



Exploring emerging data on
mental health in the city

Executive summary

Mental health is no longer a peripheral issue, it is a central determinant of organisational resilience, performance and sustainability. New data from HCA UK and broader industry insights reveal that while psychological referrals have stabilised as a proportion of overall referrals, usage of psychological services has increased, reflecting earlier engagement, rising awareness and persistent workplace stressors.

Key findings show that:

- ◆ Work-related stress remains the top driver of psychological referrals, with workload, relationships and support issues being leading causes.
- ◆ Gender and age disparities persist, with women and those aged 30–39 significantly overrepresented in referrals, reflecting the pressures of caregiving, career peak and life transitions.
- ◆ Despite higher referral rates, younger employees may be under-represented in formal mental health data due to their preference for informal, digital-first support over clinical services.
- ◆ Men aged 40–49, the group with the highest suicide risk, are increasingly disengaged from formal services, underscoring the need for tailored outreach.

Mental health is intricately linked to physical wellbeing. Chronic illnesses, musculoskeletal conditions (MSK), cardiovascular conditions and diabetes frequently co-occur with psychological distress, reinforcing the need for integrated care models.



Organisations must now prioritise system-wide cultural change. This includes:

- ◆ Early access to GPs, psychologists, health screening and occupational health services.
- ◆ Upskilling line managers to provide emotional support and signal-spotting.
- ◆ Supporting HR and wellbeing teams, who face growing emotional burdens.
- ◆ Ensuring senior leaders model healthy behaviours to create psychological safety.
- ◆ Connecting functions across HR, DEI, Talent and Benefits for aligned, measurable initiatives.

Programmes must be tailored, proactive, integrated, measured and systemic to be effective. Superficial or piecemeal efforts risk wasted investment and missed opportunities to support workforce wellbeing.

The call to action is urgent:

Mental health is a business-critical issue. Proactive, coordinated and culturally embedded support is key to future-ready organisations.

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Introduction:

Reframing mental health as a strategic business priority

Organisations striving for high performance cannot afford to overlook mental health. Mental health is now recognised as the second most severe people risk by people managers globally (Mercer, 2025) and 28% of company directors, officers and risk managers identified workplace impact on mental health and wellbeing as their number one concern (WTW, 2025).

Despite substantial investments in wellbeing initiatives, mental health-related costs remain substantial, costing UK employers an estimated £51 billion annually (Deloitte, 2024). While this figure is still substantial, this is an 8% reduction from 2020/21 costs of around £55 billion (Deloitte, 2024) - although it should be noted that 2020/21 were peak years of the COVID-19 pandemic and associated lockdowns, during which clinically significant levels of psychological distress increased by nearly 50% (COVID-19 mental health and wellbeing surveillance: report, 2022). In real terms, public spending on mental health services increased by 2.7% per year between 2017/8 and 2022/3, however these increases are failing to meet rising demands and to compensate for insufficient historical spending on mental health (Kings Fund, 2024). As a result, many employers are under pressure to “fill the gap” in public spending (Barnett Waddingham, 2024), not only through a duty of care to employees, but also because of the clear business case for investing in and supporting employee wellbeing (Deloitte, 2024).

Data gathered by HCA UK Occupational Health, GP and Health Screening services between 2019 and 2025 suggests that while awareness and engagement with mental health support improve, new complexities emerge. Across all services (GP, Health Screens and in-house psychologists), the proportion of Psychology referrals has doubled since 2019.

Despite the increasing usage of services, it's not all bad news. Positively, Occupational Health referrals to psychology as a proportion of overall referrals have reduced in recent years, as has the proportion of work-related psychology referrals. HCA Clinicians speculate that this may be indicative of mental health problems being detected and receiving earlier intervention, together with early referral for mental health support to individuals with chronic conditions, due to the longer term psychological impact, thus preventing a need for Occupational Health to step in when conditions become more severe. Employers play a critical role in addressing these challenges, not just through reactive support but through a strategic cultural shift that embeds mental wellbeing into the fabric of how an organisation operates.



