CHANGE THE PRESCRIPTION

A new approach to mental health

CSJ The Centre for Social Justice
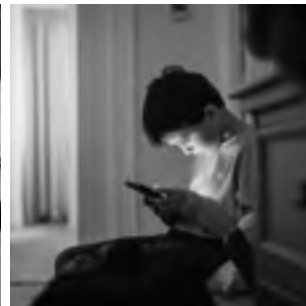
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About The Centre for Social Justice

Established in 2004, the Centre for Social Justice is an independent think-tank that studies the root causes of Britain's social problems and addresses them by recommending practical, workable policy interventions. The CSJ's vision is to give people in the UK who are experiencing the worst multiple disadvantages and injustice every possible opportunity to reach their full potential.

The majority of the CSJ's work is organised around five "pathways to poverty", first identified in our ground-breaking 2007 report Breakthrough Britain. These are: educational failure; family breakdown; economic dependency and worklessness; addiction to drugs and alcohol; and severe personal debt.

Since its inception, the CSJ has changed the landscape of our political discourse by putting social justice at the heart of British politics. This has led to a transformation in Government thinking and policy. For instance, in March 2013, the CSJ report *It Happens Here* shone a light on the horrific reality of human trafficking and modern slavery in the UK. As a direct result of this report, the Government passed the Modern Slavery Act 2015, one of the first pieces of legislation in the world to address slavery and trafficking in the 21st century. Our research is informed by experts including prominent academics, practitioners, and policymakers. We also draw upon our CSJ Alliance, a unique group of charities, social enterprises, and other grassroots organisations that have a proven track-record of reversing social breakdown across the UK.

The social challenges facing Britain remain serious. In 2025 and beyond, we will continue to advance the cause of social justice so that more people can continue to fulfil their potential.

Acknowledgements

We extend our gratitude to the individuals and organisations whose insights and guidance shaped the conclusions and recommendations of this report. The opinions or recommendations expressed herein are our own and may not fully reflect the views of every party mentioned. Several organisations and experts have generously shared their time, expertise, and knowledge. Some have challenged our perspectives, while many have influenced and refined them. All have contributed with the shared goal of improving the lives of the most vulnerable members of our society.

Firstly, we would like to thank those charities, organisations and professionals that participated in our focus groups and roundtables. Those charities are: The Hinge Centre, Eikon, If U Care Share, Zink, Recovery College Collective, Karbon Homes, Football Beyond Borders, Family Gateway and Sheffield Futures. Other charities who have contributed to our insights include: The Golddigger Trust, New Beginnings Foundation, Power2, Oasis Community Centre Worksop, Open Door Charity Birkenhead, Now and Beyond, The Moses Project, BeeWell, Chance UK, Place2Be and Open Door Crouch End.

We would also like to specifically thank Beth Stout and Dr Sanjiv Nichani OBE who have advised this project.

Dr Sanjiv Nichani OBE is a highly experienced Consultant Paediatrician and has been working at the Leicester Children's Hospital in the University Hospitals of Leicester for over 25 years. He is also the founder of Healing Little Hearts Global Foundation - a charity performing life-saving open-heart surgery on babies and children free of charge across the developing world. Dr Nichani was awarded an OBE in Her Majesty's Birthday Honours list in 2020 for his services within the field of Medicine and Charity. Dr Nichani coined the term screen-demic and has been pivotal in providing advice to families, educators and hospitals about the harms of screens. He has also spent many years on tribunals for disability and benefits and did a TEDTALK in June 2016 entitled 'Are we too caring as a Society'.

Beth Stout is the Chief Executive of Golddigger Trust, an award-winning charity based in Sheffield which seeks to unearth the value in young people, equipping young people with the skills, understanding, self-worth and courage to make ongoing positive changes in their lives. With a background in youth work, Beth has led the charity since 2009, growing the work from a small grassroots project to what it has become now, a leading voice in young people's wellbeing and mental health, working within schools, health settings and the community, alongside training and resourcing other organisations across the UK to deliver proven, impactful programmes within their communities.

Thanks should also be extended to, in no particular order: Dr Eli Gardner, Dr Kate Townsend, Dr Andy Brackett, Dr Rebecca Foljambe and Dr Helen Asquith. Finally, we would especially like to thank our supporters who made this work possible, including Bird Song Trust, The Rachel Charitable Trust, The Hadley Trust and Richard Oldfield.

RACHEL CHARITABLE TRUST

THE HADLEY TRUST

Foreword

The rise in prevalence of mental ill-health is alarming. The statistics throughout this report lay bare the heightened demand on the UK's mental health services and the consequent alarming increase in the number of prescriptions for medication for all age groups.

Over the last 12 years, antidepressant prescriptions have almost doubled in England, from 47 million in 2011 to 89 million in 2023. Nearly one in five people over 18 in England is now prescribed them annually. Sadly, nearly 450,000 children and young people – almost 4,000 under ten - were prescribed antidepressants in 2022.

But, this report bravely asks, are we over-diagnosing mental health conditions? And are we, in consequence, medicalising large portions of the population who are experiencing the ups and downs of normal life and need a different sort of support?

This is not to deny that some people suffer severe symptoms including anxiety and depression that require and benefit from treatment, and that services for them need to be improved. But the report suggests, and we agree, that the mental health crisis is not all about mental illness as such but caused, at least in part, by the erosion of the pillars that support good mental health: strong family and social relationships, cohesive communities and secure, fulfilling work. The current situation is made much worse by the loneliness and isolation brought about by the pandemic, and by the rising cost of living.

Alongside these social determinants of mental health, it's important to say that all of us are subject to variations in our mood. Bad days and good days are a fact of life. However, over the last 25 years, the welcome openness around mental health problems has encouraged a tendency to label those grey days as mental health disorders that need medical treatment.

While the recommended first line of treatment for these concerns is 'talking therapy', such as cognitive behavioural therapy, that is poorly available and usually involves long waits. So, GPs reach for the prescription pad and use medicines where they are often not needed.

As well as all the pressures on primary care doctors, particularly short appointment times, there is also the problem of 'Dr Google'. As this report suggests, patients increasingly diagnose themselves on the internet and present their symptoms to the doctor in overtly psychological terms. For instance, describing vague feelings of unease or low mood as anxiety or depression.

So how can we counter this fast-growing over-medicalisation of mental health? One very effective idea is to give what are called 'social prescriptions' as a non-medical alternative to pills. Doctors can refer patients to trained social prescribing link workers who have the time to listen to patients and work with them to help resolve practical and environmental problems, such as inappropriate housing or debt, as well as psychological factors – from marital and family problems to loneliness and isolation.

These social prescriptions can involve signposting people to a variety of community services for all ages, from carers to choirs, groups encouraging them to be creative with paints or words, gardening, dancing or walking in nature. All proven to be effective ways to recalibrate patients' symptoms. Importantly, as the name suggest, these non-medical prescriptions involve socialisation, which is so often crucial in our atomised society.

As this report says: 'people need somewhere to belong, something to do and somebody to talk to'. It is time the medical profession adopted treatment options beyond the prescription pad for symptoms of mild to moderate mental ill-health. We must push back at this costly and ineffective over-medicalisation, stop labelling mild transient feelings in terms of major psychiatric conditions and offer patients compassionate and practical support to feel better.

Dr Simon Opher MP
Chair Beyond Pills All Party Parliamentary Group, Labour

Danny Kruger MP
Co-Chair Beyond Pills All Party Parliamentary Group, Conservative

Lord Nigel Crisp
Co-Chair Beyond Pills All Party Parliamentary Group, Crossbench Peer and former CEO of the NHS

Executive summary

Is the mental health of the nation the worst that it has ever been, or is there something else going on? Our GPs certainly do not think the current approach is the right one. CSJ polling reveals that 83 per cent are concerned that antidepressants are prescribed when non-pharmaceutical interventions would be more suitable and 84 per cent agree that society's approach to mental health has led to the normal ups and downs of life being seen as medical problems.[1]

The statistics paint a bleak picture. One in five (20 per cent) people report having received at least one diagnosis of a mental health condition[2] and there has been a 70 per cent rise in the number of people in contact with mental health services in England over the last 8 years, now at nearly two million.[3] Almost a fifth of adults in England are now taking antidepressants.[4] The rise in diagnosis for children and young people is particularly acute. Currently a fifth of children aged 8 to 16 have a probable mental health disorder, up from 12.5 per cent in 2017.[5] CSJ analysis has forecasted this could be one quarter of all children by 2030, if trends persist.[6]

The impact is being seen far and wide; mental ill-health has become a leading driver of economic inactivity and has contributed to the surge in school absence, the strain on NHS services and has become a burden on productivity.

CSJ polling reveals that 83 per cent of GPs are concerned that antidepressants are prescribed when alternatives would be more suitable.[1]

One in five (20 per cent) people report having received at least one diagnosis of a mental health condition.[2]

Almost a fifth of adults in England are now taking antidepressants.[4]

What is driving the rise?

While recognising the seriousness of our mental health crisis, government has failed to stem the tide. The approach to date has centred on meeting the spiralling welfare cost and demand on health services. This will not suffice. Rather, we identify three areas that the Government will need to address to tackle the crisis in mental health at its root cause:

1. Some of the surge is undoubtedly a rise in prevalence and caused by the gradual erosion of the protective factors that enable good mental health. We have seen a hollowing out of strong families, cohesive communities, economic opportunity and good work.

2. Adding to this strained safety net came the 'perfect storm' of the post-pandemic world, where the nation was plunged into lockdown, and for many, screens were the only form of connection.

1   Original analysis conducted by Savanta for The Centre for Social Justice of 1,001 General Practitioners in the UK between 4 December 2024 and 17 December 2024.

2   CSJ analysis of *Understanding Society: The UK Household Longitudinal Study*, Wave 13 2021 – 2022.

3   CSJ analysis of *NHS England, Mental Health Services Monthly Statistics Dashboard: 4*. People in contact with services. Accessed 10/01/2025.

4   CSJ analysis of *NHS Business Services Authority, Medicines used in mental health – England – 2015/16 to 2023/24*, 2024. Note: in each year there were a number of patients taking medicines for mental health with an unknown age. Population mid-year estimates sourced from ONS, Dataset: Estimates of the population for England and Wales: Population estimates for the UK and constituent countries by sex and age; Historical time series, Table 11, 2024.

5   NHS England, *Mental Health of Children and Young People in England, 2023* – wave 4 follow up to the 2017 survey, 2023.

6   CSJ, *Two Nations: The State of Poverty in the UK – An interim report on the state of the nation*, 2023.

3. But this report suggests a third driver behind the soaring numbers; the over-medicalisation of mental health. This report proposes that simply looking at the number of diagnoses and prescriptions does not give us a full picture of the mental health of our nation, or how best to address it.

1) Protective factors for good mental health have steadily declined

The natural structures that enable good mental health have been slowly eroded.

The UK is a global leader in family breakdown,[7] a key indicator of mental health in children. Those who have experienced family breakdown before the age of 18 are 1.7 times as likely as those who have not to experience mental ill-health.[8] CSJ analysis of NHS data reveals an over 10 percentage point difference between the occurrence of family functioning problems in 11- to 16-year-olds who had a probable mental disorder, and those who did not.[9] In 2021, 17.6 per cent of 11- to 16-year-olds had family functioning problems, rising to 28.3 per cent in 11 to 16-year-olds who had a probable mental disorder.[10] A government consultation found that the biggest influence on mental health was family and social relationships.[11]

> *Half of those issued a fit note for mental ill-health receive it for the long term.[19]*

> *"If you've got a robust family dynamic that helps. And I do see so many youngsters coming up with challenging family dynamics, families that are not stable."*
>
> **NHS General Practitioner**

Therefore, to actively champion family stability the Government should:

› Deliver Family Hubs to every Local Authority[12] and connect them with social prescribing services.

› Collect national level data on family structure.[13]

› Identify where there are incentives to separate or live apart in the way that benefits are administered.[14]

Beyond family life, wider relationships are also suffering. Polling for the CSJ reveals that nearly six in ten adults feel lonely most, often or some of the time[15] and for those who are lonely, mental ill-health is much more prevalent.[16]

The world of work is changing too. It is often low quality and rarely offers any real progression: just 15 per cent of those of the most deprived expect to progress at work over the next year.[17] People, and young people in particular, are voting with their feet: economic inactivity rose by 29 per cent for 16- to 24-year-olds and by 42 per cent for 25- to 34-year-olds between 2019 and 2022. Within these age groups, there was a 24 per cent increase in people being classified as long-term sick due to mental ill-health.[18] Half of those issued a fit note for mental ill-health receive it for the long term,[19] which may not serve as the most effective treatment option.

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7   Kiernan, K., Crossman, S and Phimister A., *Families and inequalities*, 2022.

8   CSJ, *Why Family Matters: A comprehensive analysis of the consequences of family breakdown*, 2019.

9   CSJ, *Two Nations: The State of Poverty in the UK – An interim report on the state of the nation*, 2023, pp272-273.

10   Ibid.

11   Department for Health and Social Care, *Call for evidence outcome: Mental health and wellbeing plan: discussion paper and call for evidence – results*, 2023.

12   CSJ, *Why Family Matters: A comprehensive analysis of the consequences of family breakdown*, 2019.

13   CSJ, *Lonely Nation: Part 1: How family can help to end the loneliness crisis*, 2024.

14   Ibid.

15   Ibid.

16   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p54.

17   Original analysis conducted by JL Partners for The Centre for Social Justice of 6,000 adults Nat Rep between 25th August 2023 and 2nd October 2023

18   UK Parliament, *Why are young people leaving the labour market*, 2023.

19   CSJ analysis of NHS England, *Fit Notes Issues by GP Practices, England, March 2024*, 2024. Note: 5-12 weeks, 13-20 weeks and indefinite Fit Notes grouped to account for long-term sickness.

CSJ polling reveals that 48 per cent of the general public want to see mild symptoms of less severe mental ill-health supported through benefits-in-kind that directly fund services and programmes designed to support their mental health, while just 18 per cent think this support should be cash payments.[20] Economic inactivity as a result of mental ill-health is estimated by the Centre for Mental Health to have cost England £9.2 billion in 2022.[21]

To reduce mental health related inactivity the Department for Work and Pensions should:

- Roll out WorkWell nationally to establish a new National Work and Health Service.
- Reform the fit note in cases of mild to moderate symptoms of less severe mental ill-health[22] in four key ways.
- Separate PIP support for those with physical ill-health from those with mental ill-health.

People need somewhere to belong, something to do and somebody to talk to. The foundational structures which support mental health and wellbeing have been undermined, and the nation is facing an uphill battle in reaching the starting point for fostering positive mental health.

2) The 'perfect storm' following the post-pandemic years

On top of these fires came the petrol of the decision to plunge the nation into successive lockdowns, closely followed by the cost-of-living crisis. An already weakened national resilience was stretched to breaking point.

While for many in the political class lockdown is now a distant memory, for millions of vulnerable people across the country the scars are still deeply felt. The number of severely absent pupils from school has risen 161 per cent since the pandemic[23] and deaths by drug poisoning rose from 76 to 93 people per million population between 2019 and 2023.[24]

The post lockdown world has also seen a sustained rise in smartphone and social media use. CSJ analysis reveals that there is a 1.73 times greater chance of having a diagnosed mental health condition if social media is used every day, compared with it never being used.[25] Algorithms are pushing self-harm and eating disorder content, as well as addictive behaviours on the most vulnerable. For girls aged 8 to 17, hospital admissions for self-harm have more than doubled since 2007/08 and rose almost fourfold in the years preceding 2022, spiking following the launch of social media platforms such as Snapchat, Instagram and TikTok[26] as one young woman told the CSJ.

> *There is a 1.73 times greater chance of having a diagnosed mental health condition if social media is used every day, compared with it never being used.* [25]

> *For girls aged 8 to 17, hospital admissions for self-harm have more than doubled since 2007/08.* [26]

20 Original analysis conducted by Opinium for The Centre for Social Justice of 2,050 UK adults between 8 January 2025 and 10 January 2025. The remaining responses were 'Neither' (18%) or 'Don't know' (16%).

21 Centre for Mental Health, *The Economic and Social Costs of Mental Ill Health*, 2024, p20.

22 "Less severe depression", for example, is defined in NICE guidelines as encompassing "subthreshold and mild depression, defined as depression scoring less than 16 on the PHQ-9 scale." Accessed from: https://cks.nice.org.uk/topics/depression/background-information/definition/

23 CSJ, *School Absence Tracker: A termly analysis of official data relating to absence from schools (Spring 2024)*, 2024, p4.

24 Office for National Statistics, *Deaths related to drug poisoning in England and Wales: 2023 registrations*, 2024.

25 CSJ analysis of *Understanding Society: The UK Household Longitudinal Study*, Wave 13 2021 – 2022.

26 CSJ analysis of *NHS England FOI response, November 2024*. Note: data is based on finished admission episodes and an individual may have more than one admission episode. This data is based on external cause codes, which are not mandatory, meaning there may be undercounting. Population mid-year estimates sourced from ONS, Dataset: Estimates of the population for England and Wales: Population estimates for the UK and constituent countries by sex and age; Historical time series, Table 11, 2024.

> *"So, [for TikTok] if you potentially had something wrong with your eating anyways, and then you followed like, one account for it, it would progressively get worse… You do inadvertently learn tips on how to be worse… I've known people that have developed eating disorders because of it."*
>
> **Young person, participant of a focus group**

To reduce the harmful impact of social media the Government should:

· Increase the age of digital consent from 13 to 16.
· Oblige Ofcom to publish a code of practice for safety-by-design features for algorithms, requiring the banning of algorithms for users under 16.
· Make it a statutory requirement for schools to be smartphone-free.
· Launch a Public Health Campaign highlighting the risks of developing mental ill-health from harmful online content.

3) The over-medicalisation of mental health

There is no doubt that the nation is struggling like never before. But the key question is does all this distress amount to mental health disorders? CSJ polling reveals that 84 per cent of GPs agree that society's approach to mental health has led to the normal ups and downs of life being seen as medical problems.[27]

CSJ polling reveals that 84 per cent of GPs agree that society's approach to mental health has led to the normal ups and downs of life being seen as medical problems.[27]

> *"We're always trying to label things and put a medical term on things… we need to look deeper into what is actually going on."*
>
> **Former teacher**

Recent decades have seen a boost of funding to mental health research and services but a simultaneous rise in mental ill-health,[28] casting doubt on the adequacy of the medical model. 85 per cent of GPs are concerned that antidepressants are prescribed because non-pharmaceutical interventions are not available and 83 per cent are concerned that antidepressants are prescribed when non-pharmaceutical interventions would be more suitable.[29] Antidepressants are often not the most appropriate, nor effective, response.

83 per cent of GPs are concerned that antidepressants are prescribed when alternatives would be more suitable.[29]

Those with lived experience spoke powerfully to the CSJ of very real and urgent social and psychosocial needs being met with a solely medical response.

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27   Original analysis conducted by Savanta for The Centre for Social Justice of 1,001 General Practitioners in the UK between 4 December 2024 and 17 December 2024.
28   Davies, J, *Sedated: How Modern Capitalism Created Our Mental Health Crisis,* 2022, p1.
29   Original analysis conducted by Savanta for The Centre for Social Justice of 1,001 General Practitioners in the UK between 4 December 2024 and 17 December 2024.

> *"They're quite easy to shove medication onto ya, they tried doing that with me, but all I needed was this place, was something like this, I didn't need medication." [sic]*
>
> **Person with lived experience of mental ill-health, charity in the Midlands**

> *"Often it's not a tablet they need, but someone to talk to, be in community with."*
>
> **Child psychologist**

Despite the increasingly frequent use of mental health terminology, NHS Mental Health Trusts do not have a universally understood definition of mental health: only three of the 49 trusts define mental health at all.[30] Dr Allen Frances, a psychiatrist who chaired the taskforce which developed the DSM-IV (an industry-leading guide for diagnosing mental ill-health), has widely criticised the subsequent and most recent revision (DSM-5), arguing that it expanded the categories of mental ill-health, resulting in normal and difficult experiences being named as disorders,[31] an example being 'persistent complex bereavement disorder.'[32] The co-founder of the Council for Evidence-based Psychiatry argued that this expansion of the DSM medicalised "everyday human distress," but "without any real biological justification."[33] The risk of this expansion is that those acutely ill get lost in the fray.[34]

> *Only three of the 49 trusts define mental health at all.[30]*

> *"Nobody's ever said 'what's going on in your life… how are things going for you?' Instead it's just like, 'try this medication try this counselling.'"*
>
> **Person with lived experience of mental ill-health, charity in the North East**

Unlike many tests for physical health, the line in psychiatry for when distress becomes mental ill-health is subjective.[35] So called lower level disorders have far lower reliability in diagnosis than severe disorders such as Schizoaffective Disorder.[36] The NHS itself says it is not certain of the mechanism of how antidepressants work,[37] the theory behind chemical imbalances in the brain causing depression is contested,[38] and 10 per cent of prescriptions issued in primary care are not only unnecessary but could cause further harm.[39]

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30   See appendix: *Thematic content analysis of NHS Mental Health Trust websites.*

31   Frances, A., *Saving normal*, 2013.

32   American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition*, 2013.

33   Davies, J., *Sedated: How Modern Capitalism Created Our Mental Health Crisis*, 2022, p6.

34   Foulkes, L., *What Mental Illness Really Is… (and what it isn't)*, 2021, p168.

35   Tyrer, P., *A comparison of DSM and ICD classifications of mental disorder*, 2014.

36   The agreement between two professionals for a diagnosis of Major Depressive Disorder was found to be almost half as reliable as for diagnosing Schizoaffective Disorder. McHugh, M.L., Interrater reliability: the kappa statistic, 2012; Matuszak, J. and Piasecki, M., Inter-Rater Reliability in Psychiatric Diagnosis, 2012; Freedman et al., The Initial Field Trials of DSM-5: New Blooms and Old Thorns, 2013; Regier et al., DSM-5 Field Trials in the United States and Canada, Part II: Test-Retest Reliability of Selected Categorical Diagnoses, 2013.

37   NHS, *Overview – Antidepressants*, 2021.

38   Harvard Medical School, *Depression: Chemicals and communication, 2022; National Center for Biotechnology Information, Information about Mental Illness and the Brain, 2007;* University College London, Analysis: Depression is probably not caused by a chemical imbalance in the brain – new study, 2022; Moncrieff et al., The serotonin theory of depression: a systematic umbrella review of the evidence, 2022.

39   The Department of Health and Social Care, *Good for you, good for us, good for everybody*, 2021.

To turn the tide on over-medicalisation it is urgent that:

- NHS England work with all Mental Health Trusts to establish a shared definition for terms such as 'disorder,' 'illness,' 'wellbeing,' 'mental health,' and 'distress'; and establish a framework for healthcare professionals to record instances of misdiagnosis and overdiagnosis.
- National Institute for Health and Care Excellence (NICE) guidelines adopt a single diagnostic manual - the ICD - and make exit strategies protocol when patients are first prescribed psychotropic medication.
- The Department for Health and Social Care task the Care Quality Commission to collect data on how often antidepressants are routinely used as 'first-line treatment for less severe depression,' in contravention of NICE guidelines.
- Establish a National Strategy for Social Prescribing and establish a branch for children and young people.

In a desire to support and enable individuals to have positive mental health, there is a danger that the pendulum has swung too far, and that the boundaries between distress and disorder have become blurred. This is not compassionate. It risks those who are unwell missing out on the treatment they deserve, and it risks burdening others with unhelpful labels and prescriptions that can hold them back without addressing the root cause of their very real needs.

CSJ polling reveals that 65 per cent of the general public think the NHS should prioritise addressing the root cause of less severe mental ill-health through social prescribing or therapy, compared with just 12 per cent who think it should be addressed through medicine like antidepressants.[40]

Just 1 in 10 of the general public think that less severe mental ill-health should be addressed with medicine, compared with 65% who think the root causes should be tackled through social prescribing or therapy. [40]

> *"There's too much dealing with the symptoms and not the root cause… They're putting a sticking plaster over people's trauma."*
>
> **Charity leader, North East**

It is also unaffordable. Misunderstood mental ill-health is the leaky bucket draining the nation. No amount of government initiatives to tackle the symptoms of a stagnating economy, flatlining productivity, or the anxious generation will fix the problem unless the leaks are plugged. Unless we seriously re-evaluate our approach to mental ill-health by defining its reach, incorporating a social model and acknowledging the weaknesses of the current set up, the bucket will keep draining.

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40 Original analysis conducted by Opinium for The Centre for Social Justice of 2,050 UK adults between 8 January 2025 and 10 January 2025. The remaining responses were 'Neither' (8%) or 'Don't know' (15%).

Introduction

This report will begin by outlining what is known about the mental health of both children and adults in the UK and particularly England, and where there are gaps in the data. It will then consider some of the more conventional drivers of mental ill-health through biological causes and social factors such as family breakdown, trauma, education, debt and housing. The report will also consider more recent factors contributing to the rise such as the Covid-19 pandemic, the cost-of-living crisis, the rise of the online world, the rise in economic inactivity and the lack of access to services. Finally, the report will examine whether an over-medicalisation of some of these drivers is the most appropriate approach in tackling the growing crisis.

The focus of this report is to pinpoint drivers of the recent rise in mental ill-health in an effort to tackle the root cause and recommend policy solutions to contribute to prevention efforts of a further rise. This report primarily examines the social causes of mental ill-health. While it acknowledges that severe mental illness can be influenced by a range of social factors, it omits other potential causes of severe mental illness.

This report will cover sensitive information about suicide, self-harm and other challenging topics. If you or someone you know may be affected by this content, Samaritans are there for you. You can call them for free on 116 123, email them at jo@samaritans.org, or visit samaritans.org to find your nearest branch.

Methodology

This report has been guided by extensive interviews and consultations with experts in healthcare and those with lived experience of mental ill-health. Results are discussed with consideration given to existing literature. Below outlines the qualitative and quantitative analysis conducted by the CSJ for the purposes of this report.

› Five focus groups across England of adults with lived experience of mental ill-health, recruited by the Centre for Social Justice Foundation.

› Three focus groups of children and young people recruited not on the basis of lived experience of mental ill-health (although many shared their experiences during the sessions), but on hearing the voices of young people in relation to the research question, recruited by the Centre for Social Justice Foundation.

› Four roundtables of medical practitioners across England both working in the NHS and the third sector.

› Three direct case studies from individuals with lived experience of mental ill-health and one case study provided by a school counsellor of a client.

› Original polling conducted by Savanta for The Centre for Social Justice of 1,001 General Practitioners (GPs) in the UK, between 4 December 2024 and 17 December 2024.

› Original nationally representative polling conducted by Opinium for The Centre for Social Justice of 2,050 adults in the UK, between 8 January 2025 and 10 January 2025.

- › Thematic analysis of the 77 responses to the CSJ's call for evidence, received between 26th May and 30th June 2024.

- › Content analysis of 49 NHS Mental Health Trust websites.

- › Semi-structured interviews with sector experts including six academics and 15 medical practitioners working in mental health services (excluding those attending roundtables).

- › 38 charities across England consulted, including 17 visits and 21 meetings online.

- › Freedom of Information request to NHS England for data on self-harm admissions to hospital.

- › Quantitative analysis of NHS England and data from government sources such as the Department for Health and Social Care, the Department for Education and the Department for Work and Pensions.

For more information regarding the methodology, please see the appendices.

Glossary

In this glossary, some key terms are defined to provide clarity throughout the report. To incorporate terms such as 'mental health condition,' 'mental health disorder' and 'mental illness,' the term 'mental ill-health' will be used throughout for consistency. However, where specific sources of data and information refer to 'disorder' or 'illness,' these terms will be used to accurately depict sources of information.

While not an exhaustive list of all terms used in this report, the following terms related to mental ill-health will be used (including some which will be defined in more detail later in the report):

Common Mental Disorders (CMD)s: include depression, and various forms of anxiety, such as panic, phobias and obsessive-compulsive disorder (OCD).[41]

- • Depressive disorder: Generally refers to low mood which lasts every day for at least two weeks and encompasses a variety of symptoms.[42]

- • Generalised anxiety disorder (GAD): Feelings of stress so severe that it affects daily life and can be difficult to control, encompassing a variety of symptoms.[43]

Severe and serious mental illness used interchangeably by the NHS and generally refer to those experiencing symptoms of mental ill-health requiring detention under the Mental Health Act (MHA).

Prevalence: To the proportion of a population that possesses a specific characteristic during a particular time frame.

Incidence: The number of new cases of a characteristic that arise in a population in a defined time period.[44]

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41   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p41.

42   NHS, Overview – *Depression in adults*, n.d.

43   NHS, *Generalised anxiety disorder (GAD)*, n.d.

44   National Insitiute of Mental Health, *What is Prevalence?* N.d.

Neurodevelopmental disorders: Generally referred to as conditions which affect how the brain functions. They "manifest in early development… and are characterised by developmental deficits that produce impairments of personal, social, academic, or occupational functioning."[45]

Medicalisation: "Defining a problem in medical terms, usually as an illness or disorder, or using a medical intervention to treat it."[46]

Over-medicalisation: Generally refers to an excess of Medicalisation. "The tendency of entities to reduce people's experiences to a purely medical explanation without hearing them share their full understanding of their lived experiences."[47]

Overprescribing: "Where people are given medicines that they don't need or want, or which may do them harm."[48]

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45   American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, 2013, p31.

46   Conrad, P., *The shifting engines of medicalization*, 2005.

47   Colker, R., *Overmedicalization?* 2023.

48   Professional Record Standards Body, *Overprescribing: Overview*, n.d.

What story do the numbers tell?

Introduction

This chapter aims to examine data on the recent increase in mental ill-health nationwide. It will investigate the demographics most affected by mental ill-health before focusing on specific conditions and their prevalence. Additionally, it will address the growing demand for treatments, including talking therapies and medications. Lastly, the chapter will examine the prevalence of certain neurodevelopmental conditions, considering their recent surge and their links to mental ill-health as psychiatric conditions.

Sources of data

The current understanding of psychiatry is based on two psychiatric classification systems for disorders, the World Health Organization's (WHO) international classification of diseases (ICD) and the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM). The ICD, now in its 11th edition, is recognised worldwide as a source of information on health, diseases, causes of death, and categories all health conditions, including mental health.[49] The ICD has developed over the last 130 years from ICD-1 to ICD-11, with each edition adding more classifications of mental health disorders.[50] The DSM, currently in its fifth edition, is the official classification system used by the National Institute for Health and Care Excellence (NICE) which sets the guidelines for clinicians in the United Kingdom (UK). The DSM only classifies mental disorders.

The main source of data on the prevalence of psychiatric disorders in adults in England currently comes from the Adult Psychiatric Morbidity Survey (APMS) which has been carried out every seven years by NHS England since 1993. It is the authoritative source for directing mental health policy and funding in England and is therefore the best national depiction of the prevalence of mental ill-health. The most recent survey was postponed because of the Covid-19 pandemic, and its results have not been released. As a result, the last nationwide survey on the proportion of the population experiencing mental ill-health was conducted in 2014.[51] This means there is currently a lack of clear understanding regarding the prevalence of mental ill-health, and for some conditions, the only available indicators are measures such as prescription rates. This report addresses the gaps in data where possible and uses the APMS to depict trends prior to 2014 when necessary.

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49   World Health Organization, *International Classification of Diseases (ICD)*, 2024.

50   Seemüller, F., *ICD-11 and mental disorders: important changes, controversies, and future directions*, 2023.

51   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016.

The APMS was conducted via interviews in two stages and used assessments which created a score to determine the prevalence of mental disorder. The survey asked participants whether they felt they had a mental disorder and whether they had ever been diagnosed with one. The survey provides a disclaimer that it is a "population research tool and should not be expected to provide the equivalent of a professional diagnosis."[52] The APMS uses the definition of disorders from both the ICD and the DSM.

Across Wales, Scotland and Northern Ireland, data and information sources lack comparability with the APMS, but sources used in this report include the Department of Health in Northern Ireland, the Northern Ireland Audit Office, the Welsh Ambulance Services NHS Trust, the Welsh Government, the Scottish Government and Public Health Scotland. This report will attempt to provide an overview of the state of mental ill-health in the United Kingdom. While the analysis of the issues may draw from data from all four nations of the UK, the policy solutions will be applicable to England, given the devolved responsibility of health to Northern Ireland, Scotland and Wales.

To establish more recent trends in the prevalence of mental ill-health, this report will draw on other data sets to complete the picture as far as possible since 2014. NHS England provides data on access to mental health services for both children and adults. This data includes the number of individuals seeking support, offering some insight into prevalence.

NHS England also publishes data from the Mental Health of Children and Young People (MHCYP) survey, which compares the prevalence of probable mental disorders of CYP aged 8 to 25 years from 2017[53] in 2020,[54] 2021,[55] 2022[56] and 2023.[57] Having a probable mental disorder, as defined by NHS England in this data, is determined by the likelihood of struggling with mental health such that it impacts on daily life and is established through the strengths and difficulties questionnaire which asks questions around emotions, behaviour, relationships and hyperactivity.[58] This makes the MHCYP a generalised prediction of the prevalence of mental ill-health in CYP and is not comparable with data for adults.

An Overview of Mental Health and Access to Services

Mental ill-health is rising. In 1993, approximately 14.1 per cent of working adults aged 16 to 64 had a common mental disorder in England, rising to 17.5 per cent by 2014.[59] In 2021/22, 20 per cent of the population of the UK reported having received at least one diagnosis of a mental health condition, according to CSJ analysis of Wave 13 of the Understanding Society Survey.[60] In terms of life satisfaction, the UK compares similarly to other G7 countries but in comparison with Europe, the UK ranks low and even lower when compared to countries with similar sized economies.[61]

52   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p155
53   NHS England, *Mental Health of Children and Young People in England, 2017*, 2018.
54   NHS England, *Mental Health of Children and Young People in England, 2020 – wave 1 follow up to the 2017 survey*, 2020.
55   NHS England, *Mental Health of Children and Young People in England, 2021 – wave 2 follow up to the 2017 survey*, 2021.
56   NHS England, *Mental Health of Children and Young People in England, 2022 – wave 3 follow up to the 2017 survey*, 2022.
57   NHS England, *Mental Health of Children and Young People in England, 2023 – wave 4 follow up to the 2017 survey*, 2023.
58   Ibid.
59   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016.
60   CSJ analysis of *Understanding Society: The UK Household Longitudinal Study*, Wave 13 2021 – 2022.
61   Organisation for Economic Co-opertion and Development, *How's Life? 2020: Measuring Well-Being*, 2020.

Mental health referrals have increased 44 per cent between 2016/17 and 2021/22.[62] These numbers are likely to be an underestimate as NHS England has stated that in 2021 there were 8 million people not in contact with mental health services who should be.[63] The number of people in contact with mental health services has risen from 1.2 million in April 2016 to nearly two million in October 2024, representing a rise of 70 per cent, as depicted in Figure 1.

Figure 1:   Number of people in contact with mental health services in England, 2016-2024
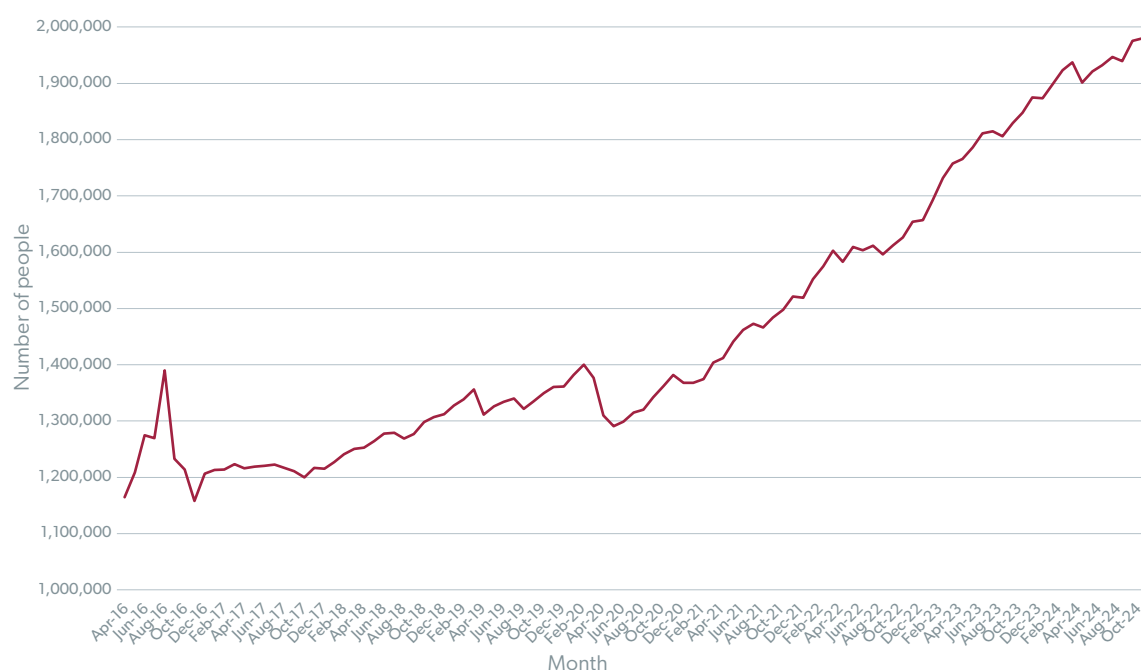
Source: CSJ analysis of NHS England, Mental Health Services Monthly Statistics Dashboard: 4. People in contact with services[64]

In contrast, there was a 16.3 per cent decrease in the number of people referred to psychological therapies in Scotland in the quarter ending March 2024, compared with March 2023.[65] However, it is noted that this is likely due to a change in reporting in Glasgow and Clyde.[66] Between 2015 and 2020, there was approximately a 50 per cent rise in the number of people requiring mental health services in Northern Ireland.[67]

The burden of mental ill-health diagnoses is disproportionately held by those under retirement age. Figure 2 shows that, for example, 31- to 35-year-olds represent the highest burden of mental health conditions relative to their proportion of the population and 71- to 75-year-olds represent the lowest burden of mental health conditions.

62   Department of Health & Social Care and National Audit Office, *Progress in improving mental health services in England*, 2023.
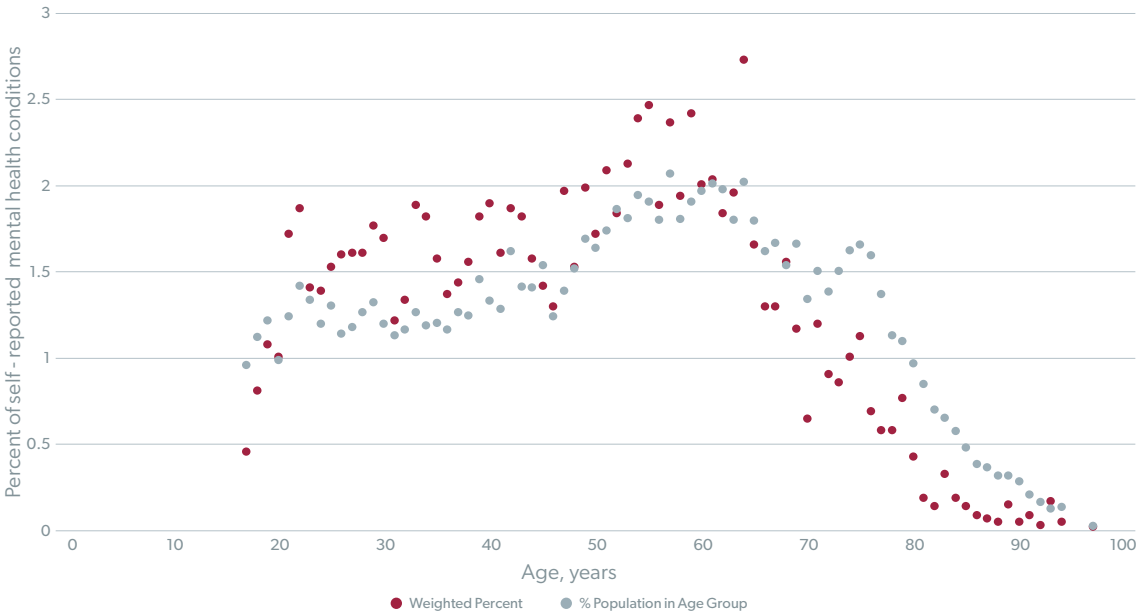63   Ibid.
64   Accessed 10/01/2025.
65   Public Health Scotland, *Psychological therapies waiting times: Quarter ending March 2024*, 2024.
66   Ibid.
67   Northern Ireland Audit Office, *Mental Health Services in Northern Ireland*, 2023, p11.

Figure 2:   Burden of Mental Health Conditions by Age in the UK, 2021-22

Source: CSJ analysis of Understanding Society Survey, Wave 13

This rise in mental ill-health has been seen most starkly in children. From 2017 to 2023, the percentage of children aged 8 to 16 years with a probable mental disorder rose from 12.5 per cent to 20.3 per cent.[68] This rise is also seen in 17- to 19-year-olds, with 10.1 per cent suffering a mental disorder in 2017, compared with 23.3 per cent in 2023. For those aged 20 to 23, data is unavailable before 2021 but in 2021, almost 17 per cent of 20- to 23-year-olds had a probable mental disorder, compared with almost 22 per cent in 2023.[69]

The onset of both mental ill-health and neurodevelopmental conditions typically occurs among children and young people. The onset of mental ill-health happens by the age of 25 for 62.5 per cent of those who have mental ill-health, while for neurodevelopmental conditions, this figure increases to 95.8 percent by the same age.[70] The Mental Health Foundation reports that by age 24, 75 per cent of mental health conditions have been identified.[71]

In 2023, Cardiff University reported that 24 per cent of students in years 7 to 11 in Wales encounter high levels of mental health symptoms.[72] For girls, this figure was 28 per cent and for boys, 16 per cent.[73] The most disadvantaged are also disproportionately impacted. Those in the highest decile of deprivation are more than twice as likely to be in contact with mental health services, compared with the lowest decile.[74]

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68   NHS England, *Mental Health of Children and Young People in England, 2023* – wave 4 follow up to the 2017 survey, 2023.

69   Ibid.

70   Solmi et al., *Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies*, 2022.

71   Mental Health Foundation, *Children and young people: statistics*, n.d.

72   Cardiff University, Nearly a quarter of young people in Wales are reporting very high levels of mental health symptoms following the pandemic, 2023. Note: 'mental health symptoms' refers to symptoms of mental ill-health.

73   Ibid.

74   British Medical Association, *Mental health pressures in England*, 2024.

It is possible that the global incidence[75] of mental ill-health has peaked. A study published by Epidemiology and Psychiatric Sciences in 2023 found that the incidence of mental ill-health may have peaked globally in 2020 and will steadily decline over the next 25 years, but prevalence will continue to rise due to societal pressures and population growth.[76]

Given this clear rise in mental ill-health and people seeking access to mental health services, the following section of this report will consider a range of mental health conditions, their prevalence, and groups that are particularly impacted.

Common Mental Disorders (CMDs)

In the 2014 APMS survey, it was found that one in six adults had a CMD.[77] The survey distinguishes common mental disorders (CMDs) from other mental disorders such as psychotic disorders. They define CMDs as including depression, as well as encompassing various forms of anxiety, such as panic, phobias and obsessive-compulsive disorder (OCD).[78] CMDs "cause marked emotional distress and interfere with daily function, although they do not usually affect insight or cognition."[79]

The survey recognises that CMDs often go undiagnosed, yet they can be debilitating, depending on severity.[80] The Clinical Interview Schedule-Revised (CIS-R) score was used in the 2014 APMS to assess the severity of CMDs; those with a score of 12 or more were recognised as having a clinical condition but those with a score of 18 or more were deemed severe and required intervention.[81]

NICE guidelines also recommend that diagnoses of depression should be categorised by severity. Subthreshold and mild symptoms are considered mild depression, while moderate and severe symptoms are considered severe depression.[82] This is based on the score of the Patient Health Questionnaire-9 (PHQ-9) scale, a questionnaire that asks patients about symptoms of common mental disorders to assess severity, but definitions and thresholds originate in the DSM and ICD.

In adults, the proportion of those with either identified or diagnosed common mental disorders has risen marginally. In 2000, 16.3 per cent of working-age adults had symptoms of common mental disorders, rising slightly to 17.5 per cent in 2014.[83] Despite this marginal rise in diagnosis, in 2000, 23.1 per cent of adults with a CMD were accessing mental health treatment, rising to 39.4 per cent in 2014.[84]

The Patient Health Questionnaire-8 (PHQ-8), a survey which assesses severity of depression, found that pre-Covid-19-pandemic 10 per cent of adults had symptoms of moderate to severe depression, rising to a high of 21 per cent between January and March 2021. In September to October 2022, this figure decreased to 16 per cent.[85] This is a similar rate to the APMS's rate of common mental disorders in adults in 2014 (17.5 per cent).[86]

75   See glossary.

76   Wu et al., *Changing trends in the global burden of mental disorders from 1990 to 2019 and predicted levels in 25 years*, 2023.

