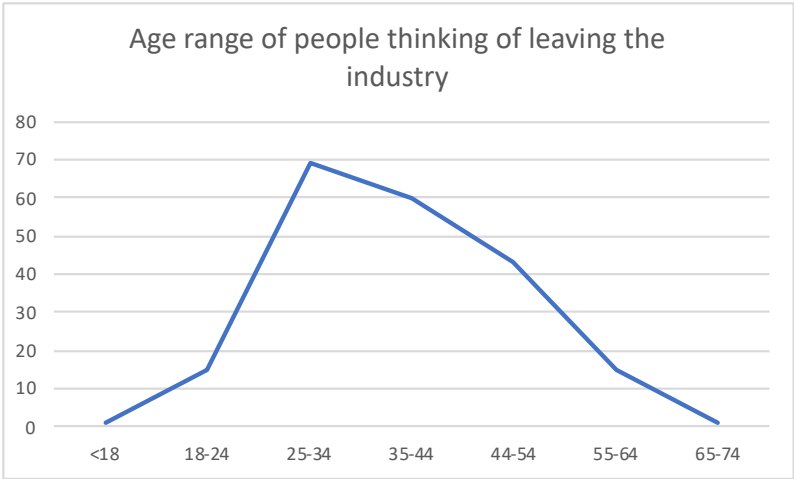
With no work comes a change in lifestyle and mindset if you are used to a daily routine. Some may have found this to have a very negative impact in their wellbeing and mental health, others may have adjusted well to the slower pace of not having a job. Either way this section of our work force will see a big lifestyle change as they return to work.



### Are you thinking about leaving your backstage entertainment career?



#	Answer	%	Count
1	Yes	18.65%	204
2	No	48.81%	534
3	Maybe	32.54%	356
Total		100%	1094

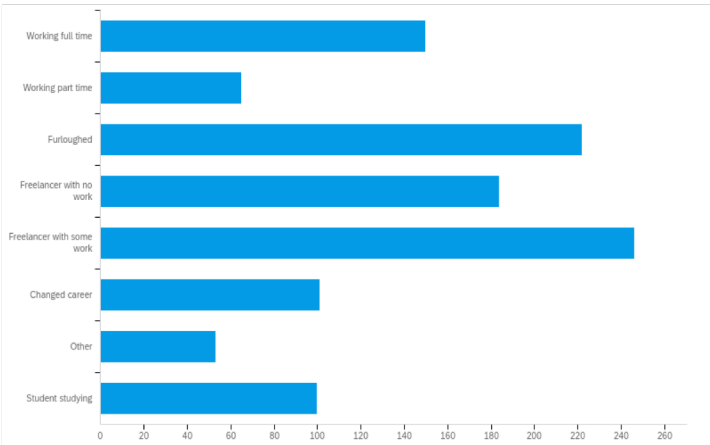


Half of our work force are considering or maybe considering leaving the backstage industry. This is a significant figure and further action is advised to provide reassurances to workers that they are valued, appreciated and vital to keep our industry going. This may be due to uncertainty in our industry at present.

There was no real disparity between males and females that answered yes. 92 females and 110 males.

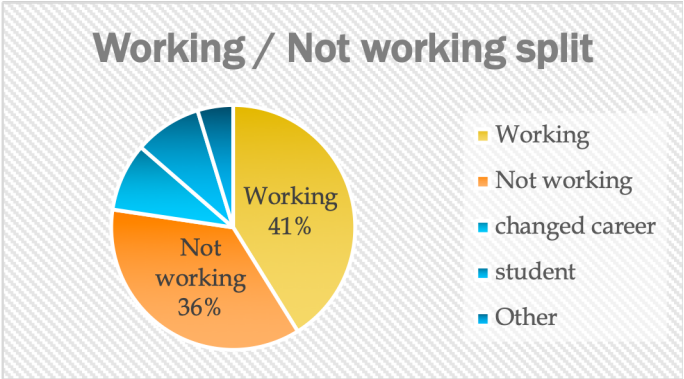
25-34 year olds were the highest age bracket for answering yes to this question.

