



THE MENTAL WEALTH INDEX 2026

The state of Britain's working mind

A data-driven report on workplace mental health, and
the gap between the pressures people carry and the
support they can reach.

In partnership with
YouGov

Survey of GB full-time workers · fieldwork 7–9 July 2026

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Foreword

For much of my career, I have argued that employee health and wellbeing is not merely a human resources concern, nor a benefit to be offered at the margins of organisational life. It is a strategic business issue.

The findings contained within this report provide a timely reminder of why that argument matters. The data paints a picture of a workforce that is functioning, but often only just. Many people are not in crisis, yet significant proportions are experiencing anxiety, burnout, sleep deprivation and financial pressure. Just as importantly, many remain unaware of the support already available to them.

This distinction is critical. Too often, organisations view wellbeing through the lens of crisis management. When someone becomes unwell, support is activated. When absence rises, interventions are introduced. Yet the strongest lesson from this report is that the warning signs appear long before a crisis occurs. Pressure accumulates quietly across careers, regions and demographic groups before eventually becoming visible.

The challenge facing employers today is therefore not simply to provide support, but to manage wellbeing as they would any other strategic risk. The organisations making the greatest progress are those that measure it, discuss it and assign accountability for it at the highest levels. What gets measured gets managed, and what reaches the board agenda receives attention and resources.

This report offers far more than a snapshot of current pressures. It provides a practical framework for understanding where those pressures exist, who experiences them most acutely, and where support is failing to reach those who need it. Used wisely, these findings can help leaders move beyond assumptions and begin making evidence-based decisions about workforce wellbeing.

My hope is that organisational leaders read this report not as a commentary on mental health, but as a call to action. The future of workplace wellbeing will not be determined by how effectively we respond to crisis. It will be determined by how successfully we prevent it.

Sir Cary Cooper

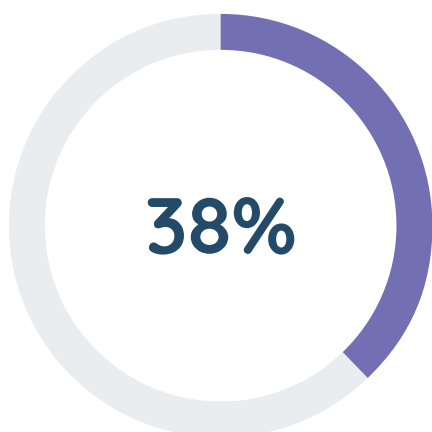
Chair of the board and Professor
of Organisational Psychology



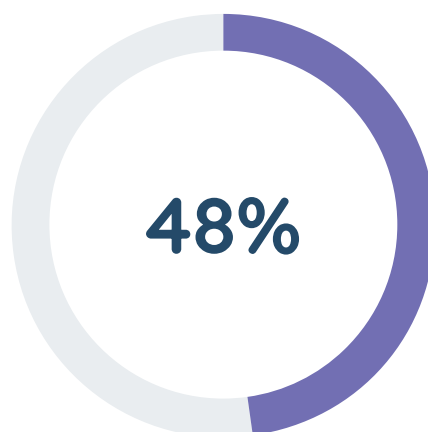
Executive summary

Britain's workforce is coping, but has very little in reserve

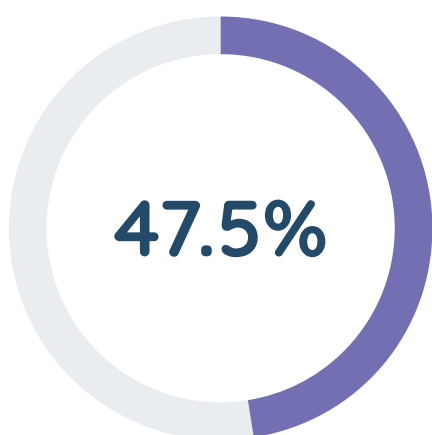
The Mental Wealth Index 2026 measures Britain's working mind: how full-time workers are doing across mind, body, work and money, and whether they know where to turn for help. It's a picture of a workforce with little room to spare, too often unsure what support is available, rather than one that has reached crisis point. This summary sets out the key findings and what they mean for employers. The full report and appendix have detailed data.



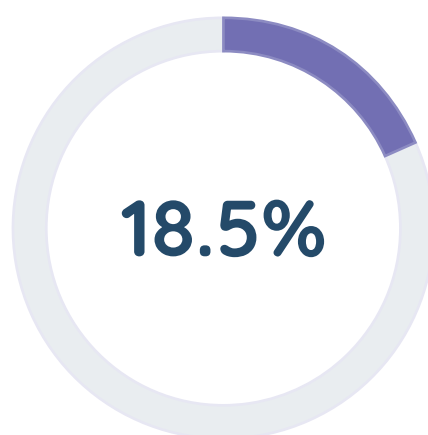
Sit on the anxious end of the scale



Sleep six hours a night or less



Know they can access support at work



Have ever actually used it

Base: GB full-time workers, n≈1,704-1,821.

Source: Wisdom Wellbeing Mental Wealth Index 2026 (YouGov), fieldwork 7-9 July 2026.

Six findings that define the year

LIFE STAGE

46.5% symptoms of pressure change shape with age

Money worry and burnout weigh the heaviest for young employees, easing with each decade. For sleep loss, it's the opposite. And nearly half of men in their late twenties and thirties are uncomfortable speaking about mental health with their manager.

THE NATIONAL PICTURE

2 in 5 Mental health pressures are widespread, not exceptional

Close to four in ten workers are on the anxious end of the scale; more than two in five feel mentally drained most of the time, and nearly half are short on sleep. While it's not a workforce in crisis, it isn't one that is comfortably coping.

THE OPPORTUNITY

Crisis > prevention Support is built to catch people, not prevent the fall

As the data shows, signs of mental ill health are visible long before a phone call to a helpline. Employers have a clear opportunity to shift from a reactive to a preventative approach, reaching people earlier and closing the gap between simply having support services available and ensuring they are actively accessed and used by the entire workforce.

GEOGRAPHY

$r = -0.65$ The pressure map and support map are mirror images

Wellbeing is unevenly spread. The North and Wales are under the most pressure, and these areas also tend to be the ones with the least support. Need and provision pull in opposite directions.

GENDER

40% Women carry the heavier load

Women are around 40% more likely than men to feel constantly mentally drained, and the data shows this gap widening through mid-career. Women aged 45–54 are the single most anxious group in the workforce.

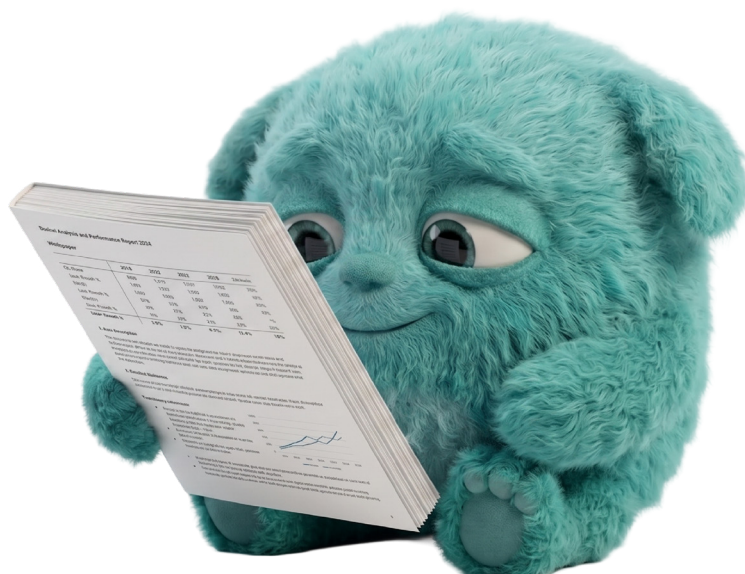
THE SUPPORT GAP

53% v 37% Support is patchy, and unequal

A typical employer offers an employee assistance programme (EAP) to around three-quarters of staff, yet less than half of those surveyed say their employer does provides access, whilst 27% say they don't know. Under access also splits by pay: 53% of higher paid workers know they can get help, compared to 37% of lower-paid workers.

One thread runs across all areas.

Mental health pressures are felt across mind, body, work and money, but the support meant to meet it is patchy, unequal and largely reactive. The problem isn't that help doesn't exist. It's that too few people know it's there, and it rarely reaches them before pressure becomes a crisis.



What that means for employers

The implications

The easiest win is **awareness, not spend**. Three-quarters of staff have support available but less than one in five use it, so making help visible and easy to reach is more valuable than simply adding another benefit.

Target the groups most in need: A flat, one-size offer is less likely to reach the groups the data highlights as most in need. Women mid-career (highest burnout and anxiety), the under-35s (money and burnout) and lower-paid, higher-pressure regions (least provision). Match provision to need. Support is currently least where pressure is highest ($r = -0.65$ across regions), so investment in places like the North East will do the most good per pound.

Measure reach and equity, not headcount. Track who knows about support and who actually uses it, split by gender, age, pay and site. The gaps you identify are those most at risk.

Shift from reactive to preventative. The signs of pressure appear long before a crisis call, so the biggest return on investment comes from reaching people early rather than waiting for the phone to ring.

The Wisdom Wellbeing view

Today's workforce needs more support than just a traditional EAP. It needs all-round, holistic support that includes an EAP, rather than relying on a reactive, call-when-in-crisis model. A modern mental health and wellbeing solution is preventative and proactive. It spots need earlier, reaches people who might not feel their concerns are 'enough' to warrant calling an EAP, and turns a programme from one that's merely available into support that is trusted, used and valued by employers and employees alike. Wisdom Super Care has been built with that shift in mind, designed to close the gap between provision and need. Section 6 sets out, in practical terms, how employers can make that switch.

“The most important message in this report is not that Britain has a workforce in crisis, but that it has a workforce operating with very little spare capacity. Too many people are managing significant levels of pressure before they ever seek support. The challenge for employers is therefore not simply responding when problems emerge, but identifying and addressing the conditions that create them in the first place. Prevention begins long before an employee decides to ask for help.”

Wisdom Wellbeing Clinical Board

SECTION 01

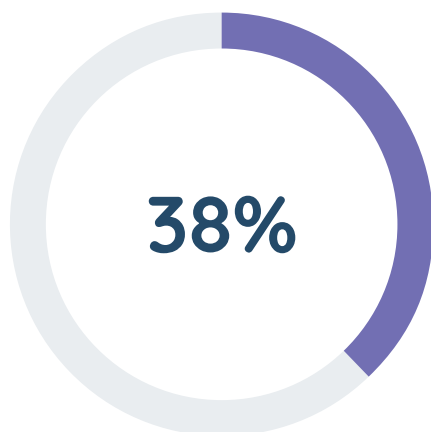
The state of the nation: Britain's working mind in 2026

In this section we look at the overall mental health of Britain's full-time workers across four main areas: anxiety, burnout, sleep and money. Most people are coping, but many are under real pressure, and a lot don't know what support they have available.

1.1 Pressure points

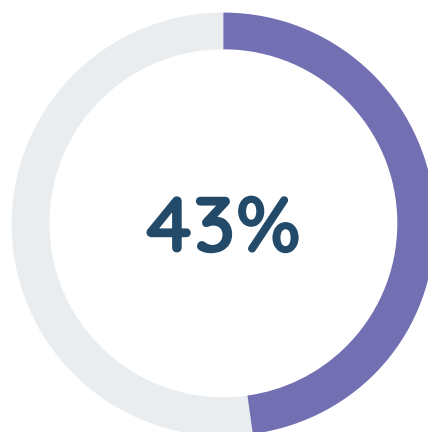
There are four key measures when it comes to the everyday pressures people are under. Each is common and, as later sections show, some groups cope with the pressures in each area better than others.

Anxiety



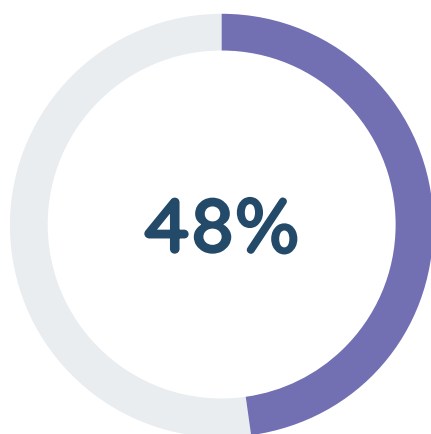
Sit on the anxious end of the scale (0 - 4)

Burnout



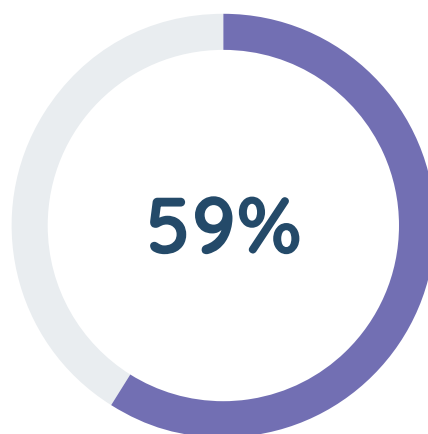
Feel mentally drained 'always' or 'often'

Sleep



Get six hours' sleep a night or less

Money



Are stressed about money (22% 'a lot')

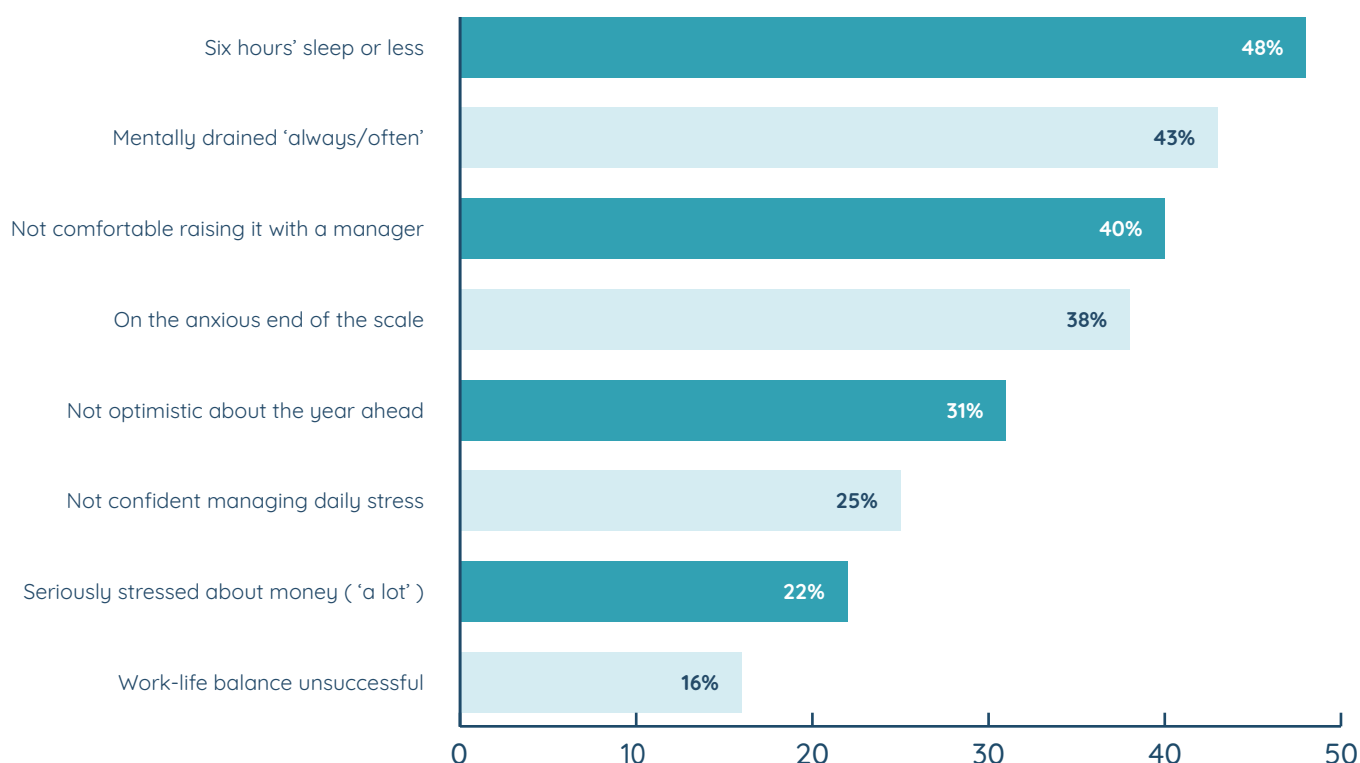
Base: full-time workers, n≈1,821 (money awareness / other items 1,704-1,822).
Source: Wisdom Wellbeing Mental Wealth Index 2026 (YouGov).

