



Health and Work

Improving the resilience of the UK's workforce

July 2025

A WPI Economics Report



Health



ECONOMICS

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Foreword

By Heather Smith, CEO, AXA Health

Good health and good work are intrinsically linked. When individuals are healthy – physically, mentally, and emotionally – they are more likely to thrive, both at work and at home. This is better for individuals, businesses and the wider economy.

Despite the relationship between good health and good work, the UK is facing a growing and unique challenge – rising levels of economic inactivity caused by ill health. There are currently an estimated 2.8m people out of work due to ill-health, and one in five of all people of working age report having a work limiting health condition. This carries profound implications for society and should be a priority for us all.

As the CEO of AXA Health, I know that many businesses are already having a huge impact on their employees' health and wellbeing, from creating supportive cultures to providing access to high-quality health and wellbeing services. However, as a society we need to go further and ensure this becomes the norm across the UK.

With this in mind, I am pleased to present the findings of our new commissioned research, which explores which workforce health interventions offer the greatest return – for the public purse, for employers and for health outcomes.

Our report reveals that implementing measures such as greater transparency around how employers support workforce health and providing line managers with better, and more consistent, training on mental health could generate benefits of £925m in a year.

Given the links between deteriorating mental health amongst young people and economic inactivity, we have also considered the value of investing in mental health in schools. We found that even as little as a 5% fall in the cost related to child mental ill health, which would be less than the increase in prevalence of probable mental health problems in children between 2022 and 2023, could save employers around £400 million from costs related to the knock-on effects on working age parents.

In the current economic climate, and with growing challenges such as an ageing population and the worsening mental health of young people, the time to act is now. We recognise that every policy decision involves compromise. Nonetheless, we believe that the policies outlined here represent a pragmatic, evidence-based path forward.

In building consensus around these interventions, and considering all parts of the health ecosystem, we can take meaningful steps towards a healthier, more resilient workforce.



Executive summary





Workforce health has rightly become a priority action area for Government, and the Mayfield Review, coming later this year, aims to provide the ambitious strategy required to address ill health related inactivity, absenteeism and presenteeism across the workforce.¹

Employers have a vital role to play in building healthier workplaces and helping to create a culture of prevention, rather than reaction, to workforce health. Health insurance is one important tool employers have to support the health of their staff. Previous research by WPI Economics for the Association of British Insurers (ABI) sets out the scale of this contribution – the services provided by the health and protection insurance industry delivered economic, fiscal and business benefits worth £6.1 Billion in 2021.ⁱ

Supporting and incentivising employers to do more is critical to addressing the workforce health challenge. Working with AXA Health, WPI Economics carried out an analysis of a long list of over 30 policy interventions, from a range of think tanks, government bodies, and business and campaigning organisations.

These policies were all analysed according to 4 criteria:

Figure 1: Decision making criteria

-  **Work & Health** – does the intervention help to incentivise and support employers to invest in the wellbeing and health of their staff?
-  **Fiscal impact** – does this save or cost the Exchequer money?
-  **Business and economy impacts** – do employers benefit from this intervention? Does it cost employers money directly?
-  **Broad support** – Will this likely enjoy political support? Has the idea been raised before and dismissed?

We identified **three priority action areas for Government**, and carried out a high level quantitative analysis of their potential benefits to employers, the economy, and exchequer.

1. **Transparency and standards on workplace health at large companies** – ensuring that companies disclose their approach to workforce health to the public, in order to provide information for employees, investors, and customers. If this resulted in a 25% increased uptake in workplace health insurance products, we estimate this would lead to benefits of £750 million per year.
2. **Mental health line manager training and standards** – including disclosure of levels of training by larger companies, a grant for SMEs, and an aspiration to incorporate line manager mental health training into HSE guidance over time. We estimate this could deliver £175m of total economic benefits annually.
3. **Improving mental health education and support in schools** – including greater funding for Senior Mental Health Leads and expanding mandatory health education to post 16 learners. Even only a modest 5% fall in the cost related to child mental ill health could save employers around £400 million per year from costs related to the knock on effects of child mental ill health on working age parents.

