mind

The Big Mental Health Report

2024

What's inside

Foreword

We're currently in the middle of a mental health crisis. The scale and severity of mental health need is spiralling, but too many of us aren't getting the help we need.

A lack of funding and resources, financial insecurity, racism, discrimination, stigma – they're all playing a part in the problems many of us are facing. The system is at breaking point and without urgent action things will get worse. This would be a catastrophe for people and their communities.

Living with a mental health problem often cuts across multiple areas of somebody's life. – from healthcare and education, to benefits and employment, relationships and identity. It's not just the NHS that protects and supports us – the causes and protective factors for our mental health lie all around us, in the communities we live in and the lives we lead. We're clear that things must change, but crucially, can change. But to address the mental health crisis, we need to really understand it first. That means having a clear, consistent source of information that lays out what's happening and where improvements are needed.

The Big Mental Health Report is designed to do just that. For the first time, we will have an annual overview of the state of mental health in England and Wales from the latest available evidence. It brings together publicly available data about mental health, stigma and discrimination alongside the voices of people with first-hand experience of living with a mental health problem. Our annual almanac will offer a reliable source of information so that we all know exactly what we are talking about.

As well as highlighting the progress that's been made, this report focusses on areas where we need to go further to create a mentally healthy society. These are not new ideas – we have had the same answers to the causes of mental illness and the solutions to this crisis, for many years. But we will only start to see a real difference if Governments lean into these ideas and invest in mental health with a vision that truly deals

with the long-standing challenges. This is vital in ensuring people don't experience poor mental health because of social neglect, or fail to get the help they need, when they need it.

Mind has for years led the way with many positive changes we have seen in mental health. People can talk about their mental health in ways they couldn't when I started my career. However, in recent years we have seen a decline in attitudes, the progress we have made still vulnerable to social and political tensions and pressures. We are especially concerned for those of us with serious mental illness, which is

why we have decided to go big on our anti-stigma work. Our hope for this report is that it contributes to a rebalancing of focus so that those who need our support the most, are able to get it.

The time is now. This report will give you the information you need to be part of the social movement for better mental health. Use the information here to understand what is and isn't working and to push for better. The declining mental health of the nation should not be inevitable – we have the collective power to change it.

Thank you for your support.

Dr Sarah Hughes, CEO

Acknowledgements

Thanks to The Exilarch's Foundation

We're privileged to launch 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 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.

Thanks to everyone who advised this project

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 helped shape this piece of work – and will continue to do so over the coming years.

The advisory group members for our 2024 report are:

- Sir Simon Wessley, Professor of Psychiatry at the Institute of Psychiatry Psychology & Neuroscience, King's College London

- Professor 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

- Jacqui Dyer MBE, independent health and social care consultant
- Phil Chick, Mind Cymru Pwyllgor Member, appointed as the first National Director of Mental Health for Wales
- Claire Henderson, Clinical Professor of Public Mental Health at Kings College London
- Professor Ian Jones, Director at National Centre for Mental Health Cardiff University

Thanks to Centre for Mental Health

Centre for Mental Health has advised on 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, stigma and discrimination. Special thanks to Andy Bell, Kadra Abdinasir and Katie Yau for their work to help give us a full picture of the state of mental health right now.

Thanks to those who shared their experiences

As part of the research for this report, we heard from 49 people with severe and enduring mental illness. They told us about support they've received, their experiences of stigma and discrimination and their thoughts on what future mental health support should look like.

This research was conducted by YouGov on behalf of Mind. Shining a light on the voices of people with first-hand experiences is key. It's going to help us make sure no mind is left behind as we work to improve the mental health system. Their experiences are shared throughout the report.

Introduction

Welcome to the Big Mental Health Report

Welcome to the first ever Big Mental Health Report produced by Mind, supported by Centre for Mental Health. Over the next 8 years we'll be reporting annually on the state of mental health across England and Wales, mental health services and mental health support. This will give us the most comprehensive picture we have about mental health. It's going to be a crucial guide that anyone can use.

This report brings together the latest evidence on how the nation's mental health is doing as well as how mental health services are in England and Wales. It reviews published evidence from research, official data, policy developments, and other relevant sources in both nations (where necessary, using UK-wide evidence).

The report also leans on insights collected through qualitative research done by YouGov on behalf of Mind. That research looked at:

• Experiences of people with severe and enduring mental illness receiving mental health support

• Their experiences of receiving support from professionals like GPs and voluntary sector organisations

• Their experiences of stigma and discrimination, and what they thought future mental health support could look like

YouGov ran an online community* for 5 days from May–June 2024. People could share private text responses to questions on the topics listed. Participants (*n*=49) were recruited from YouGov's panel, a tried and tested way to engage people for a range of sensitive research. They were all adults aged 18+ with a severe

* This refers to a qualitative research method that uses online platforms to gather data from groups of people through discussions, surveys and other activities.

and enduring mental illness (like bipolar, psychosis, schizophrenia) who'd used or tried to use mental health services – participants did not need to have a formal diagnosis to take part. Insights and direct quotes from this research are used throughout this report to support the evidence from the literature review.

Please note: The literature review for this report finished in July 2024 and only includes data/insights published up to that point. New evidence released since isn't included (unless otherwise stated).

A note on language

In this report we've used different terminology to describe mental health problems. We've kept wording used in the original research we're drawing on to write this report. 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.

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.[1] 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 on 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.[2]

Please note: All statistics relate to England and Wales unless stated otherwise within the report.

Themes in the 2024 report

We've split this report into 5 chapters. It covers a range of key themes to build a full picture of the state of the nation's mental health. Inside each chapter we explore everything from risk and protective factors, to prevalence, support and care.

This year, the themes we have covered in the report are:

Chapter 1:

The current status of mental health

Here we focus on the facts about mental health right now. Inside, we've brought together information from a variety of sources to give a clear idea about mental health in England and Wales.

Chapter 2:

Money and work

Here we look at the relationship that money and work have with mental health.

Chapter 3:

Access to and experiences of mental health support

Here we look at how people are accessing and experiencing mental health support in England and Wales.

Chapter 4:

Education and mental health

Here we bring together information about mental health and education.

Chapter 5:

Stigma and discrimination

Here we focus on how stigma and discrimination affect mental health.

This year's report also includes a spotlight topic on the lives and experiences of people living with severe mental illness in England and Wales.

Recommendations – a summary

We need Governments to act now to deal with the root causes of poor mental health and make sure people with a mental health problem get the right support when they need it.

That means we need a cross-government mental health plan in England. In Wales we need to see the new mental health and wellbeing strategy consider how people can get support as well as how we can prevent poor mental health. At the same time, we need collaboration with voluntary, community and social enterprises.

Alongside these overarching recommendations, here are our top 4 recommendations based on what this report has found – you can read them in full from page 66.

1

Making sure people with a mental health problem get quality care on time

To make this happen, the UK Government should reform the Mental Health Act and create a mental health investment standard for England too. The Welsh Government should commit to publishing data about mental health, like waiting times.

Both Governments need to expand and reform mental health services. That means more investment in the NHS where there are currently gaps and fully funding workforce plans.

2

Supporting young people with their mental health

We know more young people are experiencing mental health problems. The UK Government should expand mental health support to schools in England and commit to delivering early support hubs too.

Additionally, the Welsh Government needs to set out a clear strategy for young people's mental health.

3

Tackling mental health stigma and discrimination

Stigma and discrimination surrounding mental health is still here, and we need to do more to tackle both. That's why we want to see both Governments collect better data about social factors affecting mental and physical health. We also urge them to commit to closing the life expectancy gap for people with severe mental illness.

The UK Government must fully implement the Patient and Carer Race Equality Framework (PCREF) in England too. We also want the Welsh Government to develop a PCREF for NHS Wales and continue to fund Time To Change Wales beyond 2025.

4

Dealing with the social factors affecting mental health

There's a lot we can do to help address the social factors affecting mental health. The UK Government must ensure our benefits system and statutory sick pay provide people with a mental health problem with adequate financial support when they need it.

We also need to see more action to create workplaces that support people with their mental health, as well as a mental health policy test in England. Doing so would make sure policies and decisions are made with mental health in mind.

This report brings together the latest evidence on how the nation's mental health is doing, as well as how mental health services are right now in England and Wales.

01
The current status of mental health

Summary

Having the facts on mental health in England and Wales is critically important. Here, we've brought together evidence from a variety of places to give an overall picture of what's happening with mental health in both nations.

1 in 4 of us in England will experience a mental health problem at some point each year.[3] Despite this, improvements to mental health in some areas have stagnated, and in some places gone backwards. And that's not felt evenly either – we know that people living with a severe mental illness experience particularly poor outcomes.

The data also suggests adults are feeling lonelier, and both adults and young people say their wellbeing is getting worse. All of this isn't cheap – this crisis in poor mental health is calculated at £300 billion a year in England alone, double the NHS annual budget.[4] It's clear that we need change, the information in this chapter proves it.

1 in 4 in England will experience a mental health problem at some point each year.

1 in 5

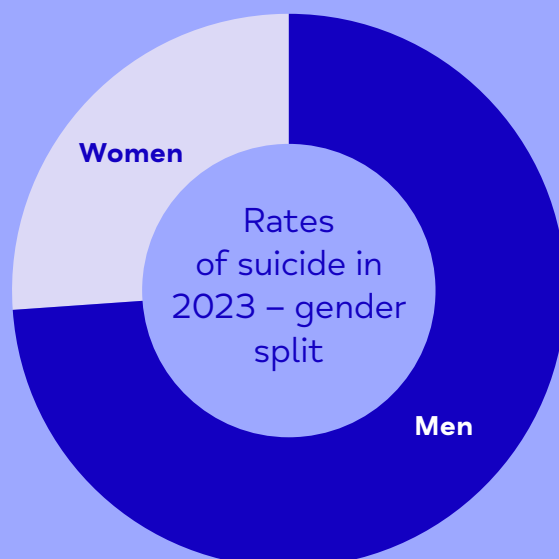**children and young people** in England have a mental health problem.