77   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p8.

78   Ibid, p41.

79   Ibid.

80   Ibid, p39.

81   Ibid, p10.

82   The National Institute for Health and Care Excellence, *Depression: What is it?* 2024.

83   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p 45.

84   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016.

85   Office for National Statistics, *Cost of living and depression in adults, Great Britain: 29 September to 23 October 2022*, 2022.

86   NHS, *Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England*, 2014, 2016.

However, the two rates are not comparable given the addition of anxiety disorders within common mental disorders, which is not included in the PHQ-8, and comparability would not be possible until the next publication of the APMS in 2025.

In Scotland, there has been a gradual rise in the number of adults reporting two or more symptoms of depression. In 2008/09, this figure was 8 per cent and by 2021/22, it was 13 per cent. For anxiety, these figures were 9 per cent and 17 per cent, respectively.[87] In Northern Ireland, there has been a 43 per cent rise in the number of adults diagnosed with depression between 2016 and 2022.[88]

Across various measures in the 2014 APMS survey, it was found that women had higher rates of mental disorders than men, with 20.7 per cent of women having a CMD and 13.2 per cent of men.[89] Women have had higher prevalence of CMDs since 1993 when the survey began both with severe symptoms and more mild symptoms, as depicted in Figure 3.[90]

Figure 3:   CMD symptoms in past week (CIS-R score 12+ and 18+) by sex: 1993 to 2014 (base: adults aged 16 to 64)

Source: McManus, S, Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014, 2016

Women are more likely to have a CMD at every age, and this is seen most pertinently in women aged 16-24.[91] For 16–24-year-old men in 1993, 8.4 per cent had symptoms of CMDs, compared to 19.2 per cent of women. In 2014, these figures had risen to 9.1 per cent and 26.0 per cent respectively.[92] Not only do women have higher prevalence of CMDs, but the growth in prevalence of CMDs amongst women far outstrips that of men.

The APMS also finds association between work and the risk of having a CMD.[93] For unemployed individuals looking for work, the CMD rate was 28.8 per cent in 2014, rising to 33.1 per cent for those

87   Scottish Government, The Scottish Health Survey 2022 – volume 1: main report, 2023.

88   National Ireland Audit Office, Mental Health Services in Northern Ireland, 2023.

89   McManus, S., et al., Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014, 2016, p10.

90   Ibid, p12.

91   McManus, S., et al., Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014, 2016, p14.

92   Ibid, p38.

93   Ibid.

economically inactive, which is more than double the rate of those in full time employment, at 14.1 per cent, as depicted below in Figure 4.[94]

Figure 4:   CMD in past week (observed and age-standardised), by employment status and sex, 2014

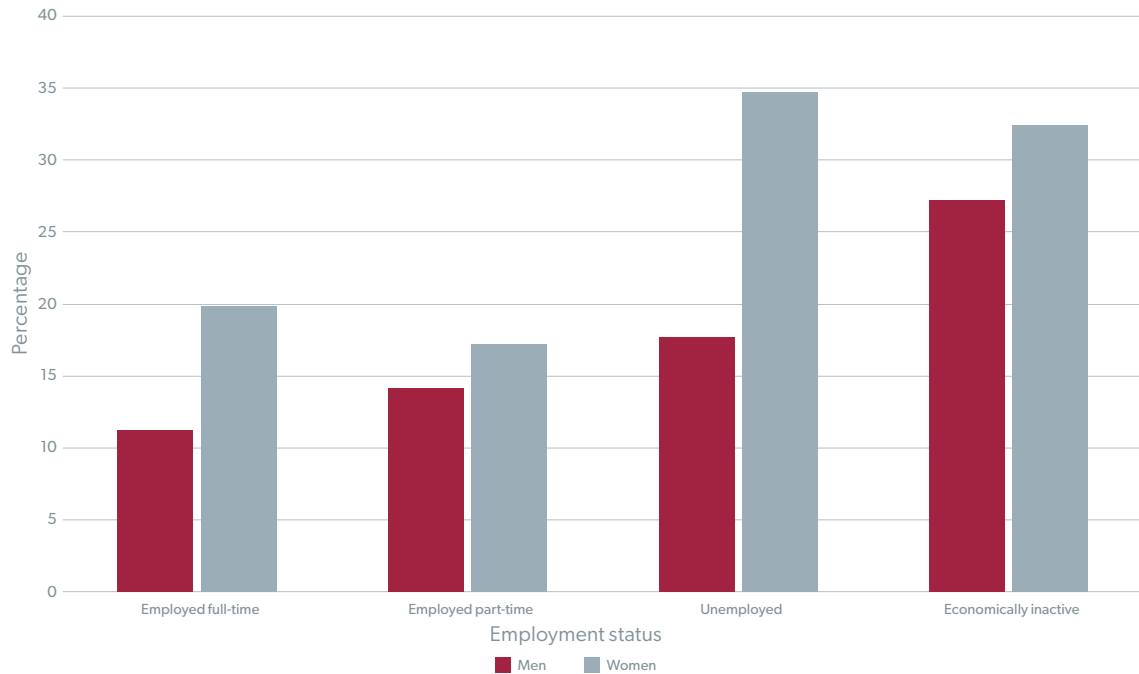Source: McManus, S, Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014, 2016

Severe Mental Illness (SMIs)

The definition of a SMI lacks consensual agreement[95] and without care in discourse surrounding SMI, harmful narratives can be perpetuated around the dangers of those living with SMIs, which can increase stigma and discrimination.[96] The NHS uses the term '*severe*' in their Long-Term Plan but uses '*serious*' in the data surrounding access to services, making it difficult to monitor services in the long-term.

The NHS Long Term Plan is committed to supporting 390,000 people who suffer with a SMI.[97] The number of adults accessing community mental health support with a severe mental illness has increased by 27 per cent between December 2021 and October 2024, as depicted in Figure 5.

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94   Ibid, p55.
95   Zumstein, N and Riese, F., *Defining Severe and Persistent Mental Illness – A Pragmatic Utility Concept Analysis*, 2020.
96   The Lancet, *Severe mental illness in the UK: a crisis of compassion*, 2024.
97   NHS England, *Improving the physical health of people living with severe mental illness*, 2024.

Figure 5: Adults with a serious mental illness accessing community mental health services in England, 2021-2024
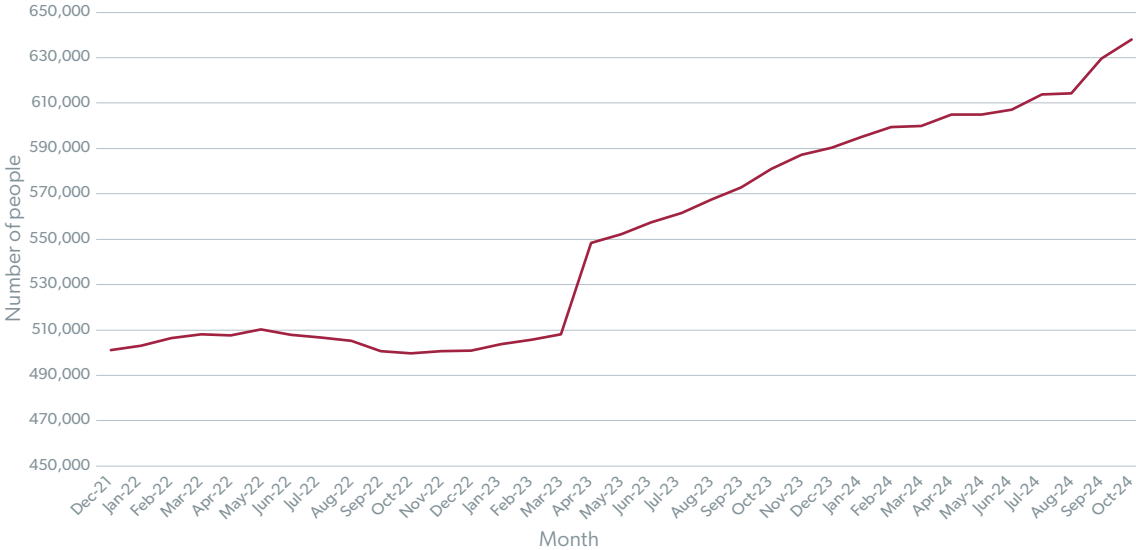
Source: CSJ analysis of NHS England, Mental Health Services Monthly Statistics Dashboard, 9. Adults with a severe mental illness accessing mental health services, 2024[98]

Outside of community mental health treatment, those who are deemed a risk to themselves or others may be detained under the Mental Health Act 1983 (MHA), indicating the most severe mental illness. The number of people detained under the MHA (excluding criminal cases) has been steadily rising since 2016,[99] as depicted in Figure 6.

Figure 6: Number of Civil Detentions under the Mental Health Act in England, 2016-2024
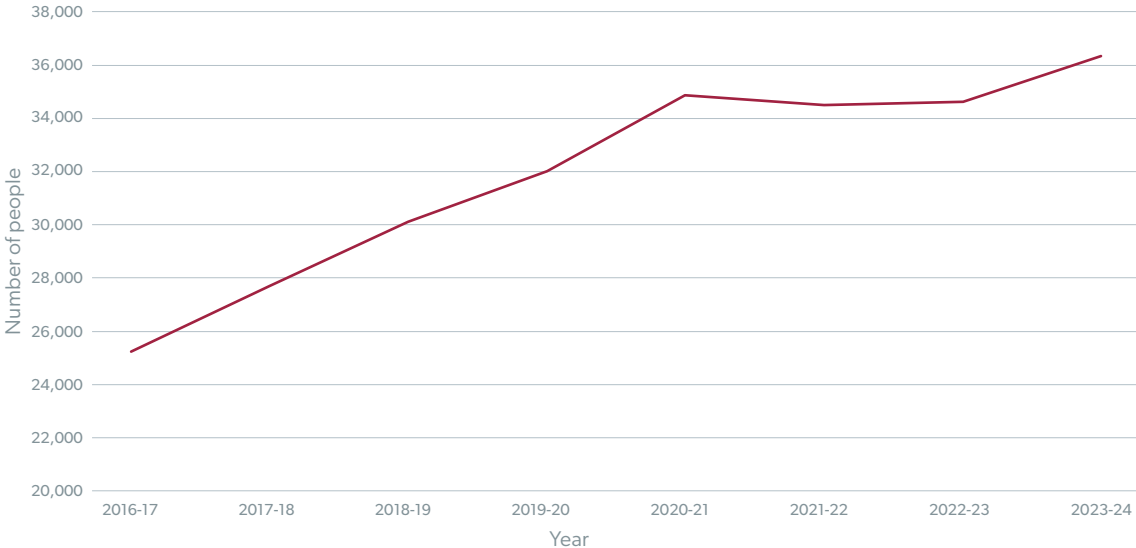
Source: CSJ analysis of NHS England, Mental Health Act Statistics, Annual Figures 2023-24: Data Tables

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98   Accessed 10/01/2025.

99   CSJ analysis of *NHS England, Mental Health Services Monthly Statistics, Performance February 2024*, 2024. Note: this only examines detentions under Part II of the Act as these are civil detentions.

The rate of detentions under the MHA per 100,000 people is almost three and a half times as high for the most deprived income decile, compared with the least deprived decile,[100] as depicted in Figure 7.

Figure 7:   Rate of Detentions under the Mental Health Act 1983 in England, by IMD decile per 100,000 population, 2023-24
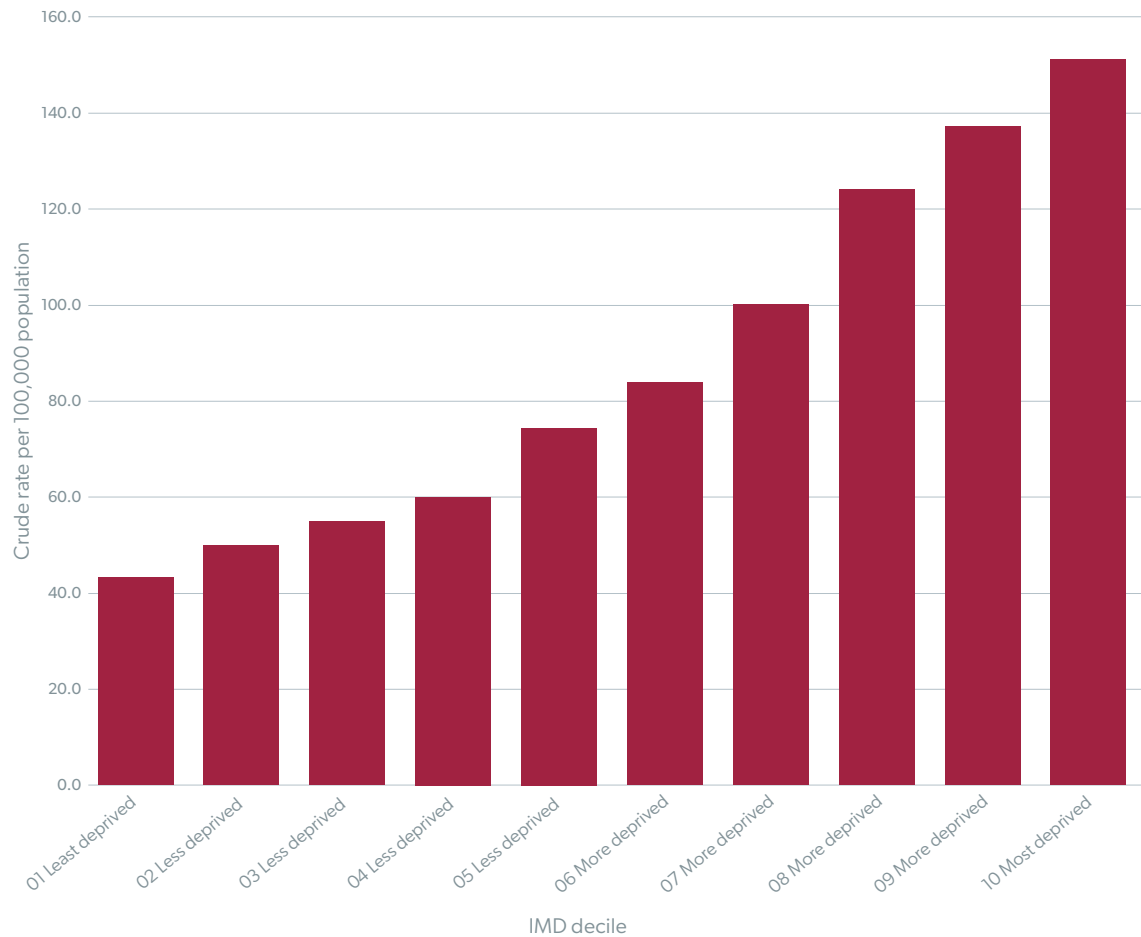
Source: CSJ analysis of NHS England, Mental Health Act Statistics, Annual Figures 2023-24: Data Tables

For all mental disorders, there is an increased risk of premature mortality compared with the general public, which is most pertinent in those living with an SMI. For example, for those with anorexia nervosa or substance use disorders, life expectancy is 10-20 years earlier than the general population.[101] Those living with SMI in 2018-2020 were 4.9 times more likely to die prematurely, compared to 4.6 times between 2015-2017.[102]

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100   CSJ analysis of *NHS Digital, Mental Health Act Statistics, Annual Figures 2023-24.* Accessed 06/11/2024.

101   Chesney, E., Goodwin, G. M and Fazel, S., *Risks of all-cause and suicide mortality in mental disorders: a meta-review*, 2014.

102   Department of Health & Social Care and National Audit Office, *Progress in improving mental health services in England*, 2023.

Psychotic disorders

The main forms of psychotic disorders considered in the APMS are schizophrenia and affective psychosis, which are described by the WHO as "significant impairments in the way reality is perceived."[103] The APMS survey found that 0.7 per cent of adults had a psychotic disorder in 2014.[104] Due to the way in which questions were asked, the 2000 survey cannot be compared to the 2007 and 2014 surveys, but the prevalence of psychotic disorders has remained relatively stable between 2007 and 2014.[105] Caution is required in relation to data on psychotic disorders due to the small base size for this category of mental disorder.[106]

It is noted in the survey that there was an insignificant difference between the rates found in men and women but that the age category of 35 to 44 years had the highest rate of psychotic disorders.[107] Those from an ethnic minority background, those living alone, and those economically inactive were more likely to have a psychotic disorder than other groups.[108]

Bipolar disorder

Bipolar disorder is a mental health condition which is characterised by extreme mood variations.[109] The APMS survey found that 2 per cent of the adult population in England had bipolar disorder in 2014,[110] which is consistent with data in both Scotland[111] and Wales[112]. Screening was most likely to be positive for younger age groups, those living alone, unemployed people and those in receipt of ESA.[113] The rate of bipolar was found to be similar in men and women.[114] There lacks an updated depiction of the prevalence of bipolar disorder in 2024, although Bipolar UK report that over one million people have bipolar in the UK.[115]

Eating disorders

The 2014 APMS did not assess eating disorders, while the 2007 publication did and the next iteration also will,[116] at least in part because the consultation prior to the 2022 survey revealed that 57 per cent of respondents highlighted the necessity of having eating disorders included.[117] Both the ICD and DSM recognise various eating disorders and the NHS confirm that they are mental disorders.[118] According to NICE, an eating disorder is defined as the "persistent disturbance of eating or eating-related behaviour which leads to altered intake or absorption of food and causes significant impairment to health and psychosocial functioning" and there are four main types of eating disorder; anorexia nervosa, bulimia nervosa, binge eating disorder and atypical eating disorders.[119]

103   World Health Organisation, *Schizophrenia*, 2022.
104   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p132.
105   Ibid, p139.
106   Ibid.
107   Ibid.
108   Ibid, pp141-142.
109   NHS, *Overview – Bipolar disorder*, 2023.
110   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p221.
111   NHS Greater Glasgow and Clyde, *Bipolar Disorder*, n.d.
112   Bipolar UK, *The bipolar commission's key findings in Wales*, 2023.
113   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016. Note: At the time of the last APSM survey, ESA was the predominant employment support benefit, which has now been largely replaced with Universal Credit.
114   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p221.
115   Bipolar UK, *the findings of the bipolar commission*, 2023.
116   NHS England, *National Study of Health and Wellbeing*, 2024.
117   NHS England, *Consdierations for APMS 2022: Suggested content to add*, 2023.
118   NHS, Overview – *Eating Disorders*, 2024.
119   National Institute for Health and Care Excellence, *Eating Disorders: What is it?*, 2019.

The charity Beat Eating Disorders estimates that about 1.25 million people have an eating disorder in the UK.[120] In Scotland, there was a 28 per cent rise in the number of patients admitted to hospital with an eating disorder between 2013 and 2018.[121]

In young adults, there has been a significant rise in the prevalence of eating disorders in recent years in England, according to the MHCYP surveys. Women aged 20 to 25 have experienced a rise in the rate of eating disorders from 1.6 per cent in 2017 to 20.8 per cent in 2023. For males in the same age group, this rise was from 0.0 per cent to 5.1 per cent.[122] While it is unlikely that young men ever had a zero per cent prevalence in eating disorders, this may reflect a change in stigma and a rise in seeking support.

For children, there has also been a rise. For 11- to 16-year-olds, the prevalence of an eating disorder rose from 0.5 per cent in 2017 to 2.6 per cent in 2023. This rise is largely attributed to females, with a rise of 3.4 per cent and no rise in males.[123] Similarly, the Youth Wellbeing Prevalence Survey in Northern Ireland found that in 2020, 22.9 per cent of young females exhibited a pattern of disordered eating, compared to 10 per cent of young males.[124]

Post-traumatic stress disorder (PTSD)

PTSD is a condition caused by trauma which exhibits itself in a range of symptoms including re-experiencing trauma, avoiding reminders and intense distress which can impact on daily life.[125] According to the 2014 APMS, PTSD is developed by approximately a third of people who are exposed to at least one traumatic event.[126] Trauma is generally defined as an event so extreme that it impacts a person's ability to cope, having long-term adverse impacts.[127]

In the 2014 APMS survey, which assesses PTSD using a 17-item PTSD checklist wherein a score of over 50 will meet the DSM criteria for further examination, 4.4 per cent of people had PTSD.[128] The Youth Wellbeing Prevalence Survey 2020 in Northern Ireland found that 1.5 per cent of young people had PTSD, compared with 3.4 per cent who had Complex PTSD (CPTSD),[129] which includes additional symptoms to PTSD, such as relationship difficulties or problems controlling emotions as a result of trauma.[130]

While across their lifetime, men and women screened similarly for PTSD, in the age group 16 to 24 specifically, 12.6 per cent of women were found to screen positive for PTSD, compared with 3.6 per cent of men of the same age.[131] Black/Black British adults had almost double the rate of PTSD (8.3 per cent) compared with White British (4.2 per cent).[132] Of those receiving Employment and Support Allowance (ESA),[133] 45.9 per cent of women and 25.2 per cent of men had PTSD, compared with 4.4 per cent of the whole population.[134] There is a disproportionate burden of PTSD in people receiving ESA, signalling a need for improved support in this group.

120   Beat Eating disorders, *How Many People Have an Eating Disorder in the UK?*, 2024.
121   Scottish Government, *National Review of Eating Disorder Services: report and recommendations*, 2021.
122   NHS England, *Mental Health of Children and Young People in England, 2023 – wave 4 follow up to the 2017 survey*, 2023.
123   Ibid.
124   Bunting, L et al., *The Mental Health of Children & Parents in Northern Ireland: Results of the Youth Wellbeing Prevalence Survey*, 2020, p9.
125   World Health Organisation, *Post-traumatic stress disorder*, 2024.
126   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p107.
127   UK Trauma Council, *Trauma*, 2024.
128   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p107.
129   Bunting, L et al., *The Mental Health of Children & Parents in Northern Ireland: Results of the Youth Wellbeing Prevalence Survey*, 2020, p7.
130   NHS, *Complex PTSD – Post-traumatic stress disorder*, 2022.
131   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p114.
132   Ibid, p116.
133   At the time of the last APSM survey, ESA was the predominant employment support benefit, which has now been largely replaced with Universal Credit.
134   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p118.

Suicide

Suicide is defined by the Institute for Mental Health as deliberate self-directed behaviour which causes injury with the intention to die.[135] Between 1981 and 2022, the suicide rate per 100,000 population in England and Wales declined from 14.5 to 11.4. However, figures are now increasing, with the rate for males reaching its highest point since 1999 and for females since 1994,[136] as depicted in Figure 8.

Figure 8:   Age-Standardised Suicide Rates per 100,000 population by Sex, England and Wales, Registered Between 1981 and 2023
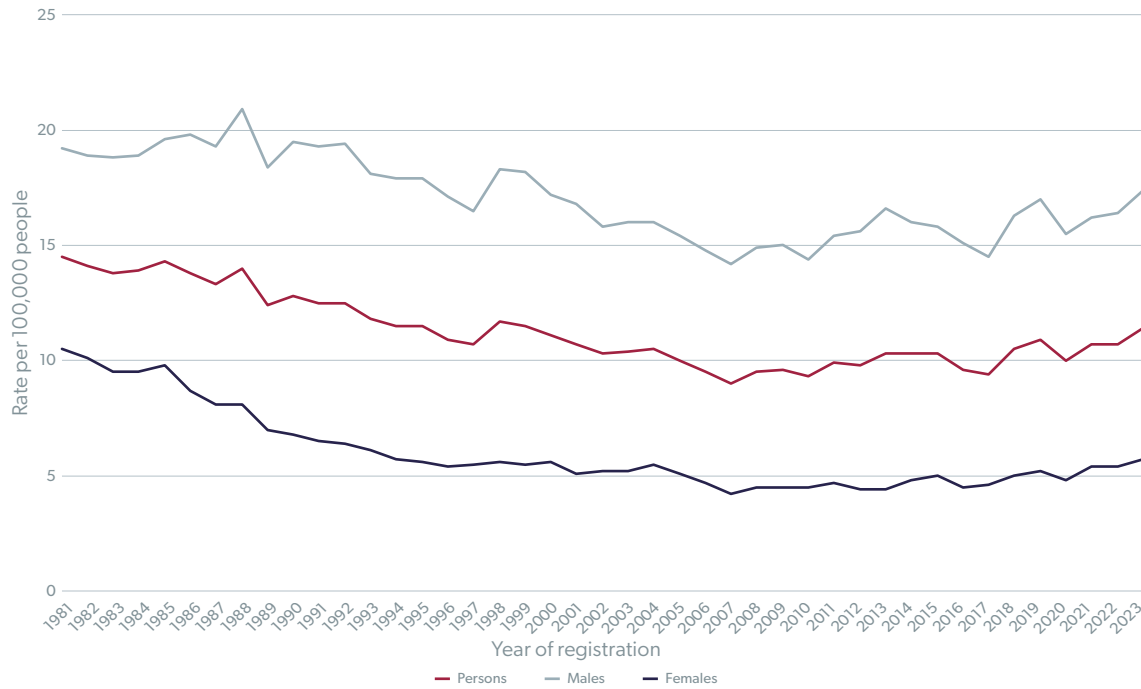
Source: ONS, Suicides in England and Wales: 2023 registrations, 2024

In 2023, the number of registered suicides in England and Wales was 6,069, of which 74 per cent were male and 26 per cent female,[137] representing an almost triple rate among men compared with women. In England alone, the suicide rate in 2023 was 11.2 per 100,000 people, rising to 14 in Wales.[138] The North West suffered the highest suicide rate in England, at 14.7 deaths per 100,000 people, compared with London, at 7.3.[139] In Scotland in 2023, the suicide rate was 14.6 per 100,000 people.[140] In 2022, the suicide rate was 12.3 deaths per 100,000 in Northern Ireland.[141]

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135   National Institute of Mental Health, *Suicide*, 2024.

136   Office for National Statistics, *Suicides in England and Wales: 2023 registrations*, 2024.

137   Ibid.

138   Ibid.

139   Ibid.

140   National Records of Scotland, *Probable suicides 2023*, 2024.

141   Northern Ireland Statistics and Research Agency, *Suicide Deaths in Northern Ireland, 2002-2022*, 2023.

Using 5-year age brackets, the highest suicide rate for males was for those aged 45-49 at 25.5 deaths per 100,000 people and for females, those aged 50-54 had the highest suicide rate, at 9.2 deaths per 100,000 people.[142] This disparity in the rate of suicides between sexes is also seen among children and young people. Following a steady decline in the suicide rate for males aged 10-24 between 1990 and 2010, for both males and females, the suicide rate began rising in 2010. For females in this age group, 2021 saw the highest suicide rate in the reporting period (1981-2023) at 3.6 deaths per 100,000 population, although the male rate was much higher, at 8.1, as depicted in Figure 9.

Figure 9:   Age-Specific Suicide Rates for 10- to 24-year-olds, by sex per 100,000 population in England and Wales, 1981-2023
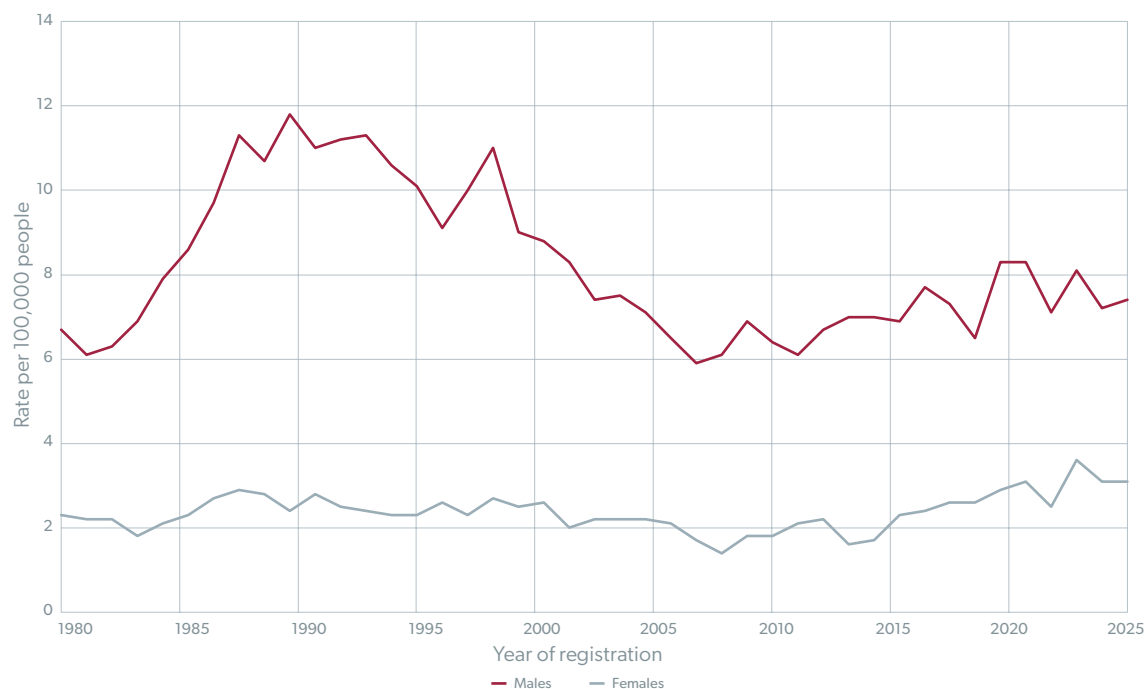
Source: CSJ analysis of ONS, Suicides in England and Wales: 2023 registrations, 2024

In the 2014 APMS survey, of those receiving ESA,[143] 43.2 per cent had made a suicide attempt and 66.4 per cent had suicidal thoughts.[144] There are significant disparities in the suicide rate by areas in England given that those in the most deprived (by decile) areas of England are almost twice as likely to die by suicide as those in the least deprived areas, at a rate of 14.1 deaths per 100,000 compared with 7.4, respectively.[145]

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142   Office for National Statistics, *Suicides in England and Wales: 2023 registrations*, 2024.

143   At the time of the last APSM survey, ESA was the predominant employment support benefit, which has now been largely replaced with Universal Credit.
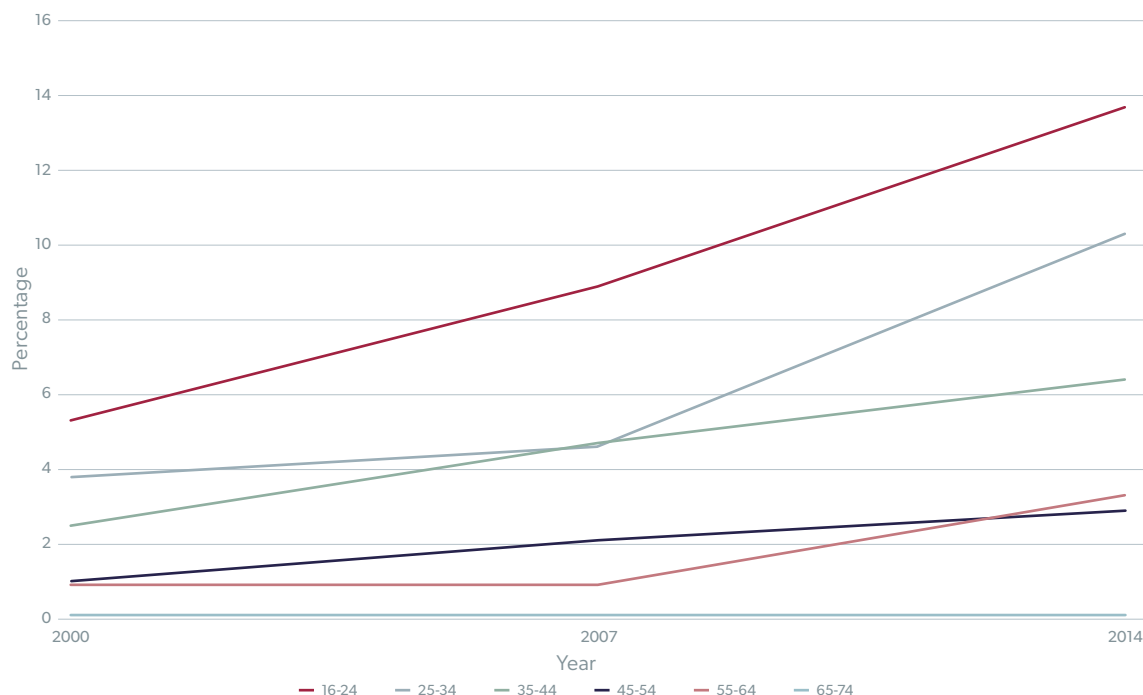
144   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p296.

145   Baker, C., *Suicide statistics*, 2024.

Self-harm

While there are many reasons for why someone may self-harm, it is generally agreed to be a method of coping with difficult situations, which may be in the past or present, but can also be fear for the future.[146] It may include self-poisoning or self-injury.[147] Self-harm is difficult to measure because it could encompass minor injury and is therefore likely under-reported. Nevertheless, the 2014 APMS found that self-harm rose in every age group for adults aged 16 to 64 between 2000 and 2014,[148] as depicted in Figure 10.

Figure 10:   Self-harm ever (reported face to face) by age; 2000, 2007 and 2014

Source: McManus, S, Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014, 2016

For all adults in England, the rate of self-harm rose from 2.4 per cent in 2000 to 6.4 per cent in 2014.[149] In Scotland, the proportion of adults ever having self-harmed rose from 2 to 3 per cent in 2008/09 to 10 per cent in 2021/22.[150] In Northern Ireland, the age-standardised rate of self-harm rose from 334 per 100,000 in 2012/13 to 351 per 100,000 in 2019/2020.[151]

CSJ analysis of NHS England's data reveal a relatively stable depiction of the rate per 100,000 hospital admissions for self-harm (excluding self-poisoning) in adults between 2007/08 and 2023/24, with a rise seen in the years leading up to the Covid-19 pandemic and a subsequent decline,[152] as depicted in Figure 11.

146   Mind, *Self-harm*, 2020.

147   National Institute for Health and Care Excellence, *Self-harm: What is it?*, 2023.

148   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p306.

149   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p305.

150   Scottish Government, *The Scottish Health Survey 2022 – volume 1: main report, 2023*. (During this period recording changed from nurse administered to self-reported.)

151   Mental Health Foundation Northern Ireland, *Mental Health in Northern Ireland: Fundamental Facts 2023*, 2023.

152   CSJ analysis of *NHS England FOI response, November 2024*. Note: data is based on finished admission episodes and an individual may have more than one admission episode. This data is based on external cause codes, which are not mandatory, meaning there may be undercounting. Population mid-year estimates sourced from ONS, Dataset: Estimates of the population for England and Wales: Population estimates for the UK and constituent countries by sex and age; Historical time series, Table 11, 2024.

Figure 11:   Rate of hospital admissions for self-harm in over 18s in England per
              100,000 population, by sex, 2007 to 2024
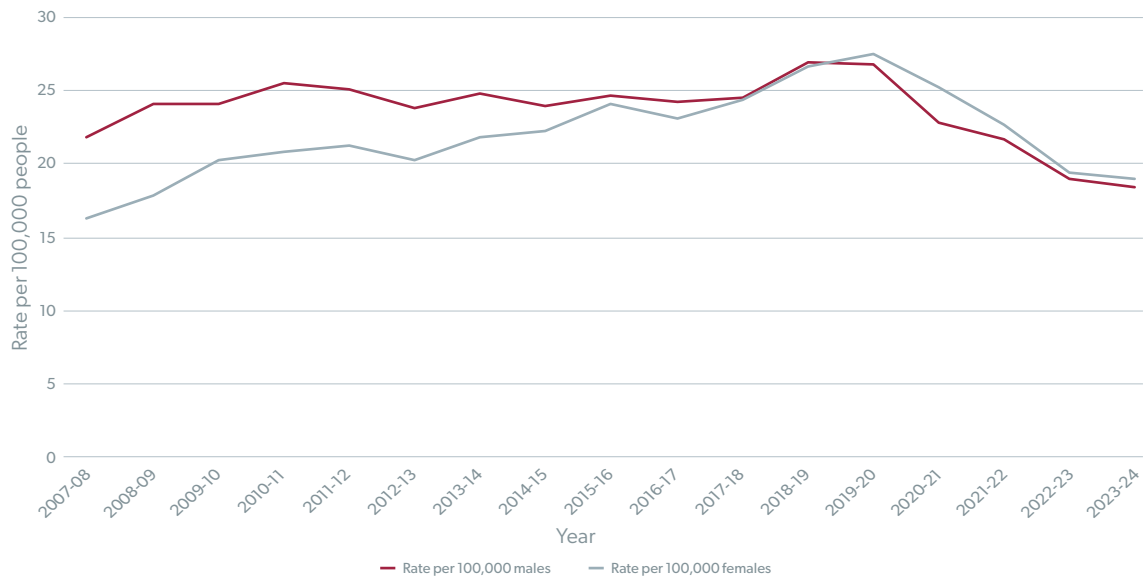
Source: CSJ analysis of FOI to NHS England.

While self-harm is prevalent in all age groups and sexes, for teenage females the problem is stark. From 2007/08 to 2021/22, the rate of hospital admissions for self-harm in females aged 8 to 17 rose from 29 per 100,000 population to 108 per 100,000 population, increasing almost fourfold.[153] The rise for males of the same age was from 12 hospital admissions per 100,000 in 2007-08 to 20 admissions per 100,000 in 2021-22.[154] Since 2022, the rate for females dropped to 69 admissions per 100,000 population in 2024, which remains more than double the rate in 2007/08, as illustrated in Figure 12.

Figure 12:   Rate of hospital admissions for self-harm in 8- to 17-year-olds in England per
              100,000 population, by sex, 2007 to 2024

Source: CSJ analysis of FOI to NHS England.

153   Ibid.
154   Ibid.

According to the 2023 MHCYP survey, 9.4 per cent of children aged 8 to 16 years had ever self-harmed, rising to 36.8 per cent of young people aged 17 to 24 years.[155] The MHCYP also found that females were much more likely to self-harm than males and that having a mental disorder significantly increases the risk of self-harm, with only four per cent of children unlikely to have a mental disorder having ever tried to self-harm, compared with 30.4 per cent of children with a probable mental disorder.[156]

Personality disorders

The NHS define a personality disorder as someone who "thinks, feels, behaves or relates to others very differently from the average person."[157] According to Mind, there are ten categories of personality disorder which are divided into three types; suspicious, emotional, and impulsive and anxious, although Mind also highlights how our understanding of personality disorders is always developing.[158] The APMS considers in most detail antisocial personality disorder (ASPD) and borderline personality disorder (BPD).

The APMS recognises that between the survey being carried out in 2014 and the report being published in 2016, there were significant changes in the ICD classification of personality disorders as sub-categories were removed and severity levels replaced them, meaning that personality disorders range from mild to severe. The DSM-5's classification of personality disorders was so heavily criticised that it reverted to the DSM-IV's definition.[159] Indeed, it is widely agreed that personality disorders are difficult to identify, define and diagnose, meaning they are likely to go undiagnosed.[160]

Nevertheless, prevalence was assessed in 2014 and it was found that 3.3 per cent of adults had ASPD and 2.4 per cent had BPD. For any personality disorder, however, the rate was much higher at 13.7 per cent of adults.[161] More recent analysis of smaller studies from across the globe have found the prevalence of BPD varies, with some estimating between 0.7 and 2.7 per cent of the adult population, rising to 22 per cent for inpatients in psychiatric services.[162] A study in 2012 found that the life expectancy for those living with a personality disorder was between 17 and 19 years less than the general population.[163]

Treatment

According to NICE guidelines, patients should be consulted in their choice of treatment. Many factors should be taken into consideration when deciding the course of treatment, such as history, comorbidity and circumstances.[164] There are various types of treatment for mental health conditions, but talking therapies and medicines are most commonly used by the NHS.[165] Other types of treatments may complement these approaches or treat milder symptoms on their own. Social prescribing aims to do this and uses non-medical services to support mental and physical health.[166]

155 NHS England, *Mental Health of Children and Young People in England, 2023* – wave 4 follow up to the 2017 survey, 2023.

156 Ibid.

157 NHS, *Personality disorders*, 2024.

158 Mind, *Diagnosing personality disorder*, 2024.

159 McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p190.

160 Mental Health Foundation, *Personality disorders*, 2022.

161 McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p175.

162 Leichsenring, F., et al., *Borderline personality disorder: a comprehensive review of diagnosis and clinical presentation, etiology, treatment, and current controversies*, 2024.

163 Fok, M.L.-Y., et al., *Life expectancy at birth and all-cause mortality among people with personality disorder*, 2012.

164 National Institute for Health and Care Excellence, *Depression in adults: treatment and management*, 2022.

165 Mind, *Mental health problems – an introduction*, 2017.

166 Royal College of Psychiatrists, *Social prescribing*, 2021.

NHS Talking Therapies

NHS Talking Therapies is the new term for the Improving Access to Psychological Therapies (IAPT) and was created to improve delivery and access to services. There are various types of NHS Talking Therapies. Cognitive Behavioural Therapy (CBT) is generally the main type used for social anxiety disorder and depression, and in 2022-23 CBT combined with Guided Self Help accounted for 70.9 per cent of all therapy.[167]

CBT works by helping people understand how they think and behave in relation to overwhelming issues in their lives and breaks down these problems into five areas; situations, thoughts, emotions, physical feelings and actions, which are interconnected.[168] CBT is designed to help people react positively to these areas to improve their mental health. CBT can also treat severe mental illness, including bipolar disorder, psychosis, eating disorders and personality disorders.[169] CBT is delivered through 6 to 20 sessions depending on severity and in 2022/23, the average number of sessions someone received was 8.1.[170]

According to NHS England, there were 1.81 million referrals to NHS Talking Therapies in 2021/22, which decreased 2.9 per cent to 1.76 million in 2022/23. Of this 1.76 million, in 2022/23, 1.22 million referrals accessed NHS Talking Therapies and 49.9 per cent of these referrals moved to recovery in 2022/23.[171] In Scotland, there has been a 59.4 per cent rise in new appointments for psychological therapies between April to June 2017 and January to March 2023.[172]

NHS Talking Therapies were referred into at double the rate in the most deprived areas, compared with the least deprived areas in 2022/23.[173] 55 per cent of those referred to NHS Talking Therapies moved into recovery in the least deprived areas, compared with 42 per cent in the most deprived areas, highlighting a gap in recovery between deprivation groups and prolonged illness in the most deprived.[174]

Medicines

There are a variety of medicines used to treat psychiatric conditions. The 2014 APMS found that of mental health treatment, medication was the most commonly used, at 11.6 per cent of people, compared with just three per cent who received therapy.[175] Antidepressants may be used to treat depression, anxiety, PTSD, OCD and certain phobias. In 2023/24 8.7 million patients were prescribed antidepressants in England[176] and 19 per cent of adults in England are now taking antidepressants.[177] This figure rises to 19.9 per cent in Northern Ireland in 2023[178] and 21.6 per cent in Scotland in 2019/20.[179] between 2015/16 and 2023/24, the rate of adults in England taking antidepressants rose from 156 per 1,000 population to 189,[180] as depicted in Figure 13.

167   NHS, *NHS Talking Therapies, for anxiety and depression, Annual reports, 2022-23,* 2024.

168   NHS England, *Overview – Cognitive behavioural therapy (CBT),* 2022.

169   NHS, *NHS Talking Therapies, for anxiety and depression,* 2023.

170   NHS, *NHS Talking Therapies, for anxiety and depression, Annual reports, 2022-23,* 2024.

171   Ibid.

172   Audit Scotland, *Adult mental health*, 2023.

173   Baker, C and Kirk-Wade, E., *Mental Health Statistics for England: prevalence, Services and Funding,* 2024.

174   Ibid.

175   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014,* 2016, p80.

176   *NHS Business Services Authority, Medicines Used in Mental Health – England – 2015/16 to 2023/24,* 2024.

177   CSJ analysis of *NHS Business Services Authority, Medicines used in mental health – England – 2015/16 to 2023/24,* 2024. Note: in each year there were a number of patients taking medicines for mental health with an unknown age. Population mid-year estimates sourced from ONS, Dataset: Estimates of the population for England and Wales: Population estimates for the UK and constituent countries by sex and age; Historical time series, Table 11, 2024.

178   Mental Health Foundation Northern Ireland, *Mental Health in Northern Ireland: Fundamental Facts 2023,* 2023.

179   Scottish Government, *Short Life Working Group On Prescription Medicine Dependence And Withdrawal: consultation,* 2021.

180   CSJ analysis of *NHS Business Services Authority, Medicines used in mental health – England – 2015/16 to 2023/24,* 2024. Note: in each year there were a number of patients taking medicines for mental health with an unknown age. Population mid-year estimates sourced from ONS, Dataset: Estimates of the population for England and Wales: Population estimates for the UK and constituent countries by sex and age; Historical time series, Table 11, 2024.