### During the pandemic what have you mainly been doing?



#	Answer	%	Count
5	Freelancer with some work	21.94%	246
3	Furloughed	19.80%	222
4	Freelancer with no work	16.41%	184
1	Working full time	13.38%	150
6	Changed career	9.01%	101
8	Student studying	8.92%	100
2	Working part time	5.80%	65
7	Other	4.73%	53
	Total	100%	1121

As depicted by this pie chart  
 A similar number of people have been Working (n=461) to those that have not (n=406). It’s important to note that both halves of our workforce have had very different experiences during this pandemic.

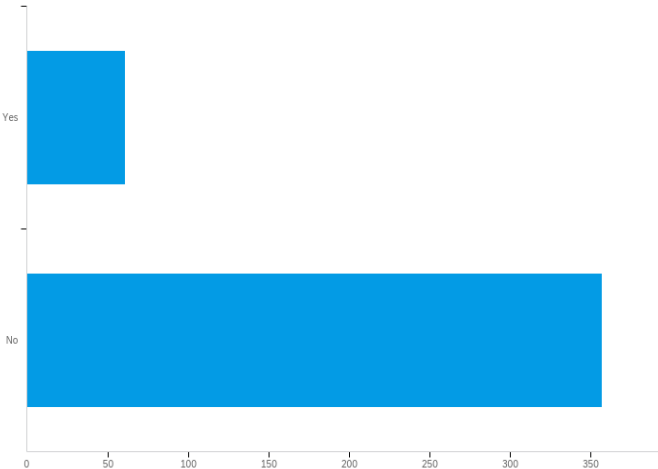


This question was asked to those that responded "yes to having a mental health condition. (n=432)

### Have you experienced this mental health issue for the first time during this pandemic period?

Most people didn't experience their mental health condition for the first time during the pandemic period ( n= 357, 85.41%). This supports the data we have in our 2019 survey that 54.5% of people had their mental health condition before they started working in our backstage industry. Highlighting more data to support the idea that our backstage industry attracts a higher proportion of workers with pre-existing mental health conditions.

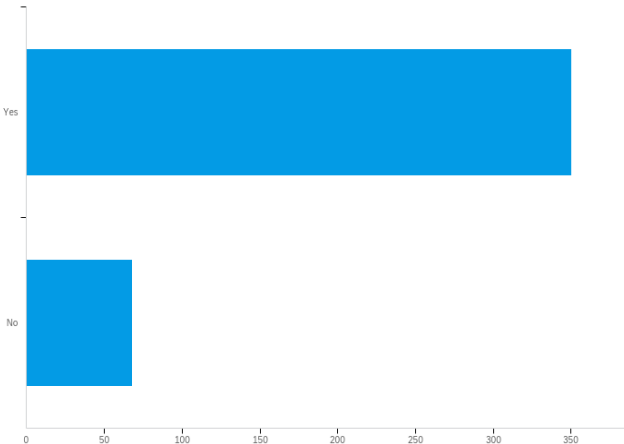
The lock down and pandemic have overwhelmingly made peoples mental health conditions worse (Yes 83.7% n=350)



#	Answer	%	Count
1	Yes	14.59%	61
2	No	85.41%	357
Total		100%	418

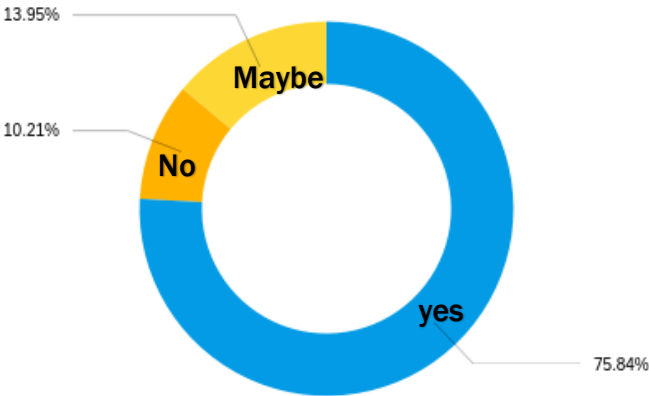
This question was asked to those that responded "yes to having a mental health condition. (n=432)

