

Mental Health Key Stats

Dec 2018



The aim of this resource is to provide the latest statistics about mental health and Mind's impact. The statistics in the document may be helpful to include when writing bids for fundraising, developing services, within campaigns, and more.

The statistics in this document are the most up-to-date at the time of publication (Dec 2018). They are drawn from robust and credible sources. It is important to use the statistics in this document rather than from other sources so that people receive consistent and reliable information from Mind. This document will be updated every 6 months.

The statistics in this document are two nation where possible. However, there are gaps in information in Wales due to limited data.

If you have any questions about using this document, or notice there are any statistics missing that are important to your work, please get in touch at research@mind.org.uk

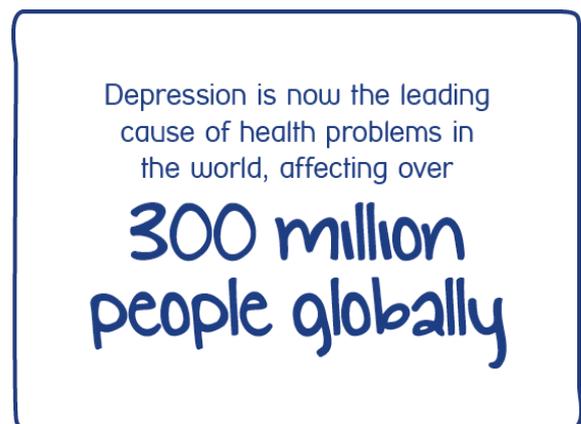
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Key Stats Infographics

These infographics illustrate some of the most widely used statistics at Mind. They are available alongside others as separate files to include in your work on the comms team page on the intranet. They may be useful to add to documents to evidence the need for our work and demonstrate our impact. Watch this space for more infographics soon.



Prevalence of Mental Health Problems

The number of people who report experiencing a mental health problem has been increasing. This change is likely to be driven by a number of factors: an increase in the number of women experiencing mental health problems, more people coming forward and a greater understanding of symptoms such as self-harming.¹

It is worth noting, that while many of the stats in this document come from the latest Adult Psychiatric Morbidity Survey (2014) this is a survey of private households, and does not include people living in other settings such as care homes, offender institutions, prisons, or in temporary housing or sleeping rough. People in these settings are likely to have worse mental health than those living in private households.²

All types of mental health problem

<p>UK</p>	<p>1 in 4 people will experience a mental health problem in any given year^{*3} while 1 in 5 people report experiencing at least one common mental health problem (such as stress, anxiety or depression) in any given week.⁴</p> <p>*This overall prevalence figure was last calculated from the 2007 Adult Psychiatric Morbidity survey – published in 2009. The study runs every seven years and the latest data was collected in 2014. However, NHS Digital have not yet published an equivalent figure. Mind has been working with them directly to encourage them to publish in a timely manner and we hope that the reference will be updated later this year.</p>
<p>England</p>	<p>As measured in 2014, the prevalence has increased for all types of common mental health problem (with the exception of panic disorder) and for severe mental health symptoms.⁵</p> <p>The prevalence of common mental health problems has risen 20% since 1993 in both men and women.⁶</p> <p>The percentage of people reporting severe mental health symptoms in the past week has increased from 7% in 1993, to over 9% in 2014.⁷</p>

¹ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

² NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

³ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2007
<http://www.hscic.gov.uk/pubs/psychiatricmorbidity07>

⁴ Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

⁵ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

⁶ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

⁷ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

New Zealand	Up to 84% of people will experience a mental health problem at some point in their lifetime. ⁸
UK	By 2030, it is estimated that there will be approximately 2 million more adults in the UK with mental health problems than there were in 2013. ⁹
England and Wales	40% of GP appointments involve mental health, ¹⁰ and 2 in 3 GPs (66%) have seen an increase in patients needing help with their mental health in the last 12 months. ¹¹
England	Women are up to 3 times more likely to experience a mental health problem than men. ^{12,13}
England	People from lower income households are more likely to be diagnosed with a mental health problem. 27% of men and 42% of women in the lowest income quintile, compared with 15% of men and 25% of women in the highest income quintile. ¹⁴

Common mental health problems – including depression and anxiety

Common mental health problems are among the most prevalent health conditions affecting people in the UK.¹⁵

⁸ Horwood (2015) The Christchurch Health and Development Study cited in Jonathan D Schaefer et al (2017) Enduring Mental Health: Prevalence and Prediction. Journal of Abnormal Psychology

⁹ Mental Health Foundation (September 2013), Starting today – The future of mental health services
<https://www.mentalhealth.org.uk/publications/starting-today-future-of-mental-health-services>

¹⁰ Mind GP Survey (2018)

<https://www.mind.org.uk/news-campaigns/news/40-per-cent-of-all-gp-appointments-about-mental-health/#.W9bp2U2NyM->

¹¹ Mind GP Survey (2018)

<https://www.mind.org.uk/news-campaigns/news/40-per-cent-of-all-gp-appointments-about-mental-health/#.W9bp2U2NyM->

¹² Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014

<http://content.digital.nhs.uk/catalogue/PUB21748>

¹³ NHS Digital. Health survey for England 2014: Chapter 2: Mental health problems

<https://digital.nhs.uk/catalogue/PUB22610>

¹⁴ NHS Digital. Health survey for England 2014: Chapter 2: Mental health problems

<https://digital.nhs.uk/catalogue/PUB22610>

¹⁵ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014

<http://content.digital.nhs.uk/catalogue/PUB21748>

<p>Global</p>	<p>Depression is one of the leading cause of health problems in the world: experienced globally by more than 300 million people of all ages. This is an increase of 10% over the last 10 years.¹⁶</p>
<p>The Western World</p>	<p>Almost half of all adults will experience at least one episode of depression during their lifetime.¹⁷</p>
<p>England</p>	<p>Nearly half of adults (43%) report that they have experienced a common mental health problem at some point, 35% of men and 51% of women. A fifth of men (20%) and a third of women (34.5%) have also had diagnoses confirmed by a professional.¹⁸</p>
<p>England</p>	<p>According to the most recent Adult Psychiatric Morbidity Survey (2014) 1 adult in 6 currently has a common mental health problem: about 1 woman in 5 (20%) and 1 man in 8 (13%).¹⁹</p>
<p>England</p>	<p>The prevalence of common mental health problems varies by region. People in the South West of England are most likely to experience a common mental health problem in any given week (21%) compared to people in the South East, and East of England who are least likely to experience a common mental health problem in any given week (14%).²⁰</p>
<p>England</p>	<p>Young women are a particularly high risk group. Over a quarter (26%) of young women aged between 16-24 years old report experiencing a common mental health problem in the last week.²¹</p>

¹⁶ The World Health Organization (2017) Depression fact sheet <http://www.who.int/mediacentre/factsheets/fs369/en/>

¹⁷ Andrews G, Poulton R and Skoog I (2005) Lifetime risk of depression: restricted to a minority or waiting for most? *British Journal of Psychiatry* Vol: 187 pp. 495-496

¹⁸ Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 <http://content.digital.nhs.uk/catalogue/PUB21748>

¹⁹ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014 <http://content.digital.nhs.uk/catalogue/PUB21748>

²⁰ Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 <http://content.digital.nhs.uk/catalogue/PUB21748>

²¹ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014 <http://content.digital.nhs.uk/catalogue/PUB21748>

England	Since 2007, there had been increases in common mental health symptoms in late midlife men and women (aged 55 to 64). ²²
England	Women are more likely than men to report severe symptoms of common mental health problems (10% of women report severe symptoms compared to 5% of men). ²³
<p>Severe and enduring mental health problems – including symptoms relating to a diagnosis of post-traumatic stress disorder, bipolar disorder, schizophrenia and personality disorders</p>	
<p><i>Diagnosis of Post-Traumatic Stress Disorder (PTSD) and personality disorders are both linked to previous trauma.²⁴ People meeting the criteria for personality disorders are at high risk of future mental health problems.²⁵</i></p>	
England	Around 4 people per 1000 experience symptoms of psychosis, such as those related to a diagnosis of schizophrenia in any given year. ^{26,27}
England	Around 4% of adults experience symptoms relating to Post-Traumatic Stress Disorder (PTSD). Almost 40% of these people have not spoken to their GP about their mental health in the last year. ²⁸

²² NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

²³ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

²⁴ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

²⁵ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

²⁶ It is worth noting that those stable on treatment or in remission are probably not included in this figure and this rate is likely to be an underestimate

²⁷ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

²⁸ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

	Young women (aged 16-24) have particularly high rates of symptoms relating to PTSD (12.6% compared with 3.6% of men of the same age). ²⁹
Global	The World Health Organisation (WHO) identifies bipolar disorder as the 6 th leading cause of disability in the world. ³⁰
England	Over 1 in 10 adults (13.7%) meet the diagnostic criteria for having a personality disorder - with similar rates for men and women. ³¹ For people meeting this criteria, experiences of distress during childhood, including neglect or abuse, are common. ³²

Self-Harm

See also LGBTQI+ Young People and Children & Young People

Self-harm is a symptom rather than a mental health problem in itself, but is strongly linked to mental distress. While self-harm doesn't necessarily lead onto suicide, it is a strong indicator of suicide risk³³. Reported self-harm and hospital admissions for self-harm have been rising, the majority of which are young women.³⁴

England	Since 2000, reported self-harm has more than doubled in the population as a whole (increase of 62.5%). This increase is experienced by both men and women. ³⁵
England	The rates for self-harming are particularly high in young women and men. 20% (1 in 5) women aged 16-24, and 10% of men aged 25-34 report having self-harmed. These rates have doubled for men and

²⁹ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

³⁰ Murray CJ, Lopez AD. (1996) *Global Burden of Disease*. Cambridge, MA: Harvard University Press.

³¹ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

³² NHS Choices. Personality disorder <https://www.nhs.uk/conditions/personality-disorder/>

³³ Burke, TA., Hamilton JL., Cohen, JN., Stange, JP., Alloy, LB., (2017) Identifying a Physical Indicator of Suicide Risk: Non-Suicidal Self-Injury Scars Predict Suicidal Ideation and Suicide Attempts: *Compr Psychiatry*. 2016 Feb; 65: 79-87.

³⁴ Winter, J. (2015). Provisional monthly topic of interest: Hospital admissions caused by intentional self-harm. Health and Social Care Information Centre. <http://content.digital.nhs.uk/catalogue/PUB19222/prov-mont-hes-admi-outp-ae-April%202015%20to%20August%202015-toi-rep.pdf>

³⁵ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

	tripled for women since 2007. ^{36 37} The percentage for women rose to 25% (1 in 4) when self-completing a survey compared to being interviewed face to face. ³⁸
Wales	<p>Self-harm is a growing problem in Wales with approximately 5,500 emergency admissions to hospital each year. It is likely that this figure grossly underestimates the number of occasions when people harm themselves.³⁹</p> <p>Hospital admissions for self-harm increased among 15 to 17-year-old girls - from approximately 650 incidents per 100,000 people in 2003-2005 to around 900 per 100,000 in 2006-2008. This is an increase of 38.5%.⁴⁰</p>
England	A third of people claiming Employment Support Allowance (ESA) report self-harming. ⁴¹
England	Two-thirds of people who self-harm do not receive any care or treatment. ⁴²

³⁶ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

³⁷ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

³⁸ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

³⁹ Welsh Government (2015) Talk to Me 2: Suicide and Self Harm reduction strategy for Wales 2015-2020
<http://gov.wales/docs/dhss/publications/150716strategyen.pdf>

⁴⁰ Welsh Government (2011) Children and Young People's Wellbeing Monitor for Wales
<http://gov.wales/docs/caecd/research/110328cypmonitoren.pdf>

⁴¹ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

⁴² NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

Suicide

See also Protective and Risk Factors, LGBTQI+ Young People and Crisis Care

Suicide is not a mental health problem in itself, but is linked to mental distress.⁴³ In the UK, men are approximately 3 times more likely to take their own lives by suicide than women. The suicide rate for middle-aged men, particularly those aged 40 to 44, and 90 and over is particularly high. The overall suicide rate has dropped slightly in England and Wales over the past 5 years. However rates are rising in women.⁴⁴ It is likely that the following figures are underestimates.

