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The state of mental health inequality in the UK

Wales report



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Acknowledgements

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Chapter 1: Mental health in Wales



What is the state of mental health in Wales?

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

Mental health in Wales

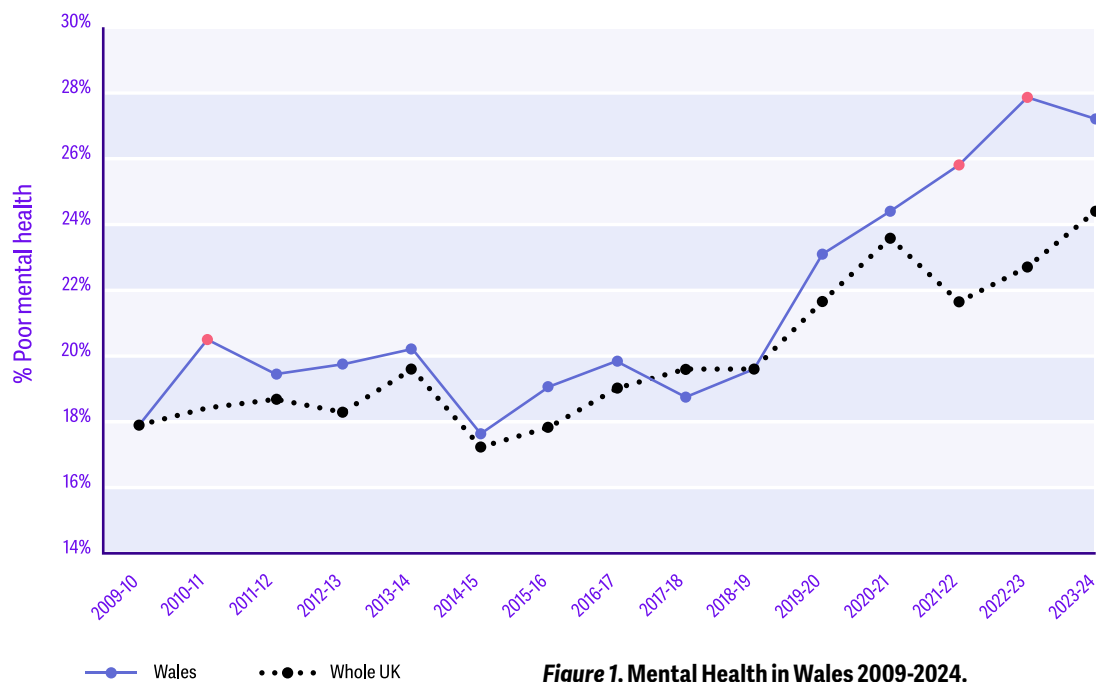


Figure 1. Mental Health in Wales 2009-2024.

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

Wales has recorded higher levels of poor mental health than the wider UK in 13 of the past 15 years (Figure 1). Levels of poor mental health have also recently risen more steeply in Wales than across the UK as a whole. This provides strong evidence that people living in Wales have **worse mental health**, on average, than the rest of the UK.

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

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

Although levels dipped slightly in the most recent data, they still remain higher in Wales (27.3%) than in the UK overall (24.6%). Based on the latest *Understanding Society* data, more than one in four adults – around 720,000 people – are experiencing poor mental health in Wales. **That's an additional 278,000 people with poor mental health compared to 2009/10.¹**

More data on mental health in Wales can be found through the [Welsh Government](#).

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



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 Wales?

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

Additionally, inequalities are compounded by geographic dispersion, poor transport connectivity and barriers to accessing services in both urban deprived and rural areas in Wales.^{8,9} These pressures have heightened financial strain and eroded protective factors for good mental health, worsening mental health outcomes, particularly for low-income households.

