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The Big Mental Health Report

2025

Editors

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What's inside

Foreword

Mental health in the UK is at a crossroads.

It's no secret that the number of people struggling with their mental health is rising fast. Most of us either live with a mental health problem or know someone who does. And the data backs this up – common mental health problems, like anxiety and depression, are increasing. It's clear that mental health no longer exists in the dark, with more people than ever speaking openly about their mental health – in families, workplaces, communities, and even on the biggest public stages.

So why, despite this common experience, are we still struggling to fix the challenges within mental health?

In part, this is down to a paradoxical increase in cynicism about mental health. Young people's experiences in particular are questioned, with claims of overdiagnosis and a lack of resilience. This narrative risks undoing decades of progress. But many of you reading this have the power to change things – to prevent more people from becoming unwell and to make sure those who need help get it.

As scepticism persists, the problem deepens. That's why this report is more than research – it's a rallying call. We cannot allow mental health to become a victim of society's culture wars. We must protect the progress we've made in bringing it out of the shadows. That starts with the facts – and the Big Mental Health Report delivers them. This is an annual snapshot of the actual state of mental health in England and Wales, showing what's working and where urgent change is needed. No spin, no fake news, no culture wars.

In the past year, we've seen welcome progress. In England, the Government is close to passing a long-overdue reform of the Mental Health Act and has published a 10-Year Health Plan which includes a series of mental health commitments. In Wales, a groundbreaking 10-year mental health and wellbeing strategy puts early, holistic support front and centre.

But progress is too slow. Too many people are getting ill. Too many are stuck on waiting lists without the care they urgently need.

The UK Government says mental health should be treated as an equal priority to physical health, but that promise must be backed by action. This starts with a conversation that recognises the scale of the problem, leads with compassion for those who are struggling right now, and ensures timely, quality care for all at its core. Because behind every statistic in this report is a real person – and

friends, families and communities doing everything they can to help them navigate a complex, overstretched system.

Good mental health is not a “nice to have” – it’s the foundation for a healthy, thriving society. It keeps people in work, builds strong communities, and supports good physical health. We hear these stories every day in our shops, in communities across England and Wales and see the impact of life-changing mental health support first-hand through our network of nearly 100 local Minds.

Now is the moment to come together for better mental health. Whether you’re a campaigner, service provider, policymaker, or simply someone who cares, we hope this report arms you with the insight and evidence to demand better – and to act.

Dr Sarah Hughes, CEO

Acknowledgements

Thank you to the Exilarch's foundation

We're privileged to deliver this transformational project in partnership with the Dangoor family's Exilarch's Foundation, in memory of Robert D.S. Dangoor. The Foundation have generously donated £2 million over 8 years (2024–31) to fund the research to help drive positive social change across the mental health sector.

The Exilarch's Foundation was created by Sir Naim Dangoor and is now run by his sons, David, Michael and Elie Dangoor. Sadly, their brother Robert D.S. Dangoor died in 2022, and the family chose to do something positive in his memory. The foundation has generously initiated, guided and supported many causes, mainly relating to education, health and promoting inter-faith harmony.

Thank you to our advisers

This report wouldn't be possible without the insight and knowledge of others in the mental health sector. Our advisory group, made up of leading people working within mental health, have once again helped shape this piece of work. The 2025 advisory group members are:

- Sir Simon Wessely, Professor of Psychiatry at the Institute of Psychiatry Psychology & Neuroscience, King's College London
- Professor Sir Louis Appleby, Professor of Psychiatry at the University of Manchester and Director of the National Confidential Inquiry into Suicide and Safety in Mental Health
- Kadra Abdinasir, Associate Director for Policy at Centre for Mental Health
- Andy Bell, CEO at Centre for Mental Health
- Daniel Dangoor, Exilarch's Foundation, funder of the Big Mental Health Report
- Dr Jacqui Dyer MBE, independent health and social care consultant
- Philip Chick, Mind Cymru Pwyllgor Member, appointed as the first National Director of Mental Health for Wales

- Professor Claire Henderson, Clinical Professor of Public Mental Health at Kings College London
- Professor Ian Jones, Director National Centre for Mental Health Cardiff University

Thank you to Centre for Mental Health

Centre for Mental Health has advised and guided this project through their role on the panel. They've also helped to produce this year's report, bringing together existing data and insights about mental health problems, services, and prevalence. Special thanks to Andy Bell, Kadra Abdinasir and Tarek Kivanc for their work.

Thank you to our partners and those who shared their experiences

We heard from 18,177 people in England and Wales through the Big Mental Health Survey (2025), as part of the research for this report. This research was conducted by M·E·L Research on behalf of Mind to capture the views and experiences of those of us who have used/tried to use their GP, the voluntary/third sector or digital apps to support their mental health.

To understand public attitudes towards common and severe mental illness (such as depression and schizophrenia), we heard from 1,563 people in England through the Attitudes to Mental Illness (AMI) survey. This research was conducted by Verian on behalf of Mind, and the data was analysed by Professor Claire Henderson and Dr Amy Ronaldson at the Institute of Psychiatry, Psychology & Neuroscience, King's College London.

We also include findings from the 2024 Wales AMI survey which reached 526 people in Wales, conducted by Verian, analysed by Opinion Research Services on behalf of Time to Change Wales.

Finally, we've included personal stories from Gavin, India and Georgia, all of whom have been supported by Mind services. They shared their experiences, bringing the data in this report to life, alongside case studies from our valued partners, Cardiff and the Vale local Mind, Kori Youth Charity, and Ray's Corner.

External context for mental health in England and Wales

The past year has seen several notable policy developments in England, Wales and across the UK.

In England

Mental health care and support

The UK Government published its 10 Year Health Plan[1], a strategy to build a futureproof health service with 3 key shifts envisaged in NHS care and support delivery – hospital to community; analogue to digital; sickness to prevention.

Central to this vision is the creation of the Neighbourhood Health Service, which aims to move care from hospitals and into communities, closer to people's homes – something mental health provision has long done.

There's a big focus on using technology to improve care, using the NHS App as a way for people to manage their care, self-refer to talking therapies and get direct access to digital services.

The 10 Year Health Plan is condition agonistic, but contains several mental health specific commitments:

- offering better care for people in crisis via mental health A&Es
- expanding 24/7 neighbourhood support
- ensuring Assertive Outreach Teams[i] are available in all areas to support people who've found it challenging to engage with traditional service provision

In relation to young people's mental health, the UK Government has committed to expanding Mental Health Support Teams in schools. They've also announced funding to launch 50 early support hubs over the next 4 years, and 8 new hubs by the end of 2025 backed by £2 million in funding[2]. However, under these plans, a shortfall in funding will remain, meaning that hubs won't be universally available in every community which was a government manifesto pledge.[ii]

i. Specialist mental health services that support people with severe or complex mental health needs who may struggle to engage with traditional mental health services

ii. Labour Manifesto pledges can be seen here: https://labour.org.uk/change/break-down-barriers-to-opportunity/

The past year saw a commitment to reform the Mental Health Act[3], something that Mind and others across the mental health sector have long called for. The Bill is currently in its final stages in the House of Commons before becoming law.

Changes to NHS England

In March 2025, the UK Government announced that NHS England will be abolished, to reduce bureaucracy and duplication of activity. The process is expected to take 2 years and reduce NHS England and Department for Health and Social Care headcounts by around 50%[4]. The move aims to give more powers to local NHS leaders, but this is against a challenging backdrop where local health systems are being asked to reduce their running costs[5].

In Wales

New Mental health & wellbeing strategy

The Welsh Government published their new Mental health and wellbeing strategy 2025–35[6] – the successor to the 10-year Together

for Mental Health strategy[7]. This was published alongside the first 3 year's delivery plan (2025–28)[8] in April 2025.

The overarching mission statement of the 2025–35 strategy[6] is:

> **"People in Wales will live in a country which promotes, supports and empowers them to improve their mental health and wellbeing, and will be free from stigma and discrimination."**
>
> Welsh Government, 2025, p.3

This mission is guided by a series of principles underpinning everything it seeks to achieve, such as being rights based, trauma informed, free from stigma and preventive. The strategy recognises unequal experiences of accessing mental health support and places equity of access, experience and outcomes at its heart.

Central to the strategy is the transformation of mental health services to a model of open access, and same day care. The goal is to prevent lengthy waits for assessment and treatment by providing initial support quickly and identifying what non-health-based areas of support someone may need. Whilst there's recognition that these changes cannot be implemented immediately, the delivery plan seeks to make progress within the first year of the strategy towards a wider roll-out[6].

The strategy seeks to have a more coherent, cross government approach to mental health, in recognition of many of the social factors that contribute to poor mental health not being under the remit of the health service[6].

Many actions related to the delivery of mental health support will be steered by the Strategic Programme for Mental Health[9] within NHS Performance and Improvement – a national support function that focuses on improving quality and safety of care, working alongside individual Local Health Boards.

UK-wide

Benefits and employment

In November 2024, the UK Government published its Get Britain Working White Paper[10], setting out proposals to reform employment, health and skills support, supporting more people into work. This includes the continued expansion of Individual Placement and Support,[iii] exploring how this better joins up with employment support.

In March 2025, the UK Government announced a Green Paper to reform the health and disability benefits system and employment support[11]. They also announced additional funding to deliver more tailored employment support for disabled people and those with long-term conditions[12].

iii. Which provides individual, intensive support for people with mental health problems to enter and stay in work

A parliamentary Bill to introduce some of these changes was initiated, which saw the eventual removal of proposed reforms to Personal Independence Payment (PIP) following campaigning by Mind and several other organisations.[iv] Some changes were approved, including halving the health element of Universal Credit and freezing this for new claimants from April 2026, alongside keeping the rate of Income related Employment and Support Allowance the same, despite inflation.

The Department for Work and Pensions are planning a review into the PIP assessment, with a commitment to co-produce this with disabled people, organisations that support them, other experts and MPs.[v] This review will look at things including the role of the assessment, the assessment criteria and the role of additional evidence as part of the functional assessment. This review is expected to conclude in autumn 2026.

iv. This would have required an individual to score at least 4 points in one specific daily living activity to receive the daily living component

v. For further details please see: https://www.gov.uk/government/news/further-details-on-welfare-reforms-published-ahead-of-second-reading and https://qna.files.parliament.uk/ws-attachments/1817526/original/Timms%20Review%20of%20the%20PIP%20Assessment.pdf

Welcome to the Big Mental Health Report

Welcome to Mind's 2025 Big Mental Health Report, the second of our annual reports exploring the state of mental health, and mental health services and support across England and Wales. This builds on the insights from our 2024 report[13] and gives us the most comprehensive picture we've had of mental health to date, serving as a crucial guide that anyone can use.

This year's report, produced by Mind with support from Centre for Mental Health and our research partners, explores the latest evidence on the nation's mental health including how well services are supporting mental health in England and Wales.

In addition to reviewing the latest available evidence, data, policy developments and other relevant sources in England and Wales[vi], this year's report presents findings from:

- Mind's Big Mental Health Survey – exploring adults' experiences of accessing mental health support in England and Wales
- the 2024 Attitudes to Mental Illness (AMI) surveys, exploring adults' attitudes to mental illness in England and Wales

Please note: The literature review for this report (chapters 1 and 2) finished in July 2025 and only includes data/insights published up to that point. New evidence released since isn't included, and all statistics relate to England and Wales unless otherwise stated.

vi. And where necessary, using UK-wide evidence

Please note: This report includes death by suicide statistics. Some deaths by suicide are registered a year or more later, and included statistics refer to suicide registrations – not necessarily the date of death by suicide. The Samaritans note that during the Covid-19 pandemic, fewer inquests were conducted causing delays in death registrations. This, along with a reported decrease in male deaths by suicide early in the pandemic, contributed to lower suicide rates in 2020. The Samaritans note that 2021 and pre-pandemic rates were similar, and there is no evidence that suicides increased due to the pandemic[14].

Please note: In this report, we use different terminology to describe mental health problems and other related constructs. We've kept the wording used in the original research we're referencing. That means you might see the following terms throughout: mental health problem, mental illness, mental ill health, severe and enduring mental health problems, and mental illness, for example.

Content warning: Please note, some of the research, quotes, and stories in this report mention self-harm, domestic abuse, suicide, disordered eating, and other topics that some readers may find distressing or uncomfortable. If you need support, you can visit Mind's support pages for information, resources, and ways to contact our helplines: **mind.org.uk/information-support/**

Glossary

Below, we outline what we mean when we refer to specific groups when discussing Mind's research findings in this report.

Experiencing or at risk of experiencing poverty: Individuals who have shared that they are under financial pressure or falling short of a decent standard of living within the survey.

Racialised communities: Individuals identifying as black, Mixed, Asian or other non-white ethnic groups.

Young people and adults: 'Young people' refers to all individuals aged 16–24. 'Adults' refer to individuals aged 25+.

Report themes

We've split this report into 4 chapters, covering key themes to help us build a full picture of the state of the nation's mental health – outlined below.

Chapter 1: The current state of mental health

Here we focus on the facts about mental health right now. This brings together information from a variety of sources to provide a clear view of mental health in England and Wales.

Chapter 2: What's driving poor mental health?

Here we review the existing evidence to provide an up-to-date overview of drivers of poor mental health.

Chapter 3: Experiences of support

Using new data, we look at people's experiences of mental health support from GPs, the voluntary/third sector and digital apps/online platforms, alongside the impact that waiting for support is having on mental health.

Chapter 4: Mental health stigma and discrimination

Here we look at trends in mental health stigma and discrimination and comparisons over time.

Recommendations – a summary

Full recommendations can be found on page 92.

1

Improve timely access to quality mental health support.

It's crucial that people get the right mental health support when they need it, so they don't become more unwell – this requires more investment in, and reform of mental health services.

2

Support young people with their mental health

More young people are experiencing mental health problems but can't get support when they need it. Action is needed to support young people with their mental health and stop more individuals reaching crisis point.

3

Tackle mental health stigma and discrimination

Mental health stigma and discrimination persist. We need targeted interventions to address these challenges, including improving data around mental health and investing in programmes to tackle stigma.

4

Deal with the social factors affecting mental health

Several factors can cause someone to experience poor mental health or make an existing mental health problem worse, including poverty, insecure work and poor-quality housing. A genuine effort to tackle such factors is vital in improving the mental health of our nation.

01

The current status of mental health

1 in 5 adults[vii] in England is living with a common mental health problem and rates are rising steadily – the same pattern is likely the case in Wales[viii]. Loneliness is increasingly common, suicide and self-harm rates remain high, and rates of mental ill health are especially high among young people, women, people with long-term physical health conditions, those with problem debts and those out of work. The challenges are unevenly spread, with those facing deprivation or severe mental illness experiencing worse outcomes. Declining mental health over the last decade means that mental health services are struggling to keep up, waiting lists are rising, and many people aren't getting the right support. The scale and complexity of these issues demand urgent action to improve mental health for all.

vii. Please note, this relates to common mental health problems only. APMS data on the prevalence of many other mental health problems, including psychosis, bipolar disorder, and eating disorders, is yet to be updated at the time of writing.

viii. There is no equivalent of APMS or population level data in Wales, but we have no reason to believe the trend is different there.

1 in 5

adults in England is living with a common mental health problem[15]

Since turning 65,

1 in 4 adults aged 65 and over experience significant anxiety or low mood at least once[33]

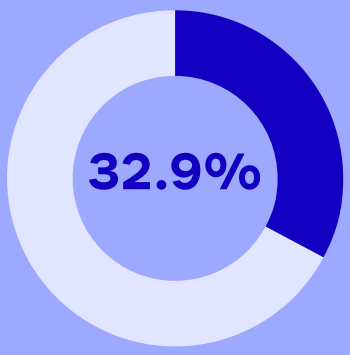
In 2023

1 in 5 young people (aged 8–25) reported living with a probable mental health problem[17]

With around

5.5k

cases annually, **self-harm** is one of **Wales' top 5 causes** of hospital admission[29]



Around

1 in 3 adults

(32.9%) in England with a physical health condition also have a common mental health problem[15]

This chapter brings together data from several sources, to understand the state of mental health in England and Wales.

Mental health problems in adults

Figures from the latest Adult Psychiatric Morbidity Survey (APMS) show a clear rise in the prevalence of common mental health problems, like depression or anxiety, among adults aged 16+ in England.

1 in 5 adults (20.2%) in England are living with a common mental health problem – with rates higher in women (24.2%) than men (15.4%)[15]. The prevalence of common mental health problems has increased steadily among 16–64-year-olds, rising from 17.6% in 2007, to 18.9% in 2014, to 22.6% in 2023–24. Those aged 16–24 are particularly affected, with prevalence rates rising from 17.5% in 2007 to 25.8% in 2023–24 – rates among those aged 75+ remained lower and more stable[15].