Suicidal thoughts

England	5% of people report having suicidal thoughts in the past year. This is an increase of 30% from 2000. ⁴⁵
England	1 in 10 women aged 16-24 had suicidal thoughts in the past year, and 1 in 14 men aged 16-24 and 25-34 had suicidal thoughts. ⁴⁶
England	A fifth of adults (22% of women and 19% of men) have thought about taking their life at some point in their lives. ⁴⁷ Young people aged 16-24 are the most likely age group to report having suicidal thoughts, with almost 35% of women in this age group report having had suicidal thoughts at some point in their lives. ⁴⁸
England	Two-thirds of people with severe symptoms of a common mental health problem (66%) have thought about taking their own life at some point. ⁴⁹

⁴³ Mental Health Foundation. Fundamental facts about mental health (2016)
<https://www.mentalhealth.org.uk/publications/fundamental-facts-about-mental-health-2016>

⁴⁴ Office for National Statistics (2017) *Suicides in Great Britain: 2016 registrations*
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2016registrations>

⁴⁵ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

⁴⁶ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

⁴⁷ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

⁴⁸ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

⁴⁹ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

England	66% of people claiming ESA have thought about taking their life. ⁵⁰
Suicidal attempts	
UK	1 in 15 adults have attempted to take their own life. Despite men being more likely than women to take their own life, women are more likely to make a suicide attempt (8% of women compared to 5% of men). ^{51,52}
England	43% of people claiming ESA have made a suicide attempt. ⁵³
Taking your own life	
England and Wales	Around 4,811 people took their own lives in England and Wales in 2017. This is around 13 deaths by suicides every day, or approximately 1 every 2 hours. ⁵⁴
UK	Suicide is the leading cause of death for people aged 20-34, and the biggest killer of men under the age of 50. ⁵⁵

⁵⁰ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

⁵¹ Office for National Statistics (2017) *Suicides in Great Britain: 2016 registrations*
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2016registration>

⁵² NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

⁵³ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

⁵⁴ Office for National Statistics (2018) *Suicides in the UK: 2017 registrations*
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations>

⁵⁵ Office for National Statistics (2017) *Suicides in Great Britain: 2016 registrations*
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2016registrations>

UK	The age groups with the highest suicide rates are, for men, 45 to 49 years old, (24.8 deaths per 100,000 people); for women 50 to 54 years (6.8 suicides per 100,000 people). ⁵⁶
England	In 2017, the North East had the highest suicide rate in England (10.8 suicides per every 100,000 people). The lowest rate is in London (7.7 suicides per every 100,000 people). ⁵⁷
England	Over half (54%) of children and young people who died by suicide in England in 14/15 had previously self-harmed. Bereavement, mental health problems, and contact with the youth justice system are also common among children and young people who die by suicide. ^{58,59}
UK	75% of deaths by suicide are male, although more attempts are made by women. ⁶⁰
England and Wales	People in contact with the criminal justice system have substantially more risk factors for suicide (increased prevalence of mental health problems, substance misuse and socioeconomic deprivation). ⁶¹
UK	During 2004-2014, 28% of people who took their own life had been in contact with mental health services during the previous 12 months. This statistic doesn't include in-patients who took their own life. ⁶² On average there are 114 suicides by mental health in-patients in the UK per year. ⁶³

⁵⁶ Office for National Statistics (2018) Suicides in the UK: 2017 registrations
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations>

⁵⁷ Office for National Statistics (2018) Suicides in the UK: 2017 registrations
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations>

⁵⁸ National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, Suicide by children and young people in England, University of Manchester, 2016

⁵⁹ Rodway C, Tham S G, Ibrahim S, Turnbull P, Windfuhr K, Shaw J, Kapur N, Appleby L, 'Lancet Psychiatry, Suicide in children and young people in England: a consecutive case series'. 3, 2016

⁶⁰ Office for National Statistics (2017) *Suicides in Great Britain: 2016 registrations*
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2016registrations>

⁶¹ HM Government. Preventing suicide in England: A cross-government outcomes strategy to save lives (2012)

⁶² The University of Manchester (2017) The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness: Annual Report 2017

<http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/2017-report.pdf>

⁶³ The University of Manchester (2017) The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness: Annual Report 2017

<http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/2017-report.pdf>

<p>UK</p>	<p>Over 200 people take their own life each year while receiving crisis resolution/home treatment. A third of these people have been under the service for less than 1 week. A third have recently been discharged from hospital and 43% live alone.⁶⁴</p>
<p>UK</p>	<p>Suicide is the leading cause of death directly related to pregnancy in the year after mothers give birth.⁶⁵</p>
<p>UK</p>	<p>People in the lowest socio-economic groups and living in the most deprived areas are up to 10 times more at risk of suicide than those in the most affluent groups and in the most affluent areas.⁶⁶</p>
<p>England</p>	<p><i>The National Suicide Prevention Strategy</i> was refreshed in 2017 to support the Government's commitment to reduce suicides by 10% by 2020/21. It focuses on the following high risk groups:^{67,68}</p> <ul style="list-style-type: none"> • Middle aged men • Those in places of custody/ detention and/ or contact with the criminal justice system or mental health services • People who self-harm.

⁶⁴ The University of Manchester (2017) The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness: Annual Report 2017

⁶⁵ MBRRACE-UK (2017) Maternal, Newborn and Infant Clinical Outcome Review Programme, Saving Lives, Improving Mothers' Care: surveillance of maternal deaths in the UK 2012–14 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009–14
<https://www.npeu.ox.ac.uk/downloads/files/mbrrace-uk/reports/MBRRACE-UK-PMS-Report-2015%20FINAL%20FULL%20REPORT.pdf>

⁶⁶ Samaritans (2017) Socioeconomic disadvantage and suicidal behaviour
<https://www.samaritans.org/sites/default/files/kcfinder/files/Socioeconomic%20disadvantage%20and%20suicidal%20behaviour%20-%20full%20report.pdf>

⁶⁷ NHS (2017) Five Year Forward View for Mental Health: One Year On
<https://www.england.nhs.uk/wp-content/uploads/2017/03/fyv-mh-one-year-on.pdf>

⁶⁸ HM Government (2016) Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives
<https://www.gov.uk/government/publications/suicide-prevention-third-annual-report>

Overview of Protective and Risk Factors

See also Suicide and At Risk Groups

It is well established that poor mental health is linked to deprivation. This isn't just about a lack of resources, but exposure to adverse experiences (such as trauma) and also in terms of large differences in wealth and resources between groups.⁶⁹ People's mental health is also influenced by their social setting, such as having the ability to earn enough money and feeling part of a community.⁷⁰ It is worth noting that low income doesn't equate to developing a mental health problem, but other factors surrounding this status, for example being in unsecured debt can impact on people's mental health.⁷¹

England	<p>Evidence shows that mental health is influenced by many factors, including:⁷²</p> <ul style="list-style-type: none"> Experiences in early years Education outcomes Work that is low paid, insecure or poses health risks Social inequality Physical health Social support The physical environment
Wales	<p>The 2016-2017 National Survey for Wales found that:⁷³</p> <ul style="list-style-type: none"> People living in more deprived areas have lower levels of wellbeing Adults who are employed have higher levels of wellbeing compared to people who are unemployed or economically inactive As loneliness scores increase, wellbeing scores decrease Home owners have higher levels of wellbeing compared to people living in private rented or social housing Wellbeing scores were higher for people with healthy lifestyles (non-smokers, being physically active, eating 5 portions of fruit and veg a-day and being a healthy weight)

⁶⁹ Public Health England (2017) Better mental health: JSNA toolkit: 2 Understanding place <https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/2-understanding-place>

⁷⁰ Faculty of Public Health, Mental Health Foundation. Better Mental Health for All: A Public Health Approach to Mental Health Improvement (2016) <http://www.fph.org.uk/uploads/Better%20Mental%20Health%20For%20All%20FINAL%20low%20res.pdf>

⁷¹ Richardson, T., Elliott, P., & Roberts, R. (2013). The relationship between personal unsecured debt and mental and physical health: A systematic review and meta-analysis. *Clinical Psychology Review*, 33 (8), 1148-1162

⁷² Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M., & Geddes, I. (2010). Fair society, healthy lives: Strategic review of health inequalities in England post 2010 <http://instituteoftheequity.org/projects/fair-society-healthy-lives-the-marmot-review>

⁷³ Welsh Government. (2017) The National Survey for Wales 16-17 <http://gov.wales/statistics-and-research/national-survey/?tab=current&lang=en>

<p>England</p>	<p>Some subgroups are more exposed and vulnerable to unfavourable social, economic, and environmental circumstances. These subgroups, interrelated with ethnicity, gender and age, are at higher risk of mental health problems.⁷⁴⁷⁵</p> <ul style="list-style-type: none"> • Black and minority ethnic groups (BAME) • People living with physical disabilities • People living with learning disabilities • Prison populations and offenders • LGBT people • Carers • People with sensory impairments • Homeless people • Refugees, asylum seekers and stateless persons
<p>England</p>	<p>Higher rates of mental health problems are associated with poverty and socio-economic disadvantage. Across the life-course examples of groups identified as vulnerable are:⁷⁶</p> <ul style="list-style-type: none"> • Women who are pregnant or have a child aged under 1 • Children living at a socio-economic disadvantage • Children with parents who have mental health or substance misuse problems • Looked-After Children (children in the care of the Local Authority) • Adults with a history of violence or abuse • People with poor physical health • Older people living in care homes • Isolated older people
<p>UK</p>	<p>Common mental health problems are more prevalent among black women, adults under the age of 60 living alone, women in large households, unemployed adults, those in receipt of benefits (especially Employment Support Allowance) and people who smoke.⁷⁷</p>

⁷⁴ Mental Health Foundation. Fundamental facts about mental health (2016)

<https://www.mentalhealth.org.uk/publications/fundamental-facts-about-mental-health-2016>

⁷⁵ Department of Health. Annual Report of the Chief Medical Officer 2013 - Public Health Priorities 2014

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413196/CMO_web_doc.pdf

⁷⁶ Public Health England (2017) Better mental health: JSNA toolkit: 2 Understanding place

<https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/2-understanding-place>

⁷⁷ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014

<http://content.digital.nhs.uk/catalogue/PUB21748>

<p>England</p>	<p>Refugees are more likely to have experienced trauma and have higher prevalence of mental health symptoms relating to post-traumatic stress disorder (PTSD), depression and anxiety.⁷⁸</p>
<p>US / The Netherlands</p>	<p>Being a survivor of domestic abuse increases the risk of mental health problems⁷⁹ and there are high rates of mental health problems (particularly PTSD) among people who have been raped and among immigrant women who have undergone female genital mutilation.⁸⁰</p>
<p>UK</p>	<p>There are high levels of mental health problems (including symptoms relating to psychosis, antisocial personality disorder and anxiety) among British male gang members.⁸¹</p>
<p>England and Wales</p>	<p>People with mental health problems are 3 times more likely to be a victim of crime than the general population and 5 times more likely to be a victim of assault (rising to 10 times more likely for women).⁸²</p>
<p>UK</p>	<p>Over 9 million adults in the UK, more than the population of London, are either always or often lonely.⁸³ Feeling lonely can negatively impact on your mental health including leading to depression.⁸⁴</p>

⁷⁸ Vostanis P. Meeting the mental health needs of refugees and asylum seekers. *The British Journal of Psychiatry* (2014); 204(3):176-7

⁷⁹ Golding JM. Intimate Partner Violence as a Risk Factor for Mental Disorders: A Meta-Analysis. *Journal of Family Violence* (1999)14(2):99-132

⁸⁰ Knipscheer J, Vloeberghs E, van der Kwaak A, van den Muijsenbergh M. Mental health problems associated with female genital mutilation. *BJPsych Bulletin*. 2015

⁸¹ Coid J, Ullrich S, Keers R, Bebbington P, DeStavola B, Kallis C, et al. Gang Membership, Violence, and Psychiatric Morbidity. *American Journal of Psychiatry*. 2013;170(9):985-93

⁸² Mind. At risk, yet dismissed: the criminal victimisation of people with mental health problems (2013) <http://eprints.kingston.ac.uk/28922/>

⁸³ Coop and Red Cross (2016) Trapped in a bubble: An investigation into triggers for loneliness in the UK <http://www.redcross.org.uk/en/What-we-do/Health-and-social-care/Independent-living/Loneliness-and-isolation>

⁸⁴ Mushtaq, R., Shoib, S., Shah, T., & S. (2014) Relationship Between Loneliness, Psychiatric Disorders and Physical Health: A Review on the Psychological Aspects of Loneliness: *Journal of Clinical 7 Diagnostic Research*. 2014 Sep; 8(9)

Mental Health and Physical Health

People with mental health problems are more likely to have physical health problems than the general population,⁸⁵ and poor physical health increases the risk of developing a mental health problem.⁸⁶

People living with both a long-term physical health condition and a mental health problem are more likely to experience deprivation and have fewer resources of all kinds.⁸⁷ Furthermore, people experiencing a mental health problem are less likely to receive the physical healthcare they are entitled to leading to an increased risk of some physical health conditions.⁸⁸

The presence of more than one health problem in an individual is known as comorbidity.