Socio-economic inequality

Population mental health outcomes in Wales have been shaped by long-standing socio-economic disadvantage, which has deepened over time despite a relatively stable headline poverty rate. Over the past 20 years, around 21% of the population has lived in poverty. However, deprivation has intensified and levels of 'very deep poverty' have risen to affect nearly half of those living in poverty.² This deepening has exposed a growing number of people to chronic stress and material hardship, which contribute to higher levels of distress and mental health difficulties in the population.³

Wages in Wales are lower³ and have grown more slowly⁵ compared to the rest of the UK, limiting households' capacity to cope with economic shocks. As a result, the ongoing cost-of-living crisis has had a particularly harsh impact in Wales.

Between 2019 and 2024, the number of people accessing food banks and seeking help for energy debt in Wales rose substantially.⁶

Housing affordability and stability have become growing public health concerns in Wales as costs have risen more quickly than wages.⁷



COVID-19 pandemic and underinvestment in Wales

Socio-economic vulnerabilities were intensified during the COVID-19 pandemic. The Welsh economy was particularly hard hit compared to the rest of the UK, with a larger share of businesses closing temporarily, a greater proportion of people employed in 'shutdown' sectors and a deeper downturn in manufacturing.¹⁰ This economic shock hit deprived regions hardest and magnified existing structural weaknesses, widening existing inequalities and compounding mental health risks through job loss, income disruption and general uncertainty.¹¹

At the same time, the pandemic placed intense pressure on Welsh public services that had already experienced prolonged underinvestment. In 2019, the Wales Centre for Public Policy reported that Welsh Local Government was at a 'tipping point' in terms of financial challenges, as councils experienced an average reduction of 12% in service spending and a fall of nearly £920 million in Welsh Government grants to local authorities since 2009/10.¹² This limited the capacity of councils and community services to respond to rising need during the pandemic. The

consequence was a steep increase in levels of poor mental health during the pandemic, with an estimated threefold increase in rates of mental health conditions during the first lockdown.¹³

Together, these factors create a context in which socio-economic stressors are more intense, protective buffers are weaker and public services have less capacity to respond at scale in Wales compared to the rest of the UK. These structural factors can help to explain persistently high levels of poor population mental health relative to the rest of the UK, as we can see in Figure 1.



2. 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>
3. Cruickshank J. Annual survey of hours and earnings: 2025. Welsh Government. October 28, 2025. Accessed April 21, 2026. <https://www.gov.wales/annual-survey-hours-and-earnings-2025-html>
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8. Woods M, Heley J, Howells H, Goodwin-Hawkins B. A Rural Vision for Wales: Thriving Communities for the Future. Centre for Welsh Politics and Society. January 2021. Accessed April 21, 2026. <https://rural-urban.eu/sites/default/files/Rural%20Vision%20Evidence%20Report%20Final%20Eng.pdf>
9. Welsh Index of Multiple Deprivation (WIMD) 2025 results report. Welsh Government. December 9, 2025. Accessed April 21, 2026. <https://www.gov.wales/welsh-index-multiple-deprivation-wimd-2025-results-report-access-services-domain-results-html>
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13. Rodríguez J. Covid-19 in Wales: the mental health and wellbeing impact. Wales Fiscal Analysis, Wales Governance Centre. July 2021. Accessed April 21, 2026. https://www.cardiff.ac.uk/_data/assets/pdf_file/0010/2533762/COVID-19-Mental-health-FINAL-08-07-2021.pdf

How have policy decisions impacted mental health in Wales?