1.2 The wider picture

Nearly half of the UK's full-time workers are short of sleep. More than two in five say they 'often' or 'always' feel mentally drained. Close to four in ten report feeling anxious, and most people carry at least some money worry, with just over 1 in 5 stressed about money 'a lot'. Looking deeper into the data shows how these areas feed one another. The chart below ranks eight signs of pressure and the share of the workforce reporting each, from sleep loss and burnout to work-life balance. No single statistic is significant on its own. What stands out is how one leads to another: feeling anxious or worried about money disrupts sleep, which feeds workplace pressure, which leads back to anxiety and money worry.

Signs of pressure across the workforce

Share of full-time workers reporting each (weighted %)



Base: full-time workers, n ≈ 1,821. 'Anxious end' = 0-4 on the 0-10 scale; 'not confident', 'not comfortable' and 'unsuccessful' are set negatives. Source: MWI 2026 (YouGov).

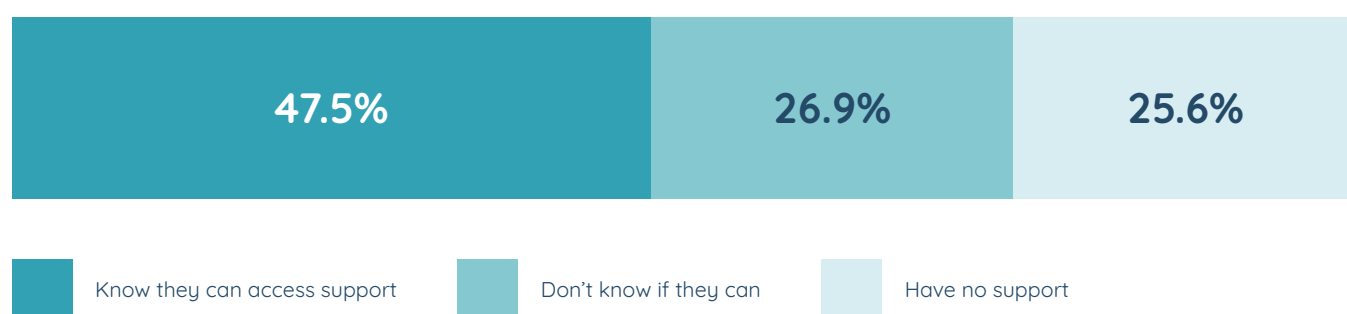
The most common indicator of mental health pressure is a physical one: sleep. The recommended amount for adults to maintain good physical and mental health is 7-9 hours a night, yet almost one in two of those surveyed reported getting six hours or less. A second point should also stand out for employers; just how many people (40%) say they are not comfortable raising mental health with their manager. When people can't talk about the issues they're having, it is very hard to put meaningful support in place.

1.3 Do people know where to turn?

The short answer is no. Despite everything the data above has shown, fewer than half of the UK workers surveyed say their employers offer support at work, whilst 27% don't know. More than a quarter don't know whether they can, and another quarter say they have none¹.

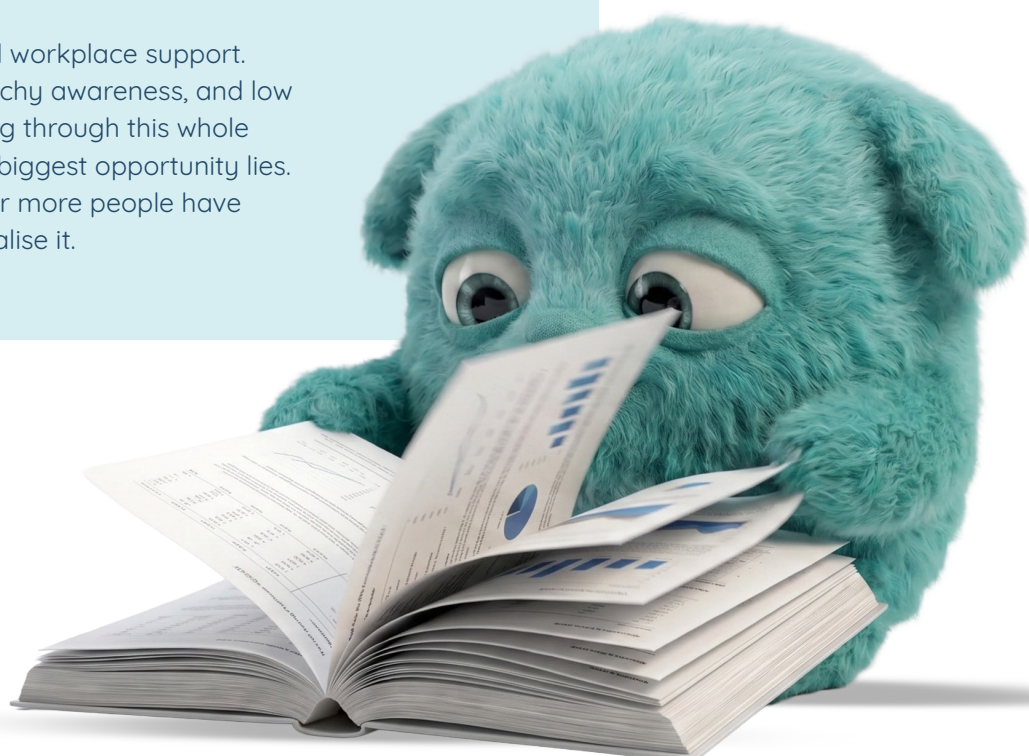
Do workers know they can get support?

Full-time workers, by whether they can access workplace mental-health support (weighted %)



Base: full-time workers, n ≈ 1,704. Source MWI 2026 (YouGov).

Just 18.5% have ever used workplace support. Widespread pressure, patchy awareness, and low take-up is a theme running through this whole report, and it's where the biggest opportunity lies. Industry data suggests far more people have support available than realise it.



1.4 How it fits the national picture

These findings line up with a wider national record. The Adult Psychiatric Morbidity Survey finds around one in five adults living with a common mental-health condition³, and the Health & Safety Executive counts close to a million workers affected by work-related stress, depression or anxiety in a single year⁴. Broader studies back this up, with most UK adults reporting high or extreme pressure over the past year⁵.

Our aim isn't to sound a louder alarm, but to add detail, show which groups carry the pressure, at which life stage, in which regions, and where support reaches / doesn't reach people.

“What concerns me most about these findings is not any single statistic, but the cumulative picture they create. Sleep loss, anxiety, burnout and financial pressure do not exist in isolation. They reinforce one another. Organisations often focus on the visible outcome, yet these results remind us that wellbeing is a system, and when pressure appears in multiple areas at once, the risk to both individuals and organisations grows substantially.”

Sir Cary Cooper - Chair of the board and Professor of Organisational Psychology

KEY TAKEAWAYS

-  Britain's workers are coping, but with **little in reserve**. The biggest concern is the breadth of pressure, not any single number.
-  The four pressures **feed each other** so they can't be tackled in isolation. money worry and anxiety disrupt sleep, which drives burnout, etc.
-  The biggest opportunity for employers is **awareness**. Most workers don't know what support they have available (only 47.5% do; 18.5% have used any).
-  Silence is structural. Two in five **won't raise mental health with a manager**, so support has to proactive, not wait to be asked.

1. Wisdom Wellbeing Mental Wealth Index 2026 (YouGov). GB full-time workers; figures weighted; base sizes as stated per exhibit.
2. EAPA UK (support-programme coverage ~75% of the workforce; annual utilisation typically 3–5%).
3. Adult Psychiatric Morbidity Survey 2023/24, NHS England Digital (20.2% of adults with a common mental health condition).
4. Health & Safety Executive, work-related stress, anxiety or depression statistics, Great Britain 2024/25 (=964,000 workers affected).
5. Mental Health UK, The Burnout Report (large majority of UK adults reporting high or extreme pressure/stress in the past year)

SECTION

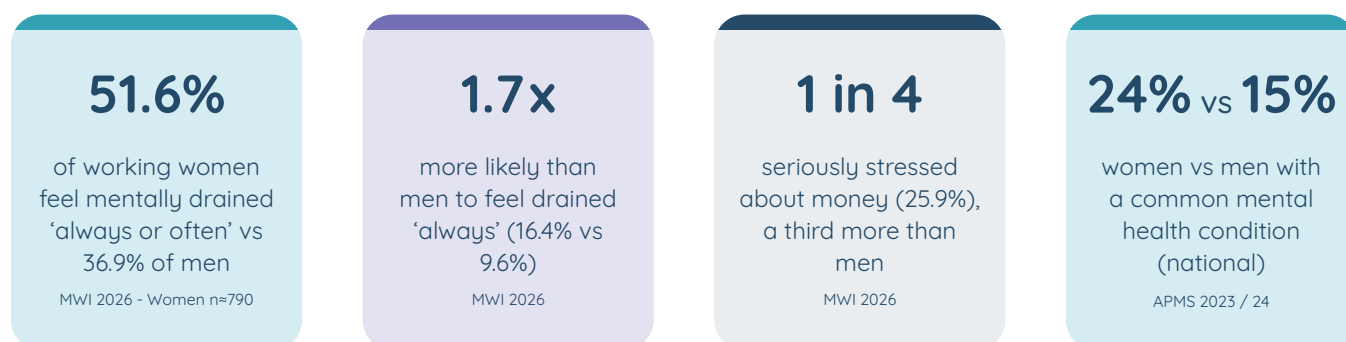
02

The mental wealth gender gap

The mental wealth gender gap

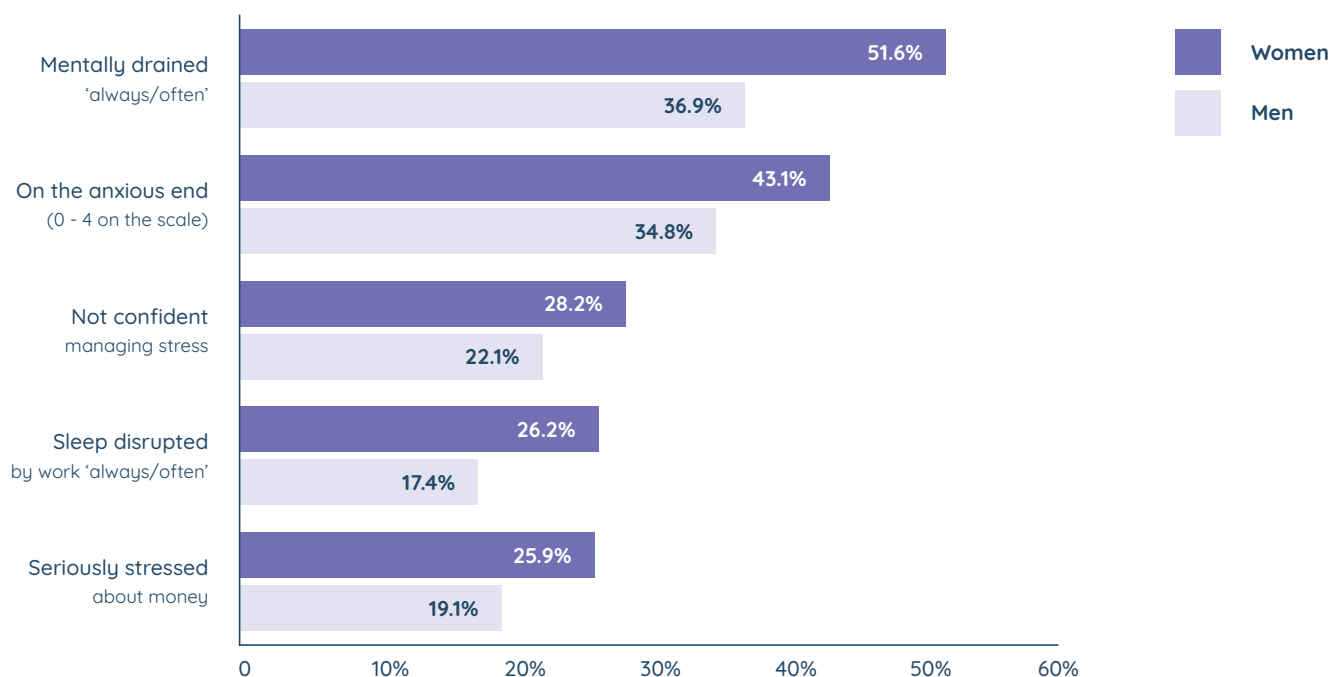
The defining finding of this report is that women consistently score lower than men across the mental wealth index, by a significant margin.

More than half of women say they always or often feel mentally drained at the end of the day; for men it is around a third. The same gender gap appears for anxiety, sleep disrupted by work, serious money worry, and when it comes to confidence handling everyday stress.