It's clear that our mental health is shaped by social and economic factors. For example in England, adults in the most deprived areas have higher rates of mental health problems (26.2%) than those in the least deprived areas (16%)[15], and people in problem debt were more than twice as likely to experience a mental health problem (39%) than those without (18.4%)[15].

Among adults aged 16–64 in England, those unemployed (40%) and economically inactive[ix] (38.8%) were more likely to have a mental health problem than those in work (18.3%) – with men more affected[15].

Recent analysis from the Office for National Statistics (ONS) paints a stark picture of how people in the UK are feeling right now[16]. From 2–27 April 2025, 18% of UK adults (aged 16+) reported experiencing moderate to severe depressive symptoms – in line with figures from previous years (16% in 2022, 17% in 2021). Younger adults are feeling this most sharply with 26% of those aged 16–29 reporting moderate to severe symptoms, compared to 20% of those aged 30–49, and 18% of those aged 50–69[16].

Mental health problems in young people

The mental health of young people in England is getting worse. In 2023[x], 1 in 5 (aged 8–25) reported living with a probable mental health problem[17] – a sharp and troubling rise from 1 in 9 (aged 7–16) in 2017[18]. For those aged

ix. According to the ONS, in the UK economically inactive people is measured by the Labour Force Survey (LFS) and includes adults aged 16+ without a job who haven't sought work in the last 4 weeks and/or are not available to start work in the next 2 weeks – this includes students, those looking after family and the home, those who are long-term sick and disabled, temporarily sick and disabled, retired people and discouraged workers

x. Age ranges differ slightly between surveys, but the trend indicates a significant increase in mental health problems among young people

8–16, rates of probable mental health problems were similar between boys and girls but by early adulthood, a clearer pattern emerges. Among 17–25-year-olds, nearly 1 in 3 young women (31%) had a probable mental health problem, compared to 15% of young men aged 17–19 and 13% aged 20–25[17].

In Wales, around 1 in 6 children and young people live with a diagnosable mental health problem[19].

Eating difficulties are also on the rise among young people in England, with 1 in 8 aged 17–19 having reported experiencing an eating problem or disorder[17] – and the gap between genders is stark, with young women 4 times more likely than young men to be affected.

Loneliness

In 2025, loneliness continues to affect many, with 24% of those aged 16+ in Great Britain saying they feel lonely "often, always or some of the time" – 26% said they experience it occasionally[16]. Those aged 16–29 were most likely to feel alone (31%) when compared to those aged 70+ (16%).

The connection between mental health and loneliness is clear. In the same study[16], 55% of those with moderate to severe depressive symptoms reported feeling lonely, compared to just 16% of those with mild or no symptoms. Recent overseas research found a direct causal link between loneliness and earlier mortality[20].

A 2022–23 national survey in Wales found that 13% of the population was lonely[21], and that people living in material deprivation and those with mental or physical health problems were more likely to be lonely. They also found that those who were lonely had lower wellbeing and life satisfaction.

Suicide

In 2023, an estimated 7,055 deaths in England and Wales were registered where the cause was recorded as suicide[22]. While the overall suicide rate in England and Wales has dropped by 21% since 1981, much of that progress happened before 2000. Since 2007, rates have risen, with 2023 marking the highest level since 1999[22].

Both England and Wales report near to real-time suspected suicide death data[xi]. In England, the suspected suicide[xii] death rate was 11 per 100,000 in the 2 years up to January 2025 – 17.4 per 100,000 in males, 5.0 per 100,000 in females[23].

In Wales, the suspected suicide death rate was 12.4 per 100,000 in the year to March 2024[24], with higher rates observed in the most deprived areas of Wales (15.8 per 100,000) and among unemployed people (126.7 per 100,000). The same source[24] reported that 63% of deaths by suspected suicide were among people with a mental health condition, that 29%

xi. In other words, there may be a short delay in reporting

xii. Reporting of these statistics is quite recent and so time series data is limited

of people were known to mental health services, 65% to the police, and that 53% had a history of previous self-harm.

Prevalence of suicidal thoughts and suicide attempts has increased. The proportion of 16–74-year-olds reporting suicidal thoughts in England in 2023–24 was 6.7%, up from 3.8% in 2000[25]. The figures also show men are around 3 times more likely to die by suicide than women – a gap that has widened over time. Women were more likely to report a suicide attempt than men and just as likely to have suicidal thoughts[25].

Alarmingly, research reveals that suicide has become the leading cause of death in domestic abuse cases in England and Wales. In the year to March 2024, there were 98 suspected suicides linked to abusive relationships, surpassing the number of deaths at the hands of a current or former partner during the same period[26]. From March 2020–March 2024, 79% of those who died by suicide following domestic abuse were women[26].

Self-harm

Self-harm continues to affect many people each year. Data from the APMS shows that in England, lifetime rates of self-harm increased from 3.8% in 2007 to 10.3% in 2023–24[25].

Between April 2023 and March 2024, nearly 70,000 people in England were admitted to hospital after self-harming – a rate of 117 admissions for every 100,000 people[27]. This has reduced substantially since 2018–19, when a rate of almost 200 per 100,000 was recorded. It's important to note however, that the rate among women and girls is nearly twice that of men and boys[27].

In the same period, women were almost twice as likely as men to be admitted for self-harm, with 149.6 admissions per 100,000 women compared to 83.6 per 100,000 men[27].

The prevalence of self-harm is even more pronounced among young people. Hospital admission rates for self-harm in 10–24-year-olds are significantly higher than for the general adult population. And young women are most affected with a rate of 433 per 100,000 in 2023–24 – nearly 3 times higher than among adult women[28]. While this represents a notable drop from previous years, the numbers remain alarmingly high. For young men, admissions have continued to fall, reaching 102 per 100,000[28].

In Wales, there's an estimated 5,500 admissions a year following self-harm, making it 1 of the top 5 reasons for a hospital admission[29].

Criminal justice system

It's estimated that around 9 in 10 people in prison in England and Wales[xiii] are living with at least 1 mental health or substance misuse problem[30]. For many, complex combinations of mental ill health, trauma, substance use, and unmet

xiii. Although the figures come from older research (1997), to our knowledge there hasn't been a more/as thorough or reliable equivalent survey since — so we've referenced this study

social needs are the norm – not the exception.

Suicide rates in prison are around 4 times greater than rates for the general population, with 88 'self-inflicted' deaths in prison reported in the year to September 2024[31]. Self-harm rates have also risen dramatically over the last decade among women and men in prison. The number of incidents has more than tripled, rising from 266 per 1,000 prisoners in 2012–13 to 852 per 1,000 in 2023–24[32].

In the year to June 2024, there were over 20,000 incidents of self-harm among women in prison and more than 55,000 among men in prison[31].

Despite a high level of need as of 2023, only around 1 in 7 people in prison in England (14%) were being supported by prison mental health teams[30].

Older people

According to a recent nationally representative UK poll, 3 in 4 people aged 65+ say they've experienced significant anxiety or low mood at least once since turning 65 – for 1 in 10 these feelings are frequent or constant[33].

Among those aged 75+ in England, 1 in 10 report a common mental health problem[15]. These aren't passing feelings, but serious mental health needs that often go unspoken and unsupported. Systemic ageism in society is reflected in health and care services, where mental health problems among older people are often normalised and dismissed as an inevitable result of ageing – despite the high success rate of talking therapies among older people[34].

Physical health

Mental and physical health are deeply connected. According to the APMS, around a third (32.9%) of adults in England with a physical health condition also have a common mental health problem – compared to just 12.6% of those without[15]. Despite this, emotional support is rarely offered as routine treatment for people with long-term physical illness.

In England, people living with severe mental illness are twice as likely to report poor physical health[35], and 5 times more likely to die before the age of 75 compared to those without a diagnosis[36].

To help close this gap, NHS England has committed to offering annual physical health checks for those with a severe mental illness diagnosis (for example, psychosis, bipolar disorder)

registered with a GP'. In Q4 of financial year 2024–25, 66.5% of those eligible received a full physical health check[37]. While this is a step in the right direction, many are still being left behind.

The mental health and wellbeing strategy in Wales[8] also aims to prioritise action to support the physical health of people with severe and enduring mental health conditions, including co-producing a new plan with people and expanding: *"access to evidence-based screening, advice, support for behaviour change and physical health care"* (Welsh Government, 2025b, page 25)[8].

Wellbeing

Wellbeing matters – it shapes how we feel day-to-day, how we cope, and how we connect with others. It's closely linked to our mental health – when wellbeing drops, it can be a warning sign that someone is struggling. Without the right support, poor wellbeing can lead to mental health problems. That's why wellbeing measures aren't just nice to have, they're essential. They help us understand not just individuals but how we're doing as a society.

The 2025 UK Wellbeing Report paints a worrying picture. Around 1 in 8 people are now living below the Happiness Poverty Line (a score of 5 or less out of 10 on life satisfaction). These are people feeling deeply dissatisfied with their lives[38].

Before the Covid-19 pandemic, the proportion of people reporting low wellbeing was falling, but recent findings show that wellbeing is getting worse, with the proportion of people living below the happiness poverty line rising from 12% in 2021–22 to 13.2% in 2022–23[38].

Behind these numbers are inequalities, including between countries and regions. In 2021, 11.8% of people in England were below the Happiness Poverty Line, compared to 13.9% in Wales[38].

The latest national wellbeing survey for Wales (2022–23) paints a similar picture. It uses a validated tool[xiv] to measure people's wellbeing, with higher scores meaning better wellbeing. Mental wellbeing has been gradually declining since 2016–17. In 2022–23, the average score stood at 48.2 out of 70 – a noticeable drop from 51.4 in 2018–19[39]. Some groups were especially affected, including younger people aged 25–44 who had an average wellbeing score of 46.5, people living in material deprivation whose average score was 40.8 and those with poor physical health with an average score of 39.1[39]. These findings highlight inequalities in how people across Wales are experiencing their mental health.

Young people's wellbeing

There's growing concern around children's subjective wellbeing[xv], with the Good Childhood Report 2024[40] showing that too many young people are struggling. In their latest UK

xiv. The Warwick-Edinburgh Mental Wellbeing Scale

xv. In other words, their own perceptions of how their lives are going

survey, 11% of children and young people reported low wellbeing – this compares to 10% in 2023[41].

The international picture is no less worrying, with data showing that in 2022, 15-year-olds in the UK report the lowest average life satisfaction among their peers in 26 other European countries[40]. Pupils report significantly lower levels of life satisfaction[xvi] compared to the Organisation for Economic Co-operation and Development (OECD)[xvii], an average of 6.75/10. In England, the average score was 6.01/10[42] and in Wales 6.16/10[43].

Persistently low levels of life satisfaction and growing inequalities in wellbeing, especially among young people, are likely signals of deeper structural issues (such as wealth inequality, and racial discrimination) that can no longer be ignored.

Attention Deficit Hyperactivity Disorder (ADHD)

While ADHD is not a mental health problem (it's a form of neurodiversity), people with ADHD are much more likely to experience a mental health difficulty like anxiety or depression[44]. People with ADHD, as well as those needing support for autism or a learning disability, also receive health care from NHS mental health services.

xvi. Rated on a scale of 0 (not satisfied at all) to 10 (very satisfied)

xvii. The OECD is an international organisation of 38 member countries working together to promote policies to improve economic and social well-being and set international standards (for example in areas like trade), among other things

Only

1 in 5 people had told their employer about their ADHD[47]

In England, the proportion of adults screening positive for ADHD rose from 8.2% in 2007 to 13.9% in 2023–24[45] – which likely reflects higher levels of recognition and help-seeking, over an increase in the actual number of people who have ADHD.

There's growing concern around the rise in ADHD diagnoses and long-waiting times for assessment and support. But there's no official list of ADHD services, no agreed measure to calculate assessment waiting times, and no duty to report this data – the full picture of ADHD assessment and diagnosis isn't clear[46]. There are also huge variations in access and waiting times, with some people waiting up to 10 years for an assessment – many are left in limbo without a diagnosis, support, or a clear path forward[46].

A recent poll in England highlights just how life-changing a diagnosis can be for some.[47] It helped people better understand themselves (84%), manage their mental health (58%), and build self-esteem (54%) – but getting there can be a long, exhausting road. Nearly half of those waiting had done so for over a year, with many forced to pay for private assessments, creating a 2-tier system based on ability to pay[47].

These delays come at cost, including deteriorating mental health, growing frustration, and reluctance to seek help. Most said they received little or no information while waiting. Support during this time matters. 63% of those waiting said they wanted help managing their mental health, yet few had access to it[47].

Even after diagnosis, stigma and uncertainty remain. Only 1 in 5 people had told their employer about their ADHD. Most feared judgment or doubted that support would be offered. Of those who did share their diagnosis, almost 2 in 3 received at least one workplace adjustment[47].

Cost of mental ill-health

As more people experience poor mental health, the impact isn't just felt by individuals – it's echoed across the economy. In 2024, Centre for Mental Health updated its estimate of the economic and social costs of mental ill health in England. This is now estimated at £300 billion a year (in 2022 prices) – nearly double the annual budget of the NHS in England[48].

For children and young people, the long-term consequences are just as bleak. Analysis reports that childhood mental health difficulties could lead to a staggering £1 trillion in lost earnings across the current generation[49], and that the cost of persistent school absence (rising alongside poor mental health) now stands at over £1 billion every year[49].

Funding doesn't reflect the scale of the challenge. Mental health makes up over 20% of the burden of disease yet receives less than 10% of NHS England spending[50] – and this imbalance goes beyond health. We know that councils[51], youth services[52], and the voluntary sector[53], all crucial to mental health support, are under pressure and underfunded.

The share of NHS funding in England allocated to mental health services fell last year – despite the UK Government's manifesto pledge[ii] and King's Speech commitments to value mental and physical health equally. In the financial year 2024–25, just 8.78% of NHS spending in England went on mental health care – this is projected to fall again to 8.71% in 2025–26[54].

The economic and social costs of mental ill health in England is now estimated at

£300 billion

a year (in 2022 prices) – nearly double the annual NHS budget in England[48]

Current affairs and mental health

Global conflicts have intensified, contributing to rising levels of distress both internationally and in the UK. Many people are navigating

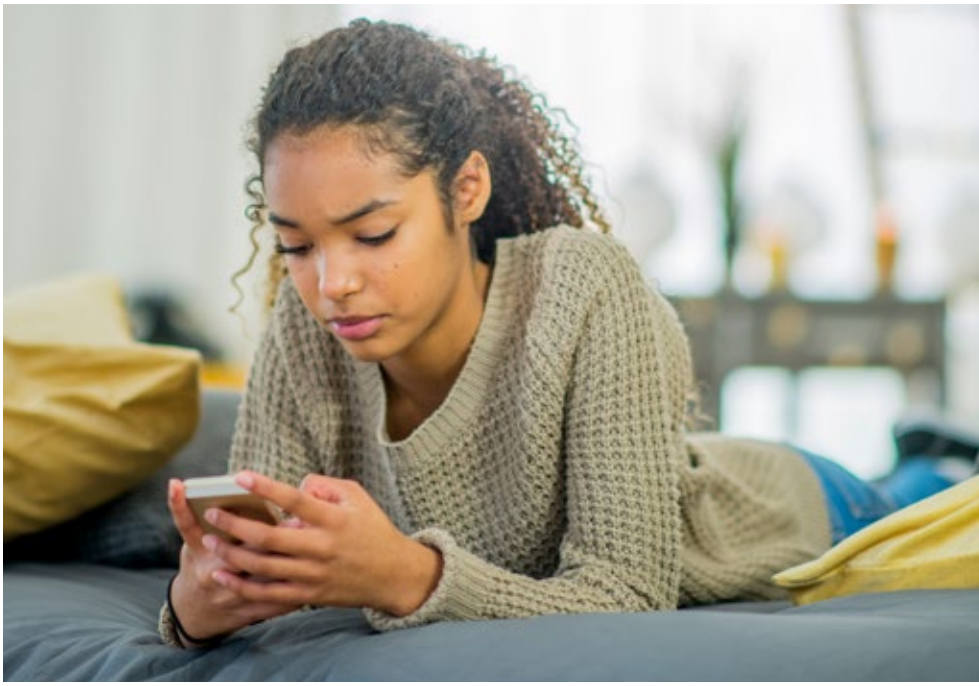
According to a recent survey in England, **82% of young people reported feeling anxious about war and politics**, and **87% about climate change**[55]

a growing sense of instability, fear and hopelessness in the face of uncertain times and increasing polarisation in global societies.

A recent ONS survey (Great Britain) asked people 'what's keeping them up at night'. Among adults, the leading sources of worry included social and political issues (44%), money (42%) and health (42%)[16]. These concerns were more common among those experiencing mental health problems, with 52% of those with moderate to severe depressive symptoms worrying about social and political issues, 67% about money, and 66% about their health[16].

A recent survey in England also found that worries about the world and society weigh heavily on young people's minds. 4 in 5 (82%) said they feel anxious about major political issues like war and conflict, and nearly 9 in 10 (87%) said they worry about climate change[55].