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The data behind the headlines: What we are seeing

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A comprehensive review of HCA UK referral data reveals a dynamic picture of mental health needs across services. Despite an increase in service usage, psychological referrals as a proportion remain stable (approx. 5–6%) since 2020, after more than doubling between 2019 and 2020.



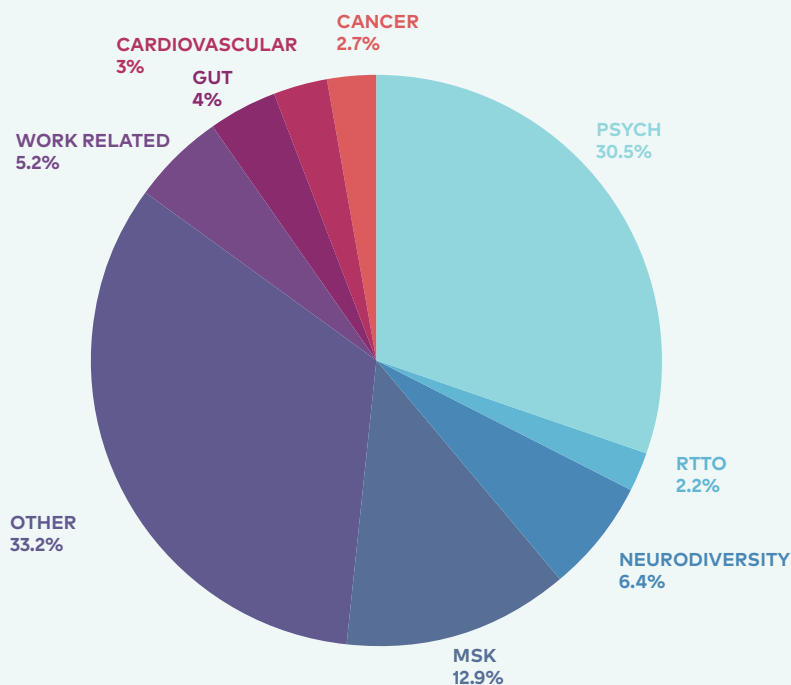
escalating, making interventions more effective and less costly in the long run.

Psychological cases constituted a dominant 30% of all 2024 Occupational Health referrals, 2.3 times higher than the next most prevalent category musculoskeletal problems (MSK). However, this represents a decrease in the proportion of referrals from 39% in 2019, further suggesting that increased awareness is driving employees to engage more with services early.