The gender gap, measure by measure

Share of full time workers reporting each experience, women vs men (weighted %)



Base: full-time workers - women n ≈ 790, men n ≈ 1,031. All five gaps significant at 95%.

Source: Wisdom Wellbeing Mental Wealth index 2026 (YouGov).

2.1 The burnout gap

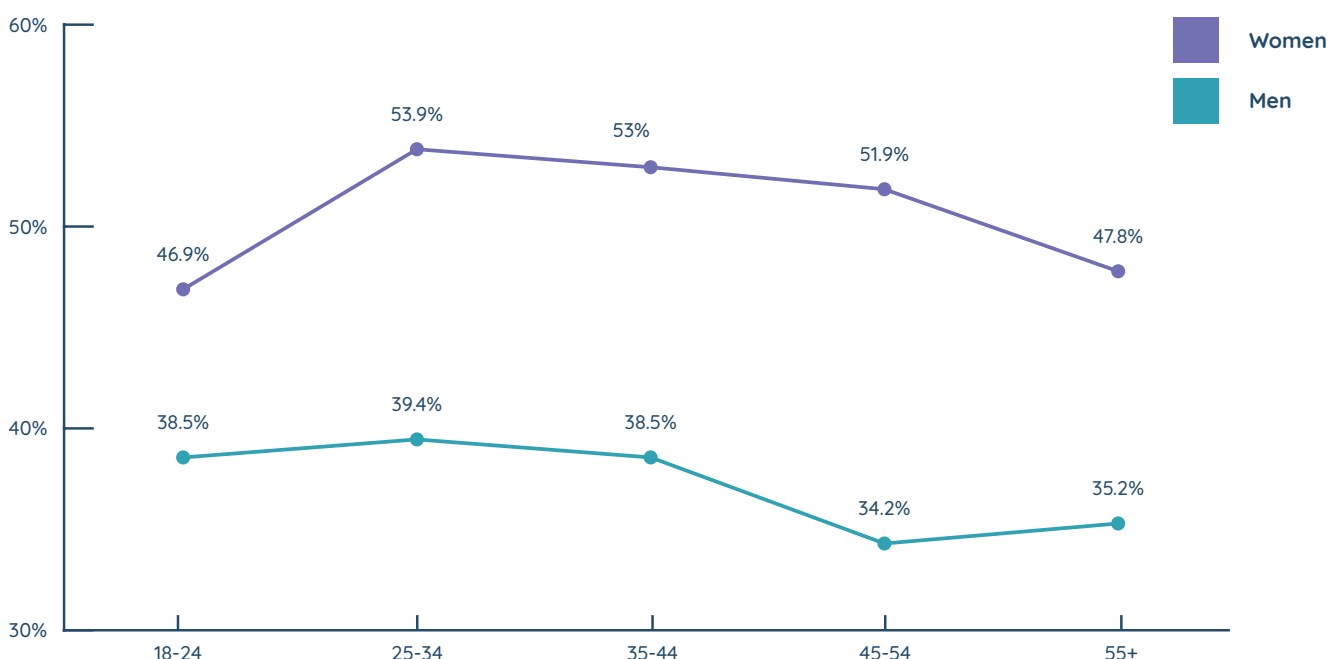
The gender gap is most evident when looking at burnout. Asked how often they finish the working day feeling completely mentally exhausted, 51.6% of women said ‘always’ or ‘often’, compared to 36.9% of men. That makes women around 40% more likely to be running on empty. The gap is wider still at the top end, with women 1.7 times as likely as men to always feel drained (16.4% vs 9.6%).¹ For a service meant to catch people before breaking point, that concentration at the severe end is the number that matters most.

The gap widens with age, it doesn’t close

Break burnout down by age and women out-report men in every band. For women aged 25 to 54, burnout peaks in the late twenties and early thirties at 53.9%. Probably the most revealing part is what happens to men; burnout eases for men in their forties while for women it stays near its peak. And the gap doesn’t close with seniority; instead, it widens through mid-career, the same years many women also carry the most caring responsibility at home¹.

Burnout by age: the gap widens, it doesn't close

Feel mentally drained ‘always or often’, by age and sex (weighted %)



What that looks like on a payroll. For every 100 women in a full-time team, around 52 are running on empty always or often, against 37 of every 100 men, and that gap carries a cost. Work-related stress, depression and anxiety accounted for **22.1 million lost working days** across the UK in 2024/25.³ Deloitte puts the annual cost to employers at **£51 billion**, with presenteeism (where people are at their desks but too drained to perform) the single biggest slice at £24 billion⁶.

2.2 Anxiety, sleep and money

While burnout is the headline, the gender gap is also evident when we look at anxiety, sleep and money, each with its own age pattern.

Anxiety: highest in mid-life

Overall, 43.1% of women rate themselves on the anxious end of the scale, compared to 34.8% of men. The most anxious group in the whole workforce is women aged 45–54, of whom 49.3% report high anxiety. But the pattern isn't the same throughout working life, and this is where it gets more interesting than a simple 'women are more anxious' headline. Among workers in their late twenties and early thirties the trend briefly flips, with men slightly more likely to be anxious than women (40.5% vs 37.0%). That is an early sign of the societal pressures younger men carry, which we revisit in Section 3. From the mid-thirties on, women again rank higher for anxiety and the gap widens sharply, reaching an 18-point gap by the late forties¹.

Anxiety by age: a mid-life peak for women - but a young-male exception

On the anxious end of the scale (0-4), by age and sex (weighted %)



Sleep: work pressures follow women home

Sleep tells a similar story of pressure building up. Women are more likely than men to say work stress ‘always’ or ‘often’ disrupts their sleep (26.2% vs 17.4%). As with anxiety, this peaks among women in their late forties and early fifties (33.2%), when the demands of work and home most often collide. It’s also the time of life for many women, when the symptoms of menopause begin, which makes proper support all the more important. Poor sleep feeds straight back into next-day focus, mood and resilience, adding pressure on top of whatever caused the lost sleep: a vicious cycle that needs breaking.

Money: shaped by both gender and age

Money worry completes the picture, and here we see both gender and age intersect sharply. Overall, women are a third more likely than men to be seriously stressed about money (25.9% vs 19.1%), but the pressure is concentrated among younger employees. The highest result of any group surveyed is women aged 25–34, where almost a third of those in full-time work (32.3%) say they are seriously stressed about money. We’ll explore this further in Section 3.1. Add lower confidence in managing everyday stress (28.2% of women vs 22.1% of men) and you have a workforce where women are absorbing more pressure from more directions at once. The table below sets this out in full¹.

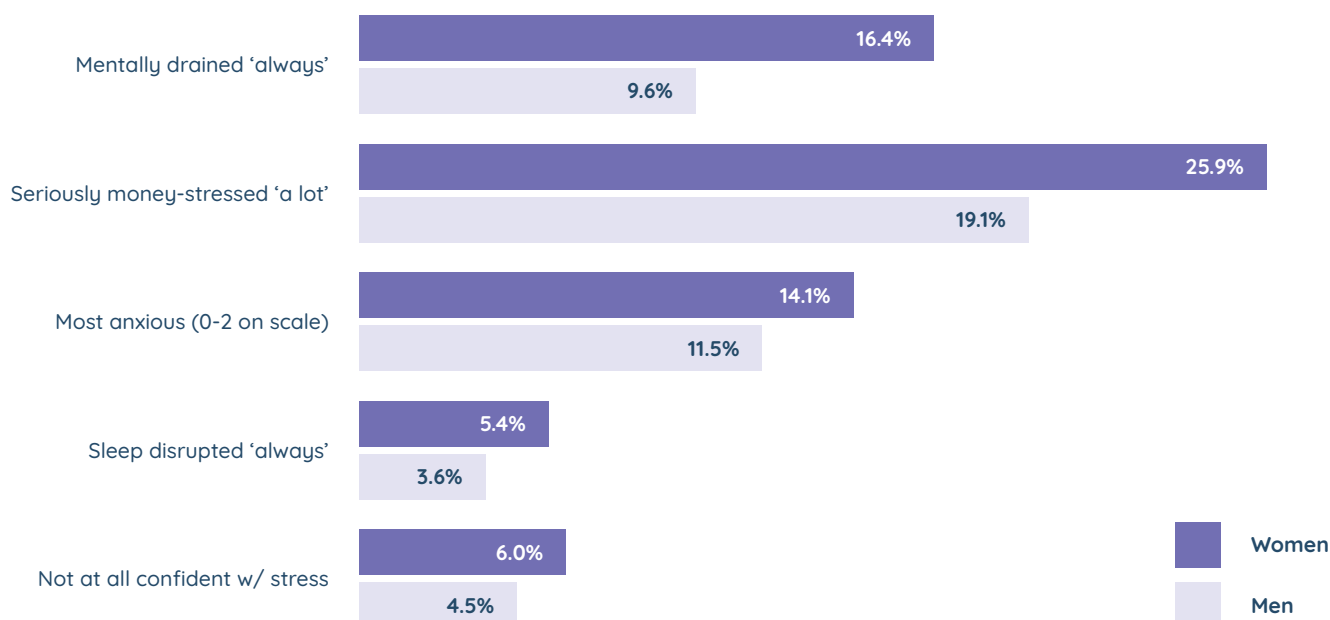
Measure	Women	Men	Gap
Mentally drained ‘always/often’	41.6	36.9	+ 14.7 pts
On the anxious end of the scale (0–4)	43.1	34.8	+ 8.3 pts
Not confident managing daily stress	28.2	22.1	+ 6.1 pts
Sleep disrupted by work ‘always/often’	26.2	17.4	+ 8.8 pts
Seriously stressed about money (‘a lot’)	25.9	19.1	+ 6.8 pts

2.3 Where the pressure hits hardest

It's not only that more women report feeling under pressure, they're also over-represented at the severe end of the scale, where the risk is highest and the need most urgent. On every measure, the gap widens as the burden intensifies. Women are 1.7 times more likely than men to 'always' feel drained rather than just 'often', and they're consistently over-represented among the most anxious, the most sleep-disrupted and the most financially stretched¹.

Where the pressure is most acute

Share of full-time workers at the severe end of each measure, women vs men (weighted %)



Base: women n ≈ 790, men n ≈ 1,031.

Source: Wisdom Wellbeing Mental Wealth index 2026 (YouGov).

This matters when designing workplace support. On this evidence, a service that only engages people once they reach crisis point will see a mostly female caseload. While that shows the need is real, it also points to a bigger opportunity to reach women earlier, before the pressures become unmanageable. Section 5 looks at this further.

2.4 Why the gap exists

The most likely explanation sits as much outside work as inside it. A large body of research points to the ‘mental load’, the outsized share of domestic and caring responsibility that women still carry. One global study of working women found them far more likely to hold primary responsibility for childcare, cleaning and caring for adult relatives². That second shift doesn’t replace pressure at work, it adds to it. This usually also falls in exactly the mid-career years where we see the burnout gap at its widest.

For many mid-life women that responsibility runs in both directions at the same time. This is known as the ‘sandwich generation’ where people are caring for children and ageing parents at the same time. Around 1.3 million people in the UK are sandwich carers, and they’re significantly more likely to report symptoms of mental ill-health than the population as a whole: 27% compared to 22%, rising to a third among those providing 20 or more hours of care a week⁷. That load falls disproportionately on women, who make up roughly two-thirds of high-intensity carers. It’s therefore natural to conclude that it plays a large part in why we see anxiety and burnout amongst women peak between 45–54, exactly when work and caring responsibilities collide.

The Health & Safety Executive records much higher rates of work-related stress, anxiety and depression among women than men: 3,220 per 100,000 female workers against 1,980 male³. The Adult Psychiatric Morbidity Survey, the gold-standard national measure, finds common mental-health conditions in 24.2% of women against 15.4% of men⁴. And research from the CIPD reports the same anxiety gap at work, with women markedly more likely than men to feel anxious⁵. When four independent sources (our survey, a regulator, a clinical census and an HR body) all point the same way, it’s clear this is a feature of working life. What our data adds is insight into where, and at what stage of working life, the pressure really builds.

Disclosure gap on top of the pressure gap

External research finds that most working women believe a manager would think less of them for disclosing a mental-health difficulty². Our own data shows the result of this. Women are less likely than men to feel confident managing stress, yet they carry more pressure. This combination keeps problems hidden instead of managing them at an earlier stage.

“The consistency of the gender differences shown here highlights the need for targeted wellbeing conversations. Increasing awareness of how pressure often presents differently for men and women can help individuals recognise when support may be beneficial and promote earlier intervention. Careful consideration of the gender makeup of an organisation, department or team is crucial in shaping effective communication.”

Sir Cary Cooper - Chair of the board and Professor of Organisational Psychology

2.5 What this means for employers

A gender gap this size, this consistent and this well-backed by other sources isn't an anomaly; it's a structural workforce issue. Mental wealth isn't about individual resilience, and reactive support alone won't close the gap. By the time someone reaches for help, the pressure is already acute. A better response from employers is to act earlier and further upstream.

Don't just look at the point of crisis

Signs of pressure show long before someone reaches burnout in how they manage their workload, in their ability to switch off, and in day-to-day flexibility, long before it shows up as absence. Reviewing how work is distributed and how genuinely people can disconnect reaches far more of the affected group than a helpline alone.

Make it safe to speak

Women report lower confidence managing everyday stress despite carrying more of it, and research finds many fear a manager would judge them for disclosing a difficulty². Capable managers, proper training and a visibly non-judgmental, supportive culture turn support from something that exists on paper into something people actually use.

Target where the pressure builds

The data shows where to focus first: women in mid-life (the most anxious and sleep-disrupted group) and younger women (the most financially stretched). Support built around those needs has a far bigger impact than a one-size-fits-all offer. One principle runs throughout. Reaching people only at the point of crisis, however well you do that, always leaves the wider workforce underserved. The opportunity for a modern wellbeing partner is to move its focus from reaction to prevention.

KEY TAKEAWAYS

-  Working women are around **40% more likely than men** to feel constantly mentally drained, and 1.7× more likely at the 'always' extreme.
-  The burnout gap **widens through mid-career** as men's eases and women's doesn't. The divide spans **all five** measures of day-to-day pressure.
-  The most anxious group in the whole workforce is **women aged 45-54** (49.3%); the most money-stressed is **women aged 25-34** (32%).
-  The one exception is telling: at **25-34, men are slightly more anxious than women** — an early sign of younger men's hidden pressure (Section 3).
-  This is a **structural** pattern, so the response belongs to the organisation, not the individual.
-  Because the pressure builds **upstream**, the best response is preventative and early, not crisis-only (Section 5).