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

Wales is experiencing a public mental health crisis. Every year since 2018-19, Welsh Government data has shown a decline in Wales' mental health, and this has been driven by an alarming deterioration in the mental health of the most vulnerable and marginalised communities in Wales.¹⁴ This already worrying trajectory was rapidly worsened by the pressure on health services and wider society by COVID-19, with the proportion of the Welsh population reporting a severe mental health problem rising from 11% to 28% over the course of the pandemic.¹⁵

It is impossible to ignore the impact of deep inequalities in Welsh society on the nation's mental health. Unacceptable levels of socio-economic deprivation – among the worst across the UK's nations – have led to enormous and unfair divergences in the mental health of Wales' communities and produced deep health inequalities.¹⁶

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

Wales' shift towards prevention

Over the last fifteen years, Welsh mental health policy has increasingly prioritised prevention. This reflects a broader UK-wide recognition that intervening only at the point of crisis is neither effective nor sustainable, but in particular is a response to the heavy and unsustainable pressure on primary services in Wales.¹⁷

In Wales, major policy shifts have supported this direction, beginning with the launch of *Together for Mental Health* (2012), which established a cross-governmental approach to mental health in Wales, embedding multi-agency working across sectors including health, housing, education and social care. *The Social Services and Well-being (Wales) Act* (2014) strengthened early intervention in communities by placing duties on local authorities to prevent escalation of need and promote people's wellbeing.¹⁸ This was followed by *The Wellbeing of Future Generations (Wales) Act* (2015), which placed a legally binding obligation on public bodies to work collaboratively toward long-term wellbeing goals, supporting a whole-system approach to the determinants of mental health.¹⁹

Most recently, *The Mental Health and Wellbeing Strategy for Wales 2025-2035*²⁰ reinforced prevention, early support and reducing inequalities as central strategic pillars for the next decade, highlighting the need for cross-government action on poverty, housing, employment and education, and recognised their profound influence on mental health.

Challenges in turning prevention into practice

Recent policy developments in Wales demonstrate a strong and sustained commitment to prevention, including the expansion of early support services, strengthened cross-sector collaboration and greater focus on the wider determinants of mental health. This preventative direction helped to shape improvements in system design during the decade leading up to the pandemic, finding early progress in population mental health and wellbeing prior to COVID-19²¹, as well as evidence of strengthened partnership and cross-governmental working.²²

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

Given the overwhelming evidence that social determinants, in particular poverty, exert a substantial influence on mental health outcomes in Wales, strengthening a coherent approach across the entirety of Welsh Government is essential. Prevention cannot

succeed within the health system alone; it must be embedded across all policy areas that shape people's daily lives.

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



14. Mental health statistics: interactive dashboard. Welsh Government. April 2, 2026. Accessed April 22, 2026. <https://www.gov.wales/mental-health-statistics-interactive-dashboard-html>
15. Share of people in Wales experiencing severe mental health issues more than doubled during pandemic, report finds. Cardiff University. July 16, 2021. Accessed April 22, 2026. <https://www.cardiff.ac.uk/news/view/2534728-share-of-people-in-wales-experiencing-severe-mental-health-issues-more-than-doubled-during-pandemic-report-finds>
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17. Kirkland D, Jenkins B, Jesurasa A. Prevention-Based Health and Care: A framework to embed prevention in the health and care system in Wales. Public Health Wales. May 2025. Accessed April 22, 2026. <https://phw.nhs.wales/services-and-teams/primary-care-division/prevention-based-health-and-care/prevention-based-health-and-care-framework/?ts=1772631908579>
18. Overview: Social Services and Well-being (Wales) Act 2014. Social Care Wales. September 16, 2025. Accessed April 22, 2026. <https://socialcare.wales/resources-guidance/information-and-learning-hub/sswbact/overview>
19. Well-being of Future Generations (Wales) Act 2015: the essentials. Welsh Government. January 7, 2025. Accessed April 22, 2026. <https://www.gov.wales/well-being-future-generations-act-essentials-html>
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22. Review of Together for Mental Health and Talk to Me 2 Strategies. Welsh Government. March 21, 2023. Accessed April 22, 2026. <https://www.gov.wales/review-together-mental-health-and-talk-me-2-strategies>

Socio-economic inequality, devolution and funding pressures

Structural inequalities also limit the ability to improve population-level mental health outcomes. Wales has higher levels of deprivation, lower household income, and higher economic inactivity than the UK average, which are factors strongly associated with a higher prevalence of mental health problems. A large body of evidence demonstrates that those living in poverty are significantly more likely to experience high levels of stress and poor mental health.²³

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

COVID-19 and demand for mental health services

Though Wales had made some progress towards addressing the socio-economic determinants of poor mental health through the introduction of preventative policy measures pre-COVID²⁴, the pandemic sharply reversed pre-2020 advances in this area.