19%   **12%**
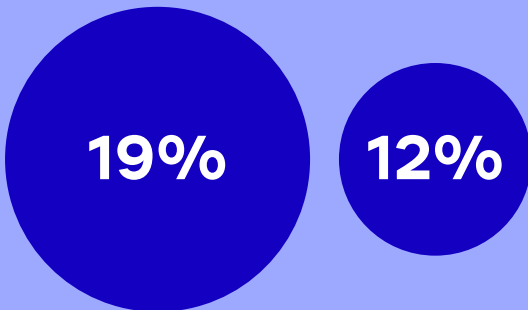
Women (19%) in England were more likely to report having experienced **symptoms of depression or anxiety** compared to men (12%).

7.8%

7.8% of adults in the UK felt lonely 'always or often' in 2024.

75%

In 2023, **6,069 deaths** registered in England and Wales were caused by suicide, with the rates of suicide being higher for men, at around 75%.

Women

Rates of suicide in 2023 – gender split

Men

Findings

Mental health problems among adults

Overall, it's estimated about 1 in 4 of us in England will experience a mental health problem at some point each year.[5] The prevalence over a lifetime is of course far higher than that.

Using the latest Adult Psychiatric Morbidity Survey (APMS) data from 2014, it's been reported that 17% of respondents in England were living with a common mental health problem like anxiety or depression at the time of completing the survey.[6]

Women (19%) in England were more likely to say they've experienced symptoms of depression or anxiety compared to men (12%).[7]

Loneliness

In 2024 the Office for National Statistics (ONS) found 7.8% of adults in the UK felt lonely 'always or often'.[8] This was a slight rise from 7% in 2023. This is a relatively new item in the official dashboard of wellbeing measures for the UK, meaning data from previous years isn't available for comparison.

Suicide

The latest figures from 2023 showed 6,069 deaths registered in England and Wales were caused by suicide.[9]

Rates of suicide were higher for men, with almost three-quarters (75%) of registered suicides in 2023 being men.[10]

Criminal justice system

An estimated 90% of all prisoners in England and Wales have at least 1 mental health or related difficulty. Most have more than 1 alongside other complex health and social needs.[11] About 1 in 7 prisoners (14%) are on the caseload of a prison mental health team in England.[12]

Older people

Looking at mental health need in later life, a UK survey found that 75% of people aged 65+ have experienced significant anxiety or low mood at least once since turning 65. Around 10% feel this frequently or all the time.[13]

Mental health problems among young people

1 in 5 young people in England have a mental health problem, up from 1 in 9 in 2017.[14]

For children and young people aged 8–16 years, rates of probable mental health difficulty were similar for boys and girls. But for young people aged 17–25 years, young women (31%) were more than twice as likely to have a possible mental health condition compared to young men (13%).[15]

1 in 8 young people aged 17–19 had an eating difficulty or disorder. Rates were 4 times higher for young women than for young men.[16]

Children and young people whose families face financial difficulties had higher rates of mental health difficulties. Almost 27% of 8–16 year olds in England whose parents couldn't afford activities for them outside school had a mental health problem, compared with just 10% of those with parents who could.[17]
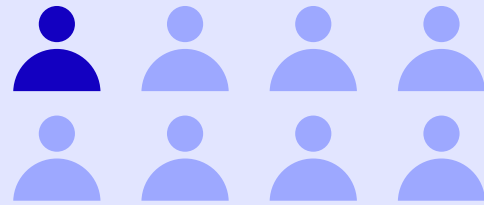
1 young person in 8 aged 17–19 in England had an eating difficulty or disorder.

X4
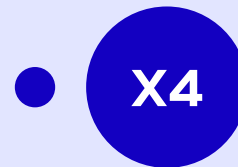
With rates in young women 4 times higher than for young men.

27%

27% of 8–16 year olds who couldn't afford to take part in activities outside school in England **had a mental health difficulty** compared with just **10% of those who could.**

Physical health

People living with a severe mental illness in England are up to twice as likely to report experiences of poor physical health.[18] Participants of Mind's online community (run by YouGov) also said they had multiple severe physical and mental health problems that impacted their daily life. It was very common for participants to have an existing physical health condition such as arthritis, heart problems, or chronic fatigue.

People with a severe mental illness in England are around 5 times more likely to die prematurely (below the age of 75) than someone who doesn't have a severe mental illness.[19]

Previous reports by the Office for Health Improvement Disparities (OHID) said the life expectancy of people with a severe mental illness in England is about 15–20 years shorter than someone without a severe mental illness. It's thought that 2 in 3 deaths of people with a severe mental illness are caused by preventable physical illnesses.[20]

Wellbeing measures

In 2023 nearly 6% of adults in the UK rated their life satisfaction as low, compared with 4% in 2018.[21] In 2023 9.3% reported their level of happiness as low, compared with 8.6% in 2018.

The latest UK Longitudinal Household Survey from 2020–21 found children aged 10–15 scored significantly lower in a number of happiness measures compared to the first series of data collected in 2009–10.[22]

£300 billion

£150 billion

Economic and social costs of mental ill health in England per year

NHS annual budget

Costs of mental ill health

With an increase in poor mental health, Centre for Mental Health updated its valuation of the economic and social costs of mental ill health in England in 2024. The costs were calculated at £300 billion a year (in 2022 prices) – about double the size of the NHS annual budget.[23]

15–20 years

Life expectancy of people with a severe mental illness is about 15–20 years shorter than those without.

Current affairs and mental health

Impact on young people

A recent survey from YoungMinds reported that over 4 in 5 (82%) young people in the UK are worried about big political events like war.[24] This gives a clear idea of how global events like wars impact the mental health of young people.

Impact on adults

Data from the ONS showed climate change was the second most concerning issue for adults in the UK. 1 in 4 (74%) said they were 'very' or 'somewhat' worried about the climate crisis (second to the cost of living crisis at 79%).[25]

Mental health and wellbeing in Wales

The Welsh Government's most recent wellbeing survey for Wales (for 2022–23) found similar results to England. It showed a gradual decline in mental wellbeing (measured using the Warwick–Edinburgh Mental Wellbeing Scale[26]) since 2016–17.[27]

The average wellbeing score (out of 70) in 2022–23 was 48.2, compared with 51.4 in 2018–19. Lower wellbeing scores were noted for people living in material deprivation (40.8), for younger age groups, and for people with poor physical health (39.1).[28]

02
Money and work

Summary

Money and mental health have a clear link. If you have a mental health problem, you'll earn on average £8,400 less per year than someone without one.[29] 1 in 4 claims for personal independence payment (PIP) were because of depression and anxiety in 2023 – up from 1 in 6 in 2015.[30] 82% of people experiencing homelessness have a mental health problem, a significant rise from 45% in 2014.[31]

At the same time, not having enough money is a clear risk factor for mental health problems – something that the ongoing cost of living crisis only makes worse. One study found that 60% of people said the crisis was affecting their wellbeing.[32] In Wales alone 31% said they'd gone without heating because of it, with another 13% saying they'd struggled to afford the essentials.[33]

We need to do better by people facing poverty – it's crucial in supporting their mental health.

BANK STATEMENT

SUMMARY OF YOUR ACCOUNT

ANNUAL EARNINGS
If you have a mental health problem   **- £8,400**

60%
of people said the **cost of living crisis** was affecting their mental wellbeing.
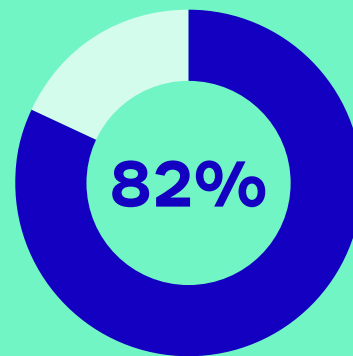
82%
82% of people experiencing **homelessness have a mental health problem**, up from 45% in 2014.

1 in 4 claims for personal independence payment (PIP) were because of depression and anxiety in 2023 – **up from 1 in 6 in 2015.**

9 in 10
adults in the UK had experienced high to **extreme levels of stress** at various times.

Findings

Poverty, the cost of living crisis and financial difficulty

Not having enough money to live on is a major risk factor for mental health.[34] Poverty – both absolute and relative – puts people at a risk of mental health problems.

The relationship between poverty and mental health is cyclical. Financial hardship can worsen mental health problems, poor mental health can make it harder to escape poverty creating a vicious cycle.

Since late 2021, the UK has been hit with a cost of living crisis. The crisis has brought steep rises in the cost of essential goods and services, like housing, food, and 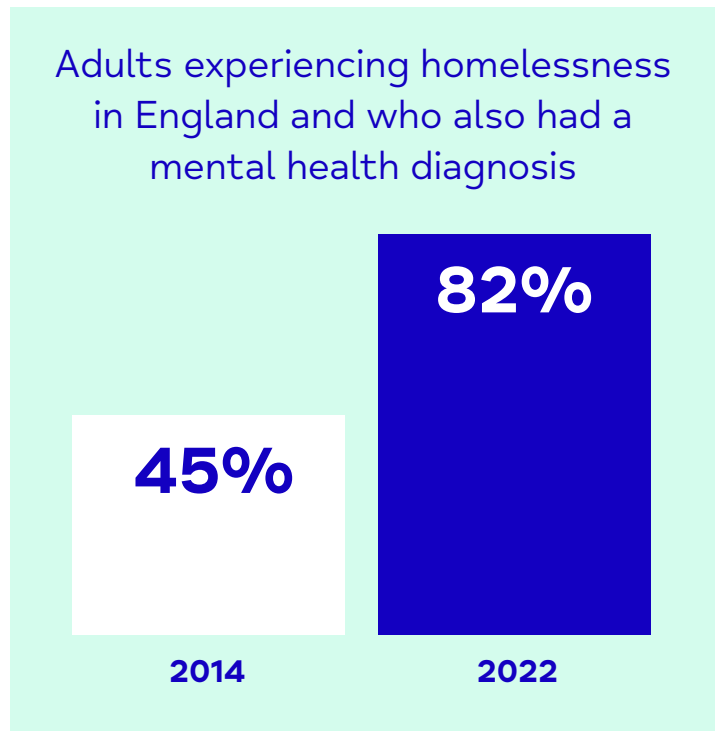energy while average household income remains stagnant.[35] A study in England published in 2023 found over half (60%) of respondents said the crisis was affecting their mental wellbeing, and almost a quarter (23%) felt their concerns over rising living costs were impacting their quality of sleep.[36]

In Wales the Bevan Foundation found 13% of people struggled to afford the essentials of life often or always. A further 31% had gone without heating in their homes, and 24% had to cut back on meals to get by. Worries about finances affected 44% of people's mental health and impacted their ability to work. The report found living standards in Wales had not improved since 2023, and that struggles with money were seen by many as a 'new normal'.[37]

The Children's Society found that children who were concerned about their family's financial state were more likely to be unhappy with multiple aspects of their lives compared to children without the same concerns.[38]

Housing

The mental strain of housing insecurity can mean poor mental health and even trigger mental health crises because of the constant stress and anxiety from securing accommodation. A recent study conducted by Crisis found an estimated 1 million low-income households in the UK were at

3 million

3 million households in the UK would **forgo daily living essentials, such as meals and heating**, to prioritise payments for housing over the winter months.