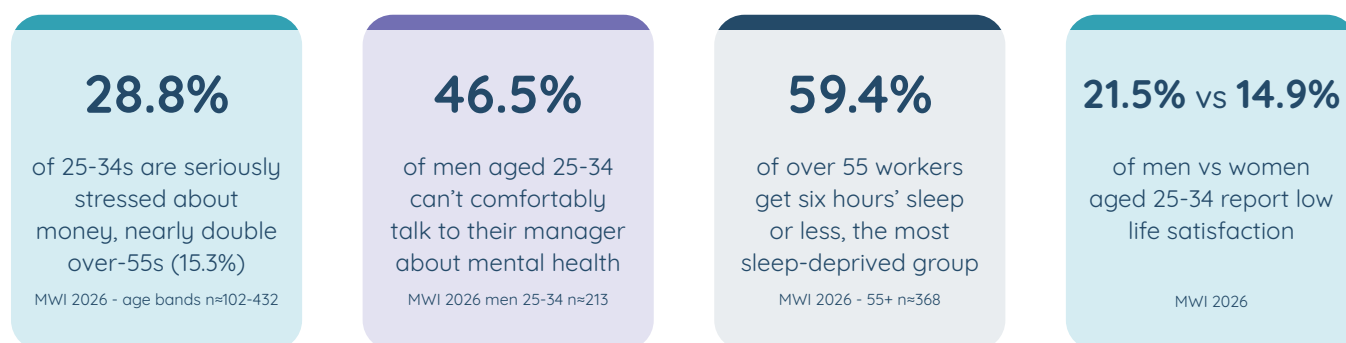
1. Wisdom Wellbeing Mental Wealth Index 2026 (YouGov). GB full-time workers; figures weighted; significance tested at 95%. Base sizes as stated per chart/table.
2. Deloitte, Women @ Work: A Global Outlook (mental load; manager-disclosure findings).
3. Health & Safety Executive, work-related stress, anxiety or depression statistics, Great Britain 2024/25 (3,220 per 100,000 female workers vs 1,980 male).
4. Adult Psychiatric Morbidity Survey 2023/24, NHS England Digital.
5. CIPD, workplace health & wellbeing evidence (women more likely than men to report anxiety).
6. Deloitte, Mental health and employers 2024 (poor mental health costs UK employers ~£51bn a year, of which ~£24bn presenteeism).
7. Office for National Statistics, sandwich carers (~1.3m in the UK; over one in four report symptoms of mental ill-health).

SECTION 03

Different ages,
different pressures
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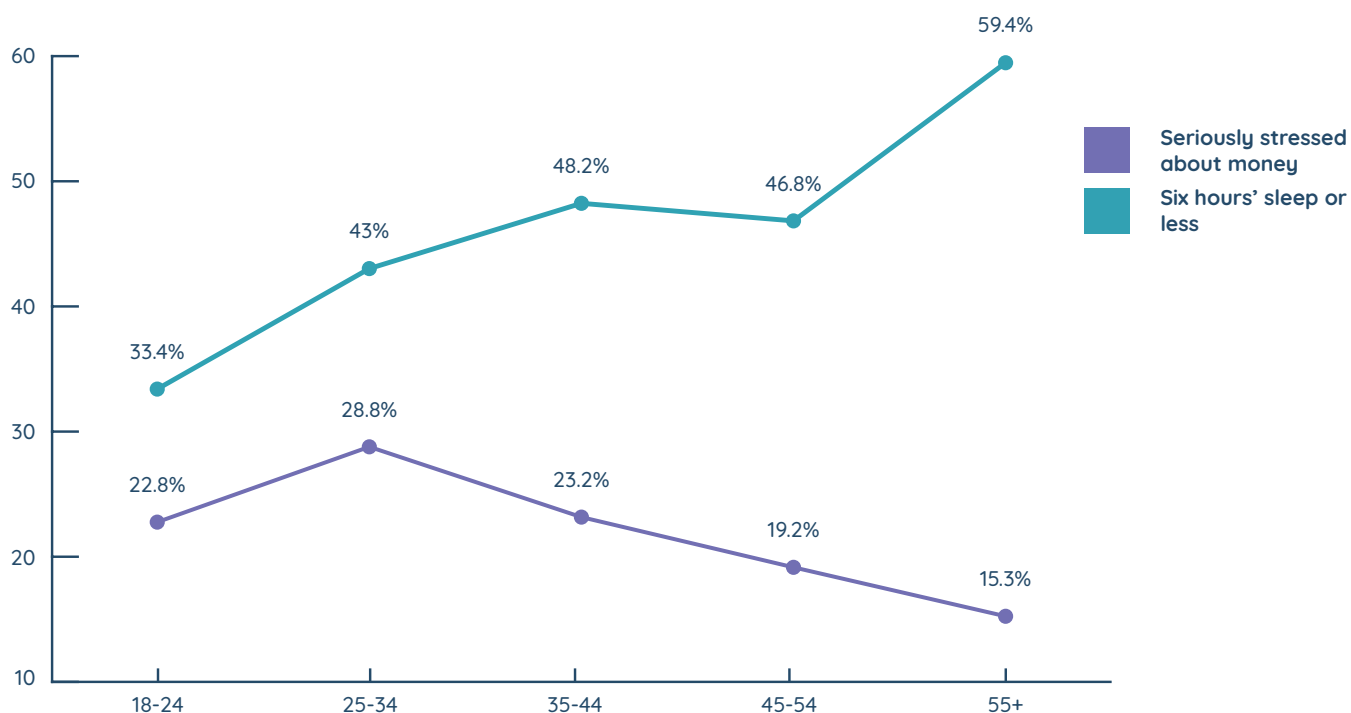
Symptoms of mental ill health don't simply rise or fall with age, they change shape. The pressures a worker in their twenties feel are not the same as a worker in their fifties, so a wellbeing strategy that treats the workforce as a single block will miss most of them. This section profiles each life stage in turn across four areas; money, burnout, sleep and the unspoken pressures on younger men.

Averaged across the whole workforce, the four pressure points look fairly stable. But split them by age and they pull sharply apart. Money worry and burnout weigh heaviest at the start of working life and ease with each decade; sleep loss does the opposite, rising steadily towards retirement. Because the two clearest trends run in opposite directions, the 'average worker' is a statistical fiction, and support that is pitched at mid-life reaches almost no one well. The figures below, and the chart that follows, show how far apart the age bands really are¹.



Two opposite trajectories: money worry falls with age, sleep loss rises

Share of full-time workers by age (weighted %)



3.1 Money: pressure highest in early career

Money is the defining pressure of early working life. Nearly three in ten workers aged 25–34 (28.8%) is seriously stressed about money, compared to just 15.3% of the over-55s. The pressure almost halves across a career, and it isn't hard to see why. Younger workers meet the sharpest edge of housing costs, insecure early-career pay, and the cost-of-living squeeze with the smallest financial buffer. What matters to employers is the knock-on effect this has. Financial concerns rarely stay in their lane; the worry often feeds poor sleep and lower concentration. In the workplace, this can show up as mistakes, disengagement, and, over time, absence. For the younger age group, financial pressure is one of the heaviest drags on the mental wealth index as a whole².

When you add gender to the mix, the picture becomes clearer. The most financially pressured group anywhere in the survey is women aged 25–34, where almost a third (32.3%) report being seriously stressed about money. National research points the same way, with under-35s consistently reporting higher financial stress than the wider population³. The practical takeaway is that financial wellbeing and mental health are the same conversation for younger employees, not two separate benefits.

3.2 Burnout: heaviest in the late twenties and thirties

Burnout follows the same early-career curve. Feeling mentally drained 'always' or 'often' is highest among workers in their late twenties and early thirties (46.8%) and lowest among the over-55s, dispelling the usual assumption that seniority brings the most pressure. The 25–34 age group is also the least confident of any at managing everyday stress. The drivers are familiar, and they add up. Building a career, setting up a home and absorbing financial insecurity at the same time, usually with the least control over how the work gets done, is a trend seen across the country. Deloitte's latest employer research found 63% of workers reporting at least one symptom of burnout, up from 51% two years earlier⁴.

This has a significant impact on attendance, not just mood. Younger workers are far more likely than older colleagues to have taken time off for stressor poor mental health, a share that falls steadily with age, from around a third of the youngest workers to roughly one in ten of the oldest⁴. For employers, burnout amongst under-35s is not only a wellbeing concern, but also an early, visible and expensive driver of absence and turnover in part of the workforce that a business most needs to hold on to.

3.3 Sleep: the older worker's deficit

If money and burnout belong to younger workers, lack of sleep has the biggest impact on older ones. The percentage of employees getting six hours a night or less climbs steadily with age, reaching 59.4% of the over-55s (three in five). This statistic needs careful reading.

Sleep naturally shortens and fragments with age; it's a well-established clinical finding⁵, so some of this reflects normal ageing rather than work pressure alone. The concern is the level. With three in five surviving on six hours of sleep or less, older workers are in the range that sleep research links to poorer daytime focus, mood and resilience. Lack of sleep compounds whatever else is going on in a person's life, whatever its cause. For an experienced, older workforce, that is a quiet drag on judgement and decision-making that is rarely recognised as a wellbeing issue⁵.

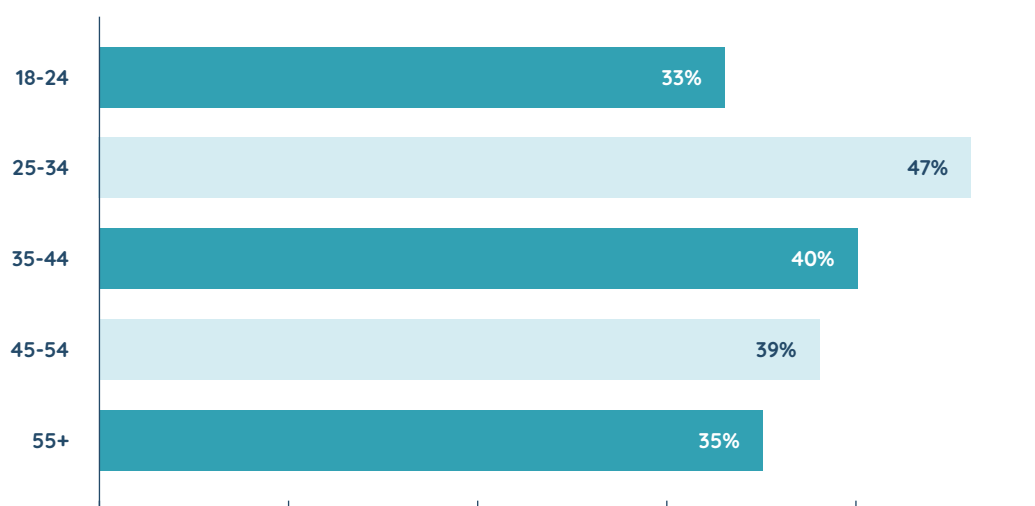


3.4 The hidden pressures on younger men

This section identifies one trend that's easy to miss. On measures such as anxiety and burnout, younger men look relatively untroubled. But the survey picks up a hidden trend that hides beneath the surface. Men aged 25–34 are the least able of any group to talk to a manager about their mental health and have lower life satisfaction than women the same age (21.5% at the low end, against 14.9%), despite reporting less day-to-day anxiety. As Section 2 showed, this is also the one age group where men's anxiety briefly overtakes women's¹.

Men's discomfort talking to a manager peaks in the late 20's

Men uncomfortable discussing mental health with their manager, by age (weighted %)



Base: men by age n ≈ 52-299 (18-24 indicative). Source: MWI 2026 (YouGov).

Read together, these point to distress that is real but unspoken, showing up as flatness and disengagement rather than something people speak about openly. It fits a large evidence base that young men are the least likely of any group to seek help, with traditional ideas of masculinity a persistent barrier⁶. For employers this is the hardest group to reach, which is exactly why proactive, low-barrier routes to support matter most here. A benefit that waits to be requested will have little to no impact on this group.

Why this matters for support design

The two groups carrying the most hidden pressure — younger men who won't open up, and younger women stretched by money — are also among the least likely to walk into a counselling service on their own. Support that waits to be approached will keep missing exactly the people who need it most.

3.5 The five life stages at a glance

Pulling the threads together, each decade of working life has its own signature. Providing workplace wellbeing support that recognises these different stages, instead of treating a twenty-six-year-old and a fifty-eight-year-old as the same 'employee', will land far more effectively¹.

18 - 24 Starting out

Arrive relatively well-rested (only 33% on < 6 hrs) and least stretched on money, yet already anxious (38%) and burnt out (42%) at the start of their careers.

25 - 34 The pressure peak

The most pressured decade: burnout (47%), money stress (29%) and the lowest confidence managing everyday stress (30% not confident) all peak here.

35 - 44 The squeezed middle

Anxiety at its highest (41%) and burnout still high (45%), with sleep worsening as career and caring responsibilities collide.

45 - 54 Mid-life pressure

Driven by women's anxiety peak, the most anxious group in the workforce, and the lowest life satisfaction of any age band, as work and caring for both children and ageing parents collide.

55+ Settled but stretched

The least anxious (34%) and least money-stressed (15%), yet the most sleep-deprived (59%) and under the most work pressure (24%).

Figures are overall (women and men combined) for each age band; 18-24 based on a small sample and indicative.
Source: MWI 2026 (YouGov).

3.6 The whole workforce at a glance

Setting all ten sex-and-age groups side by side makes the patterns hard to miss. Reading down the columns it's clear to see that no group is uniformly 'fine'; each carries its own concentration of pressures. Read across the rows and see the story of this section. Burnout and anxiety cluster among women in mid-life, sleep loss deepens with age towards the right of both blocks, money pressure sits with the young, and the manager-disclosure problem is highest among younger men¹.

The workforce wellbeing matrix

Ten groups X six measures. Red = among the three worst groups on that measure.

Green = among the three best (weighted %)

Measure (full-time workers, weighted %)	Women					Men				
	18-24	25-34	35-44	45-54	55+	18-24	25-34	35-44	45-54	55+
Burnt out (drained a/o)	48	54	53	52	48	39	39	38	34	35
Anxious (0 - 4)	44	37	45	49	42	33	41	37	32	31
Six hours' sleep or less	29	39	46	44	57	37	47	50	48	61
Seriously money-stressed	25	32	23	25	22	21	25	23	15	12
Uncomfortable w/manager	44	41	35	44	40	33	47	40	39	35
Low life satisfaction	14	15	17	23	15	18	21	19	18	20

Base: full-time workers, group sizes n ≈ 49 - 299 (18-24 groups indicative).

Source: Wisdom Wellbeing Mental Wealth Index (YouGov).

