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**MENTAL  
HEALTH**  
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# **The state of mental health inequality in the UK**

*Northern Ireland report*



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# Acknowledgements

## Report authors:

Dr Nina Lutz, Will Berrington, Ben Lejac, Dr Calum MacLeod, Vivienne Fitzroy, Catherine Razzell, Michael Hough, Isaac Barnswell

## Data source:

The *Understanding Society* study is led by a team at the Institute for Social and Economic Research (ISER) at the University of Essex, and funded primarily by The Economic and Social Research Council

## The Foundation Reports steering group:

Dr David Crepaz-Keay, Emily Fu, Karen Hall, Prof Gavin Davidson, Claire Fleming, Lee Batchelor, Oliver Chantler

## Quantitative analysis collaborators:

Dr Thomas Steare (University College London), Wenzhen Cao (University of Cambridge), Wen Wang (University of Essex)

## Literature review:

Kanchan Lakhwani

## Data visualisation and website design:

Studio Lift

*This report was edited with the assistance of Artificial Intelligence technology.*

*If you have questions about this research, please contact*

*The Foundation Reports study team at [research@mentalhealth.org.uk](mailto:research@mentalhealth.org.uk)*

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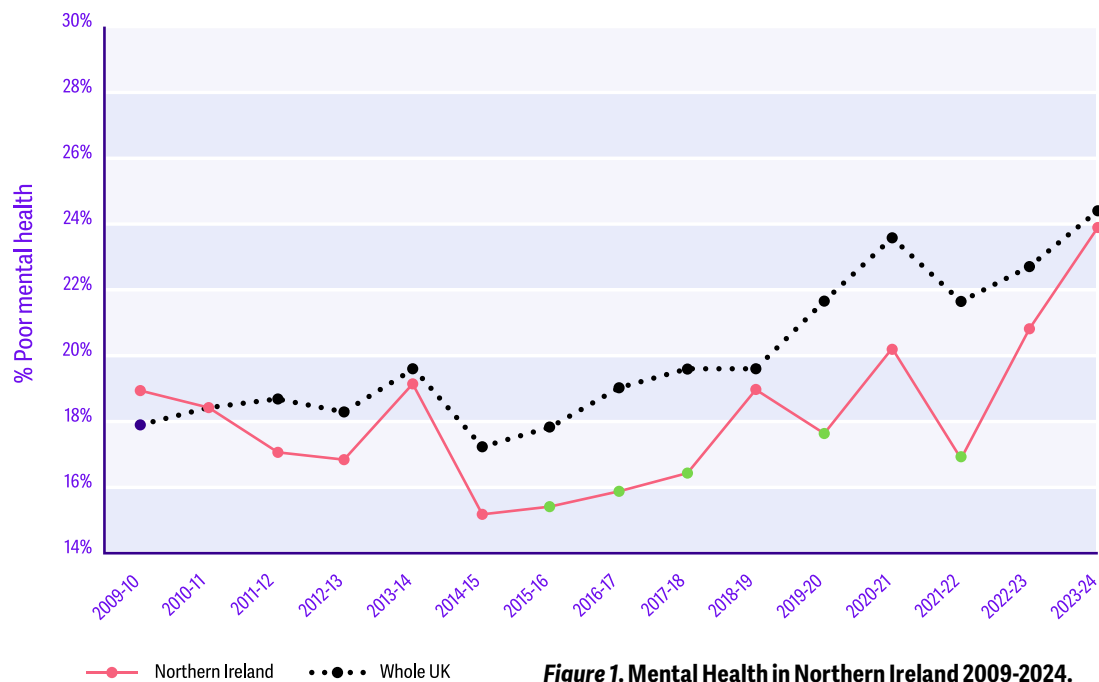
# Chapter 1: Mental health in Northern Ireland



# 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 1. 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 1). The consistency of this difference supports its validity: there is strong evidence that people living in Northern Ireland reported lower levels of poor 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.**<sup>1</sup>

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.



1. 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 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%)<sup>2</sup> are lower than the rest of the UK and have declined over the past 15 years<sup>4,3</sup>, reflecting factors such as comparatively lower housing costs and income inequality.<sup>5</sup> 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.<sup>6</sup> 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



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3. 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](https://www.jrf.org.uk/poverty-in-northern-ireland-2025#_trends-in-poverty)
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>
5. Ibid
6. 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.<sup>7</sup> Weak financial resilience places households in a precarious position where even a relatively small financial setback can tip a household into crisis.

Our own research 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.<sup>8</sup> Levels of poor mental health continue to be much higher in the most economically deprived areas (24%) compared to the least deprived areas (14%).<sup>9</sup> 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.<sup>10</sup>

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.<sup>11</sup> Demand for social housing is also outstripping supply, with increasing numbers of households under

housing stress.<sup>12, 13</sup> 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.<sup>14, 15</sup> 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.

7. 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](https://www.jrf.org.uk/poverty-in-northern-ireland-2025#_-trends-in-poverty)
8. 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>
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14. 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.>
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## 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.<sup>16</sup> As a result, Northern Ireland has one of the highest rates of post-traumatic stress disorder (PTSD) in the world.<sup>17</sup> The mental health of young people born after the *Good Friday Agreement* (1998) has been shaped by the trans-generational effects of *The Troubles*<sup>18</sup>, as 40% have grown up with parents who had 'high or moderate experience of the conflict'.<sup>19</sup>

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 Adverse Childhood Experiences (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.<sup>20</sup> Conflict-related and intergenerational traumas continue to feature as a particular vulnerability for mental health inequalities in NI, 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.<sup>21</sup>



16. 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>

17. Ibid

18. 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>

19. Tomlinson MW. War, peace and suicide: The case of Northern Ireland. *International Sociology*. 2012;27(4):464-482. doi:10.1177/0268580912443579

20. 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>

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# 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.<sup>22</sup> 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.<sup>23</sup>

86% of the Benefit Cap mitigation payments in Northern Ireland are paid to women<sup>24</sup>, 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.<sup>25</sup> 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 (£1.2 billion) 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.<sup>26</sup>

## 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.<sup>27</sup>

Requirements for match funding from government departments are estimated to have uplifted total

funding for these policy areas to almost double that.<sup>28</sup> 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.<sup>29</sup> 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.



