THE FOUNDATION REPORTS

MENTAL HEALTH FOUNDATION

The state of mental health inequality in the UK

Full report

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Acknowledgements

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Foreword

This new landmark report shows that we are in a mental health crisis, that it is getting worse, and it is hitting young people especially hard. Building on a growing body of evidence from recent years, *The Foundation Reports: The state of mental health inequality in the UK* shows a huge decline in the nation's mental health, and a widening gap in mental health inequality.

What marks this report out as different is that it's not a snapshot or opt-in survey. It is based on longitudinal data, tracking the mental health of 40,000 people over time. It draws from a large, nationally representative sample with rigorous data quality measures. And it is UK-wide data, unlike many other data sets which focus on individual home nations. All this means that we can have significant confidence in the research and what it tells us about shifts in mental health over time, as well as the differences and similarities between the four nations of the UK. We plan to track trends using the same dataset in the future, to maintain this clear picture of change and trends.

Alongside the data analysis, the team at the Mental Health Foundation has considered the big societal and economic shifts that have had an impact on mental health inequality during this period, as well as the national and devolved policies that may have helped or undermined mental health of the communities at greatest risk. Widening inequality in population mental health cannot be separated from the convergence of austerity, the pandemic and the cost-of-living crisis and the context of widespread and unregulated social media use.

What's clear from the evidence is this: Now is the time for action. This must include action to prevent poor mental health, because we cannot just treat our way out of this crisis. Mental health is in danger of being put in the 'too hard' box by policy makers, and left out of the much-needed shift to prevention that we are seeing from government at a central level.

Now is the time for action

We cannot allow this to happen. The individual and societal costs of poor mental health are too huge to ignore. This report lays bare why failing to take action would be such a grave mistake and missed opportunity, one that risks dividing the country into 'haves' and 'have nots', where some groups live with good mental health, and others are consigned to a life of preventable suffering. What's needed is a bold new vision for mental health and an implementable plan for prevention.

We hope that this research series will be a useful contribution to policy debate for years to come.

Executive summary

Mental health in the UK has worsened over the past 15 years. But this picture is not shared evenly across society. In *The Foundations Reports* (2026), we demonstrate how mental health inequalities – systematic, avoidable and unfair differences in mental health outcomes – have widened within and between the four UK nations, driven by growing social and economic disadvantages faced by particular groups.

This flagship report presents new analyses of mental health trends across England, Scotland, Wales and Northern Ireland from 2009 to 2024, using data from *Understanding Society: The UK Household Longitudinal Study.*

Longitudinal data (which tracks the same individuals over time, rather than surveying new people), provides a robust estimate of changes in mental health. Using a consistent measure of poor mental health across all four nations, this analysis is the first to directly compare national mental health trends over the past 15 years alongside an interpretation of what is driving those differences. The report identifies where mental health gaps are widest and how changes in key social determinants help explain worsening outcomes.

Our analysis is grounded in the Mental Health Foundation's evidence-led focus on prevention. Drawing on findings from our recent study, *Tackling mental health inequalities in the UK: expert consensus on priority areas*, we examine how UK and devolved nation policies relating to the social determinants of mental health – including financial insecurity, housing safety, income, loneliness, exposure to violence and access to support – have shaped mental health inequalities across the UK.

What trends in mental health did we observe?

Across the UK, the proportion of adults experiencing poor mental health has risen sharply over the past two decades. **In 2023/24, around one in four adults (14 million people) were identified as experiencing poor mental health – the highest level recorded in this dataset.** Since 2009/2010, the number of people experiencing poor mental health has increased by around 4.8 million people.

While all four nations now show similarly high levels, their paths to this point have differed:

- **Wales stands out for its recent divergence from the rest of the UK** in levels of poor mental health. Since the pandemic, mental health in Wales has deteriorated more sharply than in the other nations, creating one of the widest gaps observed in the time series.
- **Northern Ireland recorded better-than-average mental health** for much of the past decade. However, this advantage has narrowed rapidly in recent years, following a sharp rise in poor mental health since 2021/22.
- **England and Scotland have followed broadly similar trajectories, with mental health deteriorating steadily** over time and worsening sharply since the late 2010s. Both now report historically high levels of poor mental health.

Looking back over time reveals meaningful and sustained differences in national trends, underlining the importance of long-term, structural factors rather than short-term fluctuations.

What causes unequal mental health?

Financial insecurity

Across all nations and demographic groups, financial insecurity is by far the strongest driver of mental health inequality. Financial hardship undermines mental health directly through chronic stress, debt and insecurity, and indirectly by increasing exposure to other harms such as poor housing, insecure work, social isolation and reduced access to services.

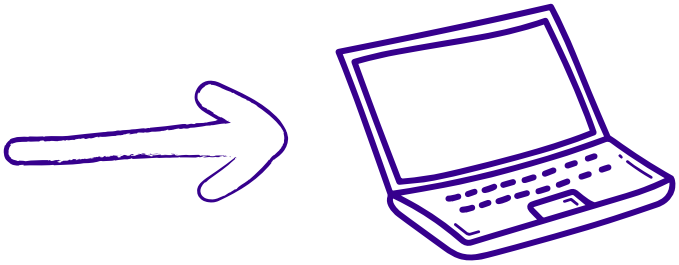
More than half (54%) of people who are struggling financially are experiencing poor mental health; they are more than three times as likely to experience poor mental health as those who are financially comfortable. This gap has widened substantially over time, peaking during the pandemic and remaining historically large during the cost-of-living crisis.

Young people and women are increasingly at risk

Age and gender-related mental health inequalities have widened in recent years. **Nearly one in three 16-24 year olds (31%) and over one in four women (28%) were identified as experiencing poor mental health.**

Young people now experience substantially worse mental health than older adults. This age gap has widened sharply since the mid-2010s, reflecting reduced investment in youth services, growing employment precarity, rising living costs and the disproportionate impact of the pandemic on younger generations.

Women also consistently report higher levels of poor mental health than men, and the gender gap has widened over time. Gendered exposure to financial insecurity, unpaid caring responsibilities, violence and discrimination helps explain this pattern, which is sharpened during periods of austerity and economic crisis.



What is driving these trends?

The widening of mental health inequalities across the UK cannot be separated from three major societal shocks:

01 **Austerity:**
A decade of austerity, from 2010 until 2019, reduced investment in the services and supports that protect mental health, hitting disadvantaged communities hardest.

02 **The COVID-19 pandemic:**
The COVID-19 pandemic from 2020 to 2021 intensified existing inequalities, with mental health worsening most among groups already facing disadvantage.

03 **The cost-of-living crisis:**
The ongoing cost-of-living crisis has deepened financial insecurity, pushing more households into hardship and eroding resilience across the population.

Clear shifts in the digital environment across this period (smartphone penetration, internet use and social media) are likely driving worsening population mental health as well. Distressing and harmful content, online victimisation and harassment are alarmingly common and may disproportionately harm young people and women.

Each of these forces has shifted the social determinants of mental health in the wrong direction, widening gaps between people, places and communities.

While these pressures are shared, each nation also has a distinct context for the levels of poor mental health they experience:

- **In Wales**, long-standing socio-economic deprivation, lower wages and pressure on public services have compounded the mental health impacts of the pandemic and rising living costs.
- **In Northern Ireland**, a legacy of conflict, combined with low wages, rising costs and political instability, provides an important backdrop to recent deterioration, despite historically stronger community protections.
- **In Scotland**, sustained policy ambition on prevention has been constrained by poverty, housing pressures and the legacy of austerity.
- **In England**, high regional and socio-economic inequality, alongside fragmented systems and underinvestment in prevention, continue to drive poor outcomes.

OUR PROPOSALS FOR CHANGE

The evidence in this report is clear: Reducing mental health inequalities requires action on financial insecurity and the wider social determinants of mental health.

Action must be taken on a UK-wide basis, embedding mental health in all policies, with a renewed focus on poverty reduction, safe work, adequate incomes and affordable housing as core mental health interventions. The UK government must fund prevention in its areas of responsibility, measure outcomes and support preventative policies across the nations.

In Wales, the Welsh government must take cross-government action on poverty and financial hardship, supported by clearer accountability and data on prevention.

In Northern Ireland, measures that reduce financial insecurity should be protected and expanded, while the Executive must focus on improving stability in public services and adopt a Mental Health in All Policies approach.

In Scotland, the Scottish Government must move towards protected, transparent funding for mental health prevention and accelerate action on poverty and housing.

In England, the Department of Health and Social Care must drive a shift from a system focused primarily on treatment to one that invests meaningfully in prevention, tackling financial insecurity and regional inequality.

Action must also be taken on a UK-wide basis, embedding mental health in all policies, with a renewed focus on financial security, safe work, adequate incomes and affordable housing. Central government must also fund prevention properly, measuring outcomes and instilling preventative policy across all departments.

Mental health inequalities are not inevitable. Reversing current trends and achieving the Mental Health Foundation's aspiration of a nation where everyone can enjoy good mental health will require coordinated, sustained policy action. The conditions in which people live, work and grow must change – and prevention of poor mental health must be placed at the heart of decision-making across the UK.

Introducing The Foundation Reports

Mental health in the UK is getting worse.

The NHS *Adult Psychiatric Morbidity Survey* shows that rates of common mental health conditions have increased in England from 17.6% in 2007 to 22.6% in 2023/2024.[1] The NHS *Our Future Health* study reveals that one in six people in the UK have been diagnosed with depression, and one in seven have been diagnosed with anxiety.[2]

Advances in research and open access data practices are making it easier to track how mental health is changing, creating new opportunities for rapid evidence-based decision-making to tackle issues as they emerge. One area requiring greater attention is trends in **mental health inequalities** – that is, how the gap between geographic and demographic groups is widening or narrowing, and the factors that contribute to different outcomes for different population groups.

The Foundation Reports is an ambitious project which aims to provide much needed evidence on the state of mental health inequalities within the UK.

The Foundation Reports is an ambitious project which aims to provide much needed evidence on the state of mental health inequalities within the UK, and recommendations for decision-makers to reverse troubling trends. Using data from the *Understanding Society* study [3], the Mental Health Foundation set out to map and track mental health inequalities within and between the four nations, providing vital new insights into the landscape of mental health in the UK.

The result of our research is a new dataset on mental health inequality from 2009 to 2024, which anyone can use for their own research. We've highlighted key findings from the data in this report, paying particular attention to the **social determinants** of mental health: the social, physical and economic conditions that impact us across our lifespan.[4]

This report deliberately focuses on prevention rather than mental health services, reflecting the Mental Health Foundation's expertise in addressing the social determinants that influence mental health outcomes across the population. We've considered the policy decisions that have impacted population mental health and inequalities, and set out our calls to action for policy-makers across the UK to create positive change.

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2. Revealed: what our data says about the UK's mental health. NHS Our Future Health. June 20, 2025. Accessed April 21, 2026. https://ourfuturehealth.org.uk/news/2025-mental-health-statistics/
3. University of Essex, Institute for Social and Economic Research. (2025). *Understanding Society*: Waves 1-15, 2009-2024 and Harmonised BHPS: Waves 1-18, 1991-2009. [data collection]. 20th Edition. UK Data Service. SN: 6614, DOI: http://doi.org/10.5255/UKDA-SN-6614-21
4. Social determinants of mental health. World Health Organization. May 18, 2014. Accessed April 21, 2026. https://www.who.int/publications/i/item/9789241506809

The Understanding Society study

The Foundation Reports analysed quantitative data from the *Understanding Society* study, which is the largest longitudinal household panel survey in the UK.[5] The study recruited a representative sample of 40,000 households across the four nations and collected data from everyone in these households each year. Understanding Society officially began in 2009, building on the British Household Panel Survey, which ran from 1991 to 2009.

Methods

In *The Foundation Reports*, we analysed *Understanding Society's* data from people aged 16 and over to ascertain levels of mental ill health over time. To define mental health, we used the General Health Questionnaire (GHQ-12), which assesses how well someone has been feeling and functioning in the past few weeks.[6] The GHQ-12 is sometimes used by GPs in the UK to evaluate the impact of mental health conditions on a person's life, as it includes questions about our ability to enjoy our usual activities, concentrate, overcome difficulties, and feel happy, useful and confident. We set a cut off of four to identify poor mental health, the same cut off score used by the *NHS Health Survey for England*[7], the *Scottish Health Survey*[8], and the *Northern Ireland Health Survey*.[9]

The most recent *Understanding Society* dataset was released in December 2025 and includes data collected up through 2023/2024. The 2023/2024 data includes a total of 40,952 people aged 16 or older across the UK: 32,656 in England, 3,597 in Scotland, 2,389 in Wales, and 2,310 in Northern Ireland.

Research strengths and limitations

The analyses we present in this report are new, original research findings that have not been reported elsewhere. *The Foundation Reports* is able to draw direct comparisons between nations with confidence and find statistically significant differences that are true reflections of the population. The use of a longitudinal dataset that tracks individuals over time, rather than surveying a new sample each year, provides a more valid estimate of changes in mental health. Confidence in this research is further strengthened by *Understanding Society* being a large, nationally representative sample with rigorous data quality measures, and the use of statistical weights in our data analyses to make population estimates more accurate.

However, as with all research, there are limitations. The GHQ-12 provides a snapshot of poor mental health when the data were collected. Therefore, findings in *The Foundation Reports* might not necessarily align with national mental health data reported from other sources because each project may collect data in different ways, using different measures, and at different times. For example, the NHS *Adult Psychiatric Morbidity Survey* uses a diagnostic interview (the CIS-R) to identify common mental health disorders, which leads to a different estimate than the GHQ-12 for levels of poor mental health.

Rising levels of poor mental health may also be partly due to changes in cultural norms about mental health, as greater mental health awareness and lessening mental health stigma may make some people more willing to say that they are struggling (and more likely to seek support).

Throughout this report, we draw on other research publications to understand the trends we see in the *Understanding Society* data. Differences across the four nations in government reporting and research methods result in different sources sometimes providing conflicting information.

5. *Understanding Society*: The UK Household Longitudinal Study. Institute for Social and Economic Research (ISER), University of Essex. Accessed April 21, 2026. https://www.understandingsociety.ac.uk/
6. This research focuses on population wellbeing and distress, rather than the prevalence of psychiatric or neurodivergent diagnoses. Readers interested in trends in diagnostic prevalence are referred to the NHS Adult Psychiatric Morbidity Survey.
7. Health Survey for England, 2022 Part 2: Adults' Health. NHS England. September 24, 2024. Accessed April 21, 2026. https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2022-part-2/adult-health#mental-health-ghq-12-
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CHAPTER 1:

MENTAL HEALTH INEQUALITY IN THE UK

Introduction

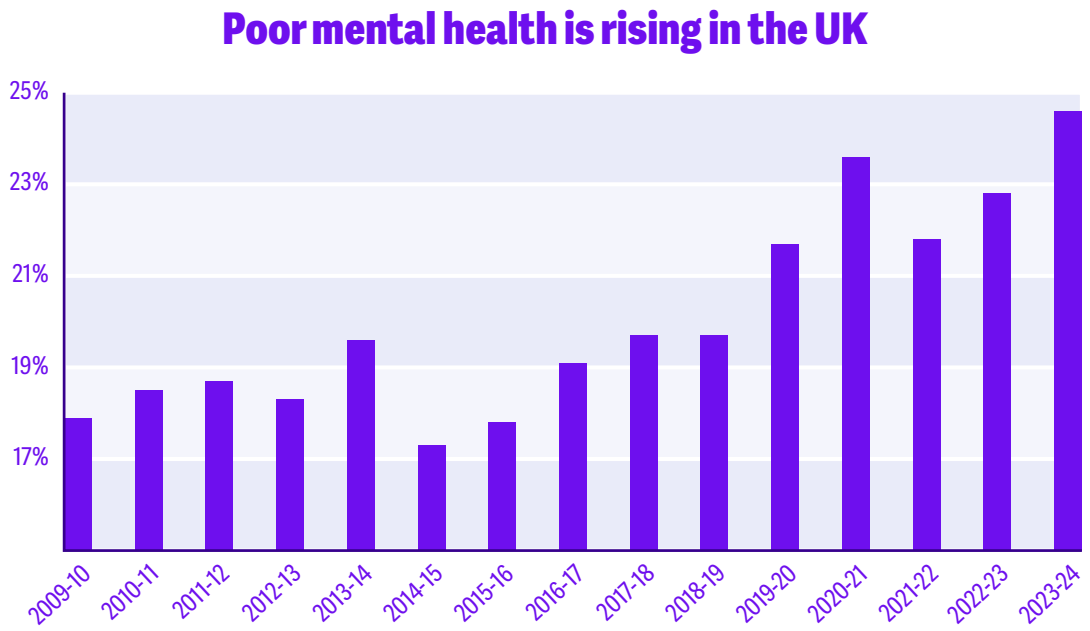


***Figure 1.* UK Mental Health 2009-2024.** Levels of poor mental health across the whole UK adult population. Percentage estimates calculated from the *Understanding Society* dataset based on the GHQ-12 cutoff score of four or more.

There is clear evidence that the UK population's mental health is significantly worse now than it was 15 years ago.

Our analyses of the *Understanding Society* dataset (Figure 1) found that around **one in four adults** in the UK experienced poor mental health in 2023/24 – the highest levels ever recorded in this dataset. The proportion of the UK population experiencing poor mental health significantly increased from 17.9% in 2009/2010 to 24.6% in 2023-2024. This means that around **14 million people now experience poor mental health – an increase of 4.8 million people compared to 2009/10.**[10]

The data show population mental health was best in 2014/15, when fewer than one in five people were identified as having poor mental health. Yet poor mental health gradually rose over the following years. There was a steep increase after 2018/19, and levels spiked significantly in 2020/21 during the COVID-19 pandemic. Poor mental health returned to pre-pandemic levels in 2021/22 but has risen significantly since then.

But that's not the whole story. When we look at the UK as a whole, we obscure the reality that some population groups are more likely to experience poor mental health than others. Mental health inequalities are systematic, avoidable and unfair differences in mental health outcomes between groups – disadvantage is not evenly distributed in UK society, but follows clear patterns across geography, age, gender and socio-economic position. We need to dig deeper into the data to understand where and for whom inequalities are largest, and how these inequalities have widened or narrowed over time. This will allow us to target preventative action for the people and communities in greatest need.

1. Appendix Table 1

Why are mental health inequalities widening in the UK?

Austerity, the pandemic, and the cost-of-living crisis have moved key social determinants of mental health in the wrong direction.

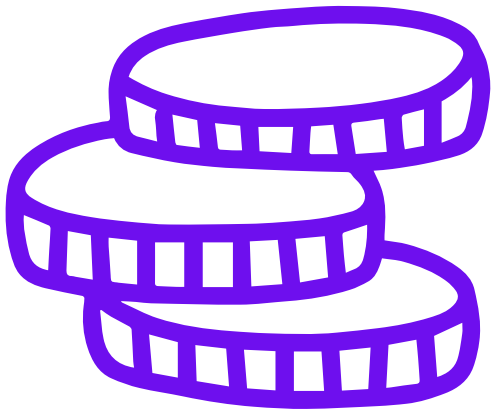
In 2025, the Mental Health Foundation released its first publication in The Foundation Reports research series – a Delphi study which found expert consensus on the most pressing and actionable social determinants for tackling mental health inequalities in the UK.[11]

The report set out six factors, which we call 'social determinants', that represent the strongest drivers of mental health inequalities, as well as the greatest opportunities for positive change. These are:

- **Financial insecurity**
- **Housing safety**
- **Identity-based violence**
- **Earning a liveable income**
- **Loneliness and social isolation**
- **Availability of mental and physical health support.**

These factors are strongly related to mental health outcomes and mental health inequality in the UK, as the Delphi report describes in detail. Trends in these social determinants can also help us understand the rising levels of poor mental health we see in Figure 1. For example, levels of financial and housing insecurity have increased sharply in recent years. In 2022/23, one in two people in the UK were financially insecure, and one in four were housing insecure.[12] NHS waiting lists have also grown dramatically over the past decade.[13] Further, levels of loneliness climbed during the pandemic and have remained elevated.[14]

In addition, rapid changes to the online environment are likely affecting the population's mental health. 89% of the UK population uses the internet[15], and the vast majority use social media.[16] Distressing, misleading and dangerous online content is a pressing issue, including misogynistic material[17] and suicide and self-harm related content[18], as is online victimisation, which has been directly associated with multiple mental health problems in young people.[19]



It is important to distinguish between demographic differences in mental health outcomes and the social determinants that drive those differences. Characteristics such as gender, age, ethnicity or disability status are not, in themselves, determinants of mental health. Rather, these characteristics are associated with uneven exposure to the social determinants that increase risk or provide protection. For example, as we will discuss later in this report, women experience higher levels of poor mental health than men, not because being a woman is a cause of poor mental health, but because women are disproportionately exposed to risk factors such as financial insecurity and gender-based violence. Understanding this distinction is crucial for prevention: reducing inequalities requires changing the conditions that shape risk, rather than attributing poorer outcomes to personal or demographic characteristics.

In their analysis of *Understanding Society* data, the London School of Economics discovered a recent rise in the number of people experiencing insecurity in more than one area of their life.[20] This includes combinations of money, work, housing, food, health and care insecurity. Levels of co-existing insecurities began rising in 2015/16 and spiked in 2020/21, mirroring the year-on-year trends in poor mental health we see in Figure 1. Rising levels of co-existing insecurities were not experienced equally across the population; people who are sick or disabled, unemployed, lone parents or living in economically deprived areas were most likely to experience insecurity across multiple areas of their lives.

What has caused this rapid change in the wellbeing of the UK population? The drivers of these trends are complex, but evidence from a range of sources points to three societal factors that have caused widespread harm: austerity, the COVID-19 pandemic, and the ongoing cost-of-living crisis.

As we will demonstrate throughout this report, these factors have pushed the social determinants of mental health in the wrong direction, widening geographic and demographic inequalities and driving an increase in poor mental health across the UK.

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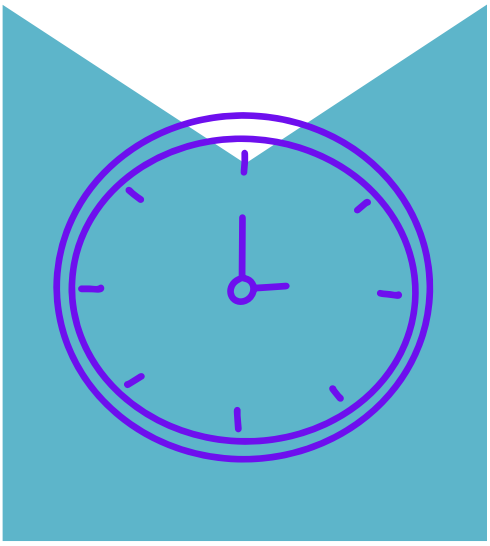
Timeline of factors driving UK population mental health inequalities (2009-2026)

Austerity (2010-2019)

Following the 2008 financial crisis, austerity policies cut public spending across the UK – including in youth services, social care, and community services – resulting in a dismantling of social infrastructure that is preventative of poor mental health. The impact of austerity has been experienced differently across the UK, driving widening mental health inequalities and geographic disparities.[21, 22, 23] In many cases, the regions hardest hit by austerity policies were already struggling with high levels of economic deprivation and poor mental health, which these policies exacerbated. As a result, demand for mental health support has risen sharply while services have become increasingly under-resourced to meet the population's needs.[24]



COVID-19 pandemic (2020-2021)

To control the spread of the deadly COVID-19 virus, in March 2020, the UK and devolved governments enforced 'stay-at-home orders' (lockdown), placed legal restrictions on in-person contact (social distancing), and introduced a furlough scheme, which helped prevent redundancies but left some workers living on reduced pay.

The following 18 months were a period of fear and uncertainty for many, with frequent regulation changes as governments responded to the evolving global crisis.[25] This dramatic change to life in the UK profoundly impacted population mental health and contributed to widening inequalities.[26, 27, 28] Communities already at greater risk of poor mental health pre-pandemic showed the largest deterioration in wellbeing, including economically deprived communities, young people, women, racialised communities and people with mental or physical health conditions.[29, 30] At the same time, mental health services experienced major disruptions , leaving many people without access to support.

Cost-of-living crisis (2021-present day)

Prices began rising far faster than wages in 2021, triggering what has become a prolonged cost-of-living crisis.[32] As food, fuel and other essential goods became less affordable, financial insecurity grew unequally across the population. Households in economically deprived areas have been hit hardest.[33] The relationship between financial strain and poor mental health is well established[34], and the cost-of-living crisis has intensified this link. People who were already marginalised or disadvantaged, including racialised communities, disabled people and low-income families, are more likely to report that cost-of-living pressures are harming their mental health.[35] As a result, existing inequalities have deepened, compounding the damage left by a decade of austerity and the unequal impacts of the pandemic.[36]

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Why does societal inequality harm population mental health?

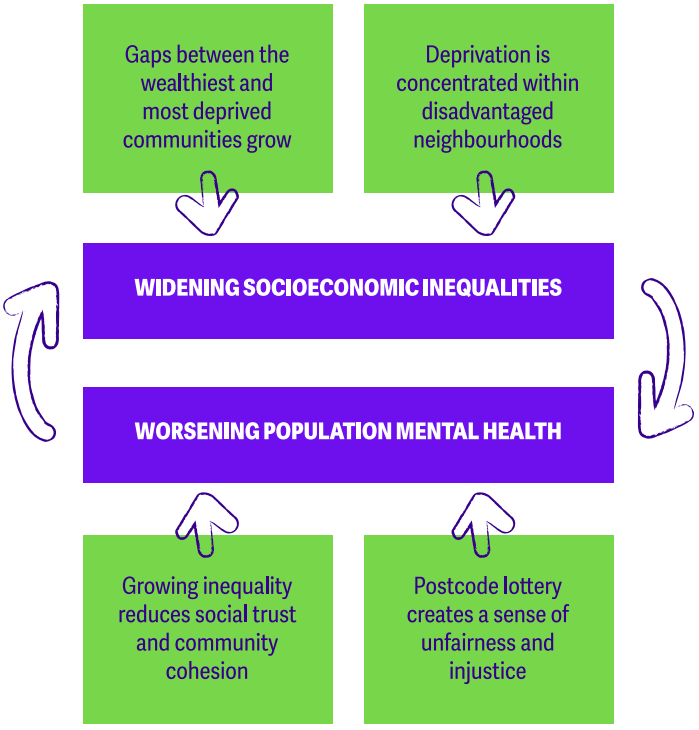
Social fragmentation is harmful to everyone's wellbeing.

Over the past 15 years, austerity policies, the COVID-19 pandemic and the ongoing cost-of-living crisis have widened socio-economic inequalities in the UK. Gaps between the wealthiest and most deprived communities have grown in multiple ways, including in financial wellbeing, employment and housing security, and access to essential resources and services.[37]

There is strong evidence that socio-economic inequality harms population mental health as a whole, not only the mental health of people experiencing deprivation.[38] More unequal societies have lower levels of social trust and cohesion, and higher levels of unhealthy competition, which undermines community cooperation.[39] Socio-economic inequality also tends to concentrate deprivation in particular geographic areas, resulting in large differences between neighbourhoods in housing quality, safety, pollution, access to green spaces, public services and community resources.

When people recognise that life's opportunities are shaped by where they are born and the resources available to them, this creates a sense of unfairness and injustice.[40] Social comparison grows, and disadvantage is increasingly seen in public discourse and political narratives as an individual failure rather than the outcome of structural conditions. These attitudes have tangible consequences in the UK: Mental Health Foundation research found that one in five people living on a low income report 'often' experiencing discrimination or unfair treatment because of their financial situation.[41]

Taken together, inequalities create socially fragmented societies, which is damaging to everyone's mental health. Addressing socio-economic inequalities is therefore not only a matter of social justice, but a necessary condition for improving population mental health across society.



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Why does mental health differ across the four nations?

National differences in government policy, socio-economic conditions, and historical context shape population outcomes.

As a result of the devolved government structure, each UK nation has pursued its own strategy for improving population mental health. These independent priorities and funding decisions have led to differing approaches to prevention, service delivery and support. This has shaped the social determinants that drive mental health inequalities and set each nation on a different trajectory.

Socio-economic conditions are closely tied to mental health inequalities. Some areas of the UK are impacted by higher levels of economic deprivation than others, and these areas tend to have the highest levels of poor mental health.[42] Different economic profiles, poverty levels and labour market conditions in the four nations shape divergent population mental health trajectories, interacting with devolved government strategies, the legacy of austerity and unequal impacts of the pandemic to further widen gaps in wellbeing.

The distinct histories of each nation also shape today's mental health outcomes, with Northern Ireland's experience particularly standing out. Decades of conflict during The Troubles left deep social scars and intergenerational trauma, which continue to influence mental health needs today. In Scotland and Wales, the process of devolving political power followed different social and political paths. As a result, each nation brings its own legacy of stressors, shaping both population mental health and the systems designed to address it.

The following sections will explore how these factors can help us understand mental health inequalities within and between the nations, and set out policy recommendations for each nation to improve mental health in their unique context.

42. Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4. NHS England. November 27, 2025. Accessed April 21, 2026. https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/survey-of-mental-health-and-wellbeing-england-2023-24#

CHAPTER 2:

MENTAL HEALTH ACROSS THE NATIONS OF THE UK

Introduction

The four UK nations have different histories, government policies, and socio-economic conditions, which impact the mental health outcomes of the people who live there.

By comparing mental health trends across the four nations and interpreting similarities and differences within each nation's unique context, we can begin to understand where policies have been working to reduce mental health inequalities and where change is needed. Decision makers will then be better equipped to take informed action that will improve mental health for most people.

In this chapter, we report findings from the *Understanding Society* dataset on mental health trends in each of the four nations, alongside insights on the factors driving these different trends.

Is population mental health different in each of the four nations?

The four nations have followed different trends in population mental health over the past decade. However, in the most recent data, none of the nations significantly differ from the UK average or from each other. This is because mental health has worsened more steeply in some nations than others.

Mental health trends vary across the four nations

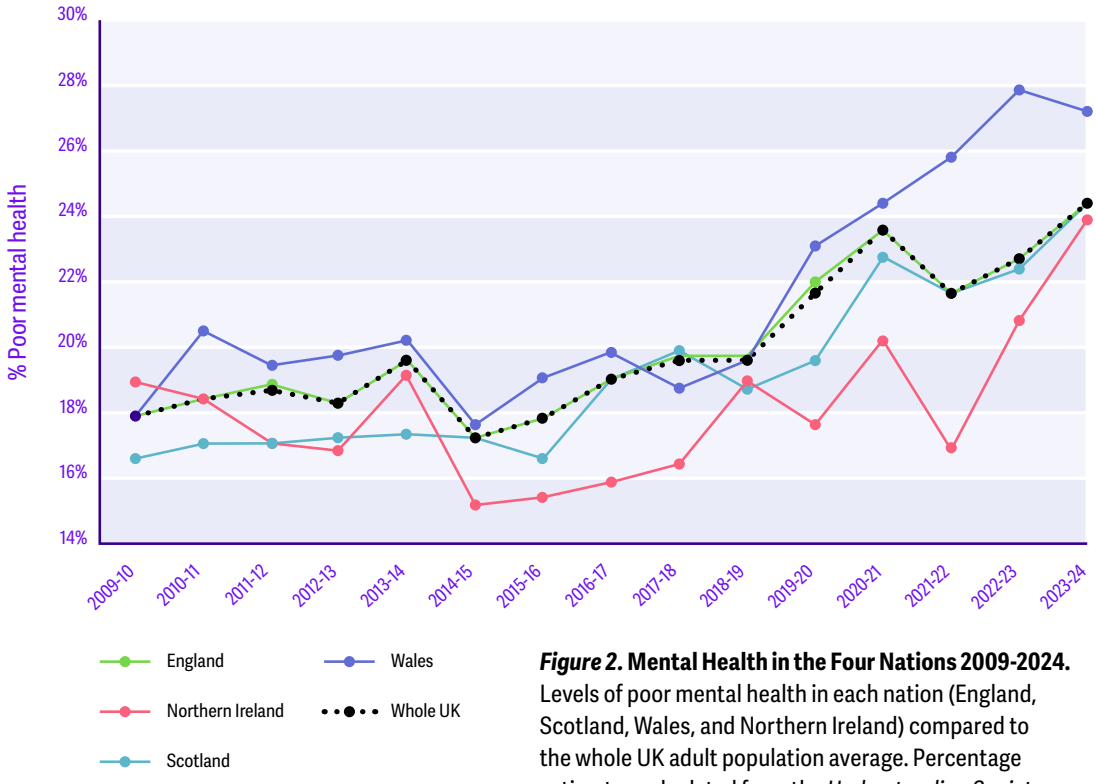


Figure 2. **Mental Health in the Four Nations 2009-2024.** Levels of poor mental health in each nation (England, Scotland, Wales, and Northern Ireland) compared to the whole UK adult population average. Percentage estimates calculated from the *Understanding Society* dataset based on the GHQ-12 cutoff score of four or more.

England, Scotland, Wales, and Northern Ireland have followed strikingly different mental health trends over the past decade (Figure 2).

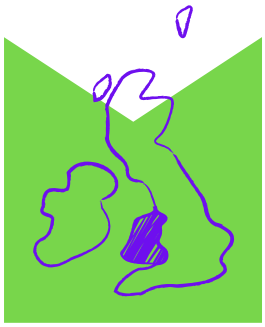
However, based on the most recent data from Understanding Society, none of the four nations significantly differed from the UK population average or from each other. In practice, this means the numbers are close enough that we cannot rule out normal year-to-year fluctuation. In each nation, approximately one in four adults was identified as experiencing poor mental health.

This disconnect between meaningful differences in trends over time and a lack of significant difference in a one-year snapshot is interesting. It highlights the importance of looking back at the societal conditions and policy decisions that have influenced today's mental health. Only in this way can we understand the forces that have shaped the state of the nations. After all, each person's mental health has been affected by their past, including their experiences of hardship, adversity, connection and support. These individual experiences, in turn, are strongly affected by the societal conditions in which we live, work and grow.

The following sections will explore mental health within each nation and how this compares to the rest of the UK. Some key trends illustrated in Figure 2 include:

- **Wales has tended to record worse-than-average mental health, and Northern Ireland has tended to record better-than-average mental health.**
- **Mental health across the four nations was most similar in 2018/19 and changed significantly in the following years.**
- **Mental health inequality between nations was widest in 2021/22, as the UK emerged from the pandemic. This is because poor mental health in Wales continued to rise after 2020/21, while levels declined in the other three nations.**
- **Mental health inequalities between nations have narrowed since 2022, primarily because Northern Ireland has shown a significant worsening of population mental health, bringing levels of poor mental health in line with the other nations.**

What is the state of mental health in Wales?



While mental health trends in Wales were once similar to those seen across the UK, this has changed in recent years. Since the pandemic, population mental health has worsened significantly, widening the gap between Wales and the rest of the UK. In the most recent data, 27.3% of adults in Wales – around 720,000 people – had poor mental health.

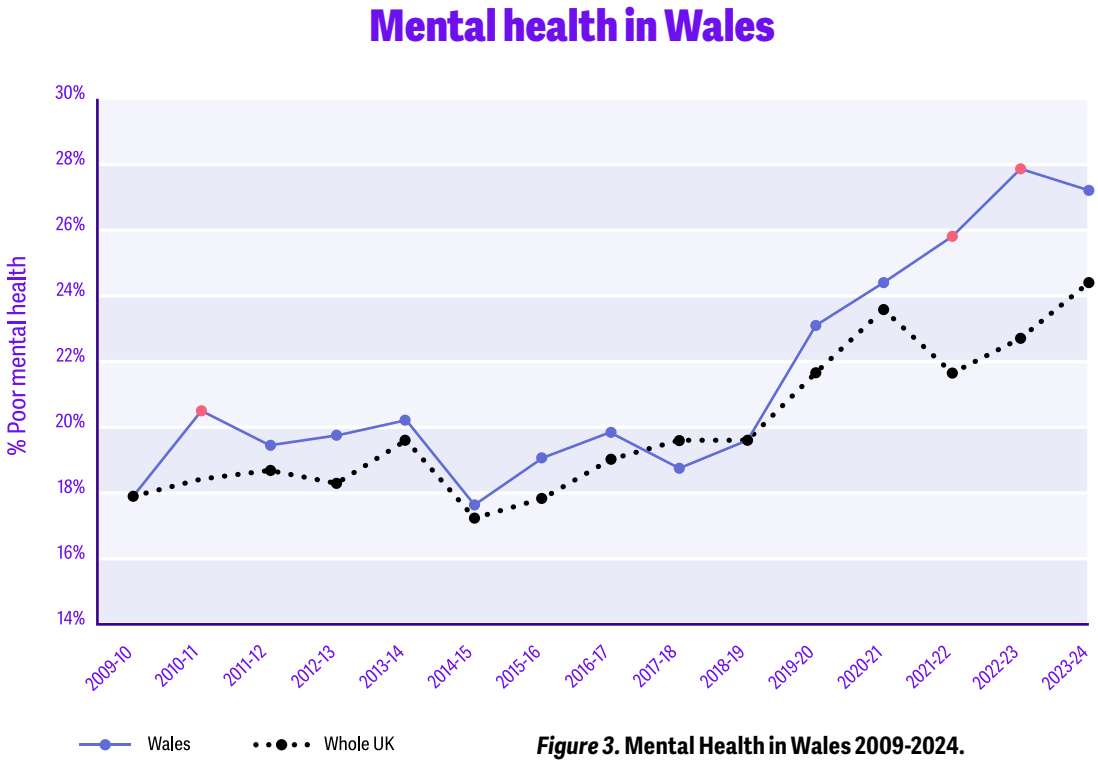


Figure 3. **Mental Health in Wales 2009-2024.** Levels of poor mental health among adults in Wales compared to the whole UK population average. Percentage estimates calculated from the *Understanding Society* dataset based on the GHQ-12 cutoff score of four or more. Pink dots indicate years when levels of poor mental health were statistically significantly higher in Wales than the UK population average.