The proportion of people reporting severe mental health difficulties in Wales surged from 11% to 28% during the pandemic.²⁵

Today, Wales is still dealing with rising demand for mental health services, with economic conditions placing considerable pressure upon statutory and community services. These pressures have led to a focusing of resources into crisis response, rather than prevention, meaning that policy ambitions have become harder to deliver in practice.²⁶

Gaps between strategy and implementation

The Welsh Government's *Mental Health and Wellbeing Strategy: Integrated Impact Assessment*²⁷ notes that wider challenges exist in the successful implementation of preventative policy measures. These include persistent inequalities in access to services, experiences and outcomes; the continued need to achieve parity between mental and physical health; gaps in the evidence base on what works to support people both in hospital settings and in the community; and the task of delivering a sustainable workforce capable of meeting population needs.

To address the persistent gaps between national policy, local services and frontline care²⁸, effective cross-sector delivery mechanisms are essential. *Public Health Wales's Hapus* initiative provides a strong example of such an approach. By bringing together partners from health, sport, culture, environment and civil society, *Hapus* offers a supportive framework for collaborative working that helps embed prevention in practice. Its model of coordinated, cross-sector action promotes shared responsibility for wellbeing and supports the translation of national preventative ambitions into meaningful local delivery.

23. Mental health statistics: interactive dashboard. Welsh Government. April 2, 2026. Accessed April 22, 2026. <https://www.gov.wales/mental-health-statistics-interactive-dashboard-html>

24. Mental health and wellbeing strategy: integrated impact assessment. Welsh Government. April 30, 2025. Accessed April 22, 2026. <https://www.gov.wales/mental-health-and-wellbeing-strategy-integrated-impact-assessment>

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26. Commitment to Prevention: Our manifesto for the 2026 Senedd election. Mental Health Foundation. 2025. Accessed May 5, 2026. https://www.mentalhealth.org.uk/sites/default/files/2025-12/MHF_Wales-Manifesto-2026.pdf

27. Mental health and wellbeing strategy: integrated impact assessment. Welsh Government. April 30, 2025. Accessed April 22, 2026. <https://www.gov.wales/mental-health-and-wellbeing-strategy-integrated-impact-assessment>

28. Hannigan B. Observations from a small country: mental health policy, services and nursing in Wales. *Health Econ Policy Law*. 2022;17(2):200-211. doi:10.1017/S1744133120000456

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

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

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

However, progress to date has not been enough to stem the rising need. Demand for mental health support continues to grow, inequalities are widening and the post-pandemic spike in poor mental health persists. To ensure prevention becomes a reality rather than an aspiration, further action is essential. The urgency of this shift is underscored by the estimated £4.8 billion annual cost of mental health problems to the Welsh economy.²⁹



Resource and accountability for prevention

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

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

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

Additionally, mental health statistics in Wales are limited, with gaps in available data, fragmentation across the mental health landscape and inconsistent data collection practices insufficient to meet user needs. Though the *Mental Health and Wellbeing Strategy* has proposed the collection of a new *Mental Health Core Dataset*, barriers to implementation remain (funding, infrastructure and capacity), which must be resolved before meaningful improvement is possible.³⁰

Making mental health a cross-government priority

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

Positive steps are being taken at the national level. For example, from April 2027, a wider range of public bodies will be required to undertake *Health Impact Assessments* (HIAs) when developing new policies or projects.³¹ This shift strengthens the preventative focus across government.