Figure 13: Rate of identified adult patients taking antidepressants in England per 1,000 population, 2015/16 to 2023/24

Source: CSJ analysis of NHS Business Service Authority: Medicines used in mental health – England – 2015/16 to 2023/24, 2024

The rate remained stable for children (those age 17 and under) on antidepressants between 2015/16 and 2023/24, at 6 identified patients per 1,000 population. In 2023/24, 66,483 children were identified as patients prescribed antidepressants.[181] Despite this, NHS England say that "the use of antidepressants is not usually recommended in children and young people under the age of 18. This is because there is some evidence that, in rare cases, they can trigger thoughts about suicide and acts of self-harm in this age group.[182]

NHS Business Service Authority Data breaks down the number of patients by Indices of Deprivation (IMD) and CSJ analysis of this data reveals that there is a consistently higher number of patients taking antidepressants from the most deprived quintile, compared with the least deprived,[183] as depicted in Figure 14.

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181   Ibid.
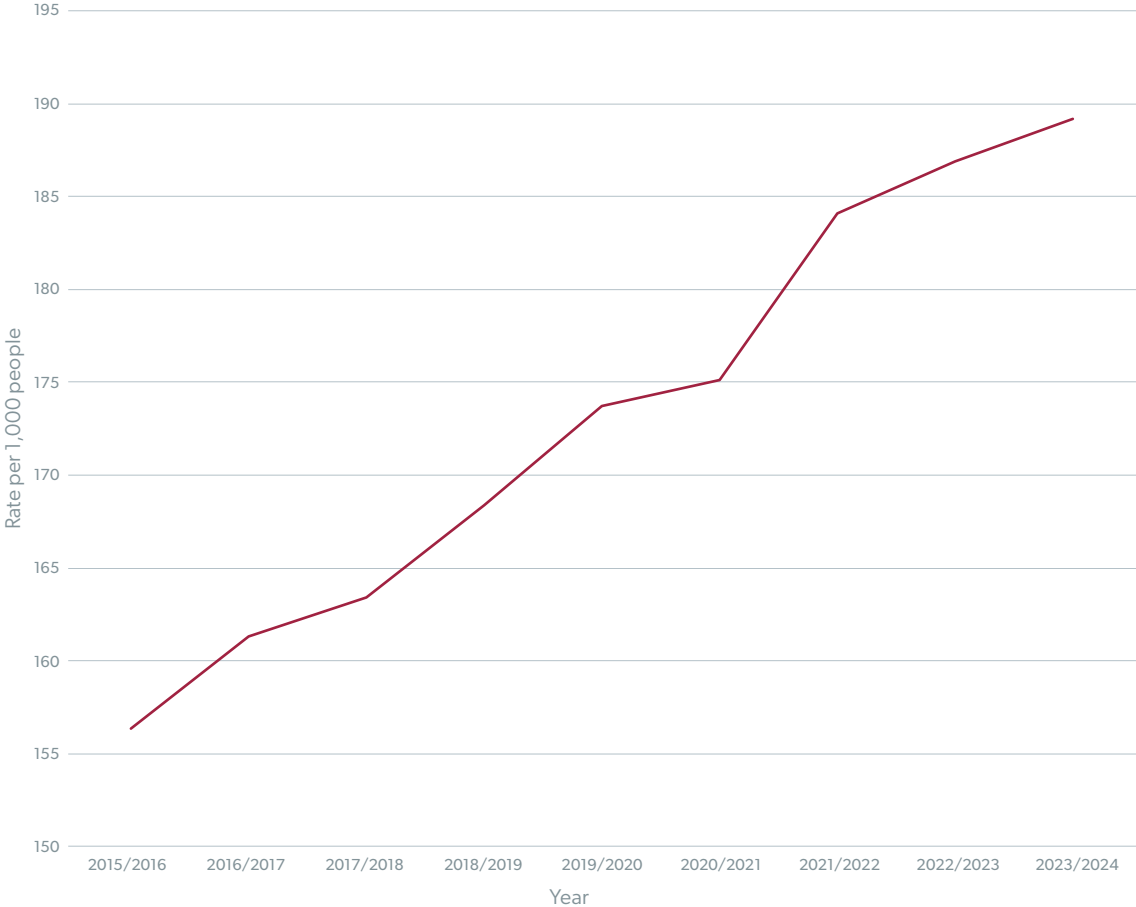
182   NHS England, *Cautions - Antidepressants*, 2021.

183   CSJ analysis of *NHS Business Services Authority, Medicines used in mental health – England – 2015/16 to 2023/24*, 2024. Note: in each year there were a number of patients taking medicines for mental health with an unknown age. Population mid-year estimates sourced from ONS, Dataset: Estimates of the population for England and Wales: Population estimates for the UK and constituent countries by sex and age; Historical time series, Table 11, 2024.

Figure 14: Total identified patients taking antidepressants by highest and lowest IMD quintile in England, 2015/16 – 2023/24

Source: CSJ analysis of NHS Business Service Authority: Medicines used in mental health – England – 2015/16 to 2023/24, 2024

Similarly, the number of patients taking drugs for psychoses and other related disorders is also much higher in the most deprived quintile compared with the least deprived,[184] as depicted in Figure 15.

Figure 15: Total identified patients taking drugs for psychoses and related disorders in England by IMD quintile, 2015/16 – 2023/24
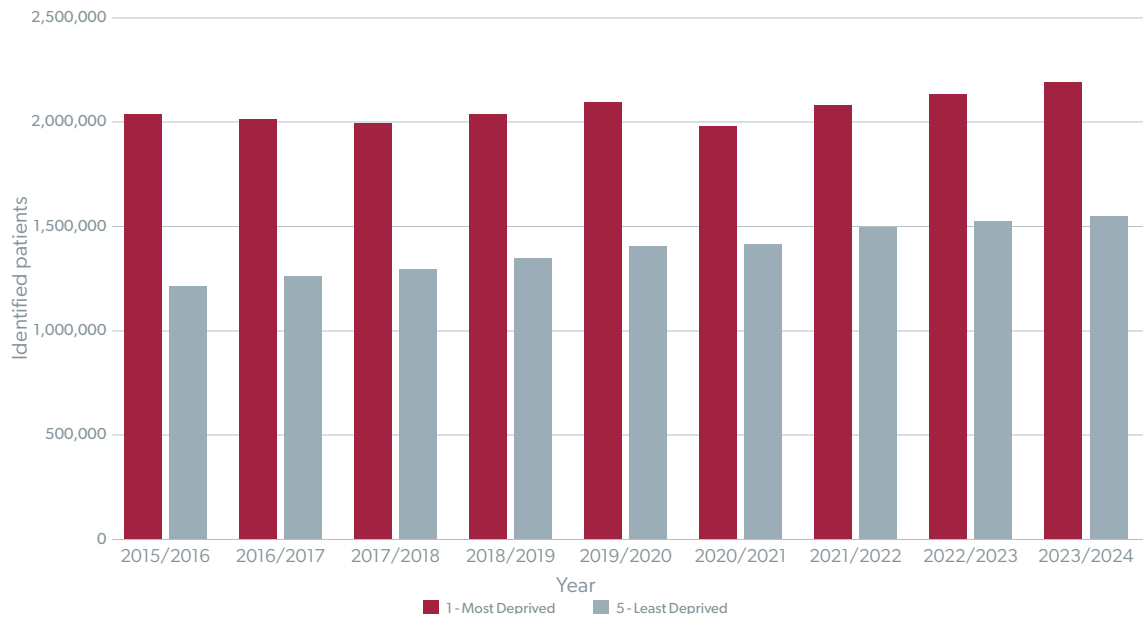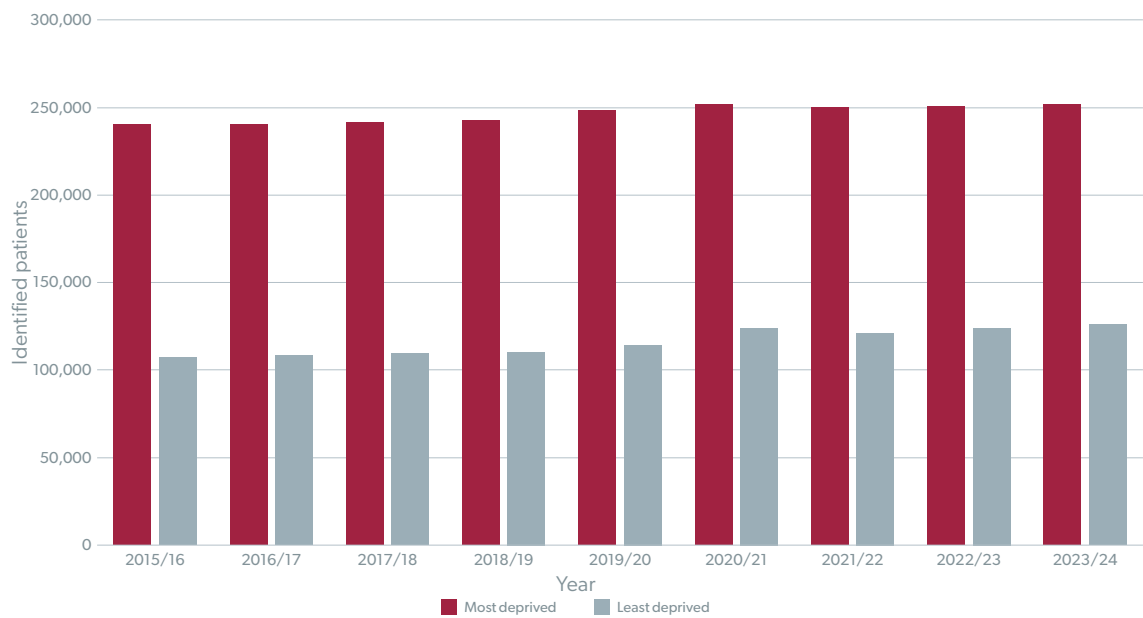

Source: CSJ analysis of NHS Business Service Authority: Medicines used in mental health – England – 2015/16 to 2023/24, 2024

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184   CSJ analysis of *NHS Business Services Authority, Medicines used in mental health – England – 2015/16 to 2023/24*, 2024. Note: in each year there were a number of patients taking medicines for mental health with an unknown age.

Referred social prescribing

Social prescribing aims to connect people to organisations and activities which boost their wellbeing through non-medical approaches. As of December 2023, there were 3,500 Social Prescribing Link Workers and over 2.5 million people had been referred to social prescribers in England.[185] In Wales, referrals to social prescribing have risen from 10,000 in 2018/19 to 25,000 in 2020/21.[186] A project to deliver social prescribing across Scotland and Northern Ireland launched in 2018 has seen 4,250 people referred between November 2020 and December 2022 across the two countries, of which 30 per cent of referrals were for low levels of mental ill-health and 34 per cent for social isolation.[187]

Social prescribing is aimed at addressing aspects of an individuals' social environment to reduce the impact of the wider determinants of health.[188] The 2019 NHS Long Term Plan incorporated social prescribing into its strategy, particularly in addressing the rise in mental ill-health.[189] There is increasing evidence that social prescribing successfully improves people's wellbeing and contributes to a reduction in wait lists for both GPs and mental health services.[190]

Neurodevelopmental Disorders

Neurodevelopmental disorders are defined within the DSM-5 as conditions which "manifest in early development… and are characterised by developmental deficits that produce impairments of personal, social, academic, or occupational functioning."[191] Many disorders co-occur and children with a neurodevelopmental disorder are three to six times more likely to have a mental disorder than their peers.[192]

As this subsection will demonstrate, alongside the rise in mental ill-health, there has also been a rise in the diagnosis and treatment of neurodevelopmental disorders and for this reason, this report seeks to understand the drivers of this rise, although it recognises that neurodevelopment disorders are not synonymous with mental ill-health. As part of the next chapter, the overlaps of neurodevelopment disorders with mental disorders will be examined.

185   National Academy for Social Prescribing, *The Future of Social Prescribing in England*, 2023.
186   Welsh Government, National framework for social prescribing: *A description of social prescribing in Wales and a plan of how to provide it throughout the country*, 2024.
187   The National Lottery Community Fund, S*PRING Social Prescribing Project: Evaluation Report November 2020* – December 2022, n.d.
188   National Association of Link Workers, *Exploring social prescribing referrals & impact on information, advice and guidance services*, 2023.
189   NHS, *NHS Mental Health Implementation Plan 2019/20 – 2023/24*, 2019.
190   National Academy for Social Prescribing, *The Future of Social Prescribing in England*, 2023.
191   American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition*, 2013, p31.
192   King's College London, *Mental Health Problems in Neurodevelopmental Disorders*, 2016.

Autism spectrum disorder (ASD)

ASD "is a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave"[193] and it is influenced by both environmental and genetic factors which affect the development of the brain.[194]

NICE currently estimates that around 1.1 per cent of adults in the UK are diagnosed with ASD, with males being more likely to be diagnosed than females.[195] Research from University College London predicts that this estimate is half of the true number of autistic people in England.[196] Indeed, a UK based study found that between 1998 and 2018, the recorded incidence of ASD diagnoses increased 787 per cent, with more female diagnoses, as it is predicted that ASD has gone underdiagnosed in females.[197]

In children and young people, the rise in ASD can be illustrated by the rise in support required for ASD in schools. There has been a significant rise in the number of pupils either with an Education, Health and Care (EHC) plan or Special Education Needs (SEN) specifically for ASD between 2015/16 and 2023/24,[198] as depicted in Figure 16.

Figure 16:   Number of pupils with an EHC plan or SEN support for ASD in England, 2015/16 to 2023/24
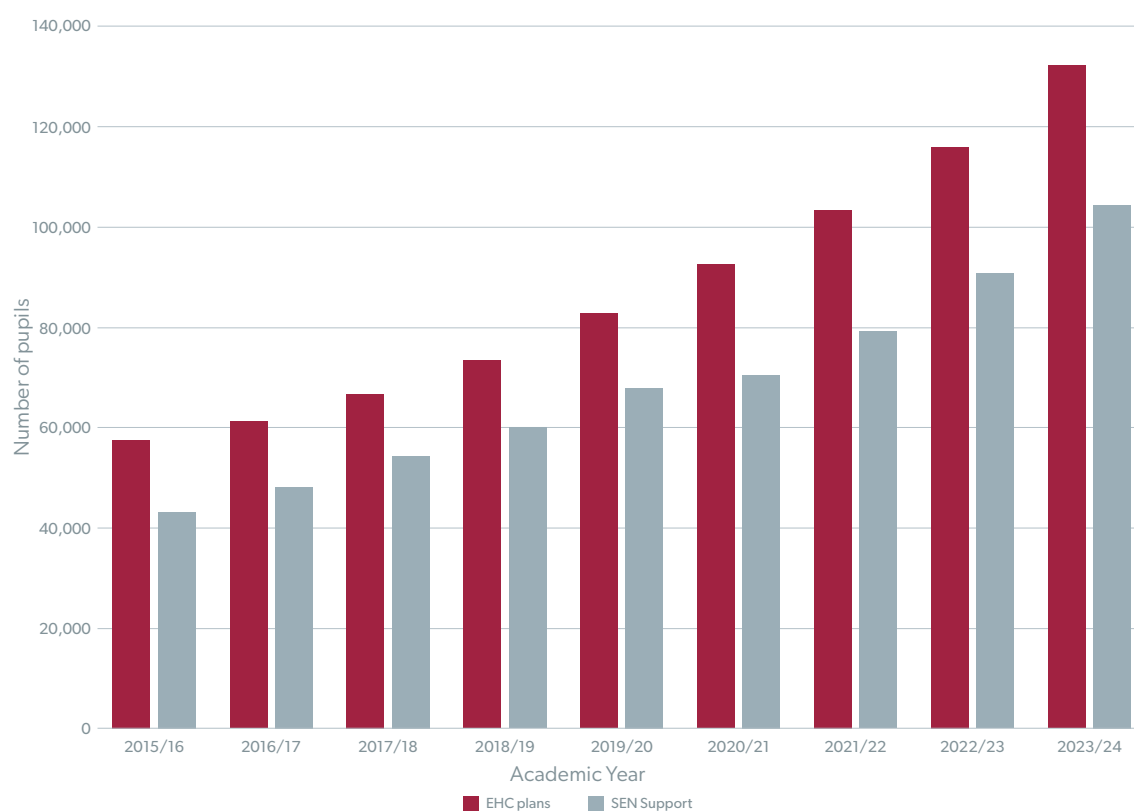
Source: CSJ analysis of Gov.uk Data Catalogue, Age and Gender, by type of SEN provision and type of need – 2016 to 2024, 2024

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193   National Institute of Mental Health, *Autism Spectrum Disorder*, 2024.

194   Hodges, H., Fealko, C and Soares, N., *Autism spectrum disorder: definition, epidemiology, causes, and clinical evaluation*, 2020.

195   National Institute for Health and Care Excellence, *Autism in adults: How common is it?*, 2020.

196   UCL, *Number of autistic people in England may be twice as high as previously thought*, 2023.

197   Russell, G., et al., *Time trends in autism diagnosis over 20 years: a UK population-based cohort study*, 2021.

198   CSJ analysis of Gov.uk *Data Catalogue, Age and Gender, by type of SEN provision and type of need – 2016 to 2024*, 2024.

Attention deficit hyperactivity disorder (ADHD)

ADHD is a neurodevelopmental disorder which affects people's behaviour.[199] While ADHD is a neurodevelopmental disorder and not mental ill-health (and for some is considered behavioural and not psychiatric), it is defined under the DSM as a psychiatric condition. Like mental ill-health, ADHD diagnoses and treatments have risen in recent years. Similarly, some of the charities the CSJ has spoken to have indicated the crossover between mental ill-health and neurodivergence. For example, the charity, *Open Door,* which tackles children and young people's mental health, worked with 751 young people in 2023/24, 24 per cent of whom were neurodivergent and of those accessing support, 44 per cent presented with hyperactivity and/or concentration difficulties.

The APMS found that 9.7 per cent of adults had ADHD in 2014, which was only marginally higher than in 2007, when it was 8.2 per cent of adults.[200] While NHS England recognise the current lack of comprehensive data surrounding ADHD,[201] current estimates from NICE find a lower prevalence in ADHD than the APMS, at three to four per cent in adults, with the male to female ratio being 3:1 and at five per cent in children.[202] ADHD UK, a charity supporting those living with ADHD support NICE's estimates and estimate that 65 per cent of children with ADHD retain some impairments into adulthood.[203]

There has been a clear rise in those taking CNS stimulants and drugs used for ADHD. These are drugs known to increase brain activity and focus. They can be taken occasionally or every day, depending on severity of diagnosis and advice from specialists.[204] In 2022/23, the number of adults taking CNS stimulants and drugs for ADHD surpassed the number of children taking them for the first time.[205] Between 2015/16 to 2023/24, the rate of identified adult patients taking CNS stimulants and drugs for ADHD has risen from 89 per 100,000 population to 335, representing an almost fourfold rise in the rate of adults taking CNS stimulants and drugs for ADHD,[206] as depicted in Figure 17. This rise could reflect a change in prevalence and incidence of ADHD or it could reflect changes in diagnostics or treatment protocols.

199 CDC, *About Attention-Deficit/ Hyperactivity Disorder (ADHD)*, 2024.

200 McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014, 2016*, p200.

201 NHS England, *Attention deficit hyperactivity disorder (ADHD) Programme update*, 2024.

202 National Institute of Health and Care Excellence, *Attention deficit hyperactivity disorder: How common is it?* 2024.

203 ADHD UK, *ADHD incidence*.

204 NHS, *Treatment: Attention deficit hyperactivity disorder (ADHD)*, 2021.

205 NHS Business Services Authority, *Medicines Used in Mental Health – England – 2015/16 to 2022/23*, 2023.

206 CSJ analysis of *NHS Business Services Authority, Medicines used in mental health – England – 2015/16 to 2023/24*, 2024. Note: in each year there were a number of patients taking medicines for mental health with an unknown age. Population mid-year estimates sourced from ONS, Dataset: Estimates of the population for England and Wales: Population estimates for the UK and constituent countries by sex and age; Historical time series, Table 11, 2024.

Figure 17: Rate of identified adults patients taking CNS stimulants and drugs for ADHD in England per 100,000 population, 2015/16 – 2023/24
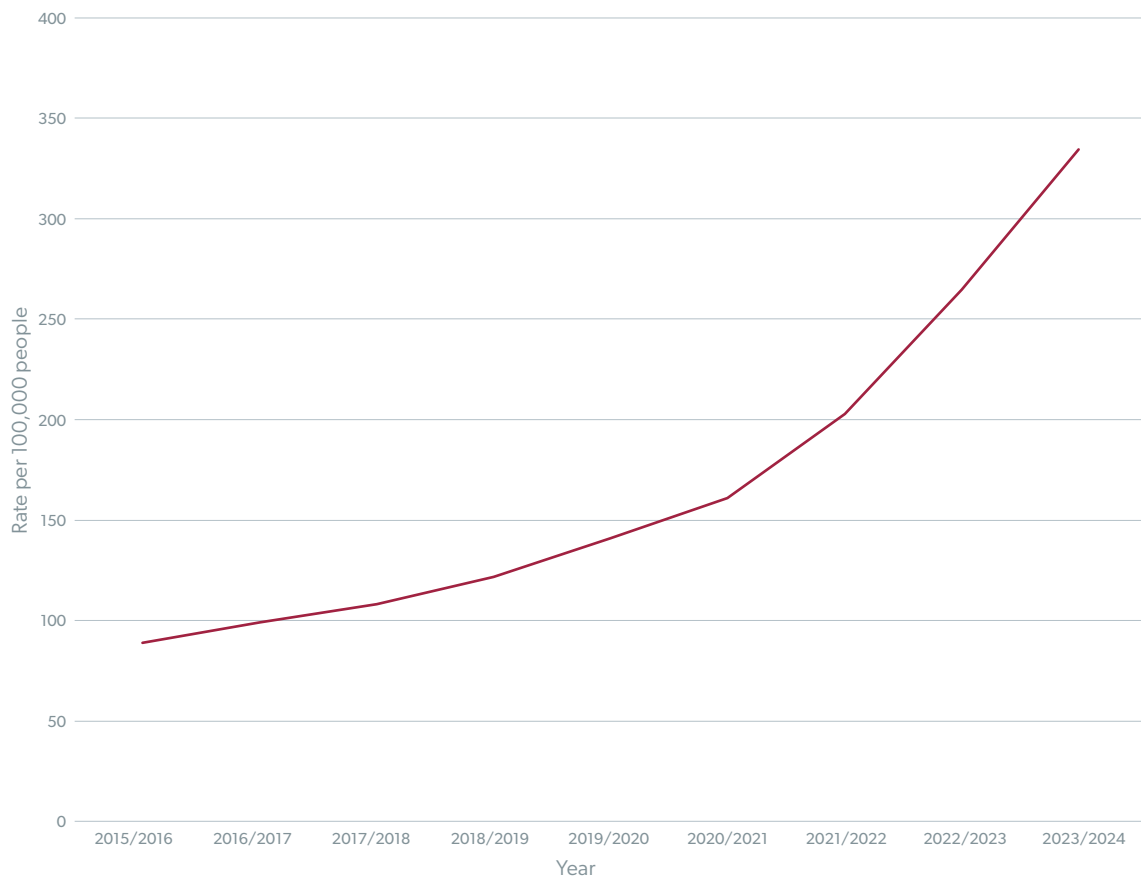
Source: CSJ analysis of NHS Business Service Authority: Medicines used in mental health – England – 2015/16 to 2023/24, 2024

Between 2015/16 to 2022/23, the rate of identified patients aged 17 and under taking CNS stimulants and drugs for ADHD has risen from 6 per 1,000 population to 10.[207] In Scotland, there was a 233.2 per cent rise in the numbers of prescriptions dispensed for ADHD medication between 2010 and 2019.[208]

Conclusion

This chapter has highlighted alarming trends in various mental health conditions and their impact on the nation. Notably, the rise among children and young people is especially pronounced. The subsequent chapters will examine the potential factors contributing to this increase across both children and young people and adults.

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207 CSJ analysis of *NHS Business Services Authority, Medicines used in mental health – England – 2015/16 to 2023/24*, 2024. Note: in each year there were a number of patients taking medicines for mental health with an unknown age. Population mid-year estimates sourced from ONS, Dataset: Estimates of the population for England and Wales: Population estimates for the UK and constituent countries by sex and age; Historical time series, Table 11, 2024.

208 Scottish Government, *NAIT Adult Neurodevelopment Pathways report*, 2023.

Part 2:
Protective Factors of Mental Health

Introduction

There is a clear correlation between poverty and the increased risk of suffering from mental ill-health. The CSJ's landmark publication, *Two Nations*, found that 13 per cent of the general population self-reported as having a mental health problem, rising to 40 per cent of the most deprived population.[209] The World Health Organisation recognises that "adversity is one of the most influential and detrimental risks to mental health."[210]

The British Medical Association (BMA) analysis highlighted significant disparities in the number of individuals accessing mental health services in England, depending on their level of deprivation, with those in the highest decile of deprivation being over two times as likely to be in contact with mental health services than those who are in the lowest decile of deprivation.[211]

In Northern Ireland, just 20 per cent of those living in the most deprived areas reported very high levels of life satisfaction in 2021/22, compared with 32 per cent in the least deprived areas.[212] In Wales, by the age of 11 children in the poorest 20 per cent of household were four times as likely to have serious mental ill-health, compared with children in the wealthiest 20 per cent of households.[213]

This chapter examines the longstanding causes of mental ill-health. It begins by discussing biological factors such as genetic predisposition, physical health, comorbidities, and substance misuse. However, the primary focus is on social factors, delving into social drivers such as family breakdown, trauma, education, debt and housing. Addressing these social determinants of health is key to early intervention and prevention policy.[214]

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209   CSJ, Two Nations: *The State of Poverty in the UK – An interim report on the state of the nation*, 2023.

210   World Health Organisation, *Transforming mental health for all*, 2022.

211   British Medical Association, Mental health pressures in England, 2024.

212   Department of Health (Northern Ireland), *Health Survey (NI): First Results 2021/22*, 2022.

213   NHS Wales, *Our Mental Health and Dementia Plan 2021 – 2024*, 2024.

214   Kirkbride, J.B., et al., *The social determinants of mental health and disorder: evidence, prevention and recommendations*, 2024.

Biological Factors

This section examines the biological factors that may influence the prevalence of mental health issues, such as physical health, genetics and the impact of the use of certain substances, such as drugs.

Genetic predisposition

According to the National Institute for Mental Health[215] and the Mental Health Foundation,[216] mental health does not have a single root cause but is instead explained by a combination of a multitude of biological factors, as well as social and environmental factors. Although the mechanism of transmission is contested, there is an increased likelihood of developing mental ill-health if an individuals' parent had a mental health problem. This may be due to the physical component of genetics but environmental factors, such as how a parent copes with stress, also influence this increased association.[217]

The severity and length of exposure to parental mental illness are linked to mental distress in their children.[218] According to a study conducted by the Harvard Graduate School of Education, "depressed teens are about five times more likely than non-depressed teens to have a depressed parent, and anxious teens are about three times more likely than non-anxious teens to have an anxious parent."[219]

However, there is a lack of consensus over how biology and genetics cause mental ill-health. Neurotransmitters are chemicals which allow nerve cells to send messages throughout the body. The two most commonly associated with mental health are serotonin and dopamine, which are popularly coined "happy hormones."[220] Decades of research suggests that a lack of transmission of these chemicals in the brain are a cause of mental ill-health.[221] This theory originates in the 1960s when a new form of antidepressants, called selective serotonin-reuptake inhibitors (SSRIs), were being developed on a wide scale to treat depression but academics and psychiatrists have since highlighted a lack of evidence in this theory.[222] A systematic review published in 2022 found no association between lowered serotonin and depression.[223]

However, one international study published by Nature Neuroscience in 2019 of 807,553 people found that genetic disposition is associated with being a risk factor in determining the causation of depression.[224] Developments in the last decade have seen an increase in understanding about genetic variants that may be the cause of mental ill-health, but simultaneously, distinguishing certain genes as predictors of an increased risk of mental ill-health from those that predict behavioural and somatic disorders requires more research.[225]

As a result, many biologists and psychiatrists deem mental ill-health to be caused by a combination of factors. This paper does not aim to investigate recent population-wide epidemiological changes that may have led to an increase in mental health issues; instead, it focuses on the social causes. However, the lack of consensus about the biological causes of mental ill-health and about the prevailing theory regarding how a lack of neurotransmitters in the brain cause mental ill-health, leaves a gap in research which must be filled.

215   National Institute of Mental Health, *Looking at My Genes: What Can They Tell Me About My Mental Health?*, 2024.
216   Mental Health Foundation, *Factors that affect mental health*, n.d.
217   Mind, *Mental health problems – an introduction*, 2017.
218   Kamis, C., *The Long-Term Impact of Parental Mental Health on Children's Distress Trajectories in Adulthood*, 2021.
219   Harvard Graduate School of Education, *Caring for the Caregivers: The Critical Link Between Parent and Teen Mental Health*, 2023.
220   Cleveland Clinic, *Serotonin*, 2022.
221   Harvard Medical School, *Depression: Chemicals and communication, 2022; National Center for Biotechnology Information, Information about Mental Illness and the Brain*, 2007.
222   University College London, *Analysis: Depression is probably not caused by a chemical imbalance in the brain – new study*, 2022.
223   Moncrieff, J., et al., *The serotonin theory of depression: a systematic umbrella review of the evidence*, 2022.
224   Howard, D.M., et al., *Genome-wide meta-analysis of depression identifies 102 independent variants and highlights the importance of the prefrontal brain regions*, 2019.
225   Andreassen, O, A et. Al, *New insights from the last decade of research in psychiatric genetics: discoveries, challenges and clinical implications*, 2023.

Physical health and comorbidities

Genetic predisposition may also influence the prevalence of mental ill-health through physical ill-health. If certain physical conditions can be inherited, and there has been an increase in physical illnesses, which has a correlation to mental health, then this may have driven some of the rise in mental ill-health. Comorbidities are a growing problem in the 21st century due to increased life expectancy and unhealthier lifestyles, resulting in more cases of diseases such as diabetes and cardiovascular issues.[226] The ONS reports that 36 per cent of working age people had a long-term health condition in 2023, up from 29 per cent in 2016.[227] The Health Foundation's analysis of trends found that by 2040 2.5 million more people in England will be living with major illness than in 2019.[228]

The NHS acknowledges that individuals experiencing a physical illness face a higher risk of developing a mental health issue[229] and CSJ analysis of Wave 13 of the Understanding Society Survey reveals that 37 per cent of people who have a self-reported long-standing illness or disability report having a mental health condition. In contrast, people without an illness or disability only report having a mental health condition 13 per cent of the time.[230]

Physical illnesses can also be missed when assessed by a medical practitioner given that some symptoms of mental ill-health can have physical symptoms, such as headaches in those with depression.[231] According to the Royal College of Psychiatrists, some of the reasons that physical ill-health and disability may affect mental health include stress, loneliness and isolation, and an inability to work or engage in usual daily activities.[232]

When an acute health issue arises, whether physical or mental, there may be other accompanying health problems, referred to as "comorbidities".[233] Of those suffering with a long-term physical condition, almost a third also have mental ill-health,[234] demonstrating the high prevalence of comorbidity in those suffering mental ill-health. For example, those living with type two diabetes have a 24 per cent higher risk of developing depression than those without it.[235] This is largely due to factors including physical inactivity, complications and disability, poor quality of life, and increased economic and social costs.[236] Given this link, NICE recommends screening for depression in diabetes.[237]

Having additional mental health conditions is also common if one mental health condition is detected.[238] CSJ analysis of Wave 13 of the Understanding Society Survey revealed that among the 19.6 per cent of the population who reported being diagnosed with a mental health condition, six per cent reported that they have multiple mental health conditions, as depicted in Figure 18.[239]

226 Sartorious, N., *Comorbidity of mental and physical diseases: a main challenge for medicine of the 21st century*, 2013.

227 Office for National Statistics, *Rising ill-health and economic inactivity because of long-term sickness, UK: 2019 to 2023*, 2023.

228 Watt, T., et al., *Health in 2040: projected patterns of illness in England*, 2023.

229 NHS, Life's challenges, *Mental health and physical illness*, n.d.

230 CSJ analysis of *Understanding Society: The UK Household Longitudinal Study*, Wave 13 2021 – 2022.

231 Mental Health Foundation, *Physical health and mental health*, 2022.

232 Royal College of Psychiatrists, *Physical illness and mental health*, 2023.

233 Cleveland Clinic, *Comorbidities*, 2024.

234 Mental Health Foundation, *Physical health and mental health*, 2022.

235 Nouwen, A., et al., *Type 2 diabetes mellitus as a risk factor for the onset of depression: a systematic review and meta-analysis*, 2010.

236 Doherty, A, M and Gaughran, F., *The interface of physical and mental health*, 2014.

237 Ibid.

238 McGrath, J, J., et al., *Comorbidity within mental disorders: a comprehensive analysis based on 145 990 survey respondents from 27 countries*, 2020.

239 CSJ analysis of *Understanding Society: The UK Household Longitudinal Study*, Wave 13 2021 – 2022.

Figure 18:   Percentage of the population reporting number of mental health
             conditions in the UK, 2021-22
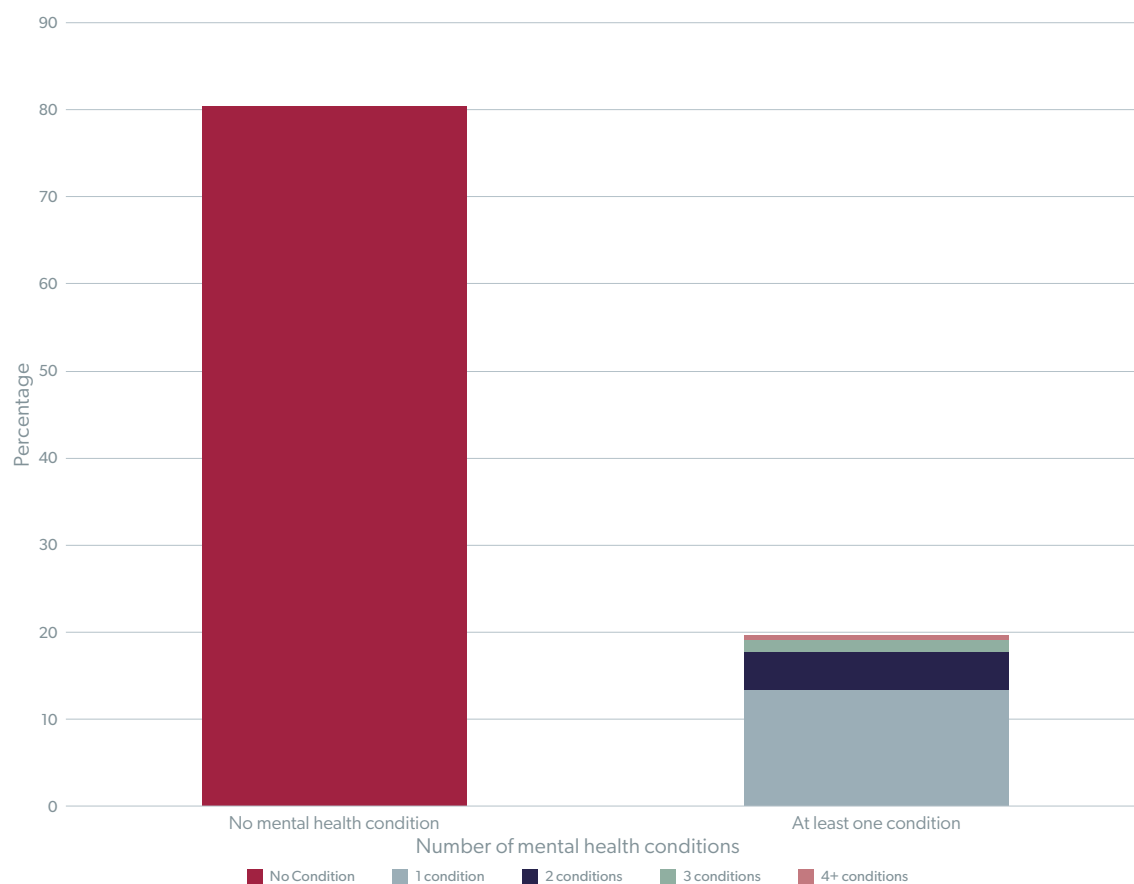
Source: CSJ analysis of Understanding Society: The UK Household Longitudinal Study, Wave 13 2021 – 2022

If not managed properly, comorbidities can hinder patients' treatment progress and delay improvements in their mental health. Part of the reason for this may be diagnostic overshadowing which refers to misdiagnosis that may result from symptoms being attributed to the wrong condition, which can also result in conditions being missed.[240] The British Medical Journal (BMJ) emphasises this growing global issue and urges medical professionals to take a holistic approach to patient management, aiming to treat conditions simultaneously to improve outcomes.[241]

Combining treatment options is important to reduce the impact on the most disadvantaged. The Marmot Review in 2010 found that those living in the poorest areas in England die on average seven years earlier than those in the richest areas,[242] highlighting the impact of deprivation on physical health.

While the NHS Long Term plan commits to providing annual physical health checks to those living with severe mental illness to reduce the harmful impact of comorbidities,[243] this does not prevent mental ill-health arising from physical ill-health.

240   Hallyburton, A., *Diagnostic overshadowing: An evolutionary concept analysis on the misattribution of physical symptoms to pre-existing psychological illnesses.* 2022.

241   British Medical Journal Best Practice, *Helping healthcare teams rise to the comorbidities challenge*, n.d

242   Institute of Health Equity, *Fair Society, Healthy Lives*, 2010.

243   NHS England, *Improving the physical health of people living with severe mental illness*, 2024.

> **RECOMMENDATION**
>
> *NHS England should offer those with a long-term physical health condition or disability support for their overall wellbeing through a Social Prescribing Link Worker.*

Drug misuse

Substance misuse can also result in comorbidities.[244] For some individuals, the general substance use of any drug can serve as a coping mechanism for mental health issues, while for others, drug use may change brain chemistry and lead to mental health problems.[245] Drug dependence is seen most starkly in the most deprived areas, with hospital admissions for drug-related mental and behavioural disorders at 416 per 100,000 population, compared with 48 per 100,000 in the least deprived areas.[246]

Between 2012 and 2023, deaths by drug poisonings in England and Wales have doubled.[247] Although no rise in the prevalence of the use of any illicit drug has been seen since 2020,[248] according to the CSJ's recent report *Still Ambitious for Recovery,* the death toll from drug poisoning is at least in part due to an increase of potent synthetic opioids throughout the illegal drug market.[249]

In 2017, Public Health England found that 70 per cent of those accessing drug services experienced mental ill-health.[250] The link between drug use and a high prevalence of mental health issues may, at least in part, be due to it serving as a form of self-medication.[251]

The CSJ has heard that mental health services may refuse to accept individuals dealing with both substance misuse and mental ill-health, sometimes known as the need for dual diagnosis.

> *"I was told I couldn't be with the mental health team until I stopped taking drugs and alcohol, it's a catch 22."*
>
> **Service user, charity in the Midlands**

While NICE guidelines recommend that mental health services should support those suffering substance misuse, the Mental Health Foundation recognise that the lack of access to mental health services is a problem facing many service users.[252]

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244 National Institute on Drug Abuse, *Common Comorbidities with Substance Use Disorders Research Report. Part 1: The Connection Between Substance Use Disorders and Mental illness*, 2018.

245 National Institute on Drug Abuse, *Drugs, Brains, and Behavior: The Science of Addiction. Drugs and the Brain*, 2011.

246 NHS England, *Statistics on Public Health, England 2023*, 2024.

247 Office for National Statistics, *Deaths related to drug poisoning in England and Wales: 2023 registrations,* 2024.

248 Office for National Statistics, *Drug misuse in England and Wales: year ending March 2024*, 2024.

249 CSJ, *Still Ambitious for Recovery: How to address illegal drug addiction and strengthen law enforcement's role*, 2024.

250 Public Health England, *Better care for people with co-occurring mental health and alcohol/drug use conditions: A guide for commissioners and service providers*, 2017.

251 Rethink Mental Illness, *Drugs, alcohol and mental health*, n.d.

252 Mental Health Foundation, *Drugs and mental health*, 2021.

> *"There's a bit of a myth amongst clinical services, mental health services that they can't work with somebody who's actively using substances because the therapy won't work."*
>
> **Director of Operations for Homelessness for a charity in the Midlands**

Conventional Social and Psychosocial Factors

Various social factors influence the prevalence of mental ill-health including, but not limited to, education, housing, income, debt, employment and access to healthcare.[254] This chapter briefly explores how long-term shifts in the intensification of social issues may be associated with the recent rise in mental ill-health. It also explores the psychological response to trauma which may cause mental ill-health. Given the vast areas this inevitably touches on, further research would be required in each area to determine greater correlation and possible causation. More recent explanations for what may be driving the rise in mental ill-health, such as the online world and the Covid-19 pandemic, will be considered in the next chapter.

Family

Responses to the CSJ's call for evidence revealed that problems facing families are a driver of mental ill-health. Relationship and family breakdown, as well as stressed parents and a lack of role models, were all cited as contributing to the rise in mental ill-health for both parents and their children.[255] This research is supported by polling commissioned by the CSJ in 2019, which found that 12 per cent of adults who have experienced mental ill-health cite family breakdown as a contributory factor and 13 per cent cite a family history of mental health issues.[256] A government consultation of the public published in May 2023 found that the biggest influence on mental health was family and social relationships.[257]

253   CSJ, *Still Ambitious for Recovery: How to address illegal drug addiction and strengthen law enforcement's role*, 2024.

254   Kirkbride, J, B., et al., *The social determinants of mental health and disorder: evidence, prevention and recommendations*, 2024.

255   CSJ call for evidence, responses received between 26th May and 30th June. See appendix for thematic analysis of responses.

256   CSJ, *Why Family Matters: A comprehensive analysis of the consequences of family breakdown*, 2019.

257   Department for Health and Social Care, *Call for evidence outcome: Mental health and wellbeing plan: discussion paper and call for evidence – results*, 2023.

> *"If you've got a robust family dynamic that helps. And I do see so many youngsters coming up with challenging family dynamics, families that are not stable."*
>
> **NHS General Practitioner**

Family problems impact mental health for a number of reasons. Firstly, there may be conflict, which results in children being more likely to develop mental ill-health.[258] In some cases this conflict is more extreme in the form of domestic abuse, also associated with mental ill-health.[259] Coercive control - a pattern of domination with the desired effects of intimidation and entrapment - has particularly damaging implications for mental health, largely through prolonged trauma.[260] Between 2019/20 and 2022/23, there was a rise of 14.4 per cent in the number of domestic abuse-related incidents and crimes in England and Wales.[261]

There is also an association between the mental ill-health of parents or primary caregivers and negative outcomes for their children.[262] In 2019, the ONS found that just 11 per cent of 11- to 16-year-olds whose parents had good mental health had poor mental health themselves, rising to 30 per cent of 11- to 16-year-olds whose parents had poor mental health.[263] The link between paternal mental health and children's mental health has only recently been better understood. One study by University College London (UCL) in 2017[264] and a 2021 study in the US[265] both found that poor parental mental health was strongly associated with poor mental health in children, independent of the sex of the parent or primary caregiver. However, it is important to emphasise that parents should not feel a sense of blame.

> *"Sometimes it's situational… a problem is a problem… we try to step away from families feeling blame, sometimes it's just about the systems in place and the systems not working in a way that meets families and offering that level of support that they might require."*
>
> **Clinical lead for a Mental Health Schools Team**

Given that 68 per cent of women and 57 per cent of men who have mental ill-health are parents,[266] a rise in the prevalence of mental ill-health may indicate that poor parental mental health may be driving a rise in the mental ill-health of children and young people (CYP). Around one in five women are affected by mental ill-health in the perinatal period which left untreated can impact their child and wider family significantly.[267] Between 2022/23 and 2023/24, there has been a 33 per cent rise in the number of women accessing perinatal mental health services, which stands at record numbers.[268] This rise has been sustained a steady rise for some time, as depicted in Figure 19.

258   Harold, G et. al, *What works to enhance inter-parental relationships and improve outcomes for children*, 2016, p29.

259   Mental Health Foundation, *Domestic Violence: statistics*, n.d.

260   Newnham, E, A., et al., *The Mental Health Implications of Domestic Violence During COVID-19*, 2022.

261   Office for National Statistics, *Domestic abuse prevalence and trends, England and Wales: year ending March 2023*, 2023.

262   Smith, M., *Parental mental health: disruptions to parenting and outcomes for children*, 2004; NSPCC Learning, *Parental mental health problems*, 2024; Safeguarding Network, *Parental Mental Ill-Health*, 2024.

263   Office for National Statistics, *Children whose families struggle to get on are more likely to have mental disorders*, 2019.

