

**THE
FOUNDATION
REPORTS**

**MENTAL
HEALTH**
FOUNDATION

The state of mental health inequality in the UK

Summary report



June 2026

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

Recommended citation: Mental Health Foundation (2026). *The Foundation Reports – The state of mental health inequality in the UK*. The Mental Health Foundation, UK.

Copyright © 2026 Mental Health Foundation.

Headline findings



Poor mental health has risen in the UK over the past two decades

This increase has not been experienced equally across all communities, leading to widening mental health inequalities within and between the four nations.



The four nations have followed strikingly different mental health trends over time

- In **Wales**, a post-pandemic spike in poor mental health drove levels much higher than the UK average.
- **Northern Ireland** recorded the steepest recent rise in poor mental health, reversing a decade of better-than-average population wellbeing.
- **England** and **Scotland** have followed similar paths, falling between Wales and Northern Ireland.



Financial hardship is the strongest driver of mental health inequality

Disparities in mental health between those who are financially comfortable versus those who are struggling have significantly widened. The number of people in the UK experiencing financial insecurity has grown as well.



Age and gender-related mental health inequalities are growing

One of the highest areas of risk is around young people, women and mental health disparities. These groups have shown a steep worsening of mental health over the past decade.



On average, mental health is similar in rural and urban areas

Mental health has worsened at a similar rate in both urban and rural areas. However, each setting has its own profile of risk and protective factors, which require different strategies for improving the structural inequalities mental health link and population mental health.



Decision makers must take action to reverse worrying mental health trends

Our nation-specific recommendations set out a roadmap for policymakers to improve population mental health and reduce inequalities.

Introduction

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. These differences are shaped by the social determinants of mental health – the social, physical and economic conditions that impact us across our lifespan.

The Foundation Reports is an ambitious project providing vital new statistics on the state of mental health inequalities within the UK, mapping these inequalities between the four nations and tracking them over time.

Statistics about the state of the UK as a whole mask the fact that some groups are more likely to experience poor mental health than others. Comparing data

from each of the nations reveals where and for whom inequalities are largest, and how these inequalities have changed over time.

The Foundation Reports research series, therefore, provide recommendations for decision-makers to tackle mental health inequalities in each nation, to target preventative action for the people and communities in greatest need.

Researchers used 2009-2024 data from the *Understanding Society* longitudinal study¹, the largest household panel survey in the UK of around 40,000 households. You can find out more about our methods in the full report.

The Mental Health Foundation will continue to track mental health inequalities as new data become available. You can download our dataset of mental health inequity statistics, free to use for your own research, from *The Foundation Reports* webpage.

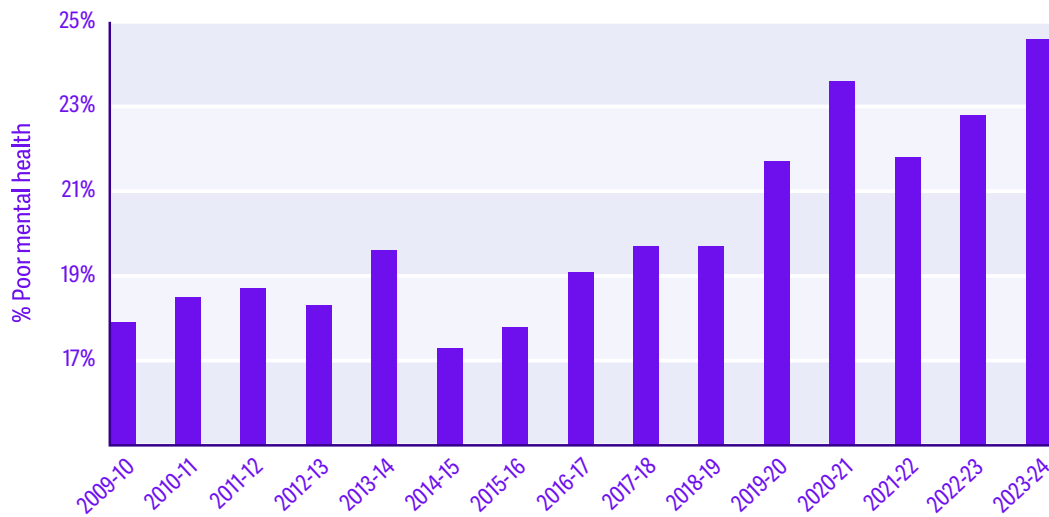


1. University of Essex, Institute for Social and Economic Research. (2025). *Understanding Society: Waves 1-15, 2009-2024 and Harmonised BHPS: Waves 1-18, 1991-2009*. [data collection]. 20th Edition. UK Data Service. SN: 6614, DOI: <http://doi.org/10.5255/UKDA-SN-6614-21>

Almost 14 million adults (25% of the UK population) experienced poor mental health in the most recent data.