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

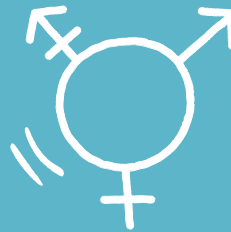
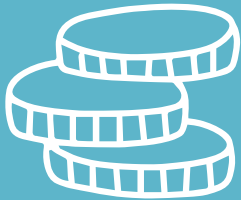
With clear accountability, proper resourcing and sustained cross-government commitment, Wales can turn preventative ambition into meaningful change for communities across the nation.



30. Review of mental health statistics in Wales. The Office for Statistics Regulation. January 2026. Accessed April 22, 2026. https://osr.statisticsauthority.gov.uk/wp-content/uploads/2026/01/Mental_health_statistics_in_Wales_report_FINAL.pdf

31. Miles J. Written Statement: The Health Impact Assessment (Wales) Regulations 2025. Welsh Government. November 25, 2025. Accessed April 22, 2026. <https://www.gov.wales/written-statement-health-impact-assessment-wales-regulations-2025>

Chapter 2: Demographic mental health inequalities



Financial hardship

Reducing poverty

Financial insecurity is one of the strongest and most consistent drivers of mental health inequality in Wales. Wales's long-term socio-economic challenges mean that a higher proportion of people face persistent or severe financial pressure, with the depth of poverty intensifying over the last 20 years.³² This deepening disadvantage, including rising energy debt, rent arrears, insecure work and material deprivation, increases exposure to the kinds of chronic stresses that directly harm mental health.

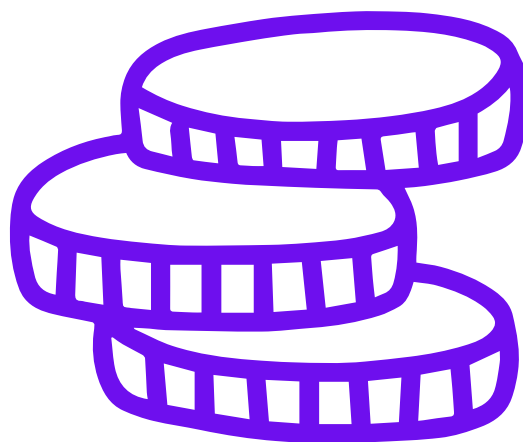
These financial pressures occur within a wider landscape of lower household incomes, lower employment rates and higher rates of economic inactivity due to long-term sickness compared with UK averages.^{33, 34, 35}

Taking action on poverty is not just an economic priority. From a mental health perspective, it is one of the most effective and impactful interventions available. To reduce rates of poor mental health, Wales must place poverty reduction at the centre of its public mental health approach, recognising that addressing financial strain is one of the most powerful forms of prevention. This should include exploring mechanisms to deliver a *Welsh Child Payment*, such as grant or top-up schemes, given its strong evidence base for reducing child poverty and improving family wellbeing.³⁶

Addressing overlapping inequalities

Recent data from the Bevan Foundation shows that financial strain is widespread and worsening. Three in ten people in Wales borrowed money between July and October 2025 due to increased financial pressure, and 40% reported that their financial situation had negatively affected their mental health. A particularly stark indication of how financial circumstances and mental health interact comes from people receiving *Universal Credit* in Wales, 71% of whom report that their mental health has worsened due to their financial position. Some groups – including women, single parents, people with disabilities and those in insecure employment – are likely to be disproportionately affected, contributing to wider and deeper mental health inequities.

The Welsh Government must take more action to tackle the stigma associated with poverty, drawing on emerging evidence that governments can reduce stigma by involving people with lived experience in the design and delivery of support, and by ensuring that services are easy to navigate and delivered in ways that feel respectful and dignified.³⁷



Access to work

53% of people in Wales who are economically inactive because of long-term sickness report experiencing depression, anxiety or 'bad nerves', highlighting how financial strain and poor mental health reinforce one another.³⁸ Action from every level of government in Wales is needed to ensure that people have access

to secure, locally available and adequately paid work, supported by wider efforts to improve financial stability across communities. Ensuring prevention reflects people's day-to-day realities, including the intersecting financial pressures faced by particular groups, and drawing on emerging evidence about working lives and mental health in Wales, will help shape support that is genuinely responsive to need.



