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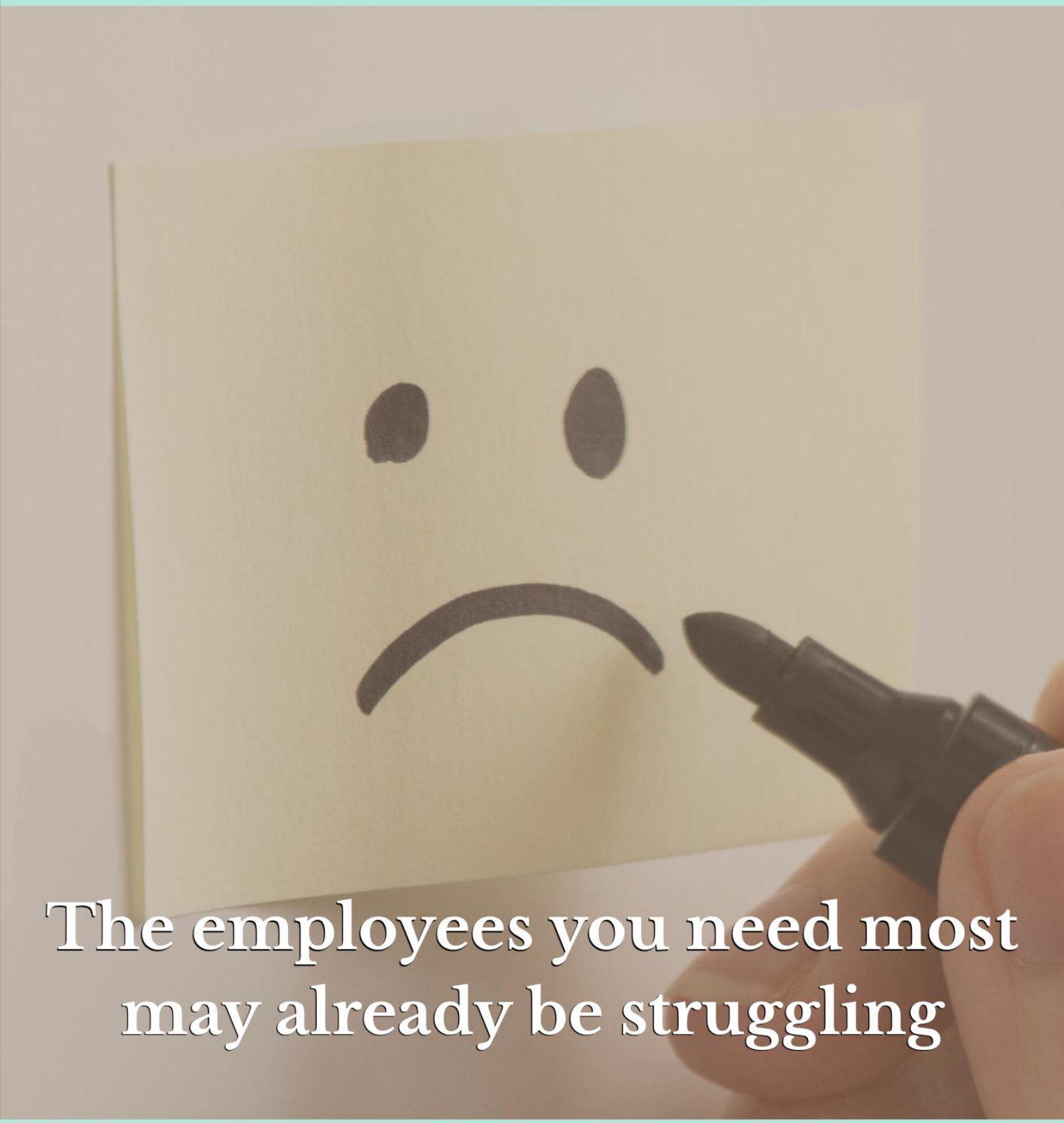

The employees you need most may already be struggling

A UKIHCA Strategic Perspective

SP03 - September 2026

The employees you need most may already be struggling

By Izabella Natrins

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Part 1 of 3

September 2026

UKIHCA Independence

UKIHCA is an independent, non-profit professional body operating in the third sector. Free from commercial influence, control or ties that could compromise our independence, we exist to advance the health and wellbeing coaching profession, protect the public and uphold high standards of ethical, evidence-informed practice.