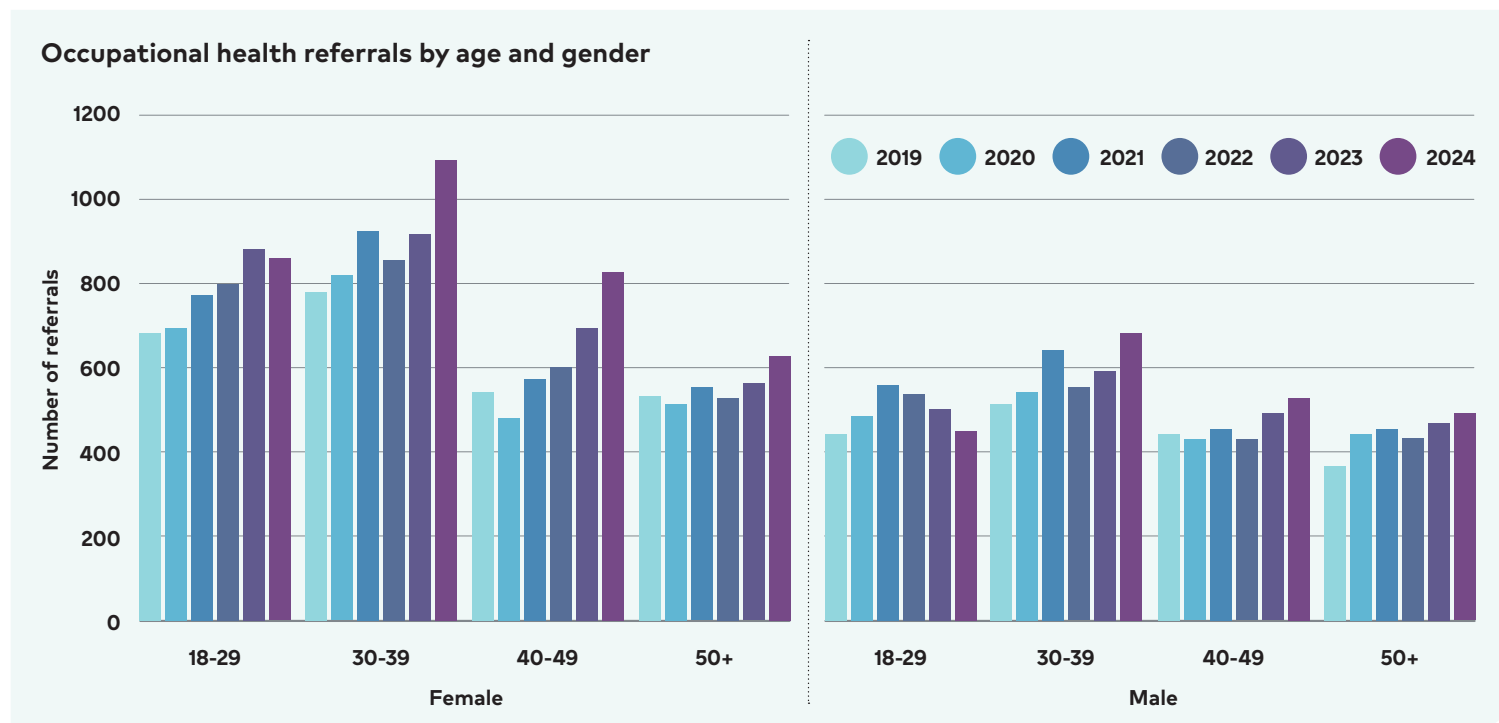
The rise in uptake of services could be driven by a number of factors and is not necessarily indicative of rising prevalence of mental health problems. Increased awareness, driven by both internal advocacy and external campaigns, has empowered individuals to take earlier action, which leads to better outcomes for individuals, teams and organisations alike. This uptick also reflects broader societal pressures, a generational shift towards mental health, as well as rising workforce expectations in terms of wellbeing support (*Deloitte, 2024*), particularly from younger generations (*Nichols & Smith, 2025*). As the 2025 AXA Mind Health Report outlines, uncertainty about the future in a rapidly changing world is a leading driver of mental health concerns, particularly among women and younger employees. As stigma reduces and conversations around mental health become more mainstream, employees are more likely to seek support. Additionally, early engagement can prevent issues from

There has been significant growth in other areas as well as psychology. For instance, neurodiversity OH referrals have increased by 277% between 2019 and 2025, reflecting increased awareness and diagnosis - where as many as 1 in 7 are now thought to exhibit a neurodivergent condition. Since 2022, return to office referrals have been introduced and already make up over 3% of all OH referrals - a trend that seems likely to continue as workers are increasingly being asked to return to the office, with 76% of workers now commuting at least 3 times a week and 39% making a full-office return of 5 days per week (*Virgin Media-02, 2025*).

Breakdown of Occupational Health referrals in 2024



Psychological referral trends by gender and age



Referral patterns across GP, Nurse and OH services suggest continued disparity across gender and age groups in usage. In 2024, women accounted for 57–59% of all psychological referrals, while men represented just 39% – a notable decline from 48% in 2019. This trend is mirrored across OH Psychology referrals (the proportion of male psychological referrals drops from 41% in 2019 to 33% in 2024) and

GP and Nurse referrals, to a lesser degree (45% in 2019 dropping to 42%).