"Mental wellbeing challenges change across the lifespan. Building workforce mental health literacy and encouraging effective inter-generational support means helping people understand the pressures commonly associated with their life stage, and that of their colleagues. Organisations can then position support services in a more tailored manner for the challenges facing their specific workforce."

Sir Cary Cooper - Chair of the board and Professor of Organisational Psychology

3.7 What this means for employers

The clear implication is that a one-size-fits-all wellbeing provision underserves almost everyone. Instead, this data highlights the need for employers and wellbeing providers to take a life-stage approach, offering practical financial wellbeing and early-career support for younger workers; attention to sleep, health and sustainable workload for older ones; and low-barrier routes designed to reach younger men who won't otherwise ask. The same principle as before underpins everything. Pressure is visible long before any crisis, so the best approach is to meet it early and proactively, matched to who actually carrying each weight. That is the difference between a reactive EAP and an always-on, preventative approach to overall wellbeing.

KEY TAKEAWAYS

-  Pressure changes shape with age. Money and burnout weigh heaviest on younger workers, while sleep loss impacts older workers.
-  Financial pressure nearly halves from the late twenties (29%) to the over-55s (15%) and is heaviest of all for young women (32%), for whom money and mental health are one conversation.
-  Burnout in the under-35s drives absence and turnover, not just low mood. This age group is the costliest for the workforce to lose.
-  Younger men are the hidden-pressure group, least able to talk to a manager, lower life satisfaction, distress expressed as silence rather than a request for help.
-  No single benefit fits all five life stages, so support has to be segmented by age and, above all, proactive (Section 5).

1. Wisdom Wellbeing Mental Wealth Index 2026 (YouGov). GB full-time workers; figures weighted; significance tested at 95%; base sizes as stated per exhibit. 18–24 groups (n≈50) indicative.
2. CIPD, taking action on employee financial wellbeing (young workers and lower earners most affected).
3. Royal London, Financial Resilience Report; Mental Health Foundation, cost-of-living research (under-35s report higher financial stress than the population as a whole).
4. Deloitte, Mental health and employers 2024 (63% of workers report at least one symptom of burnout, up from 51%); Mental Health UK, The Burnout Report (stress-related time off declines steadily with age — roughly a third of the youngest workers vs about one in ten of the oldest).
5. Ohayon MM et al. (2004), meta-analysis of sleep parameters across the lifespan, Sleep 27(7); supported by the Whitehall II British cohort.
6. Peer-reviewed men's-health research on help-seeking and masculine norms (young men least likely to seek help).



SECTION

04

The geography of wellbeing:
Britain's regional divide

Where someone lives and works shapes how they experience workplace wellbeing. The same job can carry a lot more pressure in one part of the country than another, and London's full-time workers stand clearly apart from the rest. This section maps that divide, sets support against it, giving each region its own reading, and showing why the gap falls hardest on one group in particular.

30%

of London's full-time workers have anxiety, although it is still the calmest region, with Wales at 46%

MWI 2026 - regions n=82-467

55%

of Welsh workers get six hours' sleep or less, the most sleep deprived nation

MWI 2026 - Wales n=82 (indicative)

38%

of North East workers have access to support, the lowest of any region

MWI 2026 - Govt regions

1.85x

more likely: women in the north are anxious vs women in London (49.7% v 26.8%)

MWI 2026 - region X sex

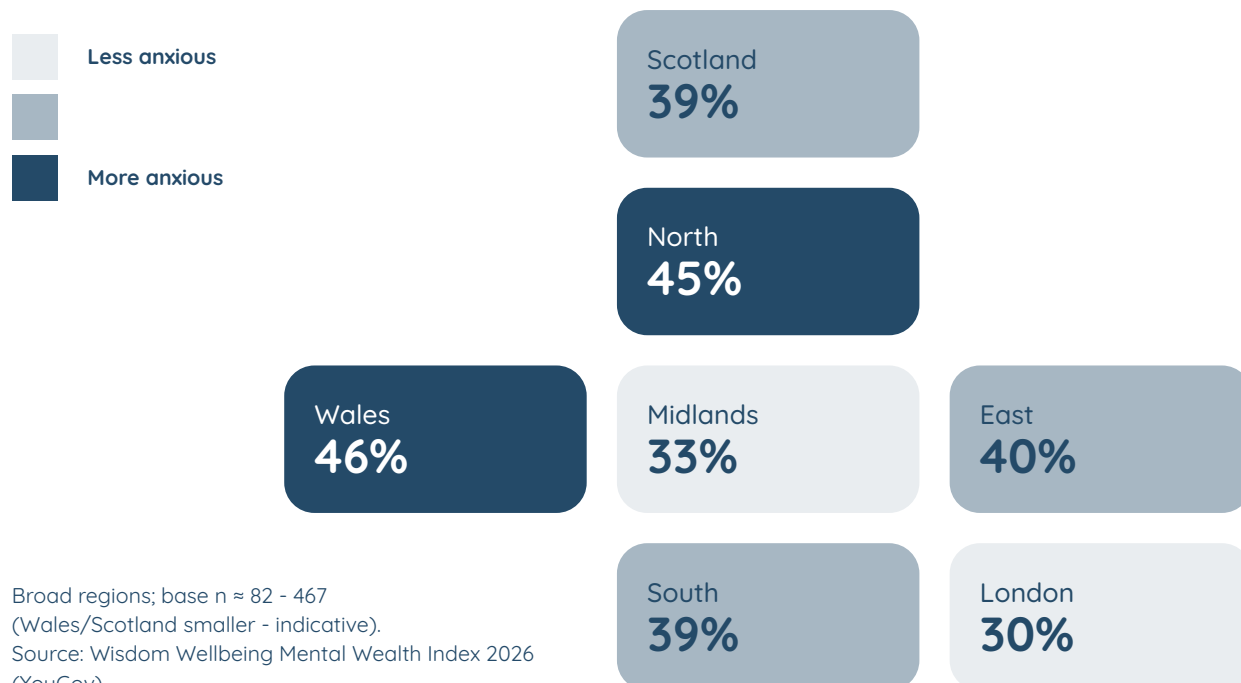


4.1 A national wellbeing map

Mapped across the country, there is a clear regional divide when it comes to workplace anxiety. London's full-time workers are the least anxious in Britain and by far the most optimistic about the year ahead. The North, Wales and Scotland are under the most pressure¹.

On the anxious end of the scale by region

Share of full-time workers scoring 0-4 on the anxiety scale (weighted %)

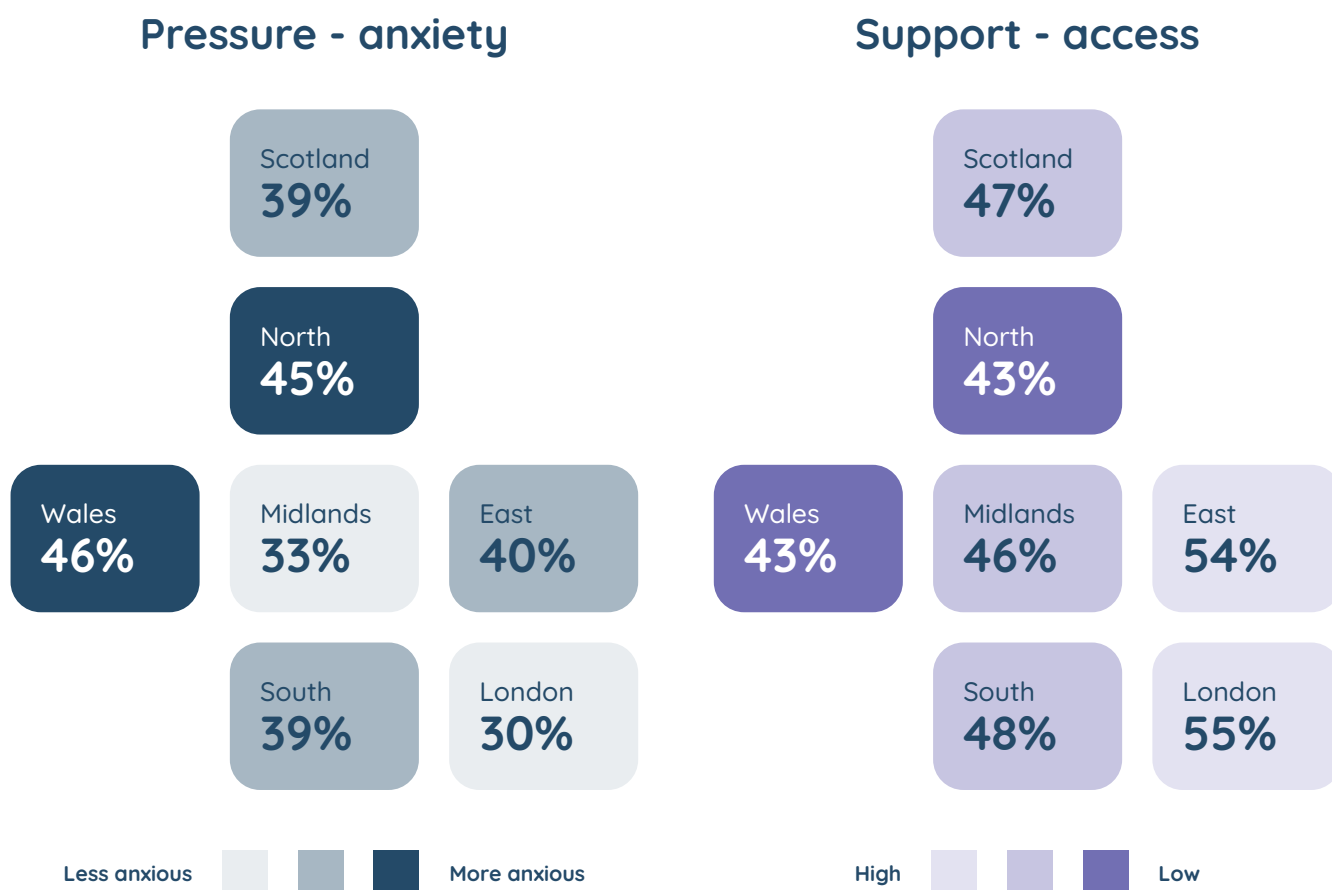


How to read the London finding

This is a result about full-time workers, and it runs against the general-population picture. National ONS data has shown Londoners reporting lower life satisfaction and higher anxiety than the English average². But London's workforce is younger, higher-earning and more professional than its residents as a whole, and it's that working population we measure here. So read this as a finding about the capital's workers, not a claim that London is the happiest place to live.

4.2 Where help is and isn't available

Now lay a second map over the first, showing how many of each region's workers have access to workplace support. The two are almost mirror images of each other. The places under the most pressure tend to have the least provision, while the better-served areas are the least anxious¹.



The North and Wales sit dark (high anxiety) on the left and purple (low access) on the right. London and the East are light on the left and light purple on the right. It previews the report's central finding, that support is thinnest where pressure is greatest, which Section 5 sets out in full¹.

4.3 The regional league table

The table below ranks the seven broad regions across the wellbeing measures and support access. The sub-samples are modest, especially for Scotland and Wales, so read these as directional rather than precise to the decimal¹.

Measure (full-time workers, weighted %)	North	Midlands	East	London	South	Wales	Scotland
On the anxious end (0-4)	45	33	40	30	39	46	39
Not optimistic re future	35	35	36	22	29	29	29
Burnt out (drained a/o)	46	41	44	41	44	41	42
Six hours' sleep or less	45	47	51	47	49	55	49
Seriously money-stressed	22	24	21	23	22	22	17
Uncomfortable w/manager	38	39	46	40	37	49	43
Have access to support	43	46	54	55	48	43	47
Base (weighted)	418	311	156	241	467	82	146

4.4 Eleven regions, eleven stories

Every part of the country has its own signature story. This data serves as a prompt for employers with sites spread across the UK. The sample sizes here are smaller still, so the trends are not definitive rankings, rather suggestions¹.

North West

High burnout (45%) and among the most pessimistic about the year ahead (36%).

West Midlands

The most pessimistic region - 39% not optimistic about the next 12 months.

London

The national bright spot - least anxious (30%), most optimistic, and the best-supported.

South West

Relatively hopeful, yet financially squeezed - 25% seriously stressed about money.

Scotland

Worries least about money (17%) - but is the least likely of anywhere to have used support (13%).

North East

Britain's most pressured region - the most anxious (47%) and most drained, yet the least likely to have support (38%).

Yorkshire & the Humber

Among the most anxious (47%) - but the best-rested, with the fewest workers short on sleep.

East Midlands

Britain's money-worry capital: 25% of workers seriously stressed about their finances.

East of England

Support on paper (54% have access) but among the least comfortable talking to a manager (46%).

South East

Broadly middling, but among the more sleep-deprived: 51% get six hours or less.

Wales

The most sleep-starved (55%) and least able to open up to a manager (49%), with high anxiety.

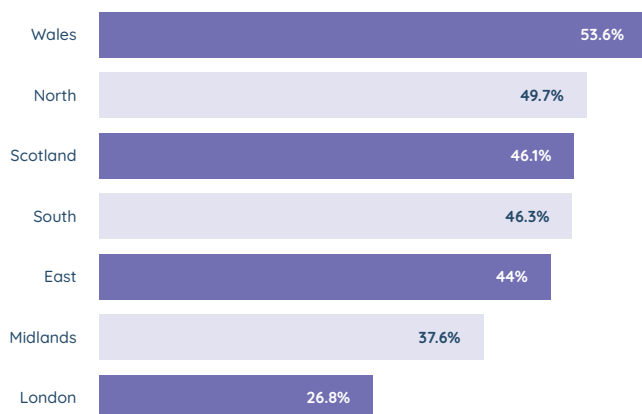


4.5 London's gap, and why it falls hardest on women

The most striking regional finding isn't that London performs well across all indicators, it's how unevenly that advantage is shared. Split the regions by sex and the capital's 'wellbeing premium' is overwhelmingly a women's story. Women working in London are the least anxious group anywhere in Britain, at 26.8%, while women in the North (49.7%) and Wales (53.6%) are almost twice as likely to be anxious. Amongst men the same geographical split exists, but it's far less pronounced¹.