Adults experiencing homelessness in England and who also had a mental health diagnosis

45%

2014

82%

2022

risk of eviction. The study also estimated over 3 million households were skipping essentials like meals and heating to prioritise payments for housing over the winter months.[39]

People facing issues around housing are known to experience significant health inequalities and are prone to rapid deterioration in both their physical and mental health. In the 2022 Homeless Health Needs Audit, 82% of respondents experiencing homelessness had a mental health diagnosis – a substantial rise from 45% in 2014.[40]

The cost of living crisis doesn't just push people to cut back on

essentials, it leads to a reduction in social contact too. Findings from the Crisis research showed that many people who were at risk of or experiencing homelessness avoided committing to social activities because they had little to no disposable income. This causes a range of negative consequences like relationship breakdowns and social isolation.[36] The negatives of social isolation are well-documented – studies show it often leads to poor mental health because of prolonged stress and anxiety, as well as withdrawal from social networks which lowers the amount of support someone can get.[41]

5th

Mental ill health was cited as the **fifth** most common **reason for sickness** absence among working adults in the UK in 2022.

Mental health and the benefits system

In 2023, 25% of all new PIP awards were for people whose main condition was depression or anxiety – up from 1 in 6 in 2015.[42] And two thirds (68%) of people who had a Work Capability Assessment (WCA) for Universal Credit Health benefit in the two years leading up to February 2024 had a 'mental or behavioural' problem as one of their identified conditions.[43] That wasn't usually the main reason someone was claiming this benefit, instead it was usually seen accompanying a physical illness or disability.

Employment and mental health

According to the ONS, in 2022 poor mental health was cited as the fifth most common reason for sickness absence among working adults in the UK.[44]

In early 2024, Mental Health UK published the first annual Burnout Report. It found that in 2023, 9 in 10 adults in the UK had experienced high to extreme levels of stress at various times. 34% reported feeling this level of stress occasionally, 29% frequently, 22% on rare occasions, and 5% constantly. Almost a quarter (24%) of UK adults felt unable to manage their daily stress levels, and this was true for 1 in 5 workers (20%) who had to take mental health leave from work.[45]

The Burnout Report found the following were cited as the leading causes of stress that may have led to burnout:[46]

- Having an increased amount of unpaid workload **(54%)**

- Working unpaid overtime more regularly **(45%)**

- Feeling isolated at work **(42%)**

- Concerns over job security **(40%)**

- Taking on additional paid work to cover rising costs **(38%)**

- Workplace bullying or intimidation by co-workers **(31%)**

Mental Health First Aid (MHFA) England found that while almost three quarters (74%) of managers in England showed a degree of concern over their team's mental health, a third (33%) felt 'out of their depth' supporting those with mental health challenges. Around 29% of managers called for additional support and training from their organisation to help better safeguard the mental health of their team members.[47]

There's evidence that being employed can be a protective factor for mental health. There's also evidence that some working conditions and workplace factors can be damaging to our mental health. The Burnout Report published by Mental Health UK also found having reasonable

work adjustments (38%) and professional mental health support (29%) were given as positive preventive measures of burnout. Meanwhile 49% said their workplace didn't have a formal policy on burnout. Having a supportive line manager (43%) was found to be the most helpful factor to ease work pressures.[48]

The Money and Mental Health Policy Institute (MMHPI) found that people with common mental health problems, such as depression or anxiety, earned on average £8,400 less a year than people without a mental health problem.[49] They also found that people with mental health problems are twice as likely to owe more than 50% of their annual net income in debt than those without.[50]

Even though people with common mental health problems are more

likely to be in paid work than not, employment rates among people with a severe mental illness are lower than for most other groups of disabled people.

Data from the NHS Outcomes Framework in England shows 51% of people aged 16–64 with a self-reported mental illness (defined as having a mental health condition that is likely to last for over a year) were in paid employment in 2021, compared with 28% in 2011.[51] This compares with 75% for the general population and 54% for all disabled people.[52] These numbers suggest an improvement but there's also likely been an increase in the number of people with mental health problems. We also know that everyone might not have the support they need to thrive at work too.

What people said to us through YouGov

Participants of Mind's online community (run by YouGov) spoke about their experiences of stigma and discrimination from their employers. This was often after talking about a mental health problem, needing time off or support to cope with difficult life events, or during a time when their mental health wasn't good.

Participants said they were reluctant to tell current and future employers about their mental health. Many worried it would impact how they were treated – this was especially true for people who had to change employment in the past because of bad experiences with their employers. Some said it wasn't always possible to keep up consistent and meaningful employment with the unpredictable symptoms of their mental health problems impacting their productivity and reliability:

> **❝ I have coped very well in some of my jobs for a while until an episode of bipolar disorder happened and my whole demeanour, attitudes and abilities changed… As I became well, the attitude of my colleagues' changed towards me and I felt like I was drowning. I do not feel that I received much empathy from management… it came to a crunch when the only thing I could do was resign. ❞**
>
> Online community participant. Female, white British, not in poverty, living with bipolar disorder

The Individual Placement and Support (IPS) model supports people with severe mental illness into work through intensive support and a work placement. It's consistently given better health

and work outcomes than any other approach to supporting people with a mental illness.[53]

The previous UK Government committed to expand IPS employment services for people with a mental illness. 50,000 people can get IPS as part of a secondary mental health service in England, with another 3,000 places available through drug and alcohol services and 8,000 in primary care. If the commitment to expand provision is kept, that's set to rise to 140,000 by 2030.

Even though evidence about this approach shows clear benefits, there's been a lot of recent political rhetoric about 'economic activity'. It can be punitive, and often blames people with mental health problems for being unable to work when they're unwell.[54] A participant of Mind's online community (run by YouGov) said:

> **There has been a lot of recent talk about how many people are off work sick due to mental health related reasons. The [now previous] Government wish to make changes to the benefits system to get people back to work and talk specifically of those with mental health problems... all that mental health problems are to the [now previous] government is a monetary issue – how much these people take in benefits and how little they are adding to the economy.**

Online community participant. Female, white British, at risk of poverty, living with a personality disorder

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Spotlight on

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03

# Access to and experiences of mental health support

Summary

With over 2 million on the waiting list for NHS mental health support in England alone, it's clear that access remains a big problem for mental health care.[55] In England, we've seen waiting times get longer and services struggle with demand. Acute admissions for mental health have increased. The average stay in hospital has got longer.[56]

In England a lot of this is tied in with difficulties for NHS trusts and other providers to keep staff once they're hired. In early 2023 20% of mental health nursing posts were vacant,[57] and since 2022 it was found that 19% of the entire mental health workforce was vacant too.[58] It's leaving staff overworked and stressed, with half saying they can't meet the demands of the job while they're working. And it's making things worse for inpatient services – the vacancies mean there just isn't the level of community care we need. Instead, people are being cared for in the wrong places: being sent far from home just for a bed, and in rare cases children sometimes being housed in adult wards.[59]

At the same time the Mental Health Act continues to be unfit for purpose. The use of force it grants is still disproportionately used on Black people, people with learning difficulties and autistic people.[60] It's just not right. Especially when ratings for safety among mental health providers (across all sectors) have got worse since 2022.[61]

In Wales we have seen a boost in mental health funding.[62] Despite this there's been a reduction in the number of beds for adults and a drop in the number of people informally admitted to hospital because of their mental health. But at the same time, the number of formal admissions under the Mental Health Act rose.[63]

19%
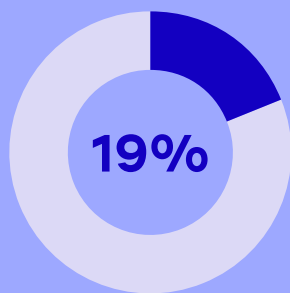
In September 2023 **19% (28,663)** of posts in the entire mental health workforce in England were vacant.

4.4 million

2016–17
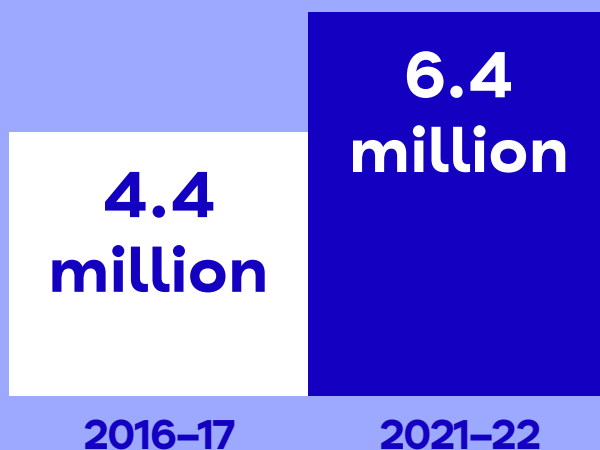
6.4 million

2021–22

Referrals to NHS Talking Therapies in England increased from 4.4 million a year in 2016–17 to 6.4 million in 2021–22.

In the decade up to 2021–22, the **number of inpatient beds** available in Wales **reduced steadily from around 1,900 to under 1,300**.