England	On average, people with a mental health problem die 15 to 20 years earlier than those without. ^{89,90} Most of this is due to physical illness – many of which can be prevented, – including cancer, diabetes and heart disease and unintentional harm and higher rates of smoking. ^{91,92}
England	46% of people with a mental health problem also have a long-term physical health condition ⁹³ and people with a long-term physical condition are 2 to 3 times more likely to experience a mental health

⁸⁵ Public Health England (2018) Severe mental illness (SMI) and physical health inequalities: briefing <https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing>

⁸⁶ Public Health England (2017) Better mental health: JSNA toolkit: 3 Understanding people <https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/3-understanding-people>

⁸⁷ Naylor, C., Parsonage, M., McDaid, D., Knapp, M., Fossy, M., & Galea, A. (2012). Long-term conditions and mental health – The cost of co-morbidities. London: The King’s Fund, & Centre for Mental Health

https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf

⁸⁸ Mental Health Foundation ‘Physical health and mental health’ [online] <https://www.mentalhealth.org.uk/a-to-z/p/physical-health-and-mental-health>

⁸⁹ Thornicroft G. Premature death among people with mental illness. *BMJ*, 2013; 346: f2969.

⁹⁰ Department of Health. (2015) Preventing suicide in England: two years on. Second annual report on the cross-government outcomes strategy to save lives.

www.gov.uk/government/uploads/system/uploads/attachment_data/file/405407/Annual_Report_acc.pdf

⁹¹ Jayatilleke N, Chang C-K, Hayes RD, Dutta R, Shetty H, Hotopf M, Stewart R. Contributions of specific causes of death to loss of life expectancy in serious mental illness. In submission - <https://www.thersa.org/action-and-research/rsa-projects/public-services-and-communities-folder/mental-health/long-life.html/>

⁹² Royal College of Psychiatrists. Smoking and mental health: A joint report by the Royal College of Physicians and the Royal College of Psychiatrists 2013

<http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr178.aspx>

⁹³ Kings Fund. Bringing together physical and mental health (2016)

	problem than the general population. ⁹⁴ Many of these people experience significantly poorer health outcomes and reduced quality of life as a result. ⁹⁵
England	People with severe symptoms of a common mental health problem are twice as likely to have asthma as those with no or few symptoms. ⁹⁶
England	At least £1 in every £8 spent on long-term conditions is linked to poor mental health and wellbeing. ⁹⁷
<h2>Poverty, Welfare and Unemployment</h2> <p><i>See also Suicide and Children and Young People</i></p> <p><i>Poverty can be both a causal factor and a consequence of mental health problems. Across the UK men and women in the poorest fifth of the population are twice as likely to be at risk of developing mental health problems as those on an average income. Unemployment and unstable employment are also both risk factors for mental health problems.⁹⁸ People in receipt of Employment and Support Allowance (ESA), a benefit aimed at those unable to work due to poor health or disability, have particularly high rates of mental health problems.⁹⁹</i></p>	
England	There is a strong link between economic status and mental health. Economically inactive ¹⁰⁰ and unemployed people are much likely to experience a common mental health problem in any given week.

⁹⁴ Naylor, C., Parsonage, M., McDaid, D., Knapp, M., Fossy, M., & Galea, A. (2012). Long-term conditions and mental health – The cost of co-morbidities. London: The King’s Fund, & Centre for Mental Health

⁹⁵ Naylor, C., Parsonage, M., McDaid, D., Knapp, M., Fossy, M., & Galea, A. (2012). Long-term conditions and mental health – The cost of co-morbidities. London: The King’s Fund, & Centre for Mental Health
https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf

⁹⁶ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

⁹⁷ Naylor, C., Parsonage, M., McDaid, D., Knapp, M., Fossy, M., & Galea, A. (2012). Long-term conditions and mental health – The cost of co-morbidities. London: The King’s Fund, & Centre for Mental Health
https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf

⁹⁸ Public Health England (2017) Better mental health: JSNA toolkit: 2 Understanding place
<https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/2-understanding-place>

⁹⁹ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

¹⁰⁰ The economically inactive are defined as people who are not in employment or unemployed. There are many reasons why an individual may be inactive, for example, they might be studying, looking after family or long-term sick.

	<p>% of people experiencing a common mental health problem in any given week by employment status¹⁰¹:</p> <ul style="list-style-type: none"> • Economically inactive 33% • Unemployed 29% • Employed part-time 16% • Employed full-time 14%
UK	Almost two thirds of people with severe mental health problems are unemployed. ¹⁰²
UK	People with a common mental health problem are 4 to 5 times more likely to be permanently unable to work and 3 times more likely to be receiving benefits payments. ¹⁰³
England	People who are unemployed are between 4 and 10 times more likely to report anxiety and depression and to take their own lives. ¹⁰⁴
UK	Two-thirds of adults aged 16 to 64 in receipt of Employment and Support Allowance (ESA) have a common mental health problem (66.1%). ¹⁰⁵ Approaching half of people claiming ESA have made a suicide attempt at some point. ¹⁰⁶
Wales	The Welsh Health Survey (2016) found that in the least deprived areas, 8% of adults were being treated for a mental health problem compared to 20% of adults in the most deprived areas. ¹⁰⁷

¹⁰¹ House of Commons Library (2018) Mental health statistics for England: prevalence, services and funding <http://researchbriefings.files.parliament.uk/documents/SN06988/SN06988.pdf>

¹⁰² OECD (2014) Mental health and work: United Kingdom <http://www.oecd.org/els/mental-health-and-work-united-kingdom-9789264204997-en.htm>

¹⁰³ Meltzer H, Singleton N, Lee A, Bebbington P, Brugha T, Jenkins R. The Social and Economic Circumstances of Adults with Mental Disorders. HMSO (2002)

¹⁰⁴ Waddell G, Burton A. Is Work Good for Your Health and Well-being? London: TSO (2006)

¹⁰⁵ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014 <http://content.digital.nhs.uk/catalogue/PUB21748>

¹⁰⁶ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014 <http://content.digital.nhs.uk/catalogue/PUB21748>

¹⁰⁷ Welsh Government (2016). The Welsh Health Survey 2016 edition. <http://gov.wales/docs/statistics/2016/160622-welsh-health-survey-2015-health-status-illnesses-other-conditions-en.pdf>

Global	Having unsecured debt is strongly associated with depression and suicide. ¹⁰⁸
England	A quarter of people experiencing a common mental health problem also have financial problems, 3 times more than the general population. ¹⁰⁹
Employment and Workplace Wellbeing	
<i>Stable and rewarding employment is a protective factor for mental health and can be an important element of recovery from mental health problems.¹¹⁰ Employees are now becoming more likely to talk about their mental health in their workplace. This can be attributed to a number of factors – including more public figures speaking openly about their mental health and the work of mental health charities.¹¹¹</i>	
UK	Half (48%) of all employees have experienced a mental health problem in their current job. Only half of these people have talked to their employer about their mental health. ¹¹²
UK	A 2018 workplace survey found that 82% of respondents were more likely to talk about mental health, than a few years ago. The main reasons cited for this change are high-profile individuals talking about their mental health, and the work of mental health charities. ¹¹³

¹⁰⁸ Richardson, T., Elliott, P., & Roberts, R. (2013). The relationship between personal unsecured debt and mental and physical health: A systematic review and meta-analysis. *Clinical Psychology Review*, 33 (8), 1148-1162.

¹⁰⁹ Money and Mental Health Policy Institute. The missing link: how tackling financial difficulty can boost recovery rates in IAPT (2016)

¹¹⁰ Public Health England (2017) Better mental health: JSNA toolkit: 2 Understanding place
<https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/2-understanding-place>

¹¹¹ Accenture (2018) Supporting mental health in the workplace: the role of technology
https://www.accenture.com/t00010101T000000Z__w_/gb-en/_acnmedia/PDF-88/Accenture-World-Mental-Health-Final-Version.pdf#zoom=50

¹¹² Mind Press Release (2018) <https://www.mind.org.uk/news-campaigns/news/half-of-workers-have-experienced-poor-mental-health-in-current-job/#.W83WAHtKIM9>

¹¹³ Accenture (2018) Supporting mental health in the workplace: the role of technology
https://www.accenture.com/t00010101T000000Z__w_/gb-en/_acnmedia/PDF-88/Accenture-World-Mental-Health-Final-Version.pdf#zoom=50

UK	Poor mental health is estimated to cost UK employers between £33bn and £42bn each year. This is through reduced productivity, high turnover and sickness absence. With an additional £1bn costs for self-employed sickness absence. ¹¹⁴
UK	300,000 people with a long term mental health problem lose their jobs each year. This is double the rate of those without a mental health condition and much higher than people with a physical health condition. ¹¹⁵
UK	The return of investment for workplace mental health support is overwhelming positive. With an average return for every £1 spent of £4.20. ¹¹⁶

Housing

Stable, good quality housing can be a protective factor for mental health and a vital element of recovery.¹¹⁷ High rates of people moving home within and between areas can disrupt social ties and community networks and is related to higher levels of stress and mental health problems.¹¹⁸ The prevalence of mental health problems is higher in people who live alone.¹¹⁹

UK	1 in 5 adults in England report that housing problems have had a negative impact on their mental health in the last 5 years. GPs also identify housing issues as a common contributing factor to their patients' poor mental health. ¹²⁰
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¹¹⁴ Deloitte UK. Mental health and employers: The case for investment. Supporting study for the Independent Review <https://www2.deloitte.com/uk/en/pages/public-sector/articles/mental-health-employers-review.html>

¹¹⁵ DWP. Thriving at Work: The Stevenson / Farmer review of mental health and employers (2017) <https://www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers>

¹¹⁶ Deloitte UK. Mental health and employers: The case for investment. Supporting study for the Independent Review <https://www2.deloitte.com/uk/en/pages/public-sector/articles/mental-health-employers-review.html>

¹¹⁷ Public Health England (2017) Better mental health: JSNA toolkit: 2 Understanding place <https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/2-understanding-place>

¹¹⁸ Joseph Rowntree Foundation. Population turnover and area deprivation 2007 <https://www.jrf.org.uk/report/population-turnover-and-area-deprivation>

¹¹⁹ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014 <http://content.digital.nhs.uk/catalogue/PUB21748>

¹²⁰ Shelter (2017) The Impact of Housing Problems on Mental Health. London: Shelter https://england.shelter.org.uk/__data/assets/pdf_file/0005/1364063/Housing_and_mental_health_-_detailed_report.pdf

<p>England</p>	<p>Adolescents living in cold housing are at a significantly greater risk of developing multiple mental health conditions.¹²¹</p>
<p>England</p>	<p>Stable housing is important for helping people access formal support services and maintain their independence. It also helps people build good relationships with neighbours and improves their access to informal social support.¹²²</p>
<p>UK</p>	<p>80% of people sleeping rough have self-reported a mental health problem and 45% have been diagnosed with a mental health problem.¹²³</p>

¹²¹ Public Health England. The Cold Weather Plan for England (2015)

<https://www.gov.uk/government/publications/cold-weather-plan-cwp-for-england>

¹²² King's Fund (2016) Housing, Care and Health. London: National Housing Federation

¹²³ Homeless Link (2014) The unhealthy state of homelessness: health audit results 2014

[https://www.homeless.org.uk/sites/default/files/site-](https://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf)

[attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf](https://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf)

2. At Risk Groups

See also Protective and Risk Factors

LGBTQI+ People	
<i>Evidence suggests that people who identify as LGBTQI+ are more likely to develop a mental health problem than the general population.¹²⁴ This includes much higher rates of self-harm and suicidal thoughts for young LGBTQI+ people.¹²⁵ This higher prevalence can be related to a wide range of factors, including discrimination, isolation and homophobia.¹²⁶</i>	
UK	<p>The latest Office for National Statistics Sexual Identity Survey (2016) reported that 93% of the UK population identify as heterosexual or straight.¹²⁷</p> <p>Young people aged 14-19 are more likely to identify as lesbian, gay, bi or 'other'. 1 in 10 (10%) young people identify as non-heterosexual.¹²⁸</p>
England	<p>People who identify as LGB are 2 to 3 times more likely to experience a mental health problem compared to the general population.¹²⁹</p>
England, Wales and Scotland	<p>Over half (52%) of LGBT people have experienced depression in the last year, and 3 in 5 (61%) have experienced anxiety.¹³⁰</p>

¹²⁴ Elliott, M.N., Kanouse, D.E., Burkhart, Q., Abel, G.A., Lyratzopoulos, G., Beckett, M.K., & Roland, M. (2015). Sexual Minorities in England Have Poorer Health and Worse Health Care Experiences: A National Survey. *Journal of General Internal Medicine*, 30(1), 9–16.