264   UCL, *Teenage depression linked to father's depression*, 2017.

265   Wolicki, S, B., et al., *Mental Health of Parents and Primary Caregivers by Sex and Associated Child Health Indicators*, 2021.

266   Royal College of Psychiatrists, *Parental mental illness: the impact on children and adolescents*, 2017.

267   NHS England, *Record numbers of women accessing perinatal mental health support*, 2024.

268   Ibid.

Figure 19: The number of women accessing perinatal mental health services in England, March 2021 – August 2024
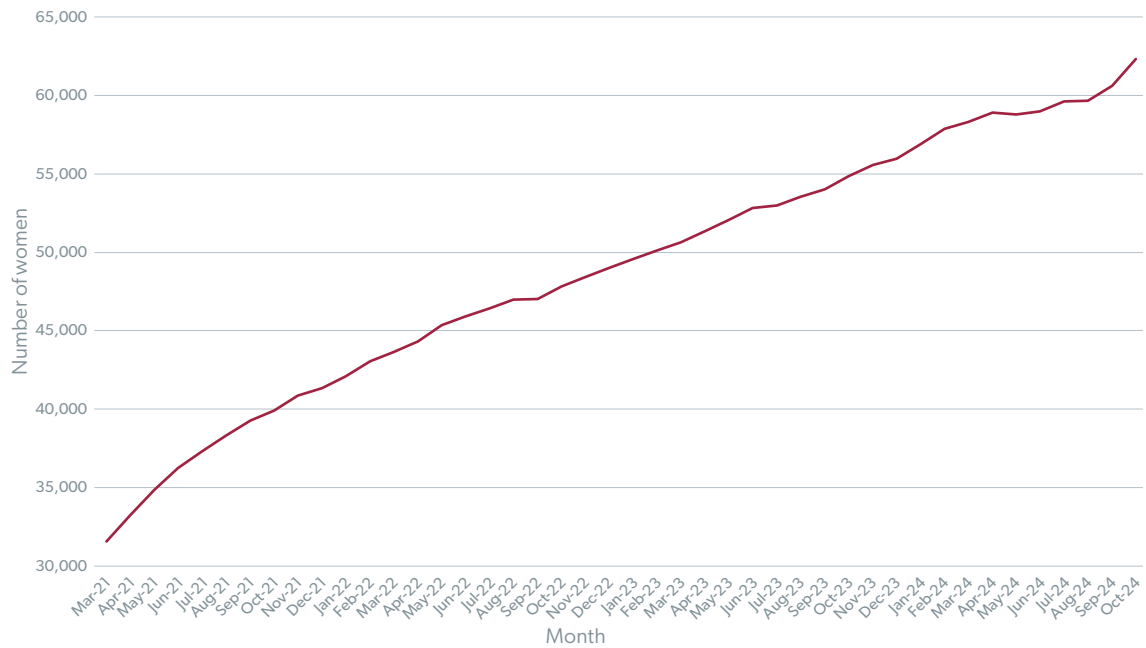
Source: CSJ analysis of NHS England, Mental Health Services Monthly Statistics Dashboard: 15. Perinatal access[269]

Partners' mental health may also be at risk in the perinatal period. The Scottish Government has recently published a review into paternal perinatal mental health which found a greater risk of mental ill-health for fathers during the perinatal period. It concludes that without properly researching and understanding this risk, the wellbeing of fathers is vulnerable, which may also impact their child's and partner's wellbeing.[270]

Men also have a higher risk of suicide in the ages typically associated with becoming a parent. For example, males in England and Wales aged 45 to 64 years had the highest age-specific suicide rate per 100,000 males in 2023 at 22.4, closely followed by males aged 25 to 44 at 20.7.[271] This is why the perinatal period is considered a crucial opportunity for early intervention and prevention of mental ill-health for both parents and children.

RECOMMENDATION

While the current emphasis is rightly on mothers, to safeguard the mental health of children and enhance early intervention, NHS England should recommend that mental health screening is offered to the partners of mothers six to eight weeks after birth.

- *Based on the cost of one hour of time for a clinical psychologist working in community mental health services, the number of live births per year and the estimated number of 'new fathers' who say they want support for their mental health, this would cost approximately £13.9 million per year.*

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269 Accessed 10/01/2025.
270 Scottish Government, *Paternal perinatal mental health: evidence review*, 2024.
271 Office for National Statistics, *Suicides in England and Wales: 2023 registrations*, 2024.

> ### RECOMMENDATION
>
> *The Government should strengthen statutory paternity leave to help fathers bond with their babies and partners.*[272]
>
> - *Statutory paternity leave should be made possible at any point during the first year of their baby's life.*
>
> - *New fathers who are self-employed should be eligible for a paternity allowance, depending on how many Class 2 National Insurance contributions they have made in the 66 weeks before their baby is due to bring their rights in line with that of new mothers who are self-employed.*

Families also face many other problems, such as debt, housing issues, worklessness, substance abuse, crime and navigating parenting, all impacting the stability of relationships and family.[273] For families experiencing high levels of deprivation, these issues are exacerbated.

> *"In Surrey we see families under intense pressure - both parents having to work long hours and sometimes multiple jobs, to make ends meet. They are time and attention poor, exhausted, stressed, and often not managing these pressures in a healthy way – leading to health problems, addictions, debt, etc. This often impacts on the love and care that their children experience."*
>
> **Chris Hickford, CEO of Eikon**

Navigating any of these issues is made more complex when parenting alone. The Mental Health Foundation found that, in May 2023, 89 per cent of single parents experienced anxiety, compared with 73 per cent of the general population and 41 per cent said financial security would improve their anxiety.[274] Between 2019/20 and 2022/24, there was a rise of 200,000 children in separated families (defined by lone parenting), although the number of separated families has declined by 100,000 families between 2015/16 and 2022/23.[275] However, data pertaining to exactly how families are structured is incomplete.

> ### RECOMMENDATION
>
> *The Government should collect national level data on family structure.*[276]

272   CSJ, *Lonely Nation: Part 1: How family can help to end the loneliness crisis*, 2024.

273   Centre for Social Justice, *Why Family Matters: A comprehensive analysis of the consequences of family breakdown*, 2019.

274   Mental Health Foundation, *Single parents are more at risk of anxiety*, 2023.

275   CSJ analysis of Department for Work and Pensions, *Separated families statistics: April 2014 to March 2023*, 2024.

276   CSJ, *Lonely Nation: Part 1: How family can help to end the loneliness crisis*, 2024.

According to ONS analysis of NHS England data from 2017, of 11 to 16 year olds whose parents were married, 12 per cent had a mental disorder, compared with 27 per cent of 11 to 16 year olds who had a lone parent.[277] Marriage rates have declined in England and Wales from 30.1 per 1,000 men aged over 16 and 25.9 per 1,000 women aged 16 and over in 2000 to 20.3 and 18.3 in 2022, respectively.[278] Similarly, for five- to 10-year-olds whose parents cohabit, 12 per cent had a mental disorder, compared with 6 per cent whose parents were married.[279] For 11- to 16-year-olds, this figure was 14 and 12 per cent, respectively.[280]

The CSJ's report, *Lonely Nation Part 1: How Family can Help to end the Loneliness Crisis* found that 50 per cent of the general public support increased Government financial support to get married.[281] While the decline in marriage as a more secure relationship type may be leading to a rise in family breakdown, subsequently contributing to more mental ill-health, it may also be that more single-parent families are on low income and concerns about money are driving the rise in mental ill-health. Either way, the Government can harness incentives to encourage stable families through the welfare system. The CSJ's 2024 report, *Give Families the Credit,* argues for a tax system which allows parents to have more choice in how they spend their benefits relating to family life.[282] Tackling this root cause issue of mental ill-health is vital to prevention efforts.

> **RECOMMENDATION**
>
> *The Government should put childcare choices in the hands of parents.*[283]

> **RECOMMENDATION**
>
> *The Government should identify where there are incentives to separate or live apart in the way that benefits are administered.*[284]

While challenges facing families may encapsulate many experiences, stable families are associated with securing the best start in life for a young person. The CSJ's *Two Nations* report found that "68 per cent of the general public, and 59 per cent of the disadvantaged agree that a stable and secure family life is the most important factor in determining a person's success and wellbeing."[285] For example, in the year ending March 2023, there was a much lower rate of domestic abuse for those married or in a civil partnership than for other relationship types.[286] *Two Nations* also revealed that in 2021, 17.6 per cent of 11- to 16-year-olds had family functioning problems, rising to 28.3 per cent in 11 to 16-year-olds who had a probable mental disorder, as depicted in Figure 20.[287]

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277 Office for National Statistics, *Children whose families struggle to get on are more likely to have mental disorders*, 2019.

278 Office for National Statistics, *Marriages in England and Wales: 2021 and 2022*, 2024.

279 Office for National Statistics, *Children whose families struggle to get on are more likely to have mental disorders*, 2019.

280 Ibid.

281 CSJ, *Lonely Nation: Part 1: How family can help to end the loneliness crisis*, 2024.

282 CSJ, *Give Families the Credit: A new approach to child poverty and family stability*, 2024.

283 CSJ, *Lonely Nation: Part 1: How family can help to end the loneliness crisis*, 2024.

284 Ibid.

285 CSJ, Two Nations: *The State of Poverty in the UK – An interim report on the state of the nation*, 2023.

286 Office for National Statistics, *Domestic abuse victim characteristics, England and Wales: year ending March 2023*, 2023.

287 CSJ, *Two Nations: The State of Poverty in the UK – An interim report on the state of the nation*, 2023, pp272-273.

Figure 20: Percentage of Children with a Mental Disorder by Family Functioning and Age Group, England, 2021
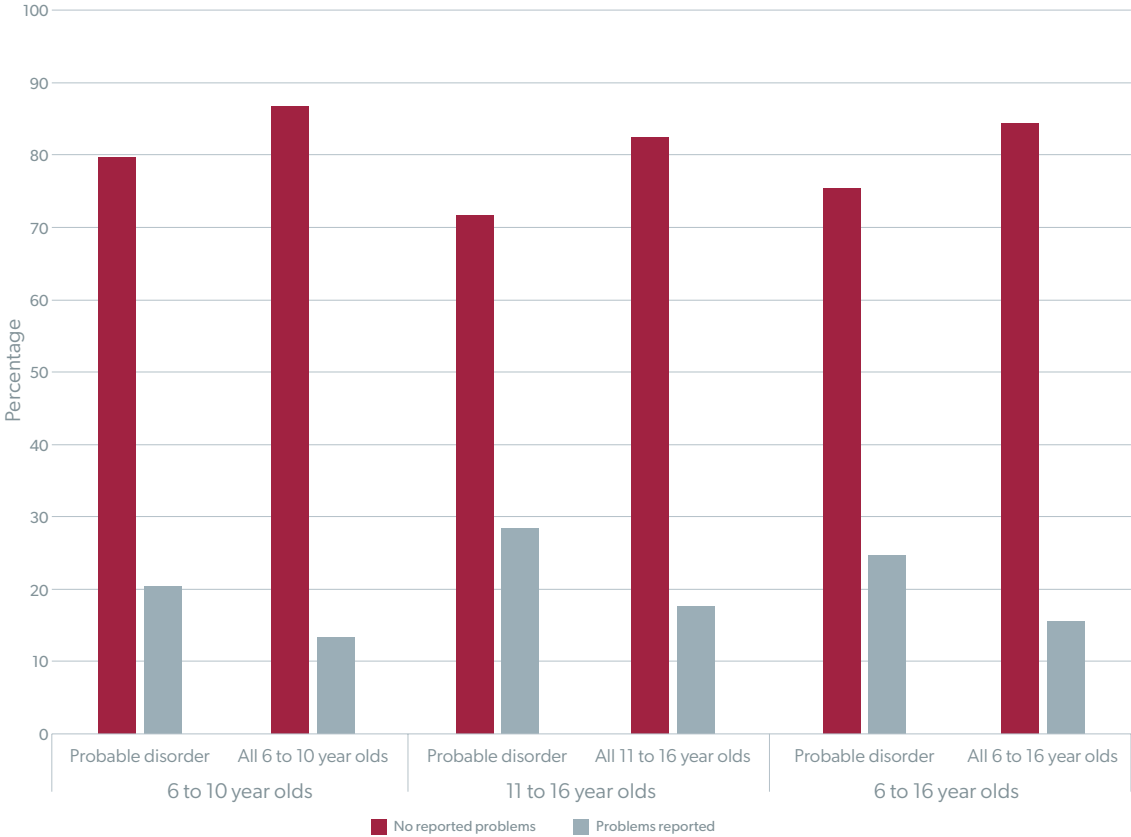
Source: CSJ, Two Nations, 2023

The CSJ's recent review of Family Hubs reveal that they alleviate pressure on mental health services such as CAMHS[288] and in 2022 the CSJ highlighted the benefits of social prescribing and recommended that it should be incorporated into adult education.[289]

RECOMMENDATION

Every Local Authority should deliver Family Hubs.[290] This would cost approximately £306 million in addition to the £302 million already committed.[291] The Department for Education and the Ministry of Housing, Communities and Local Government should issue guidance on how Family Hubs should integrate with local social prescribing services. NHS England should issue guidance to social prescribing services to ensure collaboration with Family Hubs.

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288   CSJ, *Family Hubs: an interim review*, 2024, p4.

289   CSJ, *Playing the Ace: A plan to unleash the potential of adult community education and bolster economic growth*, 2022, p63.

290   CSJ, *Why Family Matters: A comprehensive analysis of the consequences of family breakdown*, 2019.

291   CSJ, *Lonely Nation: Part 1: How family can help to end the loneliness crisis*, 2024.

> **RECOMMENDATION**
>
> *The Government should launch a new relationship and support interventions strategy.*[292]
>
> - *The Government should commit to a £33 million funding pot over three years to support the provision of couple relationship support services that meet a broad spectrum of need including marriage preparation and couples counselling.*
> - *This should be delivered through Family Hubs.*

Trauma and adverse childhood experiences (ACEs)

The Royal College of Psychiatrists define traumatic events as involving the possibility of death, injury or being victim to sexual violence.[293] The impact of the traumatic event can manifest in various aspects of someone's life and can present in various ways, such as flashbacks, difficult feelings and changes in behaviour.[294] The APMS found that in 2014, one in three people reported having experienced one or more traumatic events.[295] In 2017, the WHO found that the prevalence was much higher, at 70 per cent,[296] highlighting the challenge of accurately assessing the prevalence of trauma.

For many people, initial responses to traumatic events such as sadness, dissociation and anxiety are normal.[297] For others, more severe symptoms may be experienced which typically occur within three months of the event in adulthood, but symptoms can be delayed for some people, especially if the trauma was experienced in childhood. This usually indicates that PTSD has developed as a consequence of the trauma.[298] Trauma does not always cause PTSD - the World Health Organization World Mental Health Surveys found that 5.6 per cent of respondents developed PTSD as a result of being exposed to trauma.[299] While this is an acutely simplified explanation of the effects of trauma, it is clear that trauma can cause mental ill-health, commonly in the form of PTSD.

Trauma can have other harmful effects. *Adverse childhood experiences* (ACEs) is the term used to describe trauma before the age of 18[300] and having ACEs is associated with increased risk of poor health and hardship later in life.[301] For example, there is strong correlation between having ACEs and developing borderline personality disorder (BPD),[302] demonstrating the long lasting and detrimental effects of trauma in early childhood. ACEs are highly prevalent and a meta-analysis of the prevalence of ACEs between 1998 and 2021 found that six in ten adults reported at least one ACE and one in six reported four or more ACEs.[303]

Examples of trauma which are considered ACEs can come in many forms including experiencing sexual abuse, domestic violence and parental separation.[304] One study mapping ACEs across England found

292 Ibid.

293 Royal College of Psychiatrists, *Coping after a traumatic event*, 2021.

294 Ibid.

295 McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p107.

296 Kessler, R, C., et al., *Trauma and PTSD in the WHO World Mental Health Surveys*, 2017.

297 Centre for Substance Abuse Treatment, *Trauma-Informed Care in Behavioral Health Services*, 2014.

298 Ibid.

299 Koenen, K, C., et al., *Posttraumatic stress disorder in the World Mental Health Surveys*, 2017.

300 U.S. Centers for Disease Control and Prevention, *About Adverse Childhood Experiences*, n.d.

301 Webster, E, M, *The Impact of Adverse Childhood Experiences on Health and Development in Young Children*, 2022.

302 Leichsenring, F., et al., *Borderline personality disorder: a comprehensive review of diagnosis and clinical presentation, etiology, treatment, and current controversies*, 2024.

303 Madigan, S et al., *Adverse childhood experiences: a meta analysis of prevalence and moderators among half a million adults in 206 studies*, 2023.

304 Public Health Wales, *Adverse Childhood Experiences*, n.d.

that childhood poverty was a clear indicator for ACEs.[305] Another study exploring the quality of life of those who have experienced ACEs found that having one ACE was strongly associated with experiencing multiple.[306] For instance, people whose parents struggle with problematic alcohol use are two and a half times more likely to have parents who are separated or divorced.[307] Given that the number of children in separated families has risen by 200,000 between 2019/20 and 2022/23, it may be possible that some of the rise in mental ill-health in children and young people could be a result of this trauma.

> *"My experiences with mental health - mine come from childhood traumas… I was abandoned by one parent and abused by the other, essentially… that had kind of led into criminal activities, substance abuse, poverty, homelessness…"*
>
> **Adult male with lived experience of mental ill-health**

Some causes of traumatic events cannot be prevented given that they may be outside of human control, but some are caused by humans in the form of abuse.[308] Where traumatic events are not immediately preventable, it may be possible to reduce the likelihood of them causing mental ill-health through trauma-informed cognitive behavioural therapy, although the prevention of PTSD remains an under researched area.[309]

The CSJ has heard from many professionals who view trauma as a key driver of mental ill-health.

> *"I think a lot of the issues that we see are anxiety and depression, drug induced psychosis, anxiety and depression that's perpetuated by substance misuse and alcohol use, but there's also a serious amount of trauma in that person's background as well."*
>
> **Director of Operations for Homelessness, charity in Yorkshire**

> *"Addressing it at a younger age and knowledge of your own emotions, knowledge of self-care would pick up on these traumas a lot earlier."*
>
> **Mental Health Support Worker for Children and Young People, Yorkshire**

305 Lewer, D et al., *The ACE Index: mapping childhood adversity in England*, 2019.

306 Vederhus, J-K, et al., *A mediational analysis of adverse experiences in childhood and quality of life in adulthood*, 2022.

307 Ibid.

308 Feriante, J and Sharma, N.P., *Acute and Chronic Mental Health Trauma*, 2023.

309 Qi, W., Gevonden, M and Shalev, A., *Prevention of Post-Traumatic Stress Disorder After Trauma: Current Evidence and Future Directions*, 2016; Bisson, J, I, et al., *Preventing the onset of post traumatic stress disorder*, 2021.

Case study: Female in her forties

The following case study depicts the experience of someone who experienced childhood ACEs and in speaking to the CSJ, this person described her experience of mental ill-health in adulthood, attributed to the trauma she endured as a child.

I was emotionally abused by my mother. It was a lot more than just bullying. It was emotional abuse. I was constantly being told I wasn't good enough and being told to "shut up". Its immediate result when I was little was that I was practically electively mute. I hardly said anything. I was very, very shy. I had various self-harming things going on, although this is some time ago so I don't think anybody would have identified it as such. There was this thing where I would pick my skin till it bled and had various tics. I was then bullied at school because I was used to being bullied. You're just used to it all being your fault so you just sort of suck it up. And the self-harm went on into my early 20s.

It took me a long time to realise that I had anxiety disorder and when I finally had therapy only a few years ago it was really freeing because it was like, well it's not my fault. I used to beat myself up emotionally all the time because I'd think, I'm really lucky, who am I to be anxious? And the therapy made me see a lot of the things that I'm really proud of like, I'm a really good mum. I'm really kind. I'm kind of the opposite of what my mum was. A lot of the good things about me are because I went through that. I'm in many ways quite resilient actually, well very resilient just because this has been going on all my life.

I was diagnosed by the therapist but I'd actually gone for something else and she said, "this is what it is". Seeking therapy was triggered by a tricky work situation which I was blaming myself for. I had a coach who I was talking to about it and I was saying, this is how it makes me feel and I'm staying awake at night and he said, "you should get some therapy, and it's not your fault." But I think what he spotted was that I was blaming myself for something that was external, but by blaming myself, I was on a vicious spiral of getting more and more anxious. Internally I'm still that five-year-old being told to shut up, because it's all my fault.

My therapist said an anxiety disorder never goes away. Although I became better at not beating myself up, I was still hugely anxious. It really affected my sleep because I lie awake at night worrying about things. I actually sent a message into the GP saying I'm really struggling and a GP called me straight back and said I think we need to put you on medication. The medication was completely life changing. I am so much better. I don't self-sabotage, I'm far less anxious. It's a very low dose of an anti-anxiety medication and it has changed my life.

The therapy came before the medication and it was expensive but I was at crisis point with the work situation, but the anxiety had made me get to crisis point. I suppose the therapy treated the root cause and the medication treated the symptoms. Therapy helped me to understand why I'm like this and to sort of accept it and acknowledge it. But the medication absolutely just helps with the symptoms. I think whilst the medication would obviously work by itself, it wouldn't deal with the root cause, I'd just be feeling less anxious. The therapy without the medication didn't work because it didn't improve the actual anxiety of it. I needed medication for that. I wasn't quite acknowledging that I didn't have to be as I was.

One of the things for me is because I could pay, I only had to wait for a week for therapy. But it was expensive. If you're going through the NHS route currently, looking at CAMHS for example, you have to wait for so long when what you need is it then and I definitely needed it then.

Education

Education may be a protective factor in determining the level of risk of developing a mental health problem. A panel study by the University College London (UCL), using nationally representative data from 2010 to 2019, found that overall those attending higher education had better mental health than those who did not attend higher education, and this result pertained when analyses were adjusted for age, sex, ethnicity, and highest parental educational qualification.[310] This is not surprising given that academic attainment between the ages of five and 16 has been found in another study by UCL to be associated with mental ill-health, particularly when there is neurodivergence in the form of hyperactivity and/or inattention.[311]

The quality of education affects mental health, particularly because students spend every weekday in school, which inevitably influences their mental well-being.[312] The NHS also briefs headteachers that pupil-teacher relationships, as well as social relationships between pupils are strong predictors of wellbeing, attainment and academic performance.[313]

Responses to the CSJ's call for evidence revealed that academic pressure is a contributing factor in determining the mental health of children and young people.[314] A systematic review of research by UCL found that there is an association between academic pressure and increased risk of mental ill-health in children and young people[315] and an international study by the WHO found that pressures in school rose in the period 2002 and 2018,[316] indicating that there may be an association between the increase in mental ill-health among children and young people and academic pressure.

In 2018, the Mental Health Foundation reported that 60 per cent of 18- to 24-year-olds have felt unable to cope due to pressure to succeed.[317]

> *"It's quite possible that the increased pressure demands that I think recent generations have been having in terms of; you need to get however many A stars now to get to this place, you need to do well, like the onus is very much on individual people to succeed in their life. And if it's going downhill for you, that's your own individual, like personality flaw that you're not trying hard enough, you're not doing enough work."*
>
> **Participant of a focus group, London**

A consequence of CYP experiencing poor mental health either as a result of, or in relation to, their school environment is school absence. According to the CSJ's School Absence Tracker, the number of severely absent (missing every afternoon of school) pupils has risen by 161 per cent since before the Covid-19 pandemic and for persistently absent (missing one afternoon of school per week) pupils, this figure is 68 per cent.[318]

310   Tabor, E., Patalay, P and Bann, D., *Mental health in higher education students and non-students: evidence from a nationally representative panel study*, 2021.

311   Poortvliet, M, *Child mental health and educational attainment: Longitudinal evidence from the UK*, 2024.

312   Public Health England, *The link between pupil health and wellbeing and attainment: A briefing for head teachers, governors and staff in education settings*, 2014.

313   Ibid.

314   CSJ call for evidence, responses received between 26th May and 30th June. See appendix for thematic analysis of responses.

315   Steare, T., et al., *The association between academic pressure and adolescent mental health problems: A systematic review*, 2023.

316   Löfstedt, P., et al., *School Satisfaction and School Pressure in the WHO European Region and North America: An Analysis of Time Trends (2002-2018) and Patterns of Co-occurrence in 32 Countries*, 2020.

317   Mental Health Foundation, *60% of young people unable to cope due to pressure to succeed*, 2018.

318   CSJ, *School Absence Tracker: A termly analysis of official data relating to absence from schools (Spring 2024)*, 2024, p4.

Figure 21:   Number of severely absent pupils over time in England, 2014/15 to 2023/24
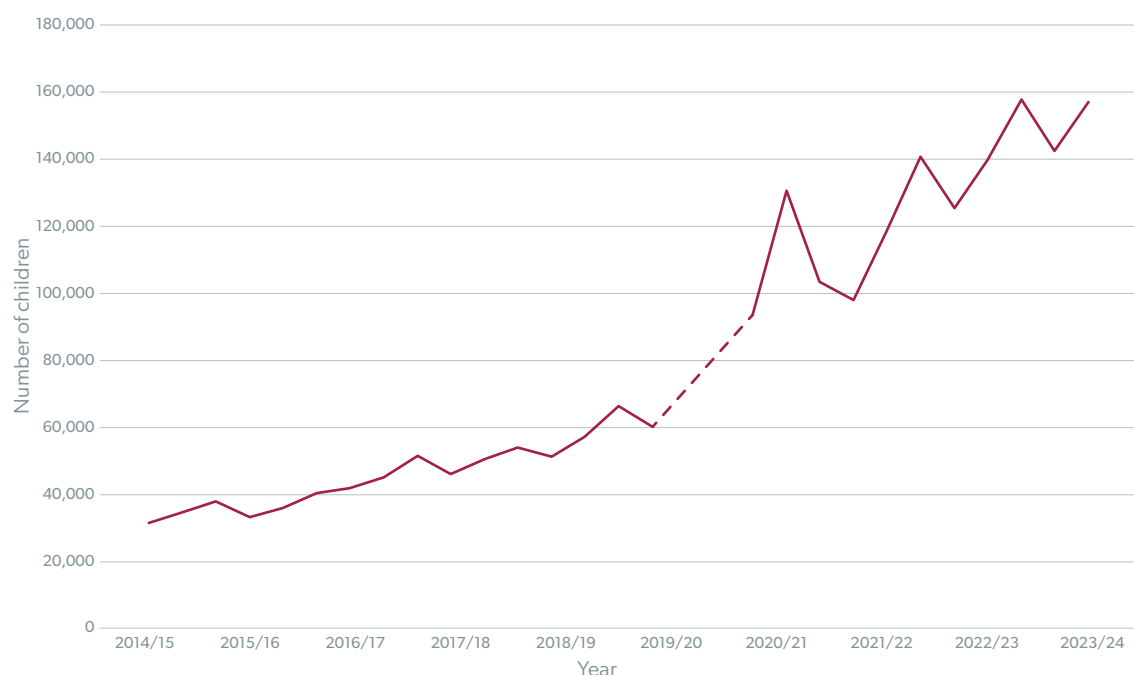
Source: CSJ, School Absence Tracker: A termly analysis of official data relating to absence from schools (Spring 2024), 2024

This increase could be related to the rise in mental ill-health, with 11.2 percent of children aged eight to 16 who have a probable mental disorder missing more than 15 days in the Autumn 2022 term, compared with just 1.5 percent of those who are unlikely to have a mental disorder.[319] According to analysis by the CSJ of the Department for Education, the majority of the reasons for school absence is illness,[320] however as this code is used for all illness-related absences, it is not possible to determine which of these were for mental health.

Department for Education initiatives such as the pilots on attendance mentors go some way to address the most acute end of this crisis.[321] A recent inquiry by the Education Select Committee concluded that there has so far "has been no significant improvement in the speed and scale of the rate reduction which is needed to prevent long-term harm to pupils."[322] The Department for Education has taken some welcome action, such as delivering an attendance mentors pilot and making attendance guidance statutory.[323]

However, action taken so far has been nowhere near ambitious enough to match the scale of the challenge. For example, the attendance mentors pilot is currently only reaching a very limited number of children. When considering both the initial pilot (which started in September 2023) and the expansion (due to commence in March 2025), still just 2.7 per cent of severely absent children at most will be supported in a single year.[324] The ongoing crisis levels of school absence highlight the need for the Government to accelerate its response and deliver a much more ambitious and nationwide plan to tackle the school absence crisis.

319   NHS England, *Mental Health of Children and Young People in England 2022* – wave 3 follow up to the 2017 survey, 2022.

320   CSJ, *School Absence Tracker*, 2024.

321   Centre for Mental Health, *Not in School: The Mental Health Barriers to School Attendance*, 2024.

322   Education Select Committee, *Persistent absence and support for disadvantaged pupils*, 2023.

323   CSJ, *School Absence Tracker: A termly analysis of official data relating to absence from schools (Spring 2024)*, 2024.

324   Ibid.

The demand for mental health support in schools is rising. The number of pupils requiring an EHC plan or SEN support in school for Social, Emotional and Mental Health needs has risen 62 per cent between 2015/16 and 2023/24,[326] as depicted in Figure 22.

Figure 22: Number of pupils with an EHC plan or SEN support for Social, Emotional and Mental Health in England, 2015/16 to 2023/24

Source: CSJ analysis of Gov.uk Data Catalogue, Age and Gender, by type of SEN provision and type of need – 2016 to 2024, 2024

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325 CSJ, *School Absence Tracker*, 2024.
326 CSJ analysis of Gov.uk *Data Catalogue, Age and Gender, by type of SEN provision and type of need – 2016 to 2024*, 2024.

In 2017 the Department of Health and Social Care and the Department for Education published their plans to transform CYP's mental health provision.[327] This recommended implementing Mental Health Support Teams in schools (MHSTs) to address mild-moderate mental ill-health, liaise externally (for example with CAMHS), and adopt a whole school approach to mental health.[328]

The whole school approach to mental health and wellbeing means ensuring that all aspects of a child's education promote emotional wellbeing[329] to drive successful outcomes in education and health, acting on the principle of early intervention and prevention.[330] It is recommended by NICE guidelines.[331]

Developing trusting relationships between staff and students is seen as key in the definitions of a Whole School Approach due to its cruciality in not only producing good social and academic outcomes, but also in promoting a shared ethos across the school.[332] The prioritisation of a school culture which promotes strong relationships amongst peers and between pupils and staff is therefore important for pupil wellbeing, particularly due to the greater ability to recognise a need for help and to provide support.[333]

RECOMMENDATION

The Department for Education should support schools to develop a whole school approach to mental health.[334] This whole school approach will ensure that the curriculum promotes social and emotional learning, as well as ensuring that extracurricular activity is promoted within schools.

MHSTs are not yet set up to assist every school in the UK. In Spring 2023, 6,800 schools had MHSTs, providing emotional wellbeing provision for 35 per cent of pupils.[335] This represented 398 operational teams, with 500 expected to have been operational by 2024, but it has not yet been confirmed if this target was met.[336]

While a longitudinal study of the Skills for Life programme in Chile showed that extensive mental health interventions in early education enhance academic outcomes,[337] MHSTs are relatively new, and the National Institute for Health and Care Research has conducted an initial evaluation of these teams.[338] The findings indicate optimism about their potential but also highlight that there is a greater emphasis on addressing mental ill-health rather than implementing a whole school approach.[339] This focus is partly due to the need to address more severe mental health challenges that exceed the threshold for MHSTs, while still being more serious than mild to moderate issues.[340] Nevertheless, according to the London School of Economics and Political Science (LSE) Centre for Economic Performance, for the average young person receiving treatment from MHSTs, the overall cost savings surpass the expenses within two years.[341]

327 Department of Health and Social Care, Department for Education, *Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps*, 2018.

328 Ibid.

329 Department for Education, *Promoting and supporting mental health and wellbeing in schools and colleges*, 2024.

330 Public Health England, Department for Education, *Promoting children and young people's mental health and wellbeing: A whole school or college approach*, 2015.

331 National Institute for Health and Care Excellence, *Social, emotional and mental wellbeing in primary and secondary education*, 2022.

332 Llywodraeth Cymru Welsh Government, *Development of a theory of change and evaluability assessment for the whole school approach to mental health and emotional wellbeing*, 2022.

333 Beynon, C., *Supporting the mental wellbeing of children and young people in the school environment: a qualitative study*, 2019.

334 CSJ, *The missing link: Restoring the bond between schools and families*, 2024.

335 NHS England, *Mental health support in schools and colleges*, 2024.

336 Ibid.

337 Murphy, J, M., et al., *Mental health predicts better academic outcomes: A longitudinal study of elementary school students in Chile*, 2015.

338 Ellins, J et al., *Early evaluation of the Children and Young People's Mental Health Trailblazer programme: a rapid mixed-methods study*, 2023.

339 Ibid.

340 Ibid.

341 London School of Economics and Political Science Centre for Economic Performance, *Value for money: How to improve wellbeing and reduce misery*, 2024.

> *"It's a more psycho-social approach so we look at what's going on for the young person, for the family from more of a psychological lens… we think about what's going on, what's below the surface, you know how can we support the family, how can we meet them where they are, how can we ensure that the service is accessible and if we're not able to meet the needs of the family, then we signpost them so it's not necessarily taking on a medical approach to whatever the concerns are."*
>
> **Clinical lead for a Mental Health Schools Team**

RECOMMENDATION

In the next review of MHSTs, the Department for Health and Social Care and the Department for Education should prioritise an evaluation of the extent to which MHSTs deal with more severe mental ill-health. MHSTs should continue to serve as an early intervention and prevention service, focused on addressing the psychosocial needs of individuals before they escalate into issues that can only be managed by CAMHS, working closely with families to establish the root cause of the need.

Education can also harness the opportunity to deliver sport for young people, which is known to improve mental health.[342] In September 2024, Sport England published an independent review into physical activity in children and young people and found "strong and consistent evidence that sport and physical activity interventions had positive effects on the diagnosed mental health problems of children and young people."[343] It also found that engaging in physical activity was impactful in the prevention of mental health.[344]

RECOMMENDATION

The Department for Education should work with the Department for Culture, Media and Sport to ensure that all young people have a Right to Sport[345] to promote health and wellbeing.

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342   Nuffield Health, *Children's mental health | 5 ways movement and exercise can help*, 2024.

343   Smith, A, et al., *Children and Young People's Mental Health and Physical Activity, 2024*, p7.

344   Ibid, p14.

345   CSJ, *Game Changer: A plan to transform young lives through sport*, 2023.

Debt

Problem debt has a cyclical effect in its association with mental health. Mental ill-health can cause financial difficulty because it may be more difficult to work and financial difficulty can also cause mental ill-health due to the stress it incurs.[346] Money and Mental Health found that 46 per cent of those in problem debt also suffer mental ill-health and 18 per cent of those suffering mental ill-health are in problem debt.[347] Similarly, the Health Foundation found that 58 per cent of those in problem debt have medium to high levels of anxiety, compared with 37 per cent of those not in debt.[348]

Financial problems disproportionately affect those living in the highest areas of deprivation, with adults being almost seven times more likely to be in financial difficulty if they live in the most deprived areas of the UK, compared with the least deprived areas.[349] Despite this, debt specifically spans all demographics. The CSJ's *Two Nations* report found that for both the general population and the most deprived population, debt was viewed as the most important cause of poverty.[350]

Responses to the CSJ's call for evidence revealed how financial difficulties and high debt levels have increased in recent years, contributing to the rise in mental ill-health.[351]

> *"During COVID that debt just built up because I [imitating a service user] hadn't been able to speak to anybody about it."*
>
> **Medical practitioner, participant of a roundtable hosted by the Hinge Centre, Bridlington**

Housing

Housing and the built environment also impact mental health and wellbeing.[352] The CSJ's *Two Nations* report found that 55 per cent of the general public worry about housing, rising to 73 per cent of the most deprived.[353] A 2017 study by Shelter, a charity combating homelessness, found that 21 per cent of adults in England felt a housing issue had a negative impact on their mental health and that GPs cited housing as a clear factor impacting their patients' mental health.[354] Housing issues encapsulate a number of problems, including quality, affordability, security, lack of space indoors, access to outside space, type of tenure, overcrowding, noise and antisocial behaviour.[355]

346   Money and Mental Health Policy Institute, *The Facts*, n.d.

347   Ibid.

348   The Health Foundation, *Anxiety and problem debt*, 2023.

349   Financial Conduct Authority, *Financial Lives 2022 survey: insights on vulnerability and financial resilience relevant to the rising cost of living*, 2023.

350   CSJ, Two Nations: *The State of Poverty in the UK – An interim report on the state of the nation*, 2023, p101.

351   CSJ call for evidence, responses received between 26th May and 30th June. See appendix for thematic analysis of responses.

352   Evans, G.W., *The built environment and mental health*, 2003.

353   CSJ, Two Nations: *The State of Poverty in the UK – An interim report on the state of the nation*, 2023.

354   McPhillips, M., *The impact of housing problems on mental health*, 2017.

355   CSJ, Two Nations: *The State of Poverty in the UK – An interim report on the state of the nation*, 2023.

> *"We had a case a few months back, and it was the primary care mental health team actually, they'd recognised that a gentleman had gone into their service, and his mental health was at rock bottom, but the reason for that was because he had suffered from mental health for the majority of his life. He had received support in the past, but the reason for this specific episode was that he'd been served an eviction notice. So they recognised that actually, until that was dealt with they couldn't really offer any support, because unless we're fixing this, how can we then work on this?"*
>
> **CEO of a community charity**

Conclusion

This chapter has explored how biological disposition and physical health, as well as social factors such as family circumstances and education pose obstacles to fostering positive mental health. The evidence indicates that these issues have been gradually worsening over an extended period, therefore contributing to the recent rise in mental ill-health.

The Perfect Storm

Introduction

This chapter will focus on the particular challenges of the past few years that have come together to create the '*perfect storm*' contributing to the rise in mental ill-health. The chapter will examine the impact of the Covid-19 pandemic, the cost of living, the rise of social media and smart phones use and growing economic inactivity. The chapter will conclude by examining how delays in treatment, resulting from increased demand for mental health services, can lead to individuals with mild mental health disorders developing more severe needs before receiving care.

The Covid-19 Pandemic

A central theme identified through thematic analysis of responses to the CSJ's call for evidence was the impact of the Covid-19 pandemic.[356] Worldwide, the Covid-19 pandemic led to a disproportionate increase in mental ill-health among the most disadvantaged populations.[357] The broader factors influencing health discussed in the previous chapter have all been affected by the Covid-19 pandemic. The British Medical Association emphasises this, highlighting the rise in physical health inequalities, the negative effects on early childhood development, widespread disruptions to education, and the challenges related to employment and financial stability.[358]

In March 2022 the WHO reported a 25 per cent rise in the prevalence of depression and anxiety during the first year of the Covid-19 pandemic.[359] Similarly, in April 2021, the mental health charity Mind found that one in three people across England and Wales said their mental health worsened after March 2020.[360]

Crucially, the Covid-19 pandemic was associated with heightened loneliness and isolation. Before the Covid-19 pandemic there was already a significant correlation between living alone and having a common mental disorder (CMD).[361] The APMS in 2014 showed that for all women, 20.7 per cent had a CMD, rising to 35 per cent of women under 60 who lived alone.[362] Similarly, 13.2 per cent of all men had a CMD, compared with 25.5 per cent of men under 60 who lived alone.[363]

356   CSJ call for evidence, responses received between 26th May and 30th June. See appendix for thematic analysis of responses.

357   Kumar, M and Kumar, P., *Impact of pandemic on mental health in lower-income and middle-income countries (LMICs)*, 2020.

358   The British Medical Association, *The impact of the pandemic on population health and health inequalities*, 2024.

359   World Health Organization, *COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide*, 2022.

360   Mind UK, *The impact of coronavirus on mental health*, 2021.

361   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p54.

362   Ibid.

363   Ibid.

The Covid-19 pandemic deepened social isolation due to lockdown measures, prompting the WHO to prioritise social connection as a key global public health issue. In 2024, CSJ polling revealed that 58 per cent of Britons say they feel lonely at least some of the time.[364]

In April 2021 Mind found that 88 per cent of young people said their mental health was worse during the Covid-19 pandemic because of loneliness.[365]

> *"For a year and maybe like a half, you would be by yourself. Maybe with a few members of your family. That's really all you had. And yeah, you could speak to your friends but it's not the same as like seeing somebody and meeting up… Because being isolated for a year is quite a lot. It's a lot to take on."*
>
> **Girl in year nine, participant of a focus group hosted by Football Beyond Borders**

However, the Covid-19 pandemic may not continue to be causing mental ill-health. A 2023 meta-analysis published in the British Medical Journal revealed that there was zero to minimal change in the prevalence of common mental health problems as a result of the Covid-19 pandemic, where the minimal negative impact was seen in depression and mostly in females.[366] The lack of the continued impact on mental ill-health suggests that the lockdown and its associated impact were the primary causes of the rise in mental ill-health.

The impact of lockdown can be seen in the rise it had on loneliness. The MHCYP survey found that loneliness for CYP with a probable mental disorder has decreased since the Covid-19 pandemic. For 11- to 16-year-olds with a probable mental disorder, 21.4 per cent reported often or always being lonely in 2020, compared with 16.6 per cent in 2023.[367] For 17- to 22-year-olds, 35 per cent of those with a probable mental disorder were lonely in 2020, decreasing to 29.5 per cent in 2023.[368] Nevertheless, these figures remain high at 16.6 per cent and 29.5 per cent, indicating that loneliness remains a problem for those with mental ill-health.[369]

Evidence from the House of Commons Health and Social Care Committee highlight how "the places where people live – homes, communities and neighbourhoods – affect their health and wellbeing substantially."[370] Tackling loneliness and bolstering community play a crucial role in preventing the further increase of mental ill-health.

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364   CSJ, *Lonely Nation: Part 1: How family can help to end the loneliness crisis*, 2024, p8.

365   Mind UK, *The impact of coronavirus on mental health*, 2021.

366   British Medical Journal, *Comparison of mental health symptoms before and during the covid-19 pandemic: evidence from a systematic review and meta-analysis of 134 cohorts*, 2023.

367   NHS England, *Mental Health of Children and Young People in England, 2023* - wave 4 follow up to the 2017 survey, 2023.

368   Ibid.

369   Ibid.

370   House of Commons Health and Social Care Committee: *Prevention in health and social care: healthy places: First Report of Session 2023-24*, 2024.

Cost of Living

The Covid-19 pandemic also saw those experiencing financial difficulties having poorer mental health[371] and the subsequent cost-of-living crisis has resulted in over 20 per cent of the population feeling stressed, anxious or depressed, according to Mind.[372] The cost of living generally refers to the price of everyday items and in recent years, this has increased substantially, with inflation soaring to a peak of 11.1 per cent in October 2022, although dropping more recently to 1.7 per cent in September 2024.[373]

In January 2024, 41 per cent of adults said that it was very or somewhat difficult to afford their energy bills and, 44 per cent of adults were using less energy in their homes due to the rising cost of living.[374] A study by King's College London found that in October 2023, 23 per cent of Britons were struggling to sleep due to concerns about living costs and 60 per cent of Britons said that the crisis was negatively affecting their mental health.[375] Research by Money and Mental Health found that 83 per cent of those with mental ill-health have had to make changes due to the cost-of-living crisis, mostly through using less energy or cutting back on essentials.[376] Thematic analysis of responses to the CSJ's call for evidence indicated that the cost-of-living crisis was the primary factor identified in relation to the recent increase in mental ill-health.[377]

> *"The issues during the pandemic were issues such as isolation… But now, the reasons for mental health is because 'I can't pay my bills', 'I can't put food on my table.' 'I've already fallen behind in debt because I didn't have access to services'."*
>
> **Medical practitioner, participant of a roundtable hosted by the Hinge Centre, Bridlington**

The impact of this is affecting CYP's mental wellbeing. For children aged 8 to 16, there is a stark difference in those whose parents cannot afford to keep the home warm, who have to use a food bank and those who have fallen behind with bills.[378] For children with a probable mental disorder, they are two and a half times more likely to not have a warm home than those without a disorder.[379] This extends into early adulthood, with just 5.4 per cent of all 17- to 25-year-olds reporting falling behind with bills, rent or mortgage in 2023, compared with 20.6 per cent of 17 to 25 years with a probable mental disorder.[380]

Financial difficulties and the rising cost of living may have impacted the recent rise in mental ill-health due to the many associated problems, such as being unable to have a warm home. The Money and Mental Health Policy Institute recommend that anyone accessing mental health services should be offered support advice for their money.[381]

371 Moreno-Agostino, D., et al., *Generational, sex, and socioeconomic inequalities in mental and social wellbeing during the COVID-19 pandemic: prospective longitudinal observational study of five UK cohorts*, 2022.