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Referrals to mental health services

Across England the number of people seeking help for their mental health has risen for all age groups over the last decade. With the exception of a significant decline during the initial months of the covid-19 pandemic (likely due to lockdowns and limited access to support) referrals to NHS Talking Therapies (formerly known as Improving Access to Psychological Therapies), children and young people's mental health services, and adult mental health services have consistently increased since 2016, with a surge after the pandemic's early phase. Referrals increased in England from 4.4 million a year in 2016–17 to 6.4 million in 2021–22.[64]

To really know what the need is for mental health services, there are other things we have to consider. That means thinking about the rate which people are seeking support, how available alternative support is, and how willing GPs and other referrers are to refer people into the NHS. This information is more of a snapshot of the true rate at which people are seeking support right now.

While there was a **2 million increase** in referrals to mental health services in England between 2016–17 and 2021–22, the number of people in contact with those services only increased by **just under 1 million**.

604,861 adults with a severe mental illness were accessing support from community mental health services in England at the end of April 2024.

Access and waiting times

The National Audit Office (NAO) found that while referrals to mental health services in England rose from 4.4 million in 2016–17 to 6.4 million in 2021–22, the number of people in contact with those services only increased from 3.6 to 4.5 million over the same period.[65]

Nationally mandated waiting time standards for mental health care in England are limited to specific services. These are adult NHS Talking Therapies, Early Intervention in Psychosis, and eating disorder services for children and young people.

The NAO noted that despite fluctuations, the first 2 standards are met consistently across the country.[66] The third however, has never yet been met (waiting time standards for children and young people's eating disorder services).[67] Performance had been improving before the pandemic for both urgent and routine referrals, but it deteriorated in 2020 and 2021 as demand rose sharply. Since 2022 the situation has improved, but the most recent data for January–March 2024 shows a decline in performance. Almost 64% of urgent cases were seen within 1 week and 79% of routine cases within 4 weeks (against a target of 95% for both), compared to 79% and 83% for the same targets in the same period in 2023.[68]

Primary and secondary mental health services

According to the Mental Health Services Data Set (MHSDS), a total of 1.91 million people in England were known to be in contact with or were referred to a secondary mental health service. 604,861 adults with a severe mental illness were accessing support from community mental health services at the end of April 2024.[69]

Of the 1.91 million people in contact or referred to a mental health service, over half (52%) were female and nearly 46% were male. Additionally the MHSDS shows strong evidence that people living in areas of higher deprivation are more likely to be in contact with mental health services. For example, of the 1.91 million adults who were known to be in contact or referred to a secondary mental health service, demographic data indicates 58.9% were from areas of high deprivation – 14.4% of which were from areas of highest deprivation in the UK.[70]

Expanding and reforming these services was the largest element of NHS England's 2019 Mental Health Implementation Plan. It pledged to invest in and transform community mental health

care for people with a mental illness, including building closer connections with primary care services and increasing access to IPS employment services and annual physical health checks.[71]

A growing proportion of primary care networks (the 'neighbourhood' level of the NHS in England, based around clusters of GP practices) report at least some evidence of transformation. And evaluations of local community mental health transformation programmes report successes in the creation of voluntary sector alliances to offer more consistent and holistic support for people with a severe mental illness.[72] These improvements aside, there's still concerns about the extent to which local authorities and primary care services can engage with these processes.

What people said to us through YouGov

Participants of Mind's online community (run by YouGov) said their perceptions of the effectiveness of primary care was highly context dependent. A minority said they had confidence in their local GP surgery, knowing that they can access help in some form relatively easily. Variation in access appeared to come down to a postcode lottery – some people in some places are well

served, others aren't.

For most participants, it felt like the care and support provided by primary care services is non-existent. Some described having given up completely on seeing their GP because of a lack of appointments and clinical facilities.

> **A 2, 3, 4-week wait isn't really helpful when my head is telling me it would be better if I wasn't here.**
>
> Online community participant. Female, white British, at risk of poverty, living with a personality disorder

Previous experiences can have a big impact on whether people would try to get support from a specific source again. Some told us they had negative experiences with crisis teams or community mental health teams and felt they didn't take an empathetic or personal response to them.

> **I've lost count of the number of times my GP has let me down with their lack of understanding, in one case lack of knowing the rules.**
>
> Online community participant. Female, white British, in persistent poverty, living with bipolar disorder

Participants were most likely to turn to those with a proven track record of offering personal support. The choice of support could also be dependent on what the individual has closer or easier access to, along with previous experiences and expectations.

> **In the past charities, such as a local Mind have been helpful along with peer support. The experience of being with others who have lived experience of what you're going through is so valuable.**
>
> Online community participant. Female, white British, at risk of poverty, living with personality disorders

Inpatient and crisis services

Data from the NHS Benchmarking Network, that covers most of the UK including England and Wales, shows admissions to adult acute mental health beds rose in 2023. More than half of these admissions were compulsory (via the Mental Health Act).[73]

Lengths of stay in hospital also rose, to an average of 39 days, and bed occupancy rates remained at 94%. That's far above the recommended safe level of 85%. This is despite the fact that the number of beds per 100,000 people actually rose last year, up to 22 from 20.[74]

Pressures on mental health inpatient services in England were highlighted by the Care Quality Commission (CQC), particularly the pressure on mental health inpatient services from the unavailability of community care. It's leading to people being cared for in inappropriate environments, like children being placed on adult wards or people being sent far from home for a bed.[75]

Participants of Mind's online community (run by YouGov) described going to a mental health unit in a hospital as a last resort. Some spoke about positive experiences, but most told us about a culture of not being believed and pushed to take medication. Overall they felt better care from mental health professionals in hospitals is needed:

> 66 **The hospitals just violate me. The staff violated me, my soul included. I will never trust a medical place again because of the past... too much violence on our body and mind.** 99
>
> Online community participant. Male, other mixed/multiple ethnic background, in deep poverty, living with schizophrenia

Despite this, participants did acknowledge that secondary services are great for knowledge sharing and advice, and also described examples of NHS professionals that were a lifeline to them.

Voluntary sector services

Participants of Mind's online community (run by YouGov) told us about their experiences of using voluntary sector services for mental health support.

For emotional support, participants responded well to charity staff who listen with empathy and non-judgment in a welcoming atmosphere. Some charities were praised for their proactive approach to support, organising groups and activities as well as offering practical advice and support:

> " **I received 18 months of support from a charity and out of all the professional support I've had these were the most proactive I've ever had. They weren't just there to listen, they actively went out to help sort any issues.** "
>
> Online community participant. Female, white British, in persistent poverty living with bipolar disorder and personality disorder

Mind's online community participants suggested that mental health support should be moved from inside hospital walls to the wider community. They talked about how peer support or group check-ins can help build a sense community and belonging. They also spoke about how bringing people with lived experience into the provision of mental health support could be beneficial for building rapport and providing personal insights.

Workforce

The NHS mental health workforce in England grew by 22% between 2016–17 and 2021–22. That's an increase of 24,000 full-time equivalent staff, to a total of 133,000.[76] Local authorities, the independent sector, and voluntary and community organisations also provide a large proportion of the total mental health care workforce. As of March 2024, there were 152,280 full-time equivalent mental health staff in the NHS in England.[77]

Staff recruitment and retention remain a major concern, with figures from September 2023 showing 19% (28,663) of the total mental health workforce in England was vacant.[78] NHS data also showed 1 in 5 mental health nursing posts in England were vacant in the first 3 months of 2022–23.[79] This lack of medical and nursing staff paired with the increased use of agency staff to temporarily fill vacancies, has had a negative impact on the quality and safety of inpatient care.

There's also evidence of the negative impact this has on the mental health and wellbeing of permanent staff members. The 2023 NHS England Staff Survey revealed that 2 in 5 (around 42%) staff members said they were unwell because of work-related stress (although it's worth noting this has improved by about 3% since 2022). In addition just under half (almost 47%) felt they were able to meet all conflicting demands during work hours. Less than a third (32%) agreed that there's enough staff at their organisation for them to do their job properly.[80]

In 2023 NHS England and the Department of Health and Social Care published the NHS Long Term Workforce Plan. It's the first comprehensive plan to grow and strengthen the workforce over a 15-year period.[81] The plan highlights:

- Demand for mental health and learning disabilities services are expected to increase at a faster rate than other areas of healthcare – growing by 4% annually

- Without intervention this could cause a shortfall of around 17,000 mental health nurses by 2036–37

To address this, the plan outlines the need for substantial investment in the mental health workforce. That includes recruitment, training, and retention strategies.

But there are still big gaps, like the lack of a comprehensive roadmap

for the further recruitment of Mental Health Support Teams (MHSTs). This is needed to make sure all school and college students have access to these services.

Additionally, the plan overlooks key delivery partners and roles in social care and the Voluntary, Community, and Social Enterprise (VCSE) sector. These are essential for a holistic, whole-system approach to workforce development. There's also more work that needs to be done to expand pathways into the mental health workforce, and more action in diversifying the workforce too.[82]

In Wales, Health Education and Improvement Wales (HEIW) and Social Care Wales published a strategic workforce plan for mental health in 2022. It's based on 3 overarching principles of: wellbeing, inclusion, and using the Welsh language. It sets out a range of ambitions to increase the size of the workforce for mental health and social care services, and to create new career opportunities, greater flexibility, more digital readiness, and increased representativeness of the population.[83]

As of March 2024, there were

152,280

full-time equivalent mental health staff in the NHS in England.

2 in 5 (around 42%) staff members said they were **unwell because of work-related stress**

Mental Health Act

The CQC's most recent report on the use of the Mental Health Act in England raises major concerns about the quality of care and safety of mental health inpatient services.[84] It notes workforce shortages are a major concern – meaning patients don't get continuity of care where a large proportion of the medical and nursing workforce is temporary, and putting the wellbeing of the current workforce at risk.

The report also raises special concerns about the use of restrictive practices in inpatient wards, a theme that's been a constant in CQC reports over the years. It says the use of force disproportionately affects Black people, autistic people, and people with learning disabilities.[85] And it warns of the continued risk of closed cultures in mental health inpatient wards and the harms these can cause.