Employers, insurers and Government working in partnership will be critical to addressing the work and health challenge. The interventions we have identified represent a set of clear, pragmatic steps that begin to address the issues that many have identified, while delivering tangible benefits to business, individuals, and the taxpayer.

¹ Tax policies are out of scope of the Mayfield Review, and so aren't considered here

Introduction

This report sets out an analysis of three broad policies to improve the UK's approach to workforce health, in the context of stubbornly high levels of ill health related inactivity across the labour market:

Chapter 1: looks at the context in terms of the health challenges facing the UK workforce, and the effects on individuals, employers and the exchequer.

Chapter 2: summarises the shortlisting process to arrive at the three policies.

Chapter 3: describes the three policy areas and our approach to modelling their economic benefits.

Chapter 4: sets out the call to action for insurers, businesses and Government.



CHAPTER

1

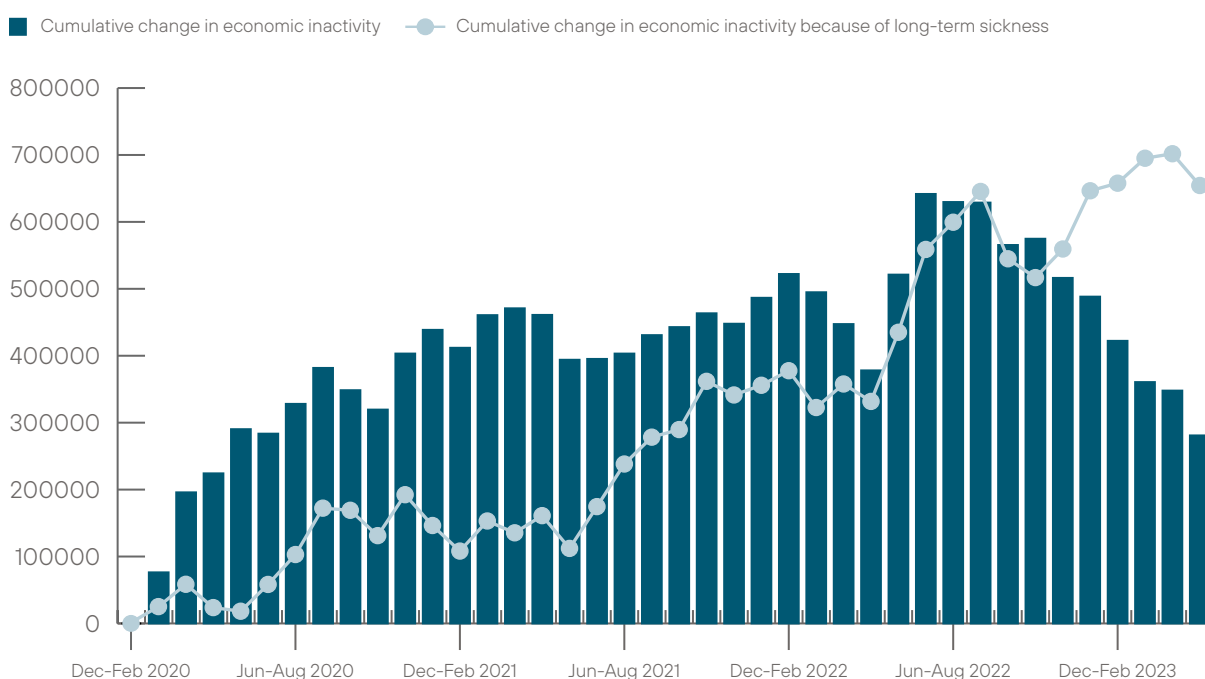
Context

The health of the UK workforce is declining and, as a result, more and more people are out of work. The UK lags behind its peers on a number of health indicatorsⁱⁱ: England's healthy life expectancy for men and women is 61.5 and 61.9 years respectivelyⁱⁱⁱ, compared to 62.4 and 62.8 years in the EU.^{iv} More than a third of the UK's working age population has some form of long-term health condition,^v and in recent years, mental health disorders such as anxiety and depression have increased in prevalence – particularly amongst young people.^{vi}