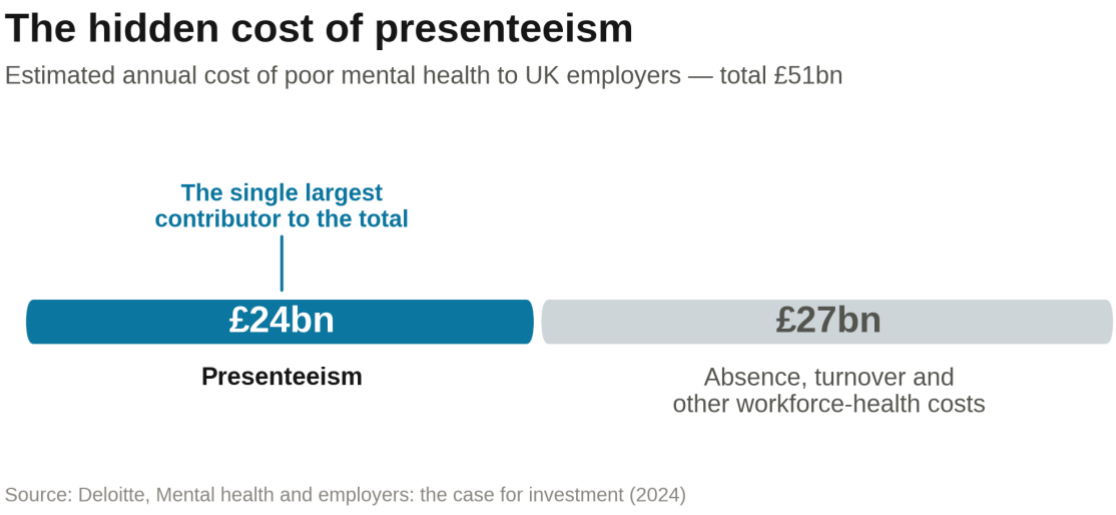
When employers talk about workforce health, the conversation often begins with sickness absence. That is understandable. Absence is visible. We can count the days, calculate the cost and see the immediate impact on teams and workloads. It gives organisations something tangible to manage.

But absence tells us only part of the story.

Some of the people who are struggling most with their health are not absent at all. They are still coming to work, still attending meetings and still doing their best to meet expectations. They may be managing persistent pain, poor sleep, anxiety, exhaustion or a long-term health condition and, from the outside, there may be very little to suggest that anything is wrong. Yet their health may be affecting their concentration, energy, confidence and capacity to do their work in the way they would want to.

This is, of course, what we mean by presenteeism - the gap between being present and being genuinely well enough to function at our best. For employers, that distinction is becoming increasingly important.

For example, Deloitte's 2024 analysis estimates that poor mental health costs UK employers around £51 billion each year, with presenteeism accounting for approximately £24 billion of that total, making it the largest single contributor. The analysis also suggests that employers receive, on average, around £4.70 in improved productivity for every £1 invested in supporting employee mental health and wellbeing, although that figure should be treated with appropriate caution. It is an average drawn from a review of published studies, and the return achieved by any individual organisation will depend on the intervention, the workforce and how well the support is implemented.[1]



The international evidence points in much the same direction. The World Health Organization estimates that, globally, 12 billion working days are lost every year to depression and anxiety alone, at a cost of around US$1 trillion in lost productivity.[2]

That should make employers pause.

For years, much of the conversation about workforce health has understandably focused on reducing sickness absence. But if a significant proportion of lost capacity is occurring while people are still connected to the workplace, waiting for absence to become the signal that somebody needs help may mean we are intervening too late.

Looking beyond the absence figures

This is not to diminish the importance of managing absence well - but there is a wider question that is becoming increasingly difficult to ignore.

What is happening to people's health before they reach that point?

For many employees, there is unlikely to be a single moment when they move from being completely well to being unable to work. Health tends to change gradually and, often, in ways that are deeply interconnected with everyday life. Someone may begin sleeping poorly because of stress, find that their energy and concentration are affected, become less physically active and then struggle to manage their weight or a pre-existing health condition.