Wales has recorded higher levels of poor mental health than the wider UK in 13 of the past 15 years (Figure 3). Levels of poor mental health have also recently risen more steeply in Wales than across the UK as a whole. This provides strong evidence that people living in Wales have **worse mental health**, on average, than the rest of the UK.

While the most recent results show Wales reporting higher levels of poor mental health than the UK average, the difference is not statistically significant this year. This does not mean Wales is suddenly doing better; it simply means the latest gap is small enough that it could be due to chance or natural variability in the survey. When we look across the full time series, however, the pattern is consistent: Wales has experienced poorer mental health than the UK overall, and the latest figures are still broadly in line with that trend.

From 2009/10 to 2018/19, poor mental health levels in Wales fluctuated between 17.7% and 20.6%, before increasing sharply and diverging from the UK trend. As shown in Figure 3, the Wales-UK mental health gap widened substantially after 2020/21. While the UK average fell back to pre-pandemic levels in 2021/22, Welsh rates continued to climb. Poor mental health in Wales reached an alarming peak of 28.0% in 2022/23 – 5.2 percentage points higher than the UK average.

Although levels dipped slightly in the most recent data, they still remain higher in Wales (27.3%) than in the UK overall (24.6%).

Based on the latest *Understanding Society* data, **more than one in four adults – around 720,000 people – are experiencing poor mental health in Wales. That's an additional 278,000 people with poor mental health compared to 2009/10.**[43]

More data on mental health in Wales can be found through the Welsh Government.

The numbers in these government sources may not be identical to those from our analysis of *Understanding Society* data. This is normal: each dataset measures the population differently, but all provide useful insights into national trends.

43. Appendix Table 1

What are the key factors impacting mental health in Wales?

High levels of economic deprivation, coupled with a lack of coordinated government action and insufficient financial investment to meet population needs, contribute to high levels of poor mental health in Wales.

Socio-economic inequality

Population mental health outcomes in Wales have been shaped by long-standing socio-economic disadvantage, which has deepened over time despite a relatively stable headline poverty rate. Over the past 20 years, around 21% of the population has lived in poverty. However, deprivation has intensified and levels of 'very deep poverty' have risen to affect nearly half of those living in poverty.[44] This deepening has exposed a growing number of people to chronic stress and material hardship, which contribute to higher levels of distress and mental health difficulties in the population.[45]

Wages in Wales are lower[46] and have grown more slowly[47] compared to the rest of the UK, limiting households' capacity to cope with economic shocks. As a result, the ongoing cost-of-living crisis has had a particularly harsh impact in Wales.

Between 2019 and 2024, the number of people accessing food banks and seeking help for energy debt in Wales rose substantially.[48]

Housing affordability and stability have become growing public health concerns in Wales as costs have risen more quickly than wages.[49]

Additionally, inequalities are compounded by geographic dispersion, poor transport connectivity and barriers to accessing services in both urban deprived and rural areas in Wales.[50, 51] These pressures have heightened financial strain and eroded protective factors for good mental health, worsening mental health outcomes, particularly for low-income households.

COVID-19 pandemic and underinvestment in Wales

Socio-economic vulnerabilities were intensified during the COVID-19 pandemic. The Welsh economy was particularly hard hit compared to the rest of the UK, with a larger share of businesses closing temporarily, a greater proportion of people employed in 'shutdown' sectors and a deeper downturn in manufacturing.[52] This economic shock hit deprived regions hardest and magnified existing structural weaknesses, widening existing inequalities and compounding mental health risks through job loss, income disruption and general uncertainty.[53]

At the same time, the pandemic placed intense pressure on Welsh public services that had already experienced prolonged underinvestment. In 2019, the Wales Centre for Public Policy reported that Welsh Local Government was at a 'tipping point' in terms of financial challenges, as councils experienced an average reduction of 12% in service spending and a fall of nearly £920 million in Welsh Government grants to local authorities since 2009/10.[54] This limited the capacity of councils and community services to respond to rising need during the pandemic. The consequence was a steep increase in levels of poor mental health during the pandemic, with an estimated threefold increase in rates of mental health conditions during the first lockdown.[55]

Together, these factors create a context in which socio-economic stressors are more intense, protective buffers are weaker and public services have less capacity to respond at scale in Wales compared to the rest of the UK. These structural factors can help to explain persistently high levels of poor population mental health relative to the rest of the UK, as we can see in Figure 3.

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55. Rodríguez J. Covid-19 in Wales: the mental health and wellbeing impact. Wales Fiscal Analysis, Wales Governance Centre. July 2021. Accessed April 21, 2026. https://www.cardiff.ac.uk/__data/assets/pdf_file/0010/2533762/COVID-19-Mental-health-FINAL-08-07-2021.pdf

How have policy decisions impacted mental health in Wales?

Welsh policy has increasingly focused on prevention and addressing the social causes of poor mental health. However, impact has been limited by deep-rooted inequalities, funding and workforce pressures, and the sharp rise in demand following the pandemic.

Wales is experiencing a public mental health crisis. Every year since 2018-19, Welsh Government data has shown a decline in Wales' mental health, and this has been driven by an alarming deterioration in the mental health of the most vulnerable and marginalised communities in Wales.[56] This already worrying trajectory was rapidly worsened by the pressure on health services and wider society by COVID-19, with the proportion of the Welsh population reporting a severe mental health problem rising from 11% to 28% over the course of the pandemic.[57]

It is impossible to ignore the impact of deep inequalities in Welsh society on the nation's mental health. Unacceptable levels of socio-economic deprivation – among the worst across the UK's nations – have led to enormous and unfair divergences in the mental health of Wales' communities and produced deep health inequalities.[58]

There has been a growing recognition that to address this situation, the Welsh Government must look beyond frontline service provision and address the underlying social factors that drive Wales' alarmingly high levels of poor mental health.

Wales' shift towards prevention

Over the last fifteen years, Welsh mental health policy has increasingly prioritised prevention. This reflects a broader UK-wide recognition that intervening only at the point of crisis is neither effective nor sustainable, but in particular is a response to the heavy and unsustainable pressure on primary services in Wales.[59]

In Wales, major policy shifts have supported this direction, beginning with the launch of *Together for Mental Health* (2012), which established a cross-governmental approach to mental health in Wales, embedding multi-agency working across sectors including health, housing, education and social care. *The Social Services and Well-being (Wales) Act 2014* strengthened early intervention in communities by placing duties on local authorities to prevent escalation of need and promote people's wellbeing.[60] This was followed by *The Wellbeing of Future Generations (Wales) Act* (2015), which placed a legally binding obligation on public bodies to work collaboratively toward long-term wellbeing goals, supporting a whole-system approach to the determinants of mental health.[61]

Most recently, *The Mental Health and Wellbeing Strategy for Wales 2025-2035*[62] reinforced prevention, early support and reducing inequalities as central strategic pillars for the next decade, highlighting the need for cross-government action on poverty, housing, employment and education, and recognised their profound influence on mental health.

Challenges in turning prevention into practice

Recent policy developments in Wales demonstrate a strong and sustained commitment to prevention, including the expansion of early support services, strengthened cross-sector collaboration and greater focus on the wider determinants of mental health. This preventative direction helped to shape improvements in system design during the decade leading up to the pandemic, finding early progress in population mental health and wellbeing prior to COVID-19[63], as well as evidence of strengthened partnership and cross-governmental working.[64]

However, fully implementing prevention at scale remains challenging, and there is much more work needed to make these commitments translate into results. Despite clear strategic ambition, progress has been constrained by entrenched socio-economic pressures, persistent structural and workforce challenges, a lack of effective data and evaluation and rising demand since the pandemic. These pressures have limited the extent to which policy commitments have translated into improved population outcomes.

Given the overwhelming evidence that social determinants, in particular poverty, exert a substantial influence on mental health outcomes in Wales, strengthening a coherent approach across the entirety of Welsh Government is essential. Prevention cannot succeed within the health system alone; it must be embedded across all policy areas that shape people's daily lives.

It is also difficult to draw causal links between individual policies and current levels of poor mental health in Wales due to longstanding gaps in measurement. Wales has limited information on how much is spent at Welsh Government and health board level on prevention, where this investment is directed and what impact it delivers. To ensure future policy efforts are effective, Wales must improve the collection and publication of data on prevention at both health board and national level. Robust, transparent data is essential for understanding what works, holding the system to account and driving progress toward improved population mental health.

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63. Mental health and wellbeing strategy: integrated impact assessment. Welsh Government. April 30, 2025. Accessed April 22, 2026. https://www.gov.wales/mental-health-and-wellbeing-strategy-integrated-impact-assessment
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Socio-economic inequality, devolution and funding pressures

Structural inequalities also limit the ability to improve population-level mental health outcomes. Wales has higher levels of deprivation, lower household income, and higher economic inactivity than the UK average, which are factors strongly associated with a higher prevalence of mental health problems. A large body of evidence demonstrates that those living in poverty are significantly more likely to experience high levels of stress and poor mental health.[65]

Prevention can therefore only succeed when upstream socio-economic drivers are addressed. Yet many key levers, such as social security, employment policy and taxation, remain reserved to Westminster, requiring the Welsh Government to act within the powers it has to bring about positive change and develop innovative approaches to addressing poor mental health. Meanwhile, Welsh budgets remain under acute pressure, further constraining the implementation of prevention at scale.

COVID-19 and demand for mental health services

Though Wales had made some progress towards addressing the socio-economic determinants of poor mental health through the introduction of preventative policy measures pre-COVID[66], the pandemic sharply reversed pre-2020 advances in this area.

The proportion of people reporting severe mental health difficulties in Wales surged from 11% to 28% during the pandemic.[67]

Today, Wales is still dealing with rising demand for mental health services, with economic conditions placing considerable pressure upon statutory and community services. These pressures have led to a focusing of resources into crisis response, rather than prevention, meaning that policy ambitions have become harder to deliver in practice.[68]

Gaps between strategy and implementation

The Welsh Government's *Mental Health and Wellbeing Strategy: Integrated Impact Assessment*[69] notes that wider challenges exist in the successful implementation of preventative policy measures. These include persistent inequalities in access to services, experiences and outcomes; the continued need to achieve parity between mental and physical health; gaps in the evidence base on what works to support people both in hospital settings and in the community; and the task of delivering a sustainable workforce capable of meeting population needs.

To address the persistent gaps between national policy, local services and frontline care[70], effective cross-sector delivery mechanisms are essential. Public Health Wales's Hapus initiative provides a strong example of such an approach. By bringing together partners from health, sport, culture, environment and civil society, Hapus offers a supportive framework for collaborative working that helps embed prevention in practice. Its model of coordinated, cross-sector action promotes shared responsibility for wellbeing and supports the translation of national preventative ambitions into meaningful local delivery.

65. Mental health statistics: interactive dashboard. Welsh Government. April 2, 2026. Accessed April 22, 2026. https://www.gov.wales/mental-health-statistics-interactive-dashboard-html
66. Mental health and wellbeing strategy: integrated impact assessment. Welsh Government. April 30, 2025. Accessed April 22, 2026. https://www.gov.wales/mental-health-and-wellbeing-strategy-integrated-impact-assessment
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What policy action is needed to improve mental health in Wales?

Preventative ambition must be turned into practice through protected funding, clear accountability, and robust data to measure what works. This must be matched by sustained cross-government action consistently embedding mental health considerations across areas including housing, education and employment.

Wales has taken important steps towards improving mental health, with a strong preventative focus embedded across recent policy. *The Mental Health and Wellbeing Strategy (2025-2035)* sets out a promising direction through commitments to early intervention, cross-government working and addressing the wider determinants of mental health.

However, progress to date has not been enough to stem the rising need. Demand for mental health support continues to grow, inequalities are widening and the post-pandemic spike in poor mental health persists. To ensure prevention becomes a reality rather than an aspiration, further action is essential. The urgency of this shift is underscored by the estimated £4.8 billion annual cost of mental health problems to the Welsh economy.[71]

Resource and accountability for prevention

Without dedicated resources, effective governance and meaningful measurement, prevention cannot deliver the change Wales needs. The Welsh Government and Health Boards must therefore allocate protected, clearly defined prevention funding, supported by a transparent mechanism to ensure accountability and track impact.

Wales does not have a dedicated expenditure category for prevention, and current data on preventative spending is inconsistent and incomplete. Addressing this gap is essential to move prevention from policy aspiration to practical, measurable delivery.

71. McDaid D, Park AL. The economic case for investing in the prevention of mental health conditions in the UK. Mental Health Foundation and London School of Economics. February 2022. Accessed April 22, 2026. https://www.mentalhealth.org.uk/explore-mental-health/publications/economic-case-investing-prevention-mental-health-conditions-UK

Additionally, mental health statistics in Wales are limited, with gaps in available data, fragmentation across the mental health landscape and inconsistent data collection practices insufficient to meet user needs. Though the *Mental Health and Wellbeing Strategy* has proposed the collection of a new Mental Health Core Dataset, barriers to implementation remain (funding, infrastructure and capacity), which must be resolved before meaningful improvement is possible.[72]

Making mental health a cross-government priority

Improving population mental health requires policy coherence across government portfolios, including education, housing, transport, economy and social justice. We therefore welcome the whole government approach to mental health as articulated in the *Mental Health and Wellbeing Strategy*, which recognises that schools, workplaces and communities are critical to supporting wellbeing.

Positive steps are being taken at the national level. For example, from April 2027, a wider range of public bodies will be required to undertake Health Impact Assessments (HIAs) when developing new policies or projects.[73] This shift strengthens the preventative focus across government.

However, ensuring that this strategic direction translates into effective practice will depend on how well cross-portfolio working is embedded in day-to-day decision-making. Earlier examples, such as the collaborative model demonstrated through Public Health Wales's Hapus initiative, highlight the value of coherent cross-sector approaches. The Welsh Government must now rise to the challenge of ensuring that this type of joined-up working is not an isolated example but becomes the norm across government portfolios, supporting more consistent implementation of preventative ambitions.

With clear accountability, proper resourcing and sustained cross-government commitment, Wales can turn preventative ambition into meaningful change for communities across the nation.

72. Review of mental health statistics in Wales. The Office for Statistics Regulation. January 2026. Accessed April 22, 2026. https://osr.statisticsauthority.gov.uk/wp-content/uploads/2026/01/Mental_health_statistics_in_Wales_report_FINAL.pdf
73. Miles J. Written Statement: The Health Impact Assessment (Wales) Regulations 2025. Welsh Government. November 25, 2025. Accessed April 22, 2026. https://www.gov.wales/written-statement-health-impact-assessment-wales-regulations-2025

What is the state of mental health in Northern Ireland?

After a decade of better-than-average mental health, a recent spike drove poor mental health to the highest levels recorded. In the most recent data, 24.0% of adults in Northern Ireland – around 370,000 people – had poor mental health.

Mental health in Northern Ireland

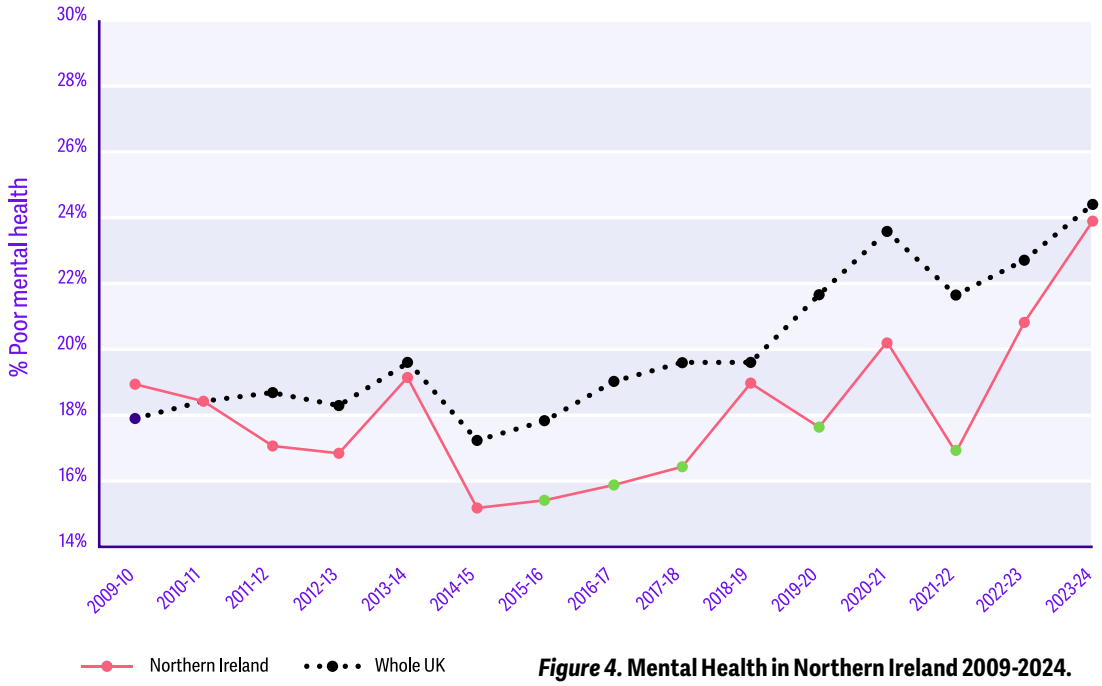


Figure 4. **Mental Health in Northern Ireland 2009-2024.** Levels of poor mental health in Northern Ireland compared to the whole UK adult population average. Percentage estimates calculated from the *Understanding Society* dataset based on the GHQ-12 cutoff score of four or more. Green dots identify years when levels of poor mental health were statistically significantly lower in Northern Ireland than the UK population average.

Our findings suggest Northern Ireland has recorded lower levels of poor mental health than the UK average every year since 2011/2012 (Figure 4). The consistency of this difference supports its validity: there is strong evidence that people living in Northern Ireland reported **better mental health**, on average, than the rest of the UK during this time period.

There was a significant drop in levels of poor mental health from 2013/14 (19.2%) to 2014/15 (15.2%), and levels remained significantly lower than the rest of the UK from 2015/16 through 2017/18.

The largest mental health gap was recorded in 2021/22 when levels of poor mental health were much lower in Northern Ireland (16.9%) than the whole UK average (21.8%) as society emerged from the pandemic.

However, this decade-long trend in better mental health may be ending. In the past few years, while poor mental health increased in the whole UK, it rose much more steeply in Northern Ireland, narrowing the mental health gap. Northern Ireland recorded a significant spike in poor mental health from 16.9% in 2021/22 to 24.0% in 2023/24, bringing levels back in line with the UK average.

Based on the most recent *Understanding Society* data available, **one in four adults (24.0%) – around 370,000 people – are experiencing poor mental health in Northern Ireland. That's an additional 112,000 people with poor mental health compared to 2009/10.**

More data on mental health and mental health inequalities in Northern Ireland can be found through the Department of Health.

The numbers in these government sources may not be identical to those from our analysis of *Understanding Society* data. This is normal: each dataset measures the population differently, but all provide useful insights into national trends.

74. Appendix Table 1

What are the key factors impacting mental health in Northern Ireland?

Post-conflict recovery and low socio-economic inequality have benefitted population mental health, but low wages have made residents especially vulnerable to the ongoing cost-of-living crisis.

Socio-economic inequality

Socio-economic conditions in Northern Ireland may help explain the national differences we see between trends in Northern Ireland and the rest of the UK over time. Poverty levels in Northern Ireland (17%)[75] are lower than the rest of the UK and have declined over the past 15 years[76, 77], reflecting factors such as comparatively lower housing costs and income inequality.[78] These structural features mean that households on low earnings are less likely to fall below the poverty threshold than elsewhere in the UK.

However, while Northern Ireland may be faring better than the rest of the UK in some key areas, there has been a particularly sharp increase in poor mental health from 2022 to 2024 (Figure 4), which may reflect the impact of the cost-of-living crisis.

Within the UK, Northern Ireland has the highest proportion of people in low-wage jobs, making the population particularly vulnerable to rising living costs.[79] Joseph Rowntree Foundation (JRF) analysis shows that between 2021 and 2024, the median weekly household income stood at £635. This is lower than in both England (£664) and Scotland (£644), but higher than in Wales (£616). JRF analysis has also highlighted that financial resilience is low in Northern Ireland; nearly half of the population (46%) have less than

75. Poverty Policy. Department for Communities, Northern Ireland. Accessed May 5, 2026. https://www.communities-ni.gov.uk/articles/poverty-policy
76. Ellison C, McMullen S, O'Hare U. Poverty in Northern Ireland 2025. Joseph Rowntree Foundation. December 4, 2025. Accessed April 22, 2026. https://www.jrf.org.uk/poverty-in-northern-ireland-2025#_-trends-in-poverty
77. UK Poverty 2025: The essential guide to understanding poverty in the UK. Joseph Rowntree Foundation. January 29, 2025. Accessed April 23, 2026. https://www.jrf.org.uk/uk-poverty-2025-the-essential-guide-to-understanding-poverty-in-the-uk
78. Ibid
79. Employee Earnings in Northern Ireland. Economic and Labour Market Statistics, Northern Ireland Statistics and Research Agency. October 29, 2024. Accessed May 5, 2026. https://datavis.nisra.gov.uk/economy-and-labour-market/Employee-earnings-NI-2024.html

£1,500 in savings.[80] Weak financial resilience places households in a precarious position where even a relatively small financial setback can tip a household into crisis.

Research from Mental Health Foundation shows widespread mental health harm in Northern Ireland as a result of the cost-of-living crisis: one in three adults felt anxious about their financial situation, one in four were worried about heating their home and one in five were worried about paying their bills.[81] Levels of poor mental health continue to be much higher in the most economically deprived areas (24%) compared to the least deprived areas (14%).[82] This evidence underscores the importance of upstream, preventative action to protect mental health in the context of ongoing economic pressure.

Another persistent policy challenge in Northern Ireland is high levels of economic inactivity. 26% of people are economically inactive (the highest in the UK), with almost 40% inactive due to ill-health or disability, including mental ill health.[83]

Meanwhile, recent housing trends data show sustained upward price pressures since 2022/23 as housing affordability declines across both ownership and rental sectors. Homes are 18% more expensive than three years ago, while new build prices have increased by 25% – the fastest rates of increase in the UK.[84] Demand for social housing is also outstripping supply, with increasing numbers of households under housing stress.[85, 86] These trends indicate that housing affordability may be a declining protective factor in Northern Ireland.

Given that mental health worsens in a direct relationship with financial stress and the cost-of-living crisis, coupled with persistent low wages, rising housing pressures and financial precarity, this may provide a helpful context in considering drivers for worsening mental health in Northern Ireland in recent years.

Severity and complexity of mental illness in Northern Ireland

There is evidence to suggest that instances of mental ill health may be more severe in Northern Ireland than elsewhere in the UK. The Mental Health Champion for Northern Ireland has highlighted that the severity and complexity of mental illness differ from the UK profile, as evidenced by the *Global Burden of Disease study*.[87, 88] This dataset shows that mental disorders – including anxiety and depressive disorders – are the leading cause of years lived with a disability in Northern Ireland and second in the other UK regions. The same analysis also indicates that people in Northern Ireland are developing mental ill-health at younger ages than their counterparts in the other UK regions, specifically in relation to anxiety disorders.

80. Ellison C, McMullen S, O'Hare U. Poverty in Northern Ireland 2025. Joseph Rowntree Foundation. December 4, 2025. Accessed April 22, 2026. https://www.jrf.org.uk/poverty-in-northern-ireland-2025#_-trends-in-poverty
81. Cost-of-living is still causing widespread mental distress in Northern Ireland. Mental Health Foundation. November 29, 2023. Accessed April 22, 2026. https://www.mentalhealth.org.uk/about-us/news/cost-living-still-causing-widespread-mental-distress-northern-ireland
82. Health Survey (NI): First Results 2024/25. Department of Health, Northern Ireland. November 26, 2025. Accessed April 22, 2026. https://www.health-ni.gov.uk/news/health-survey-ni-first-results-202425
83. 'We will break down barriers to employment' - Lyons. Department for Communities, Northern Ireland. October 6, 2025. Accessed April 22, 2026. https://www.communities-ni.gov.uk/news/we-will-break-down-barriers-employment-lyons
84. NI House Price Index statistical reports. Department of Finance, Northern Ireland. February 18, 2026. Accessed April 22, 2026. https://www.finance-ni.gov.uk/publications/ni-house-price-index-statistical-reports
85. Northern Ireland Housing Bulletin April - June 2025. Department for Communities, Northern Ireland. August 21, 2025. Accessed April 22, 2026. https://www.communities-ni.gov.uk/publications/northern-ireland-housing-bulletin-april-june-2025
86. Nearly 50,000 households on social housing waiting list. Northern Ireland Statistics and Research Agency. November 27, 2025. Accessed April 22, 2026. https://www.nisra.gov.uk/news/nearly-50000-households-social-housing-waiting-list
87. Global Burden of Disease (GBD) Study. Institute for Health Metrics and Evaluation. Accessed April 22, 2026. https://www.healthdata.org/research-analysis/gbd#:~:text=The%20Global%20Burden%20of%20Disease%20%28GBD%29%20study%20provides,health%20systems%20can%20be%20improved%20and%20disparities%20eliminated.
88. Overview of Mental Health in Northern Ireland. Mental Health Champion. 2025. Accessed May 5, 2026. https://factcheckni.org/wp-content/uploads/2025/04/Mental-Health-Overview-Stats.pdf

Post-conflict legacy

The history of conflict in Northern Ireland and national efforts to heal from this are highly relevant to understanding the state of mental health in Northern Ireland today. The Troubles (1960s-1998) were a time of sectarian violence and political unrest, which exposed an estimated 39% of the population to a conflict-related traumatic event, 44% of whom went on to develop a mental health condition.[89] As a result, Northern Ireland has one of the highest rates of post-traumatic stress disorder (PTSD) in the world.[90] The mental health of young people born after the Good Friday Agreement (1998) has been shaped by the trans-generational effects of The Troubles[91], as 40% have grown up with parents who had 'high or moderate experience of the conflict'.[92]

The compounding effect of familial and conflict-related adverse childhood experiences has been shown to have a continuing impact in Northern Ireland; a 2025 study showed that 60% of adults have experienced at least one Adverse Childhood Experience (ACE). 30% of people reported a traumatic conflict-related adversity and were disproportionately concentrated among those in the most deprived communities, while 17-18% of all adults experienced four or more ACEs. Adults with four or more ACEs were five times more likely to report chronic health issues, 14.8 times more likely to experience PTSD and 9.6 times more likely to have a diagnosed mental health condition.[93] Conflict-related and intergenerational traumas continue to feature as a particular vulnerability for mental health inequalities in Northern Ireland, particularly when the people most likely to report them are often living in deprived areas. Exposure to stress, trauma and deprivation can lead to physical changes in the parts of our brains that help regulate our emotions, thereby making us more vulnerable to developing mental health problems.[94]

89. Bunting B, Ferry F, Murphy S, O'Neill S, Leavey G, Bolton D. Troubled consequences: A report on the mental health impact of the civil conflict in Northern Ireland. Commission for Victims and Survivors. October 2011. Accessed April 22, 2026. https://www.cvsni.org/wp-content/uploads/2022/11/2011-Research-Troubled-Consequences-A-Report-on-the-Mental-Health-Impact-of-the-Civil-Conflict-in-Northern-Ireland.pdf
90. Ibid
91. O'Neill S, Armour C, Bolton D, et al. Towards A Better Future: The Trans-generational Impact of the Troubles on Mental Health. Commission for Victims and Survivors. March 2015. Accessed April 22, 2026. https://www.cvsni.org/wp-content/uploads/2022/11/2015-Research-Towards-A-Better-Future-The-Trans-generational-Impact-of-the-Troubles-on-Mental-Health.pdf
92. Tomlinson MW. War, peace and suicide: The case of Northern Ireland. International Sociology. 2012;27(4):464-482. doi:10.1177/0268580912443579
93. Walsh C, Bunting L, Davidson G, et al. The Prevalence and Impact of Adverse Childhood Experiences in Northern Ireland. Executive Programme on Paramilitarism and Organised Crime. February 2025. Accessed April 23, 2026. https://www.endingtheharm.com/wp-content/uploads/2025/02/Impact-of-Adverse-Childhood-Experiences-report-060225-1.pdf
94. McDaid S, Kousoulis A. Tackling social inequalities to reduce mental health problems: How everyone can flourish equally. Mental Health Foundation. 2020. Accessed April 23, 2026. https://www.mentalhealth.org.uk/sites/default/files/2025-02/MHF-Inequalities-Paper_LONG-VERSION_A5_FINAL_Shari%20McDaid.pdf

How have policy decisions impacted mental health in Northern Ireland?

Welfare mitigations, sustained community investment and a preventative mental health strategy have helped buffer vulnerable groups from hardship. However, repeated collapses of devolved government, reduced community funding after Brexit and chronic underfunding of the Mental Health Strategy have stalled progress.

A number of factors may be relevant in considering what has influenced the lower levels of poor mental health, followed by a sudden spike reported in this data. A sustained series of welfare mitigations alongside strong grassroots community structures and support have sought to alleviate hardship and promote community cohesion in Northern Ireland. Investment from European and philanthropic funders for community and voluntary sector programs was directed towards disadvantaged communities, who face the greatest mental health inequalities. Sustained power-sharing and operation of devolved government in the decade up to 2017 saw some progress on difficult and divisive community issues, including policing, justice and administrative reform in Northern Ireland.

However, the years following 2017 have been marred with successive collapses of the Northern Ireland Executive for prolonged periods, including between 2017-2020 and again from 2022-24. Fiscal planning has been short-term with government departments operating one-year budgets and persistent overspends. Public spending consistently outpaces funding allocations from the UK government, with service delivery propped up by one-off injections of funds from Westminster.[95] This stop-start governance and budgeting has stalled progress on issues central to population mental health, such as the transformation of health services, modernisation of employment rights and sustainable economic growth.

Welfare mitigations

Since 2015, the Northern Ireland government has implemented and funded a series of welfare mitigations that have sheltered some of the most vulnerable people in Northern Ireland from the full impact of UK welfare reforms.

Using funding packages and legislative powers, Northern Ireland policy has focused on permanently mitigating the bedroom tax and cushioning the impact of the benefit cap and transition to universal credit. These mitigations recognise the unique demographic, societal and economic context in Northern Ireland. For example, Northern Ireland has more larger families than other parts of the UK; 21.4% of Northern Irish families have three or more children, compared to 14.7% of families in the UK.[96]

86% of the Benefit Cap mitigation payments in Northern Ireland are paid to women[97], illustrating how the Northern Irish policy helps to ease the gendered aspect of socio-economic inequality, which places more women at risk of poor mental health.

Mental Health Strategy 2021-31

Published by the Department of Health, agreed as a Northern Ireland Executive priority, the *Mental Health Strategy* set the direction of mental health policy in Northern Ireland.[98] Mental health prevention was embedded in the strategy with the themes focusing on promoting mental wellbeing, resilience and good mental health across society; providing the right support at the right time; and encouraging new ways of working.

Funding stalled for implementation of the strategy, and in 2025, a deliverability review found that the strategy had only received 16% (12.3 million) of the funding required in the first four years. This represents only 1% of the total funding needed (£1.2billion) for the lifespan of the strategy. Funding constraints have greatly limited the positive impact for people in Northern Ireland, and the Department of Health has recently decided to scale back the actions to be progressed.[99]

Investment in communities and Brexit

Investment in communities has declined in Northern Ireland. Between 2007 and 2023, Northern Ireland saw substantial investment from the European Social Fund, upwards of £250 million pounds, into local programmes and services that sought to combat poverty, enhance social inclusion and increase employment and skills.[100]

Requirements for match funding from government departments are estimated to have uplifted total funding for these policy areas to almost double that.[101] Since the end of programmes following Brexit, the community and voluntary sector has highlighted a funding and support 'black hole' due to the inadequacy of proposed UK government replacements.[102] As a result, increasingly, the traditionally strong community-based support in Northern Ireland is under enormous strain. Voluntary organisations are unable to sustain the services addressing the complex needs and inequalities faced by under-served communities.

95. Funding and delivery of public services: follow up (Second Special Report of Session 2024–25). Northern Ireland Affairs Committee. June 19, 2025. Accessed April 23, 2026. https://publications.parliament.uk/pa/cm5901/cmselect/cmniaf/1096/report.html#heading-0
96. Families with dependent children by number of dependent children by UK countries and English regions, 2015. Office for National Statistics. January 15, 2016. Accessed April 23, 2026. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/adhocs/005211familieswithdependentchildrenbynumberofdependentchildrenbyukcountriesandenglishregions2015
97. Northern Ireland Welfare Supplementary Payment and Discretionary Support Schemes. Department for Communities, Northern Ireland. 2023. Accessed April 23, 2026. https://www.communities-ni.gov.uk/sites/default/files/publications/communities/dfc-welfare-supplementary-payment-schemes-section-75-statistics-november-2017-to-march-2023.pdf
98. Mental Health Strategy 2021-2031. Department of Health, Northern Ireland. June 29, 2021. Accessed April 23, 2026. https://www.health-ni.gov.uk/publications/mental-health-strategy-2021-2031
99. The Northern Ireland Mental Health Strategy: A Review of the deliverability of the Strategy's Actions 2026-2029. Department of Health, Northern Ireland. 2025. Accessed April 23, 2026. https://www.health-ni.gov.uk/sites/default/files/2025-10/The%20Northern%20Ireland%20Mental%20Health%20Strategy%20%20A%20Review%20of%20the%20deliverability%20of%20the%20Strategys%20Actions%202026-2029%20-%20FINAL.pdf
100. European Fund Management. Department for the Economy, Northern Ireland. Accessed April 23, 2026. https://www.economy-ni.gov.uk/topics/european-fund-management
101. An Impact Evaluation of the Northern Ireland European Social Fund Programme, 2014-20. Department for the Economy, Northern Ireland. December 2020. Accessed April 23, 2026. https://www.economy-ni.gov.uk/sites/default/files/publications/economy/ESF-2014-20-Evaluation-Report.pdf
102. ESF Users Group Briefing Highlights the Need for Urgent Action by both UK & NI Governments. Northern Ireland Council for Voluntary Action. November 2021. Accessed April 23, 2026. https://www.nicva.org/article/esf-users-group-briefing-highlights-the-need-for-urgent-action-by-both-uk-ni-governments

What policy action is needed to improve mental health in Northern Ireland?

Stronger investment in prevention is needed, supported by cross-departmental budgeting and a Mental Health in All Policies approach, which works in partnership with communities to address the social determinants of poor mental health.

Investment in mental health prevention

Research by the Mental Health Foundation and the London School of Economics demonstrated that the cost of poor mental health conservatively amounts to £3.4 billion annually in Northern Ireland[103], and the strain on adult and child mental health services is well-documented.[104]

It is more cost-effective to prevent mental ill-health than to try to treat our way out of mental health crises. Investing upstream in preventive approaches across government can, in the long term, yield a return on investment.[105] Yet spending on mental health in Northern Ireland is lower than in any other part of the UK.[106]

Data collection also remains a substantial challenge, particularly regarding accurate mental health waiting list data, outcomes data for mental health services and any ethnicity data across all areas.

Cross-departmental budgeting and collaboration

The publication of the Programme for Government wellbeing dashboard, including a mental health indicator, is a welcome move in Northern Ireland. The 2025 Health and Social Care Reset plan comits to a neighbourhood model of care that aims to deliver collaborative, cross-sectoral care in communities. Repurposing existing funding and utilising formal partnerships signals a much-needed consideration of ways to deliver humane care. If implemented effectively, this approach may help to address mental health inequalities by improving accessibility and community-based care.

However, mental health prevention funding cannot be confined to a single department's budget. The social determinants of mental health fall within different departments, and many have worsened as a result of strained public services, deepening poverty, the COVID-19 pandemic and the cost-of-living crisis. Creating a mentally healthy population requires meaningful action across government, in collaboration with communities and voluntary sectors (CVS).

Given the mounting budgetary pressures articulated by Northern Ireland ministers year on year, cross-departmental budgeting could be more effective and ensure the best use of resources. There is a need for a wider discussion with the public on the fiscal position of Northern Ireland and how measures to increase revenue could be part of the solution in ensuring that public services meet the needs of the population. This must be framed by a clear commitment to protect those most at risk in society through evidence-based, targeted policy interventions.

Adopting Mental Health in All Policies (MHiAP)

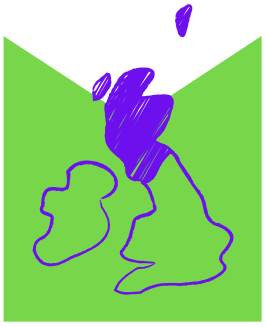
Given funding constraints, it is essential that the Northern Ireland Executive moves to a *Mental Health in All Policies* (MHiAP) approach. This requires both political will, collaboration and system leadership. The key tenet of an MHiAP is that mental health is not just a healthcare issue; policy needs to be cross-departmental, with shared responsibility, to address the social determinants of mental health and promote wellbeing.

The Mental Health Strategy Early Intervention and Prevention Steering Group published a rapid review of mental health in all policies, literature and practice[107], and will commission further Northern Ireland-specific research. This research will set out how an MHiAP approach would look across Northern Ireland departmental policies. It will explore how to apply and maximise mental health prevention in policy development, and work collaboratively with those who experience the inequity that can lead to poor mental health to embed prevention in policy and practice.

Each department and minister can contribute to mental health prevention, which, in turn, can help ease the demand and cost of services far beyond health, helping to address pressing issues such as economic inactivity, poverty reduction and anti-racism. Effective scrutiny, transparency and growth in mental health prevention that goes beyond traditional health boundaries is needed. Where funding is allocated in Northern Ireland budgets, establishing and evidencing a public mental health prevention approach will maximise value.