This number has risen significantly over the past two decades, up from 18% of the population in the period immediately following the global financial crisis.

Poor mental health is rising in the UK



But that's not the whole story

Poor mental health is not shared evenly across everyone living in the UK.

The circumstances in which people live – including their work, housing, financial situation and social connections – impact mental and physical health. By looking in greater depth at the data, we can explore how inequality and mental wellbeing has changed over time and identify the widest gaps, to target preventative action for the people and communities in greatest need.



Austerity, the COVID-19 pandemic and the cost-of-living crisis have moved key social determinants of mental health in the wrong direction

Austerity (2010 onwards)

Austerity after the 2008 financial crisis cut public spending and eroded community infrastructure that helped prevent poor mental health. Its uneven impact widened existing mental health inequalities, hitting already deprived areas hardest.² Demand for mental health support has since risen sharply, while services remain under-resourced.³

Pandemic (2020-2021)

In March 2020, the UK and devolved governments imposed lockdowns, social distancing rules and the furlough scheme to contain the COVID-19 virus. This societal upheaval widened existing public mental health inequalities⁴, while disruptions to mental health services left many without support.⁵

Cost-of-living crisis (2021 onwards)

Prices began rising far faster than wages in 2021, creating a prolonged cost-of-living crisis that increased financial insecurity, especially in economically deprived areas.⁶ As a result, the link between poor mental health and deprivation has deepened, compounding the effects of austerity and the unequal impacts of the pandemic.

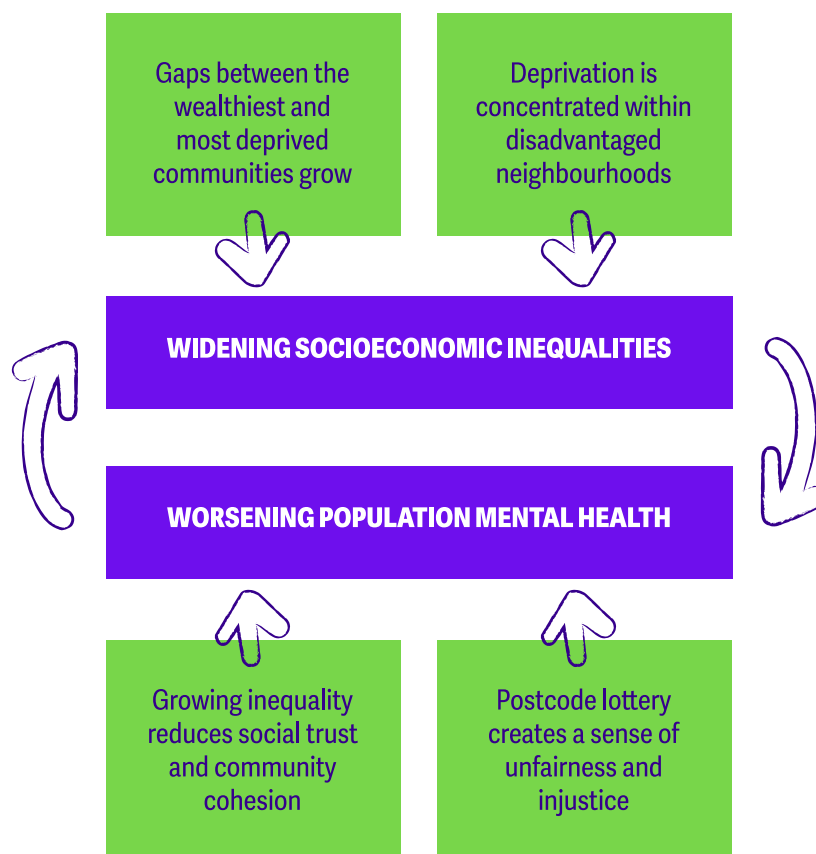
Each of these crises disproportionately affected people who were already at greater risk of poor mental health, including:

- **People who are struggling financially**
 For example, those with low income who the increased cost of living hits hardest
- **Young people**
 For example, due to how austerity led to cuts in children and youth services⁷
- **Women**
 For example, during the pandemic, women were more likely than men to lose their jobs or experience a loss of income⁸, and were more likely to report feeling lonely⁹



Social fragmentation is harmful to everyone's mental health

When people's financial situations become more precarious, we see sharp rises in poor mental health and widening inequalities. Growing inequality and social fragmentation is itself harmful to population mental health, creating a negative cycle.¹⁰ Addressing socioeconomic inequality is therefore necessary for improving population mental health across society.