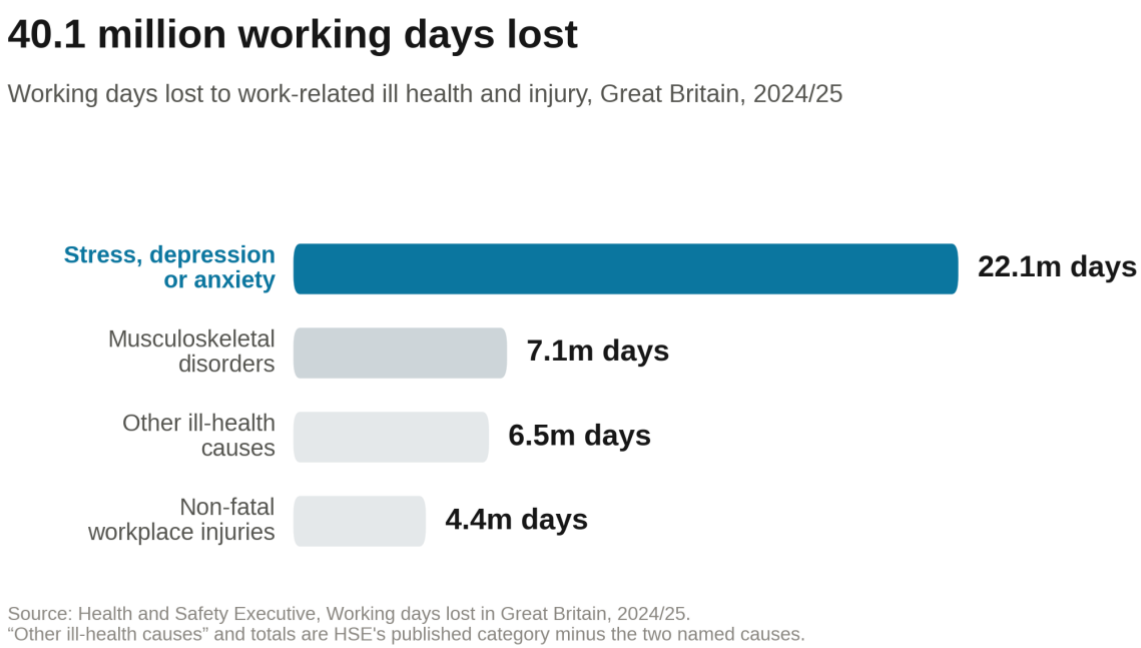
Persistent pain may begin to affect mood and confidence. Caring responsibilities or financial pressures may make it harder to look after themselves. None of these things necessarily leads immediately to sickness absence, but together they can gradually erode a person's capacity to function well.

That is one of the reasons I believe we need to think differently about prevention in the workplace.

Too often, prevention is understood primarily as an attempt to stop somebody becoming ill at some unspecified point in the future. But for employers, prevention is also about something much more immediate. It is about protecting and sustaining people's capacity to participate in working life.

Health influences far more than whether somebody is technically present or absent. It affects how well we are able to think, concentrate, make decisions, manage pressure and sustain our energy over time.

The scale of the challenge is already evident in the UK. The Health and Safety Executive estimates that 40.1 million working days were lost because of work-related ill health and non-fatal workplace injuries in Great Britain in 2024/25. Of those, 35.7 million days were attributed to work-related ill health. Stress, depression and anxiety accounted for 22.1 million working days lost, while musculoskeletal disorders accounted for a further 7.1 million.[3]



These figures matter, but they inevitably capture the more visible end of the problem. They cannot tell us how many people are continuing to work while their health is gradually becoming more difficult to manage.

The workforce health challenge is changing

There is another reason why this matters now.

We are living longer and we are working longer too. At the same time, more people are living with health conditions that require ongoing management rather than a single episode of treatment followed by recovery. The workforce of the future will not divide neatly into people who are healthy and people who are ill. Many employees will be perfectly capable of making a valuable contribution to work while managing one or more long-term conditions, but their ability to do so may depend on how well they are supported to understand and manage their health alongside the realities of everyday life.

We know that work can provide purpose, social connection, financial security and a sense of identity and we must not assume that having a long-term condition necessarily means somebody cannot work well.

So the question is whether the workplace is part of the solution or whether, inadvertently, it is making it harder for people to maintain their health and capacity over time.

For employers, I believe that leads to the question "How do we help our people remain as healthy and capable as possible while they are still at work?"