103. McDaid D, Park AL. The economic case for investing in the prevention of mental health conditions in the UK. Mental Health Foundation and London School of Economics. February 2022. Accessed April 22, 2026. https://www.mentalhealth.org.uk/explore-mental-health/publications/economic-case-investing-prevention-mental-health-conditions-UK
104. Report on Mental Health Services in Northern Ireland. Public Accounts Committee, Northern Ireland Assembly. June 13, 2024. Accessed April 23, 2026. https://www.niassembly.gov.uk/globalassets/documents/committees/2022-2027/pac/reports/2023-2024/mental-health-services/pac-report-on-mental-health-services-in-northern-ireland.pdf
105. McDaid D, Park AL. The economic case for investing in the prevention of mental health conditions in the UK. Mental Health Foundation and London School of Economics. February 2022. Accessed April 22, 2026. https://www.mentalhealth.org.uk/explore-mental-health/publications/economic-case-investing-prevention-mental-health-conditions-UK
106. Carville D. Mental Health Services in Northern Ireland. Northern Ireland Audit Office. May 23, 2023. Accessed April 23, 2026. https://www.niauditoffice.gov.uk/files/niauditoffice/documents/2023-05/00293490%20-%20Mental%20Health%20Report_WEB.pdf
107. Howie C, Shannon C, McCartan C, Mulholland C, Korimbocus B, Davidson G. Mental Health in All Policies: A Rapid Review. Northern Health and Social Care Trust. February 2025. Accessed April 23, 2026. https://www.impactresearchcentre.co.uk/site/wp-content/uploads/2025/07/MHiAP-Rapid-Review.pdf

What is the state of mental health in Scotland?



Mental health in Scotland has worsened at a similar rate to the UK average, climbing significantly over the past decade to reach the highest levels recorded. In the most recent data, 24.6% of adults in Scotland – around 1.1 million people – had poor mental health.

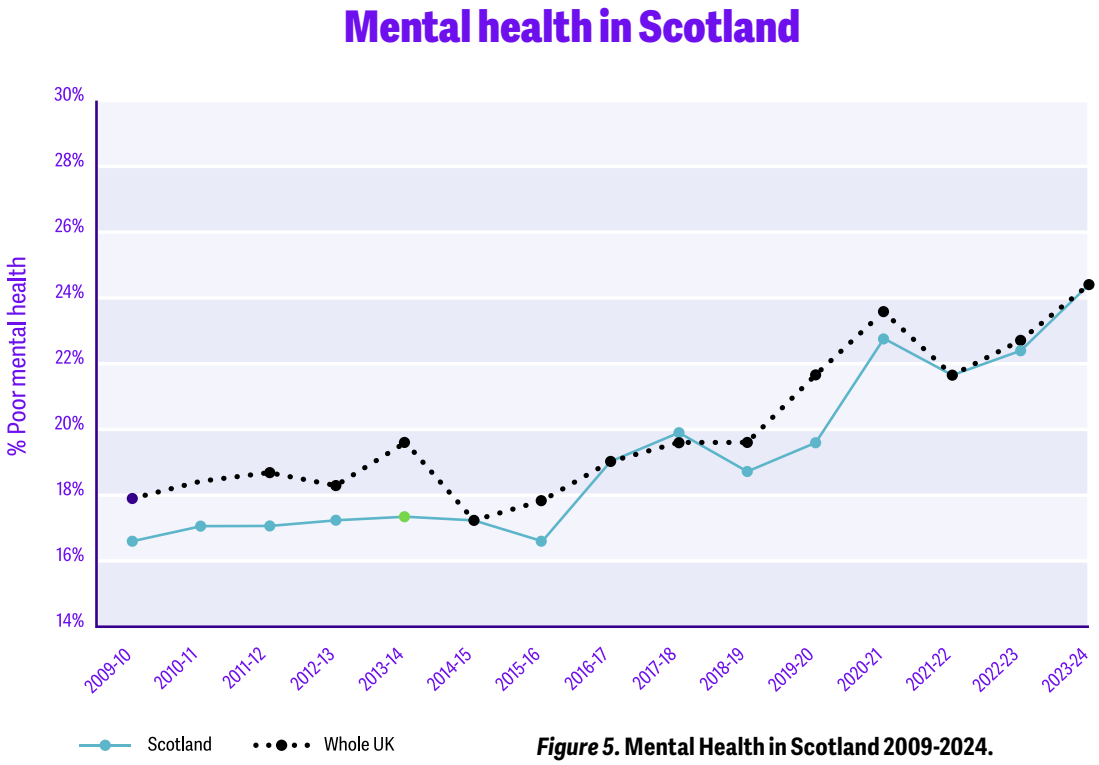


Figure 5. **Mental Health in Scotland 2009-2024.** Levels of poor mental health among adults in Scotland compared to the whole UK population average. Percentage estimates calculated from the *Understanding Society* dataset based on the GHQ-12 cutoff score of four or more. Green dots identify years when levels of poor mental health were statistically significantly lower in Scotland than the UK population average.

Mental health in Scotland has generally been comparable to, or slightly better than, the UK average (Figure 5). Trends in rising levels of poor mental health have also mirrored those seen across the UK. Like the rest of the UK, Scotland has experienced a substantial increase in poor mental health over the past 15 years.

Between 2009/10 and 2015/16, levels of poor mental health in Scotland remained relatively low and stable, fluctuating between 16.6% and 17.4%. In 2013/14, Scotland recorded a significantly lower rate of poor mental health (17.4%) compared with the UK overall (19.6%). After this period, rates began to climb sharply. A notable spike occurred in 2020/21 during the pandemic, when 22.8% of adults in Scotland were identified as experiencing poor mental health. Although levels dipped slightly in 2021/22, they have since risen to an all-time high of 24.6% in 2023/24.

Based on the most recent *Understanding Society* data available, **one in four adults (24.6%) – around 1.1 million people – are experiencing poor mental health in Scotland. That's an additional 425,000 people with poor mental health compared to 2009/10.**[108]

Further detail on mental health in Scotland can be found through Public Health Scotland and the Scottish Health Survey.

The numbers in these government sources may not be identical to those from our analysis of *Understanding Society* data. This is normal: each dataset measures the population differently, but all provide useful insights into national trends.

108.Appendix Table 1

What are the key factors impacting mental health in Scotland?

Progress on reducing poverty will benefit population mental health. However, high levels of worklessness, persistent geographic inequalities, long-term austerity constraints on prevention and the compounding impacts of COVID-19 and the cost-of-living crisis have widened existing disparities and increased financial stress, particularly for low-income households.

Poverty in Scotland

Over the past two decades, Scotland has consistently recorded a lower relative poverty rate than the UK average.[109] Notably, Scotland has made clear progress in reducing child poverty. The Joseph Rowntree Foundation (JRF) forecasts that Scotland will be the only UK nation to reduce child poverty over the next three years, while levels in England, Wales and Northern Ireland are expected to rise.[110] Poverty is a key social determinant of poor mental health. Therefore, these diverging trajectories may, in time, contribute to widening differences in mental health outcomes between the nations, with Scotland faring comparatively better.

Worklessness and low-income households

Despite action taken to address poverty in Scotland, socio-economic inequalities persist and contribute to mental health disparities.[111] For many years, Scotland has reported a higher proportion of workless households than the UK average, and both income and employment growth have slowed relative to the rest of the UK.[112] These economic challenges interact with Scotland's pronounced geographic inequalities, as income and employment opportunities vary substantially by region.[113] According to the *2024 Scottish Health Survey*, 31% of adults living in Scotland's most deprived areas experience poor mental health, compared with 17% in the least deprived areas, underscoring the depth of socio-economic disparities.[114] Housing conditions further exacerbate these inequalities. The Scottish Government has declared a national 'housing emergency,' with poor-quality, insecure and unaffordable housing placing additional strain on population mental health.[115]

Austerity in Scotland

Scotland's ability to respond to these challenges is shaped by broader fiscal constraints. The Scottish Health Equity Research Unit notes that years of austerity have restricted Scotland's ability to invest in upstream, preventative measures capable of reducing health inequalities[116] – despite strong policy ambitions in areas including housing, financial security and mental health stigma.[117] This creates a structural tension: Scotland has clear policy commitment and public support for early prevention in mental health, but is, for a variety of reasons, struggling to deliver transformative change at scale.

Impact of COVID-19

Compounding the structural risks mentioned above, the COVID-19 pandemic widened pre-existing inequalities[118] and the cost-of-living crisis has had a profound impact on wellbeing.[119] Cost-of-living is the top economic concern for 59% of people in Scotland, and half of adults report cutting back on day-to-day spending.[120] Public sentiment has deteriorated sharply: 70% of people say economic conditions are worse than a year ago, and half report their personal financial situation has declined.[121] These pressures are felt most acutely across low-income households and disproportionately impact women, racialised communities and families with children[122], contributing to increasing financial stress and deteriorating wellbeing.

109.Birt C, Cebula C, Evans J, McKenzie A. Poverty in Scotland 2025. Joseph Rowntree Foundation. October 6, 2025. Accessed April 23, 2026. https://www.jrf.org.uk/poverty-in-scotland-2025

110. Ibid

111. Catalano A, Congreve E, Jack D, McHardy F, Smith K. 2025 Inequality Landscape: Health and Socio-economic Inequality in Scotland in 2025. Scottish Health Equity Research Unit. September 2025. Accessed April 23, 2026. https://scothealthequity.org/2025-inequality-landscape/

112.Phillips D, Waters T, Wernham T. Employment, earnings and incomes in Scotland. The Institute for Fiscal Studies. August 2023. Accessed April 23, 2026. https://ifs.org.uk/sites/default/files/2023-08/Employment-earnings-and-incomes-in-Scotland-IFS-Report.pdf

113.Ibid

114.Terris J, Deakin E, Wilson V, McLelland R, Biggs H, Wilson H. The Scottish Health Survey: 2024 Main Report. Scottish Centre for Social Research. August 22, 2025. Accessed April 21, 2026. https://www.gov.scot/collections/scottish-health-survey/

116.Catalano A, Congreve E, Jack D, McHardy F, Smith K. 2025 Inequality Landscape: Health and Socio-economic Inequality in Scotland in 2025. Scottish Health Equity Research Unit. September 2025. Accessed April 23, 2026. https://scothealthequity.org/2025-inequality-landscape/

115.Tackling Scotland's Housing Emergency. Scottish Government. September 2, 2025. Accessed April 23, 2026. https://www.gov.scot/publications/tackling-scotlands-housing-emergency/ 116.Catalano A, Congreve E, Jack D, McHardy F, Smith K. 2025 Inequality Landscape: Health and Socio-economic Inequality in Scotland in 2025. Scottish Health Equity Research Unit. September 2025. Accessed April 23, 2026. https://scothealthequity.org/2025-inequality-landscape/

117.Dewison N, Smith KE, Brown A. The Wider Social Determinants of Mental Health in Scotland: Review of Key Policy Documents and Qualitative Literature. SIPHER Consortium. September 2024. Accessed April 23, 2026. https://www.gla.ac.uk/media/Media_1107935_smxx.pdf

118.The early impacts of the COVID-19 pandemic on Scotland's mental health – not just one story. Public Health Scotland. July 22, 2022. Accessed April 23, 2026. https://publichealthscotland.scot/publications/the-early-impacts-of-the-covid-19-pandemic-on-scotland-s-mental-health-not-just-one-story/the-early-impacts-of-the-covid-19-pandemic-on-scotland-s-mental-health-1/overview/

119.Understanding Scotland Economy Tracker – May 2025. Understanding Scotland. May 2025. Accessed April 23, 2026. https://understanding-scotland.co.uk/report/understanding-scotland-economy-tracker-may-2025/

120. Ibid

121. Ibid

122. Ibid

How have policy decisions impacted mental health in Scotland?

Despite recent increases in investment and shifts towards prevention through a social model of mental health, under-delivery on commitments, limited transparency and the compounding impacts of COVID-19 and the cost-of-living crisis mean these policies have not yet reversed worsening population mental health outcomes.

Scotland remains in the grip of a public mental health emergency. Between 2011 and 2022, a mental health condition was second only to long-term illness (any disease, impairment or condition expected to last at least 12 months) as the most reported condition in Scotland's census.[123] The *2024 Scottish Health Survey* (the latest available data from the Scottish Government) illustrates the scale of that emergency in more stark detail. It shows that the mental health of the Scottish population has worsened over time, and rates of mental ill health and suicide are highest in the most socio-economically deprived communities.[124]

The impact of austerity on Scotland

The population mental health impacts of austerity-driven policy decisions at the UK level from 2010 onwards, following the financial crisis of 2008, have been discussed previously in this report. These decisions included an overall 6% real terms cut in resource spending within the Block Grant allocated by the UK Government to the Scottish Government to fund public services in Scotland between 2010-11 and 2017-18.

This reduction has left Scotland's public services, including mental health services, in a fragile state.[125] That fragility has arguably been exacerbated by Westminster government cuts to welfare spending during the same period, given that some welfare policy remains reserved to the UK Government.

As the Scottish Health Equity Research Unit has noted, a large body of evidence exists which links austerity to 'a slowdown or reversal in life expectancy improvements, particularly among disadvantaged populations'[126] in the UK. Key identified pathways include financial stress and mental health, especially in already vulnerable groups; stigma and psychological strain, with poverty and reliance on welfare services having damaging consequences for individuals' mental health; and housing insecurity, with austerity-related housing policies contributing to declining mental health.[127]

123. Scotland's Census 2022 - Health, disability and unpaid care. Scotland's Census. October 3, 2024. Accessed April 23, 2026. https://www.scotlandscensus.gov.uk/2022-reports/scotland-s-census-2022-health-disability-and-unpaid-care/#:~:text=category%20for%202022.-,Mental%20health,up%20from%202.5%25%20in%202011.

124. Terris J, Deakin E, Wilson V, McLelland R, Biggs H, Wilson H. The Scottish Health Survey: 2024 Main Report. Scottish Centre for Social Research. August 22, 2025. Accessed April 21, 2026. https://www.gov.scot/collections/scottish-health-survey/

125. Finch D, Wilson H, Bibby J. Leave no one behind: The state of health and health inequalities in Scotland. The Health Foundation. January 2023. Accessed April 23, 2026. https://www.health.org.uk/reports-and-analysis/reports/leave-no-one-behind

126. McHardy F. Exploring the Health Impacts of Austerity. Scottish Health Equity Research Unit. June 11, 2025. Accessed April 23, 2026. https://scothealthequity.org/exploring-the-health-impacts-of-austerity/

127. Ibid

Austerity's damaging impact on the mental health of the most socio-economically disadvantaged people in Scotland is undoubtedly a major contributory factor to the public mental health emergency that the nation is now experiencing. This has been compounded by the mental health impacts of the COVID-19 pandemic, and the ongoing cost-of-living crisis, as discussed in the previous section. These and other multiple complex factors have shaped how policy has impacted mental health in Scotland, which makes identification of specific causes challenging, beyond this top-level evaluation.

Mental health funding in Scotland

Policy developments by the Scottish Government, in particular, the way in which mental health has been funded, illustrate the direction of public mental health policy in Scotland, both in terms of positive developments and the improvements needed for progress.

The Scottish Government's Mental Health Directorate annual budget increased in real terms from £63.6M in 2017-18 to a peak of £296.8M in 2021-22. [128] The Directorate's budget for 2026-27 is £149.8M because of funds having been baselined to NHS Boards for mental health services instead of appearing as direct budget lines.

The general trend of increasing the Scottish Mental Health Budget between 2017-18 and 2021-22 indicates the Government's welcome recognition that substantial resources are needed to address Scotland's long-standing public mental health emergency.

Despite this, however, the Scottish Government has failed to honour its commitment to ensure that 10% of the front-line NHS budget is spent on mental health including 1% of the budget on Child and Adolescent Mental Health Services (CAMHS) by the end of the 2021-26 Parliament, as laid out in the 2021 Programme for Government. Moreover, baselining a substantial proportion of the mental health budget to NHS Boards, whilst allowing for action and innovation on prevention at the local level, undermines transparency related to that spend in the absence of both ring-fencing and appropriate budget tools to demonstrate that expenditure locally.

128. Johnston L, Thomas-Tudo E, Tennyson C, Carter J, MacPherson M. Adult mental health. Audit Scotland. September 2023. Accessed April 23, 2026. https://audit.scot/publications/adult-mental-health

Scottish mental health strategies

Over the last decade, successive mental health strategies have been implemented by the Scottish Government and the Convention of Scottish Local Authorities (COSLA), which demonstrate the growing recognition of prevention.

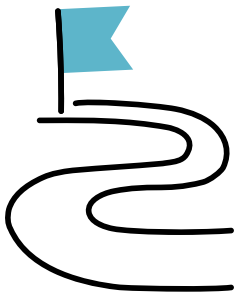
The Mental Health Strategy 2017-27 [129] focused on four specific themes: prevention and early intervention; access to treatment and joined-up accessible services; the physical wellbeing of people with mental health problems; rights, information use and planning. The 2017-27 strategy has been characterised as centreing on the 'medical' model of health[130], which attributes physiological, biochemical or genetic causes to psychological distress, leading to medical diagnoses and treatments.[131] Evaluation of the strategy in 2019 indicated progress on workforce development (268 Whole Time Equivalent mental health workers employed); funding to improve access to CAMHS and psychological therapy; a service focused on stigma reduction, school counselling and improving physical health for people with mental health issues.[132]

In 2023 a new *Mental Health and Wellbeing Strategy*[133] was published by the Scottish Government and COSLA. The strategy differs from its predecessor by not being time-bound and by having a distinctive and welcome focus on the wider social determinants of mental health. The inclusion of 'wellbeing' in its title also indicates a shift away from the 'medical' model underpinning the previous strategy and towards a 'social' model of mental health.

Other important changes in the new Strategy include a '3Ps' approach, as championed by the Scottish Mental Health Partnership, intended to **promote** positive mental health and wellbeing for all; **prevent** mental health issues occurring or escalating and address underlying causes; and **provide** mental health and wellbeing support and care.

Equally importantly, the current strategy explicitly emphasises a 'whole system' approach to improving mental health and wellbeing with a distinctive focus on cross-government working across a wide range of policy portfolios. This includes (but is not limited to) health and social care, human rights, equality and inclusion, economy, housing, justice, children and young people.

More recently, *Scotland's Population Health Framework 2025-35* [134] focuses on developing a 'prevention-focussed system' with a commitment to a 'health in all policies' approach underpinned by the development and implementation of a 'health lens' approach to impact assessment. Similarly, Scotland's *Public Service Reform Strategy: Delivering for Scotland*, published in June 2025, identifies 'prevention', 'joined up services' and 'efficient services' as the three foundational pillars for change to ensure the future delivery of sustainable public services in Scotland.[135]



129. Mental Health Strategy 2017-2027. Scottish Government. March 2017. Accessed April 23, 2026. https://www.gov.scot/publications/mental-health-strategy-2017-2027/
130. Dewison N, Smith KE, Brown A. The Wider Social Determinants of Mental Health in Scotland: Review of Key Policy Documents and Qualitative Literature. SIPHER Consortium. September 2024. Accessed April 23, 2026. https://www.gla.ac.uk/media/Media_1107935_smxx.pdf
131. Chakravarty T. Medicalisation of Mental Disorder: Shifting Epistemologies and Beyond. Sociol Bull. 2011;60(2):266-286. doi:10.1177/0038022920110204
132. Mental health strategy 2017-2027: second progress report. Scottish Government. November 26, 2019. Accessed April 23, 2026. https://www.gov.scot/publications/mental-health-strategy-second-annual-progress-report/
133. Mental Health Strategy 2017-2027. Scottish Government. March 2017. Accessed April 23, 2026. https://www.gov.scot/publications/mental-health-strategy-2017-2027/
134. Scotland's Population Health Framework. Scottish Government. June 17, 2025. Accessed April 23, 2026. https://www.gov.scot/publications/scotlands-population-health-framework/
135. Scotland's Public Service Reform Strategy: Delivering for Scotland. Scottish Government. June 19, 2025. Accessed April 23, 2026. https://www.gov.scot/publications/scotlands-public-service-reform-strategy-delivering-scotland/

What policy action is needed to improve mental health in Scotland?

Ambition must be turned into action through protected and ring-fenced funding for prevention, and a whole-government implementation plan with robust monitoring and sustained collaboration – including investment in community and voluntary organisations – to address the root causes of poor mental health.

There is long-standing recognition in Scotland of the need to decisively shift the delivery focus of public services to prevention.[136] Scotland's *Mental Health and Wellbeing Strategy* and *Population Health Framework 2025-35* both illustrate the ambition to engineer a whole-system policy turn towards prevention as a cornerstone of public health in Scotland. This is a positive and welcome direction towards addressing the root causes of poor mental health.

However, there is much more still to be done. The framework lacks detail on what a 'whole government' approach will entail, and crucial information regarding the resources and actions required to implement such an approach in practice is lacking.[137]

A sufficiently expansive implementation plan, coupled with a robust monitoring and evaluation strategy is required to ensure that the framework avoids becoming ensnared in the silos that characterise much of public policymaking and implementation in Scotland. The Mental Health Foundation contends that mental health must be an explicit focus of the framework's implementation, monitoring and evaluation.

A move to protected preventative funding

Developing the policy infrastructure to enable the Scottish Government and other public bodies to systemically invest in preventative mental health measures was a core theme of the Mental Health Foundation's manifesto for the recent Scottish Parliament Election.[138] We strongly advocate for the introduction of a 'preventative investment expenditure' category for mental health as part of a Mental Health Across All Polices approach, both for Scottish Government portfolios and for delivery organisations including health boards, integrated joint boards and local authorities. Such an approach would represent a step-change in transparency and accountability. It would also be beneficial to consider how such a category of expenditure could mesh with the *Population Health Framework's* commitment to improve whole system accountability for primary prevention by:

'...strengthening primary prevention in NHS Board Planning and wider system planning and prioritisation; balancing performance metrics across systems to include more upstream data; and reforming the National Performance Framework to support the development of a stronger more impactful framework for Scotland.'[139]

The Scottish Government needs to look beyond the mental health budget to take a genuinely preventative approach to addressing Scotland's public mental health emergency, and to turn commitment into action. This would require sustained policy and systems coordination and impact assessment across the Scottish Government's policy portfolios, as many of the preventative policy interventions required to address the emergency fall outside the health portfolio.

Voluntary and charity sector organisations

Community-based third sector organisations play a vital role in addressing the social determinants of mental health. They understand the needs of their communities and the challenges faced by them, and have the expertise to develop and implement evidence-based and innovative programmes to support population mental health.

Fair, multi-year funding of such organisations should be a priority in budget considerations, both nationally and within regional and local delivery organisations, including local authorities and integrated joint boards. Doing so would help to ease pressure on waiting times by enabling an expansive preventative approach driven by local organisations grounded in communities.

Ring-fencing mental health funding

The Scottish Government must consider ways to ring-fence elements of mental health funding, as highlighted in the Health, Social Care and Sport Committee Pre-Budget Scrutiny report of the 2026-27 Scottish Budget during the last Scottish Parliament.[140] We contend that such ring-fencing should specifically prioritise preventative mental health funding.

There is an urgent need to test and scale innovative approaches that can help to decisively shift Scotland's public mental health policy onto a preventative footing. The Communities Mental Health and Wellbeing Fund for Adults, introduced during the last Scottish Parliament session, has been a positive development in this regard. Since 2021, it has allocated £81M of project funding, mainly through small grants of £10,000 or less. That investment has helped build a grassroots preventative focus at the local level.

However, the Scottish Government needs to do more to build on that success at the strategic level. The Mental Health Foundation is calling for the establishment of a new Improving Scotland's Mental Health Fund of at least £20M in each year of the new Parliament. This new fund would complement the existing Communities Mental Health and Wellbeing Fund for Adults by providing a strategic focus across the public and third sectors on innovative preventative approaches capable of operating at scale and with scope to leverage additional external funding.

136. Christie Commission on the future delivery of public services. Scottish Government. June 29, 2011. Accessed April 23, 2026. https://www.gov.scot/publications/commission-future-delivery-public-services/
137. Scotland's Population Health Framework. Scottish Government. June 17, 2025. Accessed April 23, 2026. https://www.gov.scot/publications/scotlands-population-health-framework/
138. Pathways to Prevention: Ending Scotland's public mental health emergency. Mental Health Foundation. 2026. Accessed April 23, 2026. https://www.mentalhealth.org.uk/our-work/policy-and-advocacy/ending-scotlands-public-mental-health-emergency
139. Scotland's Population Health Framework 2025-2035. https:/www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2025/06/scotlands-population-health-framework/documents/scotlands-population-health-framework-2025-2035/scotlands-population-health-framework-2025-2035/govscot%3Adocument/scotlands-population-health-framework-2025-2035.pdf
140. Health, Social Care and Sport Committee: Pre-Budget Scrutiny 2026-27. The Scottish Parliament. October 31, 2025. Accessed April 23, 2026. https://bprcdn.parliament.scot/published/HSCS/2025/10/31/5cecf09a-7e1e-40da-944f-5d4a5a4dbdbc/HSCSS062025R10.pdf

What is the state of mental health in England?

Levels of poor mental health have climbed to an all-time high in England. Mental health trends over the past 15 years have differed from Northern Ireland and Wales, but are similar to Scotland. In the most recent data, 24.5% of adults in England – around 11.7 million people – had poor mental health.

Mental health in England

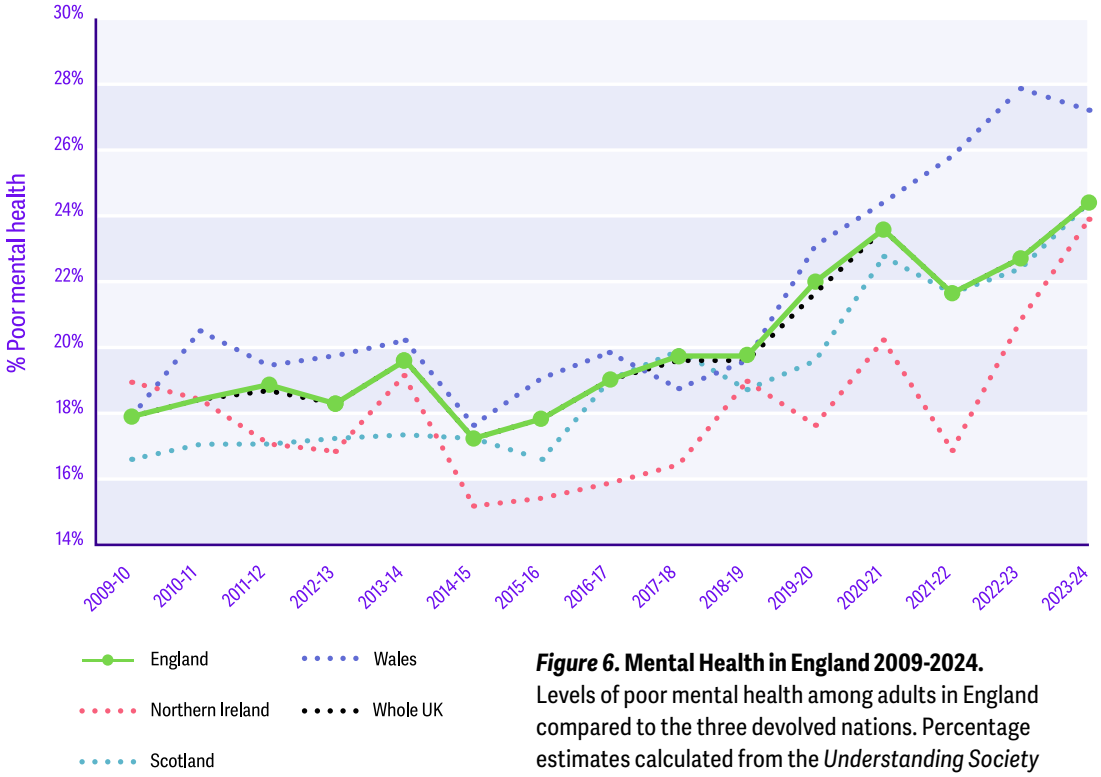


Figure 6. **Mental Health in England 2009-2024.** Levels of poor mental health among adults in England compared to the three devolved nations. Percentage estimates calculated from the *Understanding Society* dataset based on the GHQ-12 cutoff score of four or more.

In this section, we highlight differences between England and the other three nations individually.[141]

Since 2009, levels of poor mental health in England have generally been higher than in Northern Ireland, lower than in Wales and similar to those in Scotland (Figure 6):

- **Wales** has typically recorded worse outcomes than England, with the gap widening substantially after 2020/21 as poor mental health increased more sharply in Wales.
- **Northern Ireland** has typically recorded better outcomes than England, though this difference has narrowed since 2022/23 due to a steeper rise in poor mental health in Northern Ireland.
- **Scotland** has followed a pattern closely aligned with England, with both nations experiencing similar increases in poor mental health over time.

Within England, levels of poor mental health remained relatively stable between 2009/10 and 2012/13, fluctuating only slightly between 18.1% and 18.9%. In 2013/14, rates rose significantly to 19.8%, before falling to 17.3% the following year – the lowest levels recorded. From 2015/16 onward, poor mental health began a steady upward climb, continuing through to 2018/19. This was followed by a sharp increase in 2019/20 and another pronounced spike in 2020/21 during the pandemic.

Although levels of poor mental health briefly fell to their pre-pandemic level in 2021/22, they have risen significantly since then. The latest *Understanding Society* data reports an all-time high of 24.5%, meaning that **one in four adults – around 11.7 million people – are experiencing poor mental health in England. That's an additional four million people with poor mental health compared to 2009/10.**[142]

Further detail on mental health in England can be found through NHS England.

The numbers in these government sources may not be identical to those from our analysis of *Understanding Society* data. This is normal: each dataset measures the population differently, but all provide useful insights into national trends.

141. We have chosen to do this because the majority of the UK population lives in England (around 85%). As such, comparing mental health levels in England against the overall UK average is not meaningful. As shown in Figure 6, England's population size heavily shapes the UK average, making the trend lines almost identical.

142. Appendix Table 1

What are the key factors impacting mental health in England?

High levels of socio-economic inequality and a fragmented health and social care system have contributed to high levels of poor mental health.

Socio-economic inequality

England has the largest and most diverse population of the four UK nations, which presents distinct challenges for supporting population mental health.

A particularly important factor is England's high level of socio-economic inequality. Compared with the devolved nations, the socio-economic gap between the most affluent and the most deprived areas is much wider, driven by the concentration of wealth in certain parts of London and the South East, alongside persistent deprivation in many post-industrial regions.[143] Around 22% of people in England are living in poverty.[144] Housing is less affordable in England on average, fueled by exceptionally high housing costs in London and the South East.[145, 146] England also faced larger cuts during austerity than the devolved nations.[147]

These factors create a more uneven mental health landscape in England, requiring not only sustained action to reduce socio-economic inequalities, but systems capable of responding to substantial regional variation.

England's fragmented health and social care systems

To address the needs of its large population, 42 Integrated Care Systems (ICSs) were established in England in 2022, bringing together the NHS, local authorities and the voluntary sector to coordinate approaches to population health at a regional level.

In principle, the 42 ICSs should be well placed to deliver targeted strategies that meet the specific needs of their local population. However, research by the Mental Health Foundation found substantial variability across ICSs in their mental health strategies and approaches to prevention, with very few demonstrating a comprehensive commitment to addressing mental health inequalities.[148] In addition, large regional differences in mental health spending over the past two decades – described by experts as 'localised austerities' – have contributed to systemic fragmentation across England.[149] This means that, in practice, some ICSs are doing far more than

143. The Scale of Economic Inequality in the UK. Equality Trust. Accessed April 23, 2026. https://equalitytrust.org.uk/scale-economic-inequality-uk/

144. UK Poverty 2025: The essential guide to understanding poverty in the UK. Joseph Rowntree Foundation. January 29, 2025. Accessed April 23, 2026. https://www.jrf.org.uk/uk-poverty-2025-the-essential-guide-to-understanding-poverty-in-the-uk

145. Housing Purchase Affordability, UK: 2024. Office for National Statistics. September 18, 2025. Accessed April 23, 2026. https://www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/housingpurchaseaffordabilitygreatbritain/2024

146. Private rental affordability, England, Wales and Northern Ireland: 2024. Office for National Statistics. August 18, 2025. Accessed April 23, 2026. https://www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/privaterentalaffordabilityengland/2024

147. Austerity cuts 'twice as deep' in England as rest of Britain. University of Cambridge. October 19, 2018. Accessed April 23, 2026. https://www.cam.ac.uk/research/news/austerity-cuts-twice-as-deep-in-england-as-rest-of-britain

148. Chantler O, Crepaz-Keay D, Faulkner A, et al. Planning for Prevention: Unlocking the potential of Integrated Care Systems to create a mentally healthy society. Mental Health Foundation. September 2024. Accessed April 23, 2026. https://www.mentalhealth.org.uk/our-work/policy-and-advocacy/planning-prevention-unlocking-potential-integrated-care-systems-create-mentally-healthy-society

149. Kiely E. Between coercion, conditionality and abandonment: A descriptive analysis of English mental health spending and provision under austerity. Journal of Critical Public Health. 2024;1(2):51-73. doi:10.55016/ojs/jcph.v1i2.78931

others to support population mental health, contributing to substantial regional differences in the delivery of services and community-based support across England.

Based on this information, it is clear that where someone lives within England plays a substantial role in shaping the support available to them, their exposure to the social determinants of mental health and their resulting wellbeing outcomes. This degree of regional inequality is greater in England than in the devolved nations, and, as discussed earlier in this report, societal inequality itself is harmful to population mental health. Addressing population mental health in England, therefore, requires more effective systems to address health needs.

How have policy decisions impacted mental health in England?

Since the banking crisis of 2007 and the resulting financial crisis, many of the social determinants of mental health have worsened.

This has often been the result of government policy and, on occasions, a lack of action. The Westminster government continues to be the most important actor in driving policy that impacts mental health in England. While local governments have an essential role to play, the powers and funding available to them are largely determined by central government. The following section has been drafted with these considerations in mind.

Austerity in England

Following the 2010 General Election, the Conservative-Liberal Democrat coalition government agreed on a policy of austerity, continued by Conservative majority governments from 2015 until 2019. This policy adversely impacted mental health in the short, medium and long-term.[150]

The policy of austerity resulted in cuts to the England-specific public health grant and a reduction of public mental health expertise.[151, 152] Local government budgets in England also faced some of the most sustained cuts during this period.[153] This severely limited capacity to both coordinate and introduce preventative polices. Moreover, austerity did not affect all areas equally, with the negative impacts of austerity and deteriorating health disproportionately affecting the north of England.

COVID-19 pandemic

After the 2019 General Election, the Westminster government was predominantly focused on responding to the COVID-19 pandemic. This period presented a series of tough choices for the government, and, arguably, few good options. Policies such as furlough provided financial security to many during a period of great distress. But despite these policies, the pandemic still exacerbated existing inequalities, created new inequalities, and generated widespread economic distress across the UK.[154] This was undoubtedly the case in England. Whilst these outcomes are not fully attributable to government action, many policies were not effective enough, or had a detrimental impact.

The economic policies were often reactive and fragmented, and did not prevent widespread financial insecurity. The Westminster government often failed to provide the targeted support that was necessary, with a prominent example – the failure to reduce the five-week delay before people received their first Universal Credit (UC) payment – placing households under considerable

150. Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. Health Equity in England: The Marmot Review 10 Years On. Institute for Health Equity. 2020. Accessed April 23, 2026. https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on

151. Warren S. Austerity 2.0: why it's critical for our health that the government learns the lessons of Austerity 1.0. The King's Fund. November 1, 2022. Accessed May 5, 2026. https://www.kingsfund.org.uk/insight-and-analysis/blogs/why-critical-for-health-government-learns-lessons-austerity

152. Chantler O, Crepaz-Keay D, Faulkner A, et al. Planning for Prevention: Unlocking the potential of Integrated Care Systems to create a mentally healthy society. Mental Health Foundation. September 2024. Accessed April 23, 2026. https://www.mentalhealth.org.uk/our-work/policy-and-advocacy/planning-prevention-unlocking-potential-integrated-care-systems-create-mentally-healthy-society

153. Thomas C. Hitting the poorest worst? How public health cuts have been experienced in England's most deprived communities. Institute for Public Policy Research. November 5, 2019. Accessed May 5, 2026. https://www.ippr.org/articles/public-health-cuts

154. Lombardo C, Guo L, Solomon S, et al. Inequalities and mental health during the Coronavirus pandemic in the UK: a mixed-methods exploration. BMC Public Health. 2023;23(1):1830. doi:10.1186/s12889-023-16523-9

pressure. During the pandemic, low-income parents and carers in England reported heightened stress, anxiety and low mood directly related to UC's inadequacy, the insecurity of payments and the difficulty of covering basic needs.[155] Some groups were also more negatively impacted than others, worsening existing inequalities.[156]

Cost-of-living crisis

A cost-of-living crisis, partially caused by the COVID-19 pandemic, has been ongoing since 2022. Westminster government policies, or a lack of appropriate policy responses, have enhanced harm. Social security support is failing to keep up with cost-of-living pressures. Many families have had to choose between heating their homes and providing food for their families.

Further, analysis has demonstrated that the poorest households in devolved nations received much larger income boosts than in England during the cost-of-living crisis.[157] Devolved governments often offered specific cost-of-living support schemes and targeted support such as the Child Payment Scheme in Scotland, a discretionary support scheme in Wales and a lower Energy Price Guarantee in Northern Ireland. Whilst these schemes were imperfect, and more needs to be done in these nations to address financial insecurity, they provided a level of mitigation that was not replicated in England. Particularly groups such as asylum seekers and refugees who have No Recourse to Public Funds (NRPF) have been disproportionately affected. Financial support, such as the *Asylum Support Allowance*, supposed to help asylum seekers, is not maintaining pace with inflation, adding to the considerable pressures they face.[158]

Focus on treatment, rather than prevention

Recent Westminster health policy has consistently focused on treatment, rather than prevention.