It's clear that mental health is shaped not only by our personal lives, but by the wider world around us, from global crises to social and environmental uncertainty.



02

What's driving poor mental health?

Mental health in the UK has been declining over the last 2 decades with the most rapid deterioration in the last 5 years – a combination of lower population wellbeing and higher rates of mental ill health, both of which are more pronounced among younger age groups. There's no single explanation for this trend. Contributing factors include rising levels of financial inequality and precarity heightened by the cost-of-living crisis, reductions over time in the value of benefits in an increasingly restrictive system, and reductions in public services that play a role in supporting wellbeing. The effects and after-effects of the Covid-19 pandemic and growing pressures on young people (for example social media use, academic pressures) could also be playing a part. This chapter explores these in depth.

In 2024 core council funding in England had dropped 18% per resident since 2010[51]

18%

In England **funding for youth services and children's centres** is down by 70% since 2010–11[51]

70%

Among 33,000 adults tracked in England, nearly **2 in 5 showed signs of anxiety or depression** during the first year of the **Covid-19** pandemic[73]

Between 2016–17, **Welsh councils lost**

£918.5m

in Welsh Government grants compared to in 2009–10[69]

Between 2011 and 2019–20, the **Welsh Government's block grant from the UK Government** fell by 5% in real terms[69]

5%

Introduction

Poor mental health is an increasingly urgent issue in UK politics and public policy. Recent debate has centred not only on its rising prevalence, but the underlying causes and whether our current systems are adequately responding. As referral rates increase and waiting lists grow, questions have been raised about whether this reflects a 'real' increase in mental ill health and the potential over-medicalisation of distress.

Evidence in this report shows that the rise *is* real and support is failing to keep pace.

An area of concern is the sharp rise in the number of people out of work due to mental health problems, particularly anxiety and depression. The proportion of working-age adults deemed 'economically inactive'[xviii] due to poor mental health has reached record levels, prompting growing concern across governments, employers and public services. At the same time, schools are reporting rising numbers of young people not attending education due to their mental health.

We examine what we know about the drivers of poor mental health in the UK, the political questions they raise, and what these challenges mean for future policy responses.

Long-term trends

To understand what's driving poor mental health, it's key to explore how mental health in the UK has changed over the past 3 decades.

A recent study[56] drawing on data from 3 nationally representative surveys[xix] has done just this. While each survey reflects some variation, a consistent picture emerges. Psychological distress has risen since around 2015, particularly among younger adults aged 16–34. This rise follows a period of relative stability, and some small improvements between the early 1990s and mid-2010s – older adults (aged 65+) saw a decline in distress in the same period[56].

The same research[56] also shows that mental health problems aren't experienced equally. People living in more deprived areas were found to be twice as likely to experience high levels of psychological distress, and women reported poorer mental health outcomes compared to men. The evidence points clearly to deepening inequalities and worsening mental health and wellbeing for large parts of the population.

Young people are also bearing the brunt of worsening mental health and it's not just happening here in the UK. From the USA to New Zealand and India to Canada, the same patterns are emerging – more young people are struggling and the support just isn't keeping up[57].

xviii. The term 'economic inactivity' refers to people who are not in employment and are not actively seeking work. Please also see footnote ix on page 18

xix. The Understanding Society survey, the Health Survey for England, and the Scottish Health Survey

What's driving rising disability benefit claims?

According to the Institute for Fiscal Studies (IFS)[58], since the Covid-19 pandemic the number of working-age adults (16–64) in England and Wales receiving disability benefits has grown significantly – rising by 900,000 to reach 2.9 million people. That means around 7.5% of the working-age population is now claiming disability benefits. It's crucial to acknowledge that for around 1 in 6 people receiving Personal Independence Payment (PIP), the main disability benefit in the UK, are in work[59] – PIP is not a benefit linked to a person's employment status.

Over half of the increase since the pandemic in 16–64-year-olds claiming disability benefits (around 500,000 people) is due to mental health or behavioural problems[58]. However, the IFS conclude that this increase most likely reflects an increase in actual levels of mental ill health, opposed to changes to the benefits system or people's willingness to apply for health-related benefits.

Young adults, employment and mental health

There's increasing attention on the growing number of young people receiving disability benefits. In England and Wales, 4 million people aged 16–64 (1 in 10) now claim disability benefits – up from 2.8 million (1 in 13) in 2019[58]. More than half of this increase is linked to mental health problems or behavioural difficulties. The sharpest rise in claims has been among 16–25-year-olds, driven largely by these issues. For example, the proportion of 25-year-olds claiming health-related benefits rose from 4.9% in 2019 to 7% in 2023–24 – the rate among 55-year-olds increased slightly less from 11.4% to 13.4%[60].

Young people with mental health problems are nearly 5 times more likely to be economically inactive compared to those without a mental health problem in their age group[61]. It's unclear how much poor mental health among young people is driving unemployment, or how much unemployment is driving poorer mental health. There's evidence that both unemployment and insecure or poor-quality work are risk factors for poor mental health. It's also well established that youth unemployment can have a longer-term

impact on people's mental health during their working life.

The UK Government has set out plans to address this through a 'Youth Guarantee' for 18–21-year-olds, ensuring that every young person has access to work, education or training opportunities after leaving school or becoming unemployed[62].

Changes to benefits systems and entitlements

Successive reforms to the UK's social security system have fundamentally reshaped the way support is provided to low-income households, disabled people and families over the last 2 decades.

Many of these reforms were intended to streamline payments, reduce public spending, and encourage employment – but there's compelling evidence that they've had profound negative effects on people's mental health. National and international studies consistently show that when benefits become harder to claim or reduce in value, rates of depression, anxiety and suicide rise[63].

For example:

Impact of benefits changes on mental health

- Research has shown that among people affected by the introduction of Universal Credit, rates of psychological distress rose by over 6.5% compared to those not affected[64]. And recent research found that the PIP claims process is a major source of anxiety for applicants. Key factors contributing to anxiety include confusion over the application process, the complexity and length of the forms, being assessed by someone unfamiliar with their health condition, and the prolonged wait for decisions[65].
- Research also shows that conditionality[xx] in the UK benefits system can have profoundly negative effects on mental health – particularly for those with pre-existing conditions[66]. Rather than supporting people into work, these measures can often exacerbate mental ill health and push people further away from the possibility of work.
- It's also been estimated that the 2-child limit policy[xxi] has pushed 350,000 children

xx. The application of certain requirements someone must meet to receive their benefit

xxi. A UK government policy capping families from receiving child tax credit or Universal Credit for more than 2 children (born after April 6, 2017)

into poverty and deepened poverty for a further 700,000[67]. The impact of child poverty on children and young people's mental health is significant and discussed in detail later in this report.

- On the other hand, changes to social security that increase people's protections and entitlements have been demonstrated to produce positive effects on mental health. For example, in 1999 the introduction of the Working Families Tax Credit improved the mental health of single mothers[68].

The impact of cuts to public services on our mental health

Since 2010, public service cuts have chipped away at the support that helps people to stay well. In England in 2024, councils' core funding per resident was 18% lower in real terms than in 2010[51]. Vital statutory services like adult and children's social care remain stretched, while non-statutory services, including planning, housing, transport, and culture, have seen cuts of over 40%[51]. Youth services and children's centres have been hit hardest, with funding down by 70% since 2010–11[51].

The most deprived areas have faced the steepest reductions, largely because they rely more heavily on central government funding. When these grants were cut, particularly in the first half of the 2010s, these councils experienced disproportionately big funding losses, with average reductions of around 35% per person compared with 15% in the most affluent areas[51].

The picture is Wales is similar. Between 2011 and 2019–20, the Welsh Government's block grant from the UK Government fell by 5% in real terms[69]. This reduction filtered down to local councils which saw an average 12% reduction in service spending between 2009–10 and 2016–17. In total, £918.5 million in grants from the Welsh Government were lost in this period[69].

This erosion of local services has had real and damaging effects on mental health. One study[70] found that between 2011–19, a 15% cut to local spending on cultural, environmental and planning services in England, such as libraries, parks, and community programmes, was linked to worsening mental health, including higher levels of anxiety and depression.

While public service cuts may appear to save money in the short term, these can come at a high cost to people's mental health and wellbeing. International evidence[71] supports this conclusion, with studies pointing to austerity policies as major contributors to poor mental and physical health. They find that the health effects of economic recessions can be 'buffered' by governments that invest in vital public services, but when these are reduced, people's health suffers disproportionately.

This provides important evidence that declining mental health is not so much the result of reduced 'resilience' among younger generations, and more driven by a reduction in the social infrastructure that helps people to be resilient.

The effects and after-effects of the Covid-19 pandemic

The Covid-19 pandemic was a global health emergency that shook every part of our lives. While the early focus was on the virus' physical effects, it quickly became clear that the mental health consequences, driven by lockdowns, isolation and widespread uncertainty, would be just as significant. From fear and insecurity to grief, isolation, and disrupted routines, people across the country were forced to navigate extreme emotional challenges, often with limited support[72].

Research from University College London helps us understand how widespread these impacts were. Tracking over 33k adults in England across the first year of the pandemic, the study found that nearly 2 in 5 experienced symptoms of anxiety or depression at some point[73]. For some, these symptoms were short-lived but for others, they worsened over time – particularly during the difficult winter of 2020–21.

Similarly in Wales, the Covid-19 pandemic and protective measures had a negative impact on mental health and wellbeing. For example, around 1 in 3 adults reported a decline in their mental health compared to pre-pandemic levels[74]. The impact was worse among people in more deprived areas, women and younger adults[74]. However, some indicators showed short-term improvements in Wales, for example, loneliness decreased, and community cohesion increased during 2020–21. Children's wellbeing also improved temporarily when restrictions eased. Despite this, people on lower incomes were more likely to report negative effects on their wellbeing[74].

A UK-wide analysis by Centre for Mental Health found that the pandemic didn't affect everyone equally. People already struggling with their mental health, racialised communities and those in poverty were often hit hardest, facing the virus *and* the psychological impact of the response to it[72]. Already stretched mental health services had to adapt rapidly and are still dealing with the aftermath. It's vital that we learn from these experiences, building a more resilient mental health system that can weather future emergencies, providing support to those who need it.

A recent study using UK Biobank data[xxii] found that adults scanned during the Covid-19 pandemic showed signs of accelerated brain ageing – on average by about 5.5 months, compared to those scanned before

xxii. Since 2006, UK Biobank has collected extensive health data from half a million participants from across the UK, creating the world's most comprehensive and widely used biomedical database

the pandemic[75]. This effect was observed regardless of whether people had contracted the virus, suggesting that broader psychological and social stressors of the pandemic (like isolation) played a key role. The impact was more pronounced among older adults, men, and people from more economically disadvantaged backgrounds. While those who had Covid-19 experienced some cognitive decline, particularly in processing speed, the study suggests these changes may be reversible in time with the right support.

Drivers of young people's poor mental health

The Youth Futures Foundation recently explored 10 potential drivers behind worsening mental health outcomes in young people aged 14–25[76]. These included increased exposure to risk (such as social media), reduced resilience (such as reduced access to support), and changing patterns in how symptoms are reported. 4 factors stood out as the most compelling contributors:

1 **Declining sleep quality and shorter sleep duration**, particularly among teenagers, was strongly linked to higher risks of depression and anxiety.

2 **Financial insecurity** has become more pronounced for young people since 2010, driven by reduced access to stable jobs and growing pressures around housing affordability.

3 Young people's **access to early support** has fallen away, with youth service funding in England having dropped by 73% since 2010, and specialist mental health services continuing to face growing demand they can't meet.

4 Rapid shifts in **social media and smartphone use** during formative years may also be playing a role, exposing young people to harmful content, cyberbullying and constant social comparisons (for example, around appearance).

In relation to point 1, the reasons for declining sleep quality and duration among young people are complex and may include use of digital devices and poor housing among other reasons. In relation to point 4, while evidence about the use of digital devices on young people's mental health is complex, it's clear there are both risks and potential benefits that need to be better understood. The study[76] notes that other pressures like poverty, discrimination and academic demands may also shape young people's mental health. While these factors are often cited by young people and those who support them, the evidence behind their role in recent trends remains mixed and less clear.

Child poverty

Poverty is one of the clearest and most consistent drivers of poor mental health. It shapes the everyday reality of millions of children and young people across the country, limiting their opportunities and making it harder for them to feel

hopeful about their futures – its impact casts a long and lasting shadow. As of April 2024, a record 4.5 million children in the UK are growing up in relative poverty[77].

According to the Joseph Rowntree Foundation[78], child poverty is projected to reach its highest level in 30 years by the end of the decade, with just over 34% of children expected to live in low-income families – equivalent to around 32,000 more children in poverty.

The link between financial hardship and poor mental health is well established. Children from the least well-off 20% of households are 4 times more likely to experience 'serious' mental health difficulties by age of 11, compared to those growing up in the wealthiest homes[79].

By age 11, **children from the least well off households** are

4 times

more likely to face series mental health issues than those from the wealthiest homes[79]

Living in poverty increases children's exposure to stress and stigma. Many report being bullied due to their family's inability to afford school essentials like uniforms, and children in households facing debt are 5 times more likely to feel unhappy than their better-off peers[80]. Children and young people with mental health problems are more likely to live in households under financial pressure and are more than twice as likely to live in homes that are behind on rent, mortgage, or utility payments compared to their peers without mental health problems[81]. Sleep difficulties among children can also be connected to living in overcrowded or unsuitable accommodation – a growing issue with rising levels of housing insecurity, with effects on mental health and behaviour[82].

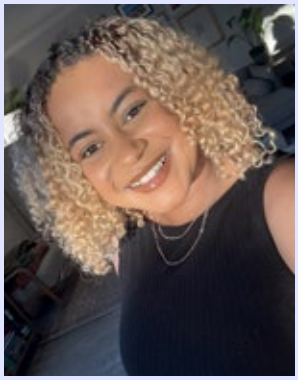
Support systems, which should act as a safety net, too often add to the strain. Research has found that the UK's benefits system is frequently falling short of its purpose[81]. Low benefit levels, caps on support, and an increase in sanctions have left many families without the help they need, leaving children to absorb the emotional weight.

As of April 2024, a record

4.5m children

in the UK are **growing up in relative poverty**[77]

Georgia's voice



"The transition between primary and secondary is difficult – for me it felt scary. Looking back, I think it was having to go between 8.30am till 3.30pm and study all day. My brain just wasn't cut out for that model of learning. I didn't feel like there was much care or consideration, I was just a number.

I started feeling anxious and depressed, but I didn't know what it was. I didn't want to go to school, so I pretended I was unwell saying 'I've got a tummy bug', or 'I've got a headache'. I was masking how I was feeling by saying I had physical symptoms, because I couldn't explain what was going on in my brain.

I was diagnosed with anxiety and depression at 14, and although I was on antidepressants and having counselling everything became dark. I would see my friends going to school without any issues and talking about people they're dating and parties they were going to, and I just wasn't interested. I'd just be in bed or at home, because anytime I left my house, my heart would just be racing. It was really scary, I couldn't pinpoint what was wrong, why I couldn't get out of bed, why I couldn't eat, why I couldn't go into school.

From Year 9 I was home schooled by the borough and the hospital teams. That was around the time I was overdosing on my medication. I just felt like I didn't want to be alive. I didn't want to be here and I couldn't explain why. I guess I felt so removed from life and wasn't achieving anything. I used to be really active as a child. I used to do swimming and Brownies. I used to dance three times a week. And one by one, I started giving up everything.

Then I started going to Chickenshed Theatre Company – I went once a week and I started to feel that people got me and they didn't care about my grade. We were all working together towards one goal, and it felt really nice to be in a supportive environment. I went to Chickenshed and did a B-tech in Performing Arts. It was the first time I felt that I could learn. I liked performing, I liked singing, I liked writing, I liked being creative and performing arts became my interest."

Young people's experiences of education

Schools and colleges should be a protective space for young people, a place where they feel supported, connected and able to thrive. But for too many, it's becoming a source of distress. Where the right support isn't in place, or when environments feel unsafe or punitive, school can contribute to poor mental health rather than help prevent it.

Since the Covid-19 pandemic, we've seen concerning trends in school attendance. Before the pandemic, the overall absence rate in England was 4.7%. This rose sharply to 7.6% in 2021–22, dropping slightly by 2022–23 to 7.4%[83].

Persistent absence (missing more than 10% of school days) has nearly doubled in England. More concerning is the rise of severe absence (missing more than half of school) which has more than doubled from 0.8% in 2018–19 (pre pandemic) to 2% in 2022–23[83].