- Barr B, Kinderman P, Whitehead M. Trends in mental health inequalities in England during a period of recession, austerity and welfare reform 2004 to 2013. *Soc Sci Med*. 2015;147:324-331. doi:10.1016/j.socscimed.2015.11.009
- Mental health pressures in England. British Medical Association. March 16, 2026. Accessed May 5, 2026. <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/mental-health-pressures-data-analysis>
- 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
- Johnson S, Dalton-Locke C, Vera San Juan N, et al. Impact on mental health care and on mental health service users of the COVID-19 pandemic: a mixed methods survey of UK mental health care staff. *Soc Psychiatry Psychiatr Epidemiol*. 2021;56:25-37. doi:10.1007/s00127-020-01927-4
- 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>
- 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
- 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>
- 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
- Pickett KE, Wilkinson RG. Inequality: an underacknowledged source of mental illness and distress. *British Journal of Psychiatry*. 2010;197:426-428. doi:10.1192/bjp.bp.109.072066

The explosion in social media and internet use is likely driving worsening population mental health as well

Distressing and misogynistic online content is alarmingly common and may be disproportionately harming young people and women, contributing to widening mental health inequalities.^{11, 12}

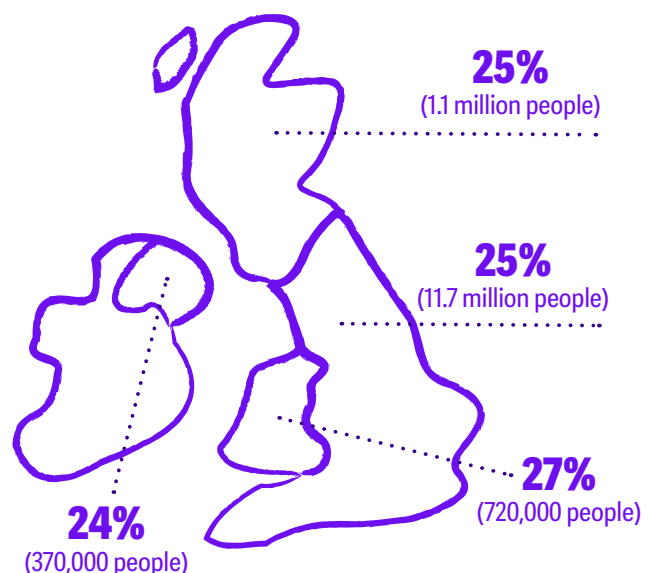


While they have recently converged, the four nations have followed strikingly different mental health trends over the past decade

In 2024, each UK nation recorded similar levels of poor mental health, with none differing significantly from the UK average.