Public funding for health services in England comes from the Department of Health and Social Care's budget; in 2024/25, the department's spending was £204.7 billion, with £187 billion allocated to NHSE.[159] Of the funding allocated to health, only about £3.66 billion is spent on public health[160], and based on previous analysis, only around 3% of that on preventative public mental health[161]

There has also been a limited commitment to a cross-government approach, despite the social determinants of mental health falling within different departments. In 2022, the then Health Secretary Sajid Javid proposed a long-term cross governmental mental health strategy for England.[162] This was, however, replaced in favour of an interim *Major Conditions Strategy*, which bundled mental health problems in with other conditions, and failed to give mental health the adequate status and attention that it required.

155. Pybus K, Wickham S, Page G, Power M, Barr B, Patrick R. "How do I make something out of nothing?": Universal Credit, precarity & mental health. University of York. May 2021. Accessed May 5, 2026. https://www.york.ac.uk/media/policyengine/documents/CovidRealitiesMentalHealthBriefingPaper.pdf

156. Lombardo C, Guo L, Solomon S, et al. Inequalities and mental health during the Coronavirus pandemic in the UK: a mixed-methods exploration. BMC Public Health. 2023;23(1):1830. doi:10.1186/s12889-023-16523-9

157. Impact of UK government energy and cost of living support measures on households across the UK. Department for Levelling Up, Housing and Communities. June 26, 2023. Accessed May 5, 2026. https://www.gov.uk/government/publications/impact-of-uk-government-energy-and-cost-of-living-support-measures-on-households-across-the-uk

158. Asylum and refugee resettlement in the UK. The Migration Observatory. August 1, 2025. Accessed May 5, 2026. https://migrationobservatory.ox.ac.uk/resources/briefings/migration-to-the-uk-asylum/

159. Jefferies D, Purbrick-Thompson K. The NHS budget and how it has changed. The King's Fund. December 16, 2025. Accessed May 5, 2026. https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/nhs-budget-nutshell

160. Public health grants to local authorities: 2024 to 2025. Department of Health and Social Care. April 24, 2025. Accessed May 5, 2026. https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2024-to-2025

161. Unpublished RCPsych analysis

162. Major conditions strategy: case for change and our strategic framework. Department of Health and Social Care. August 21, 2023. Accessed May 5, 2026. https://www.gov.uk/government/publications/major-conditions-strategy-case-for-change-and-our-strategic-framework/major-conditions-strategy-case-for-change-and-our-strategic-framework--2

What policy action is needed to improve mental health in England?

The Westminster government can help create the conditions for everyone to experience good mental health in England. Below, we outline a range of policy initiatives the Westminster government could introduce to improve mental health in England.

Support during the perinatal period

The perinatal period is a crucial time for both parents and the new child.[163] Maternal mental health is a critical factor affecting infant development.[164] Parenting programmes have been proven to be highly effective for protecting people's mental health.[165]

The Westminster government must provide the necessary funding and support for local councils to deliver these programmes, including through adequate and long-term financial settlements which provide the certainty for these programmes to be developed and continued.

School reforms

50% of mental health problems are established by the age of 14.[166] School is an important and often under-recognised location where good mental health can be established and protected.[167]

The Westminster government must support all schools in England to adopt whole-school approaches through relevant funding and guidance. These approaches must include anti-bullying programmes, the universal roll-out of Mental Health Support Teams and relevant training for teachers and other staff to understand mental health, including the impact that traumas can have on students.

Additionally, a sustained strategy is required in all English schools to eliminate racism, homophobia, misogyny and other forms of discrimination, including the discrimination faced by the most minoritised communities.

There are also around 0.5% of children between the ages of 5-16 who are not in school.[168] These children have been identified as some of the most vulnerable in society.[169] Schools should be more aligned with local services, and there must be increased funding for the NHS and

163. Woodhead D. Invest in childhood: Priorities for preventing mental ill health among children and young people. Centre for Mental Health. April 8, 2025. Accessed May 5, 2026. https://www.centreformentalhealth.org.uk/publications/invest-in-childhood/

164. Pezley L, Cares K, Duffecy J, et al. Efficacy of behavioral interventions to improve maternal mental health and breastfeeding outcomes: a systematic review. Int Breastfeed J. 2022;17(1):67. doi:10.1186/s13006-022-00501-9

165. McDaid D, Park AL. The economic case for investing in the prevention of mental health conditions in the UK. Mental Health Foundation and London School of Economics. February 2022. Accessed April 22, 2026. https://www.mentalhealth.org.uk/explore-mental-health/publications/economic-case-investing-prevention-mental-health-conditions-UK

166. Children and young people: statistics. Mental Health Foundation. Accessed May 1, 2026. https://www.mentalhealth.org.uk/explore-mental-health/statistics/children-young-people-statistics

167. Shafan-Azhar Z, Borthwick A, Rainer C, Precious G. From Policy to Practice: our review of whole school approaches to mental health and wellbeing guidance. Schools Wellbeing Partnership. August 2025. Accessed May 5, 2026. https://schoolswellbeing.org.uk/sites/default/files/uploads/files/SWP%20x%20Colition%20From%20Policy%20to%20Practice%20-%20our%20review%20of%20Whole%20School%20Approach%20to%20Mental%20Health%20and%20Wellbeing%20guidance.pdf

168. Children missing education at census date. Department for Education. May 9, 2025. Accessed May 5, 2026. https://explore-education-statistics.service.gov.uk/data-catalogue/data-set/35d55c11-8a8a-4e7f-8ba2-3ffd380583b7

169. Children Missing Education: The Unrolled Story. Children's Commissioner. September 10, 2024. Accessed May 5, 2026. https://www.childrenscommissioner.gov.uk/resource/children-missing-education-the-unrolled-story/

provision of community support, which would allow for a system of support around schools.[170]

Tackling poverty

Poverty is the biggest social determinant of good mental health. Therefore, the mental health crisis cannot be solved without tackling poverty.

One of the greatest protections against poverty and mental ill-health is an adequate wage. The recent increase in the minimum wage for those in work is welcomed, but this must be constantly updated to reflect cost-of-living pressures.

Additionally, for those not in work, the safety net in place should provide the necessary level of support. An *Essentials Guarantee in Universal Credit* would cover the cost of essentials like food, household bills and travel costs. This would help support all of those in the UK on Universal Credit, the majority of whom live in England. This has been calculated to be at least £120 per week for a single adult and £200 per week for a couple.[171]

Public mental health interventions

Preventative mental health interventions, some of which we have outlined in previous sections, offer considerable value for money and have been demonstrated to have a positive impact on population mental health.[172] The Westminster government must commit to funding new public preventative mental health interventions.

Currently, Westminster government systems do not always consider the future benefits of such investment. The Treasury needs a fundamental change in how it conceives of investment, with a specific funding stream for preventative work. A new category within *Departmental Expenditure Limits – Preventative Departmental Expenditure Limits* – would classify and ring fence preventative investment, injecting long-termism into public spending.[173] There is currently very limited funding for these interventions, especially given recent cuts to the budgets of ICSs.

A long-term cross-governmental mental health plan

Bringing all this work together, we need a detailed, long-term, funded plan that sets out how all the different parts of government can work together to improve the population's mental health. This needs to be combined with a general shift in England towards a preventative public health approach to mental health. By focusing on the prevention of poor mental health, we can reduce both economic and personal costs and support more people to live mentally healthy lives.

170. Not in school: The mental health barriers to school attendance (Parliamentary Briefing). Centre for Mental Health, and Children and Young People's Mental Health Coalition. April 2024. Accessed May 5, 2026. https://cypmhc.org.uk/wp-content/uploads/2024/04/Attendance-and-Mental-Health_April24.pdf
171. UK Poverty 2026: The essential guide to understanding poverty in the UK. Joseph Rowntree Foundation. January 27, 2026. Accessed May 5, 2026. https://www.jrf.org.uk/uk-poverty-2026-the-essential-guide-to-understanding-poverty-in-the-uk
172. Summary of evidence on public mental health interventions. Public Mental Health Implementation Centre, Royal College of Psychiatrists. June 2022. Accessed May 5, 2026. https://www.rcpsych.ac.uk/docs/default-source/improving-care/pmhic/summary-of-evidence-on-pmh-interventions-june-2022.pdf
173. O'Brien A, Curtis P, Charlesworth A. Revenue, Capital, Prevention: A New Public Spending Framework for the Future. Demos and The Health Foundation. October 2023. Accessed May 5, 2026. https://demos.co.uk/wp-content/uploads/2023/09/PDEL-Briefing-paper_final-version.pdf

What policy action is needed to improve mental health across the whole of the UK?

STOP PRESS

As The Foundation Reports went to print in May 2026, the Department of Health and Social Care announced plans for a new mental health strategy for England, with a cross-government remit and focus on prevention, one of our main policy recommendations. At the time of writing, the government is currently undertaking a call for evidence to inform the plan.

If the UK government are to address the issues raised in The Foundation Reports, this mental health plan must be ambitious, evidence-led, and focus on those communities most at risk of poor mental health, while addressing the social and economic factors that this report highlights.

The plan must include interventions to alleviate poverty, particularly for children; commit to ring-fenced funding for prevention; and implement interventions that support and protect children and young people's mental health such as antibullying programmes and support for young people to enter the workplace.

Devolved governments must also implement cross-governmental approaches to preventing poor mental health.

Westminster must use its reserved powers to create safer online environments, improve living and working conditions and strengthen protections for vulnerable groups. This should be complemented by collaboration with devolved and local governments to fund community-based prevention, enforce fair employment practices and embed mental health across all areas of public policy with clear accountability and data.

This report lays the background, context and necessary action in each nation of the UK, including the devolved nations. However, some of the key powers needed for policy action across the whole of the UK remain reserved to Westminster. These areas require the UK Government to take action to improve mental health across every nation and region of the UK. Or, for Westminster, devolved and local governments to work together to develop multi-level systems for promoting good mental health.

Online Safety Act

The rapidly changing and growing influence of the internet on population mental health is becoming increasingly clear, and successive UK governments have taken action to recognise this. In 2021, the Conservative government

began the process of introducing the *Online Safety Bill* to parliament. This legislation was subsequently passed in 2024. Amongst other aspects, the legislation provided greater powers for OFCOM to act against digital platforms featuring harmful content.

The implementation of the Act is an ongoing process, and as this piece of legislation is operating in a rapidly evolving environment, it will need to be constantly reassessed and improved, including through taking a safety by design approach. However, it is already making important contributions to protecting the public's mental health, including through taking steps to tackle suicide forums. At the time of writing, the government is also consulting on a possible social media ban for under 16s, which could form the next component of its strategy to create a safe online world.

The mental health crisis across the UK cannot be tackled without the development of a safe online environment that protects young people and adults from online harms. The *Online Safety Act* is a step forward, as we have seen with the targeting of suicide forums and the removal of this content online, but the Act needs to be implemented fully, with a persistent and unrelenting approach to tackling content that causes harm, including eating disorder forums. There are also improvements that can be made to keep people safe. These include amending the Act to include restrictions on generative AI and compelling social media firms to move away from addictive design and introduce safety by design.

The role of communities

Communities have a vital role to play in preventing mental health problems. Participation in local activities and greater levels of perceived helpfulness within communities are associated with better levels of mental health, and can create a safety net against the adverse effect of rapid macro-economic changes.

Organisations working at a grassroots level, especially in more deprived areas, must be provided with adequate funding from UK, devolved and local government to ensure training can be delivered and that they can continue to carry out work supporting social connection and good mental health. Funding structures within each nation of the UK must be transparent and accountable, so that money spent in local communities can be tracked, the outcomes can be recorded and best practice can be captured and – where possible and desirable – upscaled.

System change

Protecting population mental health requires change at different levels of our society. Central government has a role in ensuring that the structure of our society is beneficial to good mental health. This is a job for all government departments in all nations, not just the health portfolio, and includes making sure that good labour conditions are available, people's incomes and housing are adequate and that people – especially the most vulnerable and marginalised – are protected from discrimination. These are themes that we also consider in many other sections of this report.

Both the UK and devolved governments must also provide funding for evidence-based programmes that we know are effective for protecting people's mental health across the UK. Local government and local health systems, such as Integrated Care Systems in England, Health Boards in Wales and Scotland and Health and Social Care Trusts in Northern Ireland, also have a key role to play. Local councils can support social connection and make sure that people can experience and enjoy nature.

All of this activity requires local health systems to be properly funded by both UK and devolved governments, clear lines of accountability and responsibility to be established and that data be collected to enable partners to identify areas of best practice at local level and to better understand how to strengthen community mental health.

A humane response to the mental health of asylum seekers

Asylum seekers face an elevated risk of poverty across the whole of the UK. Despite some support available at local and devolved levels in some parts of the UK, the existing policies that financially support asylum seekers are not keeping up with inflation and the cost of living. Asylum seekers should be granted the right to work if they have been waiting for longer than six months. The *Asylum Support Allowance* must also be increased to a level that ensures everyone can at least meet their essential needs and be regularly reviewed. This should be based on research with people with experience of the asylum system to determine what people need to afford the essentials.

Reforms to the workplace

Whilst some policy relating to the wellbeing of the workforce is devolved – such as training, skills and education – employment law and regulation is reserved to Westminster. This means that action on promoting good mental health in the workplace across the whole of the UK must be taken by the UK government.

The UK government has been too slow to act on precarious work (at the time of writing, a new Employment Rights Act has only recently been passed). As such, more should be done to protect and improve the wellbeing of the workforce, and address the mental health-related barriers to accessing good, stable work.

Some working practices and job types are often linked to low pay and are a barrier to good mental health. Over a third (37%) of those in work who have a mental health problem are in the three lowest-paid occupational groups.[174] Work precarity is also a clear driver of poor mental health. Zero-hours contracts (ZHCs) can affect mental health as they are often used for low-paid roles and are associated with an unpredictable income.

Recent policy measures, such as the increase in the minimum wage and the new Employment Rights Act are undoubtedly positive. However, it is vital that the government regularly assesses and updates the minimum wage so it reflects the cost of living. Moreover, the Employment Rights Act must be properly enforced so that the new rights to secure and predictable work are fully implemented.

174. Stevenson P, Farmer D. Thriving at Work: The Stevenson / Farmer review of mental health and employers. Department for Work and Pensions & Department of Health and Social Care. October 2017. Accessed April 23, 2026. https://www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers

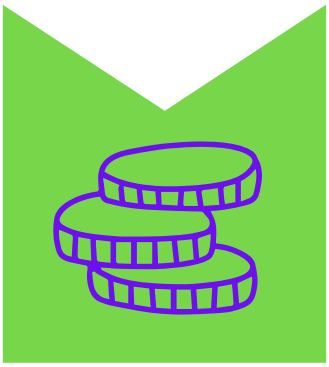
CHAPTER 3:
DEMOGRAPHIC MENTAL HEALTH INEQUALITIES

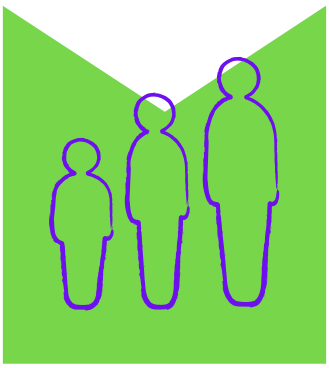
Introduction

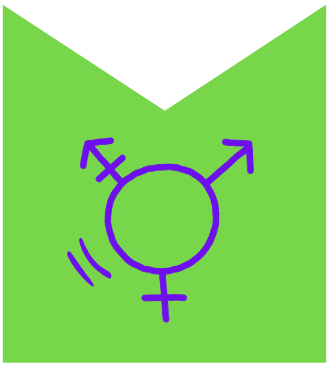
The previous chapter examined the drivers of geographic mental health inequality across the four UK nations. While geography provides an essential lens for understanding these drivers, it is only one dimension of inequality. Mental health is also profoundly influenced by people's personal circumstances. Understanding these demographic influences allows us to explore not only where inequalities manifest, but also why certain groups consistently experience higher levels of poor mental health.

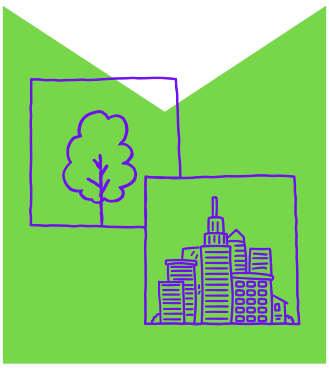
In this chapter, we explore four key demographic characteristics associated with mental health inequalities across the UK: financial hardship, age, gender and urban/ rural residency.

Existing evidence suggests that inequalities linked to financial hardship are especially wide and persistent.[175] However, each of these interacts with broader social, economic and environmental forces, shaping individuals' exposure to stressors, as well as their access to protective resources. Investigating trends across these groups provides a necessary foundation for identifying which groups are most at risk of poor mental health and addressing inequalities.

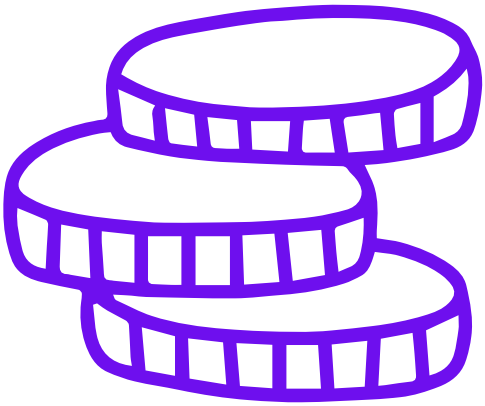








175. McDaid S, Kousoulis A. Tackling social inequalities to reduce mental health problems: How everyone can flourish equally. Mental Health Foundation. 2020. Accessed April 23, 2026. https://www.mentalhealth.org.uk/sites/default/files/2025-02/MHF-Inequalities-Paper_LONG-VERSION_A5_FINAL_Shari%20McDaid.pdf



FINANCIAL HARDSHIP

What is the state of mental health inequalities related to financial hardship?

People who are struggling financially are much more likely to experience poor mental health than those who are financially comfortable.

Financial equality: levels of poor mental health

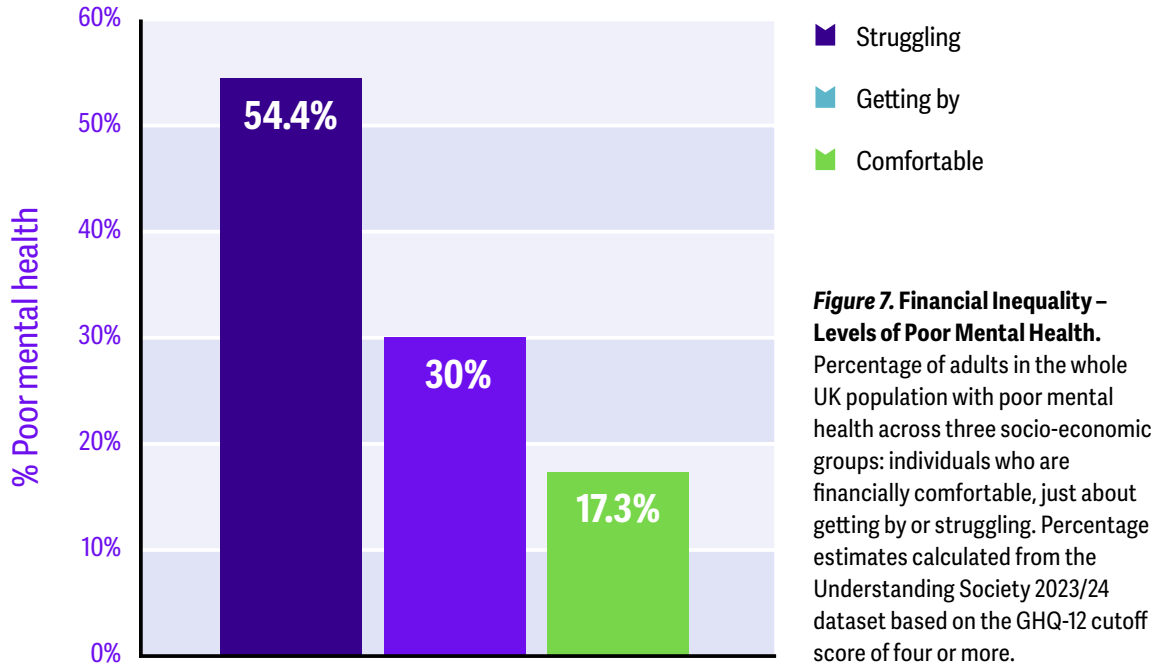


Figure 7. **Financial Inequality – Levels of Poor Mental Health.** Percentage of adults in the whole UK population with poor mental health across three socio-economic groups: individuals who are financially comfortable, just about getting by or struggling. Percentage estimates calculated from the Understanding Society 2023/24 dataset based on the GHQ-12 cutoff score of four or more.

Understanding Society data reveal stark and significant differences in mental health across socio-economic groups (Figure 7). People who are financially comfortable record the best outcomes, with fewer than one in five (17.3%) experiencing poor mental health. In contrast, rates are far higher among those who are financially struggling: more than half (54.4%) are experiencing poor mental health – **over three times the proportion seen among the financially comfortable.** Those who consider themselves to be 'just about getting by' fall between these two groups, with around one in three (30%) affected. This gradient highlights how financial stress maps closely onto mental health outcomes in the UK.

Why do people who are financially struggling have worse mental health?

Financial hardship increases risk factors for poor mental health and reduces protective factors for good mental health.

The Foundation Reports Delphi study identified **household financial security** and **earning a liveable income** as two of the most important drivers of mental health inequality in the UK today.[176]

Financial difficulties undermine mental health by increasing exposure to the social determinants of poor mental health and reducing access to protective factors for good mental health. Economic hardship can also function as both a cause and a consequence of poor mental health, creating a feedback loop of worsening outcomes.[177, 178] People experiencing mental health difficulties may find it harder to work, manage their money or navigate the complex benefits system, placing them at greater risk of experiencing the harmful effects of unemployment, debt and further financial strain.

At the individual level, the daily realities of financial hardship, such as worrying about bills, struggling to afford essentials and coping with precarious living conditions, can take a massive toll on mental and physical health. At the structural level, people who live in economically deprived neighbourhoods are exposed to more adversity and environmental stressors, while often having reduced access to public services, safe and secure housing, green and blue spaces and other factors that support good mental health. These conditions limit people's ability to participate fully in their communities and contribute to persistent inequalities in mental health outcomes.

Recent publications by the Mental Health Foundation further expand on this area, examining the complex relationship between poverty and mental health[179] and exploring the impact of poverty stigma on wellbeing.[180] Collectively, these reports provide a comprehensive account, beyond the scope of this summary, of how economic hardship and deprivation shape mental health outcomes across the population.

176. Jowett S, Lutz N, Crepaz-Keay D. The Foundation Reports: Tackling mental health inequalities in the UK: expert consensus on priority areas. Mental Health Foundation. November 2025. Accessed April 21, 2026. https://www.mentalhealth.org.uk/our-work/research/foundation-reports-tackling-mental-health-inequalities-uk

177. Jiménez-Solomon O, Garfinkel I, Wall M, Wimer C. When money and mental health problems pile up: The reciprocal relationship between income and psychological distress. SSM Popul Health. 2024;25:101624. doi:10.1016/j.ssmph.2024.101624

178. Thomson RM, Kopasker D, Leyland A, Pearce A, Katikireddi SV. Effects of poverty on mental health in the UK working-age population: causal analyses of the UK Household Longitudinal Study. Int J Epidemiol. 2023;52(2):512-522. doi:10.1093/ije/dyac226

179. Hough M, Knifton L, Wenham A. Poverty of Ambition: Why we need bold action to tackle poverty and improve mental health. Mental Health Foundation and Joseph Rowntree Foundation. June 2025. Accessed April 23, 2026. https://www.mentalhealth.org.uk/our-work/policy-and-advocacy/poverty-ambition-why-we-need-bold-action-tackle-poverty-and-improve-mental-health#:~:text=Our%20recommendations-,Key%20statistics%20on%20poverty%20and%20mental%20health,6

180. Inglis G, Sosu E, McHardy F, et al. Experiences of poverty stigma and mental health in the UK. Mental Health Foundation. June 2024. Accessed April 21, 2026. https://www.mentalhealth.org.uk/our-work/research/experiences-poverty-stigma-and-mental-health-uk

How has financial hardship-related mental health inequality changed over time?

The mental health gap between people who are financially comfortable and struggling has widened substantially. Mental health inequality peaked in 2021/22 at a 43 percentage point gap.

Mental health gap: financial inequality

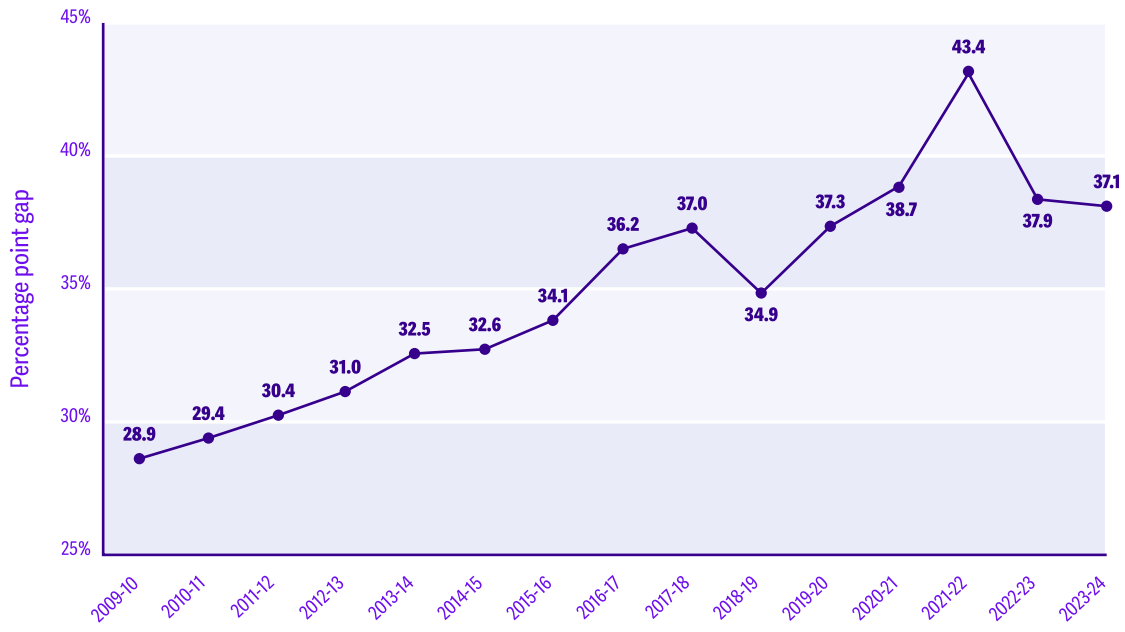


Figure 8. **Mental Health Gap – Financial Inequality.**
The percentage point gap in levels of poor mental health between adults who are financially comfortable versus financially struggling in the whole UK adult population. Positive numbers reflect higher levels of poor mental health among people who are financially struggling. Percent estimates calculated from the *Understanding Society* dataset based on the GHQ-12 cutoff score of four or more.

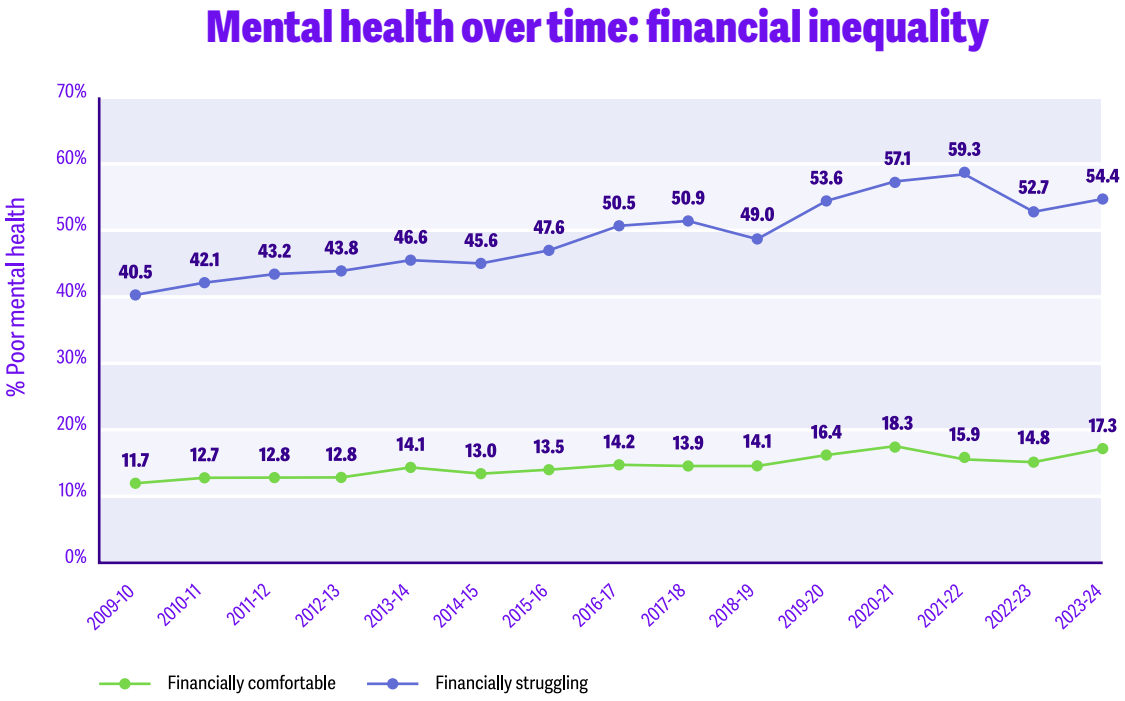


Figure 9. **Mental Health Over Time – Financial Inequality.**
The percentage of people with poor mental health who are financially struggling or comfortable in the whole UK adult population. The difference between the two groups is statistically significant every year. Percent estimates calculated from the *Understanding Society* dataset based on the GHQ-12 cutoff score of four or more.

Over the past 15 years, the mental health gap between those who are financially comfortable and those who are financially struggling has widened markedly (Figure 8). In 2009/10, the difference in rates of poor mental health was already substantial at 28.9%, and it has continued to grow over time. The widest gap occurred in 2021/22, when people who were financially struggling reported poor mental health at levels **43.4 percentage points higher** than those who were financially comfortable – a striking illustration of how strongly financial strain shapes mental wellbeing.

This long-term pattern of widening inequality is driven by a much sharper rise in poor mental health among people facing financial difficulty (Figure 9). Although both socio-economic groups have seen a deterioration in mental health over the past decade, the increase has been far more pronounced among those who are struggling. The financially comfortable group experienced a rise of 5.6 percentage points since 2009, whereas **the financially struggling group saw an increase of 13.9 percentage points** – more than double. While the gap has narrowed slightly since 2021/22, this shift was caused by a steeper rise in poor mental health among the financially comfortable group, rather than an improvement for those in hardship; in fact, both groups have continued to experience worsening outcomes.

Why have financial hardship-related mental health inequalities widened?

Austerity, the pandemic and the cost-of-living crisis have driven more people into financial insecurity, deepened economic hardship and disproportionately harmed the mental health of people who are financially struggling.

The overall decline in mental health has not been evenly distributed across the UK population. Inequalities related to financial situations have deepened and widened over the past 15 years as austerity policies hit economically deprived communities and low-income households the hardest. Cuts to central government funding forced local governments to depend more heavily on locally generated income, producing stark geographic disparities in the scale of local service reductions.[181]

As a result, people living in economically deprived areas faced some of the biggest losses to public services which support community wellbeing and resilience, and, consequently, experienced the steepest declines in mental health.[182] At the same time, welfare reforms reduced benefits that low-income households relied upon, resulting in real-terms income losses which drove more people into financial insecurity and deepened the economic hardship of people in poverty.[183, 184]

181. Gray M, Barford A. The depths of the cuts: the uneven geography of local government austerity. Cambridge Journal of Regions, Economy and Society. 2018;11(3):541-563. doi:10.1093/cjres/rsy019

182. Brown H, Gao N, Song W. Austerity hit young people's mental health. Understanding Society: The UK Household Longitudinal Study. September 9, 2024. Accessed April 21, 2026. https://www.understandingsociety.ac.uk/blog/2024/09/09/austerity-hit-young-peoples-mental-health/?utm_source=chatgpt.com

183. Jenkins RH, Aliabadi S, Vamos EP, et al. The relationship between austerity and food insecurity in the UK: A systematic review. EClinicalMedicine. 2021;33:100781. doi:10.1016/j.eclinm.2021.100781

184. Cutting away at our children's futures: how austerity is affecting the health of children, young people and families. British Medical Association. September 2016. Accessed April 23, 2026. https://www.bma.org.uk/what-we-do/population-health/addressing-social-determinants-that-influence-health/cutting-away-at-our-children-s-futures-how-austerity-is-affecting-the-health-of-children-young-people-and-families

The consequence has been an increasingly unequal mental health landscape across the UK.

The socio-economic context of austerity laid the groundwork for inequalities to become more pronounced in the past five years. As we can see in Figure 9, the mental health gap spiked as the UK emerged from the pandemic (2020/2021 to 2021/22) because mental health worsened for people who were financially struggling, while it improved for people who were financially comfortable. Research from Mental Health Foundation underscores this pattern, showing that individuals with less economic security bore a disproportionate share of the pandemic's mental health burden, as financial strain, job loss and reduced access to support compounded existing vulnerabilities.[185] In the years since, the cost of living crisis has further entrenched these inequalities. Rising prices, stagnant wages and increasing household debt have pushed more people into financial hardship, amplifying the mental health impacts of chronic economic stress.[186]

'The mental health gap spiked as the UK emerged from the pandemic (2020/2021 to 2021/22) because mental health *worsened* for people who were financially struggling, while it improved for people who were financially comfortable.'

The widening mental health gap reflects how financial strain undermines wellbeing on both personal and societal levels. When individuals experience constant worry about money while living in communities with fewer services and supports, the combined effect intensifies mental health difficulties, making financial insecurity a powerful driver of worsening outcomes.

185. Kousoulis A, McDaid S, Crepaz-Keay D, et al. The COVID-19 pandemic, financial inequality and mental health. Mental Health Foundation. May 2020. Accessed April 23, 2026. https://www.mentalhealth.org.uk/sites/default/files/2022-06/MHF-COVID-financial-inequality-mental-health-report-2020.pdf

186. Mental Health and the Cost of-Living Crisis: Another pandemic in the making? Mental Health Foundation. January 2023. Accessed April 21, 2026. https://www.mentalhealth.org.uk/sites/default/files/2023-01/MHF-cost-of-living-crisis-report-2023-01-12.pdf

What policy action is needed to improve financial hardship-related mental health equity?

Decisive action is needed to tackle poverty and economic insecurity through stronger social security, higher and more secure incomes, affordable housing and childcare and access to good-quality work. These measures must be delivered through coordinated, cross-government prevention strategies that prioritise the most affected groups, reduce stigma and invest in upstream interventions that address the root causes of financial stress.

POLICY ACTION
FINANCIAL HARDSHIP

Wales

Reducing poverty

Financial insecurity is one of the strongest and most consistent drivers of mental health inequality in Wales. Wales's long-term socio-economic challenges mean that a higher proportion of people face persistent or severe financial pressure, with the depth of poverty intensifying over the last 20 years.[187] This deepening disadvantage, including rising energy debt, rent arrears, insecure work and material deprivation, increases exposure to the kinds of chronic stresses that directly harm mental health.

These financial pressures occur within a wider landscape of lower household incomes, lower employment rates and higher rates of economic inactivity due to long-term sickness compared with UK averages.[188, 189, 190]

Taking action on poverty is not just an economic priority. From a mental health perspective, it is one of the most effective and impactful interventions available. To reduce rates of poor mental health, Wales must place poverty reduction at the centre of its public mental health approach, recognising that addressing financial strain is one of the most powerful forms of prevention. This should include exploring mechanisms to deliver a *Welsh Child Payment*, such as grant or top-up schemes, given its strong evidence base for reducing child poverty and improving family wellbeing.[191]

Addressing overlapping inequalities

Recent data from the Bevan Foundation shows that financial strain is widespread and worsening. Three in ten people in Wales borrowed money between July and October 2025 due to increased financial pressure, and 40% reported that their financial situation had negatively affected their mental health. A particularly stark indication of how financial circumstances and

mental health interact comes from people receiving *Universal Credit* in Wales, 71% of whom report that their mental health has worsened due to their financial position. Some groups – including women, single parents, people with disabilities and those in insecure employment – are likely to be disproportionately affected, contributing to wider and deeper mental health inequities.

The Welsh Government must take more action to tackle the stigma associated with poverty, drawing on emerging evidence that governments can reduce stigma by involving people with lived experience in the design and delivery of support, and by ensuring that services are easy to navigate and delivered in ways that feel respectful and dignified.[192]

Access to work

53% of people in Wales who are economically inactive because of long-term sickness report experiencing depression, anxiety or 'bad nerves', highlighting how financial strain and poor mental health reinforce one another.[193] Action from every level of government in Wales is needed to ensure that people have access to secure, locally available and adequately paid work, supported by wider efforts to improve financial stability across communities. Ensuring prevention reflects people's day-to-day realities, including the intersecting financial pressures faced by particular groups, and drawing on emerging evidence about working lives and mental health in Wales, will help shape support that is genuinely responsive to need.