In its 2022–23 State of Care report, the CQC's 2023 ratings show that 41% of mental health providers were rated either 'inadequate' or 'requires improvement' for safety. That's compared with 38% in 2022.[86] The main cause of safety concerns in mental health services were workforce shortages, especially among registered nurses. The report noted special concerns about staffing levels in England's 3 high secure hospitals.[87]

These are all issues that are also reflected to different degrees in the annual Mental Health Monitoring Report from Healthcare Inspectorate Wales, which explores standards of care within mental health settings in Wales. While the 2022–23 report identified areas of good practice, it also flagged several issues. These include insufficient governance, poor record-keeping of patient information, and gaps in staff training. Additionally, the report emphasised the need for improved management of patient rights under the Mental Health Act. [88]

Mental health services in Wales

Unlike in England, people living in Wales have a statutory right to ask for a mental health needs assessment (under the Mental Health Measure). In 2023, there were 75,816 requests for an assessment, with 13,248 for children and young people. Around 71% of adults and 73% of children making a request were assessed within 28 days, and 68% of people assessed had started therapeutic interventions within 28 days of that.[89] The current target is for 80% of cases to meet the 28-day target from referral to assessment, and from assessment to treatment.

In the decade up to 2021–22, the number of inpatient beds available in Wales reduced steadily from around 1,900 in 2011–12 to under 1,300.[90] During that time, the number of hospital admissions also fell. While informal (or voluntary) admissions reduced significantly from 8,612 to 5,197, 'formal' admissions (under the Mental Health Act) rose from 1,428 to 2,231.[91] The number of detentions using police powers (Sections 135 and 136 of the Mental Health Act) have also risen significantly since 2020, from 1,640 to 2,091.[92]

Funding

Funding for mental health services in Wales reached £1 billion in 2022–23, That's an increase from just over £800 million in 2018–19, with the biggest increase during the covid-19 pandemic.

Total NHS spending that year was £9.2 billion. Spending in children and young people's mental health services totalled almost £100 million, while 'elderly' mental health services accounted for nearly £270 million.[93]

Medication and prescriptions

There's been a rise in prescriptions of mental health medications in Wales over the last 10 years. In 2022–23 there were 7 million prescriptions for antidepressants in Wales compared to 3.5 million in 2010–11. Prescriptions for medications for psychosis also rose, from 661,000 to 782,000 during that same period.[94]

04

Young people and mental health

Summary

1 in 5 children and young people in England have a mental health problem[95] but only a third were able to access treatment in 2023.[96] And waiting for support often leads to worse mental health for individuals.[97]

Beyond healthcare settings, schools can be beacons of mental health support. They can build up mental health literacy and be supportive, inclusive places for students.[98] [99] But since the pandemic began the mental health of young people has got worse. Absences remain high, with data suggesting young people with 15 or more days of absence in England in a single term are more likely to have a mental health problem.[100]

The good news is that the steps for building up that better network of support for young people are already clear. The previous UK Government committed to introducing mental health support teams to English schools, and they've already started making a difference.[101] [102]

Meanwhile, Welsh schools are already a few steps ahead with mental health support for students. Secondary schools are law-bound to provide counselling to young people who need it, and over 12,000 already got support this way in 2022–23.[103]

46%

In 2022–23, **46% of children and young people** (compared to 12% in 2015–16) who received counselling in Wales had anxiety as their presenting issue.

In 2022–23 **12,343 children and young people** aged 11–18 years had got support from a counselling service in Wales.

Children and young people's mental health services now account for **over £1 billion of NHS spending annually in England.**

1 in 5 children and young people in England have a mental health problem but in 2023 **only a third** were able to access treatment.

Findings

Children and young people's mental health services

Children and young people's mental health services now account for over £1 billion of NHS spending annually in England.[104] By the end of 2023, around 750,000 children (age 17 and under) had been in touch with an NHS funded community mental health service in the previous 12 months (a 17% rise on the figure 2 years earlier), along with a further 228,000 young adults aged 18–24.[105]

Despite these increases, access to NHS children and young people's mental health services remains difficult. According to the Children's Commissioner for England, of the 949,200 children who were referred to these services in 2022–23, 270,300 were still waiting for support at the end of the year, while 305,000 had received treatment and 372,800 had had their cases closed without getting support. Some 40,000 children and young people had been waiting for more than 2 years for support. For the 32% of children and young people who were able to access mental health support, the average waiting time was 35 days.[106]

It's worth noting that certain groups experienced longer wait times, like boys and younger children, those registered with an unknown ethnicity, white children, and children with suspected autism or other neurodevelopmental conditions.[107]

Education settings and mental health

Schools and colleges can promote and protect children and young people's mental health. They can do this by building mental health literacy, creating supportive and inclusive environments and offering early and targeted mental health support. They can also foster social connections and a sense of belonging, which are vital for healthy childhood development.[108] [109]

The NHS Digital Mental Health of Children and Young People (MHCYP) survey for 2022 in England found children aged 11–16 with a probable mental health difficulty were 5 times more likely

to have experienced a form of in-person or online bullying.[110] Having strong social ties and friendships is crucial for children's overall wellbeing and feeling unsupported by friends or experiences of being bullied at school were found to be heavily associated with experiences of poor mental health for children and young people.[111]

Since the beginning of the covid-19 pandemic, anxiety among both primary and secondary school students increased and appeared to have continued to rise over the 2021–22 academic year.[112] Additionally, the introduction of lockdown restrictions during the early stages of the pandemic saw rates of school absences significantly jump over a short period of time and remained alarmingly high even after restrictions were lifted and schools had reopened.[113] Data shows:

- **11% of 8–16 year olds** in England with a mental health difficulty had missed more than 15 days of school in 1 term, compared to nearly 2% of those without.[114]

- In Wales, **29% of children** met the threshold for persistent absence in the 2023–24 school year, a reduction from 30% the previous academic year.[115]

In England **children aged 11–16 years and those aged 17–24 years** with a mental health difficulty were **significantly more likely to have been bullied online**.

The impacts of social media

There's no doubt the digital world and social media are significant factors in the lives of young people (and increasingly for other age groups). This can have both positive and negative impacts on mental health and wellbeing.

The MHCYP survey for 2023 found that children aged 11–16 years and those aged 17–24 years old with a mental health difficulty in England were significantly more likely to have been bullied online compared to young people without.[116]

Mental health services in schools and colleges

In the financial year 2023–24, 4.2 million children and young people had access to a Mental Health Support Team (MHST) in England.[117] It's expected that 50% of pupils in England will have access by March 2025.[118]

An independent evaluation of MHSTs found pupils were generally satisfied with MHSTs and the support they offered. But the review found variations in the approach and support available at different schools and colleges, with staff shortages a significant challenge for some institutions.[119]

Addressing early years and childhood mental health is vital for preventing future mental health problems. The last UK Government published The Best Start for Life: A Vision for the 1,001 Critical Days (England only), setting out a strategy to achieve the best possible care and support from conception to age 2, recognising the importance of this period for long term health and wellbeing.[120]

The vision outlines 6 key action areas including establishing family hubs as central points for accessing a range of support services. To support the development and rollout of family hubs, the previous UK Government earmarked £82 million to support 75 council areas to implement these hubs.[121] Family Hubs build on Sure Start Children's Centres and provide families with a central access point for support services like early years education, parenting support, and employment advice.[122] All 75 Family Hubs were operational as of January 2024 – funding for these beyond 2025 and a national rollout of family hubs has yet to be established.[123]

Mental health services for young people in Wales

In 2016 the Welsh Government and NHS Wales launched the Healthy Child Wales Programme, the principal programme that brings together health and wellbeing support for children aged 0–7 years and their families.[124] This includes key interventions delivered by health visitors, school nursing, perinatal mental health services and other social services. An interim evaluation of the programme found improvements in the consistency of support provided to children and families across Wales, particularly in assessing needs and delivering digital support. The report also identified room for progress in addressing variations between health boards.[125]

Secondary schools in Wales are required by legislation to make counselling available to their pupils. In 2022–23, 12,343 children and young people aged 11–18 years had received support from a counselling service in Wales.[126]

- **57% of the referrals were made by school or education** staff, almost a quarter (24%) were self-referrals, and a small proportion (9%) were referrals made by parents

- Since 2016–17, around **two-thirds of children** and young people who received counselling identified as female

- In 2022–23, the most common reason for children and young people receiving counselling was found to be related to **feelings of anxiety. This was the case for both females (50%) and males (38%)**

Data suggests that the prevalence of anxiety has increased for children and young people in Wales. Statistics show that in 2022–23, 46% of children and young people (compared to 12% in 2015–16) who received counselling in Wales had anxiety as their presenting issue.[127] In terms of the number of onward referrals of children and young people who received counselling, around 1 in 10 (around 11%) children and young people required a form of onward referral after

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completing their counselling sessions, with 2.9% of cases being referred to Child and Adolescent Mental Health Services (CAMHS) – down 0.6 percentage points from 3.5% in 2021–22.[128]

Statutory counselling in secondary schools forms part of a wider whole school approach to mental health and wellbeing. In 2021 the Welsh Government published statutory guidance setting out how nurseries, primary, secondary, middle (all-through), Pupil Referral Units (PRUs), special schools and local authorities in Wales should protect and promote the mental health of pupils, staff and the wider community.[129] In the financial year 2022–23, the Welsh Government pledged £12.2m to support this programme, over double the amount at the start of the of the pandemic (£5m in the year 2020–21).[130]
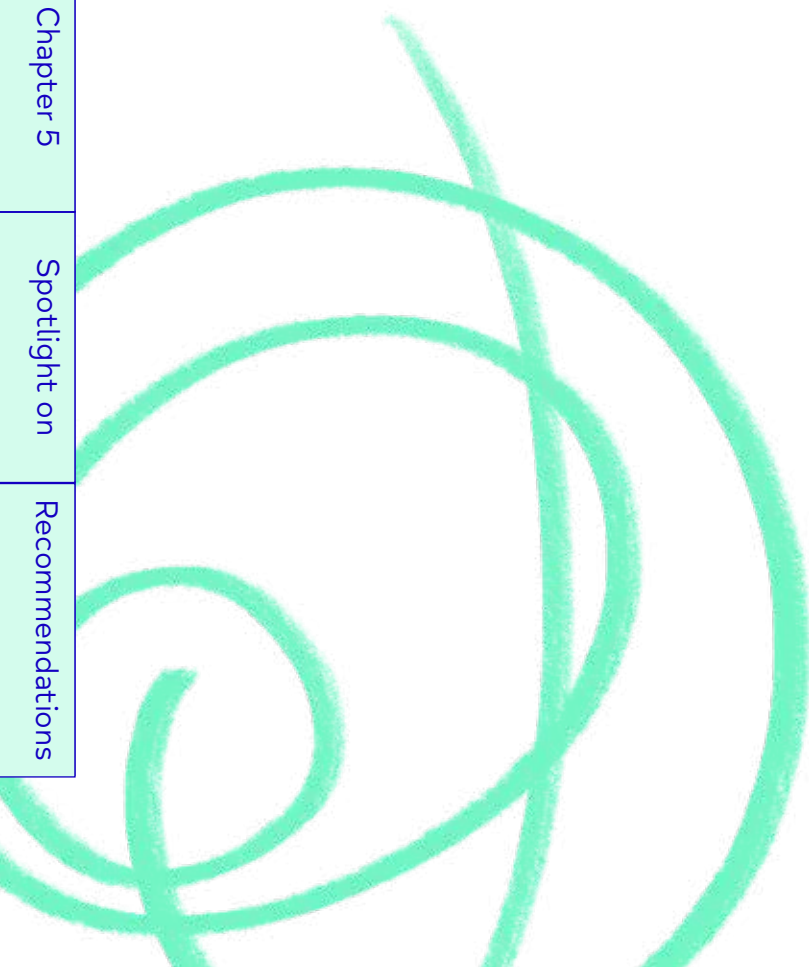
Schools and colleges can promote and protect children and young people's mental health. They can do this by building mental health literacy, creating supportive and inclusive environments and offering early and targeted mental health support.