Women shoulder a disproportionate share of household responsibilities and mental and emotional load (Catalano Weeks & Ruppanner, 2024). The cost-of-living crisis has only amplified this strain (Royal Society of Edinburgh, 2024). The 2025 AXA Mind Health Report also highlighted how 57% of women

worry about future uncertainty, compared to 48% of men, underlining a broader gender disparity in perceived mental health stressors. Amplifying the gender divide, there is greater stigma surrounding men seeking support for both their physical and mental health (NHS, 2023). Moreover, there is evidence pointing towards a gender bias in clinicians' diagnosis of mental health conditions where men are less likely to receive a diagnosis

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Psychological referral trends by gender and age



(Bacigalupe et al., 2024). Notwithstanding the above, the menopause can also create further psychological challenges for women and increase vulnerability to anxiety and depression (UCLA Health, 2023).

A relevant HCA case study involves a 51-year-old, perimenopausal woman working in Financial Services who struggled with increased anxiety, night sweats and brain fog; despite regular exercise, a healthy diet and no previous history of anxiety disorder. She was started on HRT treatment and referred to a women's health psychology team for CBT therapy, resulting in reduced anxiety and improved sleep after 12 weeks. In this case, rapid access to support and early initiation of treatment resulted in no time off work, where 1 in 10 women are reported to have stopped work altogether due to the severity of menopausal symptoms (People Management, 2022).

Individuals within the 30–39 age group account for 32–33% of GP and Nurse referrals and represent 31–32% of all OH referrals. Collectively, this age group contributes 26% of psychological referrals across all services.

People in their 30s are frequently balancing the dual pressures of childcare and ageing parents – the so-called “sandwich generation” is associated with increased burnout and anxiety (Brain & Behavior Research Foundation, n.d.,). Often referred to as “organisational middle children,” this generation must also navigate top-down strategic demands while fostering bottom-up engagement, creating a unique tension that can exacerbate stress and reduce psychological safety (PWC, 2023; McKinsey & Company, 2022). This challenge is elaborated in Barry Oshry's systems thinking model, where “middles” are responsible for integrating the demands of those above and below them, often with limited information and only partial awareness of the bigger picture. This is reflected in the estimated cost of poor mental health of £2,613 and £2,225 per employee for 25–34-year-olds and 35–44-year-olds, respectively (Deloitte, 2024).

While younger employees show relatively high utilisation of support services, this may under-represent the true extent of mental health challenges within this group. Research suggests that younger populations are more likely to deprioritise formal clinical pathways,

opting instead for informal or digital support. This behaviour could mean that their mental health needs are greater than current referral figures indicate.

Despite comprising a smaller share of the workforce (Nomis, 2025), 18–29-year-olds represent 24–25% of all GP, Nurse and OH psychology referrals and 20% of all psychology referrals. However, younger adults often prioritise autonomy, peer support and digital engagement over traditional clinical interventions. They are more inclined to seek informal help through social networks and online platforms. The AXA 2025 report highlights this trend, noting that 46% of under-35s use AI-powered tools and online communities for mental health support, significantly more than the 33% of over-55s who do the same.

Across GP, Nurse and OH services, the proportion of psychological referrals for men aged 40–49 has been steadily decreasing. This is concerning in light of national statistics showing that men aged 45–49 have the highest suicide rates in England and Wales – 23.0 per 100,000 (Office for National Statistics, 2022). Factors contributing to this crisis include societal stigma against emotional vulnerability, lack of targeted interventions and reluctance to seek help. Additional stressors such as economic pressures, relationship breakdowns and social isolation exacerbate risk. HCA Clinicians

warn that the downward trend in referrals from this group may not indicate better outcomes but rather underreporting and underutilisation of services, highlighting a pressing need for tailored outreach and culturally competent interventions.

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Reasons behind the referrals: A closer look

HCA data shows that work-related factors remain a significant driver of psychological referrals, accounting for 35% of all Occupational Health psychological referrals in 2025. While this is a decline from 43% in 2019, it still represents a substantial proportion of cases, indicating the persistent role of workplace stress in mental health.