32. 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>
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35. Get Wales Working: Economic inactivity and ill-health. The Bevan Foundation. February 2025. Accessed April 23, 2026. <https://www.bevanfoundation.org/wp-content/uploads/2025/02/SoW-Get-Wales-Working-Feb-25.pdf>
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37. Hill-Dixon A, Coles-Riley J, Morgan C. Tackling poverty-related stigma: policy briefing. Wales Centre for Public Policy. August 14, 2024. Accessed April 23, 2026. <https://wcpp.org.uk/report/tackling-poverty-related-stigma-policy-briefing/>
38. Masters R, Jones A, Stielke A, et al. Investing in a Healthier Wales: prioritising prevention. Public Health Wales. January 15, 2025. Accessed April 22, 2026. <https://phwwhoccc.co.uk/resources/investing-in-a-healthier-wales-prioritising-prevention/>

Age

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

This need is underscored by the scale of the challenge facing young people today. One in six young people in Wales now has a diagnosed mental health condition³⁹, with certain groups disproportionately affected. A recent joint expert statement on the mental health and wellbeing of children and young people, published by Public Health Wales, highlights that higher rates of mental health difficulties are experienced among those facing key life stressors, including poverty, bullying, maltreatment, racism or other forms of discrimination, with worsening mental health outcomes in recent years for young people from less affluent backgrounds.⁴⁰

Addressing school bullying

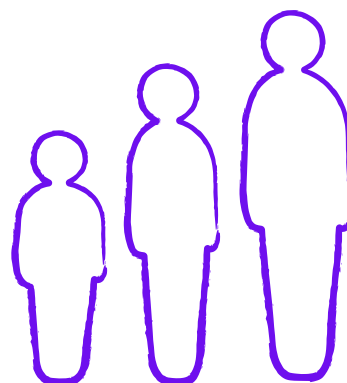
Bullying is among the most common adverse childhood experiences faced by children and young people, with 51% of primary school learners in Wales reporting experiencing bullying behaviour, and 29% reporting experiencing cyberbullying.⁴¹ We know bullying can have major and lasting impacts on mental health, education, confidence and social relationships, so tackling it is one of the most effective ways to improve life-long outcomes for children and adolescents, while also reducing wider societal costs, with research demonstrating that addressing Adverse Childhood Experiences (ACEs) can help prevent violence and lower healthcare expenditure.⁴²

To support young people's mental health, Wales needs a dedicated approach. We would like to see more action taken towards ending discrimination and bullying in schools, including online bullying, and a focus on addressing the root causes of bullying. We call for the rollout of evidence-based anti-bullying programmes, such as *KiVa*, which has been shown to reduce active participation in bullying when trialled in a Welsh context.⁴³

Training and employment

As young people move towards adulthood, it is essential that they can access meaningful, good quality training and career opportunities as protective factors for good mental health throughout the life course. Employment is a key determinant of mental health⁴⁴, with clear links between secure work and improved wellbeing. We also know that experiencing mental health difficulties is strongly associated with an increased risk of young people in Wales being out of employment, education or training.⁴⁵ This exacerbates challenges to improving their mental health and confidence, and increases the risk of poorer outcomes later in adulthood.

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





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Gender

In Wales, as across the UK, gender shapes mental health experiences.⁴⁶ Individuals do not experience mental health in isolation. Family, community and social context all influence, and are influenced by, our mental wellbeing. This means a public-health approach to mental health in Wales must be gender-sensitive, understanding the role gender plays in driving mental health inequalities, and look holistically at the wider ecosystem in which people live.