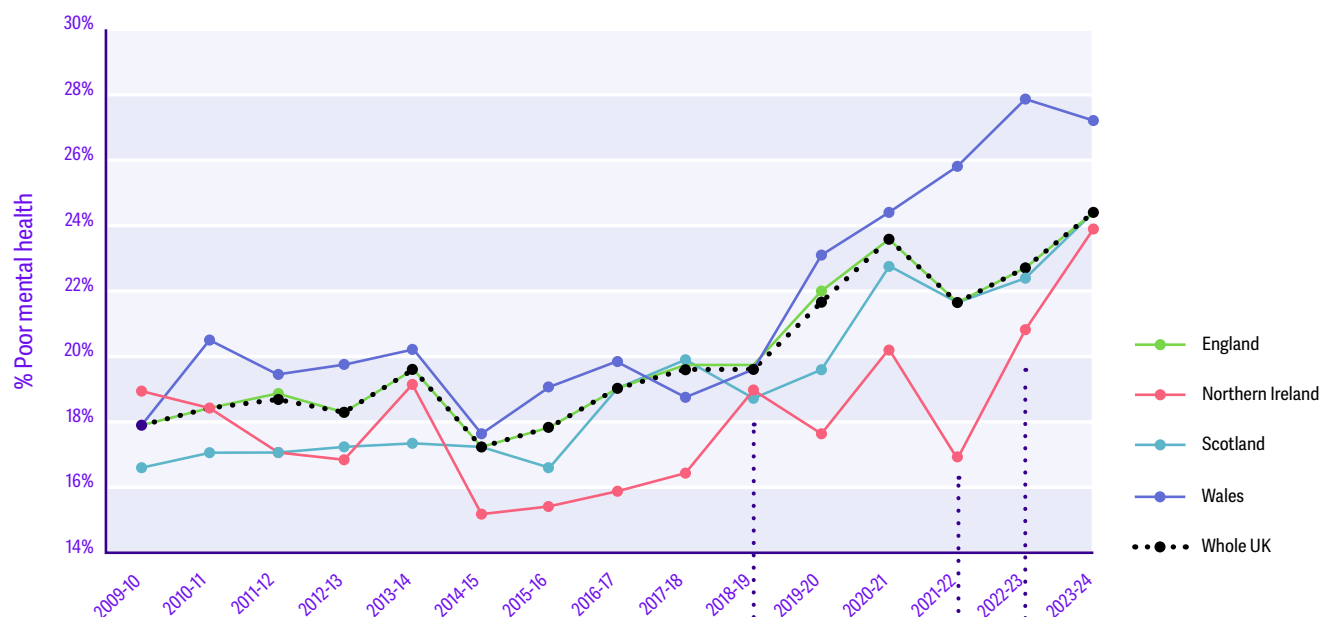
- **Wales:** 27% (720,000 people)
- **Northern Ireland:** 24% (370,000 people)
- **Scotland:** 25% (1.1 million people)
- **England:** 25% (11.7 million people)

All four nations have shown a significant worsening of population mental health over time. However, when we look back, we can clearly see that the four nations show different patterns in poor mental health, shaped by each nation's unique context.



11. Online communities, safety & young people. Mental Health Foundation. May 2025. Accessed April 28, 2026. <https://www.mentalhealth.org.uk/our-work/policy-and-advocacy/online-communities-online-safety-young-people-our-policy-perspective>
 12. 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/>

Mental health trends vary across the four nations



Mental health inequality between nations was narrowest in 2018/19, when all four nations recorded similar levels of poor mental health. Inequalities widened substantially over 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.

Wales recorded relatively stable rates of poor mental health from 2009 to 2019, but levels have risen sharply since then, widening the gap between Wales and the rest of the UK.

Northern Ireland recorded better-than-average mental health most years in the data series. However, a recent sharp rise in poor mental health has brought levels in line with the UK average. Since 2021, mental health has worsened more steeply in Northern Ireland than anywhere else in the UK.

Mental health in **Scotland** was slightly better than average in 2009 through 2014, but a steep increase in poor mental health over the past decade has closed this gap. Mental health has worsened at a similar rate to the UK average, and in the most recent data, poor mental health in Scotland has risen to the highest levels recorded in this data series.

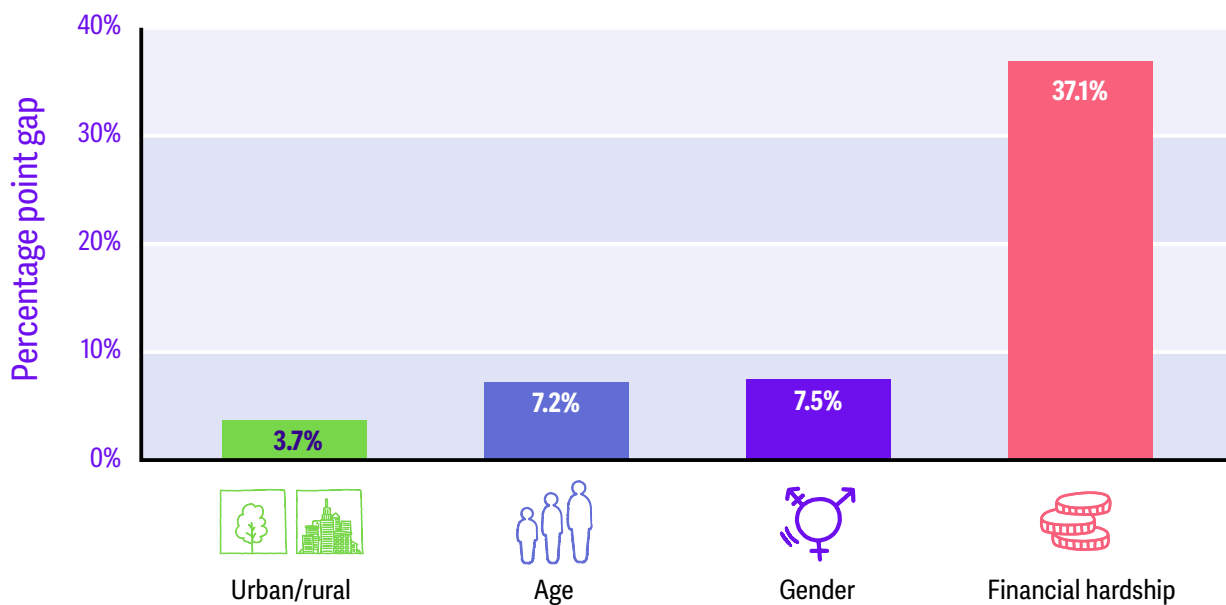
Mental health in **England** has generally been worse than in Northern Ireland, better than in Wales, and similar to Scotland. Levels of poor mental health in England have risen significantly since 2015, and in the most recent data, reached the highest levels recorded in this data series.