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189. Labour market in the regions of the UK: April 2026. Office for National Statistics. April 21, 2026. Accessed April 23, 2026. https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/regionallabourmarket/latest

190. Get Wales Working: Economic inactivity and ill-health. The Bevan Foundation. February 2025. Accessed April 23, 2026. https://www.bevanfoundation.org/wp-content/uploads/2025/02/SoW-Get-Wales-Working-Feb-25.pdf

193. Masters R, Jones A, Stielke A, et al. Investing in a Healthier Wales: prioritising prevention. Public Health Wales. January 15, 2025. Accessed April 22, 2026. https://phwwhocc.co.uk/resources/investing-in-a-healthier-wales-prioritising-prevention/

POLICY ACTION
FINANCIAL HARDSHIP

Northern Ireland

Financial hardship is a key driver of poor mental health. Low wages and financial precarity, as outlined above, are commonplace. In Northern Ireland, Mental Health Foundation research found that anxiety about the cost of heating homes, paying for food and other basic needs was widespread.[194] Northern Ireland reflects the same UK trend of an increasing number of households in in-work poverty.[195] 67% of children living in poverty in Northern Ireland live in working households, highlighting the scale and impact of low wages and precarious work, and the inadequacy of in-work benefits to protect from poverty.[196]

Northern Ireland has been without an anti-poverty strategy for more than a decade, which has resulted in a lack of concerted policy action to address the structural causes of poverty. Foodbank usage has surged by 143% in five years in response to the cost-of-living crisis[197], while below-average wage growth in Northern Ireland has intensified financial strain. In 2022/23, the median household income in Northern Ireland fell by 5%, compared to a 1% fall in the UK as a whole.[198]

Unique market challenges also exist, such as the dependency of more than 60% of Northern Ireland homes on heating oil and solid fuels from private suppliers.[199] This unregulated market makes more of the population vulnerable to price rises. A lack of affordable childcare has also plagued Northern Ireland and driven up financial precarity for working parents. Until 2024, Northern Ireland was the only part of the UK with no universal, funded childcare for two-year-olds and a much smaller offer for three to four-year-olds than other regions. Recently introduced subsidies remain well below England, Wales and Scotland. However, the Department has set out plans to extend provision, which, if fully funded, should mean that Northern Ireland will no longer be one of the most expensive parts of the UK for childcare.[200]

Actions to alleviate financial situation-related mental health require a government-wide commitment to mental health prevention as discussed above. Policy should have a particular focus on those groups in society who we know face the greatest mental health inequalities.

Effective social security

Current welfare mitigations must be maintained to shield people in Northern Ireland from the worst impact of welfare cuts, and further mitigations are needed. Raising income, particularly for households with children, is key to breaking the intergenerational cycles of poverty and poor mental health. Across the UK, the Mental Health Foundation is calling on the UK Government to embed an *Essentials Guarantee in Universal Credit* to ensure the social security system provides an effective safety net for people. This would have a meaningful impact on poverty levels in Northern Ireland.

194. Cost-of-living is still causing widespread mental distress in Northern Ireland. Mental Health Foundation. November 29, 2023. Accessed April 22, 2026. https://www.mentalhealth.org.uk/about-us/news/cost-living-still-causing-widespread-mental-distress-northern-ireland

195. In-work poverty trends. The Health Foundation. July 25, 2025. Accessed April 23, 2026. https://www.health.org.uk/evidence-hub/money/in-work-poverty-trends

196. Local Child Poverty Statistics 2025: Data tables. End Child Poverty Coalition and Centre for Research in Social Policy at Loughborough University. 2025. Accessed April 23, 2026. https://endchildpoverty.org.uk/child-poverty-2025/

197. Our work in Northern Ireland. Trussell. Accessed April 23, 2026. https://www.trussell.org.uk/our-work/northern-ireland

198. The Northern Ireland Poverty and Income Inequality Report (2022-23). Department for Communities, Northern Ireland. March 27, 2024. Accessed April 23, 2026. https://www.communities-ni.gov.uk/news/northern-ireland-poverty-and-income-inequality-report-2022-23-released

199. Oil central heating remains the primary heating source for over 60% of households. Northern Ireland Statistics and Research Agency. November 11, 2025. Accessed April 23, 2026. https://www.nisra.gov.uk/news/oil-central-heating-remains-primary-heating-source-over-60-households

200. Draft Northern Ireland Executive Early Learning and Childcare Strategy. Department for Education, Northern Ireland. December 2025. Accessed April 23, 2026. https://www.education-ni.gov.uk/sites/default/files/2025-12/FINAL%20VERSION%20draft%20ELC%20Strategy%2023.12.2025.PDF

Recent Mental Health Foundation research has modelled the mental health impacts of a child payment like the Scottish model and shown both potential cost savings and mental health benefits at scale to the adults in the household.[201] A new anti-poverty strategy in Northern Ireland must recognise mental health as a risk factor for poverty and frame poverty reduction as a public mental health intervention. Anti-poverty work should embed guiding principles including anti-stigma, trauma-informed, embedding lived experience and an equality approach.

Good jobs and accessible work

Inclusive economic growth is vital to support good mental health. Initiatives to support more people into work must address the structural barriers to employment participation, with particular regard to poor mental health and economic inactivity driven by ill-health and disability. Northern Ireland has the worst rate of disability employment in the UK at only 41%. For economic growth to be inclusive, it must be about more than the number of people in work; it must also include policies to promote good jobs. This is because mental health problems can trap people in low-paid and precarious work.

Over a third (37%) of those in work who have a mental health problem are in the three lowest-paid occupational groups, in contrast to a quarter (26%) of those who have not had mental health problems.[202] It is vital that work-first approaches consider issues such as discrimination, stability and dignity. Work precarity itself has been found to be associated with lower mental wellbeing, with the Mental Health Foundation's review of research on zero-hours contracts showing a recurring link between zero-hour contracts and mental health difficulties or low wellbeing.[203] Aside from women, these roles are more commonly held by people with disabilities, from ethnic minorities or lower socio-economic groups.

Stronger rights and protections for low-paid roles and the ending of exploitative contracts, alongside mentally healthy working practices such as access to flexible working and expansion of family leave, must underpin policy direction. Progression on the proposed Northern Ireland draft legislation on good jobs must be brought forward by the Northern Ireland government with urgency. As work-related rights and protection lag behind the rest of the UK, people in Northern Ireland are exposed to greater risk of, and fewer protections from, poor mental health.

201. Lomax N, Archer L. Modelling the Adult Mental Health Impacts of Child Payment Policy . SIPHER. October 2024. Accessed April 23, 2026. https://eprints.gla.ac.uk/337652/1/337652.pdf
202. Money and Mental Health: The Facts. Money and Mental Health Policy Institute. 2024. Accessed April 23, 2026. https://www.moneyandmentalhealth.org/wp-content/uploads/2024/06/The-Facts-updated-2024.pdf
203. Wilson N, McDaid S. Zero Hours Contracts and Mental Health: What the evidence tells us . Mental Health Foundation. June 2022. Accessed April 23, 2026. https://www.mentalhealth.org.uk/sites/default/files/2022-12/MHF_ZHC-Report_Plain-English_Summary.pdf

POLICY ACTION
FINANCIAL HARDSHIP

Scotland

Set against the background of austerity, the COVID-19 pandemic and an ongoing cost-of-living crisis, various elements of financial insecurity have had a detrimental impact on peoples' mental health in Scotland in recent years.

Polling for Citizens Advice Scotland in 2024 found that the mental health and wellbeing of around 665,148 people had been affected by debt.[204] In 2025, the Scottish Government published a report analysing the cost-of-living crisis in Scotland, which showed that 43% of respondents to polling in December 2024 said that the cost of living had negatively affected their mental health.[205] The report also emphasised the intersectional nature of the cost-of-living crisis in relation to its impacts on women, disabled people, ethnic minorities, larger households, rural households, young people, students, young carers, lone parents and single-person households, as well as households in receipt of income-related benefits, people narrowly ineligible for benefits and people with no recourse to public funds. Much of that intersectional impact is rooted in widening inequality and high levels of poverty, with the Scottish Government's report highlighting that people on low incomes experience a 'poverty premium' whereby they pay more for essential goods and services.

Addressing economic insecurity

The significance of structural inequalities is further reinforced by a research briefing published by the Joseph Rowntree Foundation (JRF) in March 2026 on the building blocks of economic security in Scotland.[206] Its findings show that nearly half (47%) of adults in Scotland feel economically insecure. That insecurity is determined by a combination of factors including income, housing, work, savings and debt. JRF's research also indicates that respondents across all income quintiles consistently identified lower cost of essentials, higher pay and improved pension savings as the top three things that would improve their economic security.

However, the findings also showed that addressing issues with the social security system and providing support with debt were higher priorities for lower-income households compared to respondents in higher income quintiles. As the JRF report notes, the labour market is failing too many people in Scotland, leading to their inability to pay for essentials and, for those who cannot work, the social security system fails to provide sufficient income for a good quality of life. Moreover, unaffordable and insecure housing, coupled with the ongoing cost-of living crisis, 'is fuelling financial precarity for families.'[207]

The Scottish Child Payment

Given the impacts of financial insecurity on the mental health of people in Scotland, we agree with JRF's call for 'investment, at scale, to tackle poverty and inequality and improve economic security.'[208] That call to action requires a programme of co-ordinated cross-portfolio interventions. We contend that such a programme should include implementing the Scottish Government-appointed Minimum Income Guarantee Expert Group's recommendation to increase the

204.Over 660,000 people say debt has impacted their mental health. Citizens Advice Scotland. February 17, 2024. Accessed April 28, 2026. https://www.cas.org.uk/news-and-events/over-660000-people-say-debt-has-impacted-their-mental-health#:~:text=According%20to%20a%20YouGov%20poll%2C%2085%25%20of,in%20debt%20had%20impacted%20their%20mental%20health

205.Understanding the Cost of Living Crisis in Scotland. Scottish Government. February 2025. Accessed April 28, 2026. https://www.gov.scot/publications/understanding-cost-living-crisis-scotland/

206.McKenzie A, Cebula C. The building blocks of economic security in Scotland. Joseph Rowntree Foundation. March 11, 2026. Accessed April 28, 2026. https://www.jrf.org.uk/public-attitudes/the-building-blocks-of-economic-security-in-scotland

207.Ibid

208.Ibid

Scottish Child Payment (SCP) from £27.15 per child, per week to £55 per week by the end of 2030 at the latest. The SCP has been found to improve the mental health of recipients[209] and may help to prevent poor mental health[210], and the Group calculates that its recommended £55 a week increase would result in a reduction of six percentage points in relative child poverty by 2031, at a combined cost of £626 million.[211]

POLICY ACTION
FINANCIAL HARDSHIP

England

Socio-economic inequality is a key determinant of mental health. There has been an increase in the number of people in deep poverty in England, with almost half of all people in poverty now living in deep or very deep poverty. Poor households now live much further below the poverty line, and deep poverty is rising faster than median incomes. This poverty is also not evenly spread across England. London has some of the highest poverty rates in England, with parts of the Midlands and the North of England also suffering from high poverty rates due to structural inequalities, lower pay and hardship.[212]

While poverty continues to be more prominent in certain parts of England, the gap between those who are financially comfortable versus those who are struggling is also widening. Lower incomes are falling faster than middle and upper incomes[213], with wealth and income remaining highly uneven.[214] Projections also suggest this is a pattern that will be maintained throughout the decade.[215]

Greater social security support

One of the key actions for reducing the mental health gap between those who are financially comfortable versus those who are struggling is to ensure that everyone has an income that enables them to live a dignified life. Social security support has been eroded in recent years and is causing substantial harm, although we do welcome recent increases in *Universal Credit* support. However, this is not enough. The implementation of an *Essentials Guarantee in Universal Credit* would embed the principle that at a minimum Universal Credit should protect people from going without the essentials, such as food and utilities. Analysis has suggested that this level would need to be at least £120 a week for a single adult and £205 for a couple. The policy would benefit 8.8 million low-income families.[216]

209. Five Family Payments: evaluation. Scottish Government. September 2025. Accessed April 28, 2026. https://www.gov.scot/publications/evaluation-five-family-payments/
210. Top-up Universal Credit payments for parents could prevent poor mental health. Mental Health Foundation. October 23, 2024. Accessed April 28, 2026. https://www.mentalhealth.org.uk/about-us/news/top-universal-credit-payments-parents-could-prevent-poor-mental-health
211. The Minimum Income Guarantee: a roadmap to dignity for all. Minimum Income Guarantee Expert Group. June 2025. Accessed April 28, 2026. https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2025/06/minimum-income-guarantee-roadmap-dignity/documents/minimum-income-guarantee-roadmap-dignity/minimum-income-guarantee-roadmap-dignity/govscot%3Adocument/minimum-income-guarantee-roadmap-dignity.pdf
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213. Francis-Devine B. Income inequality in the UK. House of Commons Library. April 12, 2025. Accessed May 5, 2026. https://commonslibrary.parliament.uk/research-briefings/cbp-7484/
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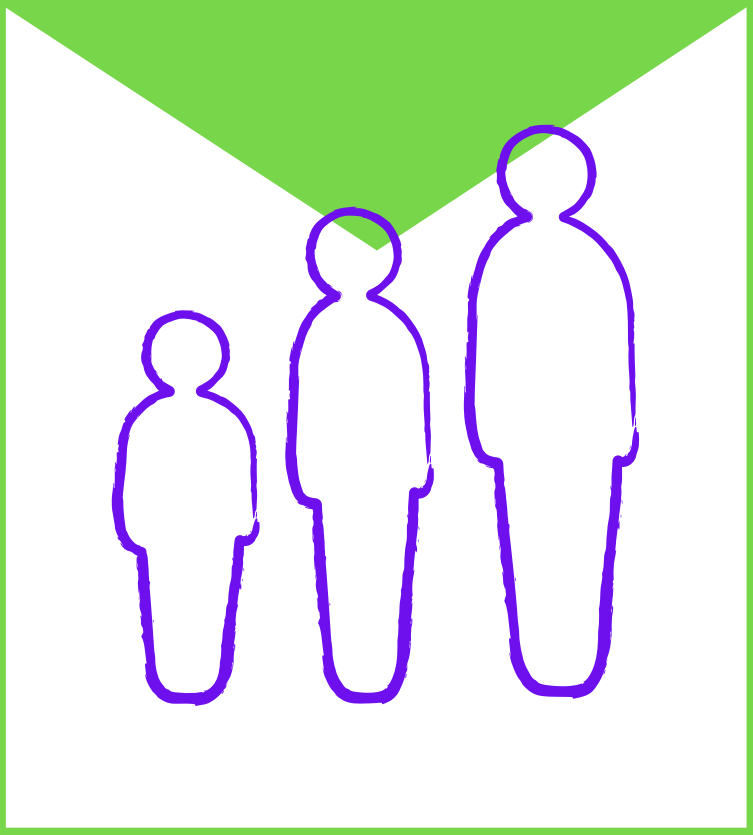
215. Corlett A. The Living Standards Outlook 2025. Resolution Foundation. June 26, 2025. Accessed May 5, 2026. https://www.resolutionfoundation.org/publications/the-living-standards-outlook-2025/
216. Guarantee our Essentials: reforming Universal Credit to ensure we can all afford the essentials in hard times. Trussell and Joseph Rowntree Foundation. January 30, 2026. Accessed May 5, 2026. https://www.jrf.org.uk/social-security/guarantee-our-essentials-reforming-universal-credit-to-ensure-we-can-all-afford-the



AGE

What is the state of mental health inequalities related to age?

Young people (aged 16-24) are significantly more likely to experience poor mental health than adults (aged 25 and over).

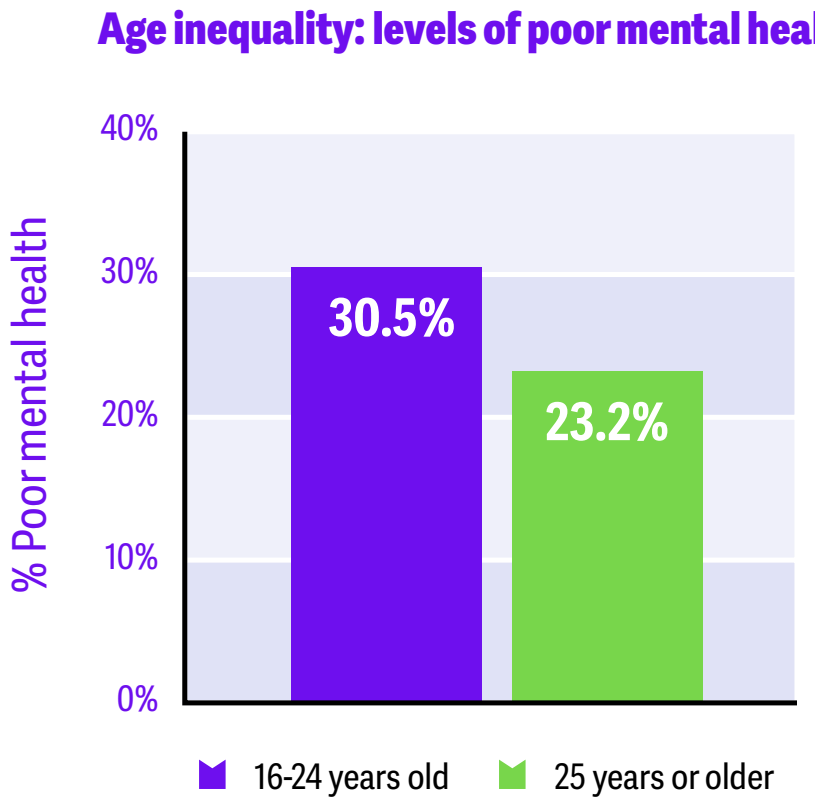


Figure 10. **Age inequality – levels of poor mental health.**
The percentage of young people (aged 16-24) and people aged 25 and over in the whole UK population with poor mental health. Percent estimates calculated from the *Understanding Society* 2023/24 dataset based on the GHQ-12 cutoff score of four or more.

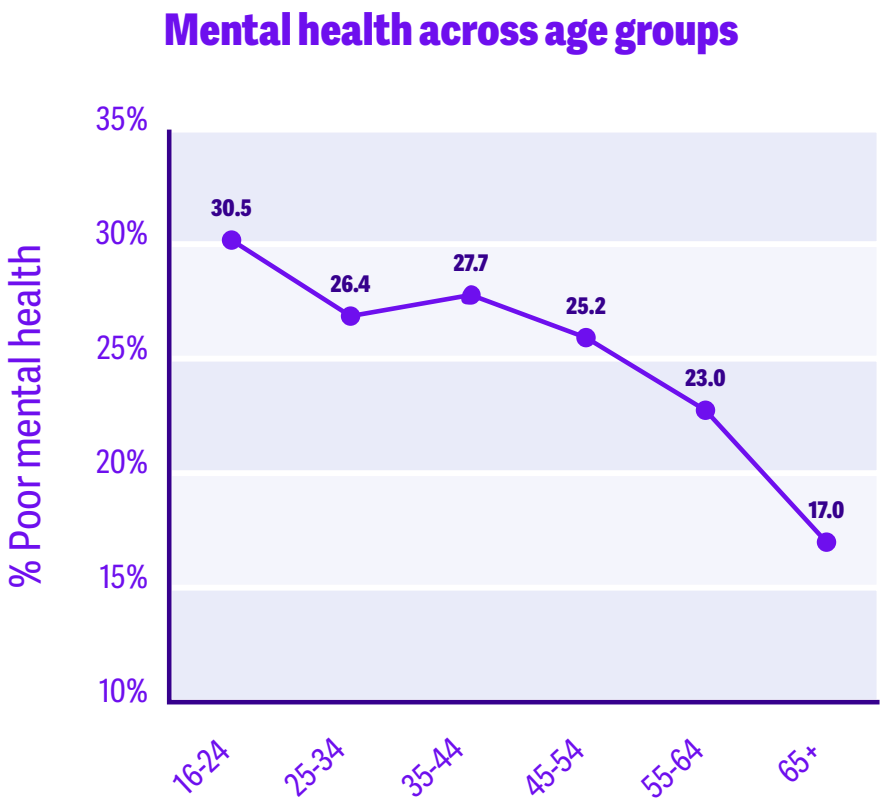


Figure 11. **All Adult Age Groups – Percentages of Poor Mental Health.** Levels of poor mental health in the whole UK population across adult age categories. Percentage estimates calculated from the *Understanding Society* 2023/24 dataset based on the GHQ-12 cutoff score of four or more.

Young people aged 16-24 are significantly more likely to experience poor mental health than those aged 25 or older (Figure 10). In the *Understanding Society* dataset, nearly one in three young people (30.5%) were identified as experiencing poor mental health, compared with less than one in four (23.2%) people aged 25 and above.

Levels of poor mental health steadily decline across the lifespan (Figure 11), with the most positive outcomes seen among adults aged 65 and over, only 17.0% of whom were identified as experiencing poor mental health. This pattern highlights a clear age gradient, with younger adults facing the highest levels of distress and older adults reporting substantially better mental health overall.

Why do young people have worse mental health than older age groups?

A combination of brain development and social factors, which change as we mature, place young people at higher risk of poor mental health.

Adolescence and young adulthood are particularly sensitive periods for mental health; around 50% of mental health conditions begin by age 14 and 75% begin by age 24.[217] Young people tend to experience stronger emotional reactions and greater sensitivity to stress and rejection, as the parts of their brain responsible for emotional regulation and impulse control are still developing.[218] Alongside these biological vulnerabilities, many young people go through major life transitions – such as leaving school, entering the workforce, living independently and developing relationships – which can be challenging to navigate.

As we can see in Figure 11, levels of poor mental health decline with older age, a pattern that is commonly observed in population research. This is partly because people tend to develop better emotion regulation skills as they mature, making it easier to cope with stress and challenging experiences.[219] At this age, people may also learn how to look after their wellbeing better and benefit from accessing mental health support. Oftentimes, life also becomes more stable as we get older and settle into long-term careers, homes and families. These factors can all be protective of good mental health. However, it is important to recognise that people of all ages face mental health difficulties.

217. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 2005;62(6):593-602. doi:10.1001/archpsyc.62.6.593
218. Casey BJ, Heller AS, Gee DG, Cohen AO. Development of the emotional brain. Neurosci Lett. 2019;693:29-34. doi:10.1016/j.neulet.2017.11.055
219. Carstensen LL, Turan B, Scheibe S, et al. Emotional experience improves with age: Evidence based on over 10 years of experience sampling. Psychol Aging. 2011;26(1):21-33. doi:10.1037/a0021285

How has age-related mental health inequality changed over time?

The gap has widened dramatically over the past two decades as mental health has worsened more steeply for young people.

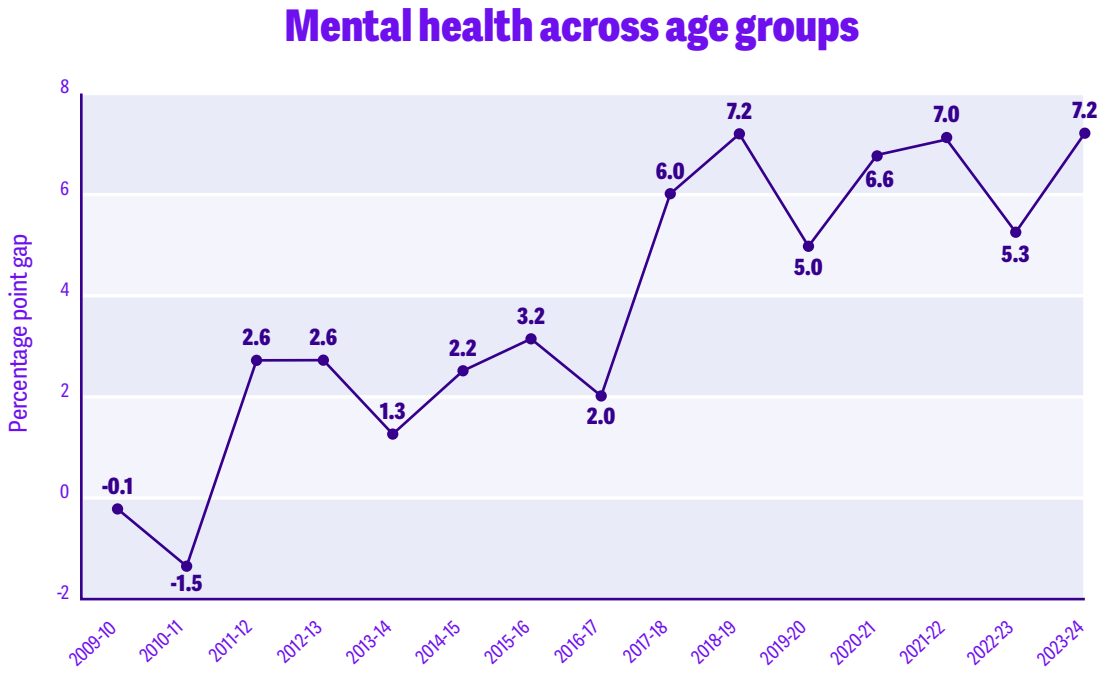


Figure 12. **Mental Health Gap – Age Inequality.**
The percentage point gap in levels of poor mental health between people aged 16 to 24 or aged 25 and over in the whole UK population. Positive numbers reflect higher levels of poor mental health among young people, while negative numbers reflect lower levels of poor mental health among young people. Percentage estimates calculated from the *Understanding Society* dataset based on the GHQ-12 cutoff score of four or more.

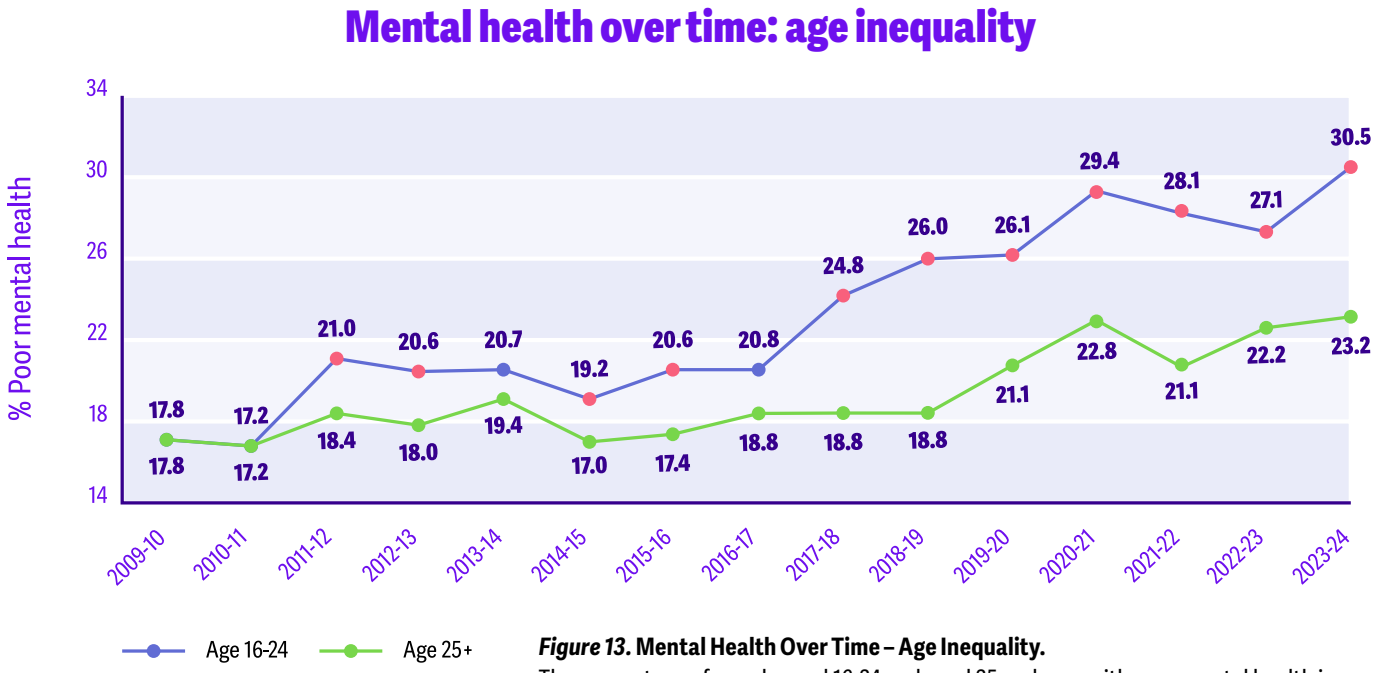


Figure 13. **Mental Health Over Time – Age Inequality.**
The percentage of people aged 16-24 and aged 25 and over with poor mental health in the whole UK population. Percentage estimates calculated from the *Understanding Society* dataset based on the GHQ-12 cutoff score of four or more. Pink dots identify years when levels of poor mental health were statistically significantly higher among young people than among people aged 25 and older.

Understanding Society data show a clear and growing age-related divide in mental health (Figure 12). Between 2009 and 2011, people aged 16-24 and those aged 25 and over reported similar levels of poor mental health, hovering around 18%, with young adults showing slightly **better** outcomes during this period (Figure 13). However, this parity did not last. From 2011/12 onwards, the **mental health of young people began to deteriorate more rapidly**, marking the start of a gap that continued for the next decade. A sharp increase in poor mental health for 16-24-year-olds in 2011/12 was followed by persistently elevated levels, leading to another significant jump in 2017/18, when poor mental health rose by four percentage points in a single year.

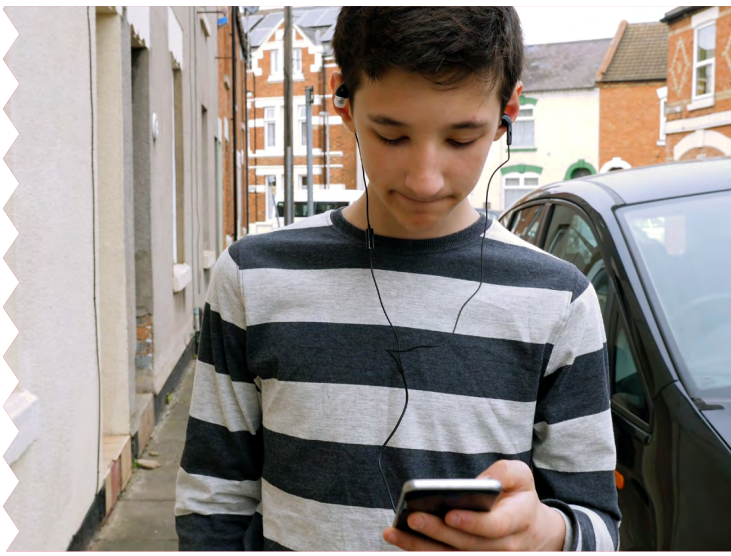
Although levels of poor mental health have increased for both age groups since then, the rise has been steeper among young people. From 2009/10 to 2023/24, rates rose by 5.2 percentage points for those aged 25 and older, compared with a 12.7 percentage-point surge among people aged 16-24 – **more than double the increase seen in the older population**. The most recent data indicate that both age groups have reached their highest recorded levels of poor mental health, but the long-term trend is unmistakable: Young people have faced a disproportionate and accelerating burden over the past decade.

Why have age-related mental health inequalities widened?

Young people have been disproportionately impacted by austerity, the pandemic and the cost-of-living crisis. Social media and smartphone use may be contributing as well.

While the whole UK population's mental health has worsened, young people's mental health has declined more quickly than the mental health of older adults, widening pre-existing age-related mental health inequalities. Recent analysis of the *Understanding Society* dataset identified key social determinants of this trend[220], some of which are closely tied to austerity and the ongoing cost-of-living crisis:

- **Reduction in children and youth services:** Community services aimed at early intervention and prevention faced major funding cuts during austerity. Over 1200 council-run youth centres[221] closed between 2010 and 2023, and 42% of councils in England and Wales no longer run any youth centres. The geographic regions which experienced the largest reductions in local authority funding also show the steepest decline in young people's mental health from 2010 onwards, widening regional inequalities in youth mental health outcomes.[222]
- **Employment precarity:** The recent rise in zero-hours employment contracts has disproportionately impacted young people, placing them at greater risk of 'severely insecure work' than other age groups.[223] In 2023, an estimated 474,000 young people were on zero-hours contracts, an increase of 22.8% from the previous year.[224] (*The Foundation Reports: Employment and Work-Related Mental Health* (2026) will dig deeper into the ways work positively and negatively impacts the mental health of young people.)



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224. Ibid

- **Affordability pressures:** Rising living costs and declining housing affordability have placed substantial financial strain on young people.[225] According to research from Young Minds, 90% of young people worry about earning enough money.[226] Fewer young adults are purchasing homes, and more are living with their parents compared to ten years ago.[227] Financial pressures contribute to rising stress and uncertainty about the future, with clear impacts on mental health and wellbeing.[228]
- **Social media and smartphone use:** The digital world has changed dramatically since 2009, and nearly all young people now spend time on the internet. Many have positive experiences making connections in online communities. However, the mental health dangers are real: Research from Mental Health Foundation found 68% of young people had seen disturbing or harmful online content (including self-harm, suicide and eating disorder content), 40% were exposed to bullying, and 42% had seen racist/discriminatory content.[229]

The COVID-19 pandemic also impacted the mental health trajectories of young people, interacting with the factors described above.[230] School closures and social distancing reduced access to peers, routines and other protective factors at a developmentally sensitive period, and resulted in young people missing out on normal developmental experiences (for example, moving out to attend university). In parallel, the economic shock fell disproportionately on young people, who are more likely to work in sectors heavily impacted by lockdowns such as hospitality and retail.[231] Young people described frustration about missed milestones and disrupted plans,[232] and over half believed their future would be worse as a result of the pandemic.[233] Together, these factors help explain why age-related mental health inequalities have widened in recent years.

Rising levels of poor mental health, coupled with underfunded and overburdened health systems, have also resulted in challenges accessing mental health care. Data from NHS England show waiting times have risen substantially for young people seeking mental health support. In 2023/24, at least 78,000 young people waited over a year for CAMHS treatment (a 52% increase from the previous year) and 34,000 waited over two years (a 38% increase from the previous year).[234] And more than 170,000 young people had their referral closed before receiving support.[235] An alarming 59% of young people said their mental health got worse and 15% attempted suicide while waiting.[236] These are preventable outcomes which contribute to a feedback loop of worsening mental health for young people.

225. The impact of the cost of living crisis on young people. British Youth Council Youth Select Committee. March 6, 2024. Accessed April 28, 2026. https://publications.parliament.uk/pa/cm5804/cmselect/cmyouth/cost-living-crisis-young-people/report.html#heading-4
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231. Costa Dias M, Joyce R, Norris Keiller A. COVID-19 and the career prospects of young people. Institute for Fiscal Studies. July 3, 2020. Accessed April 28, 2026. https://ifs.org.uk/publications/covid-19-and-career-prospects-young-people
232. McKinlay AR, May T, Dawes J, Fancourt D, Burton A. 'You're just there, alone in your room with your thoughts': a qualitative study about the psychosocial impact of the COVID-19 pandemic among young people living in the UK. BMJ Open. 2022;12:e053676. doi:10.1136/bmjopen-2021-053676
233. COVID-19 Adolescent Study: Wave 1 Summary. Mental Health Foundation. 2020. Accessed April 28, 2026. https://www.mentalhealth.org.uk/our-work/research/mental-health-pandemic-adolescent-study/wave-1
234. 52% increase in young people waiting over a year for mental health support. Young Minds. March 7, 2025. Accessed April 28, 2026. https://www.youngminds.org.uk/about-us/media-centre/press-releases/increase-in-young-people-waiting-over-a-year-for-mental-health-support/
235. Ibid
236. Deconstructing the system: young people's voices on mental health, society and inequality. Young Minds. April 2023. Accessed April 28, 2026. https://www.youngminds.org.uk/about-us/reports-and-impact/deconstructing-the-system/

What policy action is needed to improve age-related mental health equity?

Action is needed on poverty, bullying, discrimination and trauma, alongside timely access to well-funded, age-appropriate mental health services. This must be matched by sustained investment in schools, community and youth services, inclusive education and training pathways and supportive transitions into secure work, so that early mental health risks do not become lifelong inequalities.

Only 12% of young people believe the government takes young people's mental health seriously.[237]

237. Deconstructing the system: young people's voices on mental health, society and inequality. Young Minds. April 2023. Accessed April 28, 2026. https://www.youngminds.org.uk/about-us/reports-and-impact/deconstructing-the-system/

POLICY ACTION
AGE

Wales

Mental health needs change across the life course, and different ages face different risks. The Mental Health Foundation welcomed the Welsh Government's all-age approach to mental health and wellbeing, which rightly recognises the importance of early intervention in childhood. However, against a backdrop of an aging population and a worsening mental health landscape for young people in Wales, strengthening support for children and young people must be a priority for the Welsh Government. Early mental health experiences shape long-term outcomes and form a critical foundation for preventing poor mental health later in life, and failure to support young people's mental health can have lifelong consequences.