Important nuances in how gender shapes mental health are often overlooked in policy and service design, leaving some groups without the support they need. For example, research by the Mental Health Foundation into men's mental health during the transition to fatherhood (including work conducted in Cardiff) found that paternal mental health plays a substantial role in shaping family wellbeing, yet fathers often report feeling excluded from perinatal pathways designed primarily around mothers and babies.⁴⁷ This illustrates how gendered expectations and service models can create gaps in support.

Welsh Women's Health Plan

Positive steps have been taken in Wales to embed a gender-sensitive approach to mental health. The Welsh Government's *Women's Health Plan*, released in 2024, recognised the gendered experiences that impact women's health and wellbeing and drive mental health inequalities faced by women and girls in Wales, including women's experiences of poverty, family life, violence and abuse.⁴⁸

Delivery on the plan to date has focussed on the development of services, such as the delivery of *Women's Health Hubs* in every health board beginning in 2026. Whilst community-based services such as these have an important role to play in preventing poor mental health, the aspects of the *Women's Health Plan* that identify the social determinants of gendered inequalities in mental health have so far received less attention, despite the plan recognising their importance.⁴⁹

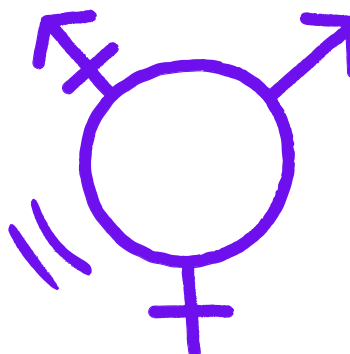
Adopting a gender responsive lens

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

To be effective, preventative approaches must adopt a gender-responsive lens – one that recognises these nuanced needs so support can be better targeted and more inclusive. Government and local health system approaches to addressing poor mental health must be gender-sensitive, acknowledging that mental health is heavily influenced by gendered experiences, and should include a clear plan to address gender-related inequities in support, such as the persistent marginalisation and poorer mental health outcomes experienced by LGBTQ+ people in Wales.⁵⁰

Taking a cross-government approach

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





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Urban/rural residency

Urban mental health

Wales' geography strongly shapes mental health needs. People living in the most deprived areas – typically urban or post-industrial communities – experience lower wellbeing, and report feeling that they have less influence over decisions affecting their lives.⁵¹ Research highlights the enduring mental health impacts of deindustrialisation, with long-term, indirect effects on community networks.⁵² These impacts compound with present-day economic challenges, forming part of a broader socio-economic context in which a larger proportion of people in Wales (32%) are dissatisfied with local job opportunities than the UK average (23%). This context, combined with Wales' lower productivity rates and deindustrialisation history⁵³, underscores the need for high-quality, secure employment opportunities across Wales.

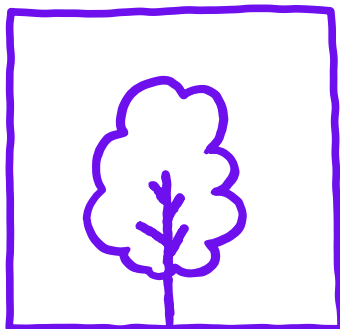
Rural mental health

One in three people in Wales live in a rural area, where communities face distinct barriers to good mental health, including isolation, long travel distances for support, financial uncertainty and stigma.⁵⁴ A preventative approach must therefore take geographical differences into account, ensuring community voices help design services, and that

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

Previous research into the mental health of farmers conducted by the Mental Health Foundation and Public Health Wales identified that rural communities faced particular challenges in promoting good mental health, such as access to digital support, low availability of mental health support in rural (for example, agricultural) workplaces and pervasive stigma around mental health.⁵⁵ However, urbanity also carries risk factors, with people living in urban Wales – especially women, young adults and people experiencing poverty – more likely to experience a mental health crisis than those in rural Wales.³³⁹

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





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Chapter 3: **Policy calls to action**



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.





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