¹²⁵ Stonewall (2017) The school report: The experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017 http://www.stonewall.org.uk/sites/default/files/the_school_report_2017.pdf

¹²⁶ LGBT Foundation. (2015). Mental Health. [online] <http://lgbt.foundation/who-we-help/women/mental-health>

¹²⁷ ONS (2016) Sexual identity: UK 2016 <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016#things-you-need-to-know-about-this-release>

¹²⁸ NHS Digital (2018) Mental Health of Children and Young People in England, 2017 (PAS) <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

¹²⁹ Elliott, M.N., Kanouse, D.E., Burkhart, Q., Abel, G.A., Lyratzopoulos, G., Beckett, M.K., & Roland, M. (2015). Sexual Minorities in England Have Poorer Health and Worse Health Care Experiences: A National Survey. *Journal of General Internal Medicine*, 30(1), 9–16

¹³⁰ Stonewall and YouGov (2018) LGBT in Britain: Health Report https://www.stonewall.org.uk/sites/default/files/lgbt_in_britain_health.pdf

<p>England, Wales and Scotland</p>	<p>A 2018 YouGov survey of over 5,000 LGBT people in England and Wales found that:</p> <ul style="list-style-type: none"> • Two thirds of trans people (67%) had experienced depression in the last year • More than 2 in 5 LGBT people (42%) have had suicidal thoughts in the last year • 1 in 3 LGBT people aged 18-24 (13%) tried to take their own life in the last year • Almost half of trans people (46%) have thought about taking their own life in the last year, 31% of LGB people who aren't trans said the same • 41% of non-binary people said they harmed themselves in the last year compared to 20% of LGBT women and 12% of GBT men • 1 in 8 LGBT people (13%) have experienced some form of unequal treatment from healthcare staff because they're LGBT • Almost 1 in 4 LGBT people (23%) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, 6% of LGBT people – including 20% of trans people – have witnessed these remarks • 1 in 7 LGBT people (14%) have avoided treatment for fear of discrimination because they're LGBT.
<p>England</p>	<p>The rates of recovery after receiving a talking therapy are worse for people who identify as bisexual (35%) compared to people who identify as heterosexual (51%).¹³¹</p>
<p>UK</p>	<p>A 2012 study of people who identify as transgender found that:¹³²</p> <ul style="list-style-type: none"> • 55% people of trans people have been diagnosed with depression • Almost 9 out 10 trans people (88%) have experienced depression at some point • 75% of trans people have experienced anxiety at some point • Over half of trans people (58%) felt that they had been so distressed at some point that they had needed to seek help or support urgently • 10% of trans people have been an inpatient in a mental health unit at least once

¹³¹ House of Commons Library (2018) Mental health statistics for England: prevalence, services and funding <http://researchbriefings.files.parliament.uk/documents/SN06988/SN06988.pdf>

¹³² Jay McNeil, Louis Bailey, Sonja Ellis, James Morton & Maeve Regan (2012) Trans Mental Health Study https://www.gires.org.uk/wp-content/uploads/2014/08/trans_mh_study.pdf

LGBTQ+ Young People

1 in 10 (10%) young people describe themselves as lesbian, gay, bi, or other.¹³³

<p>England</p>	<p>Young people (14-19 years old) who identify as being LGB or other are more than twice as likely (35%) to experience a mental health problem compared to young people who identify as heterosexual (13%).¹³⁴</p>
<p>England, Scotland and Wales</p>	<p>A 2017 study of pupils by Stonewall found that:</p> <ul style="list-style-type: none"> • 58% of LGBT pupils have self-harmed. This number rises to 75% for LGBTQ+ pupils who have been bullied • 7 in 10 (70%) of lesbian, gay and bisexual pupils (who are not trans) have thought about taking their own life • Nearly 9 in 10 disabled LGBT young people (87%) have thought about taking their own life • 1 in 5 (22%) lesbian, gay and bi pupils (who are not trans), have tried to take their own life • Nearly half of disabled LGBT pupils (48%) have tried to take their own life • More than 4 in 5 transgender young people (84%) have deliberately harmed themselves at some point • 9 in 10 transgender young people (92%) have thought about taking their own life • More than 2 in 5 transgender young people 45% have at some point attempted to take their own life.¹³⁵

¹³³ NHS Digital (2018) Mental Health of Children and Young People in England, 2017 (PAS) <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

¹³⁴ NHS Digital (2018) Mental Health of Children and Young People in England, 2017 (PAS) <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

¹³⁵ Stonewall (2017) The school report: The experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017 http://www.stonewall.org.uk/sites/default/files/the_school_report_2017.pdf

People from Black, Asian or Minority Ethnic (BAME) Communities

See also Children and Young People, Accessing Support and Crisis Care & the Mental Health Act

Evidence suggests that people from BAME communities are at higher risk of developing a mental health problem in adulthood but are less likely to receive support for their mental health.^{136,137} A disproportionate number of people from BAME communities are detained under the Mental Health Act.¹³⁸

<p>England</p>	<p>People from Black communities are more likely than average to experience a common mental health problem in any given week. People from White non-British communities are least likely to report experiencing a common mental health problem.</p> <p>% experiencing a common mental health problem in the last week by ethnicity:¹³⁹</p> <ul style="list-style-type: none"> • White British 17% • White Other 14% • Black & Black British 23% • Asian & Asian British 18% • Mixed & other 20%
<p>UK</p>	<p>Black and Black British women are more likely to experience a common mental health problem (29%) compared to White British women (21%) and non-British White women (16%).¹⁴⁰</p>

¹³⁶ Bhui, K., & McKenzie, K. (2008). Rates and risk factors by ethnic group for suicides within a year of contact with mental health services in England and Wales. *Psychiatric Services*, 59 (4), 414–420

¹³⁷ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

¹³⁸ NHS Digital (2017) Mental Health Act Statistics, Annual Figures: 2016-17, Experimental Statistics
<https://digital.nhs.uk/catalogue/PUB30105>

¹³⁹ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

¹⁴⁰ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

UK	Boys from African and Caribbean communities have lower levels of mental health problems at the age of 11 compared to White or mixed heritage boys, however national data shows that adult African and Caribbean men have a significantly higher likelihood of developing some types of mental health problem (e.g. symptoms relating to schizophrenia and to a lesser extent post-traumatic stress disorder) during adult years. This higher chance of poor mental health does not emerge in countries where the population is predominantly Black and appears to be an environmental risk related to experiences in northern Europe and the United States. ¹⁴¹
UK	Young men from Black and Minority Ethnic communities are around 11 times more likely as White young men to present with symptoms relating to psychosis such as schizophrenia. ¹⁴²
UK	8% of Black or Black British adults have symptoms relating to post-traumatic stress disorder compared with 4% of their White British counterparts. ¹⁴³
UK	Young men from Black and Minority Ethnic communities are around 3 times more likely to present with suicidal risk. ¹⁴⁴
UK	Despite higher prevalence, Black adults have the lowest mental health treatment rate of any ethnic group, at 6% (compared to 13% in the White British group). ¹⁴⁵
England	People from black African and Caribbean and South Asian origin are less likely to have their mental health problems detected by their GP. ¹⁴⁶

¹⁴¹Centre for Mental Health (2017) Against the odds: Evaluation of the Mind Birmingham Up My Street Programme <https://www.centreformentalhealth.org.uk/Handlers/Download.ashx?IDMF=14f86686-7882-43cb-b64e-1540f12ab01a>

¹⁴² McManus, S., Bebbington, P., Jenkins, R. & Brugha, T. (2016) Mental health and wellbeing in England. Adult Psychiatric Morbidity Survey 2014, Leeds: Health and Social Care Information Centre

¹⁴³ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014 <http://content.digital.nhs.uk/catalogue/PUB21748>

¹⁴⁴ McManus, S., Bebbington, P., Jenkins, R. & Brugha, T. (2016) Mental health and wellbeing in England. Adult Psychiatric Morbidity Survey 2014, Leeds: Health and Social Care Information Centre

¹⁴⁵ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014 <http://content.digital.nhs.uk/catalogue/PUB21748>

¹⁴⁶National Institute for Mental Health in England. (2003). Inside Outside: Improving Mental Health Service for Black and Minority Ethnic Communities in England. London: Department of Health.

<p>UK</p>	<p>People from Black and Minority Ethnic groups living in the UK are more likely to:¹⁴⁷</p> <ul style="list-style-type: none"> • be diagnosed with a mental health problem • seek help in a crisis situation and in A&E • be admitted to hospital with a mental health problem • experience a poor outcome from treatment • disengage from mainstream mental health services
<p>England</p>	<p>People from black African and Caribbean backgrounds are disproportionately seen in the ‘hard end’ of services (for example, in a mental health crisis) and are more likely to receive harsher or more coercive treatments.¹⁴⁸</p>
<p>England</p>	<p>People from black African and Caribbean communities are more than 4 times more likely to be detained under the Mental Health Act their White British peers¹⁴⁹, and 6 times more likely to be detained in London.^{150,151}</p>
<p>England</p>	<p>A third (32%) of Black and Minority Ethnic people report experiencing either a moderate amount or a lot of discrimination from within their own communities because of their mental health problems.¹⁵²</p>

http://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4084558

¹⁴⁷ [Mental Health Foundation website. Black, Asian and Minority Ethnic Communities](https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities)

<https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>

¹⁴⁸ Fitzpatrick R, Kumar S, Nkansa-Dwamena O, Thorne L. Ethnic Inequalities in Mental Health: Promoting Lasting

Positive Change 2014 <https://lankellychase.org.uk/wp-content/uploads/2015/07/Ethnic-Inequality-in-Mental-Health-Confluence-Full-Report-March2014.pdf>

¹⁴⁹ NHS Digital (2018) Mental Health Act Statistics, Annual Figures: 2017-18, Experimental Statistics

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2017-18-annual-figures>

¹⁵⁰ NHS Digital (2017) Mental Health Act Statistics, Annual Figures: 2016-17, Experimental Statistics

<https://digital.nhs.uk/catalogue/PUB30105>

¹⁵¹ NHS (2017) Five Year Forward View for Mental Health: One Year On

<https://www.england.nhs.uk/wp-content/uploads/2017/03/fyfv-mh-one-year-on.pdf>

¹⁵² Mental Health Survey of Ethnic Minorities (2013)

https://www.time-to-change.org.uk/sites/default/files/TTC_Final%20Report_ETHNOS_summary_1.pdf

Older People

Life expectancy has seen a significant increase across the Globe. This increase in longevity can lead to added pressure on services due to age related health problems. Dealing with loneliness, financial insecurity and major life changes may all represent risk factors for older people's mental health.¹⁵³

<p>UK</p>	<p>There are more people in the UK aged 50 or over than there are under the age of 18 - and the proportion of older people aged 65 or over has grown by 21% in the last 10 years, now representing 18% of the total population.¹⁵⁴ By 2035, almost a quarter of the UK population will be over the age of 65 and the number of people aged 85 and over will be almost 2.5 times that of 2010.¹⁵⁵</p>
<p>England</p>	<p>Mental health problems in later life are under-identified by health professionals and by older people themselves.¹⁵⁶ Yet people with these problems are likely to respond to treatments as well in older age as they do in the younger population.¹⁵⁷</p>
<p>UK</p>	<p>Levels of discrimination, presence of meaningful activities and relationships, physical health condition and poverty are key factors that affect the mental health and wellbeing of older people.¹⁵⁸ Some groups are at a higher risk than others - those who are lonely have a higher risk of developing depression and older people in a caring role may struggle to get the support they need.¹⁵⁹</p>

¹⁵³ Age UK (2016): Hidden in plain sight: the unmet mental health needs of older people http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Policy/health-and-wellbeing/Hidden_in_plain_sight_older_peoples_mental_health.pdf?dtrk=true

¹⁵⁴ ONS. (2016). Population Estimates for UK, England and Wales, Scotland and Northern Ireland, Mid-2015. Retrieved from ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2015

¹⁵⁵ Joint Commissioning Panel for Mental Health. Guidance for commissioners of older people's mental health services (2013)

¹⁵⁶ World Health Organization (2018) Mental health of older adults – fact sheet <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>

¹⁵⁷ Hill, A. & Brettell, A. (2004) Counselling older people: a systematic review http://www.bacp.co.uk/admin/structure/files/pdf/9353_older_people_complete.pdf

¹⁵⁸ Age Concern, Mental Health Foundation. Promoting mental health and well-being in later life. A first report from the UK Inquiry into Mental Health and Well-Being in Later Life (2006)

¹⁵⁹ Faculty of Public Health, Mental Health Foundation. Better Mental Health for All: A Public Health Approach to Mental Health Improvement (2016)

