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The state of mental health inequality in the UK

England report



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Acknowledgements

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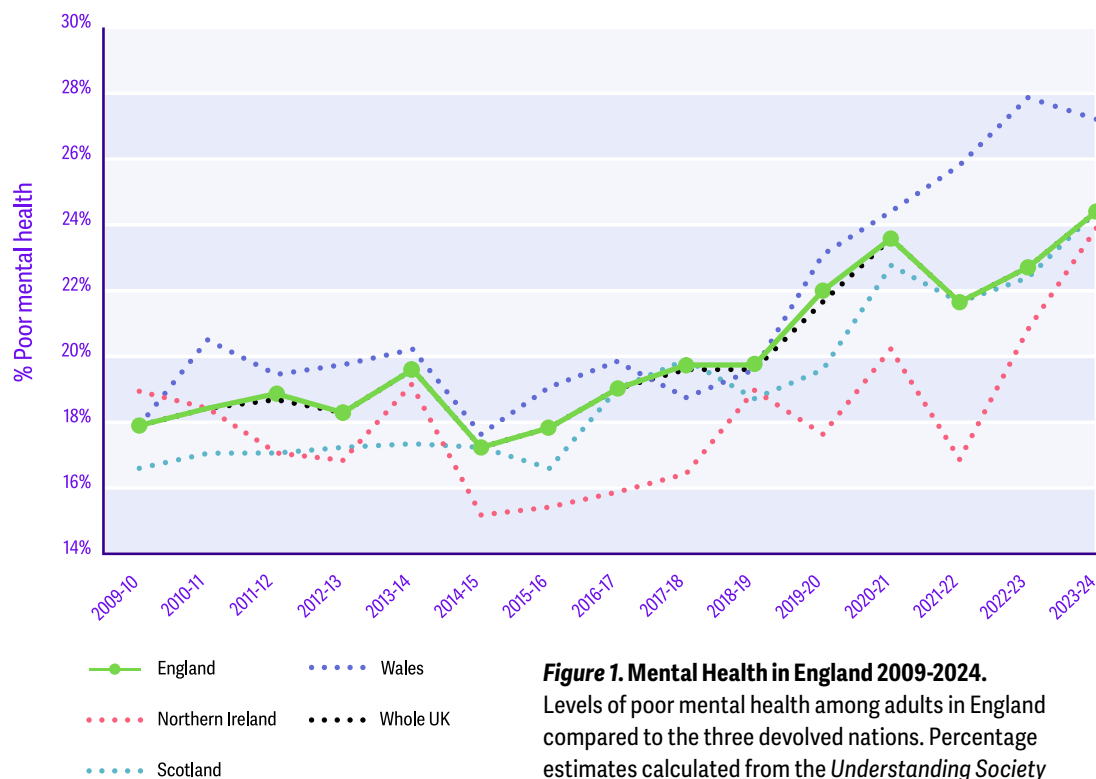
Chapter 1: Mental health in England



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



In this section, we highlight differences between England and the other three nations individually.¹

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 1):

- **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.**²

Further detail can be found through [NHS England's Mental Health Dashboard](#)

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.



1. 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.
2. Population calculations can be found in *Appendix: Research Methodology* of the full research report, *The Foundation Reports – The state of mental health inequality in the UK* (Mental Health Foundation, 2026).

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.³ Around 22% of people in England are living in poverty.⁴ Housing is less affordable in England on average, fueled by exceptionally high housing costs in London and the South East.^{5,6} England also faced larger cuts during austerity than the devolved nations.⁷

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.⁸ 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.⁹ This means that, in practice, some ICSs are doing far more than

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4. 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>
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8. 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>
9. 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.¹⁰

The policy of austerity resulted in cuts to the England-specific public health grant and a reduction of public mental health expertise.^{11, 12} Local government budgets in England also faced some of the most sustained cuts

during this period.¹³ This severely limited capacity to both coordinate and introduce preventative policies. 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.¹⁴ 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

10. 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>
11. 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>
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14. 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.¹⁵ Some groups were also more negatively impacted than others, worsening existing inequalities.¹⁶

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.¹⁷ 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.¹⁸

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.¹⁹ Of the funding allocated to health, only about £3.66 billion is spent on public health²⁰, and based on previous analysis, only around 3% of that on preventative public mental health.²¹

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.²² 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.