Women's anxiety by region: London stands alone

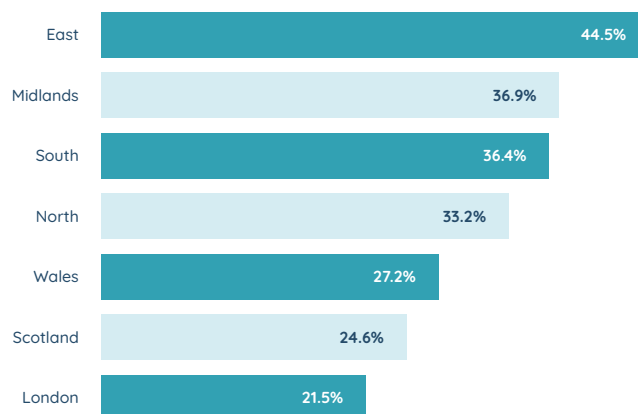
Women in full-time work on the anxious end of the scale (0-4), by region (weighted %)



Base: women by region, n ≈ 39 - 200 (Wales/Scotland/East smaller - indicative). Source: MWI 2026 (YouGov).

Women not optimistic about the year ahead, by region

Women in full-time work who are 'not optimistic' about the next 12 months (weighted %)



Base: women by region, n ≈ 39 - 200 (smaller indicative). Source: MWI 2026 (YouGov).

The same shape repeats when looking at optimism. Women in the East are more than twice as likely as women in London to feel pessimistic about the year ahead and, once again, London's women sit clearly apart from the rest of the country¹.

The gap is three times larger for women

Between the North and London, women's anxiety differs by around 23 points (49.7% vs 26.8%). For men the same North-London gap is roughly 8 points (41.2% vs 33.1%). Whatever protects London's workers, whether it's higher pay, job type, access to services, or better transport, it's clear that women are feeling the benefits far more than men, and women elsewhere are left markedly exposed.

4.6 Why place matters

Geography is rarely a cause in itself. The likeliest drivers of these gaps are the cost and security of housing, the mix of industries and jobs within the local labour market, commuting time and the resulting rest time lost, and uneven access to health and community services². London's workforce holds better paid, more autonomous professional roles, which helps explain why its workers report better wellbeing even as the wider population doesn't.

For employers with several sites across the country, the practical message is that a single national wellbeing offer will land very differently from place to place. And as the two maps showed, the regions under the most pressure are too often the ones with the least support in place. That mismatch between where need is greatest and where provision is thinnest, is what we turn to next in Section 5.

“Health inequalities are a long-standing feature of public health policy, and these findings suggest that workplace wellbeing may reflect similar patterns. The observation that support availability and wellbeing outcomes can vary significantly by region highlights the importance of equitable access to preventative support. An increasingly digital-first approach to healthcare can help to bridge the geographical gap, provided that awareness of such interventions are effectively communicated.”

Sir Cary Cooper - Chair of the board and Professor of Organisational Psychology

KEY TAKEAWAYS

-  The London finding is **workforce-specific** — it runs against the general-population picture and should be framed that way.
-  The **pressure and support maps are near mirror images** — the most anxious regions tend to have the least provision (a preview of Section 5).
-  Workplace wellbeing has a clear **geography**: London's workers are the calmest and most optimistic; the North, East, Wales and Scotland are under the most pressure.
-  Every one of the 11 regions has its own signature — and regional figures rest on **modest samples**, so quote the direction, not a single decimal.

1. Wisdom Wellbeing Mental Wealth Index 2026 (YouGov). GB full-time workers; weighted; regional sub-samples modest (broad regions n=82–467; Government Office regions n=67–277) and presented as indicative.
2. ONS / Trust for London, personal wellbeing by area (general population: London lower life satisfaction and higher anxiety than the English average, 2021/22); ONS cautions against ranking small-area estimates.

SECTION

05

The support gap:
Who gets help, and who is
left behind

So far, we have mapped who is struggling and where they are. In this section we ask the question that matters most for employers; does the support provided reach the right people? The data shows that where support exists, it is reaching the people in most distress, but it reaches too few and is thinnest exactly where the pressure is greatest. Closing that gap is the main opportunity identified by this report.

2.8x

more likely to be severely anxious: people who have used support vs those who haven't

MWI 2026 - users n=338

R= -0.65

the more anxious a region's workers, the LESS likely they are to have access to support

MWI 2026 - 11 regions

53% vs 37%

access to support: higher-paid (ABC1) vs lower-paid (C2DE) workers

MWI 2026

3 - 5%

of employees typically use a support programme in a year, though ~ 75% have one

EAPA UK

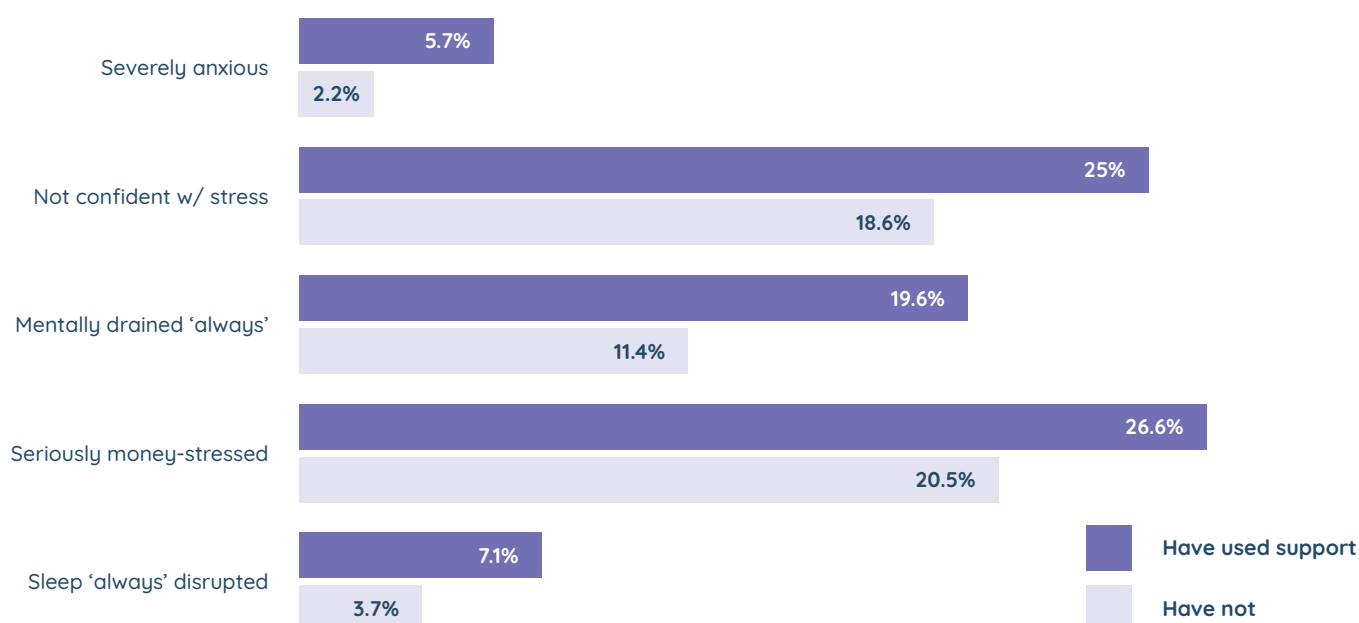


5.1 Reaching those in need

Let's start with the good news, because it's easy to misread. People who have used workplace mental-health support are 2.8 times as likely to be severely anxious, 72% more likely to feel constantly drained, and nearly twice as likely to have their sleep always disrupted than those who haven't accessed support. At first glance those statistics sound alarming, but they're not. On the contrary, it should be reassuring for employers that support is reaching the people who most need it rather than being used by the worried well¹.

Support is reaching the most distressed

Distress among who have used workplace support vs those who have not (weighted %)



Base: used support n ≈ 338; not used n ≈ 1,262. Direction reflects who seeks help (those already struggling), not an effect of support.
Source: MWI 2026 (YouGov).

Read this the right way

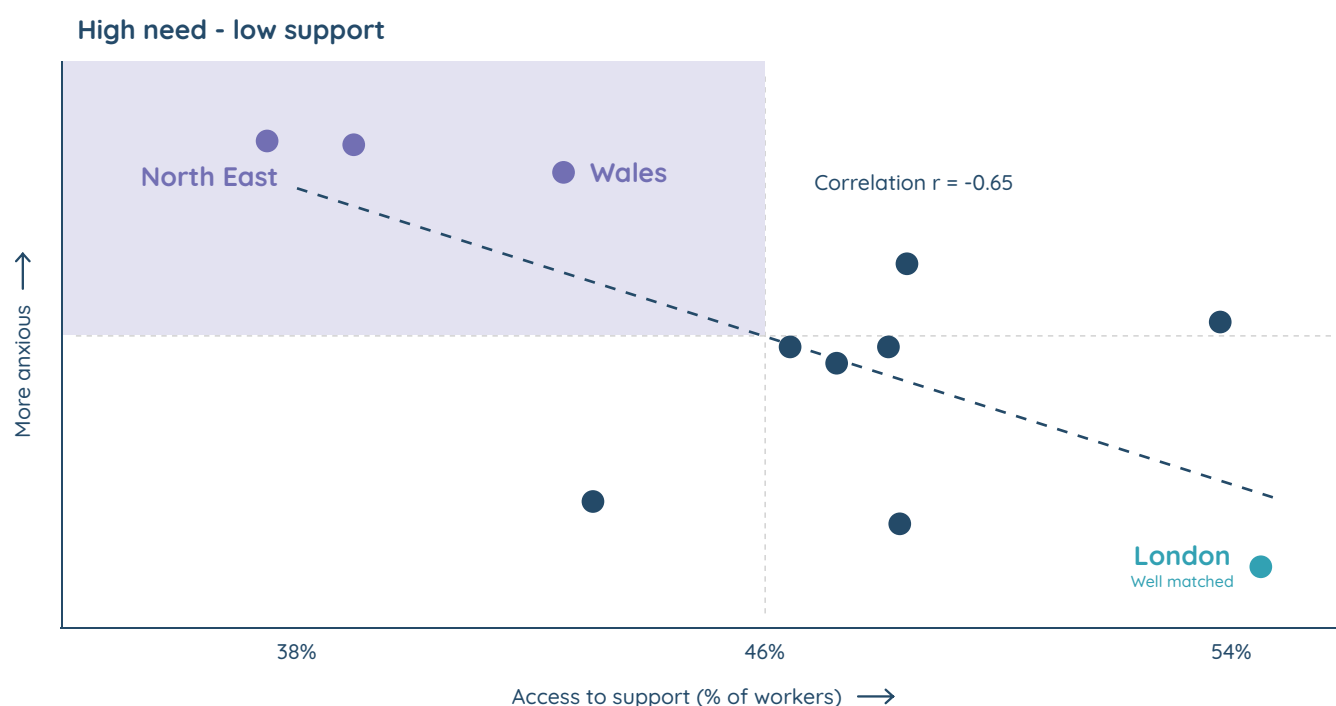
The pattern reflects reverse causation: people turn to support because they are struggling, so users look worse than non-users. It isn't evidence that support causes harm, but that it's reaching the right people. The limit is reach, not aim. Industry data suggests only 3–5% of employees use their employee assistance programme in a year².

5.2 The unmet need

If support reaches those who use it, the bigger problem is everyone it doesn't reach. And here the data shows something employers can't afford to miss; support is at its thinnest in the places where pressure is greatest. Plot out each region's worker's anxiety against how many of its workers can get support, and the result is stark. The more anxious the region, the less likely people are to have help available¹.

Where need is highest, support is lowest

Each point is a region: worker anxiety (vertical) against access to support (horizontal)



11 Government Office regions; anxiety = share on the 0-4 anxious end; access = share with a workplace support programme. Correlation $r = -0.65$. Regional bases modest ($n=67-277$) - indicative. Source: MWI 2026 (YouGov).

The corners tell the story. The North East sits alone in the top-left corner of this chart. It's the region with the most anxious workers in Britain, and the least likely to have support in place, the sharpest 'high need, low support' case in the country. London sits in the opposite corner; its workforce feels less pressure and is also the best resourced. Yorkshire and Wales join the North East in the under-served quadrant. It's not an iron rule, but the direction is clear. Looking just at the national average hides a serious regional mismatch¹.

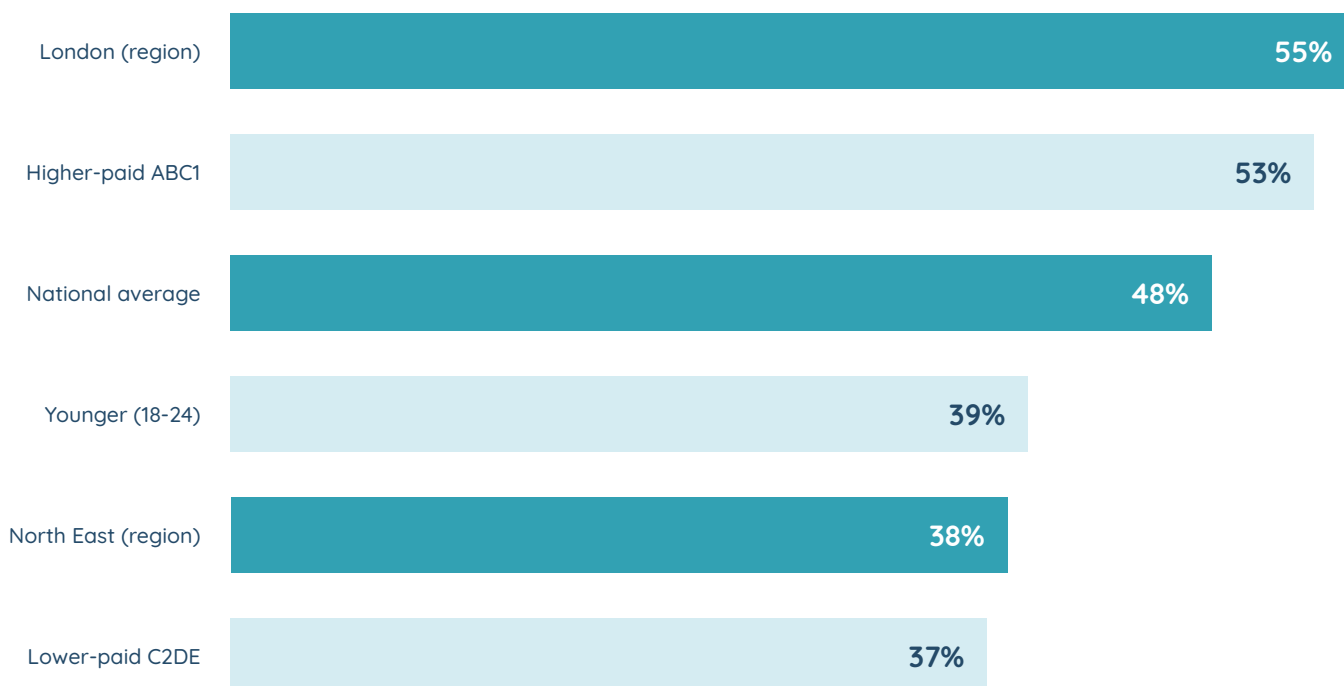
We also see the same mismatch when it comes to pay. Lower-paid workers (social grade C2DE) are far less likely to have support available than higher-paid professionals (37.3% vs 52.8%). This represents a 15-point gap, even though, as Section 3 showed, lower paid workers carry more of the pressure around money, sleep, and physical health. In other words, support is most available to the workers who are best placed to cope without it¹.