The health of an economy's workforce is crucial for its long-term growth. For businesses, a healthy workforce means increased productivity and reduced absenteeism. For employees, it means improved job security and better wages. However, despite its importance, nearly half of workers do not have access to any form of essential health support at work.^{vii} The effect of this is higher absenteeism and presenteeism, decreased productivity, and lower labour market participation.

The population's deteriorating health means that millions of individuals are falling out of the labour force. Currently, 9.2 million working-aged people are economically inactive^{viii} – 2.8 million of which are inactive due to long-term illness.^{ix} The employment gap between healthy workers and those with ill health is larger in the UK than most other European countries.^x

Figure 2: Cumulative change in economic inactivity, working age people, February 2020 to March 2023



Source: Office for National Statistics

Although overall economic inactivity has been decreasing in recent years, inactivity due to long-term sickness has been rising^{xi} and – almost half a decade on – remains at pre-pandemic levels and is pushing more people out of the workforce than ever before:

- Between 2020 and 2023, an additional 900,000 workers were missing from work due to illness than expected and, if post-pandemic trends continue, the total could rise to 4.3 million by the end of next parliament.^{xii}
- Long-term sickness is currently the leading cause of labour market inactivity,^{xiii} a number that has increased by 40% since 2019.^{xiv}
- The onset of sickness increases an individual's risk of leaving the labour market by up to 112% and impacts their annual earned income by up to £2,200.^{xv}

Although higher economic inactivity has mostly been driven by older groups,^{xvi} the health of younger workers has become a larger concern in recent years. Mental health problems are the leading cause of worklessness due to ill health amongst young people today, with data from AXA's Mind Health Study finding that the prevalence of mental health problems among young people is nearly twice as high as for over-55s.^{xvii} What's more, this group has seen a 77% increase in work-limiting health conditions in the last decade.^{xviii}

Promoting workforce health is about more than just the physical – the relationship between physical and mental health is a two-way street. Poor physical health can negatively affect mental wellbeing, and poor mental health can lead to individuals adopting unhealthy coping mechanisms. People with physical health problems are twice as likely to experience poor mental health, while those with severe mental illnesses face life expectancies 15-20 years shorter than the average – largely due to preventable physical illnesses.^{xx} Improving the health of the UK's workforce requires a holistic approach that tackles health from all angles.

Having such high levels sickness absence is bad for business, the wider economy, and the UK government's growth mission. If current trends continue, in the next 5 years the UK economy is projected to lose £66.3 billion annually in lost productivity due solely to long-term sick leave.^{xx} Even when employees' decide to work through ill health, there are significant productivity impacts. Estimates suggest that presenteeism costs UK businesses £25 billion in lost productivity.^{xxi} The solution to lower productivity as a result of ill-health is not to simply encourage people to show up to work, but to tackle the underlying long-term sicknesses that are affecting productivity, allowing workers to show up to work as the healthiest version of themselves.

More needs to be done to prevent people's health problems from reaching a point where it affects their ability to work. There is an urgent need for targeted health and employment interventions to stop illness from becoming a long-term barrier to work.