372 Mind, Our work on the cost of living crisis, 2024.

373 Bank of England, *What will happen to inflation*, November 2024. Accessed 08/11/2024.

374 The Office for National Statistics, *Cost of living latest insights*, 2024.

375 King's College London News Centre, *Cost-of-living crisis is worsening the mental health of most vulnerable*, 2023.

376 D'Arcy C., *Money and Mental Health Policy Institute: A tale of two crises: the cost of living and mental health*, 2022.

377 CSJ call for evidence, responses received between 26th May and 30th June. See appendix for thematic analysis of responses.

378 NHS England, *Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey*, 2023.

379 Ibid.

380 NHS England, *Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey Part 4: Social and economic context*, 2023.

381 Money and Mental Health Policy Institute, *Boosting Financial Inclusion Protecting Mental Wealth. Five steps for the next government*, 2024.

Social Media and Smartphones

What is social media and what are smartphones?

There are various definitions of 'social media' and various claims of where and when it originated. A study assessing the definition between 1994 and 2019 found that 2010 was a turning point in which the definition developed from "a tool of connectivity for people with common interests" to "creating and sharing user-generated content".[382]

Some claim social media originated with the telegraph in 1792, which delivered personal messages quickly over long distances.[383] Others attribute its online birth to the 1990s, and in particular to a site called Six Degrees, founded in 1997 with its name based on the theory that any one individual is never more than six contacts away from an acquaintance.[384] Although this site expired in 2001, the early 2000s saw a rapid rise in the number of sites founded on similar concepts such as Facebook (in 2004) and Twitter (now X, in 2006). Instagram was launched in 2010 and Snapchat in 2011. In 2016, TikTok was created and between 2016 and 2018 gained about 20 million new users each month.[385]

However, the popularity and usage of each social media platform have evolved quickly since the early days of online social media. DataReportal reports that as of July 2024, there were 2.17 billion active social media users worldwide, which is 63.7 per cent of the world population and 94.9 per cent of internet users.[386] In the UK, these figures are higher with 82.8 per cent of the population using social media as of January 2024.[387] Based on the number of smartphones using each social media site's mobile app, DataReportal found that between 1st March 2024 and 31st May 2024 YouTube had the most active users, followed by WhatsApp, Facebook, Instagram, Facebook Messenger, TikTok, Telegram, Snapchat, and X.[388]

DataReportal's analysis of social media site usage in the UK as of early 2024 is displayed in the table below.[389] Their figures reveal that 82.8 per cent of the total population in the UK were social media users in January 2024, which is a decrease of 1.6 per cent from early 2023.[390] 90.9 per cent of people aged 18 and over were active social media users in January 2024[391] and 97.8 per cent of the total population were internet users in January 2024.[392]

382 Aichner T., et al., *Twenty-Five Years of Social Media: A Review of Social Media Applications and Definitions from 1994 to 2019*, 2021.

383 Lile S., *Complete History of Social Media: Then And Now*, 2024.

384 Ibid.

385 Oritz-Ospina E., *The rise of social media. Social media sites are used by more than two-thirds of Internet users. How has social media grown over time?*, 2019.

386 Datareportal, *Global digital overview*, 2024.

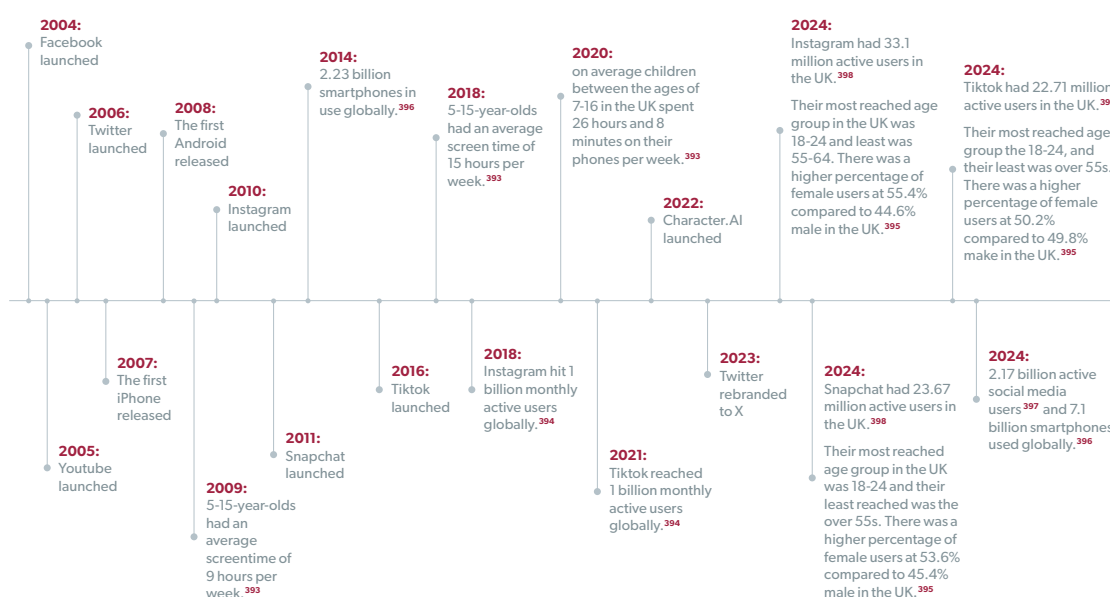387 Ibid.

388 Ibid.

389 CSJ analysis of Datareportal, *Global digital overview*, 2024.

390 Datareportal, *Global digital overview*, 2024. *This may not represent unique individuals – rather social media user identifiers and some individuals may have more than one social media user identifier (in other words; multiple accounts).

391 Ibid.

392 Datareportal, *Global digital overview*, 2024.

Figure 23: Development of social media, the smartphone and screen time, 2004 - 2024

2004: Facebook launched

2005: Youtube launched

2006: Twitter launched

2007: The first iPhone released

2008: The first Android released

2009: 5-15-year-olds had an average screentime of 9 hours per week. [393]

2010: Instagram launched

2011: Snapchat launched

2014: 2.23 billion smartphones in use globally. [396]

2016: Tiktok launched

2018: 5-15-year-olds had an average screen time of 15 hours per week. [393]

2018: Instagram hit 1 billion monthly active users globally. [394]

2020: on average children between the ages of 7-16 in the UK spent 26 hours and 8 minutes on their phones per week. [393]

2021: Tiktok reached 1 billion monthly active users globally. [394]

2022: Character.AI launched

2023: Twitter rebranded to X

2024: Instagram had 33.1 million active users in the UK. [398] Their most reached age group in the UK was 18-24 and least was 55-64. There was a higher percentage of female users at 55.4% compared to 44.6% male in the UK. [395]

2024: Snapchat had 23.67 million active users in the UK. [398] Their most reached age group in the UK was 18-24 and their least reached was the over 55s. There was a higher percentage of female users at 53.6% compared to 45.4% male in the UK. [395]

2024: Tiktok had 22.71 million active users in the UK. [398] Their most reached age group the 18-24, and their least was over 55s. There was a higher percentage of female users at 50.2% compared to 49.8% make in the UK. [395]

2024: 2.17 billion active social media users [397] and 7.1 billion smartphones used globally. [396]

CLICK OR SCAN FOR A DETAILED GRAPHIC

For adults in the UK, the average amount of time spent on social media in the third quarter of 2023 was one hour and 49 minutes.[399] Globally, this figure is put at two hours and 23 minutes.[400] For those aged 16 to 34, the average time spent using social media each day was two hours and 42 minutes worldwide, compared with one hour and 49 minutes for those aged 45 to 64.[401]

Furthermore, 35 per cent of Gen Z say they spend more than two hours per day on social media, compared with 14 per cent of Baby Boomers.[402] However, these age ranges may be skewed due to younger users giving a false age when signing up to social media. For example, Ofcom found that 22 per cent of 8 to 17-year-olds have given an age of over 18 on at least one of their platforms.[403] Similarly, YoungMinds found that 61 per cent of young people had a social media account aged 12 or earlier, despite most platforms mandating account users must be 13 or older.[404]

The rise of the use of social media would not have been possible without the rise of the smartphone. Before 2007, the Nokia commanded the focus for the latest technology in mobile phones, but the launch of the iPhone in 2007 and the Android in 2008 transformed what was considered the best technology in mobile phones.[405] Between 2014 and 2024 the number of smartphones in use across the globe rose from 2.32 billion to 7.10 billion.[406] While many other technological developments have made the internet more accessible, 95.9 per cent of internet users aged 16 or over access the internet via a mobile phone, compared with 62.2 per cent of internet users accessing the internet via computers.[407]

393   UK Parliament, *Online Safety Bill: Joint Committee report*, 2023.

394   Dellatto. M, *TikTok hits 1 billion monthly active uders, 2021.*

395   DataReportal, *– Global digital insights*, 2024.

396   Kemp. S, *DIGITAL 2024 JULY GLOBAL STATSHOT REPORT*, 2024.

397   DataReportal, *Global digital overview*, 2024. STATSHOT REPORT, 2024.

398   DataReportal, *Digital 2024: United Kingdom*, 2024.

399   Statista, *Average daily time spent using media in the United Kingdom (UK) in the 3rd quarter 2023*, 2023.

400   Kemp S., *THE TIME WE SPEND ON SOCIAL MEDIA*, 2024.

401   Ibid.

402   McKinsey Health Institute, *Gen Z mental health: The impact of tech and social media*, 2023.

403   OFCOM, *Top trends from our latest look at people's online lives*, 2023.

404   YoungMinds, *Safety Net: Cyberbullying's impact on young people's mental health Inquiry report*, 2018, p5

405   Ali. R, *History of mobile phones and the first mobile phone*, 2023.

406   Kemp. S, *DIGITAL 2024 JULY GLOBAL STATSHOT REPORT*, 2024.

407   DATAREPORTAL, *DIGITAL AROUND THE WORLD*, 2024.

Recent analysis by Bionic found that the average UK adult (with an average life expectancy of 81) will spend 36 years of their life online, equating to 76 per cent of their waking hours.[408] It has also been estimated that approximately 25 years will be spent online due to employment which requires digital activity.[409] Research by Common Sense Media published in 2019 found that by the age of 12, 69 per cent of children owned their own smartphone, up from 41 per cent in 2015.[410] For 16-year-olds, 89 per cent owned their own smartphone in 2019, up from 73 per cent in 2015.[411] This rise has accelerated. In 2024, Ofcom reported that 26 per cent of children aged three to four own a mobile phone. Among 12 to 15-year-olds, the figure is 96 per cent, and by ages 16 to 17, it increases to 99 per cent.[412] According to Uswitch, in October 2023 98 per cent of 16 to 24-year-olds in the UK owned a smartphone, compared with 80 per cent of those aged over 65.[413]

In 2022, Ofcom published a report outlining how children use the internet and the media in the UK. They found that 97 per cent of homes with children had internet access but found that viewing habits were significantly different depending on age and type of media use.[414] They found that Facebook was the least popular online platform, and YouTube was the most popular, with 88 per cent of 3- to 17-year-olds using it.[415] Between 2021 and 2022 the use of WhatsApp, TikTok and Snapchat all increased for this age group, with only the use of Facebook declining.[416] Playing video games was very popular but more so among boys than girls.[417] 69 per cent of online activity for children was via a mobile device and 64 per cent via a tablet.[418]

Screen time increased considerably during the Covid-19 pandemic. Screen time is generally defined as the amount of time spent on screen-based activities.[419] One systematic review and meta-analysis found a 52 per cent rise in the time spent by children (under 18s) on screens between January 2020 and March 2022.[420] Another global systematic review and meta-analysis found that screen time increased between January 2020 and June 2022 by 1.35 hours per day across all ages (0-21) and for children under 5, this rise was 0.89 hours per day.[421]

How do social media and smartphones negatively impact mental health?

Thematic analysis of responses to the CSJ's call for evidence identified social media as the second most important factor in relation to the recent increase in mental ill-health.[422] The rise in mental ill-health, particularly among children and young people, has been correlated with the rise in social media use and possession of smartphones for some time. In 2017, Dr Jean Twenge published *iGen: Why Today's Super-Connected Kids are Growing Up Less Rebellious, More Tolerant, Less Happy – and Completely Unprepared for Adulthood,* which noted the rise in mental ill-health in young people in America, including suicide rates, and illustrated the simultaneous rise in the use of smartphones and social media.[423] She found clear correlation between the two and concluded "there is a simple, free way to improve mental health: put down the phone and do something else."[424]

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408 Grange. T, *How Much Do We Rely on Wi-Fi in 2024*, 2024.

409 Williams. S, UK adults online for 76% of waking hours, study finds, 2024.

410 Rideout. V., Robb, M.B, *The Common Sense Census: Media Use by Tweens and Teens*, 2019, p5.

411 Ibid.

412 Ofcom, *Children and Parents: Media Use and Attitudes Report*, 2019, p10.

413 Baker. N, *UK Mobile Phone Statistics, 2024*, 2024.

414 Ofcom, *Children and Parents: Media Use and Attitudes*, 2023, p1.

415 Ibid.

416 Ibid, p2.

417 Ibid.

418 Ibid, p1.

419 Raj, D., et al., *Stop and Play Digital Health Education Intervention for Reducing Excessing Screen Time Among Preschoolers Low Socioeconomic Families: Cluster Randomized Controlled Trial*, 2023.

420 Madigan. S., et al., *Assessment of Changes in Child and Adolescent Screen Time During the COVID-19 Pandemic: A Systematic Review and Meta-data Analysis*, 2022.

421 Choi E.J., King. G. K. C., and Duerden E.G., *Screen time in children and youth during the pandemic: A systematic review and meta-analysis*, 2023.

422 CSJ call for evidence, responses received between 26th May and 30th June. See appendix for thematic analysis of responses.

423 Twenge, J, iGen: *Why Today's Super-Connected Kids are Growing Up Less Rebellious, More Tolerant, Less Happy – and Completely Unprepared for Adulthood*, 2017, p112.

424 Ibid, p118.

In 2023, Dr Twenge published *Generations*. The chapter *Generation Z* sought to explain what caused the rise in depression among teenagers from 2012. She found that the rise cannot be explained by a change in genetics as the rise happened too quickly for this to take effect. She also pointed out that poverty in the U.S. has decreased since 2012, indicating that the increase in mental ill-health cannot be attributed to rising poverty levels. She concludes that the rise in depression must be a result of the increased use of social media among teenagers.[425] Following this, in 2024, Jonathan Haidt published the *Anxious Generation* and concluded that "social media use is a *cause* of anxiety, depression, and other ailments, not just a *correlate*."[426]

While Dr Twenge and Haidt focus on children and young people, there is also evidence that social media and smartphone usage among adults is correlated with mental ill-health. CSJ analysis of Wave 13 of the Understanding Society Survey reveals that people in the UK are 1.73 times more likely to report having a diagnosed mental health condition if they use social media every day, compared with never using social media.[427]

Figure 24:   Percentage of people reporting any mental health condition by frequency of posting on social media in the UK, 2021/22
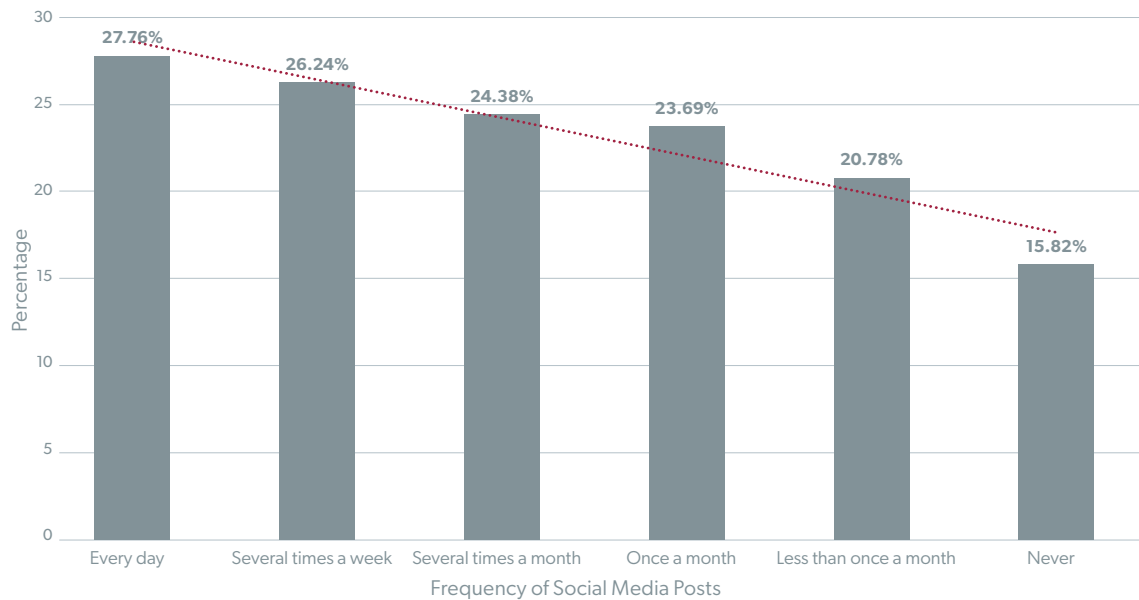
Source: CSJ analysis of Understanding Society: The UK Household Longitudinal Study, Wave 13 2021 – 2022

> *"The best thing I ever did was completely come off social media for my mental health… I've been off social media about 2 years now, it's really great… and now when people see me, they're excited to see me because they don't know what's going on in my life and have a full-on conversation."*
>
> **Adult female, participant of a focus group, the Midlands**

425 Twenge, J, *Generations*, 2023.
426 Haidt, J. *The Anxious Generation*, 2024, p148.
427 CSJ analysis of *Understanding Society: The UK Household Longitudinal Study*, Wave 13 2021 – 2022.

While Dr Haidt does find a causal link between increased social media use and mental ill-health,[428] others find weak evidence for this causation. A scoping review which thematically analysed 114 articles published in 2024 found that 78.6 per cent revealed the negative impact of social media on mental health, while a third reported the benefits of social media on mental health.[429] An umbrella review published in Science Direct found that most research published between 2019 and 2021 found weak or inconsistent associations between social media usage and mental ill-health, while a number found substantial evidence.[430] Another systematic review of the evidence published in 2020 concluded that only an association could be determined at that stage between social media and mental ill-health.[431]

The risk of developing mental ill-health resulting from whether or how much social media is used is also associated with age. A survey of 42,000 people globally by the McKinsey Health Institute found that while 50 per cent cited at least one positive impact of social media, the negative effects on mental health were found in 27 per cent of Gen Zs, compared with just 9 per cent of Boomers.[432] Mental ill-health develops in a third of cases before age 14, in 48.4 per cent of cases before age 18 and in 62.5 per cent of cases before age 25.[433]

Similarly, data from both the US and the UK demonstrate that girls are more likely to develop mental ill-health from the use of social media than boys.[434] A study published in 2023 exploring this association in Canadian students found that for adolescents using social media for over three hours a day, 54 per cent of females experienced psychological distress, compared with 31 per cent of males.[435] However, the study recognises that this may be a result measuring time spent on social media and not type of activity.[436] This is mitigated by a study published in the Bio-Med Central exploring type of activity on social media which confirmed an association with lower levels of mental wellbeing in girls more than in boys.[437]

However, how social media and smartphones impact the most disadvantage is less widely researched, particularly in the UK. Original CSJ polling reveals that 40 per cent of the general public think that the mental health of children and young people from poorer backgrounds is more affected by harmful online content, compared with just five per cent who say it is less affected. But the picture isn't clear; 34 per cent think it is affected about the same.[438]

A study in Norway found that those from a low socio-economic background experienced 1.25 times the amount of negative experiences on social media as those from a high socio-economic background.[439] In contrast, in 2021/22 the WHO found that there was no substantial variation in problematic use of social media among socioeconomic groups (across continents).[440] Similarly, a study in the US published in 2023 found that of those who report having anxiety and/or depression and use social media, 43.6 per cent were from the bracket of lowest to low of household income, compared with 56 per cent who were from the middle to high bracket of household income.[441]

428 Haidt, J. *The Anxious Generation*, 2024, p148.
429 Koh, G. K., et al., *Social media use and its impact on adults' mental health and well-being: A scoping review*, 2024.
430 Valkenburg. M. P., Meier. A., and Beyens. I, *Social media use and its impact on adolescent mental health: An umbrella review of the evidence*, 2022.
431 Keles. B., McCrae. N., and Grealish. A., *A systematic review: the influence of social media on depression, anxiety and psychological distress in adolescents*, 2020.
432 Coe. E., Doy. A., Enomoto. K., and Healy. C., *Gen Z mental health: The impact of tech and social media*, 2023.
433 Solmi, M., et al., *Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies*, 2021.
434 Twenge. J. M., et al., *Specification curve analysis shows that social media is linked to poor mental health, especially among girls*, 2022.
435 Mougharbel, F., et al., *Heavy social media use and psychological distress among adolescents: the moderating role of sex, age and parental support*, 2023.
436 Ibid.
437 Svensson, R., Johnson, B., and Olsson. A., *Does gender matter? The association between different digital media activities and adolescent well-being*, 2022.
438 Original analysis conducted by Opinium for The Centre for Social Justice of 2,050 UK adults between 8 January 2025 and 10 January 2025.
439 Skogen, J. C., et al., *Lower Subjective Socioeconomic Status is Associated With Increased Risk of Reporting Negative Experiences on social media. Findings from the "LifeOnSoMe" - Study*, 2022.
440 Boniel-Nissim, M., et al., *A focus on adolescent social media use and gaming in Europe, central Asia and Canada. Health Behaviour in School-age Children international report from the 2021/2022 survey*, 2024, p13.
441 Onyeaka, H., et al., *Association between social media use and health promotion among individuals with depression and anxiety: Insights from the 2017-2020 Health Information National Trends Survey*, 2023.

Despite varying evidence about deprivation and increased risk of mental ill-health due to harmful content online, a focus group participant who worked with children in care explained that social media had a considerable impact on the children they supported.

> *"One thing I noticed, especially with the children I worked with, is they didn't have social media. That was one of the things that was in their care, that they weren't allowed to have social media, and then, when they left our care, they were then allowed social media. I've seen the difference already in how quickly they've gone downhill from what's popped up from them not having access to it, to then having access to it."*
>
> **Participant of a focus group, Surrey**

In clarifying what "downhill" meant, this participant confirmed they were referring to mental ill-health.

Too much time on screens is also associated with increased risk of developing mental ill-health.[442] As part of a case study, an adult male from the North of England told the CSJ how reducing screentime improved his mental health.

> *"I restrict myself off social media and I'm not sure if you're familiar with the Opal App… essentially you install it on your phone and it prevents you from using certain apps during periods that you've put yourself in a focus state so I have it in a permanent focus state and then I have to snooze to get on the internet, I have to snooze to get on Instagram and it's cut my screen time down… over the last 6 months whilst I've been off, I can tell when I've not been reading the news, when I've been off social media, when my sleep's been better. You know, I feel mentally better."*
>
> **Adult male, North of England**

> *"We need to give it an entity, so people know what the screen-demic is, just like everybody knows what the COVID pandemic was. It needs to be given a life and entity, so people start to understand the word, and the fact that we are in a screen-demic. We need to raise awareness and educate people about the very powerful emerging evidence which correlates with what we are seeing in the clinical environment."*
>
> **Dr Sanjiv Nichani OBE**

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442 Wacks, Y and Weinstein, A. M., *Excessive Smartphone Use Is Associated With Health Problems in Adolescents and Young Adults*, 2021.

What are some of the harms of social media and smartphones and how do they impact mental health?

The complex relationship between the possible benefits and harms of social media, as well as the variations in its impact on different demographics make for difficult policymaking. Haidt distinguishes four "foundational harms" which are: social deprivation and the lack of in-person contact with others, sleep deprivation, attention fragmentation, and addiction.[443] This section examines different harms that either constitute mental ill-health or are linked to it, in order to assess whether social media and smartphones have played a role in the recent rise in mental ill-health.

> *"If someone's hurting so much from their mental health, they're only two clicks away from finding a really negative way of managing their distress. Whereas I think before social media, it would have been harder to do that."*
>
> **Children and young people's wellbeing practitioner, Eikon**

The NSPCC use the term 'harmful content' to "describe images, words and videos that are legal to create and view but have a high risk of causing physical or psychological damages or injury."[444] The NSPCC cite examples of illegal content, such as images of child sexual abuse and material that promotes terrorism.[445] Other examples are hate crime, stalking, threats and harassment are examples of other crimes which could be carried out online.[446]

Self-harm content

CSJ analysis of NHS England reveals that between the years 2007/08 to 2021/22, the rate of hospital admissions for self-harm in females aged 8 to 17 rose from 29 per 100,000 population to 108 per 100,000 population, increasing almost fourfold.[447] While it has since declined to 69 per 100,000 females aged 8 to 17 in 2023/24 indicating a possible continued improvement in the rate of self-harm, the rate remains double what it was prior to social media and smartphone developments.[448] Between 2004 and 2012, Facebook, Twitter, Instagram, Snapchat and many other social media sites had been launched, as well as five versions of the iPhone. From 2012, the number of hospital admissions for self-harm began rising rapidly for girls, with spikes seen following the launch of Instagram and Snapchat and subsequently TikTok, as depicted in Figure 25.

443 Haidt, J. *The Anxious Generation*, 2024, pp120-136.

444 NSPCC Learning, *Children's experiences of legal but harmful content online*, 2022.

445 Rutty. S., *Online harms: protecting children and young people*, n.d; Gov.uk, Report online material promoting terrorism or extremism, n.d; Internet Watch Foundation, Anonymously report suspected child sexual abuse images or videos, n.d.

446 Crown Prosecution Service, *Cyber/online crime. Crown Prosecution Service*, n.d.

447 CSJ analysis of *NHS England FOI response, November 2024*. Note: data is based on finished admission episodes and an individual may have more than one admission episode. This data is based on external cause codes, which are not mandatory, meaning there may be undercounting. Population mid-year estimates sourced from ONS, Dataset: Estimates of the population for England and Wales: Population estimates for the UK and constituent countries by sex and age; Historical time series, Table 11, 2024.

448 Ibid.

Figure 25: Rate of hospital admissions for self-harm in 8- to 17-year-olds in England per 100,000 population, by sex, 2007 to 2024 and launch date of social media sites

Source: CSJ analysis of FOI to NHS England.

Although many studies do not specify which social media sites are the most harmful for self-harm content, Samaritans found that through Instagram's 'explore' page and TikTok's 'For You' page, 83 per cent of social media users were recommended self-harm content, having not looked for it, and 76 per cent said their own self-harm had been more severe having viewed self-harm content.[449]

In November 2023, Ofcom reported that 68 per cent of adults had encountered harmful content online in the past four weeks, with 35 per cent coming across such content while browsing their personalised feeds.[450] For children aged 13 to 17 in the same research 71 per cent had seen harmful content in the previous four weeks, 61 per cent had seen content promoting self-harm and 66 per cent had seen content promoting suicide.[451]

In 2023, a systematic review analysed 15 studies and found that all studies identified that exposure to self-harm content online had harmful impacts and "could lead to self-harm, being encouraged to share images or compete with others, escalating and normalising self-harm as an acceptable coping response, through sharing tips and ideas, and the potential development of a 'self-harmer' identity, with little mention of recovery or offline help-seeking."[452] Nine out of the 15 studies included in this systematic review also identified potential positive effects of online self-harm content, such as guiding users towards self-help resources and fostering connections.[453]

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449 John, A., Marchant, A., Siddiqi, M., & Lewis, F., *How social media users experience self-harm and suicide content*, 2022.
450 Ofcom, *Top trends from our latest look at people's online lives*, 2023.
451 Ibid.
452 Susi. K., et al., *Research Review: Viewing self-harm images on the internet and social media platforms: systematic review of the impact and associated psychological mechanisms*, 2023.
453 Ibid.

> *"Particularly on platforms like TikTok - if you search for self-harm or something similar it will then keep showing it to you... there's been a young person that's quite a young teenager where they've been self-harming on TikTok or talking about self-harm and they've accrued quite a big community, I think they had thousands and thousands of followers and 50,000 likes... you get a sense of community. You're getting lots of dopamine from comments and likes and it is all reinforcing this negative behaviour."*
>
> **Safeguarding manager for a charity, Surrey**

The Online Safety Act 2023 aims to encompass a wide range of measures mostly in the form of responsibilities to protect both children and adults and prevent them from accessing harmful content.[454] An example of a new offence covered in the act is "encouraging or assisting serious self-harm" and requires "sites to rapidly remove illegal suicide and self-harm content."[455]

Eating disorder content

Like self-harm, there has been a significant increase in eating disorders in recent years, especially among children and young people. Between 2013 and 2018 in Scotland, there was a 28 per cent rise in the number of people admitted to hospital for eating disorders.[456] In England there has been a significant rise in the rate of eating disorders in young people. For women aged 20 to 25, the rate rose from 1.6 per cent in 2017 to 20.8 per cent in 2023 and for men these figures were 0.0 per cent and 5.1 per cent respectively.[457] The prevalence of eating disorders in girls aged 13 to 16 was up 42.4 per cent during the Covid-19 pandemic, compared to where the trends of the previous decade had predicted.[458]

Social media and the online world can be positive in promoting healthy eating habits but can also have a detrimental effect on body image and what is considered physically attractive, which can in turn result in dangerous dieting leading to eating disorders.[459] A survey of social media users who follow accounts which claim to promote healthy eating published in 2017 found that there was an association between time spent on Instagram and the prevalence of an eating disorder.[460]

In a focus group with women aged 18 to 21, Instagram and TikTok's promotion of eating disorders was cited as a reason for the rise in mental ill-health by multiple participants.

> *"With the social media thing, in terms of eating disorders, the rise of like fitness influencers is a major thing because... you see people who look their best, even if it's not always true, and the same people not eating very much in a day, calorie counting and that sort of thing."*
>
> **Participant of a focus group, London**

454 UK Government, *Online Safety Act*, 2024.

455 Ibid.

456 Scottish Government, *National Review of Eating Disorder Services: report and recommendations*, 2021.

457 NHS England, *Mental Health of Children and Young People in England, 2023* – wave 4 follow up to the 2017 survey, 2023.

458 Ford, T., *Worrying post-pandemic trends in eating disorders and self-harm in adolescents*, 2023.

459 Suhag, K and Rauniyar, S., *Social Media Effects Regarding Eating Disorders and Body Image in Young Adolescents*, 2024.

460 Turner, P, G and Lefevre, C, E., *Instagram use is linked to increased symptoms of orthorexia nervosa*, 2017.

> *"I think in terms of which one's most harmful for eating disorders specifically, I'd say that Instagram is because half the photos are fake because they're photoshopped, and this is you showing your best aspect of life. TikTok is probably slightly worse in that it is more algorithmic and will try and put you in a community and especially if you're younger, if you're already maybe not doing well mentally, and then you're put into this community and you're seeing the more extreme versions of it. So, if you potentially had something wrong with your eating anyways, and then you followed like, one account for it, it would progressively get worse... you do inadvertently learn tips on how to be worse, whether it's self-harm, whether it's eating disorders... I've known people that have developed eating disorders because of it [social media]... I have to believe that it's from being exposed to so much of it online and thinking that's normal."*
>
> **Participant of a focus group, London**

While not mentioned in this focus group, the content discussed may be defined as *pro-ana* or *pro-mia*, which refer to 'pro-anorexia' and 'pro-bulimia' content designed to promote dangerous eating habits and eating disorders.[461] This content is affirmed through echo-chambers which persist on social media, therein normalising unhealthy behaviours.[462]

> *"It's very easy to find harmful content on there. I could search on Instagram, hashtag self-harm, hashtag cut myself, and I could find pictures of people cutting themselves. I could type in hashtag pro-ana, and it's pro anorexia sites... I've easily seen so many pro-ana and the pro-mia, so that's pro bulimia. There's so much on there because if someone's put up a picture of them and been like 'I ate today, this this, this is what I do to keep my weight off', hashtag pro anorexia, whatever. It stays on there. It's so easy to find. So I think you can go down quite like a dark hole quite quickly because it's so easily accessible because there are some things that get taken down but there's so much out there that people know how to kind of avoid the filters and avoid it getting taken down or they will just post it again, not under a different account."*
>
> **Counsellor at a charity supporting the wellbeing of young people, Surrey**

Beat Eating Disorders UK, the UK's leading eating disorder charity, argues that any pro-ana or pro-mia content perpetuates unhealthy goals through competitiveness.[463] A 2021 case review pointed out that "anti-pro-ana" content on TikTok, meant to combat pro-ana messages, paradoxically contributed to a rise in eating disorders because users were learning more about dangerous behaviours, rather than being discouraged from them.[464]

The CSJ heard how trends on social media can influence the development of eating disorders.

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461 Beat Eating Disorders, *The Dangers of Pro-ana and Pro-mia*, 2024.
462 Brady, S., et al., *The Undergraduate Research Journal of Psychology at UCLA*, 2018.
463 Beat Eating Disorders, *The Dangers of Pro-ana and Pro-mia*, 2024.
464 Logrieco, G., et al., *The Paradox of Tik Tok Anti Pro-Anorexia Videos: How Social Media Can Promote Non-Suicidal Self-Injury and Anorexia*, 2021.

> *"TikTok is really harmful in my opinion... like this trend... this thing called Wonyoungism where if you wanna look like this K-Pop idol you have to eat like 300 calories a day, workout like crazy... Young people are being brought into it like 13-year-olds, 10 year olds are being brought into starving themselves... They're like, 'so how do I lose this much? Like how do I look like this girl?'"*
>
> **Woman in her early twenties and beneficiary of Sheffield Futures**

Wonyoung is a K-Pop star and member of the band IVE. She has been idolised by her fans who aim to be like her. The philosophy of Wonyoungism began with self-care and inspiration for a healthy lifestyle,[465] but it also became associated with eating disorder content.[466]

TikTok may also be contributing to other harmful content. TikTok operates through a *For You* feed in which content that it thinks is of interest to a user is presented.[467] A study by Amnesty International took a deep dive into TikTok's *For You* page and found that when manually mimicking a 13-year-old on TikTok who rewatches mental health related content, within an hour there was content fed into the *For You* page which was "romanticizing, normalizing or encouraging" suicide.[468]

TikTok maintain that the *For You* feed "is powered by a recommendation system that delivers content to each user that is likely to be of interest to that particular user."[469] TikTok further clarifies that recommendations are determined through different types of user interactions such as what is shared or commented on, as well as hashtags.[470] TikTok admits that this can result in a "filter bubble" in which homogenous content is presented, although TikTok claim their recommendation system was assembled with safety measures in place.[471]

> *"Especially with TikTok, if you're not feeling good you'll find loads of like sad videos come up on your For You page... It could include ways of doing stuff, like numbers, figures, which people wouldn't have known, like you wouldn't have seen, known how to do that. I think also, if you're in recovery from something, and you see it, then that's not going to help your mental health."*
>
> **Participant of a focus group, London**

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465 Harper, L., *Wongyungism - Taking Good Care of Yourself, the Korean Way*, 2024.

466 Jones, E., *Wonyoungism: Is this K-Pop trend repackaging ED content on Tik Tok?*, 2024.

467 TikTok, *How TikTok recommends videos #ForYou*, 2020.

468 Amnesty International, *Driven into Darkness: How TikTok encourages self-harm and suicide ideation*, 2023.

469 TikTok, *How TikTok recommends videos #ForYou*, 2020.

470 Ibid.

471 Ibid.

> *"When I'm feeling sad, all of the videos I'm going through are the sad videos, that's what's going to come up more… So that's what the algorithm is… make me confirm my feelings. It's making them worse. I'm like, okay, I'm sad. I want to just like, push myself to be more sad. I'm going to push everyone away, because that's what the posts are telling you to do."*

Woman in her early twenties and beneficiary of Sheffield Futures

Self-harm and eating disorders have risen alongside social media and algorithmic developments. These concerning findings indicate a clear and pressing problem affecting the children of the UK. In October 2024 Josh MacAlister MP, proposed to raise "the age of internet adulthood from 13 to 16, by raising the age at which companies can get data consent from children without parental permission," meaning that social media companies can only access user data of under 16s through parental consent.[472]

RECOMMENDATION

The Government (through the Department for Science, Innovation and Technology or the Home Office) should increase the age of digital consent from 13 to 16 through GDPR, as per the Safer Phones Bill, proposed by Josh Macalister OBE MP.

RECOMMENDATION

To support this bill, the Department for Science, Innovation and Technology should explore measures to require social media networking sites to improve their age verification processes.

RECOMMENDATION

The Department for Science, Innovation and Technology should oblige Ofcom to prepare and publish a code of practice for safety-by-design features for algorithms. This should at a minimum require all social networking sites to discontinue the use of algorithms which generate content from unfollowed accounts for users younger than 16, making content 'opt-in'.

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472 MacAlister, J., *The Safer Phones Bill*. Accessed at: https://saferphonesbill.co.uk/

Cyberbullying

Another problem associated with the rise in social media that impacts CYP mental health is cyberbullying. Cyberbullying is defined by the National Bullying Helpline UK as "bullying and harassment using technology" which "includes trolling, mobbing, stalking, grooming or any form of abuse online."[473] According to Ofcom, cyberbullying is increasingly more common than traditional bullying in person, with 31 per cent of 8- to 17-year-olds reporting experiencing cyberbullying, compared with 18 per cent reporting face-to-face bullying.[474]

In a focus group of year nine girls hosted by Football Beyond Borders, the CSJ heard how social media and particularly Snapchat could result in the targeting of individuals.

> *"People make like group chats and then a lot of people get cyberbullied because of it and then from that it can come into real life" and another participant added "there's like situations where I've been the main like pinpoint victim of it. And it's just like, I literally wish I never had social media. I wish I never gave this person my snap. I wish I just have never had it. I think now I wish I do have it because I like social media, I think it's good. But I think when I was like in year seven, like I would hate to have it, I think it should have got taken away for me". [sic]*
>
> **Year nine girls, participants of a focus group hosted by Football Beyond Borders**

Children with mental health issues face a greater risk of being cyberbullied. According to the 2023 MHCYP survey, 10.8 per cent of 11- to 16-year-olds with a probable mental disorder reported being cyberbullied in the past year, compared with 2.6 per cent who were unlikely to have a disorder.[475] Similarly, YoungMinds report that those with mental ill-health are over three times as likely as those without mental ill-health to be bullied online.[476]

> *"They [CYP] almost turn against each other so quickly online. They use it to bully each other."*
>
> **Counsellor at a charity supporting the wellbeing of young people, Surrey**

> *"I think young people are constantly being scrutinized or worried that they're going to be scrutinized and the evidence is then going to be banked and remembered."*
>
> **Safeguarding manager for a charity, Surrey**

473 National Bullying Helpline, *Cyberbullying and online harassment advice*, 2022.
474 Ofcom, *Children and Parents: Media Use and Attitudes Reports*, 2024.
475 NHS England, *Mental Health of Children and Young People in England, 2023* - wave 4 follow up: Part 4 - Social and economic context, 2023.
476 YoungMinds, *Safety Net: Cyberbullying's impact on young people's mental health, Inquiry report*, n.d, p5.

Pornographic content

The rise of the accessibility of pornography to children and young people may have been fuelled by the rise of the online world.[477] In May 2023 the Children's Commissioner reported the results of a survey of 16- to 21-year-olds carried out in November 2022 revealed that a fifth of boys had intentionally viewed pornography online every day or more in the two weeks prior to the survey, compared with 7 per cent of girls.[478] The average age that children first view pornography is 13 and 10 per cent of nine year olds have viewed pornography.[479]

Excessive consumption of pornography is associated with mental ill-health,[480] and while mediating factors such as loneliness and self-esteem may exacerbate the risk of developing mental ill-health as a result of excessive consumption of pornography,[481] for adolescents the rise of the online world has increased the likelihood of viewing pornography. In three Swedish surveys in 2022, the risk of developing mental ill-health from viewing pornography was found among adolescent boys who have viewed deviant (for example involving animals, violence or children) pornography, and for adolescent girls who had previously experienced sexual abuse,[482] indicating that external factors may influence the risk of developing mental ill-health from viewing pornography.

While accessing pornographic content is not a new phenomenon, it has become more widely accessible through the internet and making it easier to send personal pornographic content to other internet users.[483] Sharing personal pornographic content is often referred to as 'sending nudes'.[484] Nude image sharing is commonplace for children under 18 with 17 per cent of girls aged 14 to 16 saying they had ever shared a nude image, compared with 11 per cent of boys of the same age.[485] For 17- to 18-year-olds, 26 per cent of girls had shared a nude image, compared with 23 per cent of boys.[486]

Making any sexual content involving a child is illegal, which also means that it's illegal for a child to share sexual content of themselves, but because the law is designed to protect children from abuse, it is unlikely a child would be prosecuted for sending a nude image.[487]

While nude image sharing may be an expression of a sexual relationship which is consensual, it can also be a result of pressure, being groomed or blackmail.[488] There is growing evidence that this behaviour can lead to poorer mental health outcomes and leave children at higher risk of negative body image; the earlier this happens, the more likely the child is to feel pressured into complying.[489] The NSPCC highlight the impact of some of the harms associated with sharing nudes, including increased risk of depression, victim blaming, shame and helplessness.[490]

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477   Children's Commissioner, *'A lot of it is actually just abuse', Young people and pornography*, 2023.
478   Children's Commissioner, *Evidence on pornography's influence on harmful sexual behaviour among children*, 2023, p21.
479   Children's Commissioner, *'A lot of it is actually just abuse', Young people and pornography*, 2023, p5.
480   Privara, M and Bob, P, *Pornography Consumption and Cognitive-Affective Distress*, 2023.
481   Vieira, C, *Problematic Pornography Use and Mental Health: A Systematic Review*, 2024.
482   Svedin, C, G et. Al, *Associations between adolescents watching pornography and poor mental health in three Swedish surveys*, 2022.
483   Majerczyk, A., A Brief, *Dirty History of Sexting*, 2019.
484   NSPCC, *Sharing nudes and semi-nudes*, n.d.
485   Revealing Reality, *Not Just Flirting*, n.d, p24.
486   Ibid.
487   NSPCC, *Sharing nudes and semi-nudes*, n.d.
488   Ibid.
489   Parti, K, Sanders, C, E, and Englander, E, K., *Sexting and an Early Age: Patterns and Poor Health Related Consequences of Pressured Sexting in Middle and High School*, 2022.
490   Bryce, J., Livingstone, S., Davidson, J., Hall, B., & Smith, J., *Evidence Review on Online Risks to Children*, 2023.

Revealing Reality conducted research exploring the experiences and consequences of sharing nude images in adolescence. They found distinctly different experiences based on socioeconomic background and sex. 34 per cent of girls had been asked to share a nude image before the age of 13, compared with 9 per cent of boys.[491] Similarly, 46 per cent of girls say they have felt pressured into sending a nude image, compared with 10 per cent of boys.[492] For girls from a disadvantaged background,18 per cent said they were tricked or pressured to send a nude image at school all the time, compared with 8 per cent of girls from a less disadvantaged background.[493]

Revealing Reality's research also found that Snapchat was overwhelmingly the most used platform to send nude images, with 82 per cent of young people who had ever been sent a nude image saying this was always or sometimes the platform used.[494]

"It is completely the norm of Snapchat to send nudes. One of my students the other day told me that what everybody does now is. They've all had discussions from the police, and from us at school, about the dangers and risks of sharing intimate images."

School counsellor

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491 Revealing Reality, *Not Just Flirting*, n.d, p26.
492 Ibid, p37.
493 Ibid, p73.
494 Ibid, p47.

This school counsellor, who remains anonymous, told the CSJ how addiction to pornography had impacted the mental health of one of their students.

I have a student now who is 15, a girl. When she was 7, her older brother showed her some pornography on his smartphone. She was traumatised by it and intrigued by it in equal measure. She can't really remember the exact details, but she remembers everything changing for her in that moment. She then started to access pornography herself. She would either do it on a laptop at home or she would take her brother's smartphone, she would take a parent's smartphone. From about the age of nine [she] became addicted to pornography. At the age of 13, she was very, very depressed, was self-harming. And it all tied in with about the time that boys started expressing an interest in her. Fast forward to age 15. I'd been seeing her for a year or so. She disclosed to me that she'd had a really big fallout with a girlfriend of hers. And the situation was that a really nice boy in her year really liked her. And she was being very hostile towards him, very aggressive towards him and her friend didn't understand her behaviour. Her friend was saying "I don't get it, he's really really nice? Everybody likes him. He clearly really likes you. What's the problem?" And my student broke down and told her friend about her pornography addiction. And it was the first person she told in the world. She said the thought of him doing that to me is so unbearable. Her friend said "that's not what happens in real life relationships." I've worked with this girl for about a year now and I got her onboard slowly with the idea of involving her parents, involving specialist addiction services. And she is starting to see life through a slightly brighter lens. But my fear is that that her experiences between the ages of 7 and 15 have been so enormous and life changing. I don't want to be pessimistic, but I fear the effects will be long lasting and she's nowhere near being able to have a functioning relationship yet. That's quite huge, isn't it?