### Has the lock down and pandemic made your mental health condition worse?



#	Answer	%	Count
1	Yes	83.73%	350
4	No	16.27%	68
Total		100%	418

**Have the effects of the pandemic on our entertainment industry had a negative effect on your mental health?**



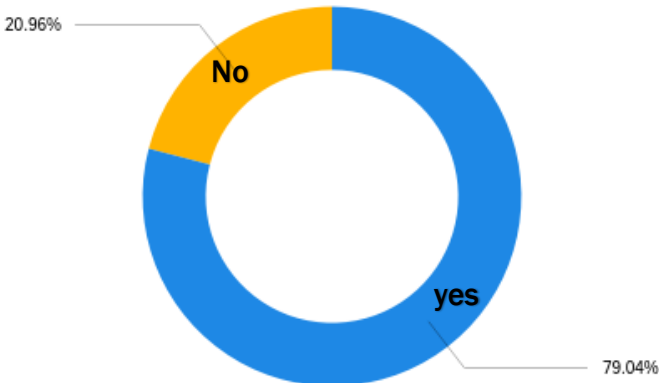
#	Answer	%	Count
1	Yes	75.84%	810
2	No	10.21%	109
4	Maybe	13.95%	149
Total		100%	1068

Overwhelming the pandemic’s effects on our industry have caused a negative effect on people’s mental health. (Yes 75.8% n=810)

Question 12 was asked to those that answered No to having a mental health condition (n=663)

**You have mentioned you don’t have a mental health condition.**

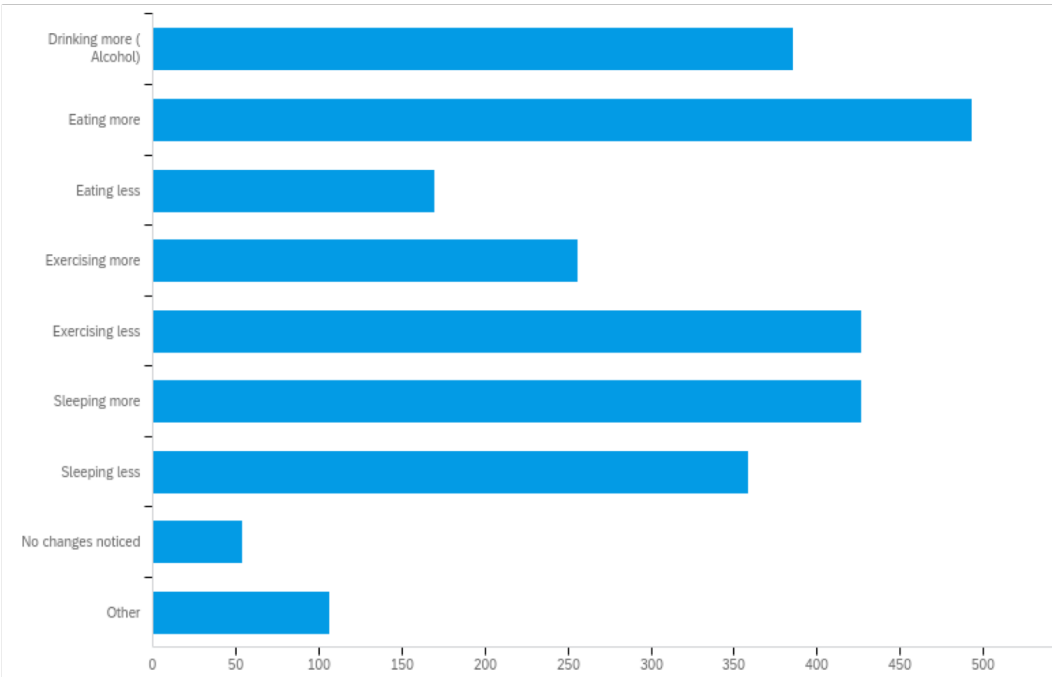
**Would you say that overall the pandemic has had a negative effect on your mental health?**