Financial insecurity is the key driver of mental health inequalities

To target effective preventative action, we need to identify which demographic groups are at greatest risk of poor mental health, and which determinants are the strongest drivers of mental health inequity.

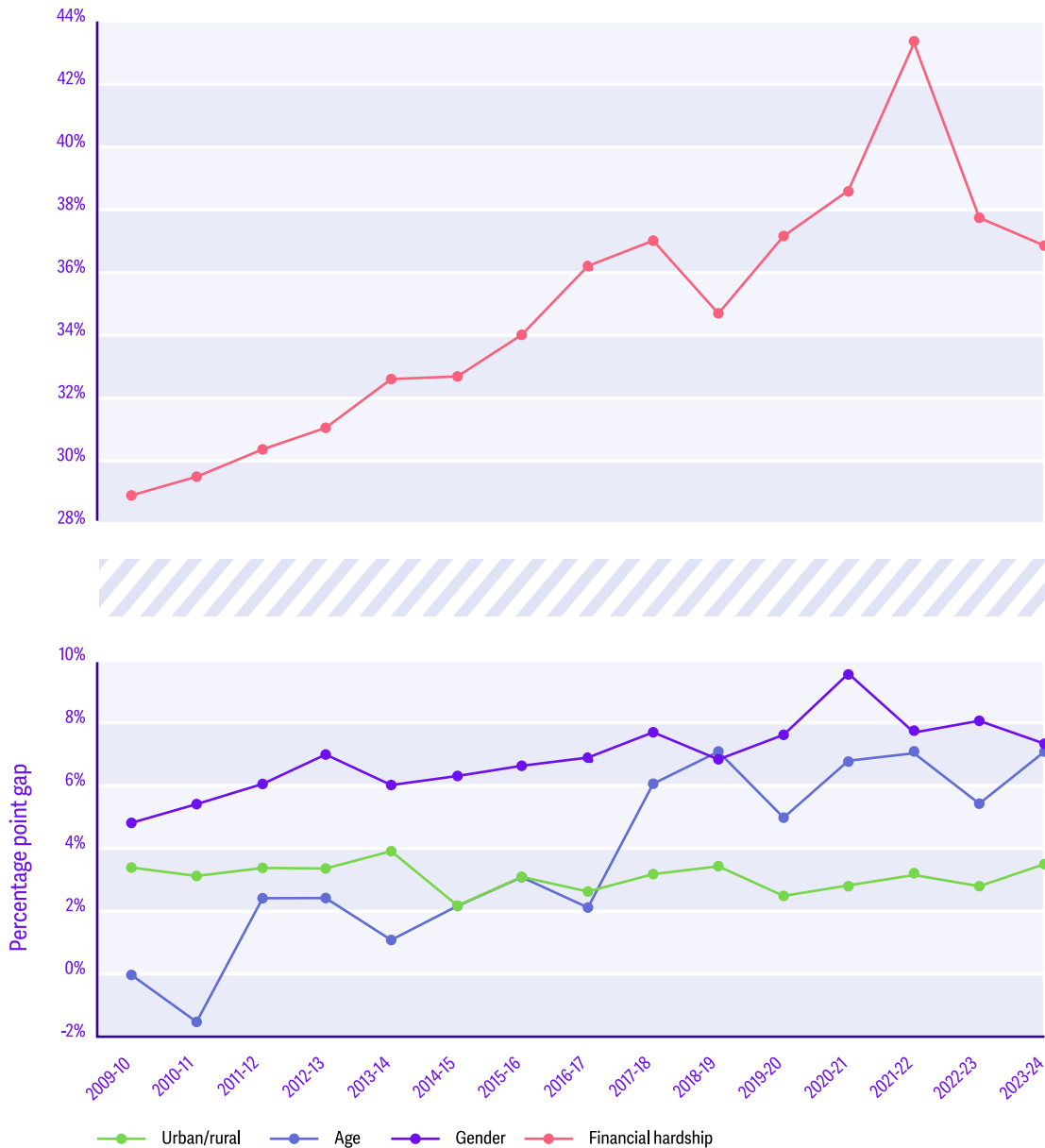
We focused on four characteristics that are strongly associated with mental health: financial hardship, age, gender and whether you live in a rural or urban area.