Violence online and gaming

Due to the rise of social media and smartphones, violent content is more accessible.[495] In 2023, the Youth Endowment Fund found that 60 per cent of children aged 13 to 17 had seen real world violence through social media in the last year, with 33 per cent on TikTok and 25 per cent on Snapchat.[496] 42 per cent of children said that they felt social media was a major driver in contributing to the violence.[497]

In exploring this, Revealing Reality researched the impact of online violent content, particularly for the most disadvantaged. They found that Snapchat was where the most dangerous and harmful content was being circulated and that for these children, "a lot of the content they saw on Snapchat – people being rushed, beaten up, stabbed, sexually assaulted – was also happening in their area, in places they recognised and spent time. This shaped the way they saw their area, and where they felt safe."[498]

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495   The Lancet Regional Health - Americas, *Screen violence: a real threat to menta health in children and adolescents*, 2023.

496   Youth Endowment Fund, *Children, violence and vulnerability 2023 summary*, 2023.

497   Ibid.

498   Revealing Reality, *Anti-social Media*, 2023, p27.

One BBC Panorama investigation revealed that TikTok's algorithms (referred to as recommendations by TikTok) are pushing violent content to boys specifically.[499] In its investigation, Ofcom found that professionals working with young people highlighted the negative impact of online violence on their mental health, particularly in experiencing trauma and normalising the content they viewed.[500]

Analysis of a longitudinal study in the US also found an association between violent gaming and experiencing depressive symptoms.[501] With the rise of the online world, gaming has become more accessible and more widely used. There are 10.84 million gamers in the UK which is expected to rise to 11.56 million by 2027 and 83 per cent of gamers aged 16 to 24 play online.[502] While gaming can contribute to feelings of support and community, reducing loneliness and isolation, it can also contribute to an increased risk of cyberbullying, scams and even abuse.[503] In extreme cases, it can result in addiction and poor mental health.[504] Internet Gaming Disorder is a named mental health condition in the DSM-5 but does not include wider internet use or use of social media[505] and was labelled in the ICD-11 as Gaming Disorder.[506]

Smartphones and addiction

Excessive use of the internet has not yet been pathologized as gaming has been, with some practitioners attributing wider internet addictions as symptoms of other disorders such as depression.[507] However, research into the addictive nature of social media, termed 'problematic social media use' (PSMU), has resulted in the development of measurements to test the prevalence of PSMU, such as the Bergen Social Media Addiction Scale (BSMAS)[508] which determines the moderation of addiction to smartphones. It is likely that products such as smartphones themselves and social media applications are addictive because they operate under the model of 'user data in exchange for app-use allowance,'[509] meaning that addiction to smartphones and social media is caused by persuasive design features.[510]

In 2019, King's College London found that one in four children and young people used their phones consistent with 'problematic smartphone use' (PSU) which here refers to concepts of behavioural addiction.[511] The Education Select Committee reported that between 2020 and 2022, 25 per cent of children and young people exhibited addictive behaviour in relation to their screen usage[512] and in 2024 Ofcom found that 35 per cent of 8- to 17-year-olds felt the hours they spend on screens is excessive.[513]

499 Spring. M., 'It stains your brain': How social media algorithms show violence to boys, 2024.

500 Family Kids & Youth, Understanding Pathways to Online Violent Content Among Children, 2024, p33.

501 Tortolero, S, R., et al., Daily Violent Video Game Playing and Depression in Preadolescent Youth, 2014.

502 Baker. N., Online gaming statistics 2024, 2024.

503 NSPCC, Online games, n.d.

504 YoungMinds, Addiction, n.d.

505 Sherer J., Internet Gaming, 2023.

506 World Health Organisation, Gaming disorder, n.d.

507 Cash. H., Rae. C. D., Steel. A. H., & Winkler. A, Internet Addiction: A Brief Summary of Research and Practice, 2012.

508 Zarate, D., et al., Psychometric properties of the Bergen Social Media Addiction Scale: An analysis using item response theory, 2023.

509 Montag, C., et al., Addictive Features of Social Media/Messenger Platforms and Freemium Games against the Background of Psychological and Economic Theories, 2019.

510 Chen, X., et al., Do persuasive designs make smartphones more addictive? A mixed-methods study on Chinese university students, 2023.

511 Sohn, S, Y., et al., Prevalence of problematic smartphone usage and associated mental health outcomes amongst children and young people: a systematic review, meta-analysis and GRADE of the evidence, 2019.

512 UK Parliament, Screen time: impacts on education and well-being, 2024, p3.

513 Ofcom, Children and Parents: Media Use and Attitudes and Report, 2024, p30.

> *"I went into lockdown when I was in Year 10. So, I guess people were still using it quite a lot then, but I think that actually, simultaneously, was quite a big turning point, perhaps even without lockdown but just happened to be when that happened. But the people slowly turned away from it. But I also think that that was when Tik Tok was on the rise. So, it sort of came that people were sort of moving away from using Instagram and Snapchat so religiously but ending up getting addicted to Tik Tok."*
>
> **Focus group participant, London**

The fourth foundational harm that Dr Haidt discusses in *The Anxious Generation* is the addictive design of social media and smartphones.[514] Various campaign groups highlight the problem of addiction to smartphones in adolescence.[515] A study by King's College London of a cohort of 13 – 16 year olds in 2022 found that of the participants exhibiting PSU, 44.4 per cent displayed symptoms of moderate to severe anxiety, compared with 26.4 per cent of those without PSU.[516]

> *"Young people, the 16, 17-year-olds who are fully aware that it's not healthy for them and not good for them. But they're already addicted. They admit they are addicted to their phones."* In conclusion, *"I think my concern is from what I'm hearing from the young people I'm seeing in terms of how social media is affecting their self-worth, their mental health. I personally do not think it's a great thing to have any form of social media."*
>
> **Mental Health Support Worker for Children and Young People, charity in the Midlands**

Arguments in favour of using smartphones in schools include for learning purposes and for medical or caring responsibilities.[517] If children have access to phones in schools, they should solely be used for these purposes, but PSU increases the likelihood that children will use their phones to access addictive content, which can be extremely harmful. Schools should be utilised as a tool to prevent access to this harmful content and prevent PSU.

RECOMMENDATION

The Department for Education should make schools smartphone-free by making existing guidance statutory.

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514 Haidt, J, *The Anxious Generation*, 2024, pp129 – 136.

515 PAPAYA, *Could technology be having a negative impact on our children's mental health*, n.d.

516 Carter, B., Ahmed, N., Cassidy, O., Pearson, O., Calcia, M., Mackie, C., & Kalk, N. J., *'There's more to life than staring at a small screen': a mixed methods cohort study of problematic smartphone use and the relationship to anxiety, depression, and sleep in students aged 13-16 years old in the UK*, 2024.

517 UK Parliament, *Mobile phones in schools: Mandating a ban?* 2024.

In what ways can social media and smartphones benefit mental health?

While responses to the CSJ's call for evidence revealed the damaging impact of social media on mental health,[518] the CSJ has also heard from charities across the country who have highlighted many positives of social media, such as reducing loneliness, increasing community and connection (particularly for marginalised communities) making and contacting friends, and learning.

The purpose with which social media and smartphones are used is key in understanding its impact on both adults and young people. In 2022, the McKinsey Health Institute surveyed 42,000 people globally about the impact of social media and technology and found that social connectivity and self-expression were cited by 50 per cent of respondents as positive influences of social media.[519] They also found that across all generations, between 32 and 36 per cent of respondents cited social media and technology as having a positive influence on their mental health.[520]

According to Ofcom, 81 per cent of children aged 8- to 17- years used at least one social media platform "for following friends, people and organisations, reading, liking or sharing content".[521] 99 per cent of 12- to 17-year-olds view being online as something which can benefit them [522] and this figure was 96 per cent for parents of children aged 3 to 17 years.[523]

> *"Thinking about this from an ND [neurodevelopment], sort of additional needs perspective, is that a lot of the social media stuff can actually be really helpful to some young people who find social interaction really difficult. And sometimes being able to connect with people online is the only way that they can connect and it can offer a good starting point to help those young people begin to feel a bit safer about practicing some of that social interaction and building some of those relationships."*
>
> **Service delivery manager for early intervention, charity tackling the mental ill-health of children and young people**

Social media can contribute to reducing social isolation. 68 per cent of 8- to 17-year-olds who use social media platforms view them as benefitting their connections and friendships.[524]

> *"I love it… when I get up I like having someone to talk to, I feel like I do stuff quicker if I'm talking to someone."*
>
> **Girl in year 9, participant of a focus group hosted by Football Beyond Borders**

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518   CSJ call for evidence, responses received between 26th May and 30th June. See appendix for thematic analysis of responses.
519   Coe, E., et al., *Gen Z mental health: The impact of tech and social media*, 2023.
520   Ibid.
521   Ofcom, *Children and Parents: Media Use and Attitudes Report*, 2024, p13.
522   Ibid, p17.
523   Ibid, p13.
524   Ibid, p18.

> *"If you're feeling like you can't talk to anyone you could talk to your friends on your phone or like end up doing calls and talking to someone enjoying your time with friends like making groups call like we do."*
>
> **Woman in her early twenties and beneficiary of Sheffield Futures**

While the majority of all 11- to 18-year-olds felt more confident communicating online than in person, for those identifying as LGBTQ+, 69 per cent felt confident communicating online, compared with only 38 per cent who felt confident communicating in person.[525]

> *"There are many positives to social media including a sense of community, social connection for those who might not have in the offline world, access to information, advice and resources from reputable organisations/clinicians."*
>
> **Clinician in a Mental Health Schools Team**

The online world can also help young people complete homework, develop skills and learn about both the world and personal matters, according to research by Ofcom on opinions of both children and their parents.[526]

Various apps are designed to help people improve their mental health and wellbeing. For example, NHS England cite a number of wellbeing apps designed to promote mental wellbeing such as #StayAlive, Bright Sky, WorkLife Central, Headspace, Unmind and Zero Suicide Alliance.[527] Mind cite different apps for this purpose such as Self Heal, Calm, Mood path, Hub of Hope and many more.[528]

Furthermore, social media is increasingly becoming a resource for mental health treatment. Information about mental health, advice from professionals, awareness raising and advertisement of online therapy may all be positive tools to enhance mental wellbeing through social media, particularly because those accessing these tools may not have sought support through any other channel.[529]

A systematic review of the impact of mental health awareness campaigns published in 2024 found that exposure to media health campaigns had a positive effect on mental health, both for those suffering and in raising awareness, as well as promoting "health-seeking behaviours."[530] A qualitative study published in 2020 found that social media was an efficient way to reach a large number of people with the aim of raising awareness of mental health.[531] A 2023 study published in the US found that those who report anxiety and/or depression were 25 per cent more likely to share health information on social media.[532]

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525 Ibid.

526 Ibid, p20.

527 NHS England, *Wellbeing apps*, n.d.

528 Andover Mind, *Apps for mental health*, n.d.

529 Herrera-Peco, I., Fernández-Quijano, I., and Ruiz-Núñez, C., *The Role of Social Media as a Resource for Mental Health Care*, 2023.

530 Tam, M, T., et al., *A Systematic Review of the Impacts of Media Mental Health Awareness Campaigns on Young People*, 2024.

531 Latha, K., et al., *Effective use of social media platforms for promotion of mental health awareness*, 2020.

532 Onyeaka, H., et al., *Association between social media use and health promotion among individuals with depression and anxiety: Insights from the 2017–2020 Health Information National Trends Survey*, 2023.

In the UK NHS England's Every Mind Matters campaign was found to positively impact those suffering mental ill-health through increased understanding of symptoms and how to manage them between September 2019 and March 2020, although there was minimal evidence that it had an impact beyond March 2020.[533]

The solution to preventing smartphones and social media from contributing to the increase in mental ill-health is not straightforward. The research indicates that establishing a difference between the impact of smartphones and of social media may not be possible not least because smartphones and social media may contribute to reducing social isolation and enabling accessible mental health treatment, making them a force for good.

However, given that an average of just 36 per cent of those surveyed by the McKinsey Health Institute felt social media had a positive impact on their mental health,[534] it is clear that the majority of people view social media as having a negative impact. This report finds that the harms of social media associated mental ill-health, particularly for children, cannot be ignored simply because of a lack of definitive causation. What is clear is that the harms of social media, particularly for children and young people, are contributing to the rise in mental ill-health, and these harms outweigh the benefits.

What can be done?

In May 2024, 20 of the 24 primary schools in St Albans wrote to parents to urge them not to give their children a smartphone until age 14, or year nine.[535] Ormiston Academy, which operates across England, has announced a ban of smartphones during the school day across its schools, which is set to impact 35,000 pupils.[536]

Internationally, other countries are confronting these challenging decisions. Most of Canada has banned smartphones in schools[537] and many states across the US are doing the same.[538] In March 2024, the state of Florida announced that it would ban social media for children under the age of 14.[539] More widely in the US, the US Surgeon General has called for warning labels on social media sites.[540] France is currently trialling banning smartphones in schools for under 15s[541] and in June 2024 it was announced that under 15s will require age-verification and parental consent to be on social media.[542] In November 2024, the Australian Senate approved Prime Minister Anthony Albanese's proposal to ban social media for children under 16, considered the strictest laws on the issue in the world.[543]

The first step in reducing the rise in mental ill-health as a result of this problem is identifying how to define the problem and exactly where the root cause of it lies.

533   Hahn, J, S., et al., *The Every Mind Matters campaign: Changes in mental health literacy and its associations with campaign awareness*, 2023.
534   Coe, E., et al., *Gen Z mental health: The impact of tech and social media*, 2023.
535   Holland, K., *St Albans school head calls for under-14s smartphone ban*, 2024.
536   McAviney, V., Moench, M., and Bramwell, K., *One of England's biggest school academy trusts to ban phone use*, 2024.
537   Yourex-West, H., *Cellphones now banned in most Canadian classrooms*, 2024.
538   Times of India, *8 states in the US have banned smartphones in school: Here are the names*, 2024.
539   The Guardian, *Ron DeSantis announces social media ban for children in Florida*, 2024.
540   British Medical Journal, *Social media: Add tobacco-style warnings to protect children, says US surgeon general*, 2024.
541   Willsher, K., *France to trial ban on mobile phones at school for children under 15*, 2024.
542   Le Monde, *France requires parental consent for under-15s on social media*, 2023.
543   BBC News, *Australian Senate approves social media ban on under-16s*, 2024.

> *"My opinion is that the government must ban smartphones in schools for under 16 years. And the reason for that is not having the phone between 8am and 4pm breaks the 24/7 cycle. If parents want to keep in touch, they can give them flip phones or brick phones or retro phones. The campaign needs to begin with education in anti-natal classes like the National Childbirth Trust whilst simultaneously empowering health visitors to educate all parents and families about the pitfalls of excessive social media and screentime that affect children of all ages including from early childhood. There needs to be a public health campaign involving Integrated Care Boards, Primary Care Networks, specialists of all kinds who are dealing with children to educate and advise parents, nurseries, schools, colleges and universities. It will also be important to inform adults about the damaging effects on their physical and mental wellbeing that is being revealed by recent evidence."*
>
> **Dr Sanjiv Nichani OBE**

> *We have unconsciously driven millions of children onto screens that have not been proven as safe or beneficial for their mental or physical health. Internet-enabled smartphones being a particularly insidious risk, where often very young children are spending many hours per day scrolling content in a way consistent with behavioural addiction, or being exposed to harmful content such as suicide or eating disorder material. Vulnerable people need interpersonal and timely interventions with the correct professionals to address root causes of mental health difficulties.*
>
> **Dr Becky Foljambe, NHS General Practitioner and founder of Health Professionals for Safer Screens**

RECOMMENDATION

The Department of Health and Social Care and/or Ofcom should launch a public health campaign to make clear the increased risk of developing mental ill-health from excessive smartphone and social media use.

- *GP surgeries, MH Trusts, Family Hubs and Schools should draw attention to these risks.*
  - *In particular, as endorsed by Dr Sanjiv Nichani OBE, NHS antenatal classes should include a segment educating parents about the harms of social media and smartphones.*
  - *For example, a national campaign in Scotland, 'Quit Fighting for Likes,' has recently been launched to prevent violent content online.[544]*
  - *As a further example, Dr Sanjiv Nichani's 5-a-day infographic, already endorsed by NHS England, should be issued to parents through perinatal services and Family Hubs.*

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544 Scottish Government, *News: Social media safety for young people*, 2024.

Work

The unemployment rate (which measures the number of people who do not have a job but have been seeking work in the previous four weeks) has been decreasing steadily since 2013. However, the Covid-19 pandemic saw the rate of unemployment rise to 5.3 in October to December 2020 but has since decreased to 4.0 between June and August 2024.[546] According to the Health Foundation, in local authorities with higher unemployment and more people economically inactive, life expectancy is lower.[547] Economic inactivity is defined by the Office for National Statistics (ONS) as "people not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks".[548] In February 2024, 22.2 per cent of 16–64-year-olds were economically inactive, compared with 20.5 per cent in February 2020,[549] equivalent to 622,000 more people.[550]

What is behind the growing economic inactivity?

Between October to December 2020 and June to August 2024, the percentage of those economically inactive as a result of long-term sickness rose from 25.5 per cent to 29.7 per cent.[551]

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545 Safe Screens, Proposals, n.d. Accessed from: https://safescreens.org/our-campaign/proposals/

546 Office for National Statistics, *Employment in the UK: October 2024*, 2024.

547 The Health Foundation, *Relationship between employment and health*, 2024.

548 Office for National Statistics, *Economic inactivity*, 2024.

549 Office for National Statistics, *Employment in the UK: April 2024*, 2024.

550 House of Commons Library, *UK labour market statistics*, 2024.

551 Office for National Statistics, *Dataset: INAC01 SA: Economic inactivity by reason* (seasonally adjusted), 2024.

Figure 26: Cumulative change in economic inactivity (seasonally adjusted), people aged 16 and 64 years, December to February 2020 to March to May 2023
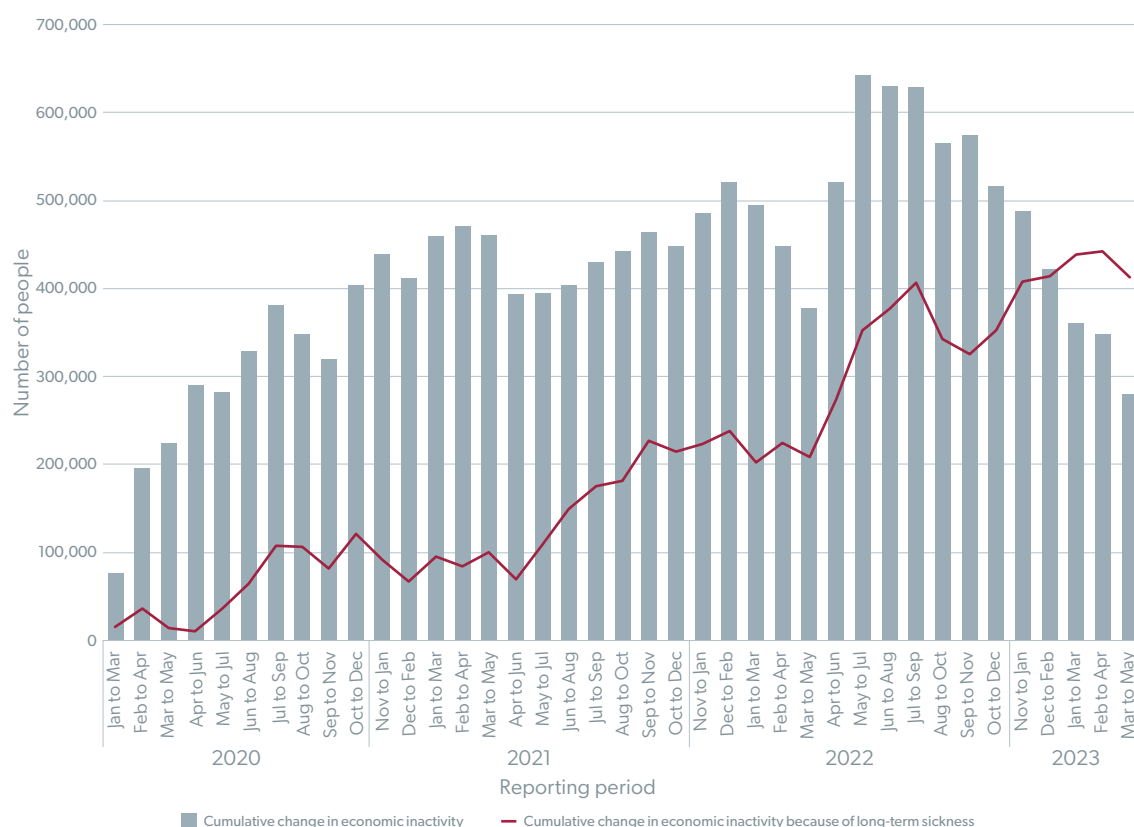
Source: ONS, Rising ill-health and economic inactivity because of long-term sickness, UK 2019 to 2023, 2023

In quarter one of 2023, 53 per cent of those economically inactive reported depression, bad nerves or anxiety.[552] This has been seen most starkly among young people, with economic inactivity rising by 29 per cent for 16- to 24-year-olds and by 42 per cent for 25- to 34-year-olds between 2019 and 2022. Within these age groups, there was a 24 per cent increase in people being classified as long-term sick due to mental ill-health.[553]

In 2019 the CSJ published *Why Family Matters: A comprehensive analysis of the consequences of family breakdown,* which found that 33 per cent of the most deprived cited mental health issues as one of the top three contributing factors in their experience of unemployment and/or welfare dependency.[554] Similarly the CSJ's 2023 *Two Nations* report found that the most deprived cited mental ill-health as the biggest factor in what was holding them back from living the life they want to live.[555] This matters not only for the individual whose wellbeing can be improved through work, but also for the wider economic consequences of economic inactivity and the strain on the welfare system.[556]

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552 Office for National Statistics, *Rising ill-health and economic inactivity because of long-term sickness, UK: 2019 to 2023*, 2023.

553 UK Parliament, *Why are young people leaving the labour market*, 2023.

554 CSJ, *Why Family Matters: A comprehensive analysis of the consequence of family breakdown*, 2019, p40.

555 CSJ, Two Nations: *The State of Poverty in the UK – An interim report on the state of the nation*, 2023, p77.

556 The Prince's Responsible Business Network, *Prioritise People: Unlock the Value of a Thriving Workforce*, 2023.

> *"What I'm concerned about is how many younger people are already on those tracks and if you've got a young person on a mental health track... and they're not being helped to get out of that... a lot of them say 'I can't work, I've been told not to work, my mental health is not good enough'. Well, I think their mental health would be better if they were doing something... you're not helping people by just feeding them with funding and letting them live with that for years and years and years and years. But to stop it we put people on the streets. So there has to be some intervention in the middle."*
>
> **Community charity leader, the Midlands**

While stressful and/or bad work can both cause mental ill-health and increase symptoms,[557] there is a strong association between decent work and positive mental health.[558] This is because work promotes identity, plays a role in ensuring psychosocial needs are met and is generally the main means of obtaining economic resource.[559] The WHO recommends that workplaces take responsibility for employee health and particularly mental health, making reasonable adjustments where possible.[560] Even for those suffering acutely, employment can be a useful way to treat and improve mental health.[561]

In contrast, the CSJ has also heard how work-related issues can result in mental ill-health which may require some people to take time off work. In 2023/24, 776,000 people experienced work-related stress, depression or anxiety resulting in 16.4 million working days lost.[562] Poor working environments involving discrimination, excessive workloads and unsafe conditions can pose a risk to mental health due to the stress they can cause.[563]

557   NHS Every Mind Matters, Work-related stress, 2024.

558   The Prince's Responsible Business Network, *Prioritise People: Unlock the Value of a Thriving Workforce*, 2023.

559   Waddell, G., Kim Burton, A., *Is Work Good for your Health and Wellbeing?* 2006.

560   World Health Organization, *Mental health at work*, 2024.

561   Drake, R, E and Wallach, M, A., *Employment is a critical mental health intervention*, 2020.

562   Health and Safety Executive, *Health and safety at work: Summary statistics for Great Britain 2024*, 2024.

563   World Health Organization, *Mental health at work, 2024; NHS Every Mind Matters, Work-related stress*, 2024.

CSJ analysis of Wave 13 of the Understanding Society Survey found that those in the UK who are completely dissatisfied with their job are 1.72 times more likely to report having a diagnosis of a mental health condition, compared with those who are neither satisfied nor dissatisfied, as depicted in Figure 27.[564]

Figure 27:   Number of people reporting job satisfaction and any self-reported mental health condition in the UK, 2021/22
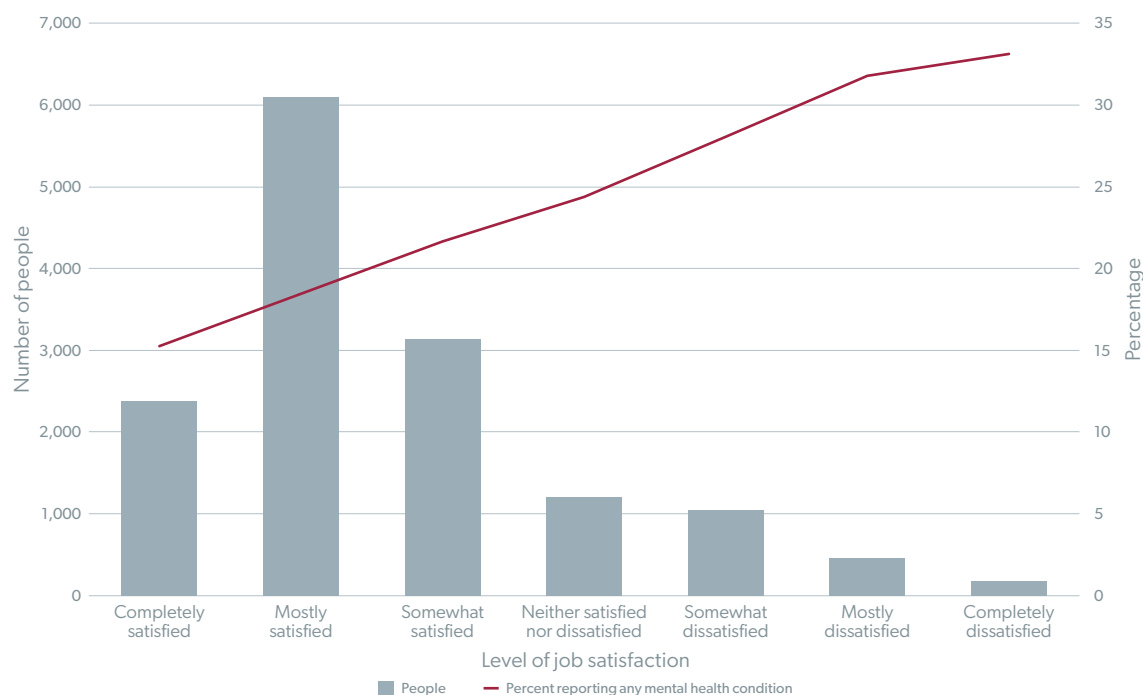
Source: Understanding Society Survey, CSJ analysis of Wave 13

In 2017, in response to the rising number of people out of work for mental ill-health, *Thriving at Work: The Stevenson / Farmer review of mental health and employers* was published. It called on all employers to have a mental health at work plan, develop mental health awareness, encourage conversations, ensure good working conditions, and monitor employee wellbeing.[565]

The number of organisations with a health and wellbeing strategy under the remit of Occupational Health is increasing. A survey by The Chartered Institute of Personnel and Development (CIPD) found that in 2018 40 per cent of organisations said they had a wellbeing strategy, rising to 53 per cent in 2023, and the most common method of promoting wellbeing was mental health support.[566] Investing in mental health support for employee wellbeing can deliver a positive return for employers. It is estimated that health and wellbeing for employees could yield between £4,000 and £7,000 per employee.[567] This is beneficial not only to reduce the human costs of mental ill-health, but also because investing in prevention is beneficial to the employer and to the economy. It is estimated that the cost of mental ill-health to the economy is about £118 billion.[568]

564   CSJ analysis of *Understanding Society: The UK Household Longitudinal Study*, Wave 13 2021 – 2022.

565   Farmer, P and Stevenson, D, *Thriving at Work: The Stevenson / Farmer review of mental health and employers*, 2017.

566   Chartered Institute of Personnel and Development, *Health and wellbeing at work*, 2023, pp5-6.

567   The Prince's Responsible Business Network, *Prioritise People: Unlock the Value of a Thriving Workforce*, 2023.

568   McDaid, D and Park, A-La, *The economic case for investing in the prevention of mental health conditions in the UK*, 2022.

For some, it is not the nature of the workplace, but rather preexisting and resurfaced mental ill-health that causes a person not to work. For those who require time off, it is vital that this is not a difficult process, nor one that causes further stress. Under the Disabilities Rights and the Equality Act 2010, "mental health is considered a disability if it has a long-term effect on your normal day-to-day activity."[569] When a mental health condition develops or presents as debilitating, a healthcare professional may make an assessment which concludes a lack of fitness for work and it is in these cases that not working is deemed appropriate in order for any improvements in health to be made.[570]

One male with a degree in horticulture and over 42 years of experience in the sector told the CSJ how losing his job in 2023 resulted in the onset of depression.

"Last year my life fell apart because I've never been unemployed. I've never had to go into a job centre. I didn't know who to talk to. I've never even considered citizens advice. Didn't know what to do." He told the CSJ that his housing association, Karbon Homes, who not only provide homes but also provide various types of wellbeing support for their tenants, were the only people who supported him and he said that they helped him *"to regain that confidence that I have always had, very confident and it just died. It just went to a very, very dark place last year."* He added how he got more from his wellbeing coach at Karbon Homes than from the Job Centre, the Government or Universal Credit. He said *"I started seeing a therapist. That was through my GP. And then, I had more from [my wellbeing coach], I gained more from us talking and trying to work out my life and who I am and going over my past. My therapist was lovely, but she had to give it up because there are more important cases… [my wellbeing coach] helped me sort out so many things… if it wasn't for [my wellbeing coach], I wouldn't know where I'd be."*[571]

Adult male and beneficiary of Karbon Homes, North East

Fit notes

In order to be signed off work for mental ill-health for more than seven days, a fit note is required, which can be issued by a healthcare professional.[572] A fit note may help someone stay in work, recommend a period of no work or provide information to employers about their employees fitness for work.[573] The number of fit notes issued by GPs for mental and behavioural disorders in England has remained relatively constant between 2019 and 2024,[574] as depicted in the dotted trendline in Figure 28 below.

569   Office for Health Improvement and Disparities, When a mental health condition becomes a disability, 2024.

570   Department for Work & Pensions, *The fit note: guidance for patients and employees*, 2023.

571   This quote refers to unemployment, which means someone is looking for work and able to start within two weeks, whereas *economic inactivity* means not looking for work, nor being in work.

572   NHS, *Getting a fit note*, 2024.

573   Department for Work and Pensions, *The fit note: guidance for patients and employees*, 2023.

574   CSJ analysis of NHS England, *Fit Notes Issues by GP Practices, England, March 2024*, 2024. Note: data tables from April 2019 to May 2024.

Figure 28: Number of fit notes for mental and behavioural disorders issued by GP
Practices in England, May 2019 to May 2024
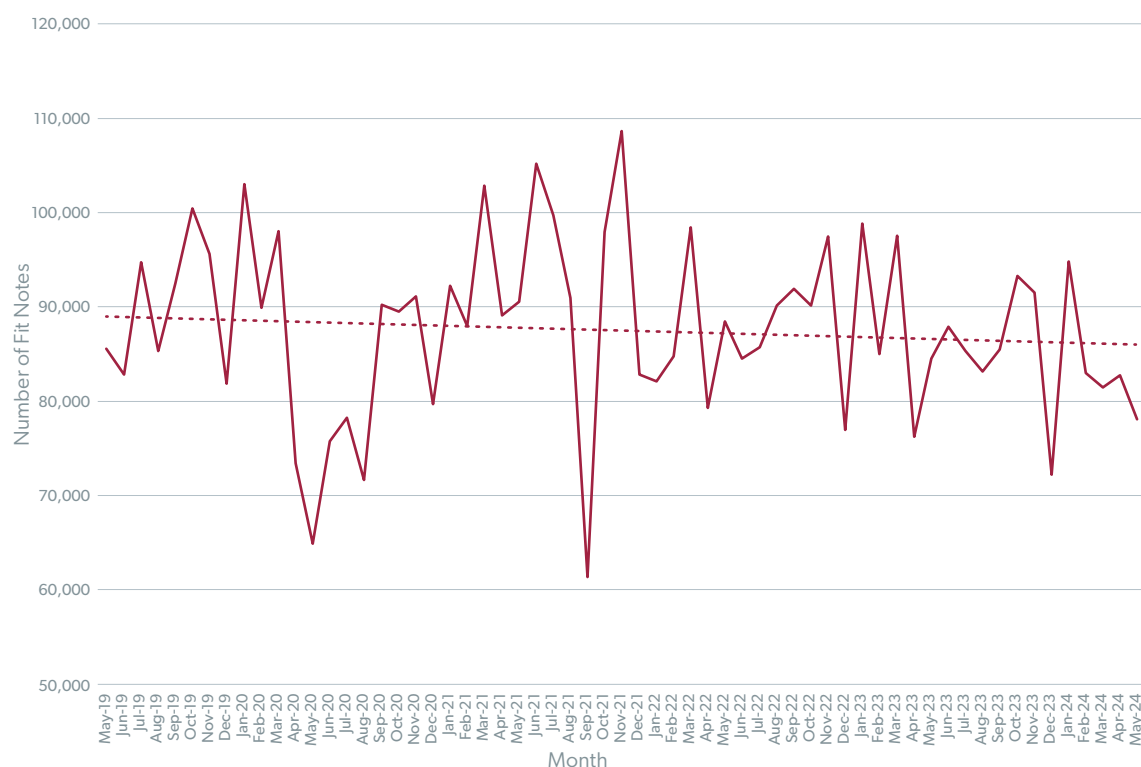
Source: CSJ analysis of NHS England, Fit Notes Issued by GP Practices, England, March 2024, 2024

If someone is deemed 'maybe fit for work', the healthcare professional issuing the fit note can give the individual advice on the fit note which may include a 'phased return', 'altered hours', 'amended duties' or 'workplace adaptations'.[575] However, the number of fit notes issued overall, which deem a person not fit for work, represented 93.5 per cent of 'not fit for work' notes issued in 2023/24. Of the 6.5 per cent of 'maybe fit for work' notes issued in 2023/24, 1.8 per cent were advised a phased return, 2.2 per cent were advised altered hours, 3.5 per cent were advised amended duties and 1.6 per cent were advised workplace adaptations (more than one option could be advised).[576]

Based on the ICD-10, mental and behavioural disorders as a category on fit notes are split into three groups; neurotic, stress related and somatoform disorders, mood (affective disorders) and other (grouped).[577] The first group refers to various anxiety and stress disorders, as well as long-term mental health impacts of physical ill-health.[578] The second group refers to depressive and manic episodes and bipolar disorders.[579] The third group refers to personality disorders, psychoactive substance use and behavioural and emotional disorders either beginning in childhood or affected psychological development.[580]

575 Department for Work and Pensions, *The fit note: guidance for patients and employees*, 2023.

576 CSJ analysis of NHS England, *Fit Notes Issues by GP Practices, England, March 2024*, 2024. Note: data tables from April 2019 to May 2024.

577 NHS England, *Fit Notes Issues by GP Practices, England, March 2024*, 2024.

578 World Health Organisation, *International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10)*, 2016.

579 Ibid.

580 NHS England, *Fit Notes Issues by GP Practices, England, March 2024*, 2024.

An average of 77 per cent of fit note episodes issued for mental and behavioural disorders were for neurotic, stress-related and somatoform disorders between 2016/17 and 2023/24,[581] as depicted in Figure 29 below.

Figure 29: Percentage of fit note episodes by type of mental and behavioural disorder issued by GP Practices in England, 2016 to 2024
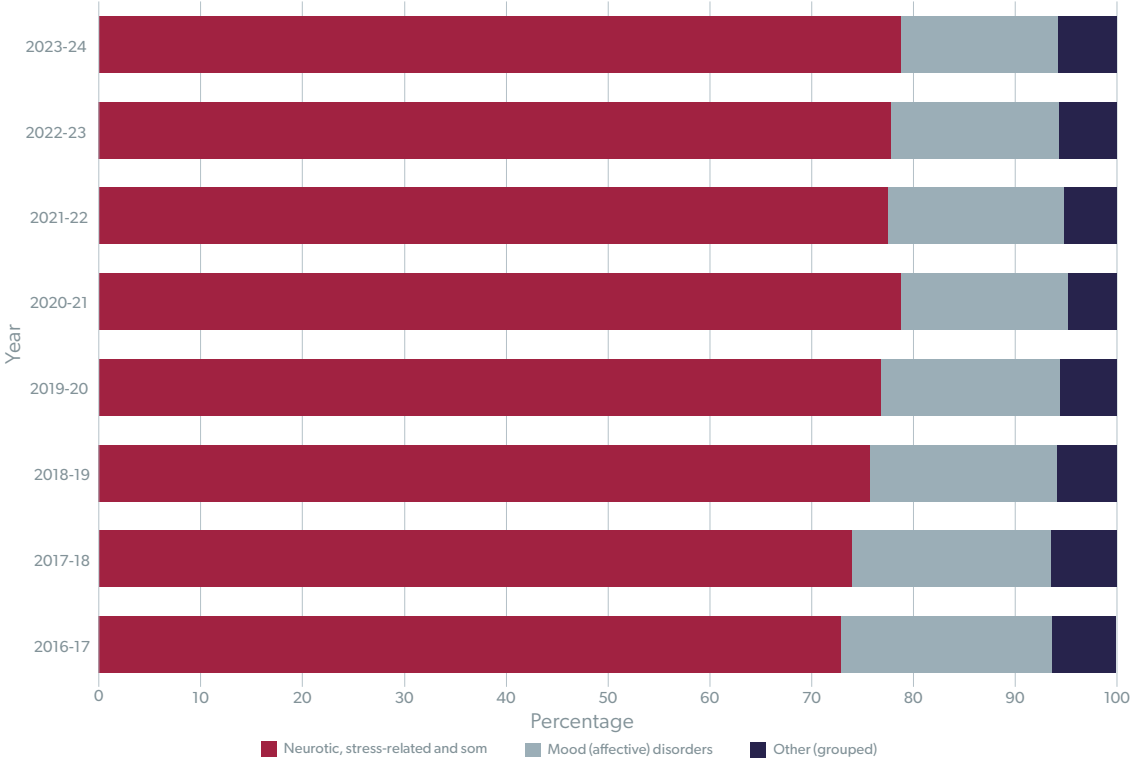
Source: CSJ analysis of NHS England, Fit Notes Issued by GP Practices, England, March 2024, 2024

Long-term sickness is defined as being off for four weeks or more.[582] Between 2019/20 and 2023/24, the percentage of Fit Notes issued for Mental and Behavioural Disorders which were for long-term sickness has risen from 44 per cent to 50 per cent, as depicted below in Figure 30.[583]

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581 CSJ analysis of NHS England, *Fit Notes Issues by GP Practices, England, March 2024*, 2024. Note: "Where someone has more than one diagnosis that renders them not fit for work, only one is recorded on the fit note, which should be the diagnosis the GP, considers the most predominant." Note: "An episode is the same period of sickness covered by one or more fit notes. For this publication an assumption has been made that, where there is more than one fit note and there are seven or fewer days between the end of one fit note and the beginning of the next, these fit notes relate to the same period of sickness." - Definition 15 from Apr 2021 – Mar 2024 table.

582 Gov.uk, *Taking sick leave*, n.d.

583 CSJ analysis of *NHS England, Fit Notes Issues by GP Practices, England, March 2024*, 2024. Note: 5-12 weeks, 13-20 weeks and indefinite Fit Notes grouped to account for long-term sickness.

Figure 30: Number of fit notes for mental and behavioural disorders issued by GP
Practices in England by duration, 2019 to 2024

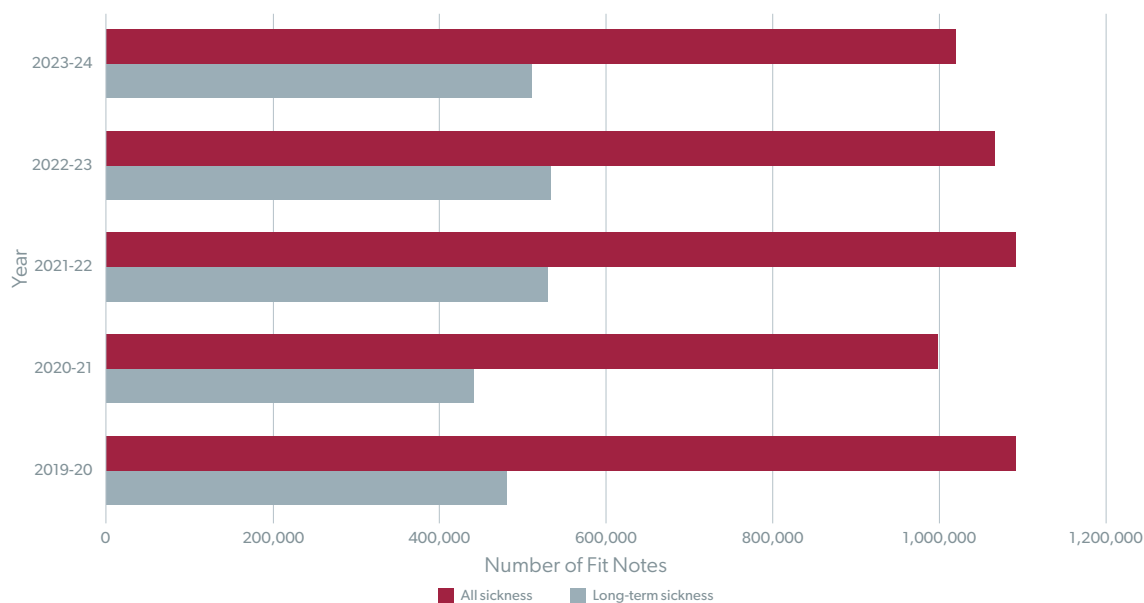Source: CSJ analysis of NHS England, Fit Notes Issued by GP Practices, England, March 2024, 2024

While a short-term fit note may aid a person's ability to access support and determine their treatment, 50 per cent of those issued fit notes for mental ill-health are deemed unfit for work for more than 28 days. However, work can act as a treatment for mental ill-health if it fosters positive mental health and well-being,[584] prompting questions about why so many individuals are issued long-term fit notes for mental health reasons.

In a 2020 Government-commissioned consultation regarding the fit note process, GPs and Advanced Nurse Practitioners expressed their concerns that a 10-to-15-minute appointment is not enough time to ensure a holistic approach is taken in assessing patients and a number of GPs said that this meant they had to take quick decisions due to time constraints.[585] A 2023 survey by The Royal College of General Practitioners found that 63 per cent of GPs said that "reducing inappropriate requests such as letters excusing sick pupils or employees, or supporting social housing applications" would help reduce their administrative workload "a lot" and a further 31 per cent said it would help "a little."[586]

Types of support

Employment and Support Allowance (ESA), although being replaced by Universal Credit, is a benefit for people who live with a disability or illness which affects their ability to work and is strongly associated with an increased risk of suicide. 16.9 per cent of adults not receiving ESA had a CMD in 2014, rising to 66.1 per cent of adults receiving ESA.[587] Similarly, CSJ analysis of Wave 13 of the Understanding Society Survey found that those on Universal Credit (UC) report having a diagnosed mental health condition more than 45 per cent of the time, whilst those who are not in receipt of UC report having a mental health condition less than 20 per cent of the time.[588]

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584   The Prince's Responsible Business Network, *Prioritise People: Unlock the Value of a Thriving Workforce*, 2023.

585   Department for Work & Pensions, *Exploring perceptions and attitudes towards the extension of fit note certification*, 2020.

586   Royal College of General Practitioners, *RCGP Tracking Survey 2023: Wave 11, 2023*, p55.

587   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p56.