#	Answer	%	Count
1	Yes	79.04%	513
2	No	20.96%	136
Total		100%	649

Those that don’t have a mental health condition overwhelmingly feel the pandemic has had a negative effect on their mental health (Yes 79% n=513)

### Have you noticed a change in your behavior during the pandemic?

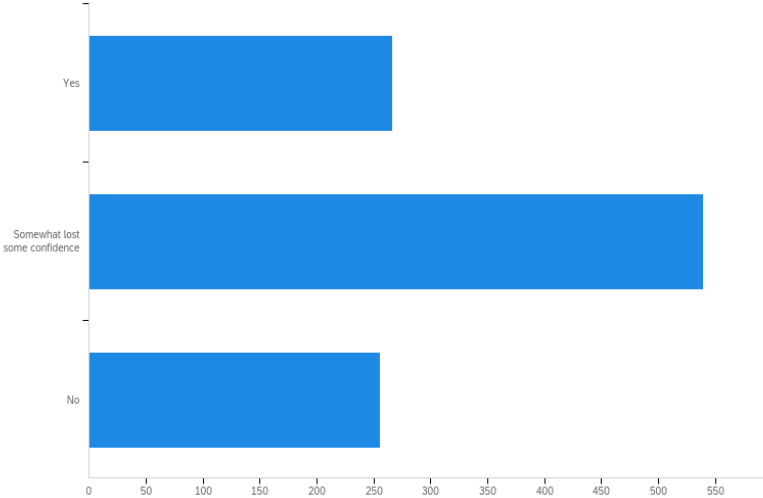


#	Answer	%	Count
1	Drinking more (Alcohol)	14.41%	386
2	Eating more	18.41%	493
3	Eating less	6.35%	170
4	Exercising more	9.56%	256
5	Exercising less	15.94%	427
6	Sleeping more	15.94%	427
7	Sleeping less	13.41%	359
8	No changes noticed	2.02%	54
10	Other	3.96%	106
	<b>Total</b>	<b>100%</b>	<b>2678</b>

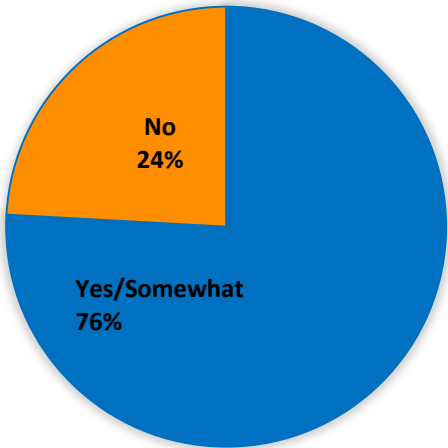


# COVID-19 and the return to work

## Have you lost confidence in your skills / ability to do your job?

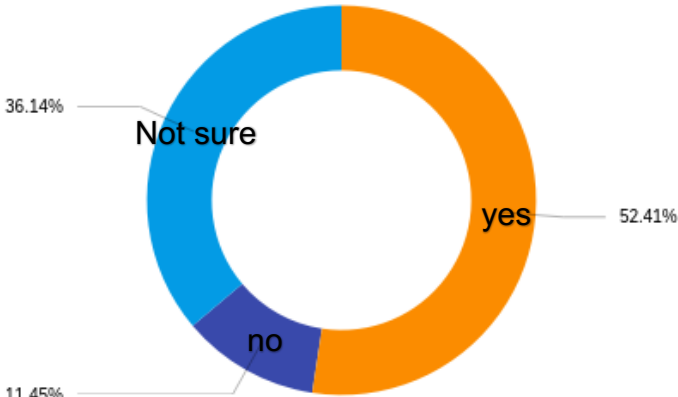


#	Answer	%	Count
1	Yes	25.07%	266
2	Somewhat lost some confidence	50.80%	539
3	No	24.13%	256
Total		100%	1061



75% ( 3/4's ) of people feel they have lost confidence or somewhat lost confidence in their skills.