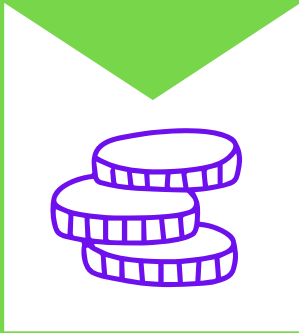
Comparing inequalities: mental health gaps



While all the groups we looked at showed a significant worsening of mental health over time, some groups had a steeper deterioration than others – widening mental health inequalities.

Comparing inequalities: trends in mental health gaps over time

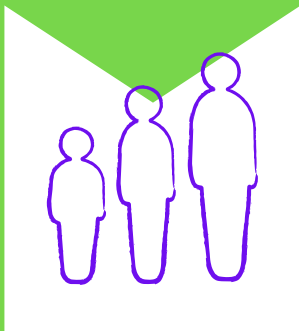




Financial hardship is by far the strongest driver of mental health inequalities

People who are financially struggling are at very high risk of poor mental health, and the mental health gap between those who are struggling or comfortable has substantially widened over time. The number of people who are experiencing financial hardship is also growing.

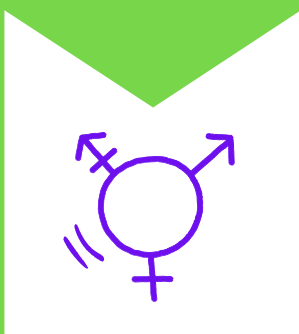
In the most recent data, more than half of people who were financially struggling (54%) experienced poor mental health – more than three times the rate of those who are financially comfortable (17%).



Levels of poor mental health among young people (aged 16 to 24) have surged over the past decade, widening age-related inequalities

This trend points to a growing crisis in young people's mental health, which requires urgent action.

In the most recent data, nearly one in three young people (31%) experienced poor mental health – compared with less than one in four (23%) people aged 25 and above.



Women report worse mental health than men and have experienced a steeper rise in poor mental health over the past decade

Though gender-related mental health inequity has grown less steeply than inequalities related to age or financial situation, the trend is especially concerning because it reverses earlier improvements in gender mental health equity.³¹

In the most recent data, more than one in four women (28%) experienced poor mental health – compared to one in five (21%) men.



On average, urban and rural areas have recorded similar levels of poor mental health, and the gap between these settings has been small and stable over time

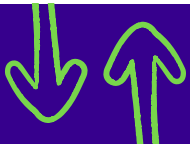
This tells us that whether someone lives in a rural or urban area is a weaker determinant of mental health than their financial situation, age or gender. However, urban and rural areas each have their own profile of risk and protective factors, which require different approaches for improving population mental health.

In the most recent data, one in four people in urban areas (25%) experienced poor mental health, only slightly higher than 22% of people in rural areas. While this gap is statistically significant, it is much smaller than the gaps based on financial situation, age or gender.








31. 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

National differences in government policy, socioeconomic conditions and historical context shape mental health outcomes



Wales

-  **High levels of poverty and growing 'very deep poverty'**
-  **Lower wages and slower wage growth**
-  **Public services disproportionately weakened by COVID-19**
-  **Geographic dispersion and poor connectivity**
-  **Lack of coordinated action on social determinants of mental health**

Mental health in Wales is heavily shaped by deepening socioeconomic disadvantage, with persistent poverty, low wages and worsening housing affordability driving widespread stress and hardship.¹³ These pressures have intensified during the cost-of-living crisis, alongside growing reliance on food banks, rising energy debt and limited access to services in both rural and deprived urban areas. COVID-19 further widened mental health inequalities by hitting the Welsh economy hard and overwhelming already fragile local services.¹⁴ Together, these structural stresses have weakened protective supports and reduced service capacity, contributing to poorer mental health outcomes than in the rest of the UK.