In Wales, the average attendance for the academic year 2023–24 fell by 3.8 percentage points compared to 2018–19, while persistent absence surged by 15.7 percentage points over the same period[84] – and the evidence suggests that mental health plays a key role. In England, children aged 8–16 years with a probable mental health problem were 7 times more likely than those unlikely to have a mental health problem to have missed more than 15 days of school in the

Before the Covid-19 pandemic, the overall **school absence rate** in England was **4.7%**. This rose sharply to **7.6%** in 2021–22, and dropped slightly to **7.4%** by 2022–23[83]

Autumn 2022 term (11.2% compared with 1.5%)[85].

A Welsh Government commissioned report identified unmet mental health needs as a common reason parents gave for children missing school[86]. It's likely that poor school attendance and poor mental health are cyclical – they affect one another and without support both can escalate into serious problems.

Pupils consistently highlight the heavy toll exam pressures are having on their mental health, including 2015 changes to GCSE assessments[xxiii] which have contributed to an 'all-or-nothing' environment – which many pupils and staff describe as overwhelming[87].

A recent survey[88] found that in England, 63% of 15–18-year-olds said they struggled to cope in the lead up to and during GCSE and A-Level exams. Of those, 15% stopped going to school, 13% had suicidal thoughts, 13% self-harmed and 56% had trouble sleeping.

xxiii. Which involved a shift to a more linear, high-stakes system with most coursework and modular assessments removed

There are growing concerns about how governments and schools respond to mental health and behaviour. A recent inquiry found that blanket policies to address behaviour, like detentions, removal rooms and exclusions, can be deeply harmful – especially for young people with mental health or special educational needs, and other impairments[89]. For those already struggling, these approaches can create fear, shame, and further distress, pushing them even further away from accessing support.

To conclude, rising mental distress and ill health in the UK is caused by a mix of connected factors, and levels of distress are shaped by the balance between risks and protective factors to mental health. Evidence suggests that these risks have increased recently, particularly for younger people, and that many protections have fallen away. Financial insecurity is now one of the biggest pressures on people's mental health. Families across the UK are grappling with rising costs of living, while benefit levels have fallen in real terms, weakening the safety net that should be there to guard against poverty.

In 2023–24, average **school attendance in Wales fell by 3.8 percentage points** compared to 2018–19, while **persistent absence surged by 15.7 percentage points**[84]

Case study:
KORI – supporting youth mental health for over 20 years

Set up over 20 years ago to work with young people aged between 11 and 25, KORI has helped more than 15,000 predominantly black and minority ethnic youth facing adversity socially, emotionally, mentally or economically. They may be the looked after, neurodiverse, young carers, refugees or new migrants or simply struggling within education.

Referrals are received weekly from the NHS, early prevention services, schools, colleges, parents and young people. Roughly 95% of referrals are accepted. Many will be due to the poor mental health of parents impacting the young person or the young person having mental health challenges themselves. In May 2024–May 2025, we worked with 1,308 young people – 88 of them had Social Emotional Mental Health Needs (SEMH), needing close, weekly support.

Our recent data showed that 80% of participants highlighted they felt safer since joining KORI. Mental unwellness shows up in different ways. 19-year-old Jonathan struggling with depression, sharing that he felt like a failure. It took a year of weekly 1:1s with his youth worker and bi-weekly meetings with a career mentor to lower his anxiety and support him into an apprenticeship of his choice.

A Haringey Early Help Practitioner shared:

“KORI Youth Charity represents a lifeline for all the young people I have referred. Through the project they have increased their self-confidence, formed positive relationships with staff and peers and received support in reaching their desired outcomes.”

There is no one size fits all – after 23 years of experience and training, the KORI team have learnt that it takes observation, listening, care, consistency and time to support young people with mental health challenges. Young people are not their behaviour and there is always a core reason for mental unwellness.

As a young person reflected after 3 days at a KORI countryside residential:

“I learned a lot about myself through my experiences here and I have to say this is the most beautiful and important lesson I’m leaving with.”

Spotlight:
Impacts of poor mental health on everyday life

Outlined in chapters 1 and 2, life today is different than it was 6 years ago (the last time the Big Mental Health Survey was run) due to the impact of events like the Covid-19 pandemic and the cost-of-living crisis – both of which have had negative impacts on people's mental health[90,91]. This spotlight section explores the impact of mental health on different life aspects, according to our 2025 Big Mental Health Survey[xxiv] respondents.

Employment

We asked respondents whether their mental health had negatively impacted their employment in the last 12 months. Of those who said it had (82%), 60% reported taking time off, and 26% reducing their hours at work.

82% said their mental health has negatively impacted their employment in the last 12 months

Poor mental health isn't just impacting people's ability to work, but their lives while *at* work. Of those who said their mental health affected their employment, 2 in 5 (40%) reported difficulties building relationships at work, and 18% felt their mental health problems have hindered their chances of promotion.

40% reported difficulties building relationships at work due to their mental health

People falling out of the workplace or needing to reduce their hours is not only bad for an individual's overall financial security, but it also harms the overall state of our country's economy.

Finances

We know that poverty is both a cause and consequence[92] of mental health problems. Among those whose mental health impacted their finances (57%), 78% reported increased money worries, 33% said they took on debt, and 32% reported borrowing money from family or friends.

xxiv. Big Mental Health Survey methodology and sample characteristics can be found in chapter 3

57% said that their mental health has negatively impacted their finances in the past 12 months

29% reported that their mental health problems contributed to them skipping meals to make ends meet, and 10% needed to use a foodbank. So, while 43% said their mental health hadn't impacted their finances, there's still cause for concern.

Social relationships

Findings show that mental health problems are deeply impacting people's social relationships – with 87% of respondents reporting it had.

Of those, 74% reported increased feelings of isolation and 65% felt they weren't understood by their friends of family. 49% reported reduced familial contact, whilst 45% said their mental health problems led or contributed to more arguments with their loved ones, risking an increase in stress and exacerbation of existing mental health problems.

74% reported increased feelings of isolation due to their mental health

03

Experiences of support

Understanding people's experiences of accessing mental health support is crucial to ensuring that services support people to live well and thrive. We know that too many people in England and Wales are waiting too long for mental health support[93,94] or that some may not receive the support they need altogether[95] – this is unacceptable.

According to our 2025 Big Mental Health Survey respondents:

Over 1 in 3 reported a **deterioration in their mental health while waiting for an appointment** with their GP (36%) or a voluntary/ third sector (35%) organisation

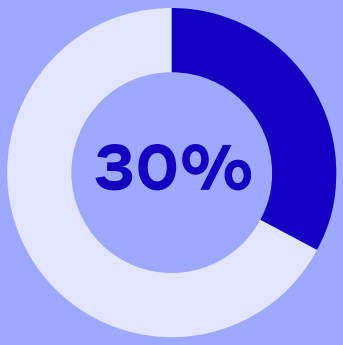
1 in 3

(33%) felt their mental health problems **weren't serious enough to seek support from their GP** – young people were more likely to feel this way (50%)

Over

1 in 3

(36%) reported using a **digital app/ online platform** in the past year to support their mental health – and **29% reported making some form of payment** to use these



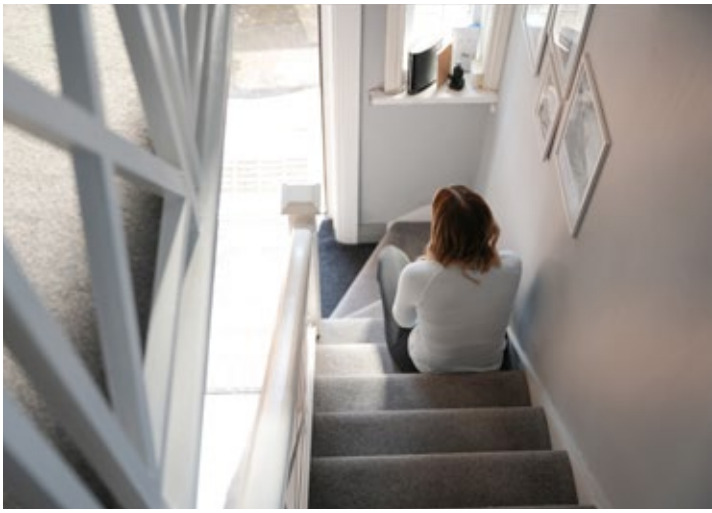
30% of those waiting for support (from both sectors) **reported having to access support elsewhere**, including emergency services, A&E and crisis lines

This chapter focuses on key findings[xxv] from Mind's 2025 Big Mental Health Survey (BMHS), giving an overall picture of people's experience of accessing mental health support from:

- their General Practice (GP)[xxvi]
- the voluntary/third sector
- digital apps/online platforms

Participants[xxvii] were recruited based on recent contact (the last 12 months) with these types of support, whether they had successfully accessed them or not.

Whilst we recognise that voluntary/third sector organisations play an integral part in primary care provision, for the purposes of this report we are referring to GPs when we talk about primary care. Furthermore, whilst this chapter explores people's experiences of engaging with different providers, we understand that this may sometimes be partly shaped by how services are designed and commissioned.



We examined whether people's needs are being met, and the impact of waiting for an appointment on people's mental health and other life areas. We also explored differences in BMHS findings between 2019 (the last time the BMHS was run prior to 2025) and 2025 to explore changes in experiences over the past 6 years. Please note, different participants have answered different surveys – so comparisons must be treated with caution.

xxv. As some questions were optional or not applicable to all respondents, individual base sizes for each question or group are provided in the appendices, available on the report page of Mind's website. Findings reflect the views of those who responded to each specific question

xxvi. When we say General Practice or GP in this chapter we are referring to GP or Practice Nurse, as BMHS questions asked participants about support received from either of these professionals

xxvii. Including targeted recruitment from people in Wales, people from racialised communities, young people, and people experiencing poverty

Who took part in our BMHS?[xxviii]

	2025	2019
Sample size	18,177	12,975
Gender	75% were women 21% were men	69% were women 28% were men
Age	17% were young people (aged 16–24) 83% were adults (aged 25+)	14% were young people (aged 16–24) 86% were adults (aged 25+)
Ethnicity	90% were white 10% were from racialised communities	89% were white 9% were from racialised communities
Experience of poverty	44% weren't experiencing poverty 56% were experiencing or at risk of experiencing poverty 72% of those in poverty, were experiencing persistent poverty	Not collected
Nation	91% were from England 9% were from Wales	79% were from England 18% were from Wales

xxviii. This survey focused on people aged 16+ in England and Wales who had accessed or tried to access mental health support in the past year. It wasn't designed to be representative of the general population, but to reflect the experiences of those engaging with services. While some groups appear underrepresented, the findings still offer valuable insights to inform improvements in equity and accessibility

Key findings

Waiting for an appointment to speak to a GP or a voluntary/third sector organisation about mental health needs is having a negative impact on people's lives and the wider healthcare system:

- Over 1 in 3 reported a deterioration in their mental health while waiting for an appointment with their GP (36%) or a voluntary/third sector (35%) organisation.
- Of those, over 3 in 4 reported feeling hopeless – 77% while waiting for a GP, and 76% while waiting for a voluntary/third sector appointment.
- Worryingly, 30% of those waiting for support (from both sectors) reported having to access support elsewhere, including emergency services, A&E and crisis lines.

While most respondents reported being fairly treated and receiving support that met their needs, our findings show that not everyone is having the same experience:

- Just over 1 in 3 (34%) reported having been treated unfairly when receiving support from their GP, and 1 in 5 (19%) when receiving voluntary/third sector support. Differences in perceived unfair treatment by demographic groups can be seen on page 60.
- 1 in 3 (33%) reported that the support received from their GP didn't meet their needs – up from just over 1 in 4 in 2019 (27%).

Despite needing mental health support, not everyone is seeking it:

- 1 in 3 (33%) felt their mental health problems weren't serious enough to seek support from their GP – young people (50%) were more likely to feel this way than adults (28%). Just under 1 in 3 (29%) felt their problem wasn't serious enough to seek support from the voluntary/third sector.

People are turning to technology to support their mental health and wellbeing, with some paying for such support:

- Over 1 in 3 (36%) reported using a digital app/online platform in the past year to support their mental health. The most common reasons for doing so were convenience and immediacy.
- Just under 1 in 4 (23%) said that using digital solutions helped bridge the gap between seeking and receiving more traditional mental health treatment.
- Just under 2 in 3 (65%) used free digital apps/online platforms, while 29% reported making some form of payment to use these – payments are more commonly made by adults (32%) than young people (19%).

Findings

Who's seeking mental health support?

A smaller percentage of respondents accessed mental health support through their GP in the last 12 months (66%) compared to in 2019 (71%). The percentage accessing the voluntary/third sector remains stable (35% in 2025, 36% in 2019).

A note on percentages: Throughout this chapter, percentages for each question may not add up to 100% due to rounding or respondents being able to select multiple answers. Percentages in some analyses relate to subgroups, rather than the whole sample.

Among respondents in England, those who accessed...

GP support include:

- 66% of adults and 62% of young people
- 68% of people from racialised communities and 66% of white communities
- 73% of people experiencing persistent poverty and 62% of those not experiencing poverty

Voluntary/third sector support include:

- 38% of young people and 34% of adults
- 39% of people from racialised communities and 35% from white communities
- 41% of people experiencing persistent poverty and 31% of those not experiencing poverty

Among respondents in Wales, those who accessed...

GP support include:

- 68% of adults and 59% of young people
- 69% of people from white communities and 56% from racialised communities
- 76% of people experiencing persistent poverty and 60% of those not experiencing poverty

Voluntary/third sector support include:

- 34% of adults and 26% of young people
- 33% of people from white communities and 31% from racialised communities
- 34% of people experiencing persistent poverty and 32% of those not experiencing poverty

While fewer respondents accessed mental health support from their GP in 2025, this doesn't mean that fewer people need help. Some individuals might be discouraged from seeking support due to concerns about stigma or long waiting times. Others may be turning to alternative sources of help.

Evidence shows that many people across the UK are reaching out for mental health support. For example, in 2023–24, there were 2.8 million referrals to adult community mental health services in the UK – 2.4 million were accepted (representing around 1.7 million people)[96].

External research spotlight

In England, demand for Children and Young People's Mental Health Services has grown:

- There were nearly 10,000 more active referrals[xxix] (where the professional refers the patient to another service/specialist) in the year 2023–24 than the previous year – bringing the total to 958,200[97]

An independent review[50] of NHS England found that:

- Monthly referrals have surged year-on-year, tripling from around 40,000 in 2016 to nearly 120,000 in 2024

Referrals for suspected or diagnosed neurodivergent conditions are also on the rise[46]. Too many young people are being left behind, and the data makes it clear that urgent, sustained action is needed to improve access, reduce waits and ensure every young person gets the right support at the right time. A growing number of people in Wales[xxx] are also seeking a diagnosis for ADHD or autism[98]. In Wales, demand for Children and Young People's services has also grown. For example:

- There were 78,056 requests for an assessment in the year 2024–25, with 12,752 requests relating to young people – an increase of nearly 3% from the previous year[99]

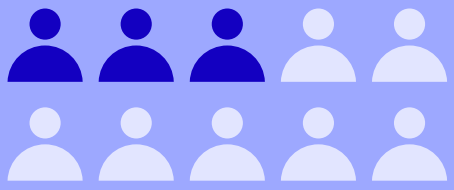
xxix. Includes referrals for neurodivergent conditions. There aren't dedicated services for neurodivergent people across all age groups, most are seen and supported within mainstream mental health services

xxx. People have a statutory right to ask for a mental health needs assessment under the Mental Health Measure

What support are people accessing?

Long term use of GP mental health support has risen among respondents, with 3 in 10 accessing GP support having done so for 10 or more years – an increase from around 2 in 10 in 2019. This could suggest several things. For example:

- that people are needing support for longer
- that people are satisfied with the support they're receiving from their GP and are returning for ongoing support
- that people are using GP as a consistent entry point for signposting to other services
- that people aren't accessing the right support for them – in other words, support that gets them to a place where they no longer need it



3 in 10 had mental health support from their GP/Practice Nurse for 10 years or more

External research spotlight

Within primary and secondary healthcare in England, referrals for specific support has increased in recent years. For example:

- adult referrals for eating disorders have risen sharply recently, up from 64 per 100,000 in 2020–21 to 83 per 100,000 people in 2023–24[96]

We're also seeing similar trends in referrals for neurodivergent conditions. In the same period:

- there were 43,000 referrals for autism – 90% of which were accepted[96]
- there were 105,000 adult referrals for ADHD – 92% of which were accepted[96]

At the end of April 2025 there were:

- 2,124,102 people in England in contact with mental health services
- 99,744 adults with a serious mental illness accessing community mental health services[100]

The majority of respondents (94%) most recently accessed primary care via the NHS and 4% through private medical care. Private medical care access was more common among:

- People from racialised communities (13%) than white communities (3%)
- Young people (6%) than adults (4%)

It's interesting that people from racialised communities and young people were among those more likely to use private medical care – communities we know are disproportionately impacted by mental health problems/the mental health system. The latest APMS findings confirm that in England, young people are more likely to have a common mental health problem than adults[15], and that persistent inequalities remain for people from racialised communities, who continue to be less likely to access public mental health services than white communities[101].