This need is underscored by the scale of the challenge facing young people today. One in six young people in Wales now has a diagnosed mental health condition[238], with certain groups disproportionately affected. A recent joint expert statement on the mental health and wellbeing of children and young people, published by Public Health Wales, highlights that higher rates of mental health difficulties are experienced among those facing key life stressors, including poverty, bullying, maltreatment, racism or other forms of discrimination, with worsening mental health outcomes in recent years for young people from less affluent backgrounds.[239]

Addressing school bullying

Bullying is among the most common adverse childhood experiences faced by children and young people, with 51% of primary school learners in Wales reporting experiencing bullying behaviour, and 29% reporting experiencing cyberbullying.[240] We know bullying can have major and lasting impacts on mental health, education, confidence and social relationships, so tackling it is one of the most effective ways to improve life-long outcomes for children and adolescents, while also reducing wider societal costs, with research demonstrating that addressing Adverse Childhood Experiences (ACEs) can help prevent violence and lower healthcare expenditure.[241]

To support young people's mental health, Wales needs a dedicated approach. We would like to see more action taken towards ending discrimination and bullying in schools, including online bullying, and a focus on addressing the root causes of bullying. We call for the rollout of evidence-based anti-bullying programmes, such as *KiVa*, which has been shown to reduce active participation in bullying when trialled in a Welsh context.[242]

Training and employment

As young people move towards adulthood, it is essential that they can access meaningful, good quality training and career opportunities as protective factors for good mental health throughout the life course. Employment is a key determinant of mental health[243], with clear links between secure work and improved wellbeing. We also know that

238. Priorities for the Next Welsh Government 2026. Wales Alliance for Mental Health. June 2025. Accessed April 28, 2026. https://platfform.org/wp-content/uploads/2025/07/wales-alliance-for-mental-health-priorities-for-welsh-government-2026-eng.pdf

239. Wilson-Newman A, Collishaw S, Rice F, et al. Joint Statement on Children and Young People's Mental Health and Wellbeing. Public Health Wales. November 2025. Accessed April 28, 2026. https://phw.nhs.wales/news/rise-in-mental-health-difficulties-among-children-and-young-people-highlight-need-for-early-action/joint-statement-on-children-and-young-peoples-mental-health-and-wellbeing-november-2025/

240. Liu S, Page N, Angel L, et al. Learner Health and Well-Being in Wales: Key Findings from The SHRN Student Health and Well-Being Survey in Primary Schools 2024 . The School Health Research Network. November 2025. Accessed April 28, 2026. https://www.shrn.org.uk/wp-content/uploads/2025/12/2024-Primary-SHRN-National-Report-V4-FINAL-en.pdf

241. Masters R, Jones A, Stielke A, et al. Investing in a Healthier Wales: prioritising prevention. Public Health Wales. January 15, 2025. Accessed April 22, 2026. https://phwwhocc.co.uk/resources/investing-in-a-healthier-wales-prioritising-prevention/

242. Hutchings J, Pearson R, Babu M, et al. Participants' Roles in Bullying Among 7–11 Year Olds: Results from a UK-Wide Randomized Control Trial of the KiVa School-Based Program. Behavioral Sciences. 2025;15(2):236. doi:10.3390/bs15020236

experiencing mental health difficulties is strongly associated with an increased risk of young people in Wales being out of employment, education or training.[244] This exacerbates challenges to improving their mental health and confidence, and increases the risk of poorer outcomes later in adulthood.

The Welsh Government must strengthen its focus on high-quality, accessible employment pathways for young people, particularly for those who face multiple or complex barriers to work, by investing in targeted support, removing structural barriers and ensuring employers are equipped to provide inclusive, mentally healthy workplaces.

POLICY ACTION
AGE

Northern Ireland

The trend seen across the UK of worsening levels of reported poor mental health among young people aligns with local trends in Northern Ireland. The *Youth and Wellbeing Prevalence Survey* in 2020 concluded that rates of anxiety and depression in young people in Northern Ireland were 25% higher than in the rest of the UK.[245] In 2025, 39% of 16-year-olds rated their own mental health as 'fair' or 'poor', while 45.5% indicating a common probable mental health disorder based on GHQ-12[246] responses, with girls showing a significantly higher rate of 53.7% versus 31.9% of males.

Young people in Northern Ireland share many of the same challenges to achieving good mental health as those across the UK: affordability pressures, employment precarity and the impact of COVID-19 on social, relational and educational supports. Young people reported high levels of mental health impacts as a result of the cost-of-living crisis. MHF research found that 57% of young people aged 18-24 felt anxious about their personal finances in Northern Ireland, compared to 34% of all adults. As well as being more likely to feel anxious, younger people aged 18-24 are more than twice as likely to report feeling sad (28% vs 12% general population) or hopeless (18% vs 8% general population) about their financial situation.[247] Added to this is the impact of intergenerational conflict-related trauma, which has been shown to have a lasting impact to the present day, particularly in deprived communities.[248]

Mental health services for young people

A key policy lever to drive improvements in mental-health related age inequalities must be addressing the well-evidenced need to provide effective mental health services for young people in Northern Ireland.[249, 250]

Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland are characterised by high thresholds for support, long waits and low levels of funding. Many young people report getting more

243. Drake RE, Wallach MA. Employment is a critical mental health intervention. Epidemiol Psychiatr Sci. 2020;29:e178. doi:10.1017/S2045796020000906

244. Rapid Evidence Review: Supporting young people who are not in employment, education or training, Summary. Welsh Government. January 10, 2024. Accessed May 1, 2026. https://www.gov.wales/sites/default/files/statistics-and-research/2024-03/rapid-evidence-review-supporting-young-people-who-are-not-in-employment-education-or-training-summary.pdf

245. Youth Wellbeing Prevalence Survey 2020. Department of Health, Northern Ireland. 2020. Accessed May 1, 2026. https://online.hscni.net/our-work/social-care-and-children/children-and-young-people/youth-wellbeing-prevalence-survey-2020/

246. Health and Wellbeing Module, GHQ-12 Case. Northern Ireland Young Life and Times Survey. 2025. Accessed May 1, 2026. https://www.ark.ac.uk/ylt/2025/Health_and_Wellbeing/GHQ12CASE.html

247. Cost-of-living is still causing widespread mental distress in Northern Ireland. Mental Health Foundation. November 29, 2023. Accessed April 22, 2026. https://www.mentalhealth.org.uk/about-us/news/cost-living-still-causing-widespread-mental-distress-northern-ireland

248. O'Neill S, Armour C, Bolton D, et al. Towards A Better Future: The Trans-generational Impact of the Troubles on Mental Health. Commission for Victims and Survivors. March 2015. Accessed April 22, 2026. https://www.cvsni.org/wp-content/uploads/2022/11/2015-Research-Towards-A-Better-Future-The-Trans-generational-Impact-of-the-Troubles-on-Mental-Health.pdf

unwell as they wait. CAMHS receives only 8% of total mental health spending in NI, which is less than the UK average of 10%. Adult mental health services, which young people age into at 18 years old in Northern Ireland, experience similar challenges with workforce shortages, long waits, lack of crisis support and underfunding – just 7% overall of the health budget.[251]

Education interventions

There has been progress in increasing school-based early intervention mental health support in recent years[252], with some concerns about variable implementation. The 2026 review of the *Children and Young People's Emotional Health and Wellbeing in Education Framework*, commissioned by the Department of Education[253] must lead to continuous improvement if we are to tip towards prevention for young people.

Young people themselves have been calling for an age-appropriate life and learning curriculum up to the age of 18, with a greater focus on mental health destigmatization, life and employability skills, so they feel empowered to transition into adulthood and work with greater understanding and confidence.[254, 255] The recent, legally prescribed requirement for age-appropriate, comprehensive, accurate sexual and reproductive health education in Northern Ireland must also be fully implemented and monitored to support young people's mental health and wellbeing.[256]

Community and voluntary youth services

Another policy challenge and area for action is youth services in Northern Ireland. Many youth services, through statutory, community and voluntary organisations, provide community-based, holistic support to young people. These can assist young people experiencing the greatest mental health inequalities. The focus of programmes offers alternative routes into employment, education and training. However, recent years have seen major cuts to services following the end of European funding post Brexit[257], with a reported 64% cut in funding for community-led programmes by the UK Government in 2026.[258] A funded, community-based response to youth service provision is needed to support young people's mental health.

249. Report on Mental Health Services in Northern Ireland. Public Accounts Committee, Northern Ireland Assembly. June 13, 2024. Accessed April 23, 2026. https://www.niassembly.gov.uk/globalassets/documents/committees/2022-2027/pac/reports/2023-2024/mental-health-services/pac-report-on-mental-health-services-in-northern-ireland.pdf

250. A System at a Crossroads: An Assessment of the Strategic Design and Delivery of Children's Mental Health Services Through a Child's Rights-based Approach. NICCY. February 2026. Accessed May 1, 2026. https://www.niccy.org/publications/a-system-at-a-crossroads-an-assessment-of-the-strategic-design-and-delivery-of-childrens-mental-health-services-through-a-childs-rights-based-approach/

251. Report on Mental Health Services in Northern Ireland. Public Accounts Committee, Northern Ireland Assembly. June 13, 2024. Accessed April 23, 2026. https://www.niassembly.gov.uk/globalassets/documents/committees/2022-2027/pac/reports/2023-2024/mental-health-services/pac-report-on-mental-health-services-in-northern-ireland.pdf

252. Emotional Health and Wellbeing. Department of Education, Northern Ireland. Accessed May 1, 2026. https://www.education-ni.gov.uk/articles/emotional-health-and-wellbeing

253. Review of the Children & Young People's Emotional Health and Wellbeing in Education Framework. Northern Ireland Civil Service. 2026. Accessed May 1, 2026. https://consultations2.nidirect.gov.uk/dof/de-review-of-the-emotional-health-and-wellbeing-fr/

254. Health Committee Report - "Mental Health in Schools." Youth Assembly Health Committee. 2025. Accessed May 1, 2026. https://niyouthassembly.org/official-report/health-committee-report/

255. Education Committee Report - "A curriculum for the 21st century - Learning for Life and Work." Youth Assembly Education Committee. 2025. Accessed May 1, 2026. https://niyouthassembly.org/official-report/education-committee-report/

256. Relationship and Sexuality Education (RSE). Department of Education, Northern Ireland. Accessed May 1, 2026. https://www.education-ni.gov.uk/articles/relationship-and-sexuality-education-rse

257. Funding Gap Analysis: The Impact of Reduced Investment in Youth Economic Inclusion. The Bytes Project. May 19, 2025. Accessed May 1, 2026. https://www.bytes.org/blog/impact-of-reduced-investment-in-youth-economic/

258. NICCY warns cuts to community led funding risks serious harm to young people across Northern Ireland. NICCY. January 23, 2026. Accessed May 1, 2026. https://www.niccy.org/news/niccy-warns-cuts-to-community-led-funding-risks-serious-harm-to-young-people-across-northern-ireland/

POLICY ACTION
AGE

Scotland

Approximately one in four young people in Scotland face mental health challenges, with 10% of 5-16-year-olds having a clinically diagnosable mental health condition.[259] Poverty remains a key driver of poor mental health in children, and the COVID-19 pandemic exacerbated many existing inequalities faced by young people in education and work. 50% of mental health problems are established by age 14, and 75% by age 24, making early intervention in childhood the most effective life period to prevent poor mental health.[260]

The *Mental Health and Wellbeing Strategy* has made commitments to addressing children and young people's mental health, including recognising the need for support in schools, committing to rolling out parenting programmes and developing multi-agency support pathways.[261] These are welcome, but there is much more action needed to address the deep mental health inequalities faced by children and young people in Scotland.

Family Nurse Partnership model

Preventing poor mental health – and protecting good mental health – begins at the very start of life, and consistent parental support is key to protecting good mental health throughout the life course. However, new parents often struggle to access the continuous support they need, frequently undergoing a change in professional care between anti-natal and postnatal support. Adopting the *Family Nurse Partnership* (FNP) model, which evaluation has shown supports both parental and babies' outcomes over the first 1001 days, would enable more consistent support for newborns and parents, and promote better early years mental health.

Addressing school bullying

Childhood bullying is among the most common negative experiences that can impact life-long mental health. Recent data shows that nearly one in three children in Scotland experience bullying, and 80% of these children experienced bullying in a school setting.[262] The Scottish Government's approach to tackling bullying, *Respect for All*, acknowledges the impact of bullying on young people's mental health, the lifelong trauma it causes and the overlapping inequalities that it reinforces. However, the continuing prevalence of bullying in Scottish schools shows the need for more action to address the causes of bullying behaviour and to equip schools, families and pupils to prevent harm to mental health caused by bullying.

259. Our Positions - Mental Health. Children and Young People's Commissioner Scotland. Accessed May 1, 2026. https://www.cypcs.org.uk/positions/mental-health-2/#:~:text=Our%20Publications-,Mental%20Health%20in%20Scotland,have%20positive%20mental%20well%2Dbeing.
260. Children and young people: statistics. Mental Health Foundation. Accessed May 1, 2026. https://www.mentalhealth.org.uk/explore-mental-health/statistics/children-young-people-statistics
261. Mental Health Strategy 2017-2027. Scottish Government. March 2017. Accessed April 23, 2026. https://www.gov.scot/publications/mental-health-strategy-2017-2027/
262. Respect for All: The National Approach to Anti-Bullying for Scotland's Children and Young People. 2024. Accessed May 1, 2026. https://www.gov.scot/publications/respect-national-approach-anti-bullying/documents/

Neurodevelopmental conditions

Addressing the support needs of those groups of children and young people who are most at risk of poor mental health, such as children with neurodevelopmental conditions (NDCs), is also essential to preventing long-term mental health inequalities. The substantial increase in referrals for NDCs for children in recent years is placing unsustainable pressure on mental health services and resulting in neurodivergent children's support needs not being met. *Together to Thrive* is a pioneering multi-agency collaboration in Dundee, independently evaluated as equipping parents to better meet their children's support needs and enabling children to recognise and better manage their emotions and behaviours.[263] We recommend that the *Together to Thrive* task-sharing model be rolled out as part of a *National Pathway for Neurodevelopmental Support Needs* in Scotland.

POLICY ACTION
AGE

England

Young people in England are increasingly experiencing poorer mental health outcomes than older age groups. Those aged 16-24 are disproportionately likely to have a common mental health condition, with the *Adult Psychiatric Morbidity Survey* showing that 25.8% of this age group had a common mental health disorder in 2023/24.[264] This is notably higher than those in older age groups, including 55-64 year olds (19.2%) and 65-74 year olds (13.7%). Young adults are also more likely to report lifetime non-suicidal self-harm and to screen positive for disordered eating symptoms or PTSD.[265] These figures highlight both the scale and growing complexity of mental health challenges facing the younger generation today.

Wider socio-economic factors also exacerbate these inequalities. Evidence shows that children and young people from more deprived backgrounds are more likely to experience a 'probable mental disorder'.[266] For example, children aged 8-16 with a probable mental disorder were more than twice as likely to live in a household that had fallen behind with rent, bills or mortgage payments (18.7%) than those unlikely to have a mental disorder (6.8%).

This underlines the strong correlation between financial insecurity and mental health outcomes for young people, especially as many families and individuals face rising living costs, barriers to employment and broader economic uncertainty due to austerity and the long-term impacts of the pandemic.

Investment in prevention and early intervention

To reduce the mental health gap between young people and older adults in England, a sustained commitment and investment in prevention and early intervention by the Westminster government is essential. Long waiting times for treatment – currently averaging more

263. Together to Thrive - Evaluation. Mental Health Foundation. August 2025. Accessed May 1, 2026. https://www.mentalhealth.org.uk/sites/default/files/2025-09/MHF-Together-to-Thrive-Impact%20Report.pdf

264. Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4. NHS England. November 27, 2025. Accessed April 21, 2026. https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/survey-of-mental-health-and-wellbeing-england-2023-24#

265. Ibid

266. Mental Health of Children and Young People in England, 2023 - wave 4 follow up. NHS England. November 21, 2023. Accessed May 5, 2026. https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up

267. 52% increase in young people waiting over a year for mental health support. Young Minds. March 7, 2025. Accessed April 28, 2026. https://www.youngminds.org.uk/about-us/media-centre/press-releases/increase-in-young-people-waiting-over-a-year-for-mental-health-support/

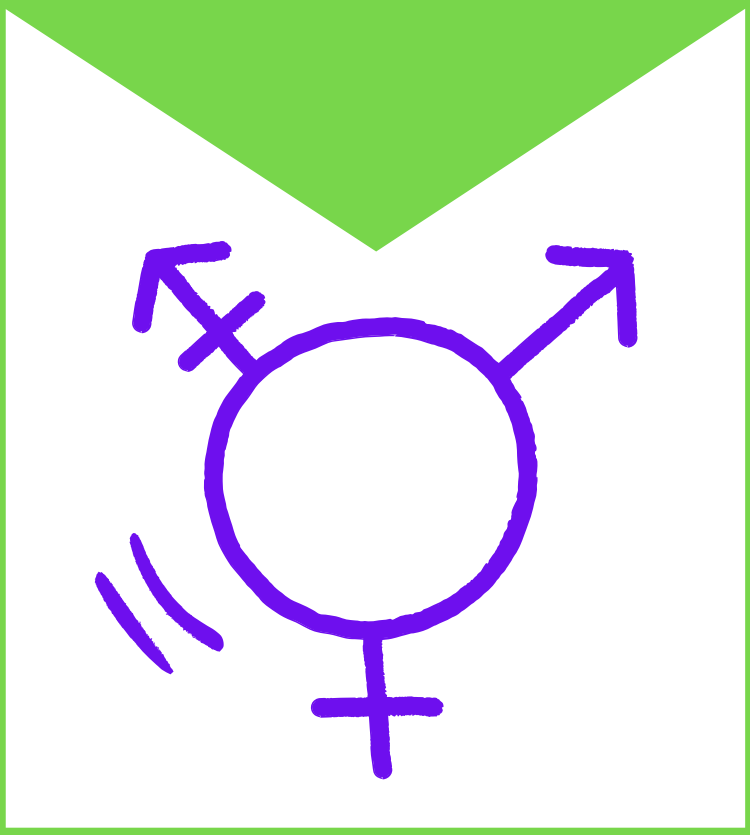
than a year after referral[267] – leave many young people without the necessary support they need. Increased investment to ensure that help is available at the earliest opportunity is crucial to prevent mental health conditions from worsening.

Improving access to youth mental health services

Beyond improving waiting times, reform and targeted investment in specialist youth mental health provision are urgently needed. Many local services remain dangerously overstretched, leaving young people without good quality treatment, if they even manage to access it in the first place. Improving the quality and consistency of care, along with expanding community-based and trauma-informed support, would help ensure that young people across England can access support when needed.

Boosting employment opportunities

Young people are disproportionately affected by financial insecurity and unemployment. Boosting employment opportunities is therefore vital in addressing this. We welcome the Westminster government's increased funding in initiatives such as the *Youth Hubs*, which create new training and workplace opportunities, as well as supporting young people's wellbeing. However, it is essential that this funding is maintained over the long term to deliver meaningful and sustainable improvements in young people's mental health.



GENDER

Throughout this report, we use the terms 'men', 'women' and 'gender' for readability and consistency. However, the data analysed categorise individuals by sex (male or female), which does not capture the lived reality of transgender, non-binary and other gender diverse individuals. This is an important limitation, as trans and gender-diverse people experience higher rates of poor mental health than cisgender people. The Mental Health Foundation recognises and celebrates trans and gender-diverse identities as valid and regrets their exclusion from the available data.

What is the state of mental health inequalities related to gender?

Levels of poor mental health are higher among women than men.

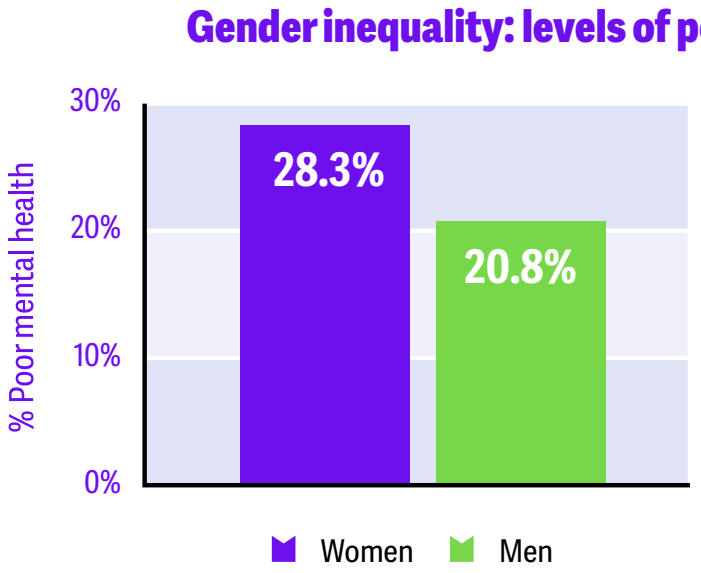


Figure 14. **Gender Inequality – Percentages of Poor Mental Health.** Levels of poor mental health in the whole UK population among women and men. Percentage estimates calculated from the *Understanding Society* 2023/24 dataset based on the GHQ-12 cutoff score of four or more.

Men and women show differences in the types of mental health challenges they are more or less likely to face. For example, men are more likely than women to die by suicide[268], while women are more likely than men to be diagnosed with an eating disorder.[269] Here, we have focused on one specific type of poor mental health: levels of general distress and wellbeing measured by the GHQ-12 questionnaire, which assesses how we are feeling and functioning day-to-day. This questionnaire gives us a reliable way of identifying people who are currently experiencing poor mental health.

Consistent with previous research[270], our analyses of the *Understanding Society* dataset found women are significantly more likely to experience this type of poor mental health than men.

More than one in four women (28.3%) were identified as experiencing poor mental health, compared to one in five men (20.8%) (Figure 14).

268.Suicides in England and Wales: 1981 to 2024. Office for National Statistics. October 3, 2025. Accessed May 1, 2026.https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2024registrations

269.Capuano EI, Ruocco A, Scazzocchio B, et al. Gender differences in eating disorders. Front Nutr. 2025;12. doi:10.3389/fnut.2025.1583672

270.Zhang A, Gagné T, Walsh D, Ciancio A, Proto E, McCartney G. Trends in psychological distress in Great Britain, 1991–2019: evidence from three representative surveys. J Epidemiol Community Health (1978). 2023;77(7):468-473. doi:10.1136/jech-2022-219660

Why do women have worse mental health than men?

Gender inequality in employment, caring responsibilities and financial situation, as well as gender-based violence, contribute to women's high levels of poor mental health.

Overall, women and men are far more similar than they are different in how their brains work.[271] Differences in mental health outcomes are therefore shaped more strongly by society than biology.

Gender differences in economic activity are highly relevant to mental health inequality. Women are overrepresented in low-income, part-time and insecure work, and take on the majority of unpaid caregiving in UK society.[272] The vast majority of lone parents are women.[273] As a result, women – particularly those from racialised communities – tend to accumulate less wealth over their lifetimes, have lower savings to buffer financial shocks and may experience a more challenging route out of poverty.[274] These economic disadvantages increase exposure to the mental health harms associated with financial insecurity.

Gender-based violence is another key contributor to mental health inequality. The ONS estimates that 3% of women (versus 1% of men) experienced a sexual assault in the past year[275], and 14% of women (versus 4% of men) experienced sexual abuse as a child.[276] 7% of women (versus 3% of men) experienced domestic abuse in the past year, and rates are even higher among lone parents (20%)[277], most of whom are women. These traumatic experiences are strongly related to poor mental health.[278]

Gender-based violence also intersects with gendered economic inequality. Financial insecurity heightens vulnerability to abuse; economic control is commonly used as a tactic in domestic violence, keeping victims dependent on their abusers. The physical and psychological impacts of trauma can also undermine survivors' ability to work, further deepening economic disadvantage.[279]

271. Hyde JS. Gender Similarities and Differences. Annu Rev Psychol. 2014;65(1):373-398. doi:10.1146/annurev-psych-010213-115057
272. Francis-Devine B, Zaidi K, Murray A. Women and the UK economy. House of Commons Library. February 25, 2026. Accessed May 1, 2026. https://commonslibrary.parliament.uk/research-briefings/sn06838/#:~:text=Women%20in%20employment,education%20are%20held%20by%20women.
273. Families and households in the UK: 2024. Office for National Statistics. July 23, 2025. Accessed May 1, 2026. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/2024
274. Where Inequality Lives: The State of Gendered Poverty and Financial Resilience. Women's Budget Group and Central England Law Centre. June 2025. Accessed May 1, 2026. https://www.smallwoodtrust.org.uk/wp-content/uploads/2025/07/Where-Inequality-Lives-2025.pdf
275. Sexual offences victim characteristics, England and Wales: year ending March 2022. Office for National Statistics. March 23, 2023. Accessed May 1, 2026. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/sexualoffencesvictimcharacteristicsenglandandwales/yearendingmarch2022#sex
276. Abuse during childhood in England and Wales: March 2024. Office for National Statistics. November 5, 2025. Accessed May 1, 2026. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/abuseduringchildhoodinenglandandwales/march2024#child-sexual-abuse
277. Domestic abuse victim characteristics, England and Wales: year ending March 2024. Office for National Statistics. November 27, 2024. Accessed May 1, 2026. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2024#:~:text=4.,Wales%2C%20year%20ending%20March%202024
278. The lasting impact of violence against women and girls. Office for National Statistics. November 24, 2021. Accessed May 1, 2026. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/thelastingimpactofviolenceagainstwomenandgirls/2021-11-24
279. Where Inequality Lives: The State of Gendered Poverty and Financial Resilience. Women's Budget Group and Central England Law Centre. June 2025. Accessed May 1, 2026. https://www.smallwoodtrust.org.uk/wp-content/uploads/2025/07/Where-Inequality-Lives-2025.pdf

The exponential rise in social media and internet use has also introduced a new dimension of gender-related harm: online misogyny. A poll from Amnesty International found that 73% of Gen Z social media users have seen misogynistic online content, and 70% feel this harmful content has become more prevalent on social media.[280] Online sexual harassment is common, with nearly half of young women polled receiving unsolicited, explicit photos and more than one in four reporting online stalking. Half of young men felt that online misogyny mirrors real-world sexism, emphasizing the bidirectional relationship between harmful online content and overt gender-based violence and discrimination.

These factors can help us understand the long-standing gender divide in levels of poor mental health. While the gap is likely widened by patterns of gender difference in help-seeking and disclosure of mental health concerns, decades of evidence support that women truly are more likely to experience symptoms of depression and anxiety than men.[281] As a result, improving gender equity is a clear and pressing population mental health concern.

280.Toxic tech: New polling exposes widespread online misogyny driving Gen Z away from social media. Amnesty International UK. March 2025. Accessed April 21, 2026. https://www.amnesty.org.uk/latest/toxic-tech-new-polling-exposes-widespread-online-misogyny-driving-gen-z-away-social/

281.Hyde JS, Mezulis AH. Gender Differences in Depression: Biological, Affective, Cognitive, and Sociocultural Factors. Harv Rev Psychiatry. 2020;28(1):4-13. doi:10.1097/HRP.0000000000000230

How has gender-related mental health inequality changed over time?

The gender gap has widened as mental health has worsened more steeply for women than men.

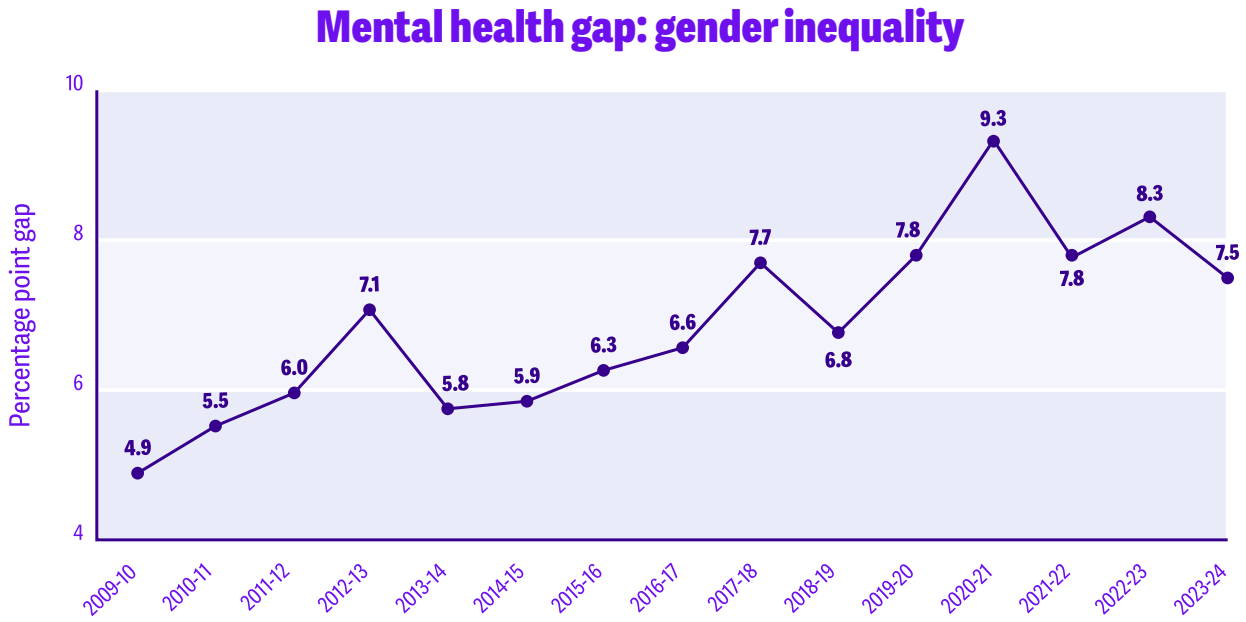


Figure 15. **Mental Health Gap – Gender Inequality.**
Percentage point gap in levels of poor mental health between women and men in the whole UK adult population. Positive numbers reflect higher levels of poor mental health among women. Percentage estimates calculated from the *Understanding Society* dataset based on the GHQ-12 cutoff score of four or more.

Mental health over time: gender inequality

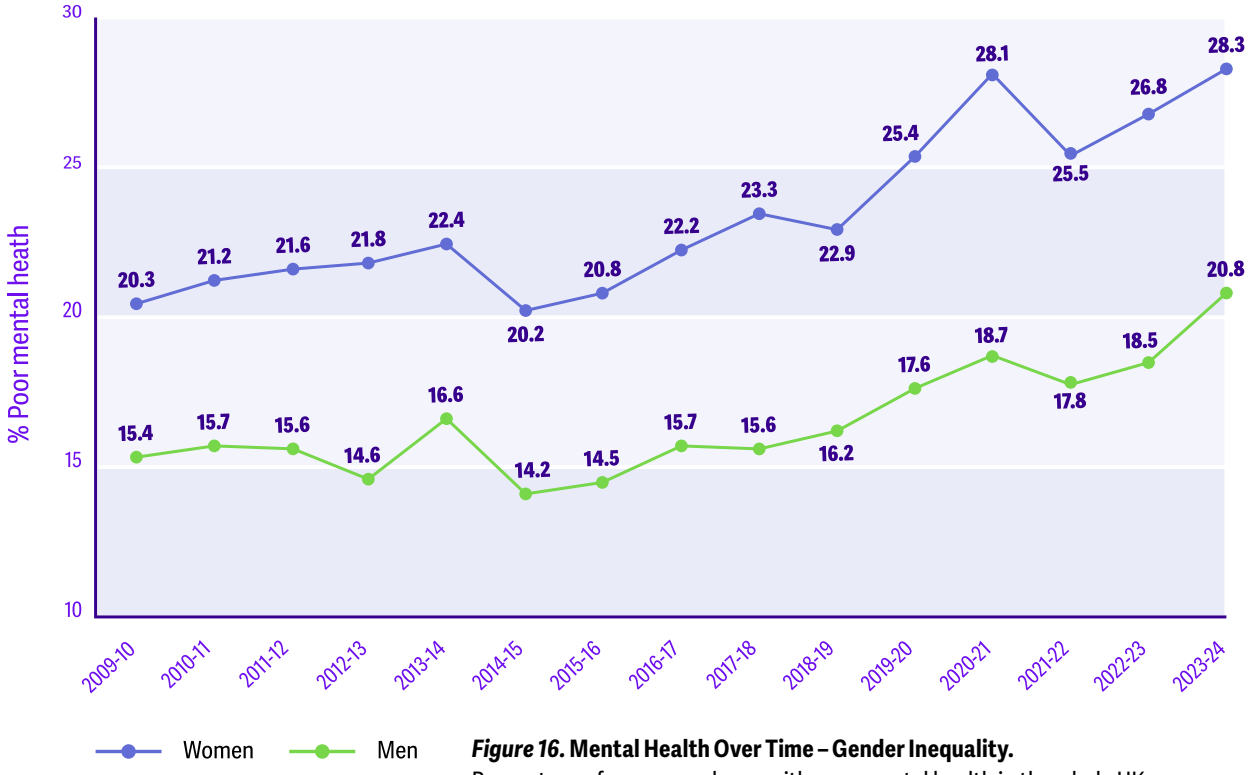


Figure 16. **Mental Health Over Time – Gender Inequality.**
Percentage of women and men with poor mental health in the whole UK population over time. The difference is statistically significant every year. Percentage estimates calculated from the *Understanding Society* 2023/24 dataset based on the GHQ-12 cutoff score of four or more.

The mental health gap between women and men has widened considerably since 2009 (Figure 15). Although levels of poor mental health have risen for both gender groups, the increase has been steeper for women.

In 2009/10, women reported rates of poor mental health that were 4.9 percentage points higher than men, and this gap expanded to 7.1 percentage points by 2012/13, driven partly by a temporary decline in men's recorded levels (Figure 16). While both groups saw a significant improvement in mental health outcomes during 2014/15, this was short-lived. From that point onward, rates of poor mental health climbed steadily, with women experiencing a sharper rise than men.

During the pandemic (2020/21), women recorded an especially pronounced increase in poor mental health, leading to the largest gender gap observed in the time series: a difference of 9.4 percentage points. Although the gap has narrowed somewhat in the years since, this is due to a more rapid recent increase in poor mental health among men, rather than an improvement for women. The latest data indicates that both women and men have now reached their highest recorded levels of poor mental health – surpassing the peaks seen during the pandemic – highlighting a deeply concerning trend across the population.

Why has gender-related mental health inequality widened?

Women have been disproportionately impacted by austerity, the pandemic and the cost-of-living crisis.

There are a number of interconnected factors that have driven the trend of widening gender inequality. Austerity policies have had a gendered impact, with women disproportionately affected by service cuts and benefits restrictions. 86% of the reduction in public spending was drawn from women's income, reflecting the fact that women make up the majority of lone parents, unpaid carers, single pensioners and public-sector employees.[282] These measures widened the gender gap in mental health, undoing a decade of progress in narrowing inequalities.[283] Women who are disabled or part of racialised communities faced some of the harshest financial losses, compounding pre-existing structural disadvantages.[284, 285]

282. Keen R, Cracknell R. Estimating the gender impact of tax and benefits changes (Briefing Paper Number SN06758). House of Commons Library. December 18, 2017. Accessed May 6, 2026. https://researchbriefings.files.parliament.uk/documents/SN06758/SN06758.pdf

283. Thomson RM, Niedzwiedz CL, Katikireddi SV. Trends in gender and socioeconomic inequalities in mental health following the Great Recession and subsequent austerity policies: a repeat cross-sectional analysis of the Health Surveys for England. BMJ Open. 2018;8(8):e022924. doi:10.1136/bmjopen-2018-022924

284. Keen R, Cracknell R. Estimating the gender impact of tax and benefits changes (Briefing Paper Number SN06758). House of Commons Library. December 18, 2017. Accessed May 6, 2026.

285. Rethinking austerity is overdue: it has hit women and ethnic minorities hardest. Women's Budget Group. June 14, 2016. Accessed May 6, 2026. https://www.wbg.org.uk/article/rethinking-austerity-overdue-hit-women-ethnic-minorities-hardest/

286. Etheridge B, Spantig L. The gender gap in mental well-being at the onset of the Covid-19 pandemic: Evidence from the UK. Eur Econ Rev. 2022;145:104114. doi:10.1016/j.euroecorev.2022.104114

287. Dotsikas K, Crosby L, McMunn A, Osborn D, Walters K, Dykxhoorn J. The gender dimensions of mental health during the Covid-19 pandemic: A path analysis. PLoS One. 2023;18(5):e0283514. doi:10.1371/journal.pone.0283514

288. Women bear brunt of coronavirus economic shutdown in UK and US. University of Cambridge. April 21, 2020. Accessed May 6, 2026. https://www.cam.ac.uk/research/news/women-bear-brunt-of-coronavirus-economic-shutdown-in-uk-and-us

289. Andrew A, Cattan S, Costa Dias M, et al. Parents, especially mothers, paying heavy price for lockdown. The Institute for Fiscal Studies. May 27, 2020. Accessed May 6, 2026. https://ifs.org.uk/news/parents-especially-mothers-paying-heavy-price-lockdown

290. Oreffice S, Quintana-Domeque C. Gender inequality in COVID-19 times: evidence from UK prolific participants. J Demogr Economics. 2021;87(2):261-287. doi:10.1017/dem.2021.2

291. Mishra A, Gibson-Miller J, Wood C. The pandemic within a pandemic: mental health and wellbeing of racially Minoritised women experiencing domestic abuse during the COVID-19 pandemic in the UK. BMC Womens Health. 2024;24(1):662. doi:10.1186/s12905-024-03502-4

We can see the gender mental health gap was largest in 2020/2021 (Figure 15), reflecting the disproportionate impact of the pandemic on women.[286] Women were more likely than men to report an increase in loneliness, which played a statistically significant role in widening mental health inequalities.[287] Women – especially working mothers – were more likely to lose their job or experience a loss of income than men, deepening existing gender inequality in financial security.[288, 289] During lockdowns, women took on a greater share of housework and childcare and reported higher levels of pandemic related economic and health concerns, all of which contributed to poorer mental health outcomes.[290] Lockdowns also created what some described as a 'pandemic within a pandemic' of domestic violence[291], as police reports and demand for survivor services increased.[292] These intersecting pressures help explain why the mental health gap between women and men widened so markedly during the pandemic.

Since the pandemic, the cost-of-living crisis has also continued to deepen gender inequality.[293] Women's already lower incomes and savings mean they are less protected against rising costs of food, energy, housing and other essentials.[294] The crisis has intensified gendered economic pressures for groups facing structural disadvantage, including lone mothers, disabled women, Black and minoritised ethnic women and unpaid carers, all of whom experience higher risks of poverty and reduced access to financial safety nets.[295]

Taken together, it is clear that interconnected layers of gender inequality create a social and economic landscape in which women face an elevated risk of poor mental health. Austerity, the pandemic and the cost-of-living crisis have exacerbated these structural inequalities, deepening the divide in the wellbeing of women and men.