Welsh policy has increasingly recognised the need to address the wider social determinants of mental health, reflected in the *Mental Health and Wellbeing Strategy*. However, progress has been hampered by entrenched socioeconomic inequality, long-standing funding pressures and weak data on prevention spending and outcomes. The

pandemic placed additional strain on already stretched services, pushing the system back toward crisis response and widening the gap between preventative ambitions and delivery. As a result, despite clear strategic intent, population mental health in Wales continues to be undermined by structural barriers and rising demand.







Improving disparities in mental health in Wales will require converting preventative ambition into practical delivery through dedicated and accountable funding. A protected prevention budget and consistent measurement are essential to track impact and guide effective action. Because the drivers of mental health span housing, education, transport, the economy and social justice, prevention must be embedded across all government portfolios, supported by routine, coherent cross-sector working. Strengthening governance, resourcing and whole-government coordination will be crucial to achieving meaningful and measurable improvements in mental health outcomes.

13. Bokhari T, Hunter S, Ladouch F, Matejic P, Tims S. Poverty in Wales 2025. Joseph Rowntree Foundation. 2025. Accessed April 21, 2026. <https://www.jrf.org.uk/poverty-in-wales-2025>

14. Thomas G. Coronavirus: the impact on the Welsh economy. Welsh Parliament. December 16, 2024. Accessed April 21, 2026. <https://research.senedd.wales/research-articles/coronavirus-the-impact-on-the-welsh-economy/>



Northern Ireland

-  **Post-conflict investment in community initiatives**
-  **Lower levels of poverty**
-  **More affordable housing**
-  **Lower income inequality (gaps between the richest and the poorest)**
-  **Highest proportion of low-wage jobs**
-  **Vulnerability to rising living costs**

In this data series, Northern Ireland has shown better-than-average mental health compared with other UK nations, supported by lower poverty levels, lower income inequality and historically more affordable housing, all of which helped buffer households from financial stress.^{15, 16} Post-conflict recovery also strengthened community cohesion and local support systems, providing further protection despite the enduring legacy of trauma. In recent years, however, these advantages have weakened: low wages, limited savings, rising housing costs and high economic inactivity have left many people highly vulnerable to the cost-of-living crisis.¹⁷ Since 2022, these mounting financial pressures – combined with persistent intergenerational trauma – have contributed to a sharp rise in poor mental health across Northern Ireland.

Policy decisions have also played a central role in shaping mental health inequalities. Welfare mitigations, European Union (EU) investment and strong community infrastructure historically helped to cushion disadvantaged groups and support relatively positive mental health trends. Periods of stable power-sharing enabled progress on community programmes and social cohesion. However, repeated collapses of the Executive,

short-term budgeting, stalled reforms and the loss of EU funding have steadily eroded these protections. At the same time, chronic underfunding has slowed implementation of the *Mental Health Strategy*, limiting the scale and effectiveness of preventative work.

Improving population mental health in Northern Ireland now requires a decisive shift from crisis response to sustained, cross-government investment in prevention, supported by better data and clearer accountability. This includes increasing currently low mental health spending, strengthening waiting-list and outcomes data and adopting cross-departmental budgeting that reflects the broader social determinants of mental health. While initiatives such as *The Neighbourhood Model of Care* and wellbeing indicators provide a foundation, meaningful progress depends on strong partnerships with communities and the voluntary sector, alongside informed public engagement on Northern Ireland's fiscal choices. Embedding a *Mental Health in All Policies* (MHiAP) approach will ensure every department contributes to the prevention of mental health inequalities, helping to reduce demand on services and address wider issues such as poverty and economic inactivity.