**Do you think returning to work will improve your mental health?**



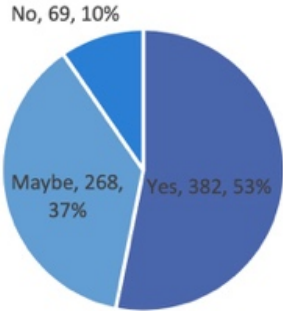
#	Answer	%	Count
1	Yes	52.41%	522
2	No	11.45%	114
4	Not sure	36.14%	360
Total		100%	996

Our survey sample are very split on this question. 52% are confident it will improve their mental health, but 11% are not, and 36% are not sure and have some trepidations.

So, 48% (No or not sure n=474) are not confident that returning to work will improve their mental health. Sending us a clear message that we need to consider the work place, environment, working practices etc and making improvements in those areas to help people have more confidence.

*2019 statistics*  
 In our 2019 survey we asked “do you think that working conditions within the industry contribute to your mental health problem.  
 Overwhelmingly 90% answered Yes, or Maybe.

**Do you think that working conditions within the industry contribute to your mental health problem?**







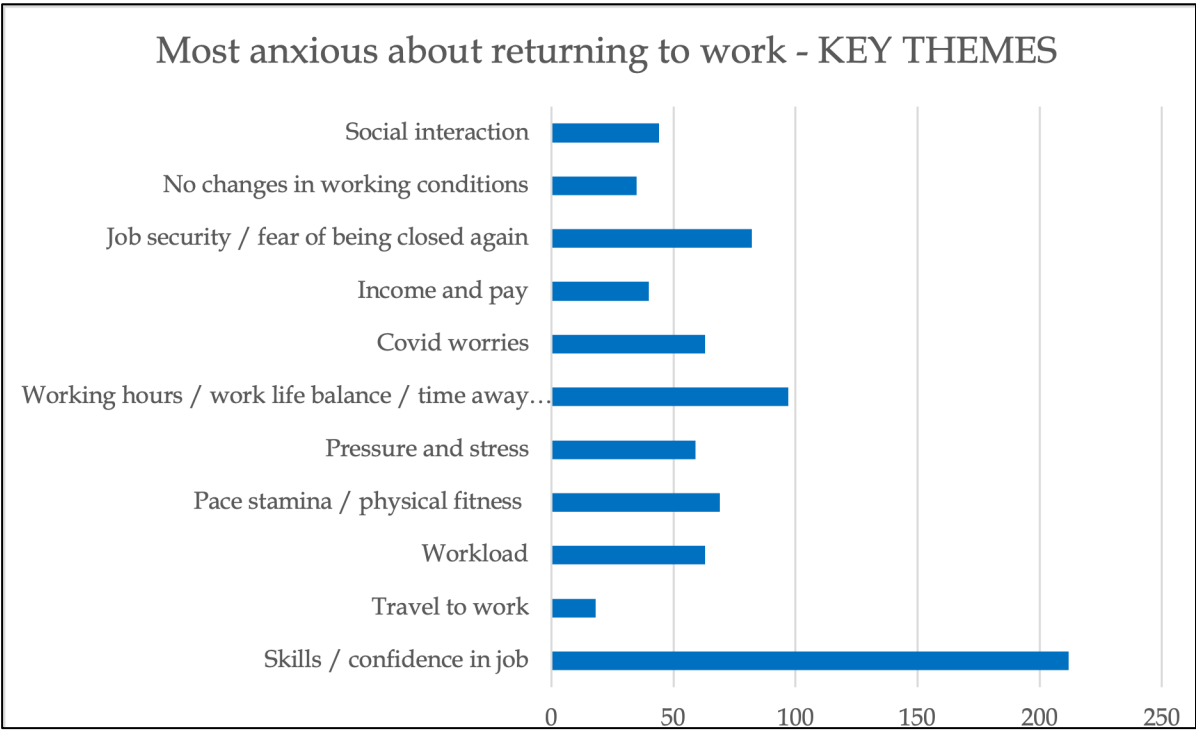