15. 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>
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21. Unpublished RCPsych analysis
22. 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.²³ Maternal mental health is a critical factor affecting infant development.²⁴ Parenting programmes have been proven to be highly effective for protecting people's mental health.²⁵

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 14.²⁶ School is an important and often under-recognised location where good mental health can be established and protected.²⁷

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.²⁸ These children have been identified as some of the most vulnerable in society.²⁹ Schools should be more aligned with local services, and there must be increased funding for the NHS and

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24. Pezley L, Cares K, Duffeey 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

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28. 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>

29. 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.³⁰

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.³¹

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.³² 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.³³ 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.



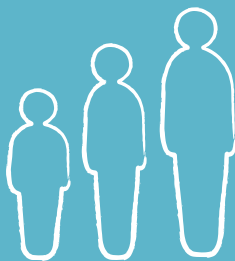
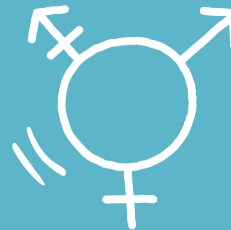
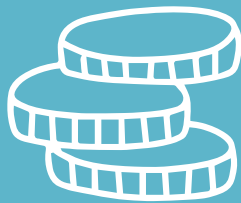
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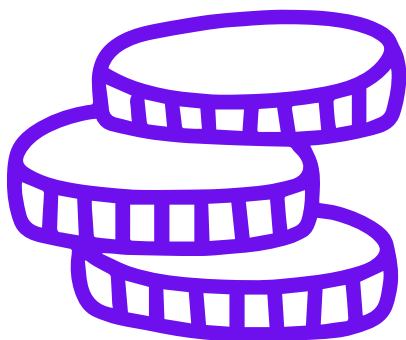
Chapter 2: Demographic mental health inequalities



Financial hardship

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.³⁴

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 incomes³⁵, with wealth and income remaining highly uneven.³⁶ Projections also suggest this is a pattern that will be maintained throughout the decade.³⁷



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.³⁸



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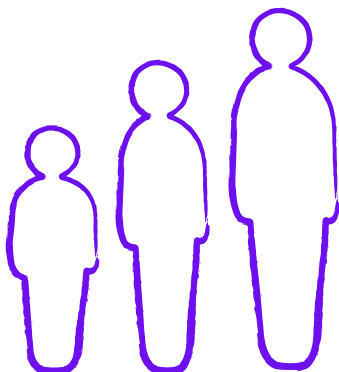
Age

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 2023/24.³⁹ 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.⁴⁰ 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'.⁴¹

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 than a year after referral⁴² – 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.



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Gender

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%).⁴³

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.⁴⁴

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%).⁴⁵ This may be due to traditional gender 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.⁴⁶ 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,

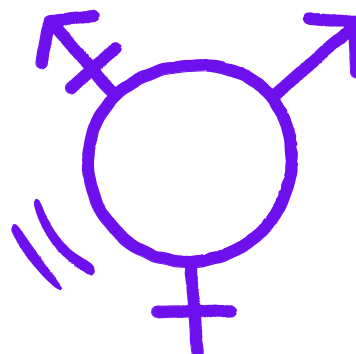
as each can lead to poorer mental health outcomes for both men and women. Ensuring that everyone, of any gender, has equitable access to stable employment, as well as a financial safety net, must be prioritised. Social security payments have not kept pace with cost-of-living pressures and the pre-COVID 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.⁴⁷

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 inequality⁴⁸, in every local area would also ensure that women can receive comprehensive, trauma-informed support.



43. 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#>
44. Men and Women: Statistics. Mental Health Foundation. Accessed May 5, 2026. <https://www.mentalhealth.org.uk/explore-mental-health/statistics/men-women-statistics>
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47. 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>
48. Why Women's Centres Work. National Women's Justice Coalition. April 24, 2024. Accessed May 5, 2026. <https://wearewjc.org.uk/blog/why-womens-centres-work/>

Urban/rural residency

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.

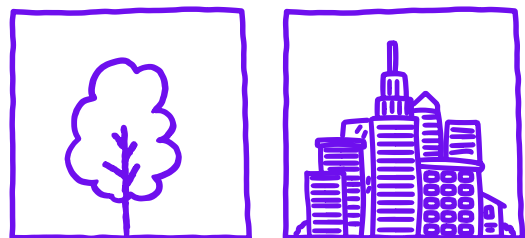
Urban areas in England also have the most severe inequalities across ethnicity, income and social exclusion. Therefore, tackling discrimination is vitally important. Structural racism must be eliminated, and access to mental health support must be improved for racialised communities. There is currently 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.⁴⁹ 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.⁵⁰ 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.⁵¹ 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.⁵² Possible policies could involve providing targeted support for 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.⁵³ 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.



49. 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>

50. Ibid

51. 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>

52. Ibid

53. 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>

Chapter 3:

Policy calls to action



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.

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.





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