<p>England</p>	<p>Many older adults will suffer from physical ill health and this can lead to mental health problems. The risk of developing depression is over 7 times higher in those with 2 or more chronic physical problems.</p> <p>Older adults with mental health problems and physical disorders use more health and social care services and have poorer outcomes.</p> <p>Around two thirds of older adults on acute hospital wards have a mental health problem and this is often unrecognised and untreated.¹⁶⁰</p>
<p>UK</p>	<p>It is estimated that in the UK depression affects a quarter of men and women over 65, rising to 40% of older people living in care homes. Yet it is estimated that 85% of older people with depression receive no help at all from the NHS.¹⁶¹</p>
<p>England</p>	<p>Around 1 in 10 nursing home residents have symptoms relating to psychosis such as delusions and hallucinations, and a third of people using specialist mental health services are older adults¹⁶², yet they only make up around 18% of the general population.¹⁶³</p>
<p>England</p>	<p>Despite being the most likely group to reliably improve as a result of a talking therapy, only 1 in 15 of IAPT referrals is for someone aged 65+.¹⁶⁴</p> <p>Those aged 75 and over are the least likely age group to receive a talking therapy. This group are 10 times more likely to receive medication for their mental health than a talking therapy, despite being more at risk due to medication side effects.¹⁶⁵</p>
<p>UK</p>	<p>Up to 60% of older adults who have had a stroke may experience depression, as well as up to 40% of those with coronary heart disease, cancer, Parkinson's, and Alzheimer's disease.¹⁶⁶</p>

¹⁶⁰ Mental Health Foundation. Fundamental facts about mental health (2016)

¹⁶¹ Age UK (2016): Hidden in plain sight: the unmet mental health needs of older people
http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Policy/health-and-wellbeing/Hidden_in_plain_sight_older_peoples_mental_health.pdf?dtrk=true

¹⁶² Department of Health. Annual Report of the Chief Medical Officer 2013 - Public Health Priorities (2014)

¹⁶³ ONS. (2016). Population Estimates for UK, England and Wales, Scotland and Northern Ireland, Mid-2015. Retrieved from ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2015

¹⁶⁴ House of Commons Library (2018) Mental health statistics for England: prevalence, services and funding
<http://researchbriefings.files.parliament.uk/documents/SN06988/SN06988.pdf>

¹⁶⁵ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

¹⁶⁶ Age UK. (2016). Later life in the UK. Retrieved from [ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true)

UK	More than 1 in 3 (35%) of those aged 75 and over say that feelings of loneliness are out of their control, equivalent to more than 1.8 million people, and almost 1 in 4 (23%) worry about how often they feel lonely, an estimated 1.2 million people. ¹⁶⁷
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People Experiencing Multiple Disadvantage

Multiple disadvantage' includes the concept of 'multiple complex needs'. These concepts refer to people or groups with:

- *A combination of problems including homelessness, substance abuse, contact with the criminal justice system and mental health problems (referred to as multiple complex needs)*
- *Significant additional disadvantage (for instance, arising from minority cultural backgrounds, gender, language, age, economic background, health inequalities)*
- *Lack of access to appropriate support (due, for instance, to financial, physical, cultural or psychological barriers)*
- *Stigma and discrimination (which might be societal, institutional, personal, cultural or familial)*
- *Over or under-representation in services or institutions.*

People experiencing multiple disadvantage often fall through the gaps between services and systems, making it harder for them to address their problems and lead fulfilling lives. Along with Homeless Link and Clinks, Mind is part of the coalition - Making Every Adult Matter (MEAM) This coalition aims to improve policy and services for people facing multiple needs.

England	People with co-occurring mental health and alcohol/drug use conditions often have multiple needs, with poor physical health alongside social issues such as debt, unemployment or housing problems. They are also more likely to be admitted to hospital, to self-harm and die by suicide. ¹⁶⁸
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UK	There's been a change in risk factors for poor mental health over the last 20 years, with higher rates of isolation, recent self-harm, alcohol and drug misuse and economic adversity in those who died by suicide. ¹⁶⁹
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¹⁶⁷ <https://www.independentage.org/news-media/press-releases/one-third-of-older-people-say-feelings-of-loneliness-are-out-of-their>

¹⁶⁸ Royal College of Psychiatrists. Mental Illness, Offending and Substance Misuse 2012
<http://www.rcpsych.ac.uk/healthadvice/problemsanddisorders/mentalillness,offending.aspx>

¹⁶⁹ University of Manchester (2016) The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Making Mental Health Care Safer: Annual Report and 20-year Review.
<http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/2016-report.pdf>

<p>UK</p>	<p>1700, mental health patients die by suicide each year. Over half have a history of alcohol or drug misuse. However, only a small proportion had received specialist substance misuse treatment.¹⁷⁰</p>
<p>England</p>	<p>Around 40% of the 58,000 people in England who face overlapping problems of homelessness, substance misuse and contact with the Criminal Justice System in any 1 year also have a mental health problem. People experiencing multiple needs are likely to live in poverty and experience stigma, discrimination, isolation and loneliness.¹⁷¹</p>

Children and Young People

See also Self-Harm, Suicide, LGBTQI+ Young People, Service User Experience and Funding

Most mental health problems appear by early adulthood, yet most children and young people get no support for their mental health.^{172/173} Some young people are more likely to experience a mental health problem than others, for example children who have been taken into the care of the local authority.¹⁷⁴ Adverse childhood events such as trauma also have a strong influence on the chances of developing a mental health problem.¹⁷⁵ The impact of mental health problems at an early age can be significant and long-lasting. The number of young people being referred for help with a mental health problem is increasing.¹⁷⁶

There is a lack of information on children and young people’s mental health in Wales.

See Public Health England’s [Children and Young People’s Fingertips Tool](#) for the latest data in England.

¹⁷⁰ University of Manchester (2016) The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Making Mental Health Care Safer: Annual Report and 20-year Review.

<http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/2016-report.pdf>

¹⁷¹ Fitzpatrick, S., Bramley, G., Edwards, J., Ford, D., Johnsen, S., Sosenko, F., Watkins., D (2014) Hard Edges: Mapping severe and multiple disadvantage- England, Lankelly Chase Foundation, London

<http://lankellychase.org.uk/multiple-disadvantage/publications/hard-edges/>

¹⁷² <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

¹⁷³ Public Health England. (2015). Early adolescence: Applying All Our Health. Retrieved from gov.uk/government/publications/early-adolescence-applying-all-our-health/ early-adolescence-applying-all-our-health

¹⁷⁴ Meltzer. H, Gatward. R, Corbin. T, Goodman. R, Ford. T. The mental health of young people looked after by local authorities in England. Norwich: HMSO. 2003. <https://sp.ukdataservice.ac.uk/doc/5280/mrdoc/pdf/5280userguide.pdf> (accessed November 2017)

¹⁷⁵ Fergusson DM, Horwood JL. The Christchurch Health and Development Study: Review of Findings on Child and Adolescent Mental Health. Australian & New Zealand Journal of Psychiatry (2001) 35(3):287-96

¹⁷⁶ Education Policy Institute (2018) Access to children and young people’s mental health services – 2018 <https://epi.org.uk/publications-and-research/access-to-camhs-2018/>

<p>England</p>	<p>1 in 8 (13%) 5 to 19 year olds has at least one mental health problem. This prevalence has risen from 1 in 10 of 5 to 15 year olds when assessed in 2004,¹⁷⁷</p> <p>Prevalence of mental health problems in young people increases with age. About 1 in 6 (17%) of 17-19 year olds have a least one mental health problem.</p> <p>Young women are a particularly at risk group with 1 in 4 (24%), 17-19 year old women experiencing a mental health problem.</p> <p>Half (53%) of 17-19 year old women experiencing a mental health problem have self-harmed or made a suicide attempt.¹⁷⁸</p>
<p>England</p>	<p>Children and young people living in households with the lowest level of income are twice as likely (15%) to experience a mental health problem compared to those living in the highest income households (7%).¹⁷⁹</p> <p>Children and young people with a parent in receipt of benefits are much more likely to experience a mental health problem than their peers. Prevalence for mental health problems stand at nearly 1 in 4 (18%) of young people with a parent in receipt of benefits relating to low income, and nearly 1 in 3 (32%) of young people with a parent in receipt of benefits relating to disability. This is compared to 1 in 10 (10%) of their peers.¹⁸⁰</p>
<p>England</p>	<p>Prevalence of mental health problems varies by ethnicity. White British children and young people (aged 5-19) are more likely to experience a mental health problem (15%) than Black / Black British (6%) or Asian / Asian British children (5%).¹⁸¹</p>
<p>England</p>	<p>Half of all mental health problems have been established by the age of 14, rising to 75% by the age of 24.¹⁸²</p>

¹⁷⁷ NHS Digital (2018) Mental Health of Children and Young People in England, 2017 (PAS) <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

¹⁷⁸ NHS Digital (2018) Mental Health of Children and Young People in England, 2017 (PAS) <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

¹⁷⁹ NHS Digital (2018) Mental Health of Children and Young People in England, 2017 (PAS) <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

¹⁸⁰ NHS Digital (2018) Mental Health of Children and Young People in England, 2017 (PAS) <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

¹⁸¹ NHS Digital (2018) Mental Health of Children and Young People in England, 2017 (PAS) <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

¹⁸² <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

England	Children who have been neglected are more likely to experience mental health problems including depression, post-traumatic stress disorder, and attention deficit and hyperactivity disorder. ¹⁸³
England	Mental health and overall health in children and young people are linked. More than 2 out of 3 (72%) children and young people with a mental health problem also have a physical or developmental problem, 1 in 4 (25%) also have a limiting long-term condition (25%), and over a third (35%) have special educational needs. ¹⁸⁴
England and Wales	Children in care under the local authority are 4 times more likely than their peers to have a mental health problem. ¹⁸⁵ Despite this need some services do not accept referrals for children looked after by the local authority unless they are in a permanent placement. ^{186,187}
England	The number of referrals to specialist children’s mental health services (CAMHS) has increased by 26% over the last five years. ¹⁸⁸
England	It is estimated that only 25% of children and young people who need treatment for a mental health problem are able to access it. ¹⁸⁹
England	1 in 5 children with a mental health problem report waiting for over 6 months to see a mental health specialist. ¹⁹⁰

¹⁸³ Public Health England (2017) Better mental health: JSNA toolkit: 5 Children and Young People

<https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/5-children-and-young-people>

¹⁸⁴ NHS Digital (2018) Mental Health of Children and Young People in England, 2017 (PAS) <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

¹⁸⁵ Meltzer, H., Gatward, R., Corbin., T., Goodman., R & Ford., T (2003) The mental health of young people looked after by local authorities in England (PDF). London: The Stationery Office (TSO)

http://webarchive.nationalarchives.gov.uk/20121006174036/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4060671.pdf & Meltzer, H, et al (2004) The mental health of young people looked after by local authorities in Wales. London: The Stationary Office (TSO)

http://www.asdinfoales.co.uk/resource/7_b_National%20Statistics%20Report.pdf

¹⁸⁶ NHS England, Children and young people’s mental health Local Transformation Plans – a summary of key themes, 2016 <https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/08/cyp-mh-ltp.pdf>

¹⁸⁷ House of Commons Education Committee, Mental health and well-being of looked after children, 2016

¹⁸⁸ Education Policy Institute (2018) Access to children and young people’s mental health services – 2018 <https://epi.org.uk/publications-and-research/access-to-camhs-2018/>

¹⁸⁹ Public Health England, The mental health of children and young people in England, 2016

¹⁹⁰ NHS Digital (2018) Mental Health of Children and Young People in England, 2017 (PAS) <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

UK	There has been an 87% increase in Childline counselling sessions with children and young people who are struggling to access local mental health services. ¹⁹¹
England	When children and young people do access services, the average wait in 2017/18 was 34 days to receive the initial assessment and 60 days to receive any treatment. ¹⁹² This waiting time of 60 days to receive treatment is double the target of 4 weeks – the standard set by the recent Green Paper on children’s mental health.
England	The number of young people (aged 18 or under) going to A&E for a mental health problem in 2017-18, has nearly doubled since 2012-13 5, and almost tripled since 2010. ¹⁹³
Wales	21% of young people aged 13-15 in south Wales reported experiencing a mental health problem in a Time to Change Wales Young People’s Programme survey. ¹⁹⁴
Wales	The total number of CAMHS referrals for treatment in Wales doubled between April 2010 and July 2014 (from 1204 to 2342). ¹⁹⁵
England	Young people with mental health problems are more likely to experience problems in their future employment, with various longitudinal studies suggesting long-term impact on economic activity such as receipt of welfare benefits, income, and continuous employment. ^{196,197,198}

¹⁹¹ Childline, It turned out someone did care: Childline Annual Review 2015/16, NSPCC, 2016

¹⁹² Education Policy Institute (2018) Access to children and young people’s mental health services – 2018
<https://epi.org.uk/publications-and-research/access-to-camhs-2018/>

¹⁹³ NHS Digital (2018) Hospital Episode Statistics (HES)

<https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2018-10-18/181292/>

¹⁹⁴ Time to Change Wales Young People’s Programme survey (May-September 2017. Unpublished)

¹⁹⁵ National Assembly for Wales Investigation into Child and Adolescent Mental Health Services (November 2014: p7)
<http://senedd.assembly.wales/documents/s34408/Report%20November%202014.pdf>

¹⁹⁶ Knapp, M, Ardino, V, Brimblecombe, N, Evans-Lacko, S, Lemmi, V, King, D, Wilson, J. Youth Mental Health: New Economic Evidence. London: London School of Economics. 2016. <http://www.pssru.ac.uk/archive/pdf/5160.pdf>

¹⁹⁷ Smith Institute. Childhood mental health and life chances in post-war Britain: Insights from three national birth cohort studies. Sainsbury Centre for Mental Health. 2009.