292. Domestic abuse during the coronavirus (COVID-19) pandemic, England and Wales: November 2020. Office for National Statistics. November 25, 2020. Accessed May 6, 2026. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseduringthecoronaviruscovid19pandemicenglandandwales/november2020

293. The impact of the cost of living on gender inequality. The Royal Society of Edinburgh. 2024. Accessed May 6, 2026. https://rse.org.uk/wp-content/uploads/2024/02/RSE-AP-The-impact-of-the-cost-of-living-on-gender-inequality-2024.pdf

294. Thomas C. "Women are the shock absorbers of poverty": The impact of the cost of living on women. Senedd Research, Welsh Parliament. October 26, 2022.

295. Where Inequality Lives: The State of Gendered Poverty and Financial Resilience. Women's Budget Group and Central England Law Centre. June 2025. Accessed May 1, 2026. https://www.smallwoodtrust.org.uk/wp-content/uploads/2025/07/Where-Inequality-Lives-2025.pdf

What policy action is needed to improve gender-related mental health equity?

Policy action should take a gender-responsive, intersectional approach which recognises how poverty, violence, caring responsibilities, discrimination and gender norms shape mental health differently for women, men and gender-diverse people. This requires coordinated cross-government delivery alongside targeted investment in prevention, inclusive and accessible services, safe work, childcare and specialist community support to address persistent gaps and unmet needs.

POLICY ACTION
GENDER

Wales

In Wales, as across the UK, gender shapes mental health experiences.[296] Individuals do not experience mental health in isolation. Family, community and social context all influence, and are influenced by, our mental wellbeing. This means a public-health approach to mental health in Wales must be gender-sensitive, understanding the role gender plays in driving mental health inequalities, and look holistically at the wider ecosystem in which people live.

Important nuances in how gender shapes mental health are often overlooked in policy and service design, leaving some groups without the support they need. For example, research by the Mental Health Foundation into men's mental health during the transition to fatherhood (including work conducted in Cardiff) found that paternal mental health plays a substantial role in shaping family wellbeing, yet fathers often report feeling excluded from perinatal pathways designed primarily around mothers and babies.[297] This illustrates how gendered expectations and service models can create gaps in support.

Welsh Women's Health Plan

Positive steps have been taken in Wales to embed a gender-sensitive approach to mental health. The Welsh Government's *Women's Health Plan*, released in 2024, recognised the gendered experiences that impact women's health and wellbeing and drive mental health inequalities faced by women and girls in Wales, including women's experiences of poverty, family life, violence and abuse.[298]

296. Men and Women: Statistics. Mental Health Foundation. Accessed May 5, 2026. https://www.mentalhealth.org.uk/explore-mental-health/statistics/men-women-statistics

297. Dads and Football Project: Evaluation Report. Mental Health Foundation. July 2022. Accessed May 6, 2026. https://www.mentalhealth.org.uk/sites/default/files/2022-07/MHF-Dads-and-Football-Project-Evaluation-Report.pdf

Delivery on the plan to date has focussed on the development of services, such as the delivery of *Women's Health Hubs* in every health board beginning in 2026. Whilst community-based services such as these have an important role to play in preventing poor mental health, the aspects of the *Women's Health Plan* that identify the social determinants of gendered inequalities in mental health have so far received less attention, despite the plan recognising their importance.[299]

Adopting a gender responsive lens

Although the *Mental Health and Wellbeing Strategy* (2025-2035) makes reference to the need for an intersectional approach to mental health, including gender, it makes no specific commitments to action on addressing gender inequality in Wales' mental health outcomes. This leaves a gap between recognition and action.

To be effective, preventative approaches must adopt a gender-responsive lens – one that recognises these nuanced needs so support can be better targeted and more inclusive. Government and local health system approaches to addressing poor mental health must be gender-sensitive, acknowledging that mental health is heavily influenced by gendered experiences, and should include a clear plan to address gender-related inequities in support, such as the persistent marginalisation and poorer mental health outcomes experienced by LGBTQ+ people in Wales.[300]

Taking a cross-government approach

Strategies to tackle poor mental health in Wales must be cross-governmental, so that relevant strategies are properly integrated and address not just the effects of gender inequality in mental health but also its driving causes, including gendered experiences of poverty and workplace discrimination, gender inequalities in suicide and self-harm, violence against women and girls and gender roles and expectations in broader society.

298.The Women's Health Plan for Wales 2025-2035. Y Weithrediaeth Executive. December 2024. Accessed May 6, 2026. https://performanceandimprovement.nhs.wales/functions/networks-and-planning/womens-health/the-womens-health-plan-for-wales/

299.Hatherley S. Women's Health in Wales: A Priority in Principle - But in Practice? Senedd Research, Welsh Parliament. January 19, 2026. Accessed May 6, 2026. https://research.senedd.wales/research-articles/women-s-health-in-wales-a-priority-in-principle-but-in-practice/

300.LGBTQ+ Action Plan for Wales: Together in Pride – making Wales the most LGBTQ+ friendly nation in Europe. Welsh Government. February 2023. Accessed May 6, 2026. https://www.gov.wales/sites/default/files/publications/2023-02/lgbtq-action-plan-for-wales.pdf

POLICY ACTION
GENDER

Northern Ireland

Evidence from Northern Ireland indicates that the mental health gender inequality gap emerges from a young age, with girls aged 16 reporting a significantly higher incidence (53.7%) of probable poor mental health than males (31.9%)3 of the same age. This gap persists into adulthood, with 5% more women than men reporting signs of poor mental health in the *Northern Ireland Health Survey* 2025.[301]

Women in Northern Ireland share common barriers to good mental health with other parts of the UK. Socio-economic factors intersect with discrimination, disability and rurality to exacerbate poor mental health. Specific factors in Northern Ireland add to the inequalities faced by women: a lack of affordable childcare, absence of a women's health strategy, lack of funding in women's centres in Northern Ireland, the legacy of paramilitary violence and gender-based violence against women in Northern Ireland.

Poverty and financial hardship

Research by the Women's Research and Development Agency highlights that women are more likely to be single parents, experience poverty, have care responsibilities and be disproportionately impacted by the cost-of-living crisis.[302] The Women's Regional Consortium has highlighted that 91% of women they surveyed said they had difficulty paying their bills as a result of cost-of-living increases. 90% felt that the cost-of-living crisis had impacted on their physical or mental health, or both. Of those who had children, 78% felt that cost of living increases had negatively impacted on their children.[303]

Actions to address gender-specific financial burdens has resulted in some progress on the gender pay gap in Northern Ireland[304] and the introduction of the *Childcare Subsidy Scheme* in 2024. However, alleviating poverty for women is vital if we are to narrow the mental health gender inequality gap in Northern Ireland.

More progress is needed. A comprehensive childcare support scheme in Northern Ireland comparable to other parts of the UK; effective employment rights legislation for all women with due regard to multiple and overlapping inequalities; interventions to mitigate the motherhood penalty in labour-markets and social security reforms to drive down child poverty and protect single and separated families. In combination, these actions would help reduce financial hardship for women, in turn supporting good mental health.

Women's health

Women's specific health needs and how they intersect with mental health highlight a raft of inequalities. In physical health, Northern Ireland's women's services lag behind other parts of the UK, for example, the average waiting time for an endometriosis diagnosis in Northern Ireland is nine years five months, worse than England and Scotland, while rates of stillbirth and neonatal deaths in Northern Ireland exceed the UK average.[305] Women who experience compounding inequalities face higher risks. For example, low-income women in Northern Ireland in menopause were twice as likely to experience severe mental health impacts (68.8%) compared to high-income women (33.3%).[306]

301.Health Survey (NI): First Results 2024/25. Department of Health, Northern Ireland. November 26, 2025. Accessed April 22, 2026. https://www.health-ni.gov.uk/news/health-survey-ni-first-results-202425

301.Health Inequalities in Northern Ireland, Chapter Two: The Impact of the Cost of Living Crisis on Women's Health . Women's Resource and Development Agency. February 2024. Accessed May 6, 2026. https://static1.squarespace.com/static/66c475c740e7194ba8ee6a81/t/670e4ec37296d232ca200688/1728990916910/Key-Research-Findings.pdf

303.Harding S, Fitzpatrick C, Chapman A. Women's Experiences of the Cost-of-Living Crisis in Northern Ireland. Consortium for the Regional Support for Women in Disadvantaged and Rural Areas. June 2023. Accessed May 6, 2026. https://www.womensregionalconsortiumni.org.uk/wp-content/uploads/2023/06/Womens-Experiences-of-the-Cost-of-Living-Crisis-in-NI-2.pdf

304.Greig M. Closing the gap: the state of gender pay equality in Northern Ireland. Northern Ireland Assembly. March 5, 2025. Accessed May 6, 2026. https://www.assemblyresearchmatters.org/2025/03/05/closing-the-gap-the-state-of-gender-pay-equality-in-northern-ireland/

The Northern Ireland Executive has sought to address some gaps in women's health, for example by funding Northern Ireland's first perinatal in-patient mother and baby unit in recent budget allocations[307] and developing a women's health strategy, but further targeted interventions are required.

Violence against women and girls

Northern Ireland has high rates of violence against women and girls[308], with some research exploring the influence of the legacy of conflict, normalisation of violence in Northern Ireland and rates of gendered based violence.[309, 310]

Disabled women have been found to face disproportionately higher levels of violence and encounter major barriers to reporting, including physical accessibility issues, communication challenges and systemic discrimination within justice and healthcare systems.[311]

Addressing violence against women and girls is one the nine priorities in Northern Ireland's current *Programme for Government*, and includes funding for the implementation of a strategic *Ending Violence Against Women and Girls* framework. However, much more is needed across health, employment, justice and communities to address this complex issue.

POLICY ACTION
GENDER

Scotland

In Scotland, as across the UK, gender shapes and influences people's mental health experiences.[36] Scotland's current *Mental Health and Wellbeing Strategy* acknowledges this, both by recognising the importance of an intersectional and gender-sensitive approach and by identifying social determinants that explain – at least in part – gendered mental health inequalities in Scotland.[312] These include gendered experiences of poverty, violence against women and girls, gendered experiences of caring, participating in the workforce and parenthood.

Scotland's approach to women's health

The Scottish Government published its first *Scottish Women's Health Plan* in 2021. The second phase of the plan, published in January 2026, identified mental health as a pillar of supporting women's health throughout life and reaffirmed acknowledgement of the social determinants of gender inequality in mental health. However, it did not commit to any new actions to address mental health beyond those in the *Mental Health*

305. Health Inequalities in Northern Ireland Chapter Three: A Woman's Health Strategy for Northern Ireland. Women's Resource and Development Agency. September 2025. Accessed May 6, 2026. https://static1.squarespace.com/static/66c475c740e7194ba8ee6a81/t/68dcef057aea163a275c5bcf/1759309573046/Health+Inequalities+in+Northern+Ireland+Chapter+Three+A+Womens+Health+Strategy+for+Northern+Ireland.pdf

306. The Impact of Menopause on Mental Health: Women's voices from across Northern Ireland. The Northern Ireland Assembly All-Party Group on Mental Health. June 2025. Accessed May 6, 2026. https://aware-ni.org/images/Aware_MenopauseReport_ForWeb_Final_2.pdf

307. O'Dowd J. Public Expenditure Proposed Draft Budget 2026-29/30. Department of Finance, Northern Ireland. January 2026. Accessed May 6, 2026. https://www.finance-ni.gov.uk/sites/default/files/2026-01/Minister%20of%20Finance%20WMS%20-%20Proposed%20Draft%20Budget%202026%20to%2029-30_0.pdf

308. Research uncovers eye-watering levels of violence against women and girls in NI. University of Ulster. January 3, 2025. Accessed May 6, 2026. https://www.ulster.ac.uk/research/research-insights/all-posts/2023/october/violence-against-women-and-girls-in-ni

309. Research Papers. Ending the Harm. Accessed May 6, 2026. https://www.endingtheharm.com/about-us-old/news-research/

310. Swaine A. 'When you know what they are capable of': Paramilitary-related Gendered Coercive Control. Foyle Family Justice Centre in partnership with Foyle Women's Aid. 2024. Accessed May 6, 2026. https://foylefamilyjusticecentre.org/app/uploads/2024/09/Full-Report_Para-Coer-Control_Swaine-FWA.pdf

311. How is the reporting of Violence affected between disabled women and girls and non-disabled women and girls in Northern Ireland? September 2025. Accessed May 6, 2026. https://static1.squarespace.com/static/66c475c740e7194ba8ee6a81/t/68ff94d303c1da18c25981d9/1761580243113/Research+report+placement.pdf

312. Mental Health and Wellbeing Strategy. Scottish Government. June 2023. Accessed May 6, 2026. https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2023/06/mental-health-wellbeing-strategy/documents/mental-health-wellbeing-strategy/mental-health-wellbeing-strategy/govscot%3Adocument/mental-health-wellbeing-strategy.pdf

and Wellbeing Strategy.[313] Moreover, the Scottish Government clarified in 2025 that it had no plans to develop a dedicated health plan for men and boys, as has been developed for England.[314]

The Scottish Government's approach to gender in policymaking is outlined in its first Gender Coherence Statement, published in 2025. The statement lays out a 'whole government' approach to advancing gender equality in Scotland.[315] As noted earlier in this report, we have called for a *Mental Health in All Policies* approach. Such an approach must recognise the gendered nature of social determinants of mental health and include a cohesive and cross-cutting programme of action to address them.

Taking a cross-government approach

Future strategies to tackle poor mental health in Scotland must take a cross-government lens, so that relevant strategies are properly integrated and address not just the effects of gender inequality in mental health but also its driving social causes, including gendered experiences of poverty and workplace discrimination, gender inequalities in suicide and self-harm, violence against women and girls and gender roles and expectations in broader society. This approach should also account for the specific experiences of LGBTQI+ and gender non-conforming people.

POLICY ACTION
GENDER

England

Poor mental health affects both men and women, but not in equal measure. In England, one in five adults has a common mental health condition, with prevalence being nearly 10% higher for women (24%) compared with men (15%).[316]

In England, women are more likely to experience generalised anxiety disorder and depression and are also more likely to report suicide attempts (8.6% compared with 6.9%) and self-harm (12.6% compared with 8.5%). Among 16 to 24 year olds, this gap was even more stark, with 31.7% of young women reporting having ever self-harmed compared to 15.4% of young men. However, men remain three times more likely than women to die by suicide and are twice as likely to drink alcohol at hazardous levels. Despite having more acute needs in some areas, men account for only 36% of NHS talking therapy referrals.[317]

Socio-economic factors also shape these inequalities. The relationship between employment status and mental health appears stronger for men than for women. Among employed adults, women (23.7%) were twice as likely as men (12.3%) to experience poor mental health, while prevalence was similar in unemployed men (40.1%) and women (39.8%), and economically inactive men (38.4%) and women (38.3%).[318] This may be due to traditional gender

313. The Health of Women and Girls: Health and Social Care Policy Beyond the Women's Health Plan. Scottish Government. January 2026. Accessed May 6, 2026. https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2026/01/health-women-girls-health-social-care-policy-beyond-womens-health-plan/documents/health-women-girls-health-social-care-policy-beyond-womens-health-plan/health-women-girls-health-social-care-policy-beyond-womens-health-plan/govscot%3Adocument/health-women-girls-health-social-care-policy-beyond-womens-health-plan.pdf
314. Minto J. Question reference: S6W-42788. The Scottish Parliament. January 9, 2026. Accessed May 6, 2026. https://www.parliament.scot/chamber-and-committees/questions-and-answers/question?ref=S6W-42788
315. Gender policy coherence: annual statement 2025. Scottish Government. June 19, 2025. Accessed May 6, 2026. https://www.gov.scot/publications/annual-statement-gender-policy-coherence-2025/pages/5/
316. Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4. NHS England. November 27, 2025. Accessed April 21, 2026. https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/survey-of-mental-health-and-wellbeing-england-2023-24#
317. Men and Women: Statistics. Mental Health Foundation. Accessed May 5, 2026. https://www.mentalhealth.org.uk/explore-mental-health/statistics/men-women-statistics
318. Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4. NHS England. November 27, 2025. Accessed April 21, 2026. https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/survey-of-mental-health-and-wellbeing-england-2023-24#

norms which place more pressure on men to be a provider for their families, as men may feel shame and defeat when they believe they are not living up to this standard.[319] Women are also more likely to experience poverty and financial insecurity, which can increase vulnerability to poor mental health. Taken together, these inequalities demonstrate the complex and intersecting forces that drive the gender gap in mental health.

Tackling the wider social determinants

Reducing the gender gap in mental health requires action across the social determinants that drive inequalities. This includes poverty, employment insecurity and barriers to accessing support services, as each can lead to poorer mental health outcomes for both men and women. Ensuring that everyone, of any gender, has equitable access to stable employment, as well as a financial safety net, must be prioritised. Social security payments have not kept pace with cost-of-living pressures and the pre-COVID era. An *Essentials Guarantee in Universal Credit*, would therefore be very beneficial for households.

Targeted support for men's mental health

Along with general measures, specific vulnerabilities and experiences faced by men in England also require tailored interventions. Targeted investment is required for programmatic work focused on supporting men most likely to develop mental ill health, including men from minoritised communities.

Large-scale research is also needed in public mental health interventions for both boys and men which could underpin larger scale rollout across England. The expired £57 million for local suicide prevention made by the previous government should be restored and expanded.[320]

Lastly, it is also essential to improve men's engagement with mental health services through outreach approaches that are tailored to their needs while reducing stigma and making support more accessible within local communities. This may be particularly important for marginalised groups, such as men from minoritised communities and asylum seekers.

Targeted support for women's mental health

Women's mental health in England is closely connected to socio-economic outcomes, lived experiences of violence and sexual and reproductive health needs. As they are disproportionately affected by these factors, strengthening support for women who face poverty, unstable employment and financial insecurity is vital in reducing the gender gap.

The recently-announced *Women's Health Plan* contains welcome commitments, such as around perinatal support and access to flexible employment, but much more must be done to recognise women's gendered experience of mental health and take action to address it.

There should be increased targeted investment in England to improve the quality of sexual, reproductive and perinatal health services, particularly for women from minority communities. Reversing cuts and ensuring sustainable investment in third sector organisations that provide support to women, particularly domestic violence services is essential. Providing access to a Women's Centre, a specialist, community-based support service for women experiencing multiple disadvantage and inequality[321], in every local area would also ensure that women can receive comprehensive, trauma-informed support.

319. Men and Suicide: Why it's a social issue. Samaritans. Accessed May 5, 2026. https://media.samaritans.org/documents/Men-and-Suicide-Report-Samaritans.pdf
320. Preventing suicide in England: Fifth progress report of the cross government outcomes strategy to save lives . HM Government. March 27, 2021. Accessed May 5, 2026. https://assets.publishing.service.gov.uk/media/605e4ef48fa8f53927b08b2e/fifth-suicide-prevention-strategy-progress-report.pdf
321. Why Women's Centres Work. National Women's Justice Coalition. April 24, 2024. Accessed May 5, 2026. https://wearenwjc.org.uk/blog/why-womens-centres-work/

URBAN/RURAL RESIDENCY

What is the state of mental health inequalities related to urban/rural residency?

Urban residents have higher levels of poor mental health than rural residents, however, this gap is relatively small.

Urban/rural inequality: levels of poor mental health

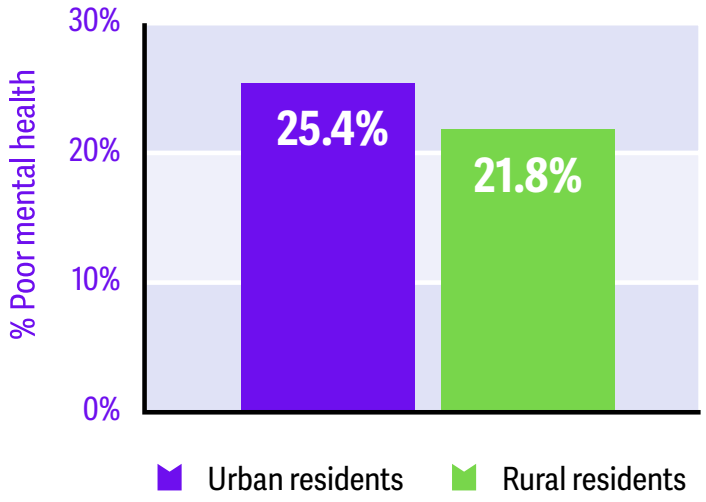


***Figure 17.* Urban/Rural Inequality – Percentages of Poor Mental Health.** Levels of poor mental health among urban and rural residents in the whole UK adult population. Percentage estimates calculated from the *Understanding Society* 2023/24 dataset based on the GHQ-12 cutoff score of four or more.

According to *Understanding Society* data, **one in four people living in urban areas (25.4%)** are experiencing poor mental health (Figure 17). This is higher than the rate in rural areas, where 21.8% of people report poor mental health. While this difference is statistically significant, it is notably smaller than the disparities observed across other demographic characteristics discussed in previous sections.

Why is mental health different in urban and rural areas?

Each region has its own profile of risk and protective factors.

Research presents a nuanced picture of urban/rural differences in mental health. Some severe mental health conditions, such as psychotic disorders, are more common in urban areas, whereas suicide rates are often higher in rural areas.[322] In contrast, many studies show small or non-existent differences in common mental health conditions such as anxiety and depression.[323] This aligns with our findings that overall levels of poor mental health are broadly similar across urban and rural areas in the UK.

However, urban and rural areas each have distinct profiles of risk and protective factors that shape mental health in different ways. Across both settings, economic deprivation is the most important determinant of poor mental health outcomes.[324, 325]

The Centre for Urban Design and Mental Health identifies three mechanisms that help explain why rates of poor mental health may be higher in some urban areas.[326] First, **social drift** means that people already at higher risk of poor mental health – due to poverty, homelessness, addiction or family breakdown – are more likely to move to cities in search of employment, housing and services. Second, **social factors** such as neighbourhood segregation, discrimination, prejudice and exposure to crime can exacerbate stress and undermine wellbeing. Third, **environmental factors**, including pollution, overcrowding, lack of access to nature and constant sensory stimulation, can increase psychological strain while weakening protective factors such as social cohesion and informal support networks.

Urban areas can also offer protective factors for mental health. A key strength of urban settings is the higher density of mental health support services[327], which can provide greater access to specialist provision such as culturally or LGBTQ+ specific support. Cities can provide wider social and cultural opportunities, enabling diverse social networks and participation in community life.[328] The urban-built environment can further support mental health through walkable, well-connected neighbourhoods, reliable public transport, green spaces and mixed-use spaces that encourage physical activity and social contact.[329] Urban areas also tend to offer broader

322. Solmi F, Dykxhoorn J, Kirkbride JB. Urban-Rural Differences in Major Mental Health Conditions. In: 2017:27-132. doi:10.1007/978-981-10-2327-9_7
323. Ibid
324. Rural Mental Health: Fourth Report of Session 2022–23. Environment, Food and Rural Affairs Committee. May 18, 2023. Accessed May 5, 2026. https://publications.parliament.uk/pa/cm5803/cmselect/cmenvfru/248/report.html
325. Xu J, Liu N, Polemiti E, et al. Effects of urban living environments on mental health in adults. Nat Med. 2023;29(6):1456-1467. doi:10.1038/s41591-023-02365-w
326. How The City Affects Mental Health. The Centre for Urban Design and Mental Health. Accessed May 6, 2026. https://www.urbandesignmentalhealth.com/how-the-city-affects-mental-health.html
327. Mapping the Mental Health Sector. Association of Mental Health Providers. 2023. Accessed May 6, 2026. https://amhp.org.uk/mental-health-sector-mapping/
328. Nuzhat H. The Impact of Urbanization on Social Networks and Community Life: A Sociological. International Journal For Multidisciplinary Research. 2025;7(6):1-4. doi:10.36948/ijfmr.2025.v07i06.61668
329. How Urban Design can Impact Mental Health. The Centre for Urban Design and Mental Health. Accessed May 6, 2026. https://www.urbandesignmentalhealth.com/how-urban-design-can-impact-mental-health.html#:~:text=Urban%20design%20action%20points:%20Action,and%20libraries%2C%20can%20encourage%20walking.

employment and educational opportunities, which can positively impact life-long outcomes.[330]

Rural areas, by contrast, tend to have a different profile of social determinants. A UK roundtable co-hosted by the Centre for Mental Health and Rural Mental Health Matters highlighted isolation, the closure of community spaces and the erosion of social infrastructure following years of austerity as key risk factors for poor mental health in rural communities.[331] Limited access to mental health services remains a major concern, with participants noting that digital and remote provision cannot fully substitute for in-person, locally grounded support. There were also calls for more culturally competent and trauma-informed services tailored to rural contexts.

At the same time, access to nature was identified as an important protective factor, though this benefit is not experienced equally, particularly for people without reliable transport links or for disabled people facing accessibility barriers.[332] Other sources indicate that many rural residents feel a strong sense of connection, community resilience and trust in leadership which are beneficial to mental health.[333]

These factors can begin to explain why average levels of poor mental health in urban and rural areas are similar despite very different lived experiences. The risks and protections in both settings have tended to offset one another at the population level. Addressing mental health inequalities, therefore, requires strategies that are sensitive to local contexts when prioritising action on poverty, transport, environmental quality and access to services.

330.To Have and Have Not – How to Bridge the Gap in Opportunities. OECD. September 22, 2025. Accessed May 6, 2026. https://www.oecd.org/en/publications/to-have-and-have-not-how-to-bridge-the-gap-in-opportunities_dec143ad-en/full-report/geographic-inequalities-in-access-to-opportunities_9cf8fd00.html#section-d1e9238-2e7335b247

331.Bell A, Costas M. Rural mental health: addressing the hidden inequalities. Centre for Mental Health. March 25, 2025. Accessed May 6, 2026. https://www.centreformentalhealth.org.uk/rural-mental-health-addressing-the-hidden-inequalities/

332.Ibid

333.Rural Community Resilience: Findings from a Provincial Survey. Center for Rural Health Research. October 2022. Accessed May 6, 2026. https://med-fom-crhr.sites.olt.ubc.ca/files/2025/06/RCRP_Draft_Oct6-copy.pdf

Has urban/rural mental health inequality changed over time?

No, the mental health gap has stayed stable over the past two decades as mental health has declined at a similar rate in urban and rural areas.

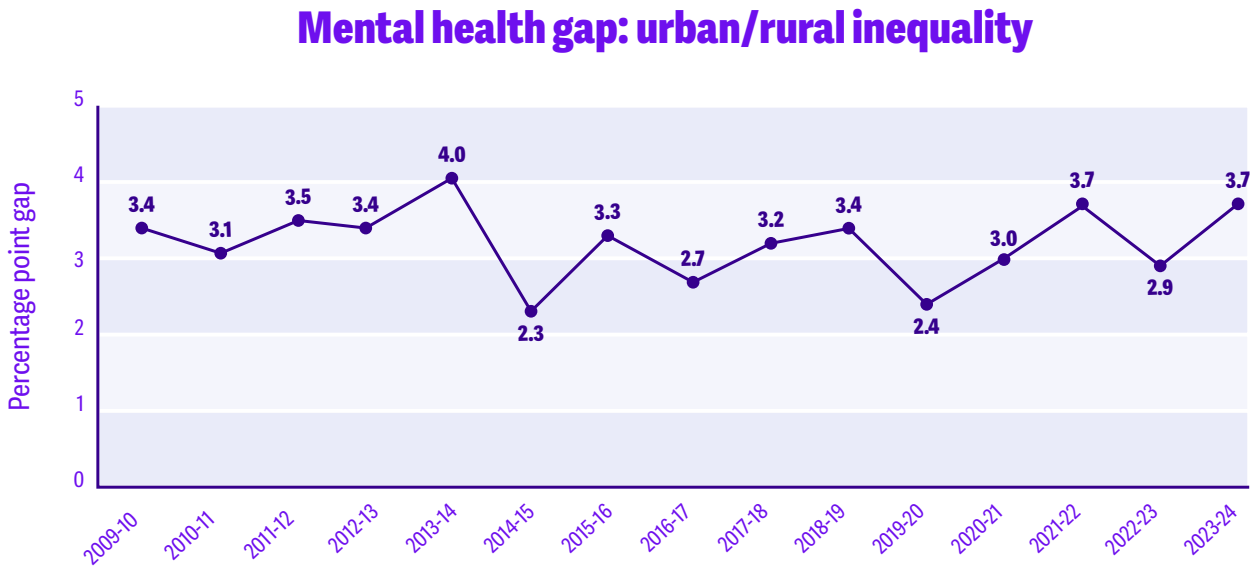


Figure 18. **Mental Health Gap – Urban/Rural.**
Percentage point gap in levels of poor mental health between adults living in urban and rural areas across the whole UK. Positive numbers reflect higher levels of poor mental health in urban areas. Percentage estimates calculated from the *Understanding Society* dataset based on the GHQ-12 cutoff score of four or more.

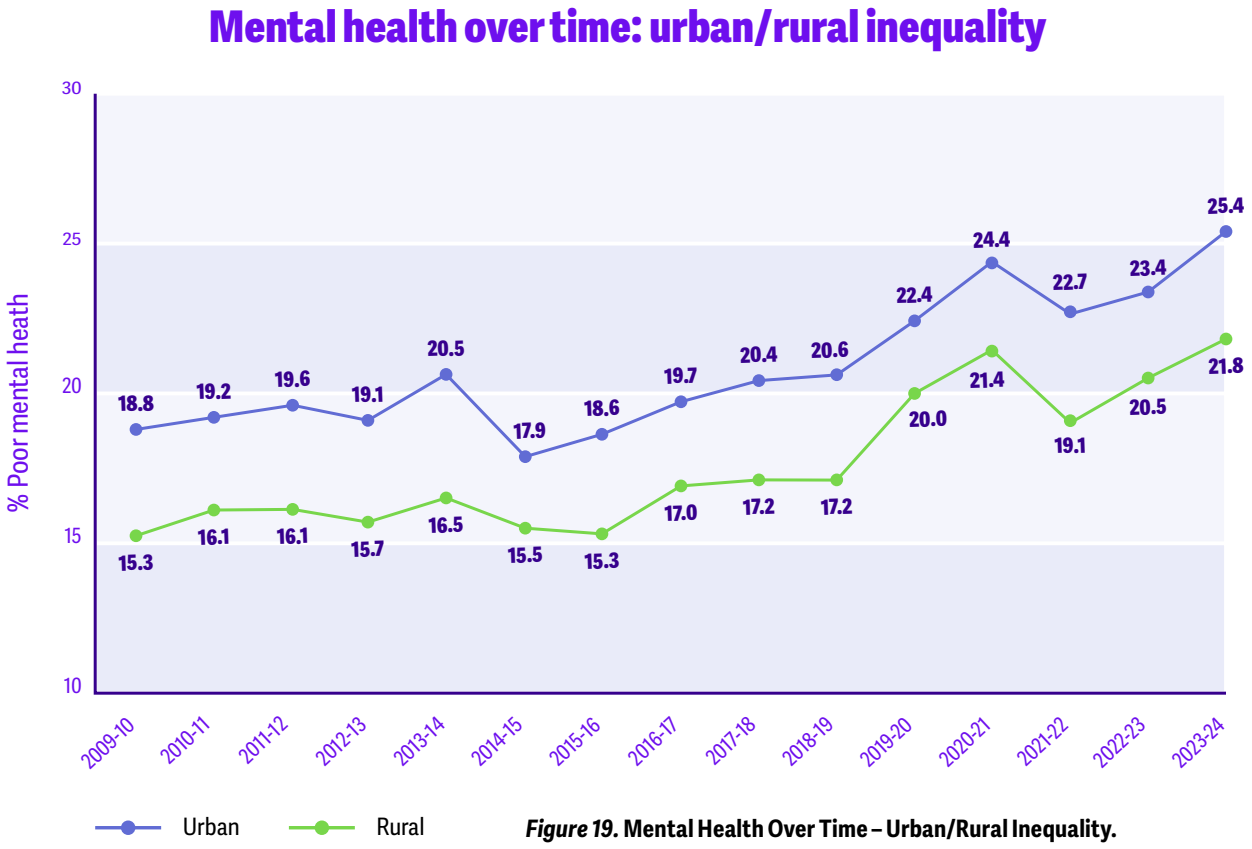


***Figure 19.* Mental Health Over Time – Urban/Rural Inequality.** Percentages of urban and rural residents with poor mental health in the whole UK population. The difference is statistically significant every year. Percentage estimates calculated from the *Understanding Society* dataset based on the GHQ-12 cutoff score of four or more.

The mental health gap between urban and rural residents has remained relatively small and stable over the past 15 years, fluctuating between 2.3% and 4.0% (Figure 18). Although levels of poor mental health have risen markedly in both settings since 2009/10, the rate of increase has been similar, resulting in a consistently modest gap over time (Figure 19). The gap widened slightly in 2013/14 due to a sharper rise in poor mental health among urban residents, but narrowed to its smallest point the following year as urban areas saw the fastest subsequent decline. Since then, year-on-year increases have been comparable across both regions. In the most recent *Understanding Society* data, both urban and rural areas reached their highest recorded levels of poor mental health.

What policy action is needed to improve urban/rural mental health equity?

Place-based, preventative policies are needed to address the distinct social and economic drivers of poor mental health in different communities, including poverty, housing quality, employment, isolation and access to services. This means targeting resources where need is greatest, strengthening community-led support and improving transport and digital connectivity in rural areas.

POLICY ACTION
URBAN / RURAL RESIDENCY

Wales

Urban mental health

Wales' geography strongly shapes mental health needs. People living in the most deprived areas – typically urban or post-industrial communities – experience lower wellbeing, and report feeling that they have less influence over decisions affecting their lives.[334] Research highlights the enduring mental health impacts of deindustrialisation, with long-term, indirect effects on community networks.[335] These impacts compound with present-day economic challenges, forming part of a broader socio-economic context in which a larger proportion of people in Wales (32%) are dissatisfied with local job opportunities than the UK average (23%). This context, combined with Wales' lower productivity rates and deindustrialisation history[336], underscores the need for high-quality, secure employment opportunities across Wales.

Rural mental health

One in three people in Wales live in a rural area, where communities face distinct barriers to good mental health, including isolation, long travel distances for support, financial uncertainty and stigma.[337] A preventative approach must therefore take geographical differences into account, ensuring community voices help design services, and that

334.Lower wellbeing in deprived Welsh communities revealed in new report. Carnegie UK. November 21, 2023. Accessed May 6, 2026. https://carnegieuk.org/news/lower-wellbeing-in-deprived-welsh-communities-revealed-in-new-report/

335.Saville CWN. Industrial legacies: a population survey study of mental health disparities across generations in post-coal Wales. J Epidemiol Community Health (1978). 2026;80(3):142-149. doi:10.1136/jech-2025-225076

336.Life in the UK 2025: Wales. Carnegie UK. November 2, 2025. Accessed May 6, 2026. https://carnegieuk.org/publication/life-in-the-uk-2025-wales/

337.Spotlight on rural health and social care in Wales. Llais Wales. December 2025. Accessed May 6, 2026. https://www.llaiswales.org/sites/default/files/2025-12/PS%20-%20Spotlight%20on%20rural%20health%20and%20social%20care%20in%20Wales.pdf

robust performance measures are used to track improvements in population mental health. Tailoring mental-health support to the unique context of each area will be essential to reducing mental-health inequities across Wales.

Previous research into the mental health of farmers conducted by the Mental Health Foundation and Public Health Wales identified that rural communities faced particular challenges in promoting good mental health, such as access to digital support, low availability of mental health support in rural (for example, agricultural) workplaces and pervasive stigma around mental health.[338] However, urbanity also carries risk factors, with people living in urban Wales – especially women, young adults and people experiencing poverty – more likely to experience a mental health crisis than those in rural Wales.[339]

Geography is a complex factor in shaping public mental health in Wales. A cross-government prevention approach must consider the nuances of how place interacts with other demographic factors. The influence of geography on mental health in key spaces – in schools, workplaces and online – remains only partially understood, making it essential that the Welsh Government account for how these place-based experiences may differ between urban and rural communities when developing preventative mental health strategies.

POLICY ACTION
URBAN / RURAL RESIDENCY Northern Ireland

The relatively narrow mental health inequality gap in Northern Ireland reflects the wider UK trend between rural and urban populations. Local data, using different measures, also indicate comparatively good wellbeing and lower mental health concerns among rural residents. In 2022-23, people living in rural areas were consistently more likely to report high happiness levels at 41% compared to 31% in urban areas. Rural residents were more likely to report lower anxiety levels than their urban counterparts (43% to 38%).[340] However, headline trends can mask systemic and community nuances.

Urban mental health

Mental health outcomes are consistently poorer in urban areas than in rural areas[341], reflecting the concentration of deprivation and inequality in towns and cities such as Belfast, Derry and Strabane.