This emphasises the importance of initiatives like the Patient and Carer Race Equality Framework (PCREF)[102] – an anti-racism framework for all mental health trusts and mental health service providers in England – to help increase access to, and experiences of, mental health services for those from racialised communities. There isn't currently a similar initiative in Wales, although there is a commitment to explore the framework as part of the new mental health and wellbeing strategy[6].

A benefit to accessing GP support is the ability to discuss physical needs alongside mental health needs, with 43% of respondents doing just that during their most recent appointment. However, the percentage of those who *wanted* to discuss both but didn't has increased – from 26% in 2019 to 31% in 2025. Some GPs operate a 'one problem per consultation' policy for clinical safety due to short appointment lengths. While this approach helps manage risk and demand, it may limit opportunities for patients to explore interconnected health concerns.

We asked respondents about the outcomes of their most recent GP appointment. A review of/change to their medication was the most cited outcome (38%), followed by being advised to self-refer to talking therapies (22%). At a combined 60%, these findings suggest that those seeking mental health support have genuine mental health needs, as assessed by clinical professionals. These findings are also consistent

with equivalent data reported in the most recent APMS[101].

Many respondents felt they didn't receive enough information about the support offered to them. For example, less than 2 in 5 (39%) of those receiving new or different medication at their most recent appointment felt they were given enough information about this – down from 47% in 2019. However, 23% said they didn't want/need this information – an increase from 11% in 2019. It's possible that more people are using online searches or new technologies (for example, AI) for information now than they were in 2019.

Similarly, just 32% of those signposted to talking therapies and 38% to community-based support felt adequately informed. This suggests a gap in communication, particularly when patients are expected to self-refer.

A reason for this may be that GPs aren't always familiar with the specifics of external services, especially in the voluntary and community sector. Without clear guidance, some patients may struggle to navigate these options – adding to the burden for those already facing mental health problems. This highlights the need to build on existing links between primary care and the third sector, and for up-to-date service directories or referral pathways – the UK Government's new Diagnosis Connect initiative[xxxi] has the potential to help in this area[103].

People are accessing several types of mental health support through voluntary/third sector organisations[xxxii]. 49% accessed a therapeutic service such as talking therapies – up from 43% in 2019. However, the use of social wellbeing services (such as peer support groups) has decreased slightly since 2019 (down to 20% from 23%). This may reflect the impact of funding pressures on service availability[104].

The use of information/advice services has also declined since 2019 (down to 12% from 19%) which could be for several reasons. For example, some research suggests there's been an increase in the severity of mental health needs since the Covid-19 pandemic[105], which may mean people require more intensive support like talking therapies, and could be accessing these through the voluntary or other sectors. However, the evidence isn't conclusive on this, and further exploration is needed. We've also seen the growth of social media[106] as a source of information, including medical information, since the Covid-19 pandemic.

xxxi. This initiative aims to ensure patients are referred directly to trusted charities and support organisations as soon as they're diagnosed

xxxii. Please note in many cases, support through the voluntary sector will be funded by the NHS

How are people accessing mental health support?

Booking GP appointments over the phone remains the most common booking method (46%) – but is down from 55% in 2019. Online bookings rose to 27%, up from 18% in 2019, and likely related to the NHS app roll-out (in England) where people registered to a GP can book an appointment online.

27% of those booking general practice appointments did so **online** – 9 percentage points higher than in 2019

The increase in online booking systems could be beneficial to some groups, such as those unable to wait in early morning phone queues, but could pose issues for other groups, including those who are digitally excluded[107].

Findings show that current booking methods don't reflect preferences, with 45% saying they'd prefer to book a GP appointment online, but just 27% doing so. Digital solutions (for example, automation, AI) are becoming more common and can reduce organisational running costs[108]. At the time of writing this report, there'll be a mandatory requirement for GP practices in England to offer online bookings from October 2025 as part of wider GP reforms[109].

In terms of ease of access, 52% of respondents said they found it very/somewhat easy to access GP support – down from 57% in 2019. 70% found it very/somewhat easy to access voluntary/third sector support – in line with 2019.

How long are people waiting?

Waiting times to access appointments/support varied across sectors – see table 1 below[xxxiii].

Table 1: Time spent waiting for access to a GP or a voluntary/third sector organisation

	General Practice	Voluntary/ Third sector
Same-day	21%	34%
1–6 days	32%	25%
7–14 days	20%	15%
14+ days	13%	21%

A greater percentage of respondents saw voluntary/third sector organisations the same day they enquired (34%) than those seeking a GP appointment (21%).

Primary care often signposts people to voluntary organisations, and while both sectors offer very different services overall, this still suggests that the voluntary/third sector is providing more same-day access.

xxxiii. Percentages in the table don't add up to 100% as people could also select additional answer options: 1) it was a pre-arranged appointment, or 2) I don't know

However, 21% waited 14 days or more for a voluntary/third sector appointment, which is 8-percentage points higher than those who waited this long for a General Practice appointment (13%).

Regional differences also emerged. In Wales, 31% secured same day appointments with their GP compared to 20% in England. 59% were seen within a week compared to 52% in England.

External data insight

According to NHS Digital[110]:

- in England, 1.66 million people were waiting for community mental health care in the third quarter of 2024–25
- this includes those waiting for their first or second appointment[xxxiv]

Among these:

- around 10,000 adults and 35,000 children and young people had been waiting more than 2 years for their second contact with mental health services[110]

xxxiv. Please note, in this year's BMHR, waiting times figures come from the NHS Mental Health Dashboard (Q3 2024–2025) – figures may not be directly comparable to the 2024 Big Mental Health Report

Case study:
Mind in the Vale of Glamorgan – working in partnership with primary care to help people get the support they need

Mind in the Vale of Glamorgan works in partnership with local GPs to provide timely, accessible support for people experiencing mental health problems. This collaboration ensures patients receive effective, person-centred help when they need it most.

If someone seeks mental health support from their GP, they refer to Mind in the Vale, who follow-up within 10–21 days. No one waits longer than 28 days. And the fast-track pathway means anyone at high risk of losing their home or job will have contact within 24 hours.

GPs do an important job but are often very busy, with appointments usually limited to 10 minutes. This service means people can spend up to an hour talking through what's going on, knowing they'll see the same person each time. It's bespoke and centred around what's going on in the person's life. This means the individual is in charge – supported to talk about their aspirations and to prioritise the areas where they need help. Using holistic outcome measures, the service looks at the whole person.

Help with practical problems such as debt management, employment, careers, housing, relationships, and addictions is also available, as well as signposting or referring to other agencies and services.

The 6–8 sessions can be face to face, over the phone or online and with a presence in each GP surgery location – there's no need to travel.

This life changing support isn't just available through the GP surgeries. People can, and often do, ring the local Mind doorbell as well as self-refer through the website. No one's excluded.

“You must look at the whole person and ask, ‘What support do they need and what do they want to prioritise?’ We learn the most from the people who come to us – they show us what works and what doesn’t. Their experiences guide us, and that means we’re always listening, adapting, and evolving.”
Caroline Chapman, CEO Mind in the Vale of Glamorgan

What impact are waits having on mental health?

It's vital that people get timely access to support before their mental health deteriorates. Findings show that over 1 in 3 reported a deterioration in their mental health between making and having their GP (36%) or voluntary/third sector (35%) appointments. Further, over 3 in 4 waiting for GP (77%) or voluntary/third sector (76%) support reported feeling hopeless during this period.

The negative impacts of waiting for support don't stop with mental health, impacting people's physical health, relationships and social life – see table 2, above right.

Table 2: Impacts of waiting for mental health support on different life areas among our respondents

	General Practice	Voluntary/ Third sector
Physical health	69%	66%
Social life	68%	64%
Relationships (friends and family)	55%	51%

These figures are concerning, given that people's physical health and social life can impact people's mental health too – perpetuating the complex cyclical relationship between mental health and other areas of our lives.

Gavin's voice

"I've suffered with mental illness most of my life, and I currently have a diagnosis of Borderline Personality Disorder and Complex Post Traumatic Stress Disorder.

One of the most difficult aspects of managing my condition has been accessing psychiatric treatment due to long NHS waiting times. I often felt as though my life had been put on hold as I waited.

I first reached out for help in 2005 and only received the correct diagnosis, treatment and medication in 2022. During this time, I was placed on waiting list after waiting list, sometimes waiting more than a year for an initial assessment. And what I found even more frustrating than waiting is finding out after the assessment that I'd been waiting for the wrong therapy. I'd then have to go back to square one and start waiting all over again. I'd feel hopeless.

While you're waiting it's impossible to access any other professional help. This led me to self-medicate with alcohol or drugs and I ended up self-harming. I've been hospitalised many times while on waiting lists as I've not been able to cope for long periods without any help. On one occasion I was in a coma following an overdose and found myself in intensive care. It shouldn't be this way.

17 years since first reaching out for help I'm finally in a safer place, but the waiting times during this period have not only been frustrating but life-threatening and I consider myself lucky to have survived."

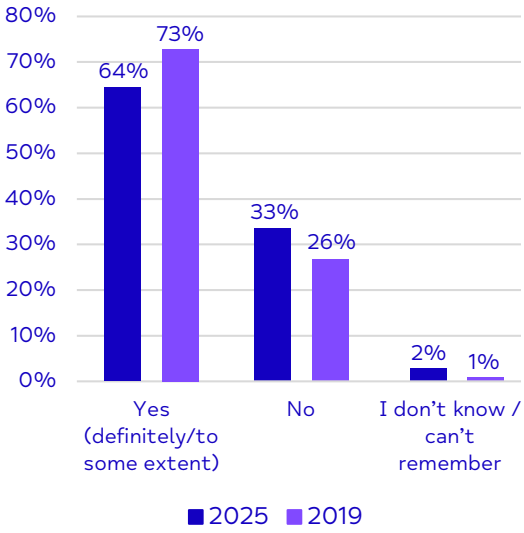
Worryingly, 30% of those waiting for support (from both sectors) reported having to access support elsewhere including emergency services, A&E and crisis lines. This could suggest that people close to or already in crisis are having to wait for mental health support, or that people's needs are escalating to crisis point while they're waiting.

Are people's support needs being met?

A higher percentage of respondents accessing voluntary/third sector support felt the support they received met their needs (77%), compared to those accessing support through their GP (64%, down 9 percentage points from 2019). This means that 33% of those accessing GP support reported that it didn't meet their needs – up from 26% in 2019. These findings could reflect the additional time that someone working in the voluntary sector is likely to spend with a service user, compared to the limited time typically available in a General Practice setting.

Trust in healthcare professionals remains strong however, with 78% expressing confidence and trust in their GP/Practice Nurse, and 84% in the voluntary/third sector professional they last interacted with.

Figure 1: Did the support you received in your last appointment with your GP/Practice Nurse meet your needs

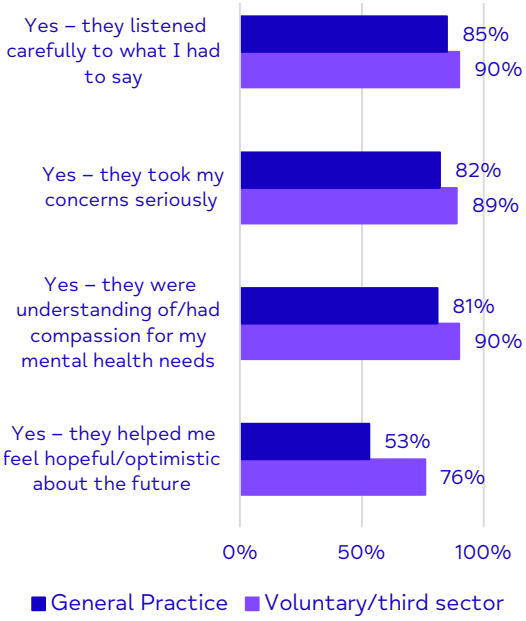


Base: 2025 (11,748); 2019 (7,632)

Respondents answered several statement-based questions about the support they'd received from their GP or voluntary/third sector organisation and largely, experiences of those accessing voluntary/third sector support were more positive.

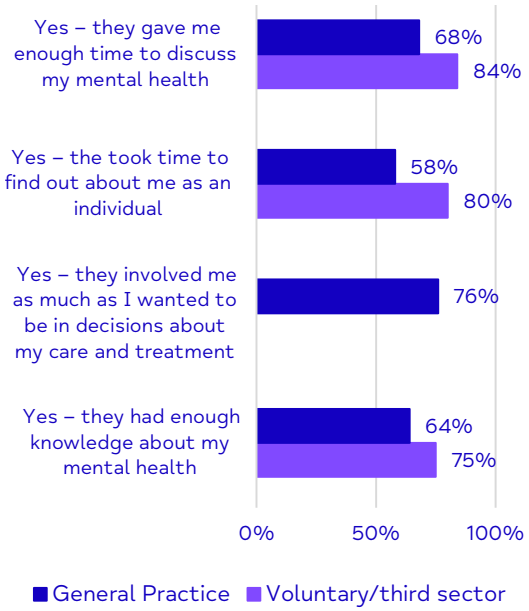
A higher proportion (89%) of those accessing the voluntary/third sector reported that the person they spoke to took their concerns seriously, compared to 82% of those accessing primary care. Most strikingly, just 53% reported that their GP/Practice Nurse helped them feel hopeful about the future, compared to 76% who felt their voluntary/third sector contact did.

Figure 2: Listening and empathy



Base: GP (11,842–11,902); Voluntary (5,992–6,034)

Figure 3: Support personalisation



Base: GP (11,885-11,895); Voluntary (6,032-6039)

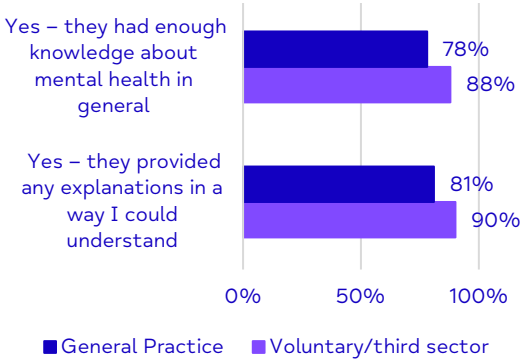
3 in 4 respondents accessing primary care felt they were involved in decisions about their treatment – 1 in 5 reported that they weren't. Everyone has the right to make an informed decision about their treatment – time to accommodate this needs to be built into appointments.

A greater proportion of those accessing voluntary/third sector services (75%) reported that the person they interacted with had enough knowledge about *their* mental health, compared to those accessing primary care (64%). This could be reflective of a difference in specialism and approach from voluntary/third sector organisations.

While 58% of respondents felt their GP/Practice Nurse took time to find out about them as an individual, 80% said this about the voluntary/third sector. The figure for GPs/Practice Nurses is down 6-percentage points from 2019, which could reflect the limited amount of time they have with patients due to increased demand.

A greater percentage of voluntary/third sector users (88%) felt the person they spoke to was knowledgeable about mental health and able to communicate effectively about it (90%) compared to GP users (78% and 81% respectively) – see figure 4, overleaf.

Figure 4: Knowledge and communication



Base: GP (11,884-11,912); Voluntary (6,031-6,034)

The voluntary/third sector appears to be supporting mental health needs in a more person-specific way than primary care. We know that GPs are under a lot of pressure, with demand outweighing resources. As such, how primary care and the voluntary/third sector can better collaborate to reduce pressures on GPs while improving access to quality support is critical.

Unfair treatment

Worryingly, 34% of respondents reported having previously been treated unfairly when receiving support from their GP (up from 26% in 2019), and 19% by a voluntary/third sector organisation (up from 9% in 2019). It's important to note that unfair treatment will have been interpreted by respondents in different ways and could include things outside the control of GP and voluntary sector organisations (for example, not being able to access a service immediately due to waiting lists). It's vital that organisations ensure people can provide feedback so that changes can be made where possible.

Perceived unfair treatment from a GP was more common among:

- young people (40%)
- women (35%)
- non-binary people (53%)
- people from racialised communities (38%)
- people experiencing persistent poverty (46%)

Perceived unfair treatment by a voluntary/third sector organisation was more common among:

- young people (25%)
- men (26%)
- non-binary people (24%)
- people from racialised communities (36%)
- people experiencing persistent poverty (25%)

Perceived unfair treatment can have devastating effects on help seeking behaviours. For example, 74% of those who felt they'd been treated unfairly by their GP said it made them less likely to seek support from them again. This highlights the importance that respectful care has in encouraging engagement with primary care services, particularly in settings where time constraints can make it challenging.

How can support experiences be improved?

Respondents who accessed GP support selected continuity of care[xxxv] (for example, seeing the same person) as the aspect they'd most like to see improved (58%). Written feedback highlighted the inconvenience and negative feelings associated with having to repeat their mental health story time and again to different health care professionals.