5.3 The access divide

Looking at these results together, it becomes clear that access to workplace mental-health support is strikingly uneven, depending heavily on where you work and what you do. It ranges from around 55% of workers in London to little more than a third in the North East and among lower-paid and younger workers¹.

Who can get support - and who can't

Share of full-time workers with access to a workplace mental-health support programme (weighted %)



Base: full-time workers: segment sizes vary (smaller segments indicative) Source: MWI 2026 (YouGov).

Usage is uneven too, and not always in the direction that the access data would predict. Women are more likely than men to use support (22% vs 15.9%), and take-up is far higher in London (23%) than in Scotland or Wales (13-14%), the places that, based on the evidence above, arguably need it most. Availability and use are two different problems, and both work against the regions and groups already under the most pressure¹.

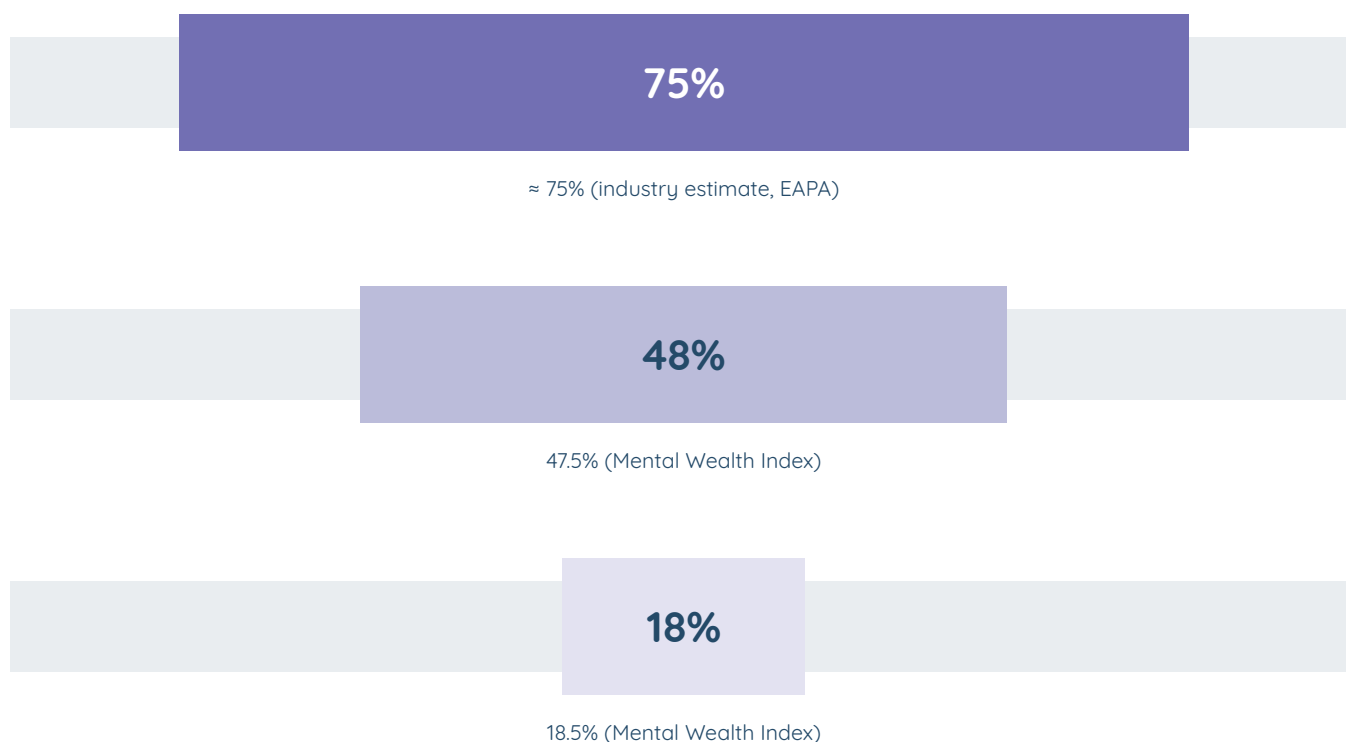
5.4 You can't use what you don't know you have

Beneath the access gap sits an awareness gap that widens it further. More than a quarter of workers (26.9%) simply don't know whether they can get mental-health support at work, and fewer than one in five (18.5%) have ever used any¹.

The awareness problem is bigger than our survey alone shows; industry estimates suggest around three-quarters of the workforce actually has a programme available, yet only about half know it².

The awareness funnel: from available to actually used

Each step loses people who could be helped - most before they ever reach support



¹'Have a programme' is an industry estimate (EAPA); 'know' and 'used' are from the Mental Wealth index 2026 (full-time workers).
Source: MWI 2026 (YouGov); EAPA UK.

A benefit that half the workforce doesn't know exists can't do its job. Closing the awareness gap alone by making support visible and easy to find, is the cheapest and fastest improvement an employer can make, reaching people before the access and take-up gaps even come into consideration.

5.5 The organisational case for acting

The financial and human cost of leaving this support gap open is well known.

£51bn

Annual cost of poor mental health to UK employers

Deloitte

£4.70

Average return for every £1 invested in supporting employee mental health

Deloitte

22.1m

Working days lost to work-related stress, depression or anxiety in a year

HSE 2024/25

964k

Workers affected by work-related stress, depression or anxiety

HSE 2024/25

Against numbers like these, the question for most employers isn't whether support pays for itself, but whether it's reaching the people and places where that return is greatest. As this section has shown, too often it simply isn't. Every worker missed is both a person unsupported and a share of £51 billion left on the table^{3,4}.

5.6 From crisis response to prevention

All the data we have seen so far points to the same conclusion. Support that only engages people at the point of crisis, however well it serves them, will always reach a small fraction of those in need, and will keep missing the regions, occupations and individuals least able to seek help.

The shift: from reacting to preventing

This is the case for moving the centre of gravity of workplace wellbeing from reaction to prevention: from a service that waits to be approached to one that reaches people early, lowers the barrier to help, builds manager capability, and meets the workforce where the pressure actually sits. It's the principle behind a modern wellbeing solution such as Wisdom Super Care, and it's what turns the findings in this report from a description of a problem into a plan for closing it⁵.

“Perhaps the most significant finding in this report is the gap between support availability and support awareness. This mirrors a challenge seen across many public health initiatives; services can only help people who know they exist and who understand when and how they might be beneficial. Meaningful conversations about available support must be tailored to the individuals involved for these prerequisites to be met.”

Sir Cary Cooper - Chair of the board and Professor of Organisational Psychology

KEY TAKEAWAYS

-  Support does **reach those in most distress**. EAP users are 2.8x more likely to report feeling severely anxious, so the issue is reach, not aim.
-  But provision **runs opposite to need** ($r = -0.65$ across regions). The most anxious areas have the least support, with the **North East** the sharpest case.
-  Access splits by pay too. **53% of higher-paid vs 37% of lower-paid workers**, leaving those under the most pressure with the least help.
-  An **awareness gap** compounds the problem. ~75% may have support but only ~half know it, and only 18.5% have ever used any.
-  The response the evidence points to is **prevention over crisis-response**: reaching people early, and where the pressure actually is.



1. Wisdom Wellbeing Mental Wealth Index 2026 (YouGov). GB full-time workers; weighted; the region and occupation cross-analyses ("unmet need") are derived by Wisdom Wellbeing from the survey tables; regional sub-samples modest (n=67-277) and indicative. Usage-vs-need direction reflects reverse causation.
2. EAPA UK (Employee Assistance Programme coverage ~75% of the workforce; annual utilisation typically 3-5%).
3. Deloitte, Mental health and employers (poor mental health costs UK employers ~£51bn/yr; average return ~£4.70 per £1 invested).
4. Health & Safety Executive, work-related stress, anxiety or depression statistics, Great Britain 2024/25 (~22.1 million working days lost).
5. Prevention framing consistent with Stevenson/Farmer, Thriving at Work (2017) and the Keep Britain Working agenda (2025-26).

SECTION

06

Closing the gap:
a practical response

This report has shown the UK workforce to be one under uneven pressure and a support system that too often misses the mark. The answer isn't more of the same; it calls for a different operating model entirely. One that targets support where the need is, catches pressure before crisis, and reaches the people least likely to ask but most in need. In this section we turn the findings into a plan that any organisation of any size can act on, giving employers a way to measure where they are today, a sequence to move forward, guidance by size, a targeting framework, and the measures that show it's working.

Target

Match support to where pressure concentrates - by group, life stage and place - not a flat, one-size offer.



Prevent

Shift the centre of gravity from crisis response to early, upstream support that reaches people before breaking point.

Reach

Lower the barrier to help and go to people proactively - especially the groups least likely to ask.



6.1 The strategic shift: from reactive to preventative

Most organisations already have some form of mental health support in place; far fewer have preventative support. It helps to see provision as a maturity journey of four stages, from support that engages people at a point of crisis to support built into the framework of how work happens. The evidence in this report is an argument for moving to the right along it. Most employers, the data suggests, sit around the ‘responsive’ stage, promoting support that still waits to be approached¹.

The workplace wellbeing maturity model

Four stages, from reactive to preventative - locate your organisation, then plan the next move right



6.2 A phased roadmap

Becoming “preventative” requires a programme of change, rather than an instant switch, but it needn’t be expensive to begin.

First 90 days

Diagnose & quick wins

-  Audit where pressure is highest against where support actually reaches
-  Close the awareness gap: make existing support visible and easy to find
-  Baseline awareness and utilisation - broken down by segment, not just overall
-  Signpost help at the moments that matter (onboarding, 1:1s, leave)

3 - 12 months

Build & target

-  Roll out manager capability training on spotting and opening conversations
-  Stand up targeted support for the highest-need groups (see Section 6.5)
-  Extend access to frontline and lower-paid roles
-  Add proactive outreach and low-barrier digital/self-serve routes

12 months +

Embed & prevent

-  Design wellbeing into workload, flexibility and switch-off policy
-  Report to the board against a small set of meaningful measures (see Section 6.6)
-  Track outcomes continuously by segment; review equity of access
-  Iterate - treat prevention as an operating discipline, not a campaign

6.3 For large and corporate employers

Scale is an advantage here if you use the data. Large, multi-site organisations can see the patterns in this report inside their own workforce and act on them precisely. The steps to take are grouped into four key areas.

Data & targeting

- Map internal need against provision, site by site and group by group
- Measure utilisation by segment - the overall figure hides who's missed
- Use the targeting framework (Section 6.5) to direct spend where return is greatest

Access & equity

- Extend support beyond desk-based roles to frontline and shift workers
- Prioritise high-pressure, low-provision sites and regions for investment
- Remove friction - fewer steps, faster routes, anonymous options

Manager capability

- Train the front line to notice pressure and start conversations
- Build wellbeing into 1:1s and everyday management, not an annual survey
- Give managers a clear, simple route to escalate and refer

Culture & prevention

- Review workload, flexibility and the genuine ability to switch off
- Have leaders role-model help-seeking - it licenses everyone else
- Treat prevention as a standing operating discipline with an owner

6.4 For SMEs and regionally-based organisations

Smaller employers may not have a formal programme in place, but the highest-value moves aren't the most expensive, and our regional findings make the case especially sharp for businesses outside the capital.



Close the awareness gap first

With more than a quarter of workers unsure what support they can access, making existing help visible is the cheapest improvement available.

Start with the biggest local pressures

A business in a high-pressure region, for example, the North East, Wales, or the North, operates where anxiety is highest and support thinnest. Therefore, a modest investment there will go furthest.

Prioritise low-barrier, always-on routes

Proactive and self-serving support reaches people quickly without needing large HR functions to run it.

Build the everyday basics

Reasonable workloads, real flexibility and permission to switch off are prevention in themselves, and cost little to implement.

Buy in the scale you can't build

A specialist wellbeing partner gives a small team access to clinical support, digital tools and manager training it could never staff alone.

6.5 A targeting framework: matching support to need

Pulling the findings together, this report points to the five groups carrying the most pressure, setting out for each, where support will do the most good. This is the heart of a data-led strategy; not more provision everywhere, but the right provision where it counts¹.

Where to focus: highest-need groups and the response that fits them

Derived from the Mental Wealth Index findings (Sections 2 - 5)

Group carrying most pressure	What they are carrying	Where to focus support
Women aged 25-54	The highest burnout and anxiety in the workforce; for under-35s, acute money stress too.	Review workload and flexibility; visible, non-judgemental routes to raise a problem; support tailored to early-career and mid-life realities.
Younger workers (under 35)	Heaviest financial pressure and burnout; the least confident at managing everyday stress.	Practical financial wellbeing; stress and resilience skills; regular early-career check-ins before pressure builds.
Younger men (25-34)	Hidden pressure - least able to talk to a manager, lower life satisfaction, distress that stays unspoken.	Low-barrier, proactive and selfserve routes that don't require asking; manager training to open conversations.
Lower-paid workers (C2DE)	More money, sleep and physical-health pressure - yet the least likely to have any support.	Extend access beyond desk-based roles; practical health and financial support; close the provision gap first.
High-pressure regions (North East, Wales, Yorkshire and the Humber, the North)	High anxiety and low provision - the sharpest 'need vs support' mismatch.	Prioritise these sites for investment; start by closing the awareness gap, the fastest low-cost win.

6.6 Measuring what matters

A preventative model must be measured differently from a reactive one. The question is no longer how many crises were handled but how few developed, and whether support is reaching everyone, not just those who are confident or office-based. The below six measures will provide a solid framework.

A wellbeing measurement framework

Move beyond a single utilisation number to a picture of reach, equity and prevention

What to measure	What it tells you	Watch for
Awareness of support	The share of staff who know what help they can access.	The ~ 1 in 4 who don't know - a benefit unknown is a benefit unused.
Utilisation by segment	Who is actually reaching support - by grade, gender, age and site.	An organisation-wide figure that hides under-served groups.
Equity of access	Whether provision is evenly available across roles and locations	Frontline and lower-paid staff, and high-pressure regions, being left out.
Barrier / ease of access	How simple it is to get help, and drop-off before first contact.	Steps, waits or stigma that stop people who have started to reach out.
Manager confidence	How equipped managers feel to spot pressure and open conversations.	Low confidence where disclosure comfort is already lowest.
Leading pressure indicators	Early signals - self-reported pressure, engagement, short absences	Waiting for lagging measures (long-term absence, attrition) to move.