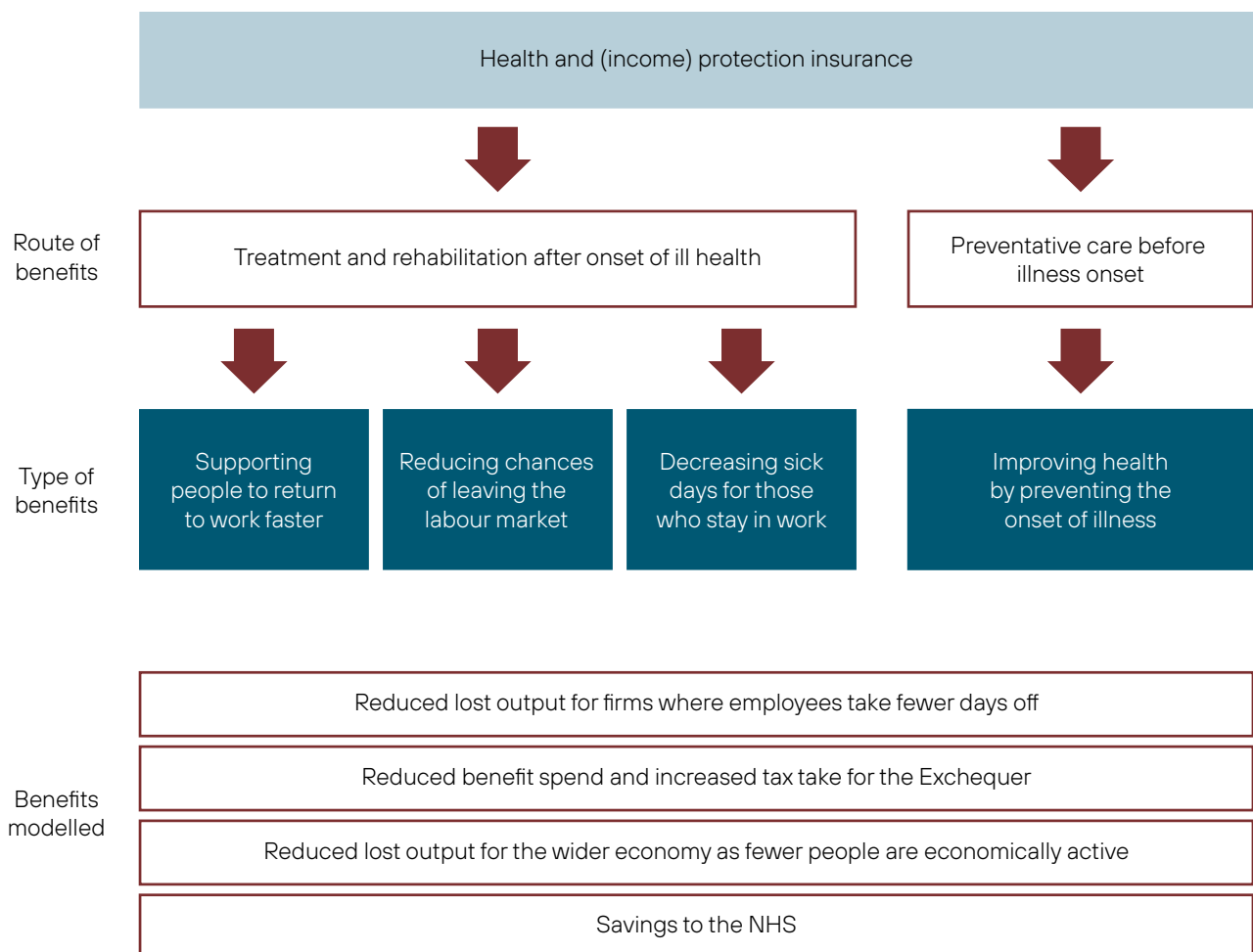


This is an issue the Government is grappling with. The 'Keep Britain Working' review led by Sir Charlie Mayfield was launched in early 2025. It explores what the government and employers need to do to improve employment rates amongst those out of the workforce due to ill health and disability. As part of these plans, the Government has set a long-term ambition to achieve an 80% employment rate. To achieve this, the UK would need an additional two million more people in work based on today's numbers.^{xxii}

Employers have a key role to play in improving the health of the UK's workforce. They can do this by ensuring managers and members of senior leadership have the necessary skills and tools available to monitor the health of their team, providing support where needed and promoting a culture of prevention, rather than reaction, when it comes to workplace health.