> **"Being able to get a face-to-face appointment with the same GP so you constantly don't have to start telling your story over and over again."**
>
> BMHS 2025 respondent

51% felt that longer appointments would improve the primary care experience. Written feedback highlighted how more time enables the discussion of interconnected problems in 1 appointment and reduces feelings of being rushed.

Additionally, 46% wanted shorter waiting times and 45% clearer communication with their GP. Through written feedback, respondents discussed the negative impact that waiting for an appointment has on their mental health. They also spoke about the early morning rush to get a GP appointment often to no avail, which negatively impacts their mental health – and people want a solution for this. The '8am scramble' is something that has recently been acknowledged as an area of focus as part of the UK Government's 10 Year Health Plan[1] – whether processes implemented to tackle this will be effective are yet to be seen and should be monitored.

> **"...we need shorter wait times! You don't know if someone suffering will still be alive to go to their next appointment which is over a month away."**
>
> **"My anxiety and depression is always worse in the mornings. Having to start ringing at 8:30am in a queue... often being told all appointments are full ring tomorrow makes my mental health worse."**
>
> BMHS 2025 respondents

Other feedback to improve GP support included more training for GPs/frontline staff on mental health (25%) specifically, increasing awareness of the different treatment options available and understanding individual needs in mental health support.

49% of those who accessed support from the voluntary/third sector said that better communication from voluntary sector staff (for example, better listening, compassion) would

xxxv. From a pre-populated list

improve their support experience. 90% felt that the person they interacted with had compassion for their mental health. This suggests that although compassion is present, there may be room to improve the quality of interactions. Even small improvements could significantly strengthen the overall experience.

25% felt that voluntary/third sector support could be improved by providing more tailored support and therapy options (such as alternatives to Cognitive Behavioural Therapy (CBT)) or support that's mindful of individual needs. With 49% of those accessing voluntary/third sector support accessing therapeutic services, providing more appropriate options for the individual is essential.

> **"Train people in how to support neurodivergent people. Alternatives to talking therapies as they don't work for all of us."**
> BMHS 2025 respondent

Due to an increase in the percentage of respondents receiving support that didn't meet their needs, feedback is invaluable to improve patient experiences and outcomes.

However, just 30% of those accessing GP support and 32% of those accessing voluntary/third sector support were able to provide feedback. A further 33% and 21% would have liked to have given feedback but weren't given the opportunity by their GP or voluntary/third sector organisation (respectively).

With recent plans to abolish important organisations such as Healthwatch England[111] (which advocates on the behalf of patients), the opportunity to feed back is now even more important.

Why aren't people accessing support?

A smaller percentage of respondents accessed mental health support from their GP in 2025 (66%) than 2019 (71%). This may be due to several factors impacting primary care capacity, including the Covid-19 backlog[112], reduced funding[113], and GP surgery closures[114].

There was a notable increase in 2025 in the percentage of respondents who didn't access support from their GP but *would have liked to* (21%, compared to 14% in 2019) – reasons for which are explored below.

Young people (28%), men (22%), non-binary people (26%) and those from racialised communities (23%) were most likely to say they hadn't spoken to their GP despite wanting to. This could be linked to perceived unfair treatment (see page 60), but could also be linked to ease of access. For example, young people in college might be unable to join the '8am scramble' for appointments over the phone.

29% didn't access support from the voluntary/third sector despite wanting to do so – down 2 percentage points from 2019.

Fundamentally, findings show that people who want support don't

always access it. In some cases, this may be due to previous interactions, with 37% saying they didn't speak to their GP about their mental health due to negative past experiences. This further illustrates the wider impacts of unsatisfactory interactions with primary care.

When it comes to the voluntary/third sector, uncertainty around the suitability of service(s) was the most cited reason (34%) for not accessing support. This stresses the importance of clarity when communicating the voluntary sector offer to the public, making sure GPs know what services are available to effectively signpost to these.

Concerningly, 1 in 3 (33%) felt their mental health problems weren't serious enough to seek support from their GP – young people (50%) were more likely to feel this way than adults (28%). Our 2021 Covid-19 research[115] found that 1 in 5 respondents didn't seek support during the pandemic for this reason,[xxxvi] and current findings suggest this thinking is becoming more common.

A lower percentage (29%) didn't access support from the voluntary/third sector as they didn't feel their mental health problem was serious enough. This could suggest people have a higher perceived bar for accessing care through GPs than the voluntary/third sector. In other words, people may feel they need to be in more acute distress before seeking help from in-demand NHS services.

A sense of hopelessness could be impacting people's help-seeking behaviour, as 32% felt that accessing mental health from their GP wouldn't help/do them any good.

Research[13] suggests that attitudes to mental illness are backsliding after years of improvement, and that stigma is found in the healthcare system – our survey findings support this. For example, when asked why they didn't speak to a GP about their mental health, 23% worried what health care professionals, 19% what their family/friends, and 10% what their employer/work colleagues would say/think. Perceived stigma was also cited as a reason why people didn't speak to a voluntary/third sector organisation about their mental health – but to a lesser extent. For example, 14% worried what voluntary staff, 12% what family/friends would, and 7% what their employer/work colleagues would say/think.

It's possible that recent negative media coverage and rhetoric around mental health (for example, commentary that we have an overdiagnosis of mental health problems) could be contributing to mental health stigma. Stigma can have serious consequences, such as deterring people from seeking the support they need. With the end of funding for successful anti-stigma campaigns like Time to Change England and Wales, it's more important than ever for the sector to act and address stigma before the impacts become more severe.

xxxvi. Over 12k people aged 16+ from England and Wales took part in our Covid-19 research

Spotlight:
Use of digital apps and online platforms

In the 2025 BMHS, we asked respondents about their use of digital apps or online platforms to support their mental health.

Who's using digital apps/online platforms?

- 1 in 3 (36%) reported using a digital app/online platform in the past year to support their mental health
- Usage is higher among young people (41%), women (37%), non-binary people (42%), and racialised communities (42%)
- 29% found out about digital apps/online platforms on social media, 24% via online searches, and 15% from their peers

36% of our respondents had used a digital app/online platform in the past year to support their mental health

What types of support are people accessing?

- Mindfulness/meditation apps are the most used mental health support digital tools (54%). Use is higher among adults (57%) compared to young people (42%) and racialised communities (58%), compared to white communities (53%)
- 15% used mood or symptom tacking apps – use was higher among young people (26%)
- 65% used free digital apps/online platforms, while 29% reported making some form of payment to use these. Payments are more commonly made by adults (32%) than young people (19%)

29% of respondents reported making some form of payment to use digital support

Why are people using digital app/online platforms for support?

- Convenience and immediacy were the most common reasons people gave for using these to support their mental health

23% said using digital solutions was a means to bridge the gap between seeking and receiving more traditional treatment for their mental health support

What impact are digital apps/online platforms having on mental health?

- Of those most likely to report that it's helped 'a lot' (19%), this includes adults (19%), men (25%), people from racialised communities (36%) and those not experiencing poverty (22%)
- Of those most likely to feel it hasn't helped (25%), this includes young people (32%), non-binary people (36%), people from white communities (26%) and those experiencing persistent poverty (31%)

04

Mental health stigma and discrimination

Stigma and discrimination are huge barriers for people living with a mental health problem and can have serious consequences in deterring individuals from seeking the support they need. In the 2024 Big Mental Health Report[13] we reported that attitudes to mental illness were deteriorating after years of improvement, which is supported by findings from the new Attitudes to Mental Illness (AMI) survey in England that is explored in this chapter (findings from page 73). This pattern is reflected in Wales, with recent findings showing declining public understanding and acceptance of mental health problems. Coupled with the closure of successful national anti-stigma campaigns like Time to Change and Time to Change Wales, this trend is a clear cause for concern.

Understanding of mental health is slipping.

In England, **3.5% scored lower on mental health knowledge** in 2024 than 2023, falling below 2009 baseline levels for the first time

Attitudes are becoming less accepting.

In England in 2023, **70.8%** agreed that **"Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services"** – this fell to **62.8%** in 2024

Workplace stigma

remains a challenge. In England, **only 25.4%** of respondents **believed someone with depression would be just as likely to be promoted after repeated absences**, compared to 60.1% for diabetes

Findings from the 2024 Wales AMI survey

echo many of the patterns seen in England, with **several areas showing steep declines**, bringing experiences more in line with those in England

AMI survey overview

The AMI survey is underpinned by the work of Professor Sir Graham Thornicroft, Professor Claire Henderson, and colleagues at the Institute of Psychiatry, Psychology and Neuroscience (IoPPN), and defines mental health stigma as having 3 components[116]:

- ignorance (lack of knowledge)
- discrimination (behaviour)
- prejudice (attitudes)

The survey was conducted annually from 2008–17, every 2 years from 2017–23, and most recently in 2024.

The survey tracks changes in:

- mental health knowledge from 2009 via the stigma related **Mental Health Knowledge Schedule (MAKS)**[117] – measuring how much people know about mental health, highlighting gaps in awareness and education
- behaviour towards people with mental ill health from 2009 via the **Reported and Intended Behaviour Scale (RIBS)**[118] – measuring how people behave (or plan to) towards people with mental health problems. For example, would they feel comfortable working with them?
- attitudes towards mental ill health from 2008 measured via the **Community Attitudes to Mental Illness (CAMI) scale**[119] – measuring underlying attitudes towards people with mental health problems, including views on community inclusion, helping to gauge stigma.

Each survey, c.1,700 respondents[xxxvii] are selected to take part[xxxviii], attaining a nationally representative sample of people aged 16+ in England. In 2021, the survey moved from being completed in-person to online. Time to Change England commissioned the survey from 2008–2021, and Mind in 2023.

2024 England AMI survey

Mind commissioned independent researchers (the Verian Group) to run the survey between September – December 2024. The IoPPN at Kings College London analysed the 2024 data[xxxix].

1,563 people took part in the 2024 AMI survey in England. Table 3 (page 69) shows the weighted[xl] percentage of respondents by demographic group – actual percentages can be seen in the technical appendices.

The survey provides the most up-to-date picture of mental health stigma in England, and analysis enables us to compare 2024 findings to those from earlier waves of the survey[xli], tracking changes in stigma over time[xlii].

xxxvii. Lowest sample size achieved= 1,471; highest sample size achieved= 1,785

xxxviii. Using a quota sampling framework

xxxix. For further details, a pre-print version of the KCL report can be found at https://www.medrxiv.org/. Please note that this version has not yet been subject to peer-review

xl. The data was adjusted using ONS data, so they better reflect the population of England by gender, age and ethnicity

xli. AMI England surveys waves: 2008–2017, 2019, 2021, 2023, 2024 (current survey)

xlii. Comparisons between post 2019 and

What was Time to Change England?

Time to Change (TtC) England was a successful national programme[120] co-delivered by Mind and Rethink Mental Illness between 2007–2021.

The programme aimed to reduce mental health-related stigma and discrimination in England, combining a behaviour change campaign with activities like advertising and local hubs.

The programme was rooted in creating opportunities for those of us with lived experience of mental health problems to share their experiences with others, encouraging contact and empathy to tackle prejudice.

time to change
let's end mental health discrimination

Table 3: Weighted % of England AMI survey respondents by demographic group

	Weighted percentages
Gender	**Women:** 51.2% **Men:** 48.8%
Age	**Young people:** 16–24: 12.7% **Adults:** 25–44: 32.7% 45–64: 31.8% 65+: 22.8%
Ethnicity	**White communities:** 83.8% **Racialised communities:** Asian: 8.3% Black: 3.2% Other: 4.6%
Socio-economic status[xliii]	**AB:** 37.9% **C1:** 18.7% **C2:** 14.6% **DE:** 28.7%
Familiarity with mental health problems	**Self:** 17.1% **Know another:** 67.9% **None:** 15%

earlier AMI waves are complicated by the effects of data collection moving from face-to-face to self-completion (online)

xliii. Social grade category classification as used by the census, with AB being higher professional occupations and DE being unemployed and lowest grade occupations. Please see more at: https://www.ons.gov.uk/census/aboutcensus/censusproducts/approximatedsocialgradedata

2024 Wales AMI survey

The Wales survey was commissioned by Time to Change Wales and conducted by Kantar, using the same methodology as the England AMI.

The survey was run in Wales in 2019, 2021 and 2024. The 2024 survey ran between April–May 2024 and was completed by 536 people aged 16+ living in Wales – data was analysed by Opinion Research Services[121].

What was Time to Change Wales?

- Time to Change Wales (TtCW) was a successful[122] national programme in Wales, co-delivered by Mind Cymru and Adferiad that ran between 2012–25.
- It aimed to end the stigma and discrimination faced by people with mental health problems in Wales through talking, workplace initiatives, social marketing, champions and more.
- Key TtCW campaigns and initiatives include the Room to Talk Podcast and 'If it's ok' campaign.

time to change Wales
let's end mental health discrimination

The England and Wales surveys use the same scales (CAMI, MAKS, RIBS) but findings are analysed differently.

In this chapter, we report overall trends (changes in CAMI, MAKS and RIBS scores over time) for England only, using percentages and statistical significance testing. Wales findings aren't reported this way due to differences in methodology which limit comparability. Wales findings highlighted in purple boxes in this chapter are based on identical survey items and have been analysed consistently across both nations — making them directly comparable.

Key findings:

England

In England, the latest AMI survey paints a concerning picture of public attitudes towards mental health. After years of progress, we're now seeing signs of reversal across key measures.

- **Understanding of mental health is slipping.** 3.5% scored lower on mental health knowledge in 2024 than 2023, falling below 2009 baseline levels for the first time.
- **Attitudes are becoming less accepting.** Agreement with the statement *"Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services"* fell from 70.8% in 2023 to 62.8% in 2024.
- **Willingness to engage is waning.** The proportion of people willing to work with someone with a mental

health problem dropped from 77.4% in 2023 to 74.4% in 2024. Overall scores are now lower than in 2009.

- **Workplace stigma remains a challenge**. Only 25.4% of respondents believed someone with depression would be just as likely to be promoted after repeated absences, compared to 60.1% for someone with diabetes.
- **Schizophrenia continues to be misunderstood.** Agreement with the statement *"People with schizophrenia are a danger to others"* rose from 26.7% in 2023 to 31.9% in 2024. Agreement with *"People with schizophrenia are unpredictable"* rose from 47.4% in 2023 to 52.9% in 2024.

Wales

The findings from Wales echo many of the patterns seen in England, with several areas showing a steep decline, bringing experiences more in line with those in England.

- **Public understanding is declining.** Agreement with *"Most people with mental health problems want to have paid employment"* fell from 72% in 2021 to 64% in 2024 – the decline was most pronounced among older age groups.
- **Fear-based stigma is growing.** Agreement with *"Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services"* dropped from 75% in 2021 to 65% in 2024. Agreement with *"People with mental illness are far less of a danger than most people suppose"* fell from 67% in 2021 to 55% in 2024.
- **Workplace discrimination is evident.** Only 13% of respondents believed someone with schizophrenia would be just as likely to be promoted after repeated absences, compared to 53% for someone with diabetes. 24% said a person's medical history should affect employment prospects for someone with schizophrenia.
- **Schizophrenia stigma remains.** In 2024, 34% of respondents believed people with schizophrenia are unpredictable, and 38% that they feel differently to others.