Within the work-related subset, demands are the most cited individual factor, accounting for 28.3% of referrals. Other notable contributors include relationships at work (15.9%), role (11.6%), support issues (11.4%) and performance management (8.8%). Additional triggers include change (3.7%),

redundancy (2.0%), control over work (10.5%), return to the office (3.1%) and exams (4.7%). These figures illustrate how a range of operational and interpersonal challenges contribute to the burden of psychological stress in the workplace.

This trend aligns with wider research. A 2024 survey by Ciphra found that around 28% of UK employees specifically cite workload demands as a primary source of stress. MHFA England (2024) also reports that 79% of employees experience moderate-to-high stress levels, with high performance and workload expectations being key drivers. A lack of adequate support from management and HR is a known exacerbator. Studies in the Journal of Applied Psychology (2021) and Aldabbas et al. (2023) show that low perceived organisational support is correlated with greater psychological strain and an increase in help-seeking behaviour.

Psychiatric illness (including conditions like anxiety, depression and bipolar) is another major factor, now accounting for 30% of OH psychological referrals, up from 24% in 2019. This rise may reflect both better recognition and diagnosis as well as the increasing severity of need among employees. The growing presence of psychiatric illness in referral data reinforces the importance of early intervention, structured support pathways and the integration of mental health into mainstream occupational and

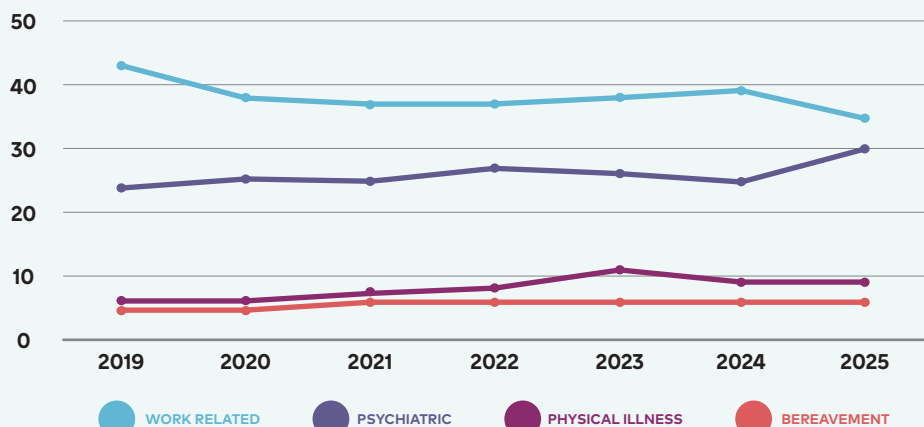
primary healthcare systems.

Physical conditions such as musculoskeletal (MSK) problems (12.9%), gut health (4.0%), cancer (2.7%) and cardiovascular disease (3.0%) still make up a significant proportion of Occupational Health referrals, presenting a further risk factor for subsequent psychological concerns.

Chronic conditions like diabetes, cardiovascular disease and autoimmune disorders are key contributors to psychological distress. In the UK, 30% of individuals with long-term physical conditions experience comorbid mental health issues (*Mental Health Foundation, 2023*). The King's Fund has highlighted that integrated mental health support within chronic disease management pathways improves both outcomes and cost-effectiveness. MSK conditions often have psychological dimensions. Studies show 37.6% of individuals with severe mental health symptoms also experience long-term physical pain conditions, including those associated with MSK or endocrine disorders (*Mental Health Foundation, 2023*). Treatment for chronic pain and other chronic conditions can also be complemented by psychological therapies (*BMJ, 2022*).