Health insurers such as AXA Health have a crucial role to play in this. Insurers can provide practical solutions to the issues that are causing more and more people to take time off work or even exit the labour market for health related reasons. Previous work by WPI Economics for the Association of British Insurers (ABI) found that the services provided by the health and protection insurance industry delivered economic, fiscal and business benefits worth £6.1 Billion in 2021.^{xxiii}

Figure 3: Health service benefits logic model



Source: Futureproofing workplace health

Research has also shown that every year AXA Health contributes a combined £442 million worth of benefits to employees across mental health, cancer, and musculoskeletal care, based on data from employers with more than 250 employees across three treatment areas. This revealed that AXA Health has reduced sickness benefit claims by £9 million; reduced lost productivity, saving employers over £42 million per year; and contributed to improved quality of life due to faster treatment worth £390 million per year.^{xxiv, xxv}

To address the current crisis, the Government needs to move beyond understanding the problem to take action in collaboration with businesses, employees and service providers such as insurers.

Improving both physical and mental health is essential to meaningfully improving outcomes across the UK workforce. More than half of employees surveyed in AXA's Mind Health study report above average stress levels.¹ Given the interdependent relationship between mental and physical health, supporting the workforce's mental wellbeing is a necessary step in the process of improving overall health outcomes, particularly among younger workers. This report analyses a range of mental health related policies that can improve the overall health of the workforce, help increase the UK's productivity and achieve the Government's employment ambitions.



CHAPTER

2

Approach to policy analysis





WPI Economics carried out an analysis of a long list of over 30 policy interventions, from a range of think tanks, government bodies, and business and campaigning organisations, as well as AXA Health.

The policies span 5 areas:



WPI Economics developed a decision making criteria against which to judge each proposal. The key criteria are described in Figure 4 below:

Figure 4: Decision making criteria

-  **Work & Health** - does the intervention help to incentivise and support employers to invest in the wellbeing and health of their staff?
-  **Fiscal impact** - does this save or cost the Exchequer money?
-  **Business and economy impacts** - do employers benefit from this intervention? Does it cost employers money directly?
-  **Broad support** - Will this likely enjoy political support? Has the idea been raised before and dismissed?

By judging each of the policies in the long list against these criteria, we identified three policies as scoring well across each of these criteria.

1. **Transparency and standards on workplace health at large companies** – ensuring that companies disclose their approach to workforce health to the public, in order to provide information for employees, investors, and customers.
2. **Mental health line manager training and standards** – including disclosure of levels of training by larger companies, a grant for SMEs, and an aspiration to incorporate this into HSE guidance over time
3. **Improving mental health education and support in schools** – including greater funding for Senior Mental Health Leads and expanding mandatory health education to post 16 learners.

The benefits of these policies are analysed in the next section.

Policies and impact

This section looks at each area of policy impact in turn.

Transparency and standards on workplace health at large companies

There is currently a lack of transparency around how companies support the health of their staff. This can prevent outside pressure from investors, potential new staff, customers, or others from encouraging an improvement in how companies' approach workplace health. We have seen in the carbon space that disclosure of approach and impact can help create pressure to drive change in business behaviour.

This proposal would involve compulsory disclosure by large companies (i.e. those with over 250 staff) of a series of metrics around workplace health. We envision this to be disclosure on a company website, rather than fully fledged corporate reporting as is required of carbon emissions.

Government should work closely with businesses, health bodies, insurers and other stakeholders to determine the right metrics to disclose. These should balance the need to provide actionable information for investors and others with the aim of limiting the reporting burden for businesses. Over time, this could be evolved to inform a set of minimum standards required of all companies, but this would be a long term goal.

Together, these interventions could help to drive more employer action on workplace health over the long term. They could also provide a strong evidence base for Government's policy and business case development process around workplace health interventions.