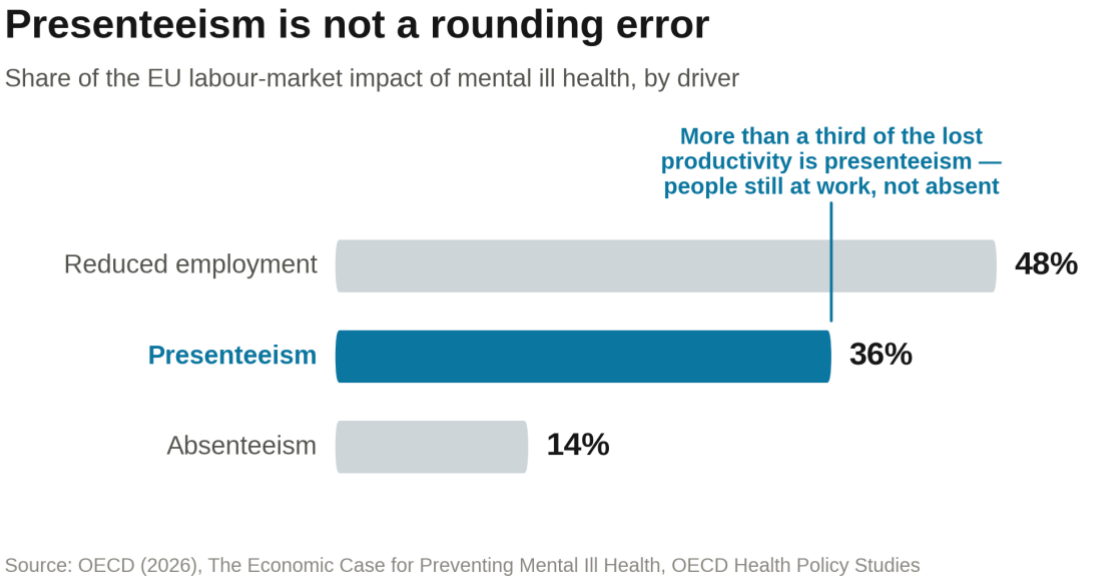
This moves the conversation away from managing the consequences of poor health and towards understanding what might help prevent health difficulties from escalating in the first place.

The business case for looking earlier

There is, of course, a financial dimension to all of this, and employers are entitled to ask whether investment in prevention makes economic sense.

The evidence suggests that it can, particularly where support is provided early rather than waiting until somebody is in significant difficulty. Deloitte's 2024 analysis found that earlier interventions, including organisation-wide approaches to culture and education, can generate stronger returns than waiting until people require more intensive support.[1]

The World Health Organization makes a similar point, arguing that effective workplace mental health strategies combine three things: preventing mental health risks, protecting and promoting mental health at work, and supporting workers with mental health conditions. Its argument is not simply for *more programmes*, but for a more systemic approach that improves intervention design, implementation and reach.[2]



Source: OECD (2026), The Economic Case for Preventing Mental Ill Health, OECD Health Policy Studies

That feels important to me.

The cost of poor workforce health is already being absorbed by organisations. Sometimes it appears in absence figures. Sometimes it appears in reduced productivity, increased pressure on colleagues, staff turnover or the gradual loss of experienced people from the workforce. Sometimes it is not even recognised as a health issue at all.

The real question, therefore, is not whether employers should or can afford to invest in prevention. It is whether the systems we currently have in place are helping us recognise problems early enough and connect people with the right support before their health has deteriorated to the point where they have little choice but to step away from work.

I suspect that is where many organisations are beginning to feel a gap.

Employers have more health and wellbeing services available to them than ever before, yet employees can still struggle to know what support is relevant, where to find it or how to make

meaningful changes in their own lives. We have invested heavily in the provision of services. I am less certain that we have given enough thought to how those services fit together around the person who is trying to use them.

And that, perhaps, is the next question employers need to confront.

We have built an increasingly sophisticated benefits industry. But have we built a prevention system that actually helps people before their health becomes a problem we can no longer ignore?

Artificial Intelligence Assistance Statement

AI tools were used to support drafting, structuring, iterative development, and editorial refinement under human direction. All content was critically reviewed, revised, and approved by the authors, who retain full responsibility for the final output.

For UKIHCA's full *AI – Publications/Communications Assistance Policy*, please visit **HERE**.

References

1. Deloitte (2024). *Mental health and employers: the case for investment*.
Deloitte estimates that poor employee mental health costs UK employers approximately £51 billion annually, with presenteeism representing around £24 billion. Its return-on-investment analysis estimated an average return of approximately £4.70 for every £1 invested in workplace mental health and wellbeing support. The ROI figure was derived from a literature review of 26 sources published since 2011.
https://www.deloitte.com/uk/en/about/press-room/poor-mental-health-costs-uk-employers-51-billion-a-year-for-employees.html

2. World Health Organization (2024). *Mental health at work*.
WHO estimates that, globally, 12 billion working days are lost every year to depression and anxiety, at a cost of around US$1 trillion in lost productivity. It sets out three pillars for workplace action: preventing mental health risks, protecting and promoting mental health at work, and supporting workers with mental health conditions.
https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work

3. Health and Safety Executive (2025). *Working days lost in Great Britain, 2024/25*.
An estimated 40.1 million working days were lost due to work-related ill health and non-fatal workplace injuries in Great Britain. Of these, 35.7 million days were due to work-related ill health, including 22.1 million days associated with stress, depression or anxiety and 7.1 million associated with musculoskeletal disorders.
https://www.hse.gov.uk/statistics/dayslost.htm

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