Indeed, a HCA case study highlights the example of a 31-year-old solicitor with numerous and complicated musculoskeletal concerns who developed complex regional

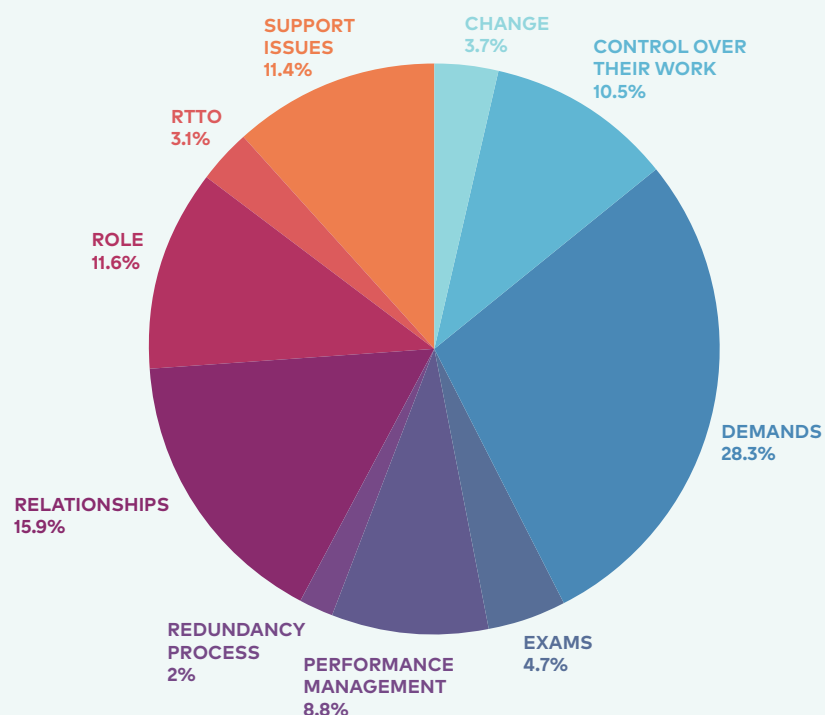
% of OH referrals due to work related factors vs other leading causes



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Reasons behind the referrals: A closer look

Work-related factors resulting in a psychological referral



pain syndrome (CRPS) - a highly debilitating and painful neurological condition. Through referral to Occupational Health, the individual was able to access talking therapy to help with the psychological aspects of chronic pain as part of their rehabilitation process. This will help to reduce the likelihood of subsequent anxiety and depression, which is a significant

risk factor for CRPS patients and has the potential to cause further complications with rehabilitation and return to work.

Alongside workplace-specific issues, anxiety remains the most frequently cited psychological diagnosis across services. In 2024, 30.5% of referrals listed anxiety as a

primary concern and 25.1% as a secondary concern. This sustained high level suggests that while awareness may be improving, the underlying causes of anxiety, including financial uncertainty, global instability and chronic stress, are ongoing. This aligns with the 2025 AXA report, which found that 25% of people are potentially affected by anxiety, stress, or depression at severe or more extreme levels. Indeed, HCA UK Health Screen data indicates that at least 1 in 5 patients feel stressed or anxious, while over 50% would like to improve their stress management.

Research highlights that longer working hours (i.e., even as much as 40+ hours per week) are associated with an increased risk of anxiety and depressive disorders (*Kleppa, Sanne & Tell, 2008*), emphasising the mental health toll of excessive workloads. Recent, early research cited in *The Times (2025)* indicates that our brains may be capable of adapting and growing in specific areas to accommodate the need for sustained and heightened alertness.

However, the brain regions implicated are noted to be “particularly sensitive to chronic stress”, potentially elevating the risk of tiredness, emotional problems and weakened cognitive abilities over a longer period.

The 2025 AXA report also found that globally, 32% of adults between the ages of 16 and 75 experience physical symptoms in their daily lives, such as headaches and muscle tension,

due to work-related stress. Additionally, 38% reported difficulty sleeping and 18% reported a reduced appetite, demonstrating the significant mind-body interplay that must be considered in workplace wellbeing strategies. However, our lives are not divided into neat and separate boxes and it is important to recognise that there are a number of other contributors to the prevalence of psychology referrals and anxiety diagnoses outside of work-related stressors. Beyond conventional psychosocial stressors such as relationship tensions, isolation & loneliness or life transitions, a growing body of research suggests that broader macro forces such as economic uncertainty, geopolitical instability and climate anxiety are significant contributors to psychological distress. These stressors not only shape external circumstances but also directly influence emotional regulation and cognitive resilience.