As an initial recommendation, the metrics could include the below:

Figure 5: Workforce health transparency metrics;

- **Level of healthcare support in the workplace** – Access to employer provided health services (such as Occupational health or Private Medical Insurance).
- **Basics of job quality** – Payment of the real living wage, access to sick pay beyond statutory for all staff, flexible working offered by default, and access to self-rostering for shift workers.
- **Employee perspective** – A statement confirming their approach to engaging employees in the company health offer. On top of this, companies would have the option to publicly share data on employee perspectives, such as self-reported presenteeism, and number of sickness absence days.

Source: WPI Economics analysis drawing on Institute for Public Policy Research (IPPR)

We adapted the modelling undertaken for the ABI to understand the benefits that might flow from an increase in take up of interventions to support workplace health and wellbeing. **Overall, we find that increasing existing take-up of insurance based solutions amongst large businesses by 25% could lead to benefits of £750m.** These benefits are split fairly evenly between those businesses investing in provision, the economy overall, and the Exchequer.

Mental health and line management standards

One of the key drivers of the current record levels of ill health related activity is rising mental ill health. The proportion of working age people reporting a long term mental health problem doubled between 2013 and 2023.^{xxvi} This issue is particularly acute among younger people – over two-fifths of employees aged 16–25 either had a pre-existing mental health problem when recruited to their most recent job, or began experiencing one after starting their role.^{xxvii}

This places a spotlight on the role of line managers, who are employees' main points of contact for work-related problems. Training line managers in mental health support allows them to better identify when people are struggling with their mental health, and ensure they receive the right support, including signposting to various services or changes to their role/working patterns. Additionally, when employees have access to appropriate mental health support in the workplace, they are better equipped to deal with work-related stresses they may face throughout their career. Academic research has demonstrated that provision of line manager training significantly predicts below average levels of long term sickness absence due to mental ill health.^{xxviii}

Improving managers' training and development doesn't just improve the mental wellbeing of their staff – it also equips them with the tools needed to effectively manage their teams. Middle management face increased pressure and responsibilities which can have negative impacts on their mental wellbeing. Evidence suggests that the "squeezed middle" of line managers are more likely to experience burnout and less likely to report a good work-life balance compared to non-managers and higher-level executives.^{xxix} Additionally, just over half of managers report having adequate training and information to effectively manage their staff.^{xxx} Providing line managers with appropriate mental health training will not just improve the mental wellbeing of their staff, but the line managers themselves.

In order to drive a more consistent approach to line manager training across the business population, we recommend a three-pronged approach to ensuring more line managers have mental health training.

- Larger companies would be required to measure the proportion of line managers who have undertaken mental health training in a company (this would be folded into option 1).
- This could be backed up with a grant system for SMEs, drawing on the model of the Help To Grow course, to provide training in managing those with mental ill health.
- Health and Safety Executive (HSE) should consider how existing guidance on mental health could be strengthened and, over time, considerations around supporting mental health could be integrated into workplace risk assessments.



To understand the potential impact of increased prevalence of line-manager mental health training we adopted two approaches, in order to provide a range of plausible results.

Approach 1: This uses research ([The relationship between line manager training in mental health and organisational outcomes | PLOS One](#)) with British businesses to understand the impact of mental health training across a range of business outcomes. The report shows that those firms that have mental health training programmes for line managers are more likely to have a below-average proportion of those off sick due to mental health that go on to be long-term (longer than 4 weeks) sick. We use these results to show the overall impact on the prevalence of long-term sickness absence. It suggests that if all large businesses had mental health training for line managers (currently estimated at 71%), and SMEs increase take up to the current level of larger firms (from 50% currently), this could lead to around 9,000 fewer people being long-term sick because of mental ill health.

This would lead to economic benefits of £100m a year and Exchequer benefits.