05
Stigma and discrimination

Summary

Stigma and discrimination are huge barriers for people living with mental health problems, and sadly things have started to backslide after years of improvements in attitudes to mental health. In both England and Wales, we've seen a similar picture of people knowing less about mental health, with attitudes degrading overall.

Stigma and discrimination have cropped up in the healthcare system too. People with mental health problems have experienced stigmatising behaviour when interacting with the system. Some even said they were guilt tripped and made to feel like attention seekers when receiving care following a suicide attempt.

We can – and must – do better so everyone with a mental health problem gets the support and respect they deserve no matter who they are.

"My family view people with mental health problems as instantly curable. They think you just need to put a bit of make-up on and pull your socks up, because there are people worse off than you."

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Racism and racial injustice

There's compelling evidence about the impacts of racism and racial injustice on the public's mental health. Experiencing racism in any of its many manifestations, is a causal factor for mental distress.

In a previous lived experience survey conducted by The Unmistakeables on behalf of Mind, 1 in 3 people (31%) from racialised communities experienced stigma and discrimination from a healthcare professional when getting support.[131] Research from Centre for Mental Health this year also shows the ways racism affects whole families from racialised communities in the UK.[132] It showed how experiences of racial aggression and discrimination by individuals can have profound effects on whole families.

To address racial and ethnic disparities and promote a more inclusive society, the last UK Government published Inclusive Britain, its response to the Commission on Race and Ethnic Disparities in 2022. The plan outlines several measures, including improving educational outcomes for young people from racialised backgrounds, ensuring fairer treatment in the criminal justice system and in workplaces.[133] But this action plan faced criticism for lacking ambition and challenging the evidence of racism, especially when it comes to things like the disproportionate use of stop and search against Black men.[134]

Hate crime and racial violence

A hate crime is defined as 'any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice towards someone based on a personal characteristic'. That includes race or ethnicity, religion, sexual orientation, disability, or transgender identity.[135]

Between April 2022 and March 2023, 145,214 incidents of hate crimes were recorded by the police in England and Wales (excluding Devon and Cornwall police due to lack of available data).[136] That's a 5% decrease from the previous year (between April 2021 and March 2022) and is the first fall in annual number of hate crimes reported since 2013 (note the increase between 2013–22 was thought to be partially driven by improvements in crime recording by the police).
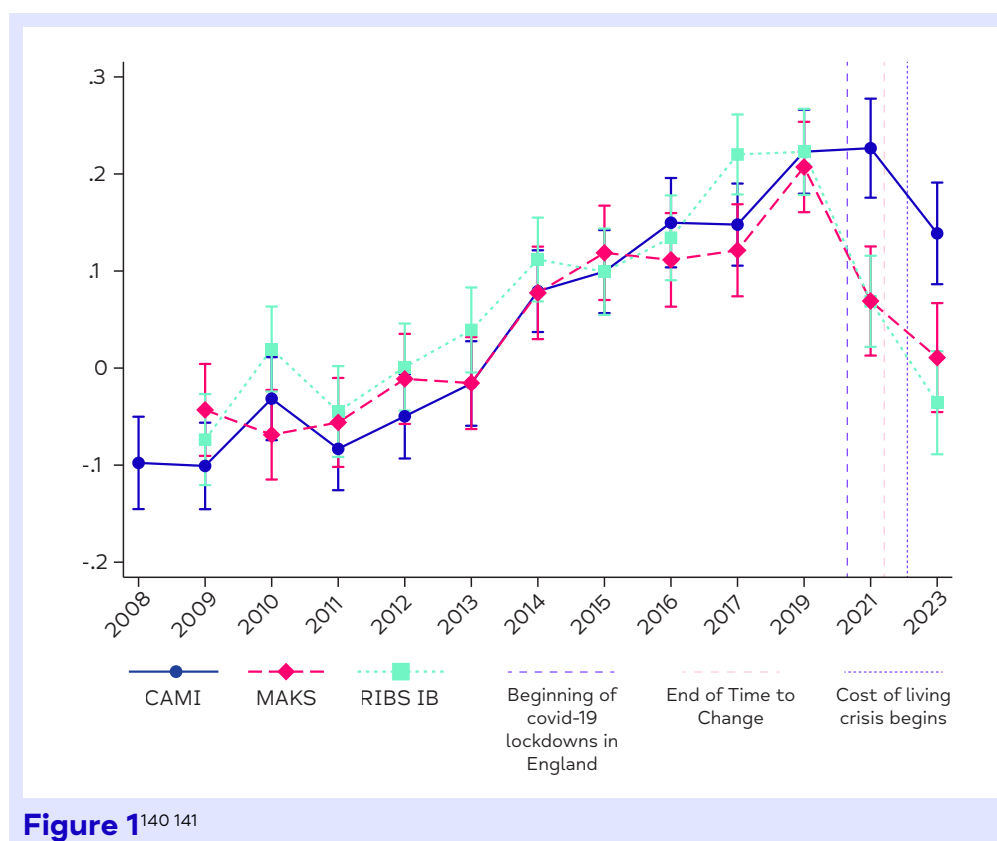
Victimisation from hate crime is a major risk to the safety and mental health of many different communities, such as race and faith communities and LGBT+ groups.[137] [138]

Stigma and discrimination

Attitudes to mental health

In England a recent Mind survey identified worrying signs that improvements in the public's understanding and attitudes towards mental illness since 2008 have begun to go into reverse.[139]

Figure 1 draws on survey data collected since the Time to Change programme began in 2008 (and its closure in 2021) about attitudes towards, knowledge about, and behaviours towards people with mental illness. It shows an overall reduction in these 3 headline measures of public stigma since the start of this decade after steady progress in the previous 10 years. The beginning of covid-19 lockdowns in England, the end of the Time to Change programme in England, and the approximate start of the cost of living crisis are added for context:

Figure 1[140] [141]

Victimisation from hate crime is a major risk to the safety and mental health of many different communities, such as **race** and **faith communities** and **LGBT+** groups.

Since 2008 **the public's understanding of and attitudes towards mental health** in England show signs of **getting worse**.

Even though this is worrying, the survey saw attitudes were more positive towards specific individuals instead of a group of people, showing the benefits of anti-stigma campaigns based on individual stories and human contact. The gap between attitudes towards schizophrenia and depression (where the latter tends to be more understanding) were narrowing too, and attitudes and behaviours in workplaces were also found to have improved.[142]

Data from Wales is due in Autumn 2024 using similar methodology and allowing comparison with 2019 and 2021 surveys carried out in Wales.

Lived experiences of stigma and discrimination

In Mind's online community (run by YouGov), most participants felt mental health stigma and discrimination comes from a lack of awareness or education about mental health problems. Many said severe mental illness and associated symptoms were often confused with alcohol and drug use.

> ❝ **I had a panic attack in the middle of a shopping centre. Security staff and police thought I was under the influence of drink and/ or drugs.** ❞
>
> Online community participant. Male, white British, in poverty, living with bipolar disorder and psychosis

> ❝ **My family view people with mental health problems as instantly curable. They think you just need to put a bit of make-up on and pull your socks up, because there are people worse off than you.** ❞
>
> Online community participant. Female, white British, in poverty, living with bipolar disorder

Other people said that some forms of stigma and discrimination felt more direct and micro like in treatment from healthcare professionals, employers, and friends/family. Participants reflected that some family members (often older family members) minimised the severity of their mental health problems, not understanding them and telling them to 'get it together'. This highlights a possible generational divide in attitudes towards mental health:

Many said press sensationalism and previous government rhetoric around things like accessing benefits have been responsible for the stigma and discrimination people with a severe mental illness face. They felt these cause damaging stereotypes that those with severe mental illness are: 'fakes', 'lazy', 'attention seekers', and 'dangerous'.

Participants told us they've experienced stigma and discrimination from healthcare professionals, employers, friends and family members. The experiences they shared highlighted that stigma and discrimination are most often experienced when individuals are in the process of seeking care or advice. Many choose not to give details of their mental health problems unless necessary, and mask symptoms for fear of discrimination or rejection. It's often only when someone's

really unwell and in need of help that they give details which can then be met with a lack of understanding or empathy, leaving long-lasting impacts.

Others felt more indirect and macro like feeling discriminated against by the Government through policies that threaten their livelihoods. Some of the stigma and discrimination our participants told us they experienced are listed in this table:

Examples of stigma/ discrimination faced by online community participants	Ramifications of this stigma/ discrimination
• Verbal name-calling • Romantic and medical gaslighting • Withholding of treatment, care and opportunities • Dismissal and mistreatment by an employer	• Difficulties advocating for oneself • Diminished physical and mental health • A breakdown in trust • Loss of confidence • Loss of autonomy • A loss of opportunities (in academia/employment) • Social and physical exclusion

Many felt that some mental health problems like anxiety and depression feel increasingly normalised through greater media coverage and public figures speaking out.