22. 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>
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25. 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>
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# 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<sup>30</sup>, and the strain on adult and child mental health services is well-documented.<sup>31</sup>

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.<sup>32</sup> Yet spending on mental health in Northern Ireland is lower than in any other part of the UK.<sup>33</sup>

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 commits 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<sup>34</sup>, and will commission further Northern Ireland-specific research. This research will set out how an MHiAP approach would look across Northern

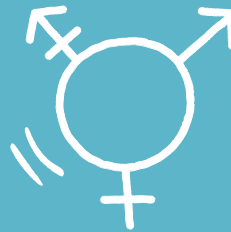
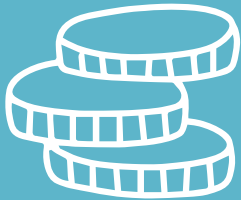
Ireland departmental policies. It will explore how to apply and maximise mental health prevention in policy development, and work collaboratively with those who experience the inequity that can lead to poor mental health to embed prevention in policy and practice.

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.



30. 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>
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# Chapter 2: Demographic mental health inequalities



# Financial hardship

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.<sup>35</sup> Northern Ireland reflects the same UK trend of an increasing number of households in in-work poverty.<sup>36</sup> 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.<sup>37</sup>

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<sup>38</sup>, 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.<sup>39</sup>

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.<sup>40</sup> 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.<sup>41</sup>

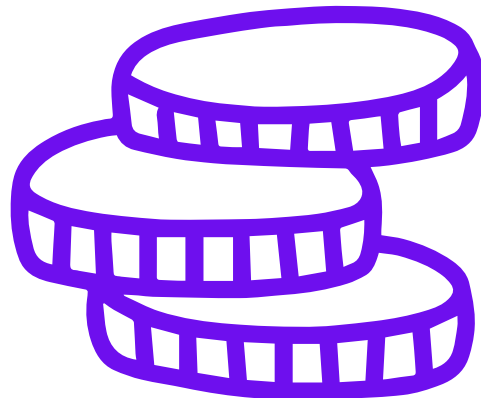
Actions to alleviate financial situation-related mental health require a government-wide commitment to mental health prevention as discussed above. Policy

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.

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.<sup>42</sup> 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.<sup>43</sup> 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.<sup>44</sup> 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.

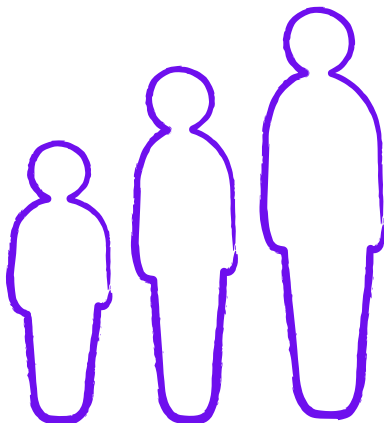


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# Age

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.<sup>45</sup> 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<sup>46</sup> 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.<sup>47</sup> 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.<sup>48</sup>



## 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.<sup>49, 50</sup>

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 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.<sup>51</sup>

## Education interventions

There has been progress in increasing school-based early intervention mental health support in recent years<sup>52</sup>, 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<sup>53</sup> 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.<sup>54, 55</sup> 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.<sup>56</sup>

## 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<sup>57</sup>, with a reported 64% cut in funding for community-led programmes by the UK Government in 2026.<sup>58</sup> A funded, community-based response to youth service provision is needed to support young people's mental health.



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# Gender

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%)<sup>3</sup> 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*.<sup>59</sup>

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

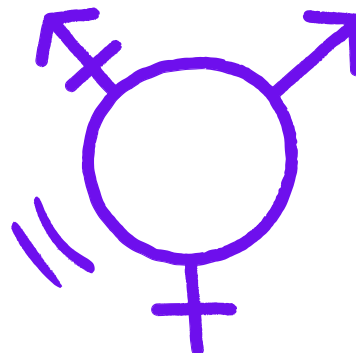
Research by the Women's Research and Development Agency highlights that women are more likely to be single parents, experience poverty, have care responsibilities and be disproportionately impacted by the cost-of-living crisis.<sup>60</sup> The Women's Regional Consortium has highlighted that 91% of 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.<sup>61</sup>

Actions to address gender-specific financial burdens has resulted in some progress on the gender pay gap in Northern Ireland<sup>62</sup> 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.<sup>63</sup> 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%).<sup>64</sup> 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<sup>65</sup> 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<sup>66</sup>, with some research exploring the influence of the legacy of conflict, normalisation of violence in Northern Ireland and rates of gendered based violence.<sup>67, 68</sup>

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.<sup>69</sup>

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.



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# Urban/rural residency

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%).<sup>70</sup> 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<sup>71</sup>, 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*<sup>72</sup> recognise the importance of addressing urban-specific determinants of mental health, prioritising 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.<sup>73</sup>

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.<sup>74</sup>

## 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.<sup>75</sup>

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.<sup>76</sup> 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.<sup>77</sup>



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.<sup>78</sup>

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).<sup>79</sup>

*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.



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# Chapter 3: **Policy calls to action**



## 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.





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