15. 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

16. Ibid

17. 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>



Scotland

-  **Lower levels of overall poverty**
-  **Recent progress on reducing child poverty**
-  **Highest proportion of workless households**
-  **Regionally unequal employment opportunities**
-  **Housing emergency**

Population mental health in Scotland reflects a mix of protective and harmful social factors. Lower overall poverty – especially Scotland’s progress in reducing child poverty – has served as a protective factor for Scotland’s mental health.¹⁸ However, persistent inequalities, including higher worklessness, slow income growth, regional disparities and poor quality or unaffordable housing, continue to drive large gaps between deprived and affluent areas.^{19, 20} The pandemic, the cost-of-living crisis and austerity have all intensified financial stress, especially for low-income households, women and racialised communities, contributing to recent declines in wellbeing.^{21, 22, 23}

Policy decisions both in Westminster and in Holyrood have also shaped Scotland’s mental health inequalities. UK-wide austerity reduced public spending and weakened already stretched services, especially in disadvantaged communities. Although the Scottish Government has recognised the importance of

prevention and the wider social determinants of wellbeing in its strategies, progress has been hindered by unmet Scottish Government spending commitments, limited budget transparency and slow implementation. Recent moves toward a whole-system, cross-government approach mark welcome ambition, but persistent funding pressures, workforce constraints and insufficient accountability have limited their impact.

Improving mental health in Scotland now requires translating preventative ambition into coordinated, well-resourced action across government. The *Mental Health and Wellbeing Strategy* and the *Population Health Framework* provide direction, but need clearer implementation plans, strong monitoring and sustained investment. This includes protected, transparent, preventative funding across all portfolios and multi-year support for community and voluntary organisations addressing the social determinants of mental health.

18. 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>

19. Tackling Scotland’s Housing Emergency. Scottish Government. September 2, 2025. Accessed April 23, 2026. <https://www.gov.scot/publications/tackling-scotlands-housing-emergency/>

20. 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/>

21. 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/>

22. 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/>






23. 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/>

Targeted, ring-fenced investment to scale effective preventative approaches is also essential. Without stronger coordination, accountability and resources,

Scotland's preventative goals will not deliver improved population mental health.



England

-  **Highest poverty rate**
-  **Higher income inequality (gaps between the richest and the poorest)**
-  **Less affordable housing**
-  **Faced larger austerity cuts than the devolved nations**
-  **Large regional differences**

Population mental health in England is shaped by deep socioeconomic and regional inequality.^{24, 25} Large gaps in income, opportunity and living conditions, driven by concentrated wealth in parts of London and the South East, alongside persistent deprivation in post-industrial regions, produce marked regional differences in mental health outcomes. Housing affordability pressures and austerity-related cuts have widened these divides.^{26, 27} These structural factors interact with substantial variation in how the 42 Integrated Care Systems deliver mental health and prevention across England, resulting in uneven access to support and care.²⁸

Policy choices have strongly influenced these trends in mental health inequalities. Austerity from 2010 onwards reduced public health, local government and welfare budgets, disproportionately affecting deprived areas and limiting prevention capacity.²⁹ During COVID-19, furlough and other schemes offered partial protection, but gaps in *Universal Credit* left many households facing acute insecurity. The subsequent cost-of-living crisis highlighted further policy weaknesses: the UK Government provided less targeted support than devolved governments, leaving low-income families, asylum seekers and people with *No Recourse to Public Funds* especially exposed.³⁰ Throughout, national policy has prioritised treatment

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

25. 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>

26. 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>

27. 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>

28. Chantler O, Crepez-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>

29. 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

30. 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>

over prevention, with limited investment in public mental health and no sustained cross-government strategy to address widening mental health inequity and rising distress.

Improving population mental health now demands a comprehensive, prevention-focused approach that addresses early-life support and the broader socioeconomic drivers of poor mental health. Long-term investment in perinatal and parenting programmes and implementing a whole-school

approach to mental health across England must be prioritised. Reducing poverty is essential, through adequate wages, a stronger social security system and measures such as an *Essentials Guarantee* within *Universal Credit*. Ring-fenced funding for preventive mental health interventions – underpinned by Treasury reforms that value long-term returns – is also needed. Ultimately, a durable cross-government mental health plan should align action across health, education, housing, social care and welfare, shifting England decisively towards prevention.







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.



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.



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.





**LEADING
THE UK
IN GOOD
MENTAL
HEALTH**

MENTALHEALTH.ORG.UK

London

Mental Health Foundation,
Studio 2, 197 Long Lane,
London, SE1 4PD

Glasgow

Mental Health Foundation,
2nd Floor, Moncrieff House,
69 West Nile Street, Glasgow, G1 2QB

Belfast

Mental Health Foundation,
5th Floor, 14 College Square North,
Belfast, BT1 6AS

Search for "Mental Health Foundation"