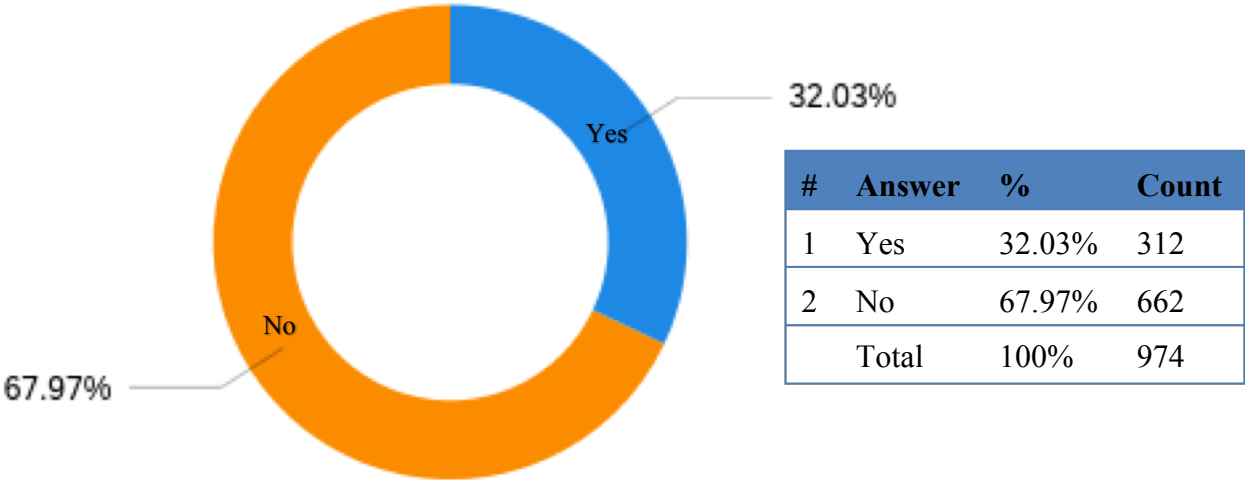


Figure 7 – Key themes in the open question responses

**Do you feel like there is adequate mental health and wellbeing support for your return to work?**



68% of people (n=312) think there won't be adequate mental health and wellbeing support for their return to work.

## References

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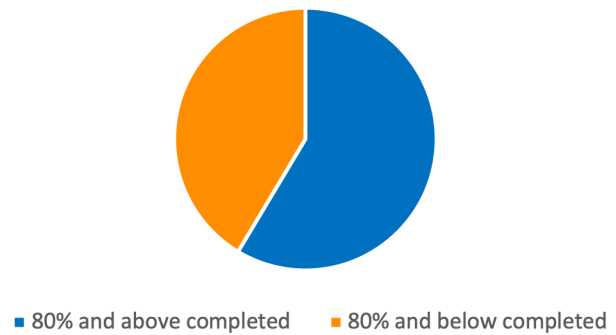
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## Appendix 1: Partial responses data

Partial responses percentage completed	
2%	59
12%	52
24%	27
31%	1
33%	5
35%	2
36%	19
53%	2
57%	4
58%	1
62%	13
67%	17
71%	5
76%	5
83%	1
86%	20
98%	279
<b>Total</b>	<b>512</b>

Partially completed surveys



**1234** recorded responses

**722** completed all of the questions

**512** partial responses recorded (where the participants didn't complete all of the questions)

**1022** – fully completed and 80% and above partially completed surveys