A report by the OECD highlights that political uncertainty in European countries has led to increased anxiety and stress among populations. Additionally, the Mental Health Foundation reported that financial stress is a major driver of anxiety in the UK, with 34% of adults experiencing anxiety due to economic concerns. Studies also show that prolonged exposure to uncertainty can rewire the brain's response systems, increasing vulnerability to anxiety and depression (*Khoury-Malhame et al., 2024*).



Work:

A risk factor and a route to recovery

While the workplace can be a major source of stress, there is overwhelming evidence that decent work is good for peoples' wellbeing (as well as for those around them), providing structure, purpose, opportunities to forge relationships and a sense of achievement (WHO, 2024; What Works Wellbeing, 2017). Work also presents a significant opportunity to support recovery, build resilience and drive long-term health improvements. Employers who actively invest in early support mechanisms such as Occupational Health, EAPs and Psychological Screening can help employees remain in work, recover faster and avoid escalation into long-term absence.

Occupational Health is a vital service offering employees access to neutral, professional, third-party support when they most need it. However, by the time someone is referred to OH, the issue may already be impacting not only their wellbeing but also the wider team and business performance. Promoting other proactive use of all health and wellbeing services – including private GPs, health screenings and on-site psychologists – is critical. By embedding these services into internal communications and culture, organisations create easier pathways for employees to access help earlier. In doing so, they increase the chances of identifying emerging concerns before they escalate into crises, enabling more proactive and preventative intervention.

HCA case studies illustrate how early access to therapy, return-to-work planning and flexible arrangements enable individuals to regain confidence and function within a relatively short time. One such example is a 41-year-old health screen patient with a background of anxiety and depression, initially triggered by work-related demands. Following a course of talking therapy provided by an on-site psychologist, the patient transitioned into a more suitable role within the same organisation. With ongoing support from HR and management, she now reports well-managed stress levels and maintains her wellbeing through regular exercise, mindfulness, sleep and healthy lifestyle habits. This case is one of many that highlights the long-term benefits of early intervention and tailored support in workplace recovery.

However, making an impact on the mental health challenges discussed in this report requires more than reactive service provision. It demands cultural change underpinned by leadership, operational practices and intentional work design. Line managers have a significant influence on workplace mental health. No longer confined to performance monitoring and task delegation, today's managers are expected to balance delivery with emotional intelligence. This includes proactive signal spotting, empathetic listening and knowing when and how to signpost employees to appropriate resources.

Equipping managers with the right tools and skills is critical: this includes training in mental health literacy, understanding escalation pathways and how to tailor support for individuals with diverse needs, including neurodivergent employees or those from different generational backgrounds. Without such training, even the most well-intentioned managers may feel out of their depth or inadvertently cause harm. Empowering managers in this way not only enables earlier intervention but also builds a culture of trust and safety across the organisation. Furthermore, it is important to recognise the emotional toll that supporting others can take on managers. Providing pastoral support and an outlet for managers can help them to better support their team members, as well as look after their own emotional wellbeing (CIPD, 2024).

Mental Health First Aiders, HR professionals and People teams often serve as frontline responders in an organisation's mental health strategy, absorbing the emotional challenges of others while managing their own. This dual burden can lead to emotional exhaustion, guilt and burnout, especially when individuals feel unequipped or unsupported in their roles. According to CIPD (2024), 48% of HR professionals report that their own wellbeing has deteriorated, reflecting the toll this responsibility can take. Providing support, such as access to on-site psychologists and dedicated training – suicide awareness

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sessions, trauma-informed practice and structured peer supervision – can mitigate this risk. Just as managers need upskilling, so too do these key personnel, to ensure they have the capacity, resilience and tools to fulfil their roles sustainably.