[http://www.rcpsych.ac.uk/pdf/life_chances_summary%20\(2\).pdf](http://www.rcpsych.ac.uk/pdf/life_chances_summary%20(2).pdf) (accessed November 2017)

¹⁹⁸ Goodman, A, Joyce, R, Smith, J. The long shadow cast by childhood physical and mental problems on adult life. PNAS. 2011. 108(15), 6032-6037. <http://www.pnas.org/content/108/15/6032.full.pdf> (accessed November 2017)

Perinatal

See also Suicide

UK	It is estimated that around 1 in 8 eight women experience moderate to severe postnatal depression in the early months following childbirth. ¹⁹⁹²⁰⁰
England	According to a 2017 Mental Health Taskforce Report, only 15% of localities are thought to have services which fully meet NICE guidelines for perinatal mental health. ²⁰¹
Wales	In Wales, 70% of people have no access to specialist perinatal mental health services ²⁰² and since 2013, there has been no Mother and Baby unit in Wales for mothers with perinatal mental health problems. ²⁰³
England / UK	Paternal and maternal depression is shown to have a negative impact on how parents interact with children ²⁰⁴ and can have long-term consequences if left untreated. ²⁰⁵

¹⁹⁹ Petrou S., Cooper P., Murray L., Davidson LL. (2006) Cost effectiveness of a preventive counselling and support package for postnatal depression. *International Journal of Technology Assessment in Health Care* 22: 443–453.

²⁰⁰ O'Hara MW., Swain AM. (1996) Rates and risk of postpartum depression: a meta-analysis. *International Review of Psychiatry* 8:37–54.

²⁰¹ NHS (2017) Five Year Forward View for Mental Health: One Year On
<https://www.england.nhs.uk/wp-content/uploads/2017/03/fyfv-mh-one-year-on.pdf>

²⁰² Bauer A., Parsonage M., Knapp M., Lemmi V., & Adelaja B. (2014) The costs of perinatal mental health problems.
<http://everyonesbusiness.org.uk/wp-content/uploads/2014/12/Embargoed-20th-Oct-FinalEconomic-Report-costs-of-perinatal-mentalhealth-problems.pdf>

²⁰³ Royal College of Psychiatrists (2017) Consultation Response: CYPE Committee, Perinatal Mental Health

²⁰⁴ Faculty of Public Health, Mental Health Foundation. Better Mental Health for All: A Public Health Approach to Mental Health Improvement (2016)

²⁰⁵ Centre for Mental Health, LSE Personal Social Services Research Unit. The costs of perinatal mental health problems – report summary (2015)

3. Support and Care

More people than ever are getting help when experiencing a mental health problem, but this is still limited to only a third of those experiencing common mental health symptoms.²⁰⁶ See Public Health England's [Fingertips Tool](#) for the latest data for England that can be explored by region.

[The Five Year Forward View for Mental Health](#) set an ambition for an additional 1 million people to be treated by mental health services by 2020, including 700,000 more children and young people. [Together for Mental Health Wales](#) was published in 2012 and sets out the 10 year mental health strategy for Wales.

National data on children and young people's mental health services has been included in the [Mental Health Services Data Set](#) (MHSDS) for the first time from January 2016.

Accessing Support	
<p><i>There are demographic inequalities in who receives mental health treatment. These relate to age, gender, economic status and ethnicity. People with common mental health problems who are Black, Asian, non- White British, or of mixed or other ethnicity are less likely to obtain treatment than those in the White British group. Those in midlife have 3 times the odds of treatment use compared with the youngest. It may be the case that men with common mental health problems are less likely than women to be using treatment in part due to stigma, reluctance to talk about mental health or to seek help from health professionals.²⁰⁷</i></p>	
England	<p>Three out of five adults (61%) experiencing a common mental health problem are not receiving any support.²⁰⁸</p>
England and Wales	<p>1 in 3 people trying to access GP services for their mental health have to wait six days or more for an appointment.²⁰⁹</p> <p>1 in 3 people experience a decline in mental health while waiting for a doctor's appointment²¹⁰</p>

²⁰⁶ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

²⁰⁷ HS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

²⁰⁸ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

²⁰⁹ Picker and Mind (2018) The Big Mental Health Survey 2018
<https://www.mind.org.uk/news-campaigns/news/one-in-three-say-mental-health-deteriorates-while-waiting-for-gp-appointment/#.W9bho02NyM9>

²¹⁰ Picker and Mind (2018) The Big Mental Health Survey 2018
<https://www.mind.org.uk/news-campaigns/news/one-in-three-say-mental-health-deteriorates-while-waiting-for-gp-appointment/#.W9bho02NyM9>

England	It is estimated that around 50% of people visiting GPs with symptoms of depression do not have their symptoms recognised. ²¹¹
England	Only 43% of users of mental health services said they had received enough services for their needs in the previous 12 months. This percentage has been declining since 2014. ²¹²
England	People who are White British, female, or in mid-life (especially aged 35 to 54) are the most likely group to receive mental health treatment. People in Black ethnic groups have particularly low treatment rates. ²¹³
UK	Support varies between types of mental health problem. Across the UK only 65% of people experiencing psychosis, and 25% of adults with depression and anxiety related symptoms are receiving treatment. ²¹⁴
England	While the target that 50% of people experiencing psychosis for the first time should receive early intervention care within two weeks has been met, a substantial minority wait for 12 or more weeks. 217 people were waiting for over 12 weeks to start treatment in Jan 18, compared to 111 people in Jan 17 – nearly double. ²¹⁵
UK	Research from 2014, found that 1 adult in 10 with severe common mental health symptoms had asked for a particular mental health treatment in the past 12 months but did not receive it. ^{216,217}

²¹¹ Public Health England Fingertips tool (2018) Common Mental Health Disorders
<https://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders/data#page/6/gid/1938132720/pat/46/par/E39000030/ati/153/are/E38000010/iid/90647/age/168/sex/4>

²¹² Care Quality Commission (2018) Community mental health survey 2018
https://www.cqc.org.uk/sites/default/files/20181122_cmh18_statisticalrelease.pdf

²¹³ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

²¹⁴ The Mental Health Policy Group. (2015). A manifesto for better mental health.
<https://mind.org.uk/media/1113989/a-manifesto-for-better-mental-health.pdf>

²¹⁵ NHS England, Early Intervention in Psychosis Waiting Times
<https://www.england.nhs.uk/statistics/statistical-work-areas/eip-waiting-times/>

²¹⁶ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

²¹⁷ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

UK	GP surgeries are typically the gateway to receiving help for a mental health problem with 12.5% of adults report discussing their mental health with a GP in the past year. ²¹⁸ Yet, out of 21 mandatory clinical modules, only 1 module is dedicated to mental health in the GP training curriculum. ²¹⁹
England	1 million people were in contact with primary adult mental health services as of December 2017. ²²⁰
England	2.48 million people were in contact with secondary mental health services or learning disability services at some point during 2016/17. This includes 2 million adults and 464,000 children. This means that around 1 in 21 people in England were in contact with these services at some point during the year. ²²¹
Wales	In Wales, a lower percentage of men report being treated for a mental health problem than women (10% of the general population vs 16% of the general population). ²²²
Wales	1 in 3 people in Wales live in a rural environment (compared to 1 in 5 in England). ²²³ In rural Wales, there is a particular lack of services to support people with mental health problems. ²²⁴

²¹⁸ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014

<http://content.digital.nhs.uk/catalogue/PUB21748>

²¹⁹ RCGP (2016). The RCGP Curriculum: Professional & Clinical Modules (Version: 1 Feb 2016).

<http://rcgp.org.uk>

²²⁰ House of Commons Library (2018) Mental health statistics for England: prevalence, services and funding

<http://researchbriefings.files.parliament.uk/documents/SN06988/SN06988.pdf>

²²¹ NHS Digital, Mental Health Services Bulletin, 2016/17

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-bulletin/mental-health-bulletin-2016-17-annual-report>

²²² Welsh Government (2016). The Welsh Health Survey 2016 edition <http://gov.wales/docs/statistics/2016/160622-welsh-health-survey-2015-healthstatus-illnesses-other-conditionsen.pdf>

²²³ Wales for centre for Health (2007) A profile of rural health in Wales.

<http://www.wales.nhs.uk/sitesplus/documents/888/RuralProfile.pdf>

²²⁴ Welsh Institute for Health and Social Care (2014) Mid Wales Healthcare study Report for Welsh Government

http://wihsc.southwales.ac.uk/media/files/documents/2014-10-23/MWHS_Report_-_WIHSC_for_Welsh_Government.pdf

Service User Experience

The latest Care Quality Commission (CQC) survey of people's experience of mental health services showed several areas of decline. For some areas, this represents a continued negative trend, with a consistent decline in results since 2014. In other areas, the results declined significantly this year, having remained relatively stable between 2014 and 2017.²²⁵

England	Currently, only 14% of people report a positive experience of crisis care, and only 35% of people report a positive experience in A&E during a mental health crisis. ²²⁶
England	In 2017, 25% of NHS mental health services were rated as requires improvement and 1% were rated as inadequate. ²²⁷
England	In 2017, 36% of NHS mental health core services and 34% of independent mental health core services were rated as requires improvement for safety. ²²⁸
England	<p>The CQC rates 39% of specialist community CAMHS services as requires improvement and 2% as inadequate against in relation to accessing care and treatment in a timely way.²²⁹</p> <p>One CAMHS service inspected by the CQC, had a 493-day wait for cognitive behavioural therapy and a 610-day wait for family systemic therapy.²³⁰</p>

²²⁵ Care Quality Commission (2018) Community mental health survey 2018

https://www.cqc.org.uk/sites/default/files/20181122_cmh18_statisticalrelease.pdf

²²⁶ Care Quality Commission (2017) The state of care in mental health services 2014 to 2017

<http://www.cqc.org.uk/publications/major-report/state-care-mental-health-services-2014-2017>

²²⁷ Care Quality Commission (2017) The state of care in mental health services 2014 to 2017

<http://www.cqc.org.uk/publications/major-report/state-care-mental-health-services-2014-2017>

²²⁸ Care Quality Commission (2017) The state of care in mental health services 2014 to 2017

<http://www.cqc.org.uk/publications/major-report/state-care-mental-health-services-2014-2017>

²²⁹ Care Quality Commission (2017) Review of children and young people's mental health services: phase one report

http://www.cqc.org.uk/sites/default/files/20171103_cypmhphase1_report.pdf

²³⁰ Care Quality Commission (2017) Review of children and young people's mental health services: phase one report

http://www.cqc.org.uk/sites/default/files/20171103_cypmhphase1_report.pdf

<p>England and Wales</p>	<p>1 in 3 people referred to talking therapy or other specialist services said they aren't given enough information about the service by their GP.²³¹</p>
<p>England</p>	<p>In 2017, there were about 3,500 beds in locked mental health rehabilitation wards, with about two-thirds managed in the independent sector. These wards are often situated a long way from the patient's home.²³²</p>
<p>England</p>	<p>The 2018 Care Quality Commission (CQC) survey of people using community mental health services found that:²³³</p> <ul style="list-style-type: none"> • Only 71% of people said they were always treated with respect and dignity by NHS mental health services • 70% of people rated their overall experience as 8 or below out of 10 • Only 58% of people felt that they were given enough time to discuss their needs with staff. This is a decrease of seven percentage points compared with 2014 (65%) • Fewer people felt that staff understood how their mental health affects other areas of their life. This decreased from 55% in 2017 to 52% this year (57% in 2014) • People's experiences of care planning are the lowest since 2014. Only 41% of people said they had agreed on the care they would receive with someone from NHS mental health services. Only 53% of people said they feel involved in the care planning process (down from 56% in 2017). Only 55% of people feel that the agreed care took their personal circumstances into account (down from 59% in 2017) • Fewer people report receiving sufficient help with their physical health (30% in 2018 compared to 35% in 2017, or for other areas of their life such as getting financial advice or benefits (29% in 2018 compared to 32% in 2017). • Younger people and people diagnosed with non-psychotic chaotic and challenging disorders (having a number of moderate to severe mental health problems including mood swings and mood change) consistently reported poorer experiences of using mental health services.