Approach 2: This uses evidence from a recent report summarising the existing evidence on the ROIs of different interventions to support mental health in the workplace ([Mental health and employers: The case for employers to invest in supporting working parents and a mentally health workplace | Deloitte UK](#)). This suggests an ROI of £5 for every £1 invested in mental health training.

We again consider what would happen if all large businesses had mental health training for line managers (currently estimated at 71%), and SMEs increase take up to the current level of larger firms (from 50% currently). We use these assumptions to calculate the increase in the number of employees managed by someone who has had line-manager mental health training and calculate the cost of this, based on the provision of an online course (~£50). This implies a total cost of around £50m and, based on the 5:1 ROI, a total economic benefit of £250m.

Our headline estimate is based on the average of these – **suggesting £175m of total economic benefits.**

Better support for mental health in schools

Recent years have seen rising levels of mental ill health among children and young people. The percentage of 8 – 16 year olds with a probable mental health disorder rose from 12.5% to 20.3% between 2017 and 2023.^{xxxi}

The distress that this causes children is a significant social problem on its own. It also feeds into a workforce health issue through two routes.

Firstly, these children are much more likely to enter the labour market with a mental ill health issue having developed one in childhood, which means that the UK's workforce health problem has the potential to further deteriorate.

Secondly, mental ill health among children creates worry and stress for parents, affecting their productivity and leading to costs to employers. Analysis by Deloitte found that parental worry about the mental ill health of their kids costs employers £8bn per year. In fact, costs of absence due to child mental ill health are as high as one third of absence costs for personal mental ill health.^{xxxi}

Although by no means a panacea, there is much that can be done in schools to address rising levels of mental ill health among children. For this intervention, we suggest a three pronged approach:

1. **Government funding of SMHL training in schools and colleges:** The Senior Mental Health Lead (SMHL) would be responsible for developing school-wide mental health programmes. Following the Conservative Government's green paper on young people's mental health, SMHL training grants of £1200 were available from October 2021, funded via the DfE. However, the scheme closed in December 2024. Grants were offered to all state schools. Relevant courses provided staff with the knowledge and skills to implement and sustain a whole school or college approach to mental health and wellbeing. This grant scheme could be reopened for new applications in 2025.
2. **Increased investment in MHSTs in colleges:** Mental Health Support Teams (MHSTs) were introduced to support SMHLs in designing and implementing mental health programmes. However, only 31% of college learners were covered by MHST in 2023 compared to 47% of secondary learners. Colleges were also less likely than secondary schools to apply for the SMHL training grant.^{xxxiii} It is welcome that the Government has committed to funding MHSTs as part of the spending review 2025, and it is important that this is delivered in full, as well as expanded to colleges.^{xxxiv}
3. **Mental health education in schools:** Mandatory Health Education in schools was put into place in 2018 to teach pupils "positive emotional and mental wellbeing."^{xxxv} The curriculum is only mandatory in primary and secondary schools. Colleges and post-16 institutions could be encouraged to adopt the curriculum to prevent the development of mental health issues that could affect pupils' likelihood of joining the workforce.

Investment in these measures has the potential to produce dividends. Among schools that have implemented MHSTs, staff report increased confidence in talking to pupils about mental health, whilst young people who received support expressed positive experiences and felt that their school was able to care for their emotional wellbeing.^{xxxvi} Even only a modest 5% fall in the cost related to child mental ill health, which would be less than the increase in prevalence of probable mental health problems in children between 2022 and 2023, could save employers around £400 million a year from costs related to the knock on effects on working age parents.



CHAPTER

4

Conclusion

An effective partnership between employers, Government, and insurers will be central to any effective strategy to reduce the UK's exceptionally high levels of ill health related inactivity. This report provides practical suggestions for targeted interventions which can begin to shift the dial.

The conclusions of the Mayfield Review will help to further articulate a vision of more preventative approach to workforce health, and the benefits that this can deliver to the exchequer, businesses, and individuals.



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