In this chapter, we use the term **statistically significant/ significant** which means that:

- the findings **aren't** likely due to chance
- the findings **are** likely to reflect actual change over time in the population

If a finding **isn't** statistically significant, this means that:

- the change was small and **may** be due to chance
- we **can't confidently say** there's a real effect or difference

In this chapter, we present statistics in relation to scores on the MAKS, RIBS and CAMI

On the MAKS
Higher total scores indicate a better understanding of mental illness

On the RIBS
Higher total scores indicate greater intended engagement with people with mental health problems

On the CAMI
Higher total scores indicate better attitudes towards mental illness

Findings

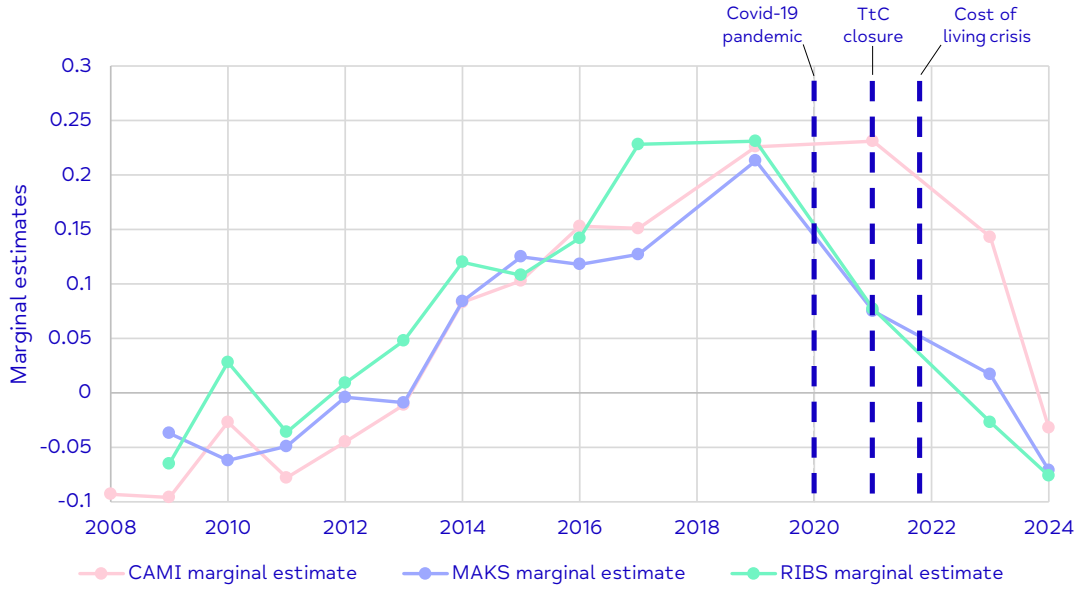
There's a continued, worrying trend in overall levels of public stigma

Positive and consistent changes in intended behaviour and mental health-related knowledge were observed between 2012/14–2019 (respectively) before decreasing in 2021. Positive changes were observed on in attitudes from 2012-21, before decreasing in 2023. See Figure 5 for marginal estimates (footnote in superscript) for all 3 scales. Positive changes were observed on attitudes from 2012–21, before decreasing in 2023.

While we can't say for certain that the TtC campaign was responsible for this improvement, findings suggest it likely helped[123].

There are statistically significant changes between 2023 and 2024 on measures of knowledge and attitude (discussed in depth later). The downward trend across all 3 measures from 2019/21 is worrying, returning towards 2008/09 AMI baseline levels.

Figure 5: CAMI MAKS & RIBS by year (weighted estimates)



Source: AMI 2024, analysis by Institute of Psychiatry, Psychology, and Neuroscience, KCL.

Mental health knowledge has decreased significantly since 2023, dipping below 2009 levels

In England, 2024 stigma related mental health knowledge scores were significantly lower than in 2023, with 3.5% fewer respondents having MAKs scores at the same level as 2023 – meaning people now know less about mental health. This also means that people know less than they did in 2009 (the AMI knowledge baseline), and much less than they did in 2019, the peak of knowledge as measured by the AMI.

Respondents were asked how much they agreed[xliv] with statements about people with mental health problems, to assess mental health related knowledge. Statements included:

"*People with severe mental health problems can fully recover*" and "*Most people with mental health problems want to have paid employment*".

Analysis of these questions from 2023 to 2024 provides context about the elements driving the decline in mental health knowledge. The biggest shift was in how many people agreed that "*People with severe mental health problems can fully recover*", followed by "*most people with mental health problems want to have paid employment.*"

"People with severe mental health problems can fully recover"

59.1% agreed with this statement **in 2023**

53.1% agreed with this statement **in 2024**

"Most people with mental health problems want to have paid employment"

69.8% agreed with this statement **in 2023**

65.6% agreed with this statement **in 2024**

These trends show us that a smaller proportion of people now agree that people with severe mental health problems can fully recover – suggesting that more people are less hopeful about recovery when it comes to severe mental illness. Trends also show that a smaller proportion of people now agree that people with a mental illness want to be in work. This could be linked to an increased media focus on benefits and unemployment which could be shaping public views. Sources

xliv. Answer options: Strongly agree, slightly agree, neither agree not disagree, slightly disagree, strongly disagree (don't know, prefer not to say)

suggest that people with mental health problems want to work[124] – but if public belief in that is falling, it can lead to unfair assumptions. This can go on to affect how people are treated, whether they're offered opportunities, and how much support they receive. This is a reminder that tackling stigma is about challenging assumptions as well as attitudes.

A similar but steeper decline was observed in Wales

There was an 8 percentage point drop in agreement with the statement about paid employment.

72% agreed with this statement **in 2021**

64% agreed with this statement **in 2024**

This decline was most pronounced among older age groups, suggesting that age-related stigma may be in influencing public perceptions of recovery and employment[xlv].

There is now no meaningful[xlvi] difference between 2009 (AMI baseline) and 2024 knowledge scores – meaning we're back where we started, which warrants attention.

xlv. Equivalent demographic data for England is not provided in the green box due to differences in methodology and reporting

xlvi. No statistically significant difference between 2009 and 2024 MAKS scores (the proportion of respondents reaching 2009-level MAKS scores in 2024 decreased by 1.4%, p=0.367)

It follows that if we know less about something, we're more likely to hold stigmatising views about it – knowledge informs our attitudes, and attitudes guide behaviour and there's cause for concern about the prospect of future worsening of mental health stigma.

Who knows more (or less) about mental health?

Knowing which groups in society have a stronger (higher scores) or weaker (lower scores) understanding of mental health knowledge enables organisations to focus any efforts to tackle stigma more effectively. When exploring whether average[xlvii] scores in 2024 differed significantly between demographic groups (for example, ages), we can see some marked differences.

xlvii. Mean raw scores

In England, 2024 knowledge scores were significantly...

- higher for women than men
- higher for those aged 25–44, or 45–64 compared to those aged 24 or under
- lower for those identifying as Asian compared to those identifying as white
- lower for those with lower socio-economic status (the C2 and DE groups) than those with the highest socioeconomic status (the AB group)

In Wales, 2024 knowledge scores were significantly...

- higher for women than men
- higher for those aged 25–34 compared to the overall mean score
- lower for those in socio-economic C2DE groups than those in the ABC1 groups[xlviii]

xlviii. In the Wales analysis, AB and C1 groups, and C2 and DE groups were grouped for analysis

Community attitudes towards people with mental health problems have decreased significantly since 2023

In England, community attitudes to mental illness have deteriorated significantly since 2023, with 7% of respondents scoring lower on the CAMI in 2024 compared to 2023[xlix]. By community attitudes, we mean shared beliefs, feelings, and behaviours about mental health problems and people experiencing them, including things like prejudice and the acceptance of community-based mental health support.

Respondents were asked how much they agreed[l] with statements about people with mental health problems, to assess attitudes towards them. Statements included:

"*Virtually anyone can become mentally ill*" and "*People with mental illness should not be given any responsibility.*"

Analysis of these questions from 2023 to 2024 provides context about the elements driving the decline in mental health attitudes.

xlix. The CAMI scale has 2 component factors: measuring attitudes relating to prejudice and exclusion, and attitudes towards inclusion, tolerance, and community

l. Answer options: Strongly agree, slightly agree, neither agree not disagree, slightly disagree, strongly disagree (don't know, prefer not to say)

"Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services"

70.8% agreed with this statement in 2023

62.8% agreed with this statement in 2024

The biggest change from 2023 to 2024 was the proportion of people who agreed that *"Residents have nothing to fear from people coming into their neighbourhoods to get mental health support*", dropping from 70.8% in 2023 to 62.8% in 2024.

A smaller proportion of people now believe their community has nothing to fear from people with mental health problems entering their community for support. This suggests that more people feel uneasy and *are* fearful of this, which could possibly be influenced by how the media reports incidents involving people with mental health problems, especially in situations where someone is experiencing a mental health crisis.

However, it's not just the media. Wider social and economic pressures may also play a role. For example, concerns about safety, stretched public services, or a lack of understanding about mental health recovery could all contribute to this growing fear or stigma. These views make it harder for people to access support in their communities and feel accepted.

While there was no statistically significant difference, 2024 attitude scores indicate a return towards 2008 (AMI baseline) attitude levels – meaning we're back to where we started.

In Wales, findings show a similar rise in fear-based stigma

There were significant drops in agreement with statements about safety and trust, for example:

"Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services"

75% agreed with this statement **in 2021**

65% agreed with this statement **in 2024**

"People with mental illness are far less of a danger than most people suppose"

67% agreed with this statement **in 2021**

55% agreed with this statement **in 2024**

"Most people who were once patients in mental hospitals can be trusted as babysitters"

39% agreed with this statement **in 2021**

27% agreed with this statement **in 2024**

How do attitudes towards mental health vary across different groups?

When exploring whether average scores[li] in 2024 differed significantly between demographic groups (for example, between people from different ethnic backgrounds), we see several differences. Higher scores indicate more accepting attitudes, and lower scores more negative, stigmatising attitudes.

In England, overall attitude scores in 2024 were significantly...

- higher for women than men
- lower for those aged 24 or under compared to all other age groups
- higher for those identifying as white compared to other ethnic groups
- lower for those identifying as Asian compared to other ethnic groups
- lower for those with lower socio-economic status (the C2 and DE groups) than those with the highest status (the AB group)

In Wales in 2024, attitude scores were significantly...

- higher for women than men
- higher for those aged 35–64 compared to both older and younger age groups
- higher for those in socio-economic groups ABC1, and lower for C2DE groups

What's driving changes in attitudes?

The CAMI scale has 2 subscales that measure attitudes relating to: 1) prejudice and exclusion, and 2) inclusion, tolerance, and community. Exploring subscale scores helps us unpick what may be driving the overall worsening of attitudes towards mental health problems in England.

Prejudice and exclusion scores have increased since 2023

Worryingly, this year saw prejudice and exclusion scores worsen significantly with 5.7% scoring lower in 2024 than in 2023, meaning that prejudice and exclusion towards mental health problems has increased. While there's been a significant improvement since 2008, with 6% scoring higher in 2024, recent changes (comparing 2023 to 2024 scores) indicate that improvements made may be starting to regress.

li. Average raw scores

Tolerance and support for community care has decreased since 2023

2024 saw a significant decrease (6.9% scored lower) in tolerance and support for community care scores since 2023, meaning people are less tolerant of mental health problems and less supportive of community-based support – a huge concern for people with a mental health problem.

There was a significant improvement in tolerance scores in 2023, with 3.9% of respondents scoring higher on this CAMI subscale in 2023 than in 2008 (the AMI attitudes baseline) – meaning that tolerance for people with mental health problems improved. However, in 2024, slightly fewer respondents (3%) agreed with ideas that support mental health in the community, compared to 2008. While this decline isn't statistically significant, it still suggests that attitudes may be slipping backwards towards earlier levels, which is a concern.

People's willingness to engage with people with mental health problems has decreased in recent years

In 2024, slightly fewer people (1.9% less) were willing[lii] to engage with people with mental health problems, compared to 2023. While not statistically significant, this decline continues a trend first seen in 2023, whereby the proportion of respondents willing to engage with people with mental health problems declined by 4.1% from 2021. This suggests that public comfort and openness may be gradually deteriorating, which is something to keep an eye on.

Respondents were asked how likely they'd be[liii] to live with, live nearby, work with and continue a relationship with someone with a mental health problem. Analysis of these questions from 2023 to 2024 provides context about the elements driving the decline in behaviours towards people with mental health problems.

"In the future, I would be willing to work with someone with a mental health problem"

77.4% agreed with this statement **in 2023**

74.4% agreed with this statement **in 2024**

lii. Willingness represents 'intended behaviour', 1 of the 2 RIBS subscales. Reported (or actual) behaviour is discussed later.

liii. Answer options: Strongly agree, slightly agree, neither agree not disagree, slightly disagree, strongly disagree (don't know, prefer not to say)

In Wales, findings show a similar decline in willingness to engage

The 2024 Wales AMI survey showed that agreement with the statement:

"In the future, I would be willing to work with someone with a mental health problem"

82% agreed with this statement **in 2021**

76% agreed with this statement **in 2024**

This mirrors the trend seen in England and suggests that public comfort and openness may be gradually declining across the UK.

Interestingly, the biggest drop was in people's intentions to work with someone who has a mental health problem, even though working together is less personal than living with someone or being in a relationship. While further research is needed to understand the reasons behind this, a possible explanation could be the level of familiarity people have with the person with mental health problems.

In terms of overall scores, 0.4% of respondents in 2024 scored lower than in 2009 – dipping below the AMI beaseline. While the change is small, it shouldn't be overlooked. If this downwards trend continues, it could impact the day-to-day lives of people with a mental health problem, increasing isolation for example.

Are certain groups more willing to engage with people with mental health problems?

Again, when exploring whether average scores in 2024 differed significantly between demographic groups (for example, between men and women), we see differences. Higher scores indicate more inclusive behaviour, and lower scores less inclusive, more stigmatising behaviour.

In England in 2024, willingness to engage scores were significantly...

- higher for those aged 24 or under compared to all other age groups – lower scores were most pronounced for those aged 65+
- higher for those identifying as white compared to all other ethnic groups
- lower for those identifying as Asian or selecting other compared to all other ethnic groups
- lower for those with the lowest socio-economic status (the DE group) than those with the highest socioeconomic status (the AB group)

In Wales in 2024 willingness to engage scores were significantly...

- lower for men compared to women
- higher for those in younger age groups (16–34) compared to the older age groups
- higher for those in socio-economic groups ABC1, and lower for C2DE groups

What do we know about people's actual behaviour?

The reported (actual) behaviour subscale of the RIBS measures people's past or present behaviour as opposed to their intended (future) behaviour. For example, whether they've ever, or currently have a friend with a mental health problem – providing useful context for interpreting other outcomes.

Analysis explored the likelihood of respondents reporting that they do at least one of the following:

- live with
- live nearby
- work with
- have a relationship with someone with a mental health problem

Since 2021, there's been a significant increase in the amount of reported contact with someone with a mental health problem – since 2009, people are now 3 times more likely to report this kind of contact. Alongside greater social contact, this may also be indictive of an increase in recognition of mental health problems (for example, a diagnosis).

Mental health stigma in the workplace

We know that people experience mental health stigma in several aspects of their lives, including at home and work[13]. 2024 England AMI survey findings confirm that this is still the case, and that people with a mental health problem are more likely to experience workplace stigma than people with a physical health condition.

In 2023 to 2024, AMI survey respondents were asked scenario-based questions[liv] to determine levels of workplace prejudice towards people with depression (common mental health problem), schizophrenia (severe mental health problem) and diabetes (physical health comparison).

liv. Items used in the 2015 British Social Attitudes Survey carried out by the National Centre for Social Research were repeated (https://bsa.natcen.ac.uk/latest-report/british-social-attitudes-33/mental-health.aspx).

Workplace stigma persists in Wales

Respondents were asked the same scenario-based questions in the 2024 Wales AMI survey for the first time (so no comparisons over time can be made). When respondents were asked whether someone would be:

"Just as likely to get promoted after repeated periods off work due to depression, schizophrenia and diabetes"

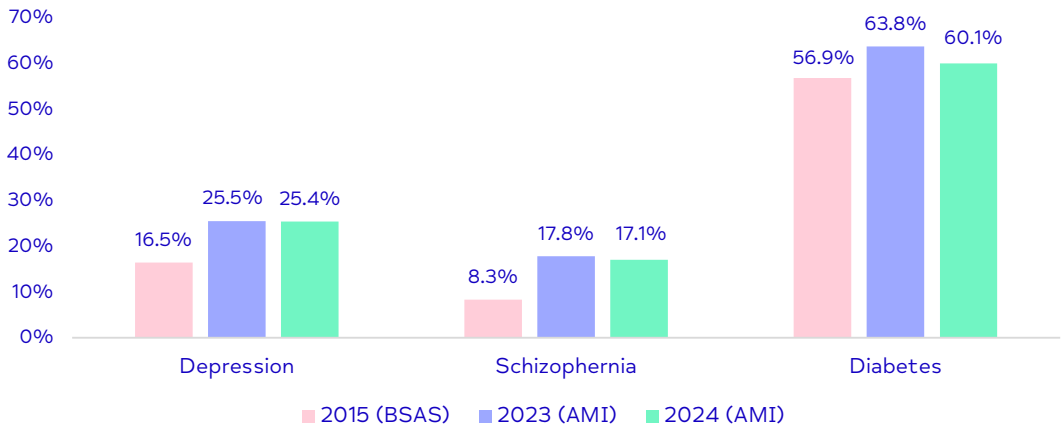
- **53%** said this for **diabetes**
- **17%** said this for **depression**
- and **13%** said this for **schizophrenia**

For example, how likely they felt a colleague was to get a promotion after repeated absences for each condition. AMI survey data was compared to 2015 data[lv] from the British Social Attitudes Survey (BSAS)[125] to compare expectations and attitudes towards workplace discrimination over time.

Since 2015, respondents have consistently viewed those with schizophrenia or depression as less likely to get a promotion than those with diabetes (see Figure 6 below) – suggesting that mental health problems are a bigger perceived barrier to workplace progression than physical health conditions.

lv. 2015 data come from the British Social Attitudes Survey (BSAS). Although there are differences in AMI and BSAS samples, we can compare responses over time to give an indicative picture of change over time in England.