People living in urban neighbourhoods are more likely to experience poverty, insecure housing, environmental stressors and the long-term impacts of conflict, all of which are associated with poorer mental health. Population-level indicators consistently show higher need in deprived urban communities. In response, place-based approaches such as the *Urban Villages Initiative*[342] recognise the importance of addressing urban-specific determinants of mental health, prioritising

338. Davies AR, Homolova L, Grey CNB, Fisher J, Burchett N, Kousoulis A. Supporting farming communities at times of uncertainty: An action framework to support the mental health and well-being of farmers and their families. Mental Health Foundation and Public Health Wales. 2019. Accessed May 5, 2026. https://www.mentalhealth.org.uk/sites/default/files/2022-09/Supporting-farming-communities-at-times-of-uncertainty.pdf

339. New data highlights important differences in mental health crisis presentation amongst children and young people across Wales. Public Health Wales. July 20, 2022. Accessed May 6, 2026. https://phw.nhs.wales/news/new-data-highlights-important-differences-in-mental-health-crisis-presentation-amongst-children-and-young-people-across-wales/

340. Ibid

341. Health Inequalities Annual Report 2026. Department of Health, Northern Ireland. March 25, 2026. Accessed May 6, 2026. https://www.health-ni.gov.uk/news/health-inequalities-annual-report-2026

342. Urban Villages Initiative. The Northern Ireland Executive Office. Accessed May 6, 2026. https://www.executiveoffice-ni.gov.uk/articles/urban-villages-initiative#toc-0

community capacity, regeneration and cohesion. The *Social Investment Fund* also seeks to tackle the systemic issues linked to poor mental and physical health in highly deprived urban areas, with a particular focus on young mothers, young people at risk, community safety and substance misuse.[343]

The greatest burden of mental ill health falls on the most deprived urban areas in Northern Ireland, where communities experience multiple deprivations. Targeted interventions to reduce mental health inequalities should be concentrated where need is greatest. *The Northern Ireland Mental Health Strategy Early Intervention and Prevention Plan* actions place a keen focus on inequalities.[344]

Rural mental health

More than a third (36%) of Northern Ireland's population lives in a rural area. In the two decades leading to 2020, rural areas in Northern Ireland saw much faster population growth (20% growth) than urban areas.[345]

Issues such as poor connectivity (both physical and digital) and access to health and other essential services are distinct factors when considering the social determinants of mental health in rural populations. In Northern Ireland, some of these issues are unique; rural households here have a much higher risk of fuel poverty given the high dependency (60%) on oil and solid fuel. Also, poor transport links, which are increasingly under threat due to a reduction in subsidies, mean that car ownership is essentially a prerequisite for employment.[346] The Rural Community Network also highlight that work can be uniquely seasonable, low-paid and part-time, especially in agriculture, tourism and trade for rural residents.[347]

Rurality can also impact on the availability of services such as childcare, limit employment options and limit the availability of the workforce to provide health and social care services in homes and local settings. And access to fire and ambulance services is consistently poorer in rural areas compared with urban centres.[348]

Some services have seen positive progress in recent years. For example, broadband availability and speeds in rural areas continue to increase rapidly, with full-fibre services available to 86% of rural Northern Ireland households in 2024 (from 65% in 2022).[349]

Northern Ireland's Rural Needs Act (2016) introduced a legally enforceable duty on public bodies and departments to actively consider the impact of policies on rural communities. It is essential that policies to reduce poverty, including fuel poverty, and improve health outcomes take a nuanced approach to the social determinants of mental health for rural residents.

343.Addressing Deprivation. The Northern Ireland Executive Office. Accessed May 6, 2026. https://www.executiveoffice-ni.gov.uk/articles/addressing-deprivation

344.Mental health strategy - early intervention and prevention. Public Health Agency, Northern Ireland. March 2026. Accessed May 6, 2026. https://www.publichealth.hscni.net/services-and-teams/public-health-services/health-and-social-wellbeing-improvement/mental-health

345.Key Rural Issues, Northern Ireland 2024. Department of Agriculture, Environment, and Rural Affairs. 2024. Accessed May 6, 2026. https://www.daera-ni.gov.uk/sites/default/files/2025-12/Key%20Rural%20Issues%202024_v2.pdf

346.Ibid

347.First Successful Judicial Review on the Rural Needs Act (NI) 2016 . Rural Community Network. April 2025. Accessed May 6, 2026. https://www.ruralcommunitynetwork.org/app/uploads/2025/04/Policy-Link-April-2025.pdf

348.Health Inequalities Annual Report 2024. Department of Health, Northern Ireland. March 2024. Accessed May 6, 2026. https://www.health-ni.gov.uk/sites/default/files/publications/health/hscims-report-2024.pdf

349.Key Rural Issues, Northern Ireland 2024. Department of Agriculture, Environment, and Rural Affairs. 2024. Accessed May 6, 2026. https://www.daera-ni.gov.uk/sites/default/files/2025-12/Key%20Rural%20Issues%202024_v2.pdf

POLICY ACTION
URBAN / RURAL RESIDENCY

Scotland

Scotland's diverse human geography has a profound impact on the mental health needs of its communities, including how social factors impact mental health in distinct ways. Across Scotland, the impacts of poor mental health are most keenly felt by those living in areas of the highest economic deprivation – but this is not evenly experienced by rural and urban communities, producing inequalities that can be complex to understand and resolve.

Urban mental health

Whilst rural and urban areas in Scotland experience similar levels of loneliness, some evidence suggests the effects of isolation can be deeper in urban areas of Scotland compared to rural ones. This may be because of how stronger social connections and community cohesion acts as a protective factor for good mental health in some rural communities.[350]

The intersection between urbanity and poverty is particularly key to understanding urban mental health, with some evidence suggesting that poor-quality housing, a feeling of being unsafe in their community, a lack of access to green space and ongoing concerns around alcohol and substance use to all be major factors that impact the mental wellbeing of Scotland's most socio-economically disadvantaged urban communities.[351]

Rural mental health in Scotland

Rural areas – especially remote and island communities – face their own distinct mental health challenges, such as digital exclusion, precarious and often low-wage economies and entrenched stigma relating to discussing mental health and wellbeing. Due to the particularly geographically remote nature of many of Scotland's rural communities, rural areas are regularly underrepresented in participation and lived experience, especially the most marginalised communities within rural Scotland.[352]

Whilst there are many examples of good practice of initiatives and interventions that prevent poor mental health in rural and island communities in Scotland (for example, the use of task-sharing models to facilitate support that makes best use of community assets), the remoteness of these communities can make it difficult to share good practice systemically.[353]

Addressing geographic inequalities

Evidence from early intervention and prevention pilots such as these has highlighted how taking a geography-sensitive approach to addressing mental health inequalities is essential. The Scottish Government recognises the need for geographically tailored support in the *Mental Health and Wellbeing Plan*, via its support of the National Rural and Islands Mental Health Forum, Scotland's cross-sector network to address the mental health challenges faced by remote, rural and island communities.[354] This is a welcome commitment, but

350. Long E, Thomson M, Milicev J, et al. Loneliness, social support, and social networks: urban–rural variation and links to wellbeing in Scotland. J Public Health (Bangkok). 2025;33(12):2651-2661. doi:10.1007/s10389-024-02236-9

351. Dewison N, Smith KE, Brown A. The Wider Social Determinants of Mental Health in Scotland: Review of Key Policy Documents and Qualitative Literature. SIPHER Consortium. September 2024. Accessed April 23, 2026. https://www.gla.ac.uk/media/Media_1107935_smxx.pdf

352. Inclusive participation in rural Scotland: research report. Scottish Government. February 26, 2021. Accessed May 6, 2026. https://www.gov.scot/publications/inclusive-participation-rural-scotland-preliminary-exploration/pages/6/

353. Roots of Resilience: Cultivating mental wellbeing in Scotland's communities. Change Mental Health. March 2026. Accessed May 6, 2026. https://changemh.org/wp-content/uploads/2026/03/CMH-Roots-of-Resilience-EIP.pdf

354. Mental Health and Wellbeing Strategy. Scottish Government. June 2023. Accessed May 6, 2026. https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2023/06/mental-health-wellbeing-strategy/documents/mental-health-wellbeing-strategy/mental-health-wellbeing-strategy/govscot%3Adocument/mental-health-wellbeing-strategy.pdf

a cross-government approach to mental health in Scotland's diverse rural and urban communities – for example, acknowledging and addressing the separate risk factors for poor mental health in Scotland's urban and rural workforces – must be the next step in holistically addressing the geographic aspects of Scotland's mental health inequalities.

POLICY ACTION
URBAN / RURAL RESIDENCY

England

Urban mental health

Urban areas in England show some of the highest and fastest-rising levels of mental ill-health. This is driven by socio-economic pressures, service demand and demographic changes. The urban population in England is traditionally younger, more diverse and more economically precarious. These characteristics are all associated with higher mental health needs. Certain social determinants are also more common in urban areas, such as housing insecurity and overcrowding, poverty and employment precarity.

To support the mental health of urban residents, there is a necessity to tackle the socio-economic pressures driving the rising levels of mental ill-health that disproportionately impact England's urban population. Building more affordable houses is crucial, with poor housing conditions and overcrowding acting as major risks for mental ill-health. Social security and justice systems also need to be reformed so they are mentally healthy and trauma-informed, with a clear understanding of stigma.

Urban areas in England also have the most severe inequalities across ethnicity, income and social exclusion. Therefore, tackling discrimination is vitally important. Structural racism must be eliminated, and access to mental health support must be improved for racialised communities. There is currently no plan that sets out the responsibilities and powers of each part of the system, national or local, or that provides the funding, leadership and knowledge-sharing to allow this to happen. This lack of a public mental health plan disproportionately impacts those living in densely populated urban areas. The public health grant needs to be restored to its 2015 level, and public mental health expertise in England needs to be greatly enhanced. There must also be a targeting of resources at the communities with the worst mental health outcomes, which are heavily concentrated in cities.

Rural mental health

There are rising levels of mental ill-health among rural residents in England. A survey from 2024 conducted by Mental Health Matters found that 73% of rural respondents had experienced a decline in their mental health in the past year, with loneliness viewed as a major reported driver.[355] Living in a rural setting is also associated with increased difficulty accessing mental health support. There are considerable service pressures, a lack of transport options and poor internet.[356] There are also high levels of stigma in seeking help.

Particular roles, such as those involving working in agriculture, which are most associated with the rural regions of England, have higher levels of suicide.[357] Specific risk factors include financial insecurity and economic shocks, isolation and loneliness, poor access to mental health services and cultural stigma within farming communities. Vets and associated agricultural professions also exhibit high suicide rates.[358] Possible policies could involve providing targeted support for

355.Insight into the mental health of rural communities. Mental Health Matters. 2024. Accessed May 5, 2026. https://www.mhm.org.uk/Handlers/Download.ashx?IDMF=6e47b111-049f-40b9-9c9d-0327a31e25ff

356.Ibid

357.Rural Mental Health: Fourth Report of Session 2022–23. Environment, Food and Rural Affairs Committee. May 18, 2023. Accessed May 5, 2026. https://publications.parliament.uk/pa/cm5803/cmselect/cmenvfru/248/report.html

young farmers, challenging suicide stigma in farming communities and increasing community-based connection initiatives.

Co-produced materials with farmers, tailored to the challenges farmers face, have been demonstrated to have good levels of engagement.[359] The co-production of an integrated, evidence-based approach to mental health promotion and resilience building, including universal and targeted approaches, which are determined through robust evaluation, could help to increase awareness and promote mental health amongst farmers and the farming community. There must also be sustained investment in suicide prevention and anti-stigma services across rural areas.

A lack of transport options and limited digital connectivity can also substantially impact the mental health of rural residents in England. Transport is inconsistent, irregular and limited. Links must be improved and enhanced, with new train lines and more bus routes. The government in Westminster must also progress its expansion of high-speed broadband infrastructure at pace, with a particular focus on some of the worst-impacted areas in rural England.

Additionally, there is considerable pressure on rural mental health services. The adoption of accessible, non-clinical crisis alternatives, such as *Safe Havens and Crisis Cafe Models*, can offer other support and reduce rural A&E presentations. Central government needs to provide the necessary support for local government and local councils to implement these alternatives.

358.Ibid

359.Davies AR, Homolova L, Grey CNB, Fisher J, Burchett N, Kousoulis A. Supporting farming communities at times of uncertainty: An action framework to support the mental health and well-being of farmers and their families. Mental Health Foundation and Public Health Wales. 2019. Accessed May 5, 2026. https://www.mentalhealth.org.uk/sites/default/files/2022-09/Supporting-farming-communities-at-times-of-uncertainty.pdf

How do demographic mental health inequalities compare?

Financial hardship is the strongest driver of mental health inequalities, and the growing age- and gender-related gaps present an urgent challenge.

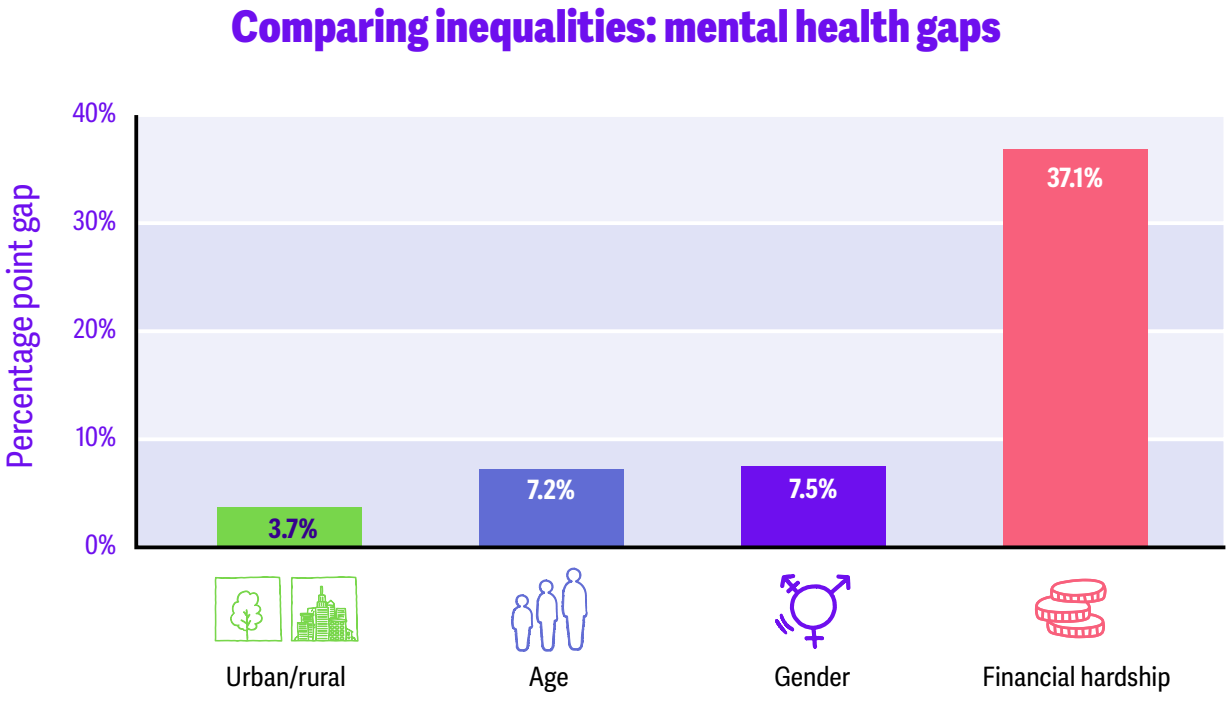


Figure 20. **Mental Health Gaps Across Demographic Groups (2023/24).**
Percentage point gaps in levels of poor mental health between urban versus rural residents, people aged 16-24 versus 25 and over, women versus men and people who are financially comfortable versus struggling. Percentage estimates calculated from the *Understanding Society* 2023/24 dataset based on the GHQ-12 cutoff score of four or more.

Comparing inequalities: trends in mental health gaps over time

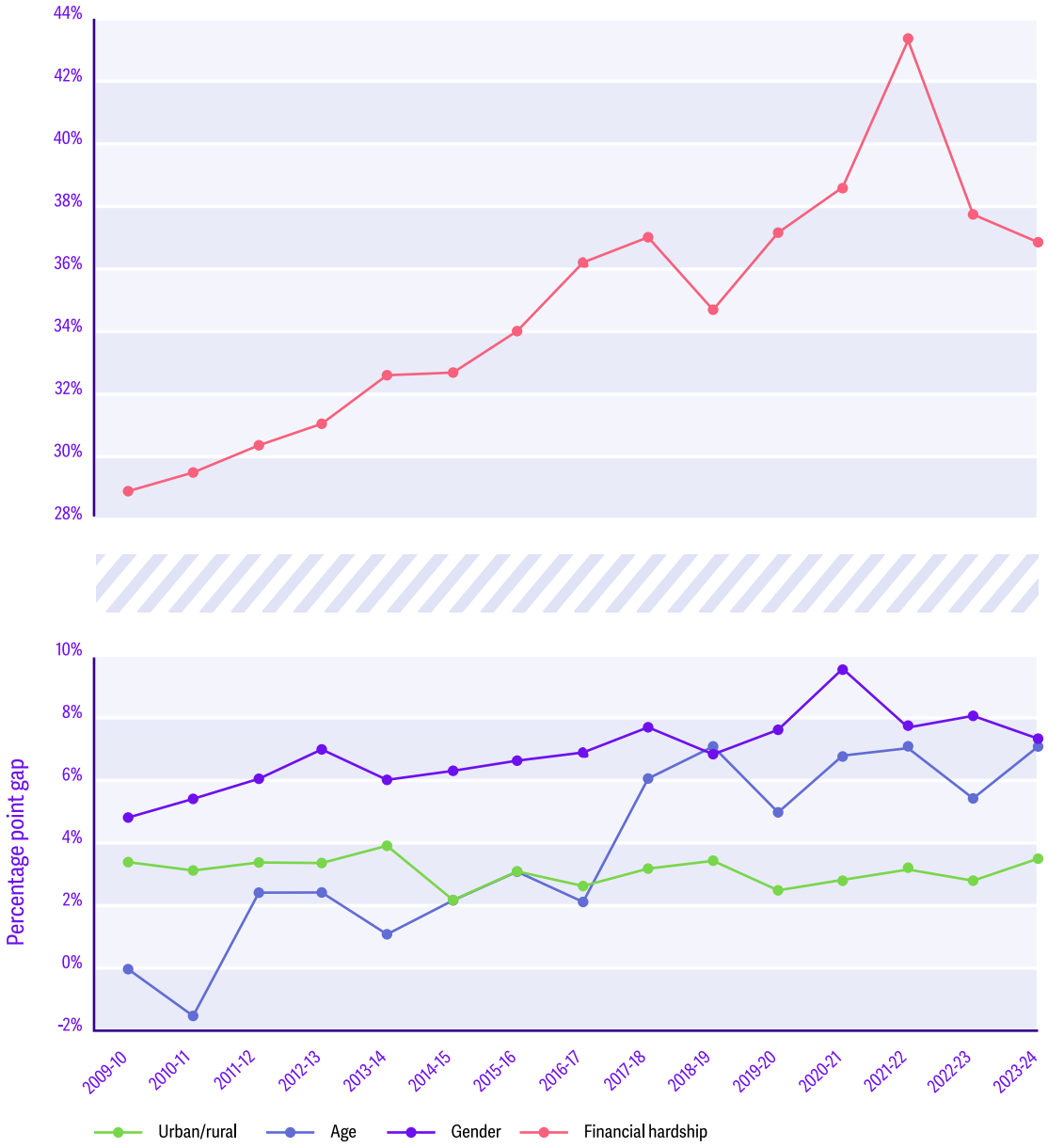
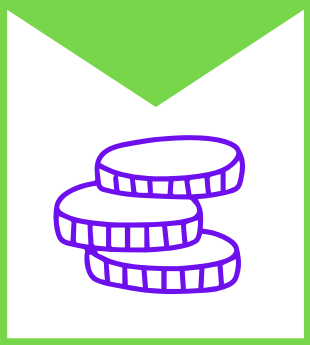


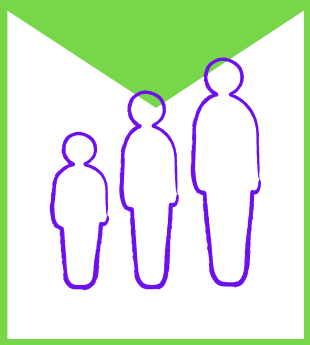
Figure 21. **Trends in Demographic Mental Health Gaps Over Time.**
Percentage point gaps in levels of poor mental health between urban versus rural residents, people aged 16-24 versus 25 and over, women versus men and people who are financially comfortable versus struggling. The two graphs have the same y-axis scale, allowing for direct visual comparison of trend line slopes. Percentage estimates calculated from the *Understanding Society* dataset based on the GHQ-12 cutoff score of four or more.

To effectively target preventative action, it is essential to identify which determinants are the strongest drivers of mental health inequality. By comparing both the relative size of demographic mental health gaps (Figure 20) and the steepness of recent inequality trends (Figure 21), the data highlight where attention is most urgently needed.



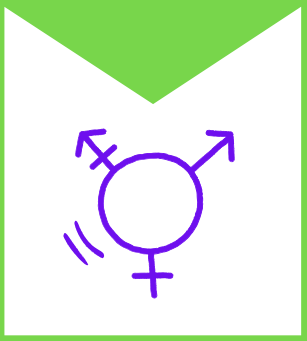
Financial hardship is by far the most powerful driver of mental health inequality in the UK

The gap in mental health between people who are financially comfortable and those who are struggling is five times larger than the gaps associated with age or gender, and ten times larger than the gap between urban and rural residents. Inequality based on financial hardship has also widened more sharply than for any other characteristic. The single largest spike in inequality occurred in 2021/22, when the gap between financially struggling and financially comfortable groups expanded far more rapidly during the pandemic than gaps related to age, gender or urban/rural residency.



Age-related mental health inequality has also grown steeply and demands urgent intervention

Between 2009/10 and 2023/24, the age-related gap increased by 7.4 percentage points, second only to the widening gap associated with financial hardship (8.2 percentage points). Importantly, age-related inequality appears to be a relatively new phenomenon: whereas financial inequality was already substantial at the beginning of the data series, age-related differences were negligible in the early years. This trend highlights an emerging and serious crisis in young people's mental health that requires immediate action.



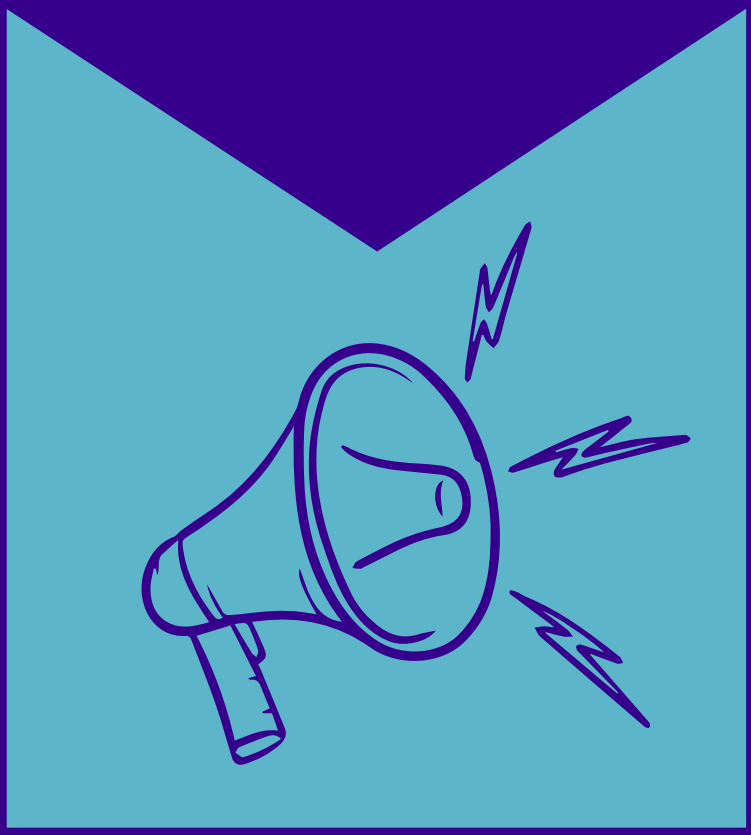
Gender-related mental health inequality has also widened, though less dramatically

The gender gap increased by 2.6 percentage points, less than half the growth in age-related inequality and less than a third of the increase tied to financial hardship. Nevertheless, gender equity remains an essential lever for improving population mental health, particularly because this recent widening reverses the pre-austerity trend of improving gender equity in mental health outcomes.[360]

Urban/rural residency is the weakest driver of mental health inequality among the factors examined

The size of the gap is less than one tenth of that associated with financial hardship, and roughly half the size of the age- or gender-related gaps. Unlike the other demographic characteristics, the urban/rural mental health gap has remained largely unchanged over the past 15 years. However, despite the relatively small difference in overall prevalence of poor mental health, it remains crucial to recognise the distinct risk and protective factors shaping mental health in rural and urban communities. These differences carry important implications for policy decisions and preventative strategies tailored to each context.

360.Thomson RM, Niedzwiedz CL, Katikireddi SV. Trends in gender and socioeconomic inequalities in mental health following the Great Recession and subsequent austerity policies: a repeat cross-sectional analysis of the Health Surveys for England. BMJ Open. 2018;8(8):e022924. doi:10.1136/bmjopen-2018-022924



POLICY CALLS TO ACTION

Wales

POLICY CALL TO ACTION

The Welsh Government should:

- **Prioritise prevention** by introducing a dedicated budget category for prevention and improving data on money spent on preventative action.
- **Address poverty in Wales** by exploring ways to introduce a *Welsh Child Payment* to reduce child poverty and working with people with lived experience to reduce poverty-related stigma.
- **Improve young people's mental health in Wales** by implementing anti-bullying programmes in all schools and focusing on high-quality, accessible employment pathways for young people.
- **Implement a cross-government approach to mental health** that takes a gender- and geography-sensitive approach to tackling mental health inequalities in Wales.

Northern Ireland

POLICY CALL TO ACTION

The Northern Ireland Executive should:

- **Shift to a *Mental Health in All Policies* approach** and implement cross-departmental funding for mental health.
- **Take action on economic inequality in Northern Ireland** by implementing a mental health and trauma-informed anti-poverty strategy and urgently progressing draft legislation on good jobs in Northern Ireland.
- **Improve young people's mental health** by implementing an age-appropriate life and learning curriculum, including content on mental health destigmatization, life and employability skills and sex and reproductive health, and also taking a community-led, sustainably-funded approach to improving Northern Ireland's youth sector.
- **Address gender inequality** by implementing a comprehensive childcare support scheme, employment protections and workplace interventions to support women, a women's health strategy and a cross-government approach to addressing violence against women and girls.
- **Recognise the pressures on rural and urban communities** by ensuring that policies addressing poverty in urban and rural areas in Northern Ireland take a social determinants-informed approach to mental health.

Scotland

POLICY CALL TO ACTION

The Scottish Government should:

- **Take action on prevention** by introducing a preventative expenditure budget category, an implementation and evaluation plan for the *Population Health Framework* and a £20m Improving Scotland's Mental Health Fund in each year of the new parliament.
- **Address financial insecurity in Scotland** by increasing the *Scottish Child Payment* to £55 per week by the end of 2030, to ensure support is sufficient to meaningfully address child poverty.
- **Improve children and young people's mental health** by implementing the *Family Nurse Partnership* model across Scotland, implementing anti-bullying programmes in schools and rolling out the *Together to Thrive* task-sharing model for young people with neurodevelopmental support needs.
- **Implement a holistic, cross-government mental health approach** that recognises and addresses the overlapping impacts of gender and geography, alongside other inequalities.

England

POLICY CALL TO ACTION

In its capacity for making health decisions for England, the UK Government should:

- **Implement a cross-government mental health plan**, and commit to a preventative approach by establishing a *Preventative Departmental Expenditure Limits* to ringfence preventative investment and establish a long-term focus on prevention.
- **Address poor mental health caused by financial insecurity** by implementing an *Essentials Guarantee in Universal Credit* of at least £120 a week for a single adult and £205 for a couple.
- **Act to improve children and young people's mental health** by implementing school-based interventions – such as anti-bullying programmes and completing the rollout of Mental Health Support Teams – as well as boosting access to community-based youth support and long-term support for young people to access training and work opportunities.
- **Introduce targeted and well-funded support for gender-sensitive mental health approaches**, such as boosting access to Women's Centres and outreach programmes to boost men's engagement with mental health services.
- **Re-establish public mental health funding** and ensure that local health systems have the oversight, resources and accountability needed to implement place-based approaches to tackling mental health challenges in urban and rural England.

Whole UK

POLICY CALL TO ACTION

In its capacity for making decisions that impact all nations of the UK, the UK Government should:

- **Take urgent action to address online safety**, fully implementing the *Online Safety Act* and taking further steps to shift social media away from addictive, unsafe design
- **Improve access to stable, fairly-paid work across the whole of the UK**, fully enforcing the *Employment Rights Act* and regularly reviewing and updating the minimum wage
- **Develop a framework for community-based preventative support** that accounts for the role of local health systems in every nation of the UK
- **Strengthen protections for vulnerable groups**, including increasing the *Asylum Support Allowance* and allowing asylum seekers the right to work if they have waited more than six months.

APPENDIX: RESEARCH METHODOLOGY

Understanding Society – study background

***Understanding Society: The UK Household Longitudinal Study* is the largest household panel study of its kind in the UK. It follows individuals over time to examine long-term changes in the population. The study includes participants of all ages and collects extensive information on personal, social, economic and behavioural factors, as well as biological and genetic data.**

The study began in 2009, building on the earlier British Household Panel Study (1991–2008). Around 30,000 households were recruited at the outset, including an Ethnic Minority Boost Sample to ensure adequate representation of racialised communities. Additional boost samples have been introduced in later years to maintain representativeness of the UK population and to ensure that minoritised groups, including immigrants and racialised communities, are included in sufficient numbers.

Each 'wave' represents approximately one year of data collection, with fieldwork typically spanning two calendar years (for example, 2009/10). Data are collected through a combination of face-to-face interviews conducted in participants' homes, telephone interviews and online questionnaires.

Further details about the study design, sampling, and data collection methods are available on the *Understanding Society* website.[361]

Dataset

The *Understanding Society* dataset is Open Access, freely available to researchers, and can be accessed via the UK Data Service (Study Number 6614). A new wave of data is released each year. The Foundation Reports used data from *Understanding Society* waves one (2009/10) through 15 (2023/24), published in December 2025.[362] Analyses were based on the adult main interview files, which include participants aged 16 and older.

Measures

The General Health Questionnaire (GHQ-12)

The Foundation Reports used data from the General Health Questionnaire (GHQ-12)[363] to measure population mental health. The GHQ-12 includes twelve questions which assess how well someone has been feeling and functioning in the past few weeks. The GHQ-12 can be used as a screening tool for mental health conditions, with a score of four or higher indicating a probable psychiatric disorder.[364]

361.Study overview. Understanding Society: The UK Household Longitudinal Study. Accessed May 1, 2026. https://www.understandingsociety.ac.uk/documentation/mainstage/user-guides/main-survey-user-guide/study-overview/

362.University of Essex, Institute for Social and Economic Research. (2025). Understanding Society: Waves 1-15, 2009-2024 and Harmonised BHPS: Waves 1-18, 1991-2009. [data collection]. 20th Edition. UK Data Service. SN: 6614, DOI: http://doi.org/10.5255/UKDA-SN-6614-21

363.Goldberg D, Williams P. A User's Guide to the General Health Questionnaire. NFER Nelson; 1988.

364.Ibid

365.Health Survey for England, 2022 Part 2: Adults' Health. NHS England. September 24, 2024. Accessed April 21, 2026. https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2022-part-2/adult-health#mental-health-ghq-12-

The questionnaire is widely used in research and national surveys, including the NHS Heath Survey for England[365], the Scottish Health Survey[366], and the Northern Ireland Health Inequalities Annual Report.[367]

A large psychometric study by the World Health Organization concluded the GHQ-12 to be 'remarkably robust' as a clinical screening tool, and 'gender, age and educational level are shown to have no significant effect on the validity of the GHQ.'[368] Similarly, prior analysis of *Understanding Society* data concluded that 'the GHQ-12 does not display obvious bias in regard to ethnic groups in the UK.'[369]

A recent review of studies that used the GHQ-12 'underscores the GHQ-12's reliability across diverse populations and settings, encouraging its use as a valid instrument for mental health assessment.'[370] Though this review highlighted some variability across different study designs and questionnaire languages, the authors conclude the GHQ-12 'has good overall reliability, according to our meta-analysis, indicating that it can be used with confidence to assess mental health in a range of populations.'[371]

Variables

At each wave of data collection, the following variables were used to categorise participants for analysis:

- **country** identified the UK nation in which the participant resides (England, Scotland, Wales or Northern Ireland).
- **scghq2_dv** (caseness scale) provided a summary score from the GHQ-12. For The Foundation Reports, this score was converted to a binary variable using a cut-off score of four or higher to identify poor mental health.
- **finnow** was derived from the interview question 'How well would you say you yourself are managing financially these days?' For The Foundation Reports, responses were grouped into three categories: 'financially comfortable' (living comfortably/doing alright), 'getting by' (just about getting by) or 'struggling' (finding it quite/very difficult).
- **age_dv** was used to categorise participants into age groups for analysis.
- **sex_dv** categorised participants as male or female. In this report, these categories were referred to as 'men' and 'women'.
- **urban_dv** categorised participants as living in rural or urban areas. This variable is derived from the 'Office for National Statistics (ONS) Rural and Urban Classification of Output Areas', based on participants' home address.

Statistical analysis

Analysis strategy

Although the *Understanding Society* study is a longitudinal survey that follows individuals over time, the population estimates presented in this report were derived using repeated cross-sectional analyses; each survey wave was analysed separately, treating it as a snapshot of the population at that point in time. This approach allows us to describe year-by-year levels of poor mental health in the UK population, rather than modelling individual change over time.

For each analysis, we used a complete case approach, meaning the analytic sample included participants with available data on all variables required for that

366.Terris J, Deakin E, Wilson V, McLelland R, Biggs H, Wilson H. The Scottish Health Survey: 2024 Main Report. Scottish Centre for Social Research. August 22, 2025. Accessed April 21, 2026. https://www.gov.scot/collections/scottish-health-survey/

367.Health Inequalities Annual Report 2026. Department of Health, Northern Ireland. March 25, 2026. Accessed May 6, 2026. https://www.health-ni.gov.uk/news/health-inequalities-annual-report-2026

368.Goldeberg DP, Gater R, Sartorius N, et al. The validity of two versions of the GHQ in the WHO study of mental illness in general health care. Psychol Med. 1997;27(1):191-197. doi:10.1017/S0033291796004242

369.King K, Allum N, Stoneman P, Cernat A. Estimating measurement equivalence of the 12-item General Health Questionnaire across ethnic groups in the UK. Psychol Med. 2023;53(5):1778-1786. doi:10.1017/S0033291721003408

370.Wojujutari AK, Idemudia ES, Ugwu LE. The evaluation of the General Health Questionnaire (GHQ-12) reliability generalization: A meta-analysis. PLoS One. 2024;19(7):e0304182. doi:10.1371/journal.pone.0304182

371.Ibid

specific analysis. Participants with missing data on any of the relevant variables were excluded from that analysis. No imputation or other methods for handling missing data were applied.

All statistical analyses were conducted using STATA version 18.5. Population estimates of poor mental health were calculated using STATA's proportion command, which produces weighted percentages along with 95% confidence intervals. All variables were categorical. Analyses were descriptive in nature, and no covariates were included.

Statistical weighting

All estimates incorporate the survey weights provided by the *Understanding Society* team.[372] These weights adjust for unequal probabilities of selection and differential non-response, ensuring that the resulting estimates are representative of the UK population. In practice, this accounts for factors such as the intentional over-sampling of some groups (for example, through the Ethnic Minority Boost Sample) and the fact that some population groups are more likely than others to participate or remain in the study over time.

Interpreting statistical significance

Statistically significant differences between population groups were inferred on the basis of non-overlapping 95% confidence intervals[373], which is the same method used by the Office for National Statistics (ONS). A confidence interval tells us the range within which we can be 95% certain that the true population value lies. When the confidence intervals for two groups do not overlap, this provides strong evidence that the observed difference between those groups is genuine, and unlikely to be due to sampling variation alone. Formal hypothesis tests and p-values were not calculated.

Population numbers

Estimated numbers of people experiencing poor mental health combine prevalence calculations from *Understanding Society* data with official population counts from the ONS dataset titled 'UK population estimates 1838 to 2024 edition of this dataset.'[374]

For the UK overall and each nation separately, we calculated the total number of people aged 16 and over in 2024 (the approximate midpoint of data collection for *Understanding Society* wave 15).[375] We then multiplied these population totals by the estimated percentage of people experiencing poor mental health derived from *Understanding Society* wave 15. This produced estimates of the number of adults experiencing poor mental health in 2024.

The same process was repeated using population estimates for 2010 (the approximate midpoint of data collection for *Understanding Society* wave one). The estimated number of people experiencing poor mental health in 2010 was subtracted from the 2024 estimate to calculate the number of additional people experiencing poor mental health in 2024.

372.Selecting the correct weight for your analysis. Understanding Society: The UK Household Longitudinal Study. Accessed May 1, 2026. https://www.understandingsociety.ac.uk/documentation/mainstage/user-guides/main-survey-user-guide/selecting-the-correct-weight-for-your-analysis/

373.Foster L, Diamond I, Banton J. Beginning Statistics: An Introduction for Social Scientists. 2nd Edition. Sage Publications; 2014.

374.Estimates of the population for the UK, England, Wales, Scotland, and Northern Ireland. Office for National Statistics. September 26, 2025. Accessed May 1, 2026. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

375.Survey Timeline. Understanding Society: The UK Household Longitudinal Study. Accessed May 1, 2026. https://www.understandingsociety.ac.uk/documentation/mainstage/survey-timeline/

Appendix table 1. Estimated population numbers – poor mental health

	Whole UK	Wales	N. Ireland	Scotland	England
Adults age 16+ in 2024	56,685,313	2,640,220	1,543,173	4,650,067	47,851,853
Adults with poor mental health in 2024	13,957,494	721,248	370,291	1,145,802	11,719,952
Adults age 16+ in 2010	50,945,894	2,494,980	1,424,874	4,344,380	42,681,660
Adults with poor mental health in 2010	9,138,247	443,660	258,196	721,171	7,715,218
"Additional" people with poor mental health in 2024	4,819,248	277,588	112,095	424,631	4,004,734

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