6.7 The role of a preventative wellbeing partner

Building proactive outreach, always-on digital and self-serve routes, manager training, round-the-clock clinical support, and segment-level measurement in house is beyond most organisations. This is where a specialist wellbeing partner earns its place, providing the infrastructure of a preventative model as a service, so employers can focus on the culture and the decisions only they can make.

What a modern, preventative wellbeing partner provides

-  **Proactive outreach**
 Contact and prompts that find people who wouldn't seek help.
-  **Early, everyday support**
 Tools and check-ins that catch pressure upstream.
-  **Low-barrier access**
 Digital, self-serve and anonymous routes, 24/7.
-  **Clinical depth**
 Professional support when early help isn't enough.
-  **Manager enablement**
 Training and guidance for the front line.
-  **Measurement by segment**
 So reach and equity are visible and improving.

This is the thinking behind **Wisdom Super Care** - and, more broadly, the direction UK policy has pointed since Thriving at Work: that prevention and early support, not reaction alone, is how you reach the whole workforce².



6.8 A closing perspective

The pressures highlighted in this report are real and uneven, but crucially, something that employers can act on. The organisations that respond best will be those that stop looking at wellbeing as simply a single benefit and start treating it as something to be targeted, measured and, above all, delivered before the point of crisis. We'll continue to track how the UK's wellbeing outlook changes in future editions of the Mental Wealth Index, and hope to report a workforce being reached earlier, more fairly, and in more of the places that this year's data shows are being missed.

“Prevention is ultimately about capability. Employers can strengthen workforce wellbeing by creating environments where people understand mental health, recognise early signs of difficulty, and feel confident initiating supportive conversations. Mental health literacy is therefore not an additional wellbeing initiative, but a foundation for all others. As such, organisations and their people would benefit most from explicitly embedding relevant wellbeing initiatives alongside other business critical processes.”

Sir Cary Cooper - Chair of the board and Professor of Organisational Psychology

KEY TAKEAWAYS

-  Treat wellbeing provision as a **maturity** journey. Most employers sit at 'responsive' whereas they should be aiming to move toward 'preventative'.
-  Sequence the shift. **Diagnose & quick wins** (90 days), **build & target** (3-12 months), **embed & prevent** (12 months+).
-  Large employers should **map need against provision** and act on four fronts: data, access & equity, manager capability, and culture.
-  The **targeting framework** directs support to five highest-need groups; the **measurement framework** tracks reach and equity, not just cases handled.
-  Most organisations will reach the preventative end-state fastest with a **specialist partner** providing the infrastructure. This is the thinking behind Wisdom Super Care.

1. Maturity model and targeting framework derived from the Wisdom Wellbeing Mental Wealth Index 2026 (YouGov), Sections 2-5. Group priorities reflect the survey's significant findings; regional priorities rest on modest sub-samples and are indicative.
2. Prevention framing consistent with Stevenson/Farmer, Thriving at Work (2017), the Mental Health at Work Commitment (Mind/CIPD), and the Keep Britain Working agenda (2025-26).

The background is a solid teal color. It features several large, overlapping, semi-transparent circular and curved shapes in a lighter shade of teal, creating a sense of depth and movement. These shapes are positioned in the upper left and lower right areas of the frame.

About Wisdom Wellbeing

About Wisdom Wellbeing

Previously known as Health Assured, for years we were best known as an Employee Assistance Programme. A place to turn to in difficult times, with 24/7 counselling at the heart of everything we do.

Over time, we grew into the brand we always wanted to be. We added a **Virtual GP**, so getting medical support didn't mean waiting. **Wisdom Academy**, to build resilience before the hard days arrive. **Occupational Health**, management support, and more. One by one, we became something bigger than a service you call in a crisis.

As Wisdom Wellbeing, our positive impact on staff mental health, stress and wellbeing can be visibly seen in reductions in absence and sickness, increases in productivity and improvement in retention, so business are protected and can thrive.

Our new name simply reflects who we've become.

Wisdom Wellbeing: everything in one place, for everything you and your people carry.

Meet the Wisdom Worry Monster

To tell this story, we needed something you could see. So we made the Wisdom Worry Monster.

This character is worry made real. A small, handmade character who carries the things we all carry. The bills, the buzzing phone, the sleepless nights.

It isn't a mascot. It's all of us, on the days the weight feels like a lot.

There's a gentle truth behind the Worry Monster. When a worry stays inside your head, it can start to feel like part of who you are. But give it a shape, something you can look at, name, and set down for a moment and it becomes something you can manage instead.

Therapists call this externalising, and it's one of the quiet, everyday ways our clinicians help people feel lighter.

The character encourages a compassionate approach to wellbeing. Rather than treating worry as the enemy, the Worry Monster reminds us that worries are a natural part of life and that understanding and working alongside them can help build resilience, confidence and emotional wellbeing.





Appendix

Data tables, methodology and definitions

This appendix sets out the full data behind the report, the definitions used for each measure, how significance was tested, and the caveats a careful reader should keep in mind. It is written to be transparent. Every headline in the report can be traced to a figure shown below.

A.1 National headline indicators

All figures are for GB adults in full-time work, weighted to be representative. Bases vary slightly by question because below calculations are done basis this. DK and PNTS are removed and then the following % are calculated.

Indicator (full-time workers, weighted)	%	Base (n)
Mentally drained 'always' or 'often' (burnout)	44%	1,786
Six hours' sleep a night or less	49%	1,800
On the anxious end of the 0-10 scale (0-4)	39%	1,786
Any money stress (23% 'a lot')	59%	1,769
Not comfortable raising mental health with a manager	42%	1,711
Not optimistic about the year ahead	35%	1,638
Not confident managing daily stress	26%	1,732
Work-life balance 'unsuccessful'	17%	1,786
Know they can access workplace mental health support	47.5%	1,704
Don't know whether they can access support	26.9%	1,704
Have no workplace support	25.6%	1,704
Have ever used workplace mental health support	20%	1,717

Source: Wisdom Wellbeing Mental Wealth Index 2026 (YouGov).

'Anxious end' = a score of 0-4 on a 0-10 comfort scale; 'not comfortable', 'not confident' and 'unsuccessful' are net-negative categories. Awareness and use items asked of the sub-sample shown the support question (n=1,704).

A.2 Key measures by gender and age

The single most important table in the report: it shows how the same national averages pull apart once gender and life stage are read together. Cells shaded purple mark the highest value in each row; teal marks the lowest.

Measure (weighted %)	Women					Men				
	18-24	25-34	35-44	45-54	55+	18-24	25-34	35-44	45-54	55+
Mentally drained 'always/often'	46	54	53	52	47	39	39	38	34	35
On the anxious end (0-4)	44	37	45	49	42	33	41	37	32	29
Six hours' sleep or less	29	39	46	44	57	37	47	50	48	61
Seriously money-stressed ('a lot')	25	32	23	25	22	21	25	23	15	12
Not comfortable w/ manager	44	41	35	44	40	33	47	40	39	35
Low life satisfaction	13	15	17	23	15	18	21	19	18	20
Base (weighted, approx.)	49	219	230	254	138	52	213	299	237	230

Source: MWI 2026 (YouGov). Weighted percentages. Bases for the 18-24 bands are small (women n=49, men n=52) and those columns should be read as indicative rather than precise — see A.6.

Differences of roughly 8-10 percentage points or more between larger groups are generally significant at the 95% level.

A.3 Key measures by region

Regions are the five English super-regions plus Wales and Scotland, as supplied in the survey banner. Purple marks the highest value in each row, and teal the lowest.

Measure (weighted %)	North	Midlands	East	London	South	Wales	Scotland
On the anxious end (0–4)	45	33	41	30	39	46	39
Not optimistic re future	35	35	35	22	29	28	29
Mentally drained ‘always/often’	46	40	45	40	44	41	41
Six hours’ sleep or less	46	46	51	47	49	54	48
Seriously money-stressed	22	24	21	23	22	21	17
Not comfortable w/ manager	38	40	46	39	37	49	44
Have access to support	44	46	54	54	48	42	46
Base (weighted)	418	311	156	241	467	82	146

Source: Wisdom Wellbeing Mental Wealth Index 2026 (YouGov).

‘Anxious end’ = a score of 0–4 on a 0–10 comfort scale; ‘not comfortable’, ‘not confident’ and ‘unsuccessful’ are net-negative categories. Awareness and use items asked of the sub-sample shown the support question (n≈1,704).

A.4 Support: awareness, provision and use

The support gap is the thread running through the report — widespread pressure meeting patchy awareness of help. These tables give the underlying figures.

A.4.1 Awareness of support, by group

Group	Know they can access support
London (region)	54.2%
Higher-paid (ABC1)	54.7%
National average	48.2%
Younger workers (18–24)	37.5%
North East (region)	38.5%
Lower-paid (C2DE)	37.2%

A.4.2 From provision to use

Stage	%	Source
London (region)	≈75%	Industry estimate (EAPA)
Higher-paid (ABC1)	47.5%	Mental Wealth Index
National average	18.5%	Mental Wealth Index

A.4.3 Distress among those who have vs have not used support

Measure (weighted %)	Have used support	Have not used
Severely anxious	5.5%	2.2%
Not confident managing stress	30.8%	23.5%
Mentally drained ‘always’	19.2%	11.2%
Seriously money-stressed	26.5%	20.2%
Sleep ‘always’ disrupted	7.0%	3.6%

Source: MWI 2026 (YouGov) except provision availability, which is an external industry estimate (Employee Assistance Professionals Association). The higher distress among people who have used support reflects, in large part, that those under more pressure are more likely to seek help — it should not be read as support causing harm (see A.6).

A.5 Methodology and significance

A.5.1 Fieldwork and sample

The Mental Wealth Index 2026 is based on an online survey of GB adults conducted by YouGov, with fieldwork carried out between 7 and 9 July 2026. The analysis in this report is restricted to respondents in full-time employment, a base of approximately 1,821 workers, with individual questions ranging from about 1767 to 1821 depending on how many respondents were shown or answered each item. Results are weighted to be representative of the GB working population by the standard demographic factors used in YouGov's sampling.

A.5.2 How each measure is defined

Awareness of support

Whether the respondent believes they can access mental-health support through their employer 'yes', 'don't know', or 'no support'.

Money stress

'Any' combines 'a lot' and 'a little'; the headline 'seriously money-stressed' figure is 'a lot' alone.

Not comfortable with a manager

'Not very' or 'not at all' comfortable raising mental health with their manager, excluding the self-employed.

On the anxious end

A self-rated score of 0–4 on a 0–10 scale where 0 is completely anxious and 10 completely relaxed. 'Severely anxious' (used in A.4.3) is 0–2.

Short on sleep

Reporting six hours of sleep a night or less (the 'less than 4' and '4–6 hours' bands combined).

Burnout / mentally drained

Answering 'always' or 'often' to how frequently the respondent feels mentally drained by work.

A.5.3 Significance testing

Comparisons between groups were tested using a two-proportion z-test at the 95% confidence level. As a rough guide for the larger subgroups in this report, a difference of about 8–10 percentage points or more is unlikely to be a chance result; smaller gaps, and any gap involving the small 18–24 bases, should be treated as suggestive rather than firm. Correlations between regional measures (for example anxiety against access to support) are reported as Pearson's *r* across the seven regions and, with only seven points, are indicative of direction and strength rather than precise.

A.6 Caveats and how to read the data

Three cautions matter for anyone quoting these figures

Small bases

The youngest age bands (18–24) and Wales rest on small samples. Where the report draws on them, it says so, and treats them as indicative. Readers should not quote a single 18–24 cell as a precise national figure.

Use does not cause distress

People who have used workplace support report higher distress than those who have not (A.4.3). This is a selection effect, those under the most pressure are the most likely to reach for help, not evidence that using support makes things worse. The direction of cause runs from distress to use, not the other way.

The London finding

On several of our workplace measures London's full-time workers look relatively better off, whereas broader national datasets often show London's general population faring worse. The likeliest explanation is composition: London's full-time workforce is younger, higher-paid and better-provided-for than its population as a whole. We report what the workplace data shows and flag the tension rather than smoothing it over.

A.7 A note on terminology

The survey question on workplace provision asked specifically about access to, and use of, an Employee Assistance Programme (EAP), the established industry term. Throughout this report we describe this more broadly as a **workplace mental health and wellbeing solution**, because the support employers now need extends well beyond the reactive, telephone-first model the term ‘EAP’ was coined for. Where a figure derives directly from the survey’s EAP question, chiefly the awareness, access and use numbers, it measures provision as respondents understood that term. Wisdom Wellbeing’s own position, set out in Section 6, is that effective support today is more than an EAP: it is preventative, proactive and continuous, not only a service to call once something has gone wrong.

A.8 About the Mental Wealth Index

The Mental Wealth Index is Wisdom Wellbeing’s annual measure of the state of Britain’s working mind: a single, repeatable read on how the workforce is coping across mind, body, work and money, and on whether people know where to turn for help. Run each year on a consistent basis, it is designed to track not just how workers feel in a given summer, but how the national picture shifts over time, and where employers are closing, or widening, the gap between the pressure people carry and the support they can reach.

A.9 About Wisdom Wellbeing

Wisdom Wellbeing is a workplace mental health and wellbeing partner to thousands of UK organisations, from large employers to small and growing businesses. Its clinical model is built around prevention as well as response, helping people before pressure becomes crisis rather than only after, and is overseen by a clinical board that brings together senior clinical and academic expertise in workplace mental health. Wisdom Super Care extends this into proactive, preventative support: spotting need earlier, reaching people who might otherwise never come forward, and helping employers turn a support programme that is available into support that is known, trusted and used. The data in this report, widespread pressure meeting patchy awareness, is the gap that preventative model is designed to close.

All Mental Wealth Index figures: Wisdom Wellbeing Mental Wealth Index 2026 (YouGov). GB full-time workers; fieldwork 7-9 July 2026; figures weighted; bases as stated per table. External reference: provision-availability estimate from the Employee Assistance Professionals Association (EAPA UK), typical programme coverage and utilisation. This appendix is a working draft for internal and YouGov review. Base sizes marked ‘approx.’ are indicative and to be confirmed against the final weighted data file. This research uses data from an online survey conducted by YouGov in July 2026. The total sample size was 4249 GB adults aged 18+ out of which 1821 are full-time workers. Fieldwork was undertaken online during 7-9 July 2026. All figures have been weighted and are representative of all GB adults. The figures presented from the online surveys have been analysed independently by “Health Assured”. The views expressed here are not the views of YouGov