At the same time it's felt more severe and enduring mental illness – and symptoms of them – are more misunderstood. That could be down to more negative media stories and an overreporting of violence in stories about people with more severe mental illness. For example:

> 66 **Media coverage of 'bad' cases in other words, people who have been released from care or prison who go on to commit violent crimes... [it] cause[s] negative stigma for mental health in general.** 99
>
> Online community participant. Female, white British, in poverty, living with bipolar disorder

Welsh experiences of stigma and discrimination

Some Welsh participants that took part in Mind's online community felt the Welsh Government had slightly more positive intentions for those with severe mental illness than the previous UK Government on mental health strategy.

Even though this is positive, financial challenges meant that positive intentions weren't being consistently delivered into improved outcomes and experiences for people.

Stigma and discrimination in mental health services

In Mind's online community (run by YouGov), the most frequently cited source of stigmatising and discriminatory behaviour was from healthcare professionals. In particular when accessing primary and secondary services like GP's and Accident and Emergency (A&E). Experiences included mistreatment, neglect, accusations, name-calling and the minimisation of symptoms and experiences. It's important to note this wasn't reflective of the entirety of the participants' interactions with healthcare professionals.

> **I believe that health care professionals view people with mental health problems as frustrating. I think this because of a variety of reasons. Some mental health professionals are supportive but frustrated with the lack of resources. Some mental health professionals lack compassion and have a 'just get on with it' attitude.**
>
> Female, white British, in poverty, living with a personality disorder

Many said they had low levels of autonomy with healthcare professionals, specifically their GPs. That included having little to no input in their care plans, not feeling believed when it came to the reporting of symptoms and medication side effects, and the necessity to fight constantly to advocate for themselves:

> **When I reached out for support initially the GP prescribed medication and didn't want to refer me for support. It took months of asking for a referral for them to agree.**
>
> Female, white British, at risk of poverty, living with bipolar disorder

These negative experiences had a variety of impacts. They covered everything from feelings of helplessness to self-stigma, where some participants began to question their own realities and assessments of their own symptoms.

Participants attributed some of the stigma and discrimination they faced from healthcare professionals to constraints within the wider healthcare system and the strain on overworked staff. They said this puts pressure to healthcare professionals causing

compassion fatigue or frustration at the limits of what they can do for their patients.

Participants also told us about the increased difficulty in getting support, mounting waiting lists for treatment and medication shortages since the covid-19 pandemic. They assumed that primary and secondary NHS services are particularly high-pressure, heavily charged environments to work in, and this is only worsened under current demand. There's a feeling that these pressures mean that sympathy from healthcare professionals can be lower, particularly in crisis situations where emergency treatment is required. They also spoke about experiences where they were made to feel punished, guilt-tripped or as if they were attention-seeking by healthcare professionals, after making attempts on their lives.

> **[After a suicide attempt] around comes a nurse, he takes a blood draw, measures vitals and goes back to his computer where he loudly complains about me – I am attention seeking, pathetic, a waste of resources, and stupid… eventually I am transferred to the paediatric unit where I was formally assessed, detained under Section 2 of the Mental Health Act and diagnosed with bipolar disorder… I was forced to go to hospital and then blamed for taking up space. Knowing that is how staff view those in crisis makes me not want to go back.**

Online community participant. Young adult female, white British, at risk of poverty, living with bipolar disorder and a personality disorder

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Spotlight on: severe mental illness

Summary

Life with a mental illness in England and Wales is harder and too often shorter than it should be. For people living with a diagnosis of severe or enduring mental illness like schizophrenia, bipolar disorder, or a so-called 'personality disorder', life's more difficult at almost every turn.

In this spotlight section we explore in greater detail aspects of life with a severe mental illness today. It draws from both data and research, and the experiences of participants who took part in our online community (run by YouGov).

X5

For people with a severe mental illness, the risk of dying before the age of 75 is now **5 times higher than the UK average**.

50%

Work and housing are 2 important elements of a **wider range of social needs** for people living with a mental illness.
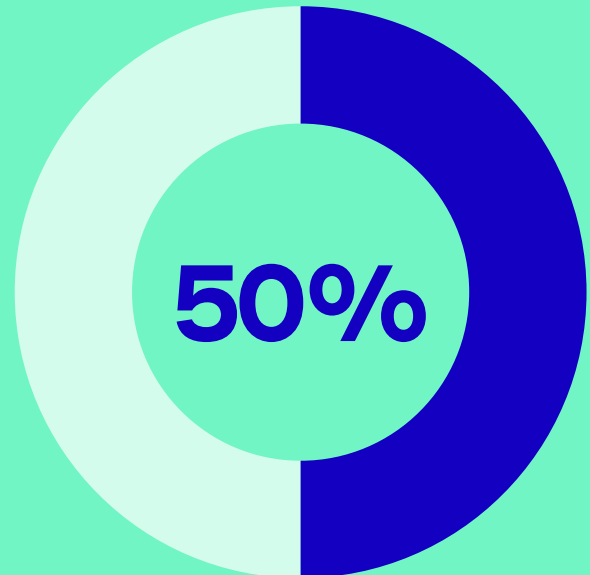
More than 50% of people living with severe mental illness in the north of England are facing food poverty – **around 3 times** the rate among the general population.[143]

Findings

Daily life with a severe mental illness

Insights from Mind's online community (run by YouGov) provide a deeper picture of the everyday challenges of life for those of us with a severe mental illness. Some lived in 'complete isolation', with others living with partners and/or children.

It was very common for participants to have a physical health condition, some of which caused a deterioration in their mental health or exacerbated their symptoms. Struggles with leaving the house, difficulty in getting out of bed and inability to complete household tasks were common experiences for participants. Many planned their day around their physical or mental health problem, meaning it was hard to feel in control of their mental health problem rather than being controlled by it:

❝ **I am constantly battling my own mental health issues and juggling what is going on inside my head. Things are very challenging on a daily basis for me and I see myself on a constant ladder of coping and struggling.** ❞

Online community participant. Female, Pakistani, in poverty, living with personality disorders

Life expectancy

The life expectancy gap between people with a severe mental illness and the rest of the UK population is growing. In England the risk of dying before the age of 75 is now 5 times higher than average.[143]

The relationship between mental and physical health among people with a mental illness is deep and complex. Poor mental health and poor physical health are intertwined from early years and throughout life.

The reasons for this stark disparity in life expectancy are complex and connected to deeply entrenched social injustices. It's notable that the life expectancy gap is biggest in areas of highest deprivation.[144] The result of this gap is a 15–20

year shorter life expectancy – the stolen years of life.[145]

A recent systematic review identified a range of physical illnesses (for example dementia and type 2 diabetes) that people with bipolar disorder are more likely to experience than someone without bipolar disorder.[146]

Another study this year found that a quarter of people living with schizophrenia or bipolar disorder had 2 or more physical health conditions, twice the rate of the general population. For younger age groups (under 40 years) the risk was almost 4 times greater than their peers in the wider population.[147]

Evidence suggests poorer physical health in people with a severe mental illness often pre-dates their diagnosis. One review found that people diagnosed with schizophrenia in the UK had higher than average odds (5 out of a total of 24) for long-term physical illnesses by the time they were diagnosed, while people with bipolar disorder were more likely to have 9.[148] Within 5 years of diagnosis, people with schizophrenia were at increased risk of 13 of the 24, and people with bipolar disorder had a higher risk of 19.

These findings show that disadvantage and adversity

pre-date a mental illness diagnosis and for many people they are among the underlying reasons for it. One person in the online community highlighted their experiences of co-morbid physical and mental illness:

> **I have unstable personality disorder, arthritis, fibromyalgia, and a blockage in my heart, I don't like going out, so I spend most of my time in my home where it is my safe place.**
>
> Online community participant. Female, white British, at risk of poverty, living with a personality disorder

Stigma and discrimination from healthcare professionals can lead people with a severe mental illness to feel apprehensive about or avoid seeking help for other, unrelated health problems (mental and physical) because of the stigma they've experienced.

They can be fearful of their symptoms being minimised or conflated with their mental health problems and issues not being investigated. It can also cause worries about not receiving the support, treatment or relief that's needed, or becoming stuck in a perpetual feedback loop and constantly advocating for

medication and/or wider treatment changes. A participant from the online community reflected:

> ❝ **I still don't go to a GP for certain physical health symptoms because I feel they will be dismissed due to my existing mental health issues. I often experience quite intense dizziness after leaning over to pick something up off the floor. My vision starts to get dark around the edges… I've previously mentioned this to a GP who almost instantly attributed it to anxiety.** ❞
>
> Online community participant. Female, white British, at risk of poverty, living with a personality disorder

Food poverty

A recently published study from Teesside University found that more than 50% of people living with severe mental illness in the north of England were facing food poverty, with 31% severely food-poor. This is around 3 times the rate among the general population. [149]

The impacts of food insecurity were described by people living with mental illness, who said they had a poorer diet, leading to either weight gain or weight loss (both of which come with significant risks). They described direct impacts on their mental as well as physical health – with heightened stress, anxiety and depression, leading to fatigue and exhaustion. Not being able to feed their children was a particular concern for parents with a mental illness.

Employment rates among people with a mental illness are lower than for most groups of disabled people, but they've been **rising steadily over the last decade.**

Financial and social inclusion

Financial security is a foundation for life, but for people with a severe mental illness it's often missing.

Employment rates among people with a mental illness are lower than for most groups of disabled people, but they've been rising steadily over the last decade. Data for people with severe mental illness specifically is not collected currently. But data provided up to 2012 showed that for people using secondary NHS mental health services in England aged 18–69 the employment rate was nearly 10%, some way below the figure for all people with a mental illness.[150] This makes the real picture for people with severe mental illness difficult to ascertain.

The same data source highlighted that two-thirds (almost 67%) of people using mental health services at the time were in settled accommodation. Similarly reliable data hasn't been available since then, but this presents a worrying picture. Housing insecurity is a huge risk for poor mental health and may also put people at risk of relapse, hospital admission and homelessness.