588   CSJ analysis of *Understanding Society: The UK Household Longitudinal Study*, Wave 13 2021 – 2022.

> *"During many years of disability and benefit employment tribunal work I observed that appellants were more keen to demonstrate and evidence what they can't do rather than what they can do to care for themselves and/or to take a job. The end result of that is that very large numbers of people are not active or gainfully employed and as a result spend large proportions of their lives at home being relatively inactive. There is very clear evidence that isolation, inactivity and not interacting with other people is directly linked to a significant worsening of mental and physical health disorders. That cannot be what a caring democracy wants for its citizens. Most people unless significantly and/or severely ill are able to participate in some way in caring for themselves and seeking gainful employment within the limitations of their mental or physical disabilities. Not doing so leads to a very significant worsening of their mental and physical health conditions. The benefits system as it is at the moment is not fit for purpose and is not appropriately supporting the needs of the British public in the way that it is meant to. DWP support packages should be tailored to individual's needs whereby a person with mental health difficulties should be provided transport for access to supportive therapy and voluntary groups and an individual with physical problems should be supported with transport vouchers and membership vouchers to gyms and leisure facilities."*
>
> **Senior NHS consultant**

Government support is available to help people stay in work and get back to work when suffering mental ill-health that is not debilitating through a scheme, *Access to Work*.[589] However, according to unpublished figures, in December 2023 there were 25,063 applicants to Access for Work waiting for a decision.[590]

In May 2024, the Government released details of a new pilot, *Work Well*, aiming to address the rise in long-term sickness through a holistic approach that enables work and health to help individuals address their problems and stay in work.[591] *Work Well* is eligible for those out of work, but need health support or for those in-work either struggling with work due to health or off sick.[592] *WorkWell* is an early intervention and prevention service that incorporates a biopsychosocial model of mental health and uses both social prescribing and VCSE organisations to enhance support offered to those who may feel unable to work as a result of their mental ill-health or lack of wellbeing. This will mean that services collaborate and provide a joined-up approach so that individuals can access all available support.[593] The pilot is being trialled across parts of Yorkshire, Cornall and Greater Manchester.[594]

For those with severe mental illness, they may be offered Individual Placement and Support (IPS).[595] The London School of Economics and Political Science (LSE) found that IPS is cost effective for those with moderate levels of severe mental illness but is less cost effective for those with more severe symptoms.[596]

589 Office for Disability Issues, *Access to Work: get support if you have a disability or health condition*, 2024.

590 UK Parliament, *Access to Work Programme: Question for Department for Work and Pensions UIN 14096*, tabled on 16 February 2024, n.d. Accessed from: https://questions-statements.parliament.uk/written-questions/detail/2024-02-16/14096#

591 Department for Work & Pensions and Department of Health & Social Care, *WorkWell prospectus: guidance for Local System Partnerships*, 2024.

592 Department for Work & Pensions and Department of Health & Social Care, *WorkWell grant funding agreement appendix B: grant guidance*, 2024.

593 Department for Work & Pensions and Department of Health & Social Care, *WorkWell prospectus: guidance for Local System Partnerships*, 2024.

594 Gov.uk, *Press Release: New £64 million plan to help people stay in work*, 2024.

595 NHS England, *Individual Placement and Support offers route to employment for people with severe mental health conditions*, n.d.

596 Frayman, D et al., *Value for Money: How to improve wellbeing and reduce misery*, 2024, p21.

> *"[IPS] works quite well… they have work opportunities, wellbeing, the new start programme that I actually had an interview for this morning… they put you into contact with people that they try and screen for work and jobs and things like that."*
>
> **Adult male with lived experience of IPS, North East**

For any person regardless of employment status, Personal Independence Payments (PIP) are a form of support and is for those who have extra costs due to their disability, whether that's physical or mental and is not means tested.[597] The criteria for those claiming PIP for mental ill-health include managing therapy or medication, socialising and there are many other criterion that may apply to someone suffering mental ill-health.[598] Alongside the rise in mental ill-health, there has been an increase in the number of claims for PIP which prompted the Government to consult the public in April 2024 about how PIP works and what changes should be made.[599]

Original CSJ polling reveals that 48 per cent of the general public want to see mild symptoms of less severe mental ill-health supported through benefits-in-kind that directly fund services and programmes designed to support their mental health, while just 18 per cent think this support should be cash payments.[600] This prompts questions about how support can be targeted to tackle individual need, rather than a standardised approach which does not contribute directly to treating mental ill-health.

Economic inactivity is rising and for those suffering with mental ill-health, long periods of time out of work may not be the best treatment. When work contributes to improving mental health, workplaces should be supported to enhance the offer they can provide to their employees.

RECOMMENDATION

The Department for Work and Pensions should implement WorkWell nationwide to establish a new National Work and Health Service. WorkWell provides timely, early intervention that can be non-clinical to support those struggling with their mental health and require support to 'work well.'

- *Rolling out WorkWell across England would cost approximately £192 million, given that current funding stands at £64 million, which covers a third of England.*

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597 Department for Work & Pensions, *Personal Independence Payment (PIP)*, 2024.

598 Ibid.

599 Department for Work & Pensions, *Modernising Support for Independent Living: The Health and Disability Green Paper*, 2024.

600 Original analysis conducted by Opinium for The Centre for Social Justice of 2,050 UK adults between 8 January 2025 and 10 January 2025. The remaining responses were 'Neither' (18%) or 'Don't know' (16%).

RECOMMENDATION

The Department for Work and Pensions should reform the fit note so that 'not fit for work' is not the default in cases of mild to moderate symptoms of less severe mental ill-health.[601] The CSJ recommends four key changes.

- *Firstly, the Department for Work and Pensions and Department of Health and Social Care should provide strategic guidance for healthcare professionals for when the 'maybe fit to work' option should be used and how to refer individuals to the new National Work and Health Service, WorkWell.*

- *Secondly, GPs should no longer issue fit notes for more than 28 days for less severe mental ill-health. Instead, after 28 days GPs should refer individuals to WorkWell to determine the preferred fit note option through a Work and Health assessment.*

- *Thirdly, to promote the 'maybe fit to work' option, where 'altered hours' are recommended under Work Well, for any hours out of work, employees should receive statutory sick pay (SSP).*

- *Fourthly, where employees are recommended to phase their return to work from either economic inactivity due to ill-health or being off work due to ill-health, they should receive SSP for hours not worked.*

RECOMMENDATION

His Majesty's Treasury should incentivise workplaces to prevent mental ill-health by expanding the existing benefits-in-kind (BiK) exemption for Occupational Health (OH) in small and medium-sized enterprises (SMEs) through a Group Purchasing Framework to reduce OH costs.[602] The Department for Work and Pensions should issue guidance to SMEs about the leading specialist support to invest in.[603]

RECOMMENDATION

The Department for Work and Pensions should separate PIP support for those with physical ill-health from those with mental ill-health so that both cohorts receive the most accurate and effective support.

- *PIP should only provide direct financial assistance for people with additional living costs due to their condition. This should be assessed by a relevant medical practitioner.*

- *For those who do not have additional living costs due to their condition, a separate support system should be established.*

- *This support system should be devolved to local authorities or integrated care boards (ICBs) who can provide targeted interventions through services such as social prescribing or paying for therapy for those struggling to access NHS services.*

- *People with comorbidities should receive additional guidance regarding dual access to both types of support.*

601 "Less severe depression", for example, is defined in NICE guidelines as encompassing "subthreshold and mild depression, defined as depression scoring less than 16 on the PHQ-9 scale." Accessed from: https://cks.nice.org.uk/topics/depression/background-information/definition/

602 HM Government, *Occupational Health: Working Better – Summary of Responses to the Consultation and the UK Government Response*, 2023.

603 Burge, P, *Incentivising SME uptake of health and wellbeing support schemes, 2023*, p59. This survey found this to have "a statistically significant positive impact on the likelihood of choosing a scheme."

Case study: Male in his early thirties

The CSJ heard from a male who suffered from severe stress at work leading to him requiring time out of work to improve his mental health and tackle difficult themes which may also have contributed.

We are lucky enough to have a mental health first aider at work, I went to him initially and said 'it's getting too much'. He couldn't have been any nicer… He walked me through the process, talked me through everything, made clear what the situation was financially, sort of like long term sick policy… Again we're lucky enough to have the digital service for GPs. It's called Doctor Care Anywhere… it's essentially app-based GP cover. They made it clear right we can do this for the first two weeks but after then you have to go see your physical GP… Again, seamless for me… I got the digital appointment, the digital fit note… And it's been just kind of extend the fit note from then on really. CBT was recommended, I enrolled with that and we are where we are now. I got it [CBT] through coverage with work… I had a very high pressure work environment… I think I needed to get out from under it to address the broader issues.

I've maybe been very lucky here and had the right GPs or had GPs with the right attitude. I went in asking for mood stabilisers. That's what I thought I needed… rather than writing a script and sending me on my way, the GP made a point of sitting down and bearing in mind this is just a 10 minutes appointment squeezed in.. and it was like 'right, okay, that's an acute anxiety response [symptoms] and we wouldn't be prescribing mood stabilisers for that, what we would be prescribing is beta blockers to just dampen down the physical symptoms because if that's feeding into your sense of anxiety, then we don't want that to be making things worse'. So I'm on propranolol… I'm going back to work in the next month or so… Now whether that's [improvements] been that I'm exercising every day, I'm eating better, that I am getting better sleep and the content I'm consuming generally speaking… I don't know. I think the one thing that's made the most difference or two things coupled, joint top would be the talking therapies and the exercise. I think if you stripped everything else away, if you stripped headspace and meditating, everything else away but just gave me running and a voice to talk to, then that makes a huge difference.

I think what has happened over the past, I guess, generation, maybe two generations, is a lack of a sense of purpose. Um, and whether that is as bread winner, you know, or whether it is as, you know, a father… Adapting how I view myself as a man, adapting what it means to be a successful man… it was much easier when it was buy a house, have a family… be the person people look up to, you know, be a part of your local community, whether that be a church group, or a cricket team or rugby coach, whatever it might be. But… that sense of community disappears. For many that sense of family just isn't there… I see it as a huge privilege that I get to be dad, it's the one thing I'm the most proud of doing. You know, nobody can take that away from you.

Services

This section will examine how waitlists may be exacerbating the rise in mental ill-health, while also exploring how the growing prevalence of mental health issues is, in turn, extending these waitlists. The CSJ's *Two Nations* report found that 18 per cent of the general public felt improvements in mental healthcare would help them get ahead more than other service improvements, rising to 38 per cent of the most deprived.[604] Original polling commissioned by the CSJ reveals that 85 per cent of GPs in the UK are concerned that antidepressants are prescribed because other non-pharmaceutical interventions are not available,[605] highlighting the widespread concern that medicine becomes the default when other services are unavailable.

Access to Services

As of June 2022 (the latest estimate), the number of people waiting for NHS mental health services within communities in England was 1.2 million.[606] Despite this, in 2022/23, national targets for referrals into NHS Talking Therapies were met.[607] The target for first treatment following referral is six weeks and while people waited on average just three weeks in 2022/23, they waited a further nine weeks for their second treatment.[608]

The 2019 NHS Long Term Plan target was that 1.9 million people would be able to access Talking Therapies by 2023/24.[609] However, this target has not been met and NHS England reveal that while there were 1.83 million referrals to NHS Talking Therapies in 2023/24, just 1.26 million accessed these services.[610]

Targets have also not been met in Scotland. In the quarter ending March 2024, 79 per cent of people waiting for psychological therapies started treatment within 18 weeks of referral, despite the target being 90 per cent. Just 50 per cent started treatment within four weeks of referral.[611]

Similarly, targets have not been met in Wales. NHS Wales aims to assess and begin treatment for those requiring psychological support within 28 days of referral.[612] In June 2024, just 57.2 per cent of children requiring psychological support received their first treatment within 28 days, although 87 per cent received their assessment within 28 days of referral. For adults, just 68.2 per cent received their assessment within 28 days of referral, yet 77.4 per cent received their first intervention following assessment.[613]

> *"You get told to talk and shout out for help but as soon as you do it, you get shut down by the system and the NHS and the government because there's not enough funding."*
>
> **Adult male with lived experience of mental ill-health**

604 CSJ, *Two Nations: The State of Poverty in the UK – An interim report on the state of the nation*, 2023. Original analysis conducted by JL Partners for The Centre for Social Justice of 6,000 adults Nat Rep between 25 August 2023 and 2 October 2023.

605 Original analysis conducted by Savanta for The Centre for Social Justice of 1,001 General Practitioners in the UK between 4 December 2024 and 17 December 2024.

606 Department of Health & Social Care and National Audit Office, *Progress in improving mental health services in England*, 2023.

607 Baker, C and Kirk-Wade, E., *Mental health statistics: prevalence, services, and funding in England*, 2024.

608 Ibid.

609 NHS England, *The NHS Long Term Plan*, 2019.

610 NHS England, *NHS Talking Therapies, for anxiety and depression, Annual reports*, 2023-24, 2024.

611 Public Health Scotland, *Psychological therapies waiting times: Quarter ending March 2024*, 2024.

612 NHS 111 Wales, *Waiting times: Overview*, 2022.

613 Welsh Government, *Mental Health (Wales) Measure 2010: April to June 2024*, 2024.

NHS Talking Therapies were referred into at double the rate in the most deprived areas in 2022/23, compared with the least deprived areas and 75 per cent moved into their first treatment from the least deprived areas, compared with only 63 per cent from the most deprived areas.[614] Similarly, 55 per cent moved into recovery in the least deprived areas, compared with 42 per cent in the most deprived areas.[615]

Some targets have been met and exceeded, particularly for more severe mental ill-health. For example, early intervention in psychosis (EIP) has a target of delivering early intervention care for 60 per cent of people experiencing a first episode of psychosis within two weeks and in December 2023, this figure was 71 per cent nationally.[616]

However, services for children and young people face challenges. Of referrals to Children and Young People's Mental Health Services (CYPMHS) in 2022/23, only 32 per cent entered treatment within the year, with 32 per cent left waiting at the end of the year and 39 per cent having their referrals closed without accessing CYPMHS.[617] The BMA highlights that while there has been a 353 per cent rise in the number of CYP in contact with mental health services between April 2016 to December 2023, in the same period there was a rise of just 19 per cent of doctors in child and adolescent psychiatry.[618] For children suffering from an eating disorder, targets have not been achieved and in December 2023, only 64 per cent of urgent cases of eating disorders were seen within one week, despite the target for this being 95 per cent.[619]

Impact of wait lists

The consequences of waiting lists can be detrimental to mental health. A survey of 14,000 young people under 25 years by YoungMinds found that 58 per cent of young people experienced worse mental health while waiting, and 26 per cent tried to take their own life as a consequence of waiting for support.[620] A 2022 study by the Royal College of Psychiatrists discovered that 43 per cent of adults on waiting lists say they experience a deterioration in their mental health while waiting for treatment.[621]

> *"I have a patient at the minute who's 17, he feels the only thing that's going to help him now is medication from a GP. That age bracket of 17 means you can only get medication through a CAMHS referral. The CAMHS waiting list at the minute is a year to 18 months. GP won't medicate. He has sat in my office on a weekly basis now saying, 'I am just gonna go get some weed. I'm just gonna go have a drink' because he's trying these things in his social groups because that's what they're doing socially, but he's also tried it and knows for a fact he felt better for it."*
>
> **Mental Health Support Worker for Children and Young People, charity in the the Midlands**

614   Baker, C and Kirk-Wade, E., *Mental health statistics: prevalence, services, and funding in England*, 2024.
615   Ibid.
616   Ibid.
617   Children's Commissioner, *Children's mental health services 2022-23, 2024*, pp6-7.
618   British Medical Association, *Mental health pressures in England*, 2024.
619   Baker, C and Kirk-Wade, E., *Mental health statistics: prevalence, services, and funding in England*, 2024.
620   YoungMinds, *Mental health waiting times harming young people*, 2023.
621   Royal College of Psychiatrists, *Hidden waits force more than three quarters of mental health patients to seek help from emergency services*, 2022.

The third sector

The third sector which supports mental health provision has also suffered. Research by Pro Bono Economics reveals that as of 2020/21, charities had lost £13.2 billion in funding that they would have received if funding had remained at 2010/11 levels.[622] The third sector is vital to both formal social prescribing and informal solutions to issues impacting wellbeing such as loneliness. The CSJ's *Underfunded and Overlooked* report published in 2024 found that 71 per cent of the general public view charities as "vital to the social and economic future of the UK."[623]

The third sector can fill gaps in services where it has the appropriate funds but due to the challenges in the third sector, this may also be contributing to the increase in mental ill-health, as some individuals are no longer receiving the support they once did.

> *"[The] lack of funding in the community sector limits what people like us can do. We are stretching the little funds we can get to work with those who are disadvantaged and doing the work of many departments in society which just are no longer there. We befriend people, feed people, get them to hospital and appointments, do health and wellbeing work, find them clothing, advice etc. We get so much out of so little but at some cost."*
>
> **CEO of a community charity, the Midlands**

Real terms funding for core mental health costs rose 45.3 per cent between 2015/16 and 2022/23.[624] Meanwhile, the rise in mental ill-health among the population has risen and most mental health services are experiencing long wait times. The medical approach to tackling mental ill-health may not be able to tackle this problem alone, and a shift towards the biopsychosocial model may help prevent a further rise in mental ill-health.

Conclusion

The Covid-19 pandemic and subsequent lockdowns exacerbated rising trends in mental ill-health. The cost-of-living crisis has seen individuals experience financial stress and the increase in mental health-related economic inactivity has resulted in fewer people having a solid foundation to support their well-being, thereby contributing to the rise in mental ill-health. To fix this growing crisis an individualised approach is needed to help people to access and maintain meaningful employment while also treating their mental health.

For children and young people, it is now apparent that the harms of the online world surpass the benefits, making it clear that change is needed. It is no longer plausible to wait for more evidence before making technology safer for our young people. It is affecting the mental health of children, and we must take steps to prevent further harm.

622   Kitson, B, *Tethered fortunes: The threat to charities from trouble in local government*, 2024, p5.

623   CSJ, *Underfunded and Overlooked: The perilous state of Britain's grassroots charities*, 2024, p6.

624   Stiebahl, S, *NHS funding and expenditure*, 2024, p16.

Part 4:
The Over-Medicalisation of Mental Health

Introduction

There is growing concern that emotional distress triggered by challenging life circumstances is being treated as a medical issue.[625] Polling commissioned by the CSJ reveals that 84 per cent of GPs agree that society's approach to mental health has led to the normal ups and downs of life being seen as medical problems.[626] Medicalising these circumstances as mental ill-health may not be the most appropriate response as it could lead to inappropriate prescriptions, which has the potential for very damaging outcomes.[627] An unintended consequence of over-medicalisation is that individuals are reduced to their illness, restricting their ability to address the root cause of their distress. While a de-medicalised approach alone will not solve this, unnecessary medical intervention can limit individual choice and personhood.[628]

Current knowledge about the causes of mental ill-health primarily derives from biomedical, psychological, and social approaches.[629] This report has examined various social and environmental factors contributing to the rise in mental ill-health, such as family breakdown, trauma, cost-of-living, social media and the online world, as well as the reduction in employment and services.

This chapter will focus on the prevailing response to mental ill-health: the medical model. While valuable in addressing the symptoms of mental ill-health, it can fail to acknowledge the complexities of social influences, crucial for solving this growing problem. The UK is progressively implementing measures that leverage psychological and social models, such as talking therapies and social prescribing. However, addressing the underlying causes of the recent increase in mental ill-health may necessitate advancing these approaches. Original CSJ polling reveals that 65 per cent of reveals that 65 per cent of the general public think the NHS should prioritise addressing the root cause of less severe mental ill-health through social prescribing or therapy, compared with just 12 per cent who think it should be addressed through medicine like antidepressants.[630]

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625 The British Psychological Society, *The Power Threat Meaning Framework*, 2018.

626 Original analysis conducted by Savanta for The Centre for Social Justice of 1,001 General Practitioners in the UK between 4 December 2024 and 17 December 2024.

627 Davies, J, *Sedated: How Modern Capitalism Created Our Mental Health Crisis*, 2022.

628 Colker, R, *Overmedicalisation?* 2023.

629 Richter, D., and Dixon, J., *Models of mental health problems: a quasi-systematic review of theoretical approaches*, 2022.

630 Original analysis conducted by Opinium for The Centre for Social Justice of 2,050 UK adults between 8 January 2025 and 10 January 2025. The remaining responses were 'Neither' (8%) or 'Don't know' (15%).

This chapter opens by aiming to clarify the definition of mental health and examines how confusion surrounding this term can lead to misunderstandings. This in turn can result in self-diagnosis - phenomena that can be both beneficial and problematic. The chapter also explores increased awareness and the role of social media in this, before addressing rising concerns about overprescribing and inappropriate treatments. Finally, it seeks to identify potential solutions to these pressing issues.

Defining and Understanding Mental Health

Mental health literacy has been rising for some time. Prior to the 20th century, mental health was often explained by insanity or associated with the supernatural, and treated within, by today's standards, inhumane conditions.[631] Now, Mind describes mental wellbeing as not having "one set meaning" and that it is "to talk about how we feel, how well we're coping with daily life or what feels possible at the moment."[632] The WHO states that "a mental disorder is characterised by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour" and that "mental disorders may also be referred to as mental health conditions."[633] Meanwhile, Mind also use the term "mental health problems" to describe when one finds life stresses difficult to cope with.[634]

NHS England direct those seeking to define mental health to various information and support such as symptoms, specific conditions, and services.[635] In attempting to define mental health, the CSJ conducted qualitative content analysis of all mental health trust websites in England.[636] Of the current 49 trusts in England, three define mental health. One of these three very helpfully outlines what mental health is and what a mental disorder is, establishing the difference for service users. Another states that "mental health is about our capacity to get on with our lives, develop relationships and progress in line with our preferences". The third simply says "mental health is just like physical health – it needs to be cared for". Other trusts that do not provide an explicit definition and generally describe the symptoms of mental ill-health or what positive mental health looks like.[637]

The remaining 46 Trusts did not define mental health but all described mental health. Content analysis of these descriptions of mental health by NHS Mental Health Trusts revealed that mental health is generally understood to be impacted by a person's social context and their ability to cope, while equally encompassing a scale of severity, manifested in a spectrum of experiences.[638] If NHS Mental Health Trusts lack a clear single definition of mental health, it becomes more complicated to define, diagnose and treat mental ill-health.

In an effort to deepen the understanding of mental health, a 2021 study of the British public revealed six key themes when participants were asked to define "a mental health problem." Some referred to individual conditions, others suggested these lay on a spectrum of severity and duration but a common theme throughout the study was the dichotomy between the understanding of the causes of mental health problems, which many believed were biological, and others attributing causation to social factors.[639]

631   Farreras, I., *History of Mental Health*, 2024.
632   Mind, *How to improve your mental wellbeing*, 2023.
633   World Health Organization, *Mental disorders*, 2022.
634   Mind, *Mental health problems – an introduction*, 2017.
635   NHS, *Mental Health*, 2021.
636   See appendix: *Thematic content analysis of NHS Mental Health Trust websites*.
637   Ibid.
638   Ibid.
639   Arnot, M., Wolpert, M and Greenwood, E., *How does the British public understand mental health? A qualitative analysis of open-text responses*, 2021.

Despite this incomplete understanding of mental health, both major classifications of mental ill-health - the ICD and the DSM - define mental health. The ICD-11 says that "Mental, behavioural and neurodevelopmental disorders are syndromes characterized by clinically significant disturbance in an individual's cognition, emotional regulation or behaviour that reflects a dysfunction in the psychological, biological or developmental processes that underlie mental and behavioural functioning. These disturbances are usually associated with distress or impairment in personal, family, social, educational, occupational or other important areas of functioning."[640]

Similarly, the DSM-5 says "a mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities."[641]

These definitions are almost exact replicas of each other and both mention biological, psychological and social factors that influence mental ill-health. Where the medical model generally assumes that physiological factors cause mental ill-health and that mental ill-health can be defined and treated, the social model advocates for environmental and circumstantial causes of mental ill-health.[642] The psychological model assumes cognitive processes determine mental ill-health which can be treated through therapeutic intervention and can incorporate biological and social causes, but distinguishes that psychology is the primary cause.[643]

The concept that all three elements impact mental health is generally referred to as the *biopsychosocial model*, first coined in 1977 by George Engel.[644] Engel rejected the premise that biology has no place in psychiatry but also rejected the premise that biology was the sole explainer of mental illness, therefore he coined the biopsychosocial model to encapsulate all models.[645] The ICD-11 and DSM-5's definitions appear to promote a biopsychosocial model of mental health in which, while biology may play a part, the wider determinants of health also contribute to the causation of mental ill-health.

The DSM-5 makes this explicitly clear. It says that "mental disorders are defined in relation to cultural, social, and familial norms and values. Culture provides interpretive frameworks that shape the experience and expression of the symptoms, signs, and behaviors that are criteria for diagnosis. Culture is transmitted, revised, and recreated within the family and other social systems and institutions. Diagnostic assessment must therefore consider whether an individual's experiences, symptoms, and behaviors differ from sociocultural norms and lead to difficulties in adaptation in the cultures of origin and in specific social or familial contexts. Key aspects of culture relevant to diagnostic classification and assessment have been considered in the development of DSM-5."[646]

Thematic analysis of open text responses to the CSJ's call for evidence, asking what has driven the recent rise in mental ill-health, support this model of mental health. Key themes identified in the responses included social factors such as family breakdown, the Covid-19 pandemic and cost-of-living crisis and social media and the online world.[647]

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640 World Health Organisation, *Clinical descriptions and diagnostic requirements for ICD-11 mental, behavioural and neurodevelopmental disorders*, 2024, p9.

641 American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition*, 2013, p20.

642 Hogan, A., *Social and medical models of disability and mental health: evolution and renewal*, 2019.

643 Kinderman, P., *A Psychological Model of Mental Disorder*, 2005.

644 Engel, G., *The need for a new medical model: A challenge for biomedicine*, 1977.

645 Ibid.

646 American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition*, 2013, p14.

647 CSJ call for evidence, responses received between 26th May and 30th June. See appendix for thematic analysis of responses.

Wellbeing is distinct from mental health

Wellbeing is another term that does not have a universally understood definition. One critical review, aiming to differentiate between the definition of 'quality of life' and 'wellbeing' defined wellbeing as "a state of positive feelings and meeting full potential in the world."[648] Alternatively, the WHO defines it as "a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions. Wellbeing encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose."[649]

Various surveys have made attempts to capture feelings of wellbeing and happiness. The OxWell survey of 30,000 children and young people in February 2023 found that one in four year seven to thirteens feel often or always sad or empty.[650] The BeeWell survey of 63,100 year eight to tens across 192 schools in Greater Manchester found that around 16 per cent of these young people had high levels of emotional difficulties in 2021, decreasing to 14 per cent in 2023.[651] For young people on free school meals (FSM), a form of deprivation indicator, 16 per cent reported high levels of emotional difficulties, compared with 13.3 per cent of those not on FSM.[652]

Methods of measuring wellbeing might include questions such as "how satisfied are you with your life nowadays?" "how happy did you feel yesterday?" and "to what extent do you feel that the things you do in your life are worthwhile?"[653] While these questions seek to understand life satisfaction, they do not indicate what mental health is. Despite this, mental health and wellbeing are often terms used in tandem or even interchangeably. Mental health charity Mind use the term "mental wellbeing" to refer to how we feel, recognising that it is possible to have poor mental wellbeing and no mental ill-health, or equally have mental ill-health but good mental wellbeing.[654]

The clinical lead for a Mental Health Schools Team told the CSJ how awareness has resulted in more conversations, but a reluctance to view mental health as positive.

> *"I think people automatically hear the word mental health and they think mental ill-health and so that's the narrative that we need to change... a lot of our work is focusing on changing that narrative so that people are more comfortable hearing mental health and are thinking 'of course I need to be doing things to support my wellbeing.'"*
>
> **Clinical lead for a Mental Health Schools Team**

A broader definition of health to include wellbeing may also paradoxically contribute to medicalisation. As pointed out by Kaczmarek, "If, as defined by the World Health Organization, health is "a state of complete, physical, mental, and social well-being", then every aspect of individual and collective life can be seen as a health problem."[655] This makes it difficult for the lay person to determine what is mental health and what is wellbeing.

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648   Simons, G and Baldwin, D, S., *A critical review of the definition of 'wellbeing' for doctors and their patients in a post Covid-19 era*, 2021.

649   World Health Organisation, *Promoting well-being*, n.d.

650   University of Oxford, *Oxwell 2023 Findings: Top 10 Facts from Years 7-13*, n.d.

651   BeeWell, *#BeeWell Greater Manchester Headline Findings: Autumn 2023 Survey Results*, 2024, p3.

652   Ibid, p4.

653   The Children's Society, *The Good Childhood Report*, 2023, p39.

654   Mind, *How to improve your mental wellbeing*, 2023.

655   Kaczmarek, E., *How to distinguish medicalisation from over-medicalisation?* 2018.

> *"We're constantly conflating terms like wellbeing, mental health and mental illness and using them interchangeably."*
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> **Child psychologist**

RECOMMENDATION

NHS England should work with all Mental Health Trusts to establish a shared definition for terms such as 'disorder,' 'illness,' 'wellbeing,' 'mental health,' and 'distress.' It should use the British Psychological Society (2015) Guidelines on Language to do this. This shared definition should extend to be used in education and other public services.

Increased Awareness

The past decade has marked an increased awareness of mental ill-health. In 2021, the British Association for Counselling and Psychotherapy surveyed 6,000 people about their attitudes to mental health and found that 83 per cent of respondents viewed talking about mental health as more socially acceptable than in 2016 and that 69 per cent viewed themselves as more aware of mental health issues.[656] Responses to the CSJ's call for evidence highlighted that increased awareness has resulted in more people accessing services and a less stigmatised view of mental health.[657] Dr Lucy Foulkes, an academic psychologist, argues that the 'cultural turning point' in discourse around mental health began with the *Time to Change* campaign, launched in 2007, which highlighted that 1 in 4 adults will experience mental ill-health in any given year.[658]

However, awareness campaigns aiming to reduce the stigma around mental health are not a new phenomenon. Mind launched its first information and fundraising campaign in 1971. Since 1997, they have regularly updated and launched new campaigns to tackle stigma where it is most pertinent.[659] In 2019, Public Health England, funded by the government, launched *Every Mind Matters* which aims to help people understand how to look after their mental health alongside a now well-renowned website that offers practical advice.[660] One systematic review published in Sage Journals in 2024 found that mental health awareness campaigns have significantly increased positive attitude towards mental health with reduced stigma and an increase in help-seeking behaviours.[661]

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656 British Association for Counselling and Psychotherapy, *Attitudes towards mental health are changing, our research finds*, 2021.

657 CSJ call for evidence, responses received between 26th May and 30th June. See appendix for thematic analysis of responses.

658 *Time to Change, About us*, n.d.

659 Mind, Our achievements, 2024; *Dr Lucy Foulkes, What Mental Illness Really Is… (and what it isn't)*, 2021

660 NHS, *Every Mind Matters*, 2021.

661 Tam, M, et. Al, *A Systematic Review of the Impacts of Media Mental Health Awareness Campaigns on Young People*, 2024.

> *"When I was at school, maybe eight years ago, I feel like mental health was a much more talked about topic. And I think as more people talk about it, more people understand it, more people get comfortable talking about it, and therefore it may look like it's happening more, but people are just sort of hiding it less."*
>
> **Participant of a focus group of young people aged 16-25**

Despite this, stigma in relation to mental ill-health still persists. In 2021 Rethink Mental Illness surveyed 500 people severely affected by mental illness and found that 88 per cent said discrimination remains widespread and 74 per cent felt stigma had not decreased over the previous decade.[662] The difference in stigma may depend on the severity of the condition. A study published in 2022 by Cambridge University Press found that stigma remained present for schizophrenia and antisocial personality disorder but not for anxiety disorder or OCD.[663] It also remains for some minorities.[664]

> *"My parents are ethnic of Iraq. [sic] So, when I speak about mental health to my parents, they just say, 'Oh it's just because you're on your phone too much'. Or, 'there's no such thing as depression. There's no such thing as anxiety. It's all in your head'."*
>
> **Woman in her early twenties and beneficiary of Sheffield Futures**

For this reason, in January 2024, NHS England launched a new campaign, *Help Us, Help You,* targeted at 30- to 50-year-olds in Black and South Asian communities where mental health problems are predicted to be higher and where there is arguably more stigma.[665]

How has social media influenced the rise in increased awareness?

Social media has contributed significantly to the increase in awareness and mental health literacy,[666] which is the knowledge and recognition of mental ill-health, its treatment and prevention.[667] Social media is seen as an effective tool for raising awareness because it can reach a large audience quickly.[668] For the lay person, having accessible language is crucial to public health understanding. As has been discussed previously, the increase in eating disorders has been linked to TikTok. There are also suggestions that social media romanticises mental ill-health, further exacerbating the rise in these issues through deceptive and occasionally manipulative content.[669] As early as 2013 there were reports of the glamorisation of mental ill-health, with the term 'wannabe depressed' being used to describe the 'beautiful suffering' that confused the meaning of clinical depression.[670]

662 Rethink Mental Illness, *Overwhelming majority of people severely affected by mental illness report discrimination still widespread*, 2021.
663 Hazell C, M., et al., *Creating a hierarchy of mental health stigma: testing the effect of psychiatric diagnosis on stigma*, 2022.
664 Eylem, O., et al., *Stigma for common mental disorders in racial minorities and majorities a systematic review and meta-analysis*, 2020.
665 NHS East London Foundation Trust, *NHS England introduce new mental health campaign: 'Help Us, Help You'*, 2024.
666 Latha, K., et al., *Effective use of social media platforms for promotion of mental health awareness*, 2020.
667 Sampaio, F, Gonçalves, P and Sequeira, C., *Mental Health Literacy: It Is Now Time to Put Knowledge into Practice*, 2022.
668 Latha, K et. Al, *Effective use of social media platforms for promotion of mental health awareness*, 2020.
669 Jadayel, R, Medlej, K and Jadayel, J., *Mental disorders: A glamorous attraction on social media?* 2018.
670 Bine, A., *Social Media Is Redefining 'Depression'*, 2013.

Advancing to 2024 and a study by BMC Psychiatry exploring the romanticising of mental illness found that while online discourse around mental health can positively influence, it also glamorises certain conditions and concludes that responsible discussion about mental health is in this digital age is required.[671]

This rise in treatment for mental ill-health may also be being driven by a glamorisation of mental ill-health on social media,[672] particularly through echo chambers in which mental illness is romanticised and misinformation is spread.[673] For example, Freya India, creator and writer of the Substack, GIRLS, highlights certain hashtags and trends, particularly on TikTok, which romanticise antidepressants and advertise a pill for everything.[674]

A study published in the Journal of Mood and Anxiety Disorders in 2023 found that those with depression and/or anxiety were 25 per cent more likely to share health information on social media than the general population.[675] This may contribute to health promotion and could provide an opportunity for those struggling to access positive health messages, but the study concludes that the efficacy of this content remains unclear.[676] A study investigating the language around antidepressants used in English tweets between January 2019 and October 2020 found that where Twitter users used medical content, only 50 per cent were scientifically accurate.[677]

For example, many studies have and are continuing to explore whether TikTok has been a contributor to the rise in ADHD diagnosis.[678] According to TikTok, there have been three million posts using the hashtag '#adhd' in the UK between September 2021 and September 2024.[679] TikTok also reveals that 58 per cent of those viewing content with the hashtag '#adhd' are aged between 18 and 24 and only 18 per cent of viewers are over 35.[680] In March 2024, NHS England announced that ADHD was the second most viewed health condition on their website in 2023 (the first most viewed being Covid-19), amounting to 4.3 million page views.[681]

One study exploring this phenomenon published by European Psychiatry in 2022 found that viewing videos about ADHD on TikTok was resulting in young people diagnosing themselves with the condition, which may result in a reduction in stigma but could also impact waiting times for mental health services.[682] Another study published by the Canadian Journal of Psychiatry in 2022 explored the quality of the content on TikTok about ADHD. It found that only 21 per cent of content was useful, with 52 per cent deemed misleading and 27 per cent exhibited personal experience.[683] Another study published by Frontiers in Psychiatry in 2022 recruited participants from social media and asked questions about diagnoses of mental ill-health. It found that only a minority of participants were able to correctly identify mental ill-health diagnoses.[684]

671 Issaka, B., et al., *"Anxiety is not cute" analysis of twitter users' discourses on romanticizing mental illness*, 2024.

672 Ahuja, J. and Fichadia, P, A., *Concerns Regarding the Glorification of Mental Illness on Social Media*, 2024.

673 Shrestha A., *Echo: the Romanticization of Mental Illness on Tumblr*, 2018.

674 India, F., *Why are so many girls on SSRIs?* 2023.

675 Onyeaka, H, et al., *Association between social media use and health promotion among individuals with depression and anxiety: Insights from the 2017–2020 Health Information National Trends Survey*, 2023.

676 Ibid.

677 Anta, L, et al., *Areas of Interest and Social Consideration of Antidepressants on English Tweets: A Natural Language Processing Classification Study*, 2022.

678 Yeung, A, Ng, E and Abi-Jaoude, E., *TikTok and Attention-Deficit/Hyperactivity Disorder: A Cross-Sectional Study of Social Media Content Quality, 2022*; Gilmore, R, et al., Is TikTok increasing the number of self-diagnoses of ADHD in young people?, 2022; British Association for Counselling & Psychotherapy, The big issue: Mental health and the TikTok effect, 2023. Note: While ADHD is a neurodevelopmental disorder and not mental ill-health (and for some is considered behavioural and not psychiatric), it is defined under the DSM as a psychiatric condition and like mental ill-health, has risen in diagnosis and treatment in recent years, as depicted in chapter 1.

679 Accessed 20/09/2024 from *TikTok Creative Center: Browse what's trending now in United Kingdom*, at https://ads.tiktok.com/business/creativecenter/hashtag/adhd/pc/en?countryCode=SA&period=7.

680 Ibid.

681 NHS England, *NHS to launch cross-sector ADHD taskforce to boost care for patients in England*, 2024.

682 Gilmore, R, et al., *Is TikTok increasing the number of self-diagnoses of ADHD in young people?* 2022.

683 Yeung, A, Ng, E and Abi-Jaoude, E., *TikTok and Attention-Deficit/Hyperactivity Disorder: A Cross-Sectional Study of Social Media Content Quality*, 2022.

684 Chao, Y.-S., et al., *Why Mental Illness Diagnoses Are Wrong: A Pilot Study on the Perspectives of the Public*, 2022.

A study by Plush Care in 2024 also found that 83.7 per cent of mental health content on TikTok was misleading and 14.2 per cent potentially damaging. It also found that only 9 per cent of mental health influencers on TikTok had a relevant qualification.[685]

> "I think there's a complete miseducation through TikTok. You scroll and you see 10 signs you've got ADHD… and then people self-diagnose themselves and then that becomes an issue."
>
> **17-year-old male with lived experience of mental ill-health, the North East**

> "Now they [CYP] have so much access to Tik Tok, Instagram and Snapchat… there's so much talk around anxiety, ADHD, ASD that it's a case of do you have these three symptoms? If yes, you have ADHD, you need to explore this with your SENCO at school. I've seen a massive rise in students wanting to diagnose themselves and follow that route without parents… the students that are wanting to search for these diagnoses for themselves, or even if they have parental backing with it, they expect there to be a shiny light and an answer for it at the end of the tunnel. So, they expect that 'if I do go through the two-year process with the neurodiversity team and then I get an ASD diagnosis at the end of it, everything will be fixed, and I'll get the support package that I need.' Trying to explain to them that there actually isn't a support package at the end of an ASD referral is really hard for them to hear and that leads to the next downfall that they have."
>
> **Mental Health Lead for schools in their local area**

Social media applications may also be driving the rise in ADHD due to the nature of short videos resulting in reduced attention spans. In 2018 a longitudinal study of 15- to 16-year-olds found that there was a strong association between social media use and increased risk of developing symptoms of ADHD.[686] A later study published by Springer Link in 2023 found that individuals with ADHD are more prone to developing technology addictions,[687] suggesting that a higher prevalence of ADHD could lead to increased social media use, resulting in a cyclical effect.

Similarly, the rise in ADHD may be a result of an increase in awareness. In particular, ADHD has come to be better recognised in underrepresented groups should as women.[688] Given high rates of comorbidities with other psychiatric conditions, ADHD had gone underdiagnosed.[689] The rise in ADHD may be a result of an increase in prevalence or incidence, but it may also be a result of increased awareness or caused by social media.

685 PlushCare, *How Accurate is Mental Health Advice on TikTok?* 2024.

686 Ra, C, K., et al., *Association of Digital Media Use With Subsequent Symptoms of Attention-Deficit/Hyperactivity Disorder Among Adolescents*, 2018.

687 Aydin, T, et al., *Trait-level non-clinical ADHD symptoms in a community sample and their association with technology addictions*, 2023.

688 Abdelnour, E., Jansen, M, O., and Gold, Jessica, A, *ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?*

689 Ginsberg, Y, et al., *Underdiagnosis of Attention-Deficit/Hyperactivity Disorder in Adult Patients: A Review of the Literature*, 2014.

There is also growing concern that the rapid integration of artificial intelligence (AI) chatbots (software designed to mimic human conversation either via message or voice) into digital platforms like Snapchat has introduced significant risks, particularly for vulnerable groups such as those struggling with mental ill-health.

In April 2023, Snapchat became the first social media platform to introduce an AI chatbot, *My AI*, available to its 383 million daily users.[690] By mid-2024, another platform, Character.ai, had reported over 20 million monthly active users, of which 65 per cent were between the ages of 18 and 24, and the average user spent two hours per day on the platform.[691]

Chatbots are increasingly being used as digital therapists for those seeking treatment[692] and for those unable to afford the more conventional routes of traditional therapy or medical treatment.[693] Some children and young people have found themselves turning to these AI tools for comfort or guidance due to stigma that still surrounds mental ill-health.[694] It is stigmas such as these that prevent young people from seeking help from human professionals, making the anonymity and accessibility of AI chatbots an appealing alternative.

While these AI chatbots provide quick access to information and offer a semblance of psychological support, they present considerable dangers due to insufficient safety measures and monitoring online.[695] Chatbots are limited in their capacity to understand and address complex mental health needs, lacking the empathy, training, and nuanced approach of a professional. Chatbots can also provide incomplete or harmful advice, promoting practices that exacerbate body image concerns and eating disorders.[696] Even more concerning, Character.ai is currently being sued by the mother of a 14-year-old in Florida who tragically took his own life, alleging that the platform played a role in his suicide.[697]

Chatbots may place undue responsibility on adolescents to interpret and act on the advice they receive, often without directing them toward professional help.[698] The lack of regulatory frameworks governing these AI interactions further compounds the risk, exposing young users to inappropriate content and reinforcing negative thought patterns without human oversight. The accessibility and anonymity of these tools can foster dependence on AI chatbots for emotional support, despite their inadequacies as replacements for professional care.

RECOMMENDATION

Ofcom should carry out a rapid review to establish a regulatory framework to require AI chatbots to have advanced crisis management safety protocols in cases of users presenting with mental ill-health, through an amendment to the Online Safety Act.

- *Chatbots used as digital therapists must be subjected to this regulatory framework, with enhanced measures for users under 16.*

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690 Tandar, C et al., *Social Media and Artificial Intelligence-Understanding Medical Misinformation Through Snapchat's New Artificial Intelligence Chatbot*, 2024.

691 Kumar, N., *Character AI Statistics (2024) – 20 Million Active Users*, 2024.

692 Bond, R, et al., *Digital transformation of mental health services*, 2023.

693 Khawaja, Z and Bélisle-Pipon, J-C, *Your robot therapist is not your therapist: understanding the role of AI-powered mental health chatbots*, 2023.

694 Hoffman, B, D, Oppert, M, L and Owen, M., *Understanding young adults' attitudes towards using AI chatbots for psychotherapy: The role of self-stigma*, 2024.

695 Khawaja, Z and Bélisle-Pipon, J-C, *Your robot therapist is not your therapist: understanding the role of AI-powered mental health chatbots*, 2023.

696 Tandar, C et al., *Social Media and Artificial Intelligence-Understanding Medical Misinformation Through Snapchat's New Artificial Intelligence Chatbot*, 2024.

697 Montgomery, B in The Guardian, *Mother says AI chatbot led her son to kill himself in lawsuit against its maker*, 2024.

698 Tandar, C et al., *Social Media and Artificial Intelligence-Understanding Medical Misinformation Through Snapchat's New Artificial Intelligence Chatbot*, 2024.

Self-diagnosis and Misdiagnosis

Increased awareness has empowered more individuals to recognise the diagnostic labels associated with their experiences, enabling a greater capacity for self-diagnosis.[699] For example, in working to improve outcomes for adults with ADHD,[700] the Scottish Government published a report which found that 86.1 per cent of those who came forward for an assessment for ADHD met the diagnostic criteria,[701] indicating the accuracy of self-diagnosis.