Deloitte found that while 60% of workers look to leadership for mental health backing, most support is delivered informally by peers or managers, pointing to a clear gap between expectation and delivery. Leadership commitment must be reflected in both policies and everyday behaviours. Senior leaders play a critical role in setting the tone for organisational wellbeing. Showing vulnerability and openness about their own needs when it comes to mental health and wellbeing, as well as role modeling other healthy habits, such as seeking support openly and prioritising mental health as part of their performance, signals to others that it is not a sign of weakness to ask for help. This role modelling permits employees to speak up and reinforces a culture of psychological safety and high performance.

Wellbeing initiatives must evolve from isolated activities into cross-functional, strategic programmes embedded throughout the organisation. Key stakeholders, including HR, Wellbeing, DEI, People & Culture, Employee Relations, Benefits, Talent, Learning & Development and Senior Leadership, must be brought together to



form a connected strategy. By aligning these functions, organisations can build a cohesive roadmap of data-driven, measurable initiatives that address real challenges, avoid duplication and reinforce each other rather than operating in silos.

This shift also requires challenging the traditional definition of wellbeing that focuses solely on the individual. Whilst personal coping strategies like nutrition, exercise and sleep are essential, focusing on them in isolation can send the message that the onus is on the individual to manage their own wellbeing with the resources made available to them. True organisational wellbeing needs senior leaders to take accountability for the pressures that can be imposed on employees within organisational structures that aren't sustainable. This means addressing systemic issues: job demands, workplace relationships, performance management, opportunities

for development and levels of autonomy and control. While it can be challenging and uncomfortable, at times this may mean examining the operating model of the organisation or redefining processes and ways of working to ensure they are sustainable from a wellbeing point of view. Embedding these factors into wellbeing design is key to creating a sustainable, high-performance culture.

Programmes that are performative, unmeasured, or disconnected from organisational culture risk wasting investment. In short, support should be:

- ◆ Tailored: Responsive to the specific needs of your organisation and considering different groups, including parents, carers and younger employees.
- ◆ Proactive: Focused on early detection, access to care and ongoing management.
- ◆ Integrated: Embedded within business operations, not siloed.
- ◆ Measured: Evaluated for outcomes such as retention, productivity and health improvements.
- ◆ Systemic: Understanding and responding to how employee wellbeing is affected by, and integrated with, both workplace and wider external factors.

Ultimately, a workplace that treats mental health as core to its performance strategy, not a wellbeing add-on, is better positioned to attract and retain talent, reduce avoidable costs and foster a healthier, more adaptive workforce.

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A call to action

The data is clear: mental health is not a peripheral concern; it is a critical business imperative. As this report has shown, psychological distress impacts individual health, team dynamics, business continuity and long-term organisational resilience. Employers, senior leaders and brokers must now act decisively to embed mental health into the heart of how high-performing cultures are built and sustained.

This means moving beyond reactive policies or isolated training. It requires an integrated, organisation-wide approach that prioritises prevention, equips managers and HR professionals with the tools to respond effectively and creates an environment that proactively supports and enhances wellbeing, by design. While delivering systemic change and addressing ingrained structures within an organisation can feel like a huge challenge to tackle, wellbeing must not be treated as a side project, but as a strategic pillar. The organisations that thrive will be those that adopt proactive, data-informed and people-centred mental health and organisational strategies that evolve alongside the needs of their workforce.

Now is the time to ask:

- ◆ What mental health trends are visible in your organisation?
- ◆ How integrated, consistent and effective is the data you use to inform mental health trends?
- ◆ How are you preparing managers to lead in a changing wellbeing landscape?
- ◆ Are your current programmes truly integrated and outcome-focused?
- ◆ What steps can you take today to embed mental health as a strategic priority?

Action taken today - however incremental - can have a lasting impact on organisational health, productivity and human potential. The future of sustainable high performance starts with the mental wellbeing of your people. Let's ensure we give it the priority it deserves.

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