Most participants in Mind's online community (run by YouGov) felt financial pressure from their

inability to work. They said their mental health has declined in the past year due to financial pressures caused by the cost of living crisis. Noticeable changes in their mental health support (like in medication and access to providers) and long NHS waiting lists intensified worries for the future.

Most said they weren't currently working because of their physical and/or mental health problems. Many received Universal Credit and health benefits like Employment Support Allowance and Personal Independence Payment. Some emphasised a desire to work but felt unable to because of the impact of their physical or mental health problems on their daily lives, particularly the unpredictability of their symptoms and episodes which impact their ability to complete tasks and interact with others:

> **I hate being stuck in bed so much and not being able to do things most people take for granted. I would dearly love to have a job and friends and hobbies and things... The prospect of never getting better is terrifying.**
> Online community participant. Female, white British, in Poverty, living with personality disorders

Barriers to work consistently affected participants confidence in their place within wider society. Some also felt guilt in struggling to provide for their families – particularly parents. They felt they don't get the same chances as people without mental health problems and wouldn't be able to get on in life and reach their true potential:

> **People like me cannot rise or progress in organisations, because our faults are recognised as something we choose to be, but the reality is that we have no choice.**
> Online community participant. Male, white British, at risk of poverty, living with psychosis

Work and housing are 2 important elements of a wider range of social needs for people living with a mental illness, as identified by a study from the Mental Health Policy Research Unit.[151] Other important elements include money, relationships, social connection, safety, justice, and citizenship. The study said there were few evidence-based interventions for most of these needs, the exceptions being Individual Placement and Support (for employment) and Housing First approaches to addressing homelessness among people with complex needs.

Financial advice has also been identified consistently as an essential element of any mental health service. For over a decade evidence has been presented that this is beneficial and highly cost-effective. The Money and Mental Health Policy Institute (MMHPI) this year reported that mainstream debt advice services can be poorly suited to people with a severe mental illness, so a tailored offer was needed.[152] Sheffield's mental health trust has given targeted support via Citizens Advice to its inpatient and community services since the 1970s. More recently some NHS mental health trusts have been expanding their housing support offers. That includes locating mental health workers in their local council housing service, or specialist housing workers in their community mental health teams, and providing adapted Housing First services to people leaving long-term hospital admissions.[153]

Overlapping inequalities

The challenges of living with a severe mental illness can be compounded by forms of discrimination and disadvantage based on race, gender, sexuality, disability or neurodivergence (or combinations of these).

Racialised communities

Rates of severe mental illness are higher among racialised communities in the UK. For those communities experiences of mental health treatment often add to experiences of racism instead of mitigating them.[154]

The use of some restrictive environments and interventions is higher for Black people in mental health hospitals, and the disproportionate use of community treatment orders means this carries on after discharge.

Data from the NHS Benchmarking Network shows Black people make up 4% of the adult population in the UK and 4% of the community mental health services caseload. But they also make up 7% of people in inpatient beds, 10% of people admitted compulsorily, and 16% of people in medium secure services. By contrast only 1% of eating disorder beds in adult wards were held by Black people. There are similar disparities in children's mental health services, where just 3% of those on community caseloads were Black compared with 6% of inpatients and 9% of people admitted via the Mental Health Act.[155]

Women

Women who experience male violence are at a greater risk than those without this experience of a wide range of mental health conditions in England. And the risks are greater for people who've experienced the most severe and extensive abuse. 16% of women who experience extensive physical and sexual abuse later have the symptoms of PTSD.[156]

A Women's Mental Health Taskforce in England was established in 2018 to explore how mental health services could address this issue. That taskforce made the case for wider use of trauma-informed environments and processes, training for staff and routines. It's unclear how far these principles and recommendations have been embedded in day-to-day practices in mental health services today.[157]

Recommendations

This report helps us to get a full picture of the current mental health crisis we're all facing. This crisis is one that cuts across all areas of life – from housing, to benefits, employment and more. The knowledge it's given us is already helping us prioritise work that has the greatest impact for all.

But we can't do this alone. We're calling on the UK and Welsh Governments to act on these insights and work with us to end this mental health crisis and make sure no mind is left behind.

To do this, we've set out a roadmap for change. By acting on the insights and the recommendations here, we can become a mentally healthy society. More people will be able to access quality mental health support, when they need it. Fewer people will need to access mental health support in the first place. Mental health will be the priority it so urgently needs to be.

The changes we need to see

We need Governments to take action to address the root causes of poor mental health and make sure people with a mental health problem get the right support when they need it.

In England we need a cross-government mental health plan. It should put prevention at its heart and incorporate the role of all departments in protecting the nation's mental health, addressing the risk factors that contribute to poorer health outcomes. Appointing a Mental Health Commissioner (with equivalent powers to the Children's Commissioner) would

further strengthen governance and leadership in promoting mental health. In Wales the development of the new mental health and wellbeing strategy provides an ideal opportunity to improve how support is accessed and how we can prevent poor mental health.

It's vital this involves collaborative working with voluntary, community and social enterprises. These organisations know what works when it comes to providing effective mental health services and support, and they're well-placed to build trust with people and communities underserved by statutory mental health services.

4 changes we need to see:

1

Making sure people with a mental health problem get quality care on time

2

Supporting young people with their mental health

3

Tackling mental health stigma and discrimination

4

Dealing with the social factors affecting mental health

Over the next few pages we set out key areas that Governments should focus on.

1 Making sure people with a mental health problem get quality care on time

It's crucial people with a mental health problem can get the right support when they need it so they don't become more unwell. This means more investment in and reform of mental health services.

The UK and Welsh Governments should

- Invest in the expansion and reform of mental health services. That should include a longer-term shift in investment from hospital to community mental health services. This will help better enable people to access treatment and support in the place that they live.

- Invest in services and interventions that address current gaps in NHS-funded provision. That includes (but isn't limited to) autistic people and people with learning disabilities, older people, people with long-term physical conditions, people with drug or alcohol problems, and homeless people.

- Fully fund workforce plans, making sure mental health hospitals and other support services have enough staff who are supported and well-trained.

The UK Government should

- Ensure reform of the Mental Health Act strengthens people's rights, choice and control while they're in a mental health hospital.

- Establish a Mental Health Investment Standard in England for capital funding. This will help make sure any future investment is fairly allocated to mental health redevelopment and improvement schemes, including both estates and digital innovation.

The Welsh Government should

- Commit to collecting and publishing more data about mental health. That should include waiting times and associated targets, with a view of reducing wait times over time.

2 Supporting young people with their mental health

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

The UK Government should

- Make sure the delivery of early support hubs truly supports young people with their mental health.

- Implement its manifesto pledge to expand mental health support to all schools in England.

The Welsh Government should

- Give a cohesive vision for children and young people's mental health as part of the Welsh Government's mental health and wellbeing strategy. That should include making sure any transition to adult services is smooth and doesn't re-traumatise.

3 Tackling mental health stigma and discrimination

This report shows stigma and discrimination around mental health persists, with groups like people with a severe mental illness and people from racialised communities having some of the worst experiences.

This means targeted interventions are needed to help address these challenges.

The UK and Welsh Governments should

- Improve collection and quality of data 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 a mental illness. That must include a specific and measurable target for improving life expectancy.

The UK Government should

- Implement in full the Patient and Carer Race Equality Framework (PCREF) in England.

The Welsh Government should

- Commit to developing a mandatory PCREF for NHS Wales in the delivery plan for the Welsh's Government's mental health and wellbeing strategy.

- Commit to keep funding the Time to Change anti-stigma programme beyond 2025, as well as keeping up work with diverse communities to tackle stigma.

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4 Dealing with the social factors affecting mental health

There's a number of factors that cause someone to have poor mental health or make an existing mental health problem worse. That includes things like poverty, insecure work and poor quality housing.

A real effort in tackling the things that add to poor mental health is vital in creating a mentally healthy nation.

The UK Government should

- Put a mental health policy test in place across England so all national policies and decisions are made with mental health in mind.

- Make sure our benefits system supports people to live with independence and dignity.

- Reform Statutory Sick Pay to support more people a mental health problem to stay in work. That should include increasing the rate of the payment, an increase in the length of payment and a more flexible payment model.

- Create workplaces that support people with their mental health. This should include the implementation of the 2017 Thriving at Work Review to help more people with a mental health problem to stay and thrive in work.

We're calling on the UK and Welsh Governments to act on these insights and work with us to end this mental health crisis and make sure no mind is left behind.

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141. Figure 1 shows the changes over time in three scales that track public stigma at the national level. The Community Attitudes to Mental Illness (CAMI) is a social psychological tool developed to measure attitudes towards mental illness at the community or national level. By asking respondents about their agreement with 27 attitude statements, the CAMI scale is able to measure 2 aspects of attitudes towards mental illness: the extent to which respondents hold prejudicial or exclusionary attitudes; and, the extent to which respondents are tolerant and support community care for people with mental health problems. An example of an attitude statement that measures prejudice / exclusion is "People with mental health problems don't deserve our sympathy" while an example of

an attitudes statement that measures tolerance and support for community care is "No-one has the right to exclude people with mental health from their community". Respondents are asked the extent to which they agree with the attitude statements,

The Mental Health Knowledge Schedule (MAKS) is a social psychological tool developed to measure knowledge about mental health and mental illness at the community or national level. The Mental Health Knowledge Schedule asks respondents whether 6 factual statements about mental illness are true or false and then whether 6 conditions (depression, stress, schizophrenia, bipolar disorder, drug addiction, and grief) are mental health problems. An example of a factual statement is "Most people with mental health problems want to have paid employment" (which is true). Not all factual statements are true. Respondents score more highly on the MAKS scale the more factual statements they correctly identify as true or false and the greater number of conditions they correctly identify as mental health problems.

The Reported and Intended Behaviour Scale (RIBS) is a social psychological tool developed to measure behaviour towards people with mental health problems at the community or national level. The Reported and Intended Behaviour Scale (Intended Behaviour, or RIBS IB) asks respondents 4 questions relating to their behaviour towards people with mental health problems, specifically whether they would live with, work with, live nearby, or continue a relationship with a friend with a mental health problem.

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We want to create a mentally healthy society.

Through our information, services and campaigns, we tackle stigma, barriers and isolation so that everyone can access mental health support when they need it.

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