²³¹ Mind (2018). Big Mental Health Survey 2017: Headline Findings.

<https://www.mind.org.uk/media/23993887/mind-big-mental-health-survey-headlines-2017>.

²³² Care Quality Commission (2017) The state of care in mental health services 2014 to 2017

<http://www.cqc.org.uk/publications/major-report/state-care-mental-health-services-2014-2017>

²³³ Care Quality Commission (2018) Community mental health survey 2018

https://www.cqc.org.uk/sites/default/files/20181122_cmh18_statisticalrelease.pdf

<p>England</p>	<p>The health and care regulator, the Care Quality Commission (CQC), published the first phase of its review of children and young people’s mental health services in October 2017. Initial findings show that:²³⁴</p> <ul style="list-style-type: none"> • 8 out of 10 inpatient wards for young people with mental health problems are rated “good” or “outstanding” by the regulator • Three quarters of community mental health services are “good” or “outstanding” and one quarter were rated as less than good • Examples of good and outstanding practice included involving children and families in shaping services, and having good relationships between the NHS, schools and local authorities, the voluntary sector and professionals and working together to help children effectively. <p>The review also showed that the quality of existing services for young people is variable. Waits for treatment vary considerably from around 4 to 100 weeks from referral to treatment. The latest data shows that in 2016/17 the average wait for treatment in a children and young people’s mental health service was 12 weeks.²³⁵</p>
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Funding and the Mental Health Workforce

The Five Year Forward View for Mental Health set an ambition to address the shortfalls in mental health care in England and committed to additional funding to achieve these objectives. NHS England’s [Five Year Forward View Dashboard](#) provides a national and local overview of spending on mental health services.

Decisions about healthcare in Wales are made by the Welsh Government. Total NHS spend per head for mental health in Wales is available on the [Welsh Government website](#).

<p>England</p>	<p>The independent Mental Health Taskforce to the NHS highlighted that people living with mental health problems struggle to get the right help at the right time, and evidence-based care is significantly underfunded (2016).²³⁶</p>
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²³⁴ Care Quality Commission (Oct 2017) Review of children and young people’s mental health services: phase one report http://www.cqc.org.uk/sites/default/files/20171103_cypmhphase1_report.pdf

²³⁵ Time from referral to the second contact. Digital.nhs.uk. 2017. http://content.digital.nhs.uk/media/25613/NHS-England-CYPMH-Additional-Waiting-TimeStatisticsFINAL/xls/NHS_England_CYPMH_Additional_Waiting_Time_Statistics_FINAL.xlsx

²³⁶ The independent Mental Health Taskforce to the NHS in England (2016) The Five Year Forward View for Mental Health

<p>England</p>	<p>Mental health is increasingly a top public health concern for the general population, especially among young people. It is currently the public's second highest public health concern (second to Cancer).</p> <p>Mental health is the public's second highest priority for public spending (second to urgent and emergency care).²³⁷</p>
<p>England</p>	<p>While mental health problems are estimated to account for 28% of the cost of health problems²³⁸, only 13.7% of the NHS budget was spent on mental health services in 2017/18.²³⁹</p>
<p>Wales</p>	<p>In 2016-17, £6.4b was spent on NHS services in Wales. Of this £712m was spent on mental health which is 11.2% of the total budget. This funding is split between:</p> <p>General mental health</p> <ul style="list-style-type: none"> • £312m • 4.9% of the total health budget • £100.24 per person <p>Elderly mental health</p> <ul style="list-style-type: none"> • £229m • 3.6% of the total health budget • £73.49. per person <p>Child and Adolescent mental health</p> <ul style="list-style-type: none"> • £49 • 0.8% of the total health budget • £15.69 on child and adolescent mental health.²⁴⁰

²³⁷ Ipsos Mori (2018) PHE Public Opinion Survey

<https://www.ipsos.com/sites/default/files/2018-07/4-nhs-at-70-mental-health.pdf>

²³⁸ Ferrari, A., Charlson, F., Norman, R., Patten, S., Freedman, G., Murray, C., Vos, T. and Whiteford, H. (2013). Burden of Depressive Disorders by Country, Sex, Age, and Year: Findings from the Global Burden of Disease Study 2010. *PLoS Med*, 10(11), p.e1001547.

²³⁹ NHS England (2018) Mental Health Five Year Forward View Dashboard Q4 2017/18

<https://www.england.nhs.uk/publication/mental-health-five-year-forward-view-dashboard/>

²⁴⁰ Welsh Government. Stats Wales: NHS expenditure per head by budget category and year

<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Health-Finance/NHS-Programme-Budget/nhsexpenditureperhead-by-budgetcategory-year>

<p>England</p>	<p>Across England, £149 million of additional funding is planned for children and young people’s mental health in 2016/17. However, some CCGs are not planning to use this funding for children and young people’s mental health. Actual spending at CCG-level will be published and monitored through the Mental Health Dashboard.²⁴¹</p>
<p>England</p>	<p>Introduction of the Mental Health Investment Standard in 2015-16 requires CCGs to increase investment in mental health services. In 2017/18, 32 CCGs (around 15% of the total) did not expect to meet this investment standard. 9 CCGs are expected to miss this target for the second year in a row, while a further 8 CCGs have planned to spend less.²⁴²</p>
<p>England</p>	<p>Despite 85% of mental health trusts receiving increases to their income in 2016-17, funding for acute and specialist physical healthcare has continued to grow more quickly, increasing the gap in funding between physical and mental health services.²⁴³</p>
<p>England</p>	<p>According to a Mind FOI, the total spend of public health budgets spent on mental health initiatives during 2015-16 was calculated at £18,922,752, which was just 0.73% of the total public health spend (£2,582,944,164)²⁴⁴</p>
<p>England</p>	<p>There has been a 13% reduction in mental health nurses between 2009 and 2017, with inpatient care losing nearly 25%. Almost 10% of all posts in specialist mental health services in England are vacant.²⁴⁵</p>

²⁴¹ NHS (2017) Five Year Forward View for Mental Health: One Year On
<https://www.england.nhs.uk/wp-content/uploads/2017/03/fyfv-mh-one-year-on.pdf>

²⁴² Health Service Journal, ‘One in ten CCGs missing spending target ‘not good enough’’,
 6 April 2018. <https://www.hsj.co.uk/mental-health/one-in-10-ccgs-missing-spending-target-not-good-enough/7022103.article>

²⁴³ The King’s Fund (2018) Funding and Staffing of NHS mental health providers: still waiting for parity
<https://www.kingsfund.org.uk/publications/funding-staffing-mental-health-providers>

²⁴⁴ Source Mind FOIs 2016

²⁴⁵ The King’s Fund (2018) Funding and Staffing of NHS mental health providers: still waiting for parity
<https://www.kingsfund.org.uk/publications/funding-staffing-mental-health-providers>

Medication

*Medication is the most common form of treatment for a mental health problem.*²⁴⁶

England	65.6 million prescriptions for antidepressants were dispensed in England in 2016/17. This is a 6% increase from 2015/16 and a continuation of a long-term upward trend which has seen prescriptions more than double over the last decade. ²⁴⁷
Wales	Over 5.6 million prescriptions for antidepressants were dispensed in Wales in 2017. This is a 107% increase from 2007. ²⁴⁸
England	It is estimated that around 1 in 6 adults in England (16%) were prescribed antidepressants in 2016/17. ²⁴⁹
England	Over half (54%) of antidepressant prescriptions were given to people aged between 40 and 69. ²⁵⁰
England and Wales	1 in 6 people prescribed medication for their mental health aren't given enough information about their purpose by their GP. ²⁵¹
England and Wales	2 in 5 people prescribed medication for their mental health aren't given information about potential side effects by their GP. ²⁵²

²⁴⁶ NHS Digital, Mental Health & Wellbeing in England, Adult Psychiatric Morbidity Survey 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

²⁴⁷ NHS Business Services Authority (2018) Antidepressant Prescribing 2015/16 and 2016/17
<https://www.nhsbsa.nhs.uk/prescription-data/prescribing-data/antidepressant-prescribing>

²⁴⁸ Welsh Government Statistics and Research (2018) Prescriptions dispensed in the community, 2017
<https://gov.wales/statistics-and-research/prescriptions-dispensed-community/?lang=en>

²⁴⁹ NHS Business Services Authority (2018) Antidepressant Prescribing 2015/16 and 2016/17
<https://www.nhsbsa.nhs.uk/prescription-data/prescribing-data/antidepressant-prescribing>

²⁵⁰ NHS Business Services Authority (2018) Antidepressant Prescribing 2015/16 and 2016/17
<https://www.nhsbsa.nhs.uk/prescription-data/prescribing-data/antidepressant-prescribing>

²⁵¹ Mind (2018). Big Mental Health Survey 2017: Headline Findings.
<https://www.mind.org.uk/media/23993887/mind-big-mental-health-survey-headlines-2017.pdf>

²⁵² Mind (2018). Big Mental Health Survey 2017: Headline Findings.
<https://www.mind.org.uk/media/23993887/mind-big-mental-health-survey-headlines-2017>.

Talking Therapies

Increasing Access to Psychological Therapies (IAPT) was launched in 2008, this covers England only.

You can find the latest data using the [Improving Access to Psychological Therapies Data Set](#).

<p>England</p>	<p>In 2016/17 there were 1.4 million referrals for talking therapies (IAPT), although slightly less than 1 million of these people entered treatment, and slightly less than half of those who finished treatment moved to recovery.²⁵³</p>
<p>England</p>	<p>Waiting times for talking therapies vary from 16 days (in Waltham Forest) to 167 days (in Leicester) (counting waits for both first and second treatment). This is a gap of 151 days.²⁵⁴</p>
<p>England</p>	<p>NHS England's two IAPT waiting time targets are that 75% of patients should wait less than 6 weeks between referral and first treatment, and that 95% of patients should start treatment within 18 weeks of referral. In 2016/17, 27 CCGs missed the 6 week target, and 19 CCGs missed the 18 week target.²⁵⁵</p>
<p>England</p>	<p>A 2014 UK survey found that 1 in 6 people waiting for a psychological therapy tried to take their own life.²⁵⁶</p>
<p>Wales</p>	<p>These stats refer to people who had tried to access talking therapies in Wales, in the 3 years up to 2016:</p> <ul style="list-style-type: none"> • Half of people had to ask for therapy rather than being offered it • Only two-fifths were satisfied overall with the therapy they received and the impact it had on their mental health • Only a fifth felt they'd received enough sessions to stay well.²⁵⁷

²⁵³ NHS Digital, Psychological Therapies: Annual report on the use of IAPT services England, further analyses on 2016-17

²⁵⁴ House of Commons Library (2018) Mental health statistics for England: prevalence, services and funding <http://researchbriefings.files.parliament.uk/documents/SN06988/SN06988.pdf>

²⁵⁵ House of Commons Library (2018) Mental health statistics for England: prevalence, services and funding <http://researchbriefings.files.parliament.uk/documents/SN06988/SN06988.pdf>

²⁵⁶ We Need to Talk Coalition. (2014, September). An urgent need: We Need to Talk's manifesto for better talking therapies for all. Broadway, London: Mind <https://www.mind.org.uk/media/1178860/we-need-to-talk-briefing-september-2014.pdf>

²⁵⁷ Access to psychological therapies in Wales (Mind Cymru briefing) <http://www.mind.org.uk/media/4053099/access-to-talking-therapies-briefing-Englandwelsh.pdf>

<p>England</p>	<p>Younger people, people living in deprived areas, and people with disabilities are all less likely than average to move to recovery as a result after receiving a talking therapy compared to their peers.</p> <p>Those living in the most deprived areas are twice as likely to be referred to IAPT as those living in the least deprived areas. However, their recovery rate is much lower, with only 39% of people living in the most deprived areas going on to recover compared to 58% of people lived in the least deprived areas.²⁵⁸ Only 39% of people with a disability recover after receiving a talking therapy, compared to 52% without a disability.²⁵⁹</p>
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<p>Technology</p>	
<p><i>While accessing support remains a challenge – individuals, particularly younger people, are turning to technology, such as health apps and online counselling to manage their mental health and wellbeing.²⁶¹</i></p>	
<p>UK</p>	<p>39% of employees have used technology, such as a health app to help improve or manage their wellbeing. This figure rises to 46% of employees who have experienced a mental health problem.²⁶²</p>
<p>UK</p>	<p>Percentages of UK employees who have used, or would consider using the following:²⁶³</p> <ul style="list-style-type: none"> • 82% have / would consider searching online for info and advice • 72% have used / would consider online helplines and counselling • 67% have used / would consider online communities and peer groups • 66% have used / would consider apps and online diagnostic tools • 65% have used / would consider online consultations and GP services