Figure 6: % of respondents who said those with the listed conditions would be just as likely as anyone to be promoted



Source: AMI 2024, analysis by Institute of Psychiatry, Psychology, and Neuroscience, KCL.

Respondents were asked whether they believe a person's medical history *should* make a difference to their employment prospects or not.

In 2023, fewer people felt that someone's mental health problems should affect their chances of getting promoted, and this drop was significant compared to 2015. While it's difficult to compare across years, because of different time gaps, the 2024 findings suggest that views have mostly stayed the same with a small deterioration.

We often hear about high unemployment levels among people with mental health problems, but it's clear that we also need to focus on how we can better support people with mental health problems into and to thrive in work. The UK Government's Keep Britain Working Review is a vital opportunity to make improvements in this space[126].

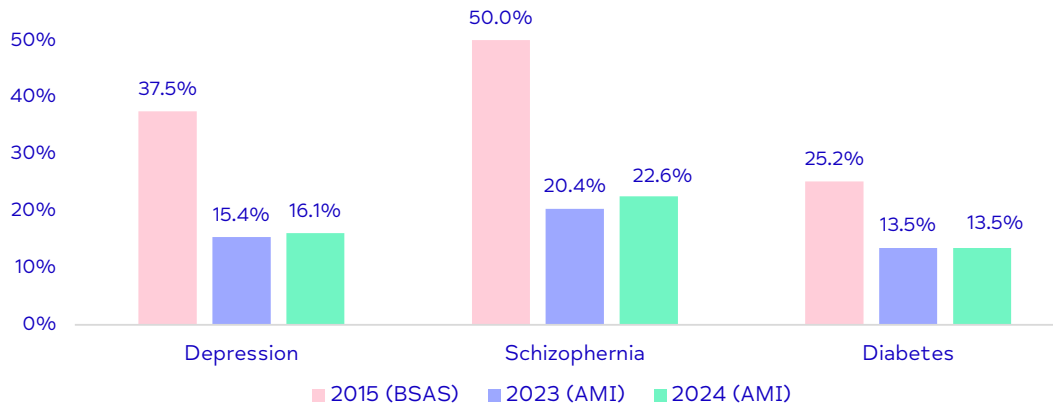
Health history is seen as a barrier to employment in Wales

When respondents were asked whether someone's medical history should affect their employment prospects, the proportion of respondents who agreed it should was:

- **15%** for **diabetes**.
- **18%** for **depression**,
- **24%** for **schizophrenia**

These findings echo wider UK trends, suggesting that despite progress, stigma linked to health history, especially mental health remains a barrier to fair employment opportunities.

Figure 7: % of respondents who said the medical history of those with the listed conditions should impact their promotion prospects



Source: AMI 2024, analysis by Institute of Psychiatry, Psychology, and Neuroscience, KCL.

Attitudes towards people with schizophrenia

Respondents were asked how much they agreed with statements about people with schizophrenia – higher statement scores (4 or 5 out of 5) were indicative of worse attitudes. Total scores[lvi] ranged from 6–30. Percentages of respondents scoring a 4 or 5 out of 5 can be seen in table 4.

While overall attitudes towards people with schizophrenia stayed the same this year from 2023, 2024 saw significant increases in the percentage of respondents who felt that people with schizophrenia are:

- a danger to others (5.2 percentage point increase)
- unpredictable (5.5 percentage point increase)

It's possible that recent incidents involving people with severe mental illness (such as schizophrenia), and the way this is reported by the media is impacting public attitudes towards mental health – in particular, viewing those with schizophrenia as a danger to others and unpredictable.

Table 4: Percentages of respondents scoring 4 or 5 out of 5 on the schizophrenia question

Do you think people with schizophrenia...	% of people who scored a 4 or 5 out of 5	
	2023	2024
... are a danger to others	26.7%	**31.9%**[lvii]
... are unpredictable	47.4%	**52.9%**
... are hard to talk to	26.0%	28.1%
... feel differently to others	57.7%	54.5%
... have themselves to blame	5.2%	4.9%
... cannot pull themselves together	65.9%	67.6%
Total mean score (out of 30)	18.1	18.2

lvi. Total scores were calculated by summing up responses from the 5 statements

lvii. Percentages in bold indicate a significant difference from 2023 to 2024

Stigma towards schizophrenia in Wales is slightly lower than England – but there's still room to improve

Findings from the 2024 Wales AMI survey show that stigmatising views of schizophrenia are evident in both nations. For example:

- **24%*** of respondents believe that people with schizophrenia are a **danger to others**
- **34%** think people with schizophrenia are **unpredictable**
- **15%** think people with schizophrenia are **hard to talk to**
- **38%** think people with schizophrenia **feel differently to others**
- **7%** think people with schizophrenia **have themselves to blame**
- **13%** think people with schizophrenia **can pull themselves together**

While the picture is less stigmatising in Wales, schizophrenia continues to be misunderstood and feared.

*Percentages relate to those that scored 1 or 2 out of 5, indicative of worse attitudes on the Wales survey (opposite scoring to the England survey)

Desire for social distance from people with depression and schizophrenia

In 2023 and 2024, AMI survey respondents were shown vignettes (short stories) about 2 hypothetical people, 1 depicting symptoms of schizophrenia, and 1 depicting symptoms of depression, without using diagnostic labels. 2015 BSAS respondents also asked the vignette questions and we can use this data to compare responses over time.

Depression vignette:
Stephen has been feeling really down for about 6 months and his family have noticed that he hasn't been himself. He doesn't enjoy things the way he normally would. He wakes up early in the morning with a flat heavy feeling that stays with him all day long. He has to force himself to get through the day, and even the smallest things seem hard to do. He finds it hard to concentrate on anything and has no energy. (Source: AMI 2024)

Schizophrenia vignette:
Andy was doing pretty well until 6 months ago. But then things started to change. He thought that people around him were criticising him and talking behind his back. Andy heard voices even though no one else was around. These voices told him what to do and what to think. Andy couldn't work anymore, stopped joining in with family activities and started to spend most of the day in his room.
(Source: AMI 2024)

Respondents rated how willing they'd be to engage with the hypothetical individuals in 6 different social situations for example, making friends with them – higher scores indicated a greater desire for social distance.

Scores related to the schizophrenia vignette showed no significant differences between 2023 and 2024. While 2024 saw slight, non-significant increases in the percentage of people who, for example said they'd be unwilling to spend time with someone with schizophrenia compared to in 2023, attitudes remain better than in 2015. It's too early to say whether things are starting to shift backwards – although we can say we've not made any further progress in 2024.

Table 5: Percentage of BSAS (2015) and AMI survey (2023 and 2024) respondents unwilling to engage with people with schizophrenia

How willing or unwilling would you be to...	**Schizophrenia vignette:** % of people who were fairly or very unwilling		
	2015	**2023**	**2024**
...move next door to them?	24.8%	20.2%	20.5%
... spend time with them?	21.9%	17.9%	18.5%
... make friends with them?	17.2%	15.1%	16.3%
... have them as a colleague/ workmate?	19.1%	14.0%	13.7%
... have them marry into the family?	41.8%	32.5%	33.1%
... have them provide childcare for someone in your family?	76.3%	65.4%	63.2%

In relation to depression, while no statistically significant differences were observed, 2024 showed small increases from 2023 in the percentage of respondents who'd be unwilling to:

- spend time with
- make friends with
- be a colleague/workmate with
- or have the person described in the depression vignetter provide childcare for someone in their family

Again, while changes in 2024 are small and not statistically significant, they may point to early signs that progress is stalling. It's too soon to draw firm conclusions and further data from the AMI survey will be important.

Table 6: Percentage of BSAS (2015) and AMI survey (2023 and 2024) respondents unwilling to engage with people with depression

How willing or unwilling would you be to...	Depression vignette: % of people who were fairly or very unwilling		
	2015	2023	2024
...move next door to them?	6.6%	5.5%	5.3%
... spend time with them?	11.6%	6.8%	8.3%
... make friends with them?	8.8%	6.8%	7.5%
... have them as a colleague/ workmate?	12.6%	7.2%	8.5%
... have them marry into the family?	32.1%	21.3%	20.6%
... have them provide childcare for someone in your family?	61.4%	41.6%	42.2%

It's possible that some of the current external narratives around mental health, such as arguments that we have an overdiagnosis of mental health problems or an unacceptable number of mental health-related benefit claims may be impacting public attitudes towards mental health, including those with depression.

Stigma shapes social distance in Wales

The 2024 Wales AMI survey shows that while many people say they're willing to engage with someone experiencing depression or schizophrenia, comfort levels vary depending on the mental health problem and the type of relationship.

People were generally more comfortable engaging with someone with depression in everyday or professional settings. But when it came to more personal or trust-based roles (for example, family or childcare), comfort levels dropped, particularly for schizophrenia.

The 2024 England AMI survey indicates that while some progress made during the Time to Change era remains, we're seeing some troubling reverses in public understanding about mental ill health.

And it's not just England. Findings from Wales show similar patterns, with stigma continuing to shape how people view and relate to those of us with mental health problems.

The Time to Change campaigns addressed the toxic impact of stigma on the everyday lives of people with mental health problems. We cannot sit back and watch it get worse again. Stigma negatively impacts people's lives and their future, and history shows that combating stigma takes significant and sustained effort.

There is also a clear leadership role for governments. By investing in and prioritising policy solutions that improve the lives of people living with a mental health problem, this sends a clear signal that these individuals should be treated with dignity and respect.

India's voice

"For me mental health stigma has impacted my everyday life, especially with my friends and family. Some of them see me as 'mad' and crazy' or 'too negative and depressing', which is really upsetting and has affected my mental health in a big way.

When I was at the height of my mental ill health I behaved in ways that society may not view as "normal". I was running away, fighting, self-harming, and arguing with everybody, but instead of being treated with understanding and compassion many people washed their hands of me. Due to their racial beliefs most of my family see me as an embarrassment, over dramatic, crazy, and mad and they don't want to be associated with me.

Sadly, all these years later I'm still seen and spoken about in a negative light in my hometown. It was the reason I held back on launching my own business. For years I had a business idea that I didn't pursue because of people's attitudes towards me. They didn't allow me to move on or talk about mental health to help them understand it all.

I finally plucked up the courage to start my business when I moved to another city. There, people's attitudes are more open minded, understanding, and compassionate towards mental health and it's made a big difference to the way I live my life."

Case study:
Ray's Corner: a suicide prevention initiative in memory of Ray

Established with a donation from Ray's family who were bereaved when he took his own life aged 55, Ray's Corner is a suicide prevention initiative. Despite having a loving family and friends around him, Ray didn't feel able to ask for help because of the stigma surrounding mental health.

Ray's Corners are set up in workplaces and community settings across Sunderland and neighbouring localities. They aim to break down the barriers that can prevent people from reaching out for help when they need it. Each corner acts as an information hub, with resources and signposting information. The corners provide an accessible way for people to find help, and due to its flexibility during set up, it's both discreet but also on display in very public settings which challenges the stigma associated with mental health.

As the resource can be tailored to each community setting or workplace, they've successfully set up Ray's Corners to reach members of the community who wouldn't usually reach out for mental health support. This has included setting up corners in a range of community venues and businesses but also targeting venues such as taxi offices, pubs, hairdressers and warehouse staff rooms.

There is a QR code on each information board, and on stickers which can be used. The stickers have been particularly successful when used on the backs of toilet doors as they provide a discrete way for people to access mental health information while also helping to raise awareness about mental health. The QR code is connected to Ray's Corner's linktree providing access to crisis information, self-help information and links to local mental health and wellbeing services.

Along with supportive and signposting information, the display also highlights their 'A LIFE Worth Living Suicide Prevention training' which provides information for those who want to start conversations and save lives.

Over 500 Ray's Corners have now been set up across our community, with over 1,000 QR code stickers set up alongside them. Because of this we've had over 3,000 hits to the linktree associated with the QR code both on the information boards and on the stickers.

Recommendations

This report is designed to provide a full picture of the current state of mental health. What's clear is that living with a mental health problem cuts across multiple areas of someone's life – from healthcare and education, to benefits and employment. As such, this will require a multi-faceted approach from the UK and Welsh Governments to truly address the challenges within mental health. Change is possible, and we believe the recommendations set out in this report will help us create a mentally healthy society and ensure no mind is left behind.

1 Improve timely access to quality mental health support

It's crucial that people get the right mental health support when they need it, so they don't become more unwell – this requires more investment in and reform of mental health services.

We urge the UK Government to:

- **Invest in the expansion and reform of mental health services**, building on community health transformation[lviii], enabling people to access support close to home.
- **Introduce a national plan,[lix] equivalent to the Elective Reform Plan for physical health**, to cut down long waits for mental health support, with clear steps and timelines for improving access to services.
- **Invest in services that address current gaps in NHS funded provision**, including services for people with learning disabilities, long-term physical conditions, autistic people, older people, people with drug or alcohol problems, and homeless people.
- **Fully fund workforce plans**, ensuring mental health hospitals and other services have adequate, well-supported and trained staff to provide compassionate, person-centered care.
- **Increase NHS mental health spending over the 10 Year Health Plan**, including fair shares of capital and digital spending, closing the treatment gap with physical health and improving patient outcomes.

We urge the next Welsh Government to:

- **Include mental health as a delivery priority in the new Programme for Government**, including appointing a Minister for Mental Health and developing mental health impact assessments for all policies.
- **Mandate the collection and publication of health service output and outcome data**, particularly in relation to protected characteristics, to inform decision making, identify areas of concern and make best use of available resources.
- **Create open access support services engaging less heard voices in the design**, including meeting the needs of racialised communities, and individuals experiencing poverty.

lviii. For example, building on the development of neighbourhood health models
lix. Akin to the Elective Reform Plan for physical health waits

- **Improve inpatient care experiences through investing in infrastructure such as buildings**, ensuring inspection report recommendations are delivered and a reduction in the use of restrictive practices through statutory guidance and training.
- **Reduce waiting times for access to secondary care during the next Senedd term** through targeted investment, workforce planning and early support.

2 Support young people with their mental health

More young people are experiencing mental health problems but can't get support when they need it. Action is needed to support young people with their mental health and stop more individuals reaching crisis point.

We urge the UK Government to:

- **Ensure Young Futures Hubs are non-stigmatising, youth led spaces that prioritise the provision of mental health support as the core service offer.** This should be accompanied by providing a long-term funding settlement to enable the full roll-out and delivery of the service.
- **Ensure there's a better understanding of the relationship between smart phone and social media usage on young people's mental health**, rooted in the experiences of young people, building on current research being conducted.

We urge the next Welsh Government to:

- **Develop a specific delivery plan**, improving service access, experiences and outcomes for young people's mental health.
- **Increase investment in young people's early support services**, ensuring new support models meet young people's needs.
- **Use the new curriculum and whole-school approach to mental health to give all young people non-medicalised information** and to help reduce stigma.

3 Tackle mental health stigma and discrimination

Mental health stigma and discrimination persists. We need targeted interventions to address these challenges, including improving data around mental health and investing in programmes to tackle stigma.

We urge the UK and next Welsh Governments to:

- **Strengthen data collection and quality on social determinants of health and mental health outcomes** to better identify and address health disparities.
- **Commit to reducing the life expectancy gap** for people with severe mental illness, including a specific, measurable target for improving life expectancy.

We urge the next Welsh Government to:

- **Invest in anti-stigma programmes**, supporting communities to promote positive mental health and reduce stigma, building on the work of Time to Change Wales.

4 Deal with the social factors affecting mental health

Several factors can cause someone to experience poor mental health or make an existing mental health problem worse, including poverty, insecure work and poor-quality housing. A genuine effort to tackle such factors is vital in improving the mental health of our nation.

We urge the UK Government to:

- **Ensure the respectful treatment of everyone with a mental health problem who interacts with the benefits system, and that people can access the support they need to cover their essential costs.** This includes using the Timms Review[128] of the Personal Independence Payment assessment as an opportunity to better enable disabled people to live independently and participate fully in society.
- **Ensure the Mayfield Review[126] is used as an opportunity to meaningfully improve the recruitment and retention of people with a mental health problem in the workplace**, putting in place the funding, incentives and regulation needed to better equip employers to create mentally healthy workplaces where everyone can thrive.

- **Maintain a commitment to the Patient and Carer Race Equality Framework**, ensuring Mental Health Trusts implement it and consistently monitor progress to help truly reduce racial inequity across mental health services.

We urge the next Welsh Government to:

- **Develop a Patient and Carer Race Equality Framework for Wales**, contributing to an anti-racist mental health system that meets the needs of racialised communities.
- **Commit to meaningful, cross-government actions and measurements that address the socio-economic determinants of poor mental health**, in particular the link between poverty and poor mental health.
- **Deliver improved care and treatment planning** through training, measuring patient involvement and ensuring all aspects of a person's life is considered in completing plans.

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