²⁵⁸ House of Commons Library (2018) Mental health statistics for England: prevalence, services and funding <http://researchbriefings.files.parliament.uk/documents/SN06988/SN06988.pdf>

²⁵⁹ House of Commons Library (2018) Mental health statistics for England: prevalence, services and funding <http://researchbriefings.files.parliament.uk/documents/SN06988/SN06988.pdf>

²⁶⁰ House of Commons Library (2018) Mental health statistics for England: prevalence, services and funding <http://researchbriefings.files.parliament.uk/documents/SN06988/SN06988.pdf>

²⁶¹ Accenture (2018) Supporting mental health in the workplace: the role of technology https://www.accenture.com/t00010101T000000Z__w_/gb-en/_acnmedia/PDF-88/Accenture-World-Mental-Health-Final-Version.pdf#zoom=50

²⁶² Accenture (2018) Supporting mental health in the workplace: the role of technology https://www.accenture.com/t00010101T000000Z__w_/gb-en/_acnmedia/PDF-88/Accenture-World-Mental-Health-Final-Version.pdf#zoom=50

²⁶³ Accenture (2018) Supporting mental health in the workplace: the role of technology https://www.accenture.com/t00010101T000000Z__w_/gb-en/_acnmedia/PDF-88/Accenture-World-Mental-Health-Final-Version.pdf#zoom=50

Crisis Care and the Mental Health Act

See also At Risk Groups and Service User Experience

The Mental Health Act (1983, amended 2007) is the law in England and Wales, which sets out when people can be admitted, detained and treated in hospital against people’s wishes (also known as being sectioned). For this to happen it needs to be agreed that the person is experiencing a mental health problem and that there is a chance of danger to themselves or to others. This law also sets out the rights of people who are detained under the Mental Health Act.

In October (2017) an independent review was announced into the Mental Health Act to investigate the rising rates of detention and the disproportionate numbers of people who are from black, Asian and minority ethnic (BAME) communities who are detained.

England	<p>29% of mental health service users don’t know who to contact after hours when experiencing a crisis.</p> <p>18% of service users who tried to make contact when experiencing a crisis did not get the help they needed. An additional 3% were unable to make contact at all.²⁶⁴</p>
England and Wales	<p>The number of people detained under Section 136 of the Mental Health Act taken to a Police Cell as a place of safety fell by 84% from 2013/14 to 2016/17. In 2013/14, 25% of people detained under Section 136 were taken to a Police Cell as a place of safety,²⁶⁵ in 2016/17, this figure was just 4%.²⁶⁶</p>
England	<p>In 2017/18 around 49,551 people were recorded as being detained under the Mental Health Act. This is estimated to be a 2.4% increase year-on-year. This figure is likely to be an underestimate as not all providers’ submitted data.²⁶⁷</p>

²⁶⁴ Care Quality Commission (2018) Community mental health survey 2018
https://www.cqc.org.uk/sites/default/files/20181122_cmh18_statisticalrelease.pdf

²⁶⁵ National Police Chiefs’ Council Lead for Mental Health (2017) Use of Section 136 of the Mental Health Act 1983 in 2015-16 (England and Wales) <https://www.npcc.police.uk/documents/S136%20Data%202015%2016.pdf>

²⁶⁶ Detentions under the Mental Health Act (1983) - police powers and procedures, 2016/17

²⁶⁷ NHS Digital (2018), Mental Health Act Statistics, Annual Figures: 2017-18, Experimental Statistics
<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2017-18-annual-figures>

<p>England</p>	<p>Black and Black British people are more than 4 times more likely to be detained under the Mental Health Act than their White peers.²⁶⁸</p> <p>Known detention rates are higher for men (88.9 per 100,000 population) than for women (80.9 per 100,000 population).²⁶⁹</p> <p>Detentions for people aged 18-34 age group (121.8 detentions per 100,000 population) are a third higher than for those aged 50-64 (88.2 detentions per 100,000 population).²⁷⁰</p>
<p>England</p>	<p>Black or Black British people are over 8 times more likely to be given a Community Treatment Order than their White peers.²⁷¹</p> <p>Known rates of Community Treatment Orders for men are almost double the rate for women.²⁷²</p> <p>People aged 35-49 are most likely age group to be given a Community Treatment Order.²⁷³</p>
<p>England</p>	<p>5,500 people in total are detained under the Mental Health Act in low or medium secure mental health beds in England at any given time. 77% of these are men, 63% have a primary diagnosis of psychosis and 26% have a secondary diagnosis of substance misuse.²⁷⁴</p>
<p>UK</p>	<p>Between 2000 and 2014, over 200 suicide deaths per year occurred in patients under mental health crisis teams, three times as many as in in-patients.²⁷⁵</p>

²⁶⁸ NHS Digital (2018) Mental Health Act Statistics, Annual Figures: 2017-18, Experimental Statistics
<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2017-18-annual-figures>

²⁶⁹ NHS Digital (2018) Mental Health Act Statistics, Annual Figures: 2017-18, Experimental Statistics
<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2017-18-annual-figures>

²⁷⁰ NHS Digital (2018) Mental Health Act Statistics, Annual Figures: 2017-18, Experimental Statistics
<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2017-18-annual-figures>

²⁷¹ NHS Digital (2018) Mental Health Act Statistics, Annual Figures: 2017-18, Experimental Statistics
<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2017-18-annual-figures>

²⁷² NHS Digital (2018) Mental Health Act Statistics, Annual Figures: 2017-18, Experimental Statistics
<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2017-18-annual-figures>

²⁷³ NHS Digital (2018) Mental Health Act Statistics, Annual Figures: 2017-18, Experimental Statistics
<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2017-18-annual-figures>

²⁷⁴ NHS (2017) Five Year Forward View for Mental Health: One Year On
<https://www.england.nhs.uk/wp-content/uploads/2017/03/fyfv-mh-one-year-on.pdf>

²⁷⁵ University of Manchester (2016) The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Making Mental Health Care Safer: Annual Report and 20-year Review
<http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/2016-report.pdf>

4. Stigma and Discrimination

Time to Change England	
England	<p>From 2008 to 2016, during the course of the Time to Change campaign there has been a 9.5% overall positive change in attitude towards mental health. This is equal to 4.1 million people with improved attitudes towards mental health in England.²⁷⁶</p>
	<p>A Time to Change commissioned survey of people who had accessed a specialist mental health service found that between 2008 and 2014 there was a 5.5% increase in those reporting no discrimination in any life area, such as relationships or work. Average levels of reported discrimination fell from 41.6% to 28.4%.²⁷⁷</p> <p>However, the same survey found that 88% of mental health service users in 2014 reported having experienced some mental health-related discrimination in the past 12 months.²⁷⁸</p>
	<p>People's willingness to live with, work with and continue a relationship with someone with mental health problems has improved by 11%.²⁷⁹</p>

²⁷⁶ <https://www.time-to-change.org.uk/about-us/our-impact>

²⁷⁷ Corker E, Hamilton S, Robinson E, Cotney J, Pinfold V, Rose D, Thornicroft G, & Henderson C. (2016) Viewpoint survey of mental health service users' experiences of discrimination in England 2008–2014. <http://onlinelibrary.wiley.com/doi/10.1111/acps.12610/full>

²⁷⁸ Corker E, Hamilton S, Robinson E, Cotney J, Pinfold V, Rose D, Thornicroft G, & Henderson C. (2016) Viewpoint survey of mental health service users' experiences of discrimination in England 2008–2014. <http://onlinelibrary.wiley.com/doi/10.1111/acps.12610/full>

²⁷⁹ <https://www.time-to-change.org.uk/about-us/our-impact>

Time to Change Wales

These figures come from the 'Public Attitudes Survey to Mental Health in Wales Survey' (2016), conducted by Opinion Research Services on behalf of Time to Change Wales, as included in the Time to Change Wales 2 Evaluation (unpublished, 2017), and from the 2017/18 Annual Review.

Wales	<p>From 2012 to 2016 there has been a 4.9% positive change in public attitudes to mental health in Wales. This is equal to more than 120,000 people with improved attitudes towards mental health in Wales.</p>
	<p>Over 38,900 employees in Wales were supported to have better mental health at work by signing the Time to Change Wales Organisational Pledge.</p>
	<p>1 in 3 respondents to the 2016 survey have lived experience of a mental health problem, this is an increase from 1 in 4 in 2012.</p>
	<p>The greatest driver of stigmatizing views was whether or not the respondent had a friend or family member with a mental health problem. Those people who do not know anybody with a mental health problem have less positive opinions.</p>
	<p>95% of respondents said that they understand that stigma and discrimination can negatively affect someone.</p>
	<p>90% of respondents said that they knew somebody with experience of a mental health problem.</p>

Mental Health and the Media

The number of positive articles about mental health in the media is higher than ever. However, there is still work to be done to challenge some preconceptions about mental health, including around violent behaviour.

<p>UK</p>	<p>For the first time since research on the topic started in 2008, there are now more non-stigmatising and neutral articles about mental health in the media than there are stigmatising articles about mental health.²⁸⁰ However, reporting on schizophrenia is still more often stigmatising than non-stigmatising.²⁸¹</p>
<p>UK</p>	<p>The number of articles about mental health increased by 85% from 2014 to 2016. The highest since research began in 2008.²⁸²</p>

²⁸⁰ King's College London (2017) Time to Change Evaluation: Mind Over Matter: An analysis of print media reporting for mental illness 2008-2016

<https://www.time-to-change.org.uk/news/first-time-print-media-reporting-mental-health-significantly-more-balanced-and-responsible-more>

²⁸¹ Time to Change, Institute of Psychiatry, Psychology & Neuroscience, King's College London (2016) Mind Over Matter <https://www.time-to-change.org.uk/news/first-time-print-media-reporting-mental-health-significantly-more-balanced-and-responsible-more>

²⁸² Time to Change, Institute of Psychiatry, Psychology & Neuroscience, King's College London (2016) Mind Over Matter <https://www.time-to-change.org.uk/news/first-time-print-media-reporting-mental-health-significantly-more-balanced-and-responsible-more>

5. Key Facts about Mind

All of the statistics included in this section are taken from the Annual Review 2017-18 which reports on our impact during the second year of the five year strategy.

Mind Staff, Volunteers and Trustees 2017/18	
England and Wales	In 2017/18 Mind had an equivalent of 307 full time members of staff working in our offices across London and Cardiff, or working from home.
	Over half of our staff, volunteers and trustees have their own experience of mental health problems which they draw on in their work, helping them better understand the people we support.
	Mind has 16 trustees, two thirds of which have lived experience of mental health problems.
	Over 2,500 people volunteer regularly for us, with the majority working in our high street shops.
	Across the Mind network of over 130 local Minds (20 in Wales) there are: <ul style="list-style-type: none"> • 4,285 members of staff (full time equivalent 2,778) • 6,587 volunteers • 1,004 trustees
	Across Mind Retail there are: <ul style="list-style-type: none"> • Over 150 Mind shops • 297 members of staff (average full time equivalent) • Over 2,100 volunteers in our high street shops
	94% of Mind employees are proud to say they work at Mind.

Mind's Finances 2016/17

England and Wales	In 2017/18 Mind's total income, including net profit contribution for Mind Retail was £35.4m – £6.8 million more than last year – an increase of 16.5%
	In 2017/18 Mind's total expenditure was £30.3 million. £25.8 million was used to directly support people with mental health problems. This is £3.8 million more than last year.
	In 2017/18 Mind Retail generated £3.3m of profit of unrestricted income to support our work.
	In 2017/18, for every £1 we spend on charitable donations, we spent 73p on our charitable work.
	In 2017/18, for every £1 we spent generating funds, we raised an average of £7.22.

People Helped by Mind, the Local Mind Network and Mind Info 2017/18

England and Wales	85% of people who responded to our Big Mental Health Survey told us they'd had a positive experience of local Mind services.
	Local Mind services supported over 9,000 facing a mental health crisis.
	Our three helplines – Mind Infoline, Bluelight and our Legal line answered almost 100,000 calls in 2017/18.
	In 2017/18, our online support networks - Elefriends and Friends in Need supported 136,000 members.

Engaging People with Lived Experience in Our Work 2017/18	
England and Wales	In 17/18, nearly 24,000 people with lived experience of mental health problems influenced and took part in our work.
	In 2017/18, 393 Time to Change Champions helped to challenge stigma.

Members, Campaigners and Supporters 2017/18	
England and Wales	There are 3,306 members of Mind across England and Wales.
	There are over 70,000 Mind campaigners across England and Wales fighting for change.