Self-diagnosis may be more common among children and young people. A 2023 survey by Tebra found that 30 per cent of Gen Z had self-diagnosed due to information obtained through social media, compared with 15 per cent of Baby Boomers, and that 32 per cent of those who self-diagnosed received treatment.[702] Gen Z are more likely to self-diagnose through TikTok, Millennials through YouTube and Baby Boomers through Facebook, and anxiety, depression and ADHD were the most common conditions self-diagnosed.[703] Joe Martin, a psychotherapist writing for the British Association for Counselling and Psychotherapy said that he encourages clients to be curious about what they have self-diagnosed themselves with due to misinformation online.[704]

Self-diagnosis may lead to misdiagnosis.[705] For those who are misdiagnosed, this can have detrimental consequences. Misdiagnosis can have a range of detrimental effects on patients, including confusion from a lack of improvement despite treatment, exposure to inappropriate treatments, worsening of a condition, and a growing mistrust of medical professionals.[706]

> *"I was diagnosed with depression at the start of things and I knew it wasn't… it was...childhood trauma."*
>
> **Person with lived experience of mental ill-health**

A 2024 study of autistic adults in the Netherlands found that prior to receiving their diagnosis of ASD, 24.6 per cent of participants were misdiagnosed, with personality disorders being the most frequent, and women were almost two times as likely as men to be misdiagnosed.[707] According to Cambridge University Press, some of the reasons for misdiagnosis in ADHD include lack of awareness and stigma among clinicians, the self-medicating of symptoms through alcohol or drugs as well as overlapping symptoms with other conditions such as depression and anxiety, especially because ADHD has a high rate of comorbidity.[708]

The high rate of comorbidity is common across neurodevelopmental conditions and this is often because there are many shared characteristics across many diagnoses.[709] To avoid misdiagnosing, a 2024 study

699 Fellowes, S., *Self-Diagnosis in Psychiatry and the Distribution of Social Resources*, 2023.

700 Note: while ADHD is a neurodevelopmental disorder and not mental ill-health (and for some is considered behavioural and not psychiatric), it is defined under the DSM as a psychiatric condition and like mental ill-health, has risen in diagnosis and treatment in recent years, as depicted in chapter 1.

701 Scottish Government, *NAIT Adult Neurodevelopmental Pathways report*, March 2023.

702 Redshaw, L, *Is self-diagnosis on social media helping or hurting people's health?* 2023.

703 Ibid.

704 British Association for Counselling and Psychotherapy, *The big issue: Mental health and the TikTok effect*, 2023.

705 David, S and Deeley, Q, *Dangers of self-diagnosis in neuropsychiatry*, 2024.

706 Akers, G, *The Impact of Mental Health Misdiagnosis*, 2019.

707 Kentrou, V, et al., *Perceived misdiagnosis of psychiatric conditions in autistic adults*, 2024.

708 Johnson, J, Morris, S and George, S, *Misdiagnosis and missed diagnosis of adult attention-deficit hyperactivity disorder*, 2021.

709 Michelini, G, et al., *Where do neurodevelopmental conditions fit in transdiagnostic psychiatric frameworks? Incorporating a new neurodevelopmental spectrum*, 2024.

published in World Psychiatry promoted a transdiagnostic framework to encompass various diagnoses and establish a "neurodevelopmental spectrum", which focuses more clearly on individual needs.[710]

Another reason why self-diagnosis may be detrimental is because ruminating - repetitive negative thinking (RNT) about negative emotions - may not only be a consequence of mental ill-health but also a cause of it across various diagnoses of mental ill-health, not just depression.[711] This is not to be confused with self-reflection, which can assist with problem-solving and enhance mental health.[712]

A study published in 2023 found that internalising symptoms of mental ill-health through rumination was positively associated with problematic social media use,[713] indicating that using social media in a problematic way (for example, for too long) may be associated with developing symptoms of mental ill-health as a result of rumination.

> *"Some people self-diagnose with the wrong things or multiple things that don't really link up together. And it just makes them feel like they should be that because they're like, 'okay, if someone said on Tik Tok that I am this, then that means I'm that and I'm now going to act like that.'" [sic]*
>
> **Young person with lived experience of mental ill-health**

Private diagnoses may also be contributing to the rise in ADHD through overdiagnosis. Due to the rising wait lists for assessments for ADHD, some people are accessing private services, but BBC Panorama found that diagnosis is more unreliable and medication more accessible from private clinics than the NHS.[714]

> *"The private psychiatry teams who now offer ADHD assessment - I have yet to have a patient as I've referred privately to one of these clinics who comes away without the diagnosis of ADHD."*
>
> **NHS General Practitioner**

RECOMMENDATION

NHS England should establish a framework for healthcare professionals to record and highlight identified instances of misdiagnosis and overdiagnosis, both to ensure the individual affected is escalated for support, and to advocate learning and prevention. This should be monitored by the Care Quality Commission.

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710 Ibid.
711 Ehring, T, *Thinking too much: rumination and psychopathology*, 2021.
712 Takano, K. and Tanno, Y., *Self-rumination, self-reflection, and depression: Self-rumination counteracts the adaptive effect of self-reflection*, 2009.
713 Chentsova, V, et al., *Internalizing symptoms, rumination, and problematic social networking site use: A cross national examination among young adults in seven countries*, 2023.
714 BBC News, *ADHD: Private clinics exposed by BBC undercover investigation*, 2023.

The Rise in Classifications of Mental Ill-Health

Another cause of overdiagnosis may be the rise in the classifications of mental ill-health. Dr Allen Frances, a psychiatrist who chaired the taskforce which developed the DSM-IV, has widely criticised the DSM-5, particularly in his book *Saving Normal*. Frances argues that the DSM has expanded in its categories of mental illness, resulting in normal and difficult experiences being named as disorders. He highlights his concern that this has led to those suffering with severe mental illness not getting the support they desperately need. In *Saving Normal* he says, "as we drift ever more toward the wholesale medicalisation of normality, we lose touch with our strong self-healing capacities - forgetting that most problems are not sickness and that only rarely is popping a pill the best solution."[715]

With mental health literacy rising, the language surrounding mental illness is used more frequently.[716]

> *"We absolutely need to validate those feelings, but not with labels that are medical terms… We want to be teaching them [CYP] that actually, there's a different word for anxiety and there's a normal side of those feelings. And actually, we can just deal with them ourselves. Whether it's a four-year-old, doing rainbow breaths, or it's whatever mindfulness looks like… great tools to have. But around normal feelings that can occur every day because we all get nervous."*
>
> **CEO of a community charity**

The expansion of the DSM has influenced the UK. While NHS England is officially mandated by the ICD-10 (but will use the ICD-11 as their manual from April 2026[717]), NICE guidelines use definitions provided in the DSM-5 to advise HCPs in the UK, for example in defining and assessing depression.[718] Although the DSM and ICD share broadly similar diagnostic categories, the specific definitions of those diagnoses can vary.[719] This is because historically, publications of the ICD and DSM have been collaborative efforts,[720] which explains the similarity in their definitions of mental health.

Both the DSM and the ICD manuals are used in the NHS. Dr James Davies, who cofounded the Council for Evidence-Based Psychiatry and has been an advisor for Public Health England, argues that the widespread expansion of the DSM not only medicalised "everyday human distress," but did so "without any real biological justification."[721] He argues that this is largely a result of the financial incentives of those who wrote the DSM-5 given their ties to pharmaceutical companies.[722] Davies points out that following the Covid-19 pandemic and lockdowns, Public Health England encouraged people to exercise, eat and sleep well in an effort to empower people to take charge of their wellbeing as a response to the rising mental ill-health of the nation.[723] This indicates that Public Health England recognised the social causes of mental ill-health.

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715 Frances, A., *Saving normal*, 2013.

716 Dr Lucy Foulkes, *What Mental Illness Really Is, and what it isn't,* 2021.

717 NHS England, *For information: Preparations for the implementation of ICD-11,* 2023.

718 National Institute for Health and Care Excellence, *Depression: What is it?* 2024.

719 Tyrer, P, *A comparison of DSM and ICD classifications of mental disorder,* 2014.

720 American Psychiatric Association, *DSM History,* n.d.

721 Davies, J, *Sedated: How Modern Capitalism Created Our Mental Health Crisis,* 2022, p6.

722 Ibid, p9.

723 Ibid, p344.

Foulkes also explores the expansion of the DSM-5 and contends that it may have contributed to the recent increase in mental health issues "because in almost all cases, the boundaries around what is officially considered to be an illness are expanding."[724] Joel Paris, a professor at McGill University in Canada, described this as 'fuzzy boundaries' in psychiatry, where it is difficult to determine when sadness develops into depression, for example.[725] For example, in 2015 he argued that routine screening for ADHD was not sufficient and that overdiagnosis may be a result of expanding diagnostic thresholds, as well as further financial incentives through advertising in the pharmaceutical industry.[726]

The DSM-5 added "persistent complex bereavement disorder" to its list of classifications, arguably pathologising grief.[727] However, the DSM-5 also states that "an expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder,"[728] revealing a contradiction regarding whether it supports a medical or social model of mental health. Critics argue that while the DSM-5 gives the impression of aligning with the biopsychosocial model, it ultimately favours the medical model.[729]

One of the reasons why the rise in classifications of mental ill-health may confuse public health understanding is because there is an incomplete understanding of mental health, what causes it and how we can treat it, risking misinformation.[730] An example of this is a 2024 study published by Karger, which explored the websites of mental health organisations across the globe who describe depression, found that most sites misleadingly "described depression as a causal explanation to depressive symptoms", leading to misunderstanding by the public of what mental ill-health is.[731] For example, debate about whether 'burnout' should be classified as a mental disorder[732] has been refuted by the WHO, who maintain 'burnout' as an occupational phenomenon which describes a symptom of mental ill-health, not mental ill-health in itself.[733] The diagnostic name of a mental disorder describes the symptoms a person is experiencing; it does not seek to understand the cause of the symptoms.[734]

724   Dr Lucy Foulkes, *What Mental Illness Really Is… and what it isn't, 2021*, p50.

725   Freckelton, I, *Overdiagnosis in Psychiatry: How Modern Psychiatry Lost Its Way While Creating a Diagnosis for Almost All of Life's Misfortunes*, by Paris Joel, 2018.

726   Paris, J, Bhat, V, and Thombs, B, *Is Adult Attention-Deficit Hyperactivity Disorder Being Overdiagnosed?* 2015.

727   Dr Lucy Foulkes, *What Mental Illness Really Is… and what it isn't*, 2021, p59.

728   American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders : Fifth Edition*, 2013, p20.

729   Lafrance, M, N, and McKenzie-Mohr, S, *The DSM and its lure of legitimacy*, 2013.

730   Dr Lucy Foulkes, *What Mental Illness Really Is… (and what it isn't)*, 2021.

731   Kajanoja, J. and Valtonen J, *A Descriptive Diagnosis or a Causal Explanation? Accuracy of Depictions of Depression on Authoritative Health Organization Websites*, 2024.

732   Nadon, L, Deer, L and Morin, A, J, S, *Should Burnout be Conceptualized as a Mental Disorder?* 2022.

733   World Health Organisation, *Burn-out an "occupational phenomenon": International Classification of Diseases*, 2019.

734   Neuroscience News, *Misleading Information on Depression Hampers Understanding*, 2024.

A rise in mental health literacy, financial incentives within the pharmaceutical industry and a drive to determine what causes mental ill-health may all have contributed to the rise in classifications of mental ill-health, but this can have unintended consequences. The paradox of increased awareness resulting in reporting of undiagnosed conditions and the overinterpretation of mild symptoms of mental ill-health has been coined by Foulkes and Andrews as 'the prevalence inflation hypothesis,'[735] in which the more attention paid to an issue, the more prevalent it becomes.

A recent study of 700,000 individuals in Finland presents an example of this. It found that, adjusting for various environmental factors, a ninth grade (aged 15 – 16) student who had a classmate with a diagnosed mental disorder faced a higher risk of receiving a diagnosis later in life. This suggested "that mental disorders might be transmitted within adolescent peer networks."[736] A Mental Health Support Worker told the CSJ during a roundtable, "I feel we may be slightly over educating the children in terms of mental health. I've had a few patients who have said I hadn't heard of self-harm and didn't realise that's what it was until certain sessions in school."

Foulkes recognises a further consequence of the pathology of normality; that mental illness is devalued itself.[737] Foulkes writes, "if every low mood is described as depression, if every psychological difficulty is framed as mental illness, then we risk losing sight of the people who are truly ill."[738]

> *"People are just saying they're depressed, saying they're anxious… I feel like it genuinely just gets me so angry because… like I'm confident I've experienced depression or anxiety. You say your mama says do the dishes. Stop saying you're depressed because you need to do more housework. It really annoys me, because it's so normalised they expect support from you for that… It doesn't make me feel comfortable to talk to them about my issues."*
>
> **17-year-old male with lived experience of mental ill-health, the North East**

> *"I think mental health now is not being recognised because so many people have it. It's just a general thing now so when you say you've got mental health people look at you and go yeah everyone's got it."*
>
> **Person with lived experience of mental ill-health, participant of a focus group**

RECOMMENDATION

The Department for Education should incorporate Social and Emotional Learning in the national curriculum following the curriculum review and ensure 'wellbeing' and 'mental health' are distinguished.

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735   Foulkes, L and Andrews, J, *Are mental health awareness efforts contributing to the rise in reported mental health problems? A call to test the prevalence inflation hypothesis*, 2023.

736   Alho, J, et al., *Transmission of Mental Disorders in Adolescent Peer Networks*, 2024.

737   Dr Lucy Foulkes, *What Mental Illness Really Is… (and what it isn't)*, 2021, pp149-150.

738   Ibid, p168.

Reliability in Psychiatry

Historically, much of the criticism of psychiatry has been targeted as the lack of an independent biological basis for diagnosis due to the absence of a suitable diagnostic test to establish a link between biological causes and mental disorders.[739] Certain psychiatric conditions, such as dementia, can be identified through a physiological assessment (a brain scan), but that is the exception rather than the norm.[740]

For many health conditions there is a difference in biology between those who have a clear diagnosis of a condition, compared with those who do not, which is referred to as the 'zone of rarity.'[741] Due to there being no such clear biological marker for those with mental ill-health, psychiatry often lacks the zone of rarity. This means that the line separating wellness and the diagnosis of mental ill-health is determined by an artificial boundary,[742] usually assessed through a survey or questionnaire. To enhance the reliability of psychiatric diagnoses, clear and valid criteria are necessary; the greater the number of valid criteria applied, the more reliable the diagnosis becomes.[743] For example, structured interviews are considered a valid measure of diagnosis, but are time consuming, complicated and require extensive training.[744]

While diagnostic testing varies by condition, for depression, the NHS - following NICE recommendations - advocates the use of three different questionnaires: PHQ-9, HADS, and BDI-II.[745] The PHQ-9 uses DSM-5 criteria and rates symptoms of depression over the previous two weeks on a scale of zero to three, with zero being not at all to three being nearly every day.[746] This means that a score is used to determine the severity of depression.[747]

While the PHQ-9 is not intended to determine the causation of diagnosis, the PHQ-9 appears to fail to recognise the impact of life events on symptoms, which is also true of other measures.[748] Nevertheless, NICE guidelines recommend that clinicians should not simply focus on counting the number of symptoms when assessing someone for depression and rather that the assessment should take "into account severity of symptoms, previous history, duration and course of illness."[749] The NHS describes the diagnosis of depression as involving questions about feelings and daily life,[750] which may act as a form of interview, also used to establish a patient's presentation and diagnosis.[751]

Similarly, in outlining its limitations, the 2014 APMS highlighted that for finding the prevalence of ASD, the Autism Quotient (AQ-20) and Autism Diagnostic Observation Schedule (ADOS) may not be sufficient, given that psychiatric diagnosis should be "reached by professionals over multiple sessions… health surveys are a population research tool and should not be expected to provide the equivalent of a professional diagnosis."[752]

739   Tyrer, P, *A comparison of DSM and ICD classifications of mental disorder*, 2014.

740   NHS, *Tests for diagnosing dementia*, 2023.

741   Tyrer, P, *A comparison of DSM and ICD classifications of mental disorder*, 2014.

742   Ibid.

743   Aboraya, A, et al., *The Validity of Psychiatric Diagnosis Revisited: The Clinician's Guide to Improve the Validity of Psychiatric Diagnosis*, 2005.

744   Ibid.

745   National Institute for Health and Care Excellence, *Depression: How should I assess a person with suspected depression?* 2024.

746   Patient Health Questionnaire (PHQ) Screeners, Screener Overview.

747   Kroenke, K, Spitzer, R, L and Williams, J, B., *The PHQ-9: validity of a brief depression severity measure*, 2001.

748   Robinson, J, et al., *Why are there discrepancies between depressed patients' Global Rating of Change and scores on the Patient Health Questionnaire depression module? A qualitative study of primary care in England*, 2017.

749   National Institute for Health and Care Excellence, *Depression in adults: treatment and management*, 2022.

750   NHS, *Diagnosis – Depression in adults*, 2023.

751   World Health Organisation, *Clinical descriptions and diagnostic requirements for ICD-11 mental, behavioural and neurodevelopmental disorders*, 2024.

752   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p155.

> *"Students that have been put forward for an ADHD referral, what's the background with that student? I don't think that that's necessarily picked up on the ADHD referral forms, the typical questionnaire, but actually, is it trauma because they present very similarly. Are we diagnosing kids with ADHD when actually it's trauma?"*
>
> **Mental Health Lead for schools in their local area**

> *"Back in 2016 when I tried to take my own life…. Through that I was then prescribed. I was diagnosed with anxiety and depression. Diagnosed sertraline, antidepressants, which I'm on to this day… and most recently, in the last year and a half, I was diagnosed with ADHD."* They added that the diagnosis of ADHD came after two years on a waiting list and said that after the two years *"it was like super quick… I think I had one sit down interview… through a video call, not even face-to-face, and then get the diagnosis from there. And then it's so quick… and leads straight into medication."* The interview *"was kind of an open conversation… I would say they were leading questions… I felt like I was almost giving them the answers that they wanted to hear and I would say it was about 50 minutes… and then it was about a two week turnaround to get something back to say yes, it's this. Let's try you on some medication."*
>
> **Person with lived experience of mental ill-health**

The issue of reliability was highlighted following the publication of the DSM-5 in 2013. The kappa statistic measures interrater reliability (the degree of agreement between two professionals observing the same symptoms separately).[753] The lower the kappa, the less reliable the diagnosis.[754] In field trials following the publication of the DSM-5, Major Depressive Disorder had a kappa of 0.28, whereas schizoaffective disorder had a kappa of 0.5 (a kappa of 0.4 and above was considered 'good agreement').[755] Further trials were carried out and similar reliability was found.[756]

However, a 2020 study published in BMC Psychiatry found that the PHQ-9, used for screening depression, demonstrated good reliability and validity as a diagnostic tool,[757] highlighting the discrepancy among these studies. Part of the reason the DSM expanded so extensively may be due to criticism over its lack of reliability; by introducing more diagnostic categories, it aimed to enhance specificity and, consequently, reliability. However, in the case of ADHD classification in the DSM-5, the definition is broader than that of the ICD. The 2014 APMS praised this broader approach because it includes considerations for comorbidities, while contends that the ICD's definition is too narrow to accommodate such factors.[758]

753   McHugh, M, L., Interrater reliability: the kappa statistic, 2012.

754   Matuszak, J. and Piasecki, M., Inter-Rater Reliability in Psychiatric Diagnosis, 2012.

755   Freedman et. Al, The Initial Field Trials of DSM-5: New Blooms and Old Thorns, 2013.

756   Regier, D, A et al., DSM-5 Field Trials in the United States and Canada, Part II: Test-Retest Reliability of Selected Categorical Diagnoses, 2013.

757   Sun, Y, et al., The reliability and validity of PHQ-9 in patients with major depressive disorder in psychiatric hospital, 2020.

758   McManus, S., et al., *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*, 2016, p204.

This shows a discrepancy between different methods of psychiatric diagnosis. In the UK, the DSM-5 is often used by NICE guidelines, the ICD is used by the NHS and a combination of diagnostic manuals are used for the main population-wide estimate of the prevalence of mental ill-health in England (the APMS). This creates a lack of clarity in which diagnostic manual clinicians should use. However, without a diagnostic manual, services such as the NHS could not direct resourcing and the utility of these diagnostic manuals therefore lies in their ability to guide treatment and strategical decisions.[759]

> **RECOMMENDATION**
>
> *NICE guidelines should adopt a single diagnostic manual, the ICD, as used by the NHS, ensuring clarity and consistency.*

Overprescribing

Overdiagnosis lacks a clear definition, making it difficult to quantify.[760] Nevertheless, it is possible to examine trends in treatment, and particularly in prescription of psychiatric medication.[761] Overprescribing refers to patients receiving medicines that they either don't need or don't want and which may harm them.[762] Nearly a fifth of adults in England are now taking antidepressants,[763] yet 20 per cent of the population report at least one diagnosis of mental ill-health,[764] making it possible that everyone who receives a diagnosis receives antidepressants, but antidepressants should not be the only treatment.

Polling commissioned by the CSJ reveals that 85 per cent of GPs are concerned that antidepressants are prescribed because non-pharmaceutical interventions are not available and 83 per cent are concerned that antidepressants are prescribed when non-pharmaceutical interventions would be more suitable.[765]

In September 2021, the government published a plan to reduce overprescribing, having found that at a minimum, 10 per cent of prescriptions issued in primary care were not only unnecessary, but could cause further harm.[766] Economically, a study from the University of Roehampton found that from 2015 to 2018, the NHS incurred annual costs of £37 to £45 million due to unnecessary prescriptions of antidepressants.[767]

759   Jablensky, A, *Psychiatric classifications: validity and utility*, 2016.

760   Thombs, B, Turner, K and Shrier, I., *Defining and Evaluating Overdiagnosis in Mental Health*, 2019.

761   Paris, J, *Overdiagnosis in Psychiatry: How Modern Psychiatry Lost Its Way While Creating a Diagnosis for Almost All of Life's Misfortunes*, 2020.

762   Department of Health and Social Care, *Good for you, good for us, good for everybody*, 2021, p11.

763   CSJ analysis of *NHS Business Services Authority, Medicines used in mental health – England – 2015/16 to 2023/24*, 2024. Note: in each year there were a number of patients taking medicines for mental health with an unknown age. Population mid-year estimates sourced from ONS, Dataset: Estimates of the population for England and Wales: Population estimates for the UK and constituent countries by sex and age; Historical time series, Table 11, 2024.

764   CSJ analysis of *Understanding Society: The UK Household Longitudinal Study, Wave 13 2021 – 2022*.

765   Original analysis conducted by Savanta for The Centre for Social Justice of 1,001 General Practitioners in the UK between 4 December 2024 and 17 December 2024.

766   The Department of Health and Social Care, Good for you, good for us, good for everybody, 2021.

767   Davies, J, et al., *The costs incurred by the NHS in England due to the unnecessary prescribing of dependency-forming medications*, 2022.

In recent years, there has been an unprecedented rise in the number of adults prescribed CNS stimulants for ADHD. Between 2015/16 to 2023/24, the rate of identified adult patients taking CNS stimulants and drugs for ADHD has risen from 89 per 100,000 people to 335, representing an almost fourfold rise in the rate of adults taking CNS stimulants and drugs for ADHD.[768] In Scotland, there was a 233.2 per cent rise in the numbers of prescriptions dispensed for ADHD medication between 2010 and 2019.[769] While this rise will include those who went undiagnosed in childhood, most cases of ADHD are diagnosed in childhood and symptoms can alleviate with age, according to NHS England.[770] One NHS General Practitioner told the CSJ why they thought people were increasingly requesting diagnosis and treatment for ADHD.

> *"If you were to take ADHD medication, I guarantee that would improve your work. Every single human being on the planet will probably improve because it's a performance enhancing drug."* They added that this is leading to those who are really suffering not having access to the prescriptions they desperately need: *"Of course they struggle to get hold of that medication in recent months because there's been such a shortage of ADHD meds because too many people are prescribed it."*
>
> **NHS General Practitioner**

The most deprived cohorts are disproportionately likely to be prescribed antidepressants. In 2023/24 the most deprived were prescribed antidepressants almost one and a half times as frequently as the least deprived. In the same year, of the total number of patients taking antidepressants, 24 per cent were from the most deprived quintile, compared with 17 per cent from the least deprived quintile, while the number of people taking antidepressants from the most deprived IMD quintile remains consistently higher than in the least deprived quintile since 2015,[771] as depicted in Figure 31 below.

768 CSJ analysis of *NHS Business Services Authority, Medicines used in mental health – England – 2015/16 to 2023/24*, 2024. Note: in each year there were a number of patients taking medicines for mental health with an unknown age. Population mid-year estimates sourced from ONS, Dataset: Estimates of the population for England and Wales: Population estimates for the UK and constituent countries by sex and age; Historical time series, Table 11, 2024.

769 Scottish Government, *NAIT Adult Neurodevelopmental Pathways report*, 2023.

770 NHS, *Overview, Attention deficit hyperactive disorder* (ADHD), n.d.

771 CSJ analysis of *NHS Business Services Authority, Medicines Used in Mental Health – England – 2015/16 to 2022/23*, 2023. Note: in each year there were a number of patients taking medicines for mental health with an unknown age.

Figure 31: Total identified patients taking antidepressants by IMD quintile in England, 2015/16 to 2023/24
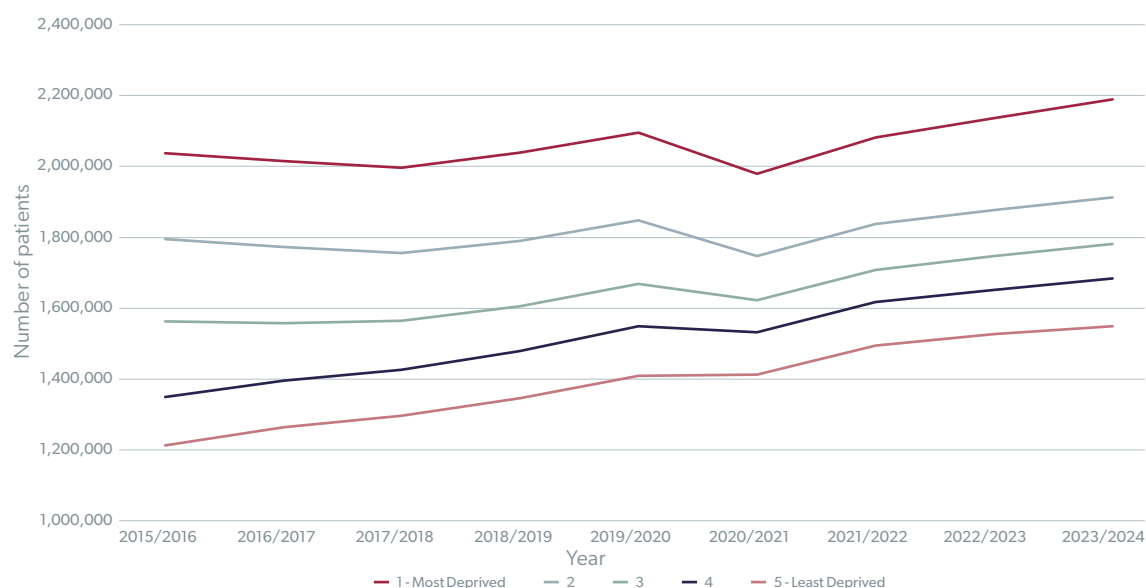
Source: CSJ analysis of NHS Business Service Authority: Medicines used in mental health – England – 2015/16 to 2023/24, 2024

Between 2016 and 2019, the DeStress project[772] run by the University of Exeter, University of Plymouth and University College London investigated the connection between poverty and mental health through in-depth interviews, focus groups and conversation analysis of residents and GPs in two of the least affluent areas of South-West England.[773] It found that 81 per cent of those interviewed (excluding GPs) had been prescribed antidepressants at some point in their life[774] and that much of the distress experienced by residents was attributable to poverty, but clinically medicalised as mental ill-health.[775] Those in the highest index of multiple deprivation are more than twice as likely to be in contact with mental health services, compared with those in the lowest index of multiple deprivation.[776] This posits a correlation between material circumstances and mental wellbeing.

The use of antidepressants for mild symptoms is not recommended by the NHS as there is limited evidence of effectiveness in these cases.[777] It is also recommended that where antidepressants are used in severe cases, they are used alongside therapy.[778] The long term effects of antidepressants are at best unknown and at worse have been found to have detrimental consequences,[779] most notably withdrawal symptoms.[780] The NHS states that it is not entirely clear how antidepressants work and whilst it is thought they increase neurotransmitters (improving the chemical imbalance) such as serotonin - linked to emotion - the NHS recognises that they don't address the causes of distress.[781] NHS England therefore recognises that reducing the unnecessary prescription of antidepressants is a key opportunity to decrease both economic and human costs.[782]

772   The Destress Project, *About the Project*, n.d.

773   The Destress Project, *Poverty, pathology and pills*, 2019, p6.

774   Ibid, p13.

775   Ibid, p19.

776   British Medical Association, *Mental health pressures in England*, 2024.

777   NHS, *Uses – Antidepressants*, 2021.

778   NHS, *Overview – Antidepressants*, 2021.

779   Beyond Pills APPG, *Shifting the Balance Towards Social Interventions: A Call for Mental Health Reform*, 2024.

780   Davies, J and Read, J, *A systematic review into the incidence, severity and duration of antidepressant withdrawal effects: Are guidelines evidence-based?* 2019.

781   NHS, *Overview – Antidepressants*, 2021.

782   NHS England, *National medicines optimisation opportunities 2024/25*, 2024.

> *"They're quite easy to shove medication onto ya, they tried doing that with me, but all I needed was this place, was something like this, I didn't need medication." [sic]*
>
> **Person with lived experience of mental ill-health, the North East**

The efficacy of antidepressants is also questioned due to studies which suggest that the placebo effect of antidepressants may have a greater or equal impact on recovery from depression compared to the medication itself.[783] A study published in the British Medical Journal in 2019 searched reviews since 1990 about antidepressants and depression "to provide an update on the evidence on the effects of antidepressants compared with placebo."[784] It found that there is only minimal, if any, evidence of antidepressants benefitting a patient with major depressive disorder and concludes that they should not be used until it is proven that the benefits outweigh the harms.[785] Furthermore, a study of psychiatric hospitals in Switzerland found that antidepressants may actually reduce recovery rates, not improve them and were associated with an increased risk of being re-hospitalised.[786]

Where the cause of mental ill-health is viewed as a biochemical mechanism rebalanced through medication, the focus is typically on symptom removal. Through this lens, diagnosis is seen as permanent, whereas recovery is an active process which can involve addressing the causes of distress.[787] NICE guidelines highlight the necessity for medical professionals to ask patients about what may be contributing to their depression, implying that diagnosis and treatment should be determined based at least in part on a patient's own view about the causes of their distress, rather than assuming a biological cause.[788]

> *"Often it's not a tablet they need, but someone to talk to, be in community with."*
>
> **Child psychologist**

Antidepressants can also have damaging side effects including weight gain, sedation and sexual dysfunction and NICE guidelines recommend that this is considered when prescribed.[789] They can also contribute to increased suicidality which is why the NHS recommend that patients tell a relative or close friend when starting antidepressants.[790] The side effects of antidepressants, along with the lack of understanding about how they work, have led to widespread concern over the rise in antidepressant prescribing.[791]

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783 Kirsch, I., *Antidepressants and the Placebo, 2014; Kirsch, I. Placebo Effect in the Treatment of Depression and Anxiety*, 2019.

784 Jakobsen, J, Gluud, C. and Kirsch, I., *Should antidepressants be used for major depressive disorder?* 2019.

785 Ibid.

786 Hengartner, M, P., *Antidepressant Use During Acute Inpatient Care Is Associated With an Increased Risk of Psychiatric Rehospitalisation Over a 12-Month Follow-Up After Discharge*, 2019.

787 Turabian, J., *Psychotropic Drugs Originate Permanent Biological Changes that go Against of Resolution of Mental Health Problems. A View from the General Medicine*, 2021.

788 National Institute for Health and Care Excellence, *Depression in adults: treatment and management*, 2022.

789 Ibid.

790 NHS, *Side effects – Antidepressants*, 2021.

791 NHS, *Side effects – Antidepressants*, 2021.

According to Dr Davies, an academic at the University of Roehampton and former psychotherapist, the PHQ-9 (and the GAD-7, another patient questionnaire to determine mental ill-health) sets a very low bar for determining a diagnosis of depression or anxiety, resulting in 80 per cent of patients who complete it receiving antidepressants.[792] He further underscores how the PHQ-9 and the GAD-7 were developed and paid for by Pfizer Pharmaceuticals, who make Effexor and Zoloft, which are two of the most prescribed antidepressants in the UK, suggesting that there were monetary incentives to create a system in which it was easier to diagnose and prescribe.[793] He relates this to a case where he treated someone who had been through extensive trauma and was subsequently diagnosed with mental ill-health, yet received only medication despite responding to the social disadvantage and trauma she faced in an understandable and sane way, according to Davies.[794]

However, it is not as simple as reducing antidepressant prescribing. In a House of Commons research briefing paper published in 2023, it was highlighted that "most people who die by suicide have attended an appointment with their GP in the preceding year."[795] This places pressure on GPs to identify those most at risk and where there are long wait times for access to services such as NHS Talking Therapies, antidepressants may be used as a "stopgap", according to Geoff Heyes, the Head of Health Policy and Influencing at Mind.[796]

However, NICE guidelines state that clinicians should "not routinely offer antidepressant medication as first-line treatment for less severe depression, unless that is the person's preference" and recommends encouraging eight other treatments prior to antidepressants.[797] Despite this, the CSJ has heard how antidepressants are often the primary option.

> "[When I went to the GP I] got put on the waiting list for talking therapies and was given… sertraline first. Went through kind of CBT, low intensity first, then high intensity, then kind of upped my sertraline."
>
> **Person with lived experience of mental ill-health**

Another reason why GPs may prescribe antidepressants before therapy is because of the lack of time they have during appointments. According to a survey by the Royal College of General Practitioners in 2023, 63 per cent of GPs said the most motivational factor about their work was providing "relational continuity of care,"[798] yet 57 per cent said they were unable to "build the patient relationships" required to provide quality care.[799] Alarmingly, 46 per cent of GPs said they "don't have enough time in appointments to ensure patient safety."[800] The majority of GPs have appointments lasting between 10 and 15 minutes,[801] which a government consultation of healthcare professionals heard is not enough time to take a holistic approach in assessing patients.[802]

792   Davies, J, *Sedated: How Modern Capitalism Created Our Mental Health Crisis*, 2022, p288.
793   Ibid, pp288-290.
794   Ibid, pp280-285.
795   Garratt, K et al., *Suicide Prevention: Policy and strategy*, 2023, p42.
796   Heyes, G, *Antidepressants are being used as stopgaps: patients need a range of therapies now*, 2020.
797   National Institute for Health and Care Excellence, *Depression in adults: treatment and management*, 2022.
798   Royal College of General Practitioners, *RCGP Tracking Survey 2023*, 2023, p9.
799   Ibid, p47.
800   Ibid.
801   Ibid, p48.
802   Department for Work and Pensions, *Exploring perceptions and attitudes towards the extension of fit note certification*, 2020.

> *"Another thing is an appointment, you get 10, 20 minutes, you can't talk about how you're feeling... you feel rushed."*
>
> **Person with lived experience of mental ill-health**

Prescribed antidepressants as the first treatment due to wait lists or short GP appointments suggests that the medical model of mental health offers a quicker and more straightforward solution compared to the social model. In 2023/24, 66,483 children were prescribed antidepressants, (insert footnote after this comma: CSJ analysis of NHS Business Services Authority, Medicines used in mental health – England – 2015/16 to 2023/24, 2024.) despite the NHS saying it is not recommended for children.[803]

> *"That's certainly put kind of more of a push on people trying to get diagnosis thinking it will bring an understanding and some answers and some support, which in some cases it does; I'm not in any means taking away the need and the importance of that for some people. But I think the social model is really important for all of those people. But it's it takes more work; it challenges us all in our various different workplaces and home spaces much, much more."* She added that she has seen *"just an enormous influx of families looking for that diagnosis as the answer."*
>
> **Service delivery manager for early intervention, charity tackling the mental ill-health of children and young people**

RECOMMENDATION

The Department for Health and Social Care should work with NHS England to establish a database for diagnosis and treatment of mental ill-health by requiring healthcare professionals to record:

- *Which method of diagnosis is used, e.g. screening questionnaires, structured interviews or both.*

- *First, second and third treatment options to determine prescription processes in primary care.*

RECOMMENDATION

NICE guidelines should make exit strategies protocol when patients are first prescribed psychotropic medication. This protocol should ensure an initial period is determined upon prescription/diagnosis, but the length of the period should be determined by the medical practitioner issuing the prescription, allowing for flexibility dependent on severity and circumstances, to prevent patients being on psychotropic medication for long periods of time unnecessarily.

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803 NHS England, *Cautions - Antidepressants*, 2021.

Services

Regarding public services, one way to achieve a less medical response to mental ill-health is through The Power Threat Meaning Framework (PTMF) - a de-medicalised approach to mental health that reconceptualises distress as an understandable response to adversity, rather than a disorder.[804] The PTMF seeks to transform the current medical model which asks 'what is wrong with you'? to 'what has happened to you?', 'how did it affect you?', 'what sense did you make of it?' and 'what did you have to do to survive?'[805] This social model of mental health recognises that "'symptoms' may be better understood as strategies for surviving adversity, rather than as 'psychiatric illnesses' or 'disorders'."[806] Therefore, prevention efforts should concentrate on mitigating adversity rather than addressing disorders.[807]

> *"There's too much dealing with the symptoms and not the root cause… They're putting a sticking plaster over people's trauma."*
>
> **Brian Jones, CEO of the Most Project, a charity tackling addiction in the North East**

In mental health services, the PTMF is translated as 'Trauma-Informed Care' (TIC) and is increasingly being used throughout national and local policy, but without an NHS-wide strategy.[808] The use of the PTMF has been found to reduce self-harm in mental health wards.[809] At Northwick Park Mental Health Unit in Harrow, staff have praised the use of the PTMF, finding that staff better understand patients' actions and feelings and are therefore able to respond to them more appropriately.[810] The success of the PTMF in clinical practice has also been highlighted in an article published in 2024 by Pastoral Care in Education as evidence that it should be extended to the education system in the UK as well.[811]

> *"Staff are too medically trained… So a child's going through this because of this reason. And it's kind of it's always like ADHD, or autism or something like that. I don't think it actually is always like that. Some children I think, just have a s*** time… especially when I was a teacher, that's part of the reason I left teaching. We're always trying to label things and put a medical term on things and I just feel like we need to look deeper into what is actually going on…"* [sic]
>
> **Former teacher, the North East**

804   Harper, D, J, *De-medicalising public mental health with the Power Threat Meaning Framework*, n.d.

805   The British Psychological Society, *The Power Threat Meaning Framework: Overview*, 2018, pp9-10.

806   Ibid, p18.

807   Harper, D, J, *De-medicalising public mental health with the Power Threat Meaning Framework*, n.d.

808   Emsley, E, et al., *Trauma-informed care in the UK: where are we? A qualitative study of health policies and professional perspectives*, 2022.

809   Nikopaschos, F, et al., *Trauma-Informed Care on mental health wards: the impact of Power Threat Meaning Framework Team Formulation and Psychological Stabilisation on Self-harm and restrictive interventions*, 2023.

810   NHS Central and North West London, *Power Threat Meaning Framework 'making a difference' at Northwick Park Mental Health Unit*, 2020.

811   Bodfield, K, S and Culshaw, A., *Applying the power threat meaning framework to the UK education system*, 2024.

However, TIC is not yet embedded in mental health services.

> *"Nobody's ever said 'what's going on in your life… how are things going for you?',*
> *instead it's just like, 'try this medication, try this counselling.'"*
>
> **Service user of a community charity in the North East**

> *"There's been a really big push in terms of a medical model around ND*
> *[neurodevelopment] and thinking that that's going to solve problems, whereas*
> *actually we need much more time and resource around the kind of social model way*
> *of looking at things."*
>
> **Service delivery manager for early intervention, charity tackling the mental ill-health of children**
> **and young people**

In 2017 a Special Rapporteur at the Human Rights Council of the United Nations said that policy should be "targeting social determinants and abandon the predominant medical model that seeks to cure individuals by targeting 'disorders.'"[812] Despite its criticism, if the DSM-5 does promote a biopsychosocial model of mental health and the DSM-5 is adopted by NICE for certain conditions, mental health services will be guided by this model. Harnessing the power of the biopsychosocial model enables clinicians to treat medical problems and direct social solutions.

RECOMMENDATION

While trauma-informed care (TIC) is increasingly being rolled out by many NHS Trusts,[813] a NHS-wide
strategy for implementing TIC should be established.

Social Prescribing

In May 2024, the Beyond Pills APPG called for a de-medicalised approach to mental health, shifting the focus towards psychosocial interventions - broadly thought of as the wider social determinants of health.[814] It provides six principles for reform; "recognising the social and relational nature of mental health problems, addressing the social determinants of distress, challenging societal messages that contribute to emotional distress, promoting positive narratives and language to support recovery, using psychiatric drugs with caution, and prioritising research on psychosocial interventions."[815]

812 United Nations General Assembly, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, 2017, p19.

813 Emsley, E, et al., *Trauma-informed care in the UK: where are we? A qualitative study of health policies and professional perspectives*, 2022.

814 Beyond Pills APPG, *Shifting the Balance Towards Social Interventions: A Call for Mental Health Reform*, 2024.

815 Beyond Pills APPG, *Shifting the Balance Towards Social Interventions: A Call for Mental Health Reform*, 2024.

Social prescribing means connecting those struggling with various social and emotional wellbeing issues with non-medical support.[816] With 83 per cent of GPs concerned that antidepressants are prescribed when non-pharmaceutical interventions would be more suitable,[817] social prescribing may be an effective tool to prevent overprescribing and therefore over-medicalisation.

Social prescribing is often recommended by GPs who identify their patients' unmet non-medical needs, meaning it does not aim to treat diagnoses of mental ill-health, but rather treat the wider circumstances surrounding someone which may lead them to requiring support.[818] Social prescribing recognises that things like housing, debt and stress can contribute to both physical and mental health[819] and therefore intends to address practical, social and emotional aspects of health and wellbeing.[820] Lord Crisp, former CEO of the NHS, argues that "health is made at home" and that through social prescribing we can all be health creators.[821]

Social prescribing generally operates through health promotion, empowering individuals to establish control over their health, instead of viewing it as something which can only be improved through medical intervention.[822] Social prescribing is facilitated by Link Workers, who help individuals access specialised support, whether it's an activity or advisory service, tailored to their specific needs. For example, if someone is experiencing isolation, social prescribing may refer them to a befriending group - if they're experiencing financial stress, it may be a debt management service.[823]

> *It is clear the public appetite for prescribed mental health medicines is considerably lower than their desire for a more holistic and preventative approach. This is extremely sensible and will allow us to discover the most unwell patients sooner and offer them effective treatment. At present I worry we are starting to miss these patients in a sea of cases that would be much better managed by other means such as community youth services, improved public health education and roles such as social prescribers tailored to seeing and helping the whole person in their wider context. I've met professionals in child social prescriber roles where areas have been piloting this, and their work was enormously impactful.It is clear the public appetite for prescribed mental health medicines is considerably lower than their desire for a more holistic and preventative approach. This is extremely sensible and will allow us to discover the most unwell patients sooner and offer them effective treatment. At present I worry we are starting to miss these patients in a sea of cases that would be much better managed by other means such as community youth services, improved public health education and roles such as social prescribers tailored to seeing and helping the whole person in their wider context. I've met professionals in child social prescriber roles where areas have been piloting this, and their work was enormously impactful.*
>
> **Underneath: Dr Becky Foljambe, NHS General Practitioner**

816   National Academy for Social Prescribing, *What is Social Prescribing?* N.d.

817   Original analysis conducted by Savanta for The Centre for Social Justice of 1,001 General Practitioners in the UK between 4 December 2024 and 17 December 2024.

818   National Academy for Social Prescribing, *What is Social Prescribing?* N.d.

819   Ibid.

820   NHS England, *Social prescribing: What is social prescribing?* 2024.

821   Crisp, N, *Health is Made at Home: Hospitals are for Repairs*, 2020.

822   Morse, D, F et al., *Global developments in social prescribing*, 2022.

823   National Academy for Social Prescribing, *The Future of Social Prescribing in England*, 2023.

Increasingly the NHS are looking for more solutions to the growing mental health need. Social Prescriber Link Workers attached to general practice are also growing, from 50 in June 2019 to 269 in June 2023.[824] More Health and Wellbeing Staff employed by Primary Care Networks (PCNs) are also emerging.[825] Figure 32 illustrates this below.

Figure 32: Health and wellbeing staff employed by primary care networks in England by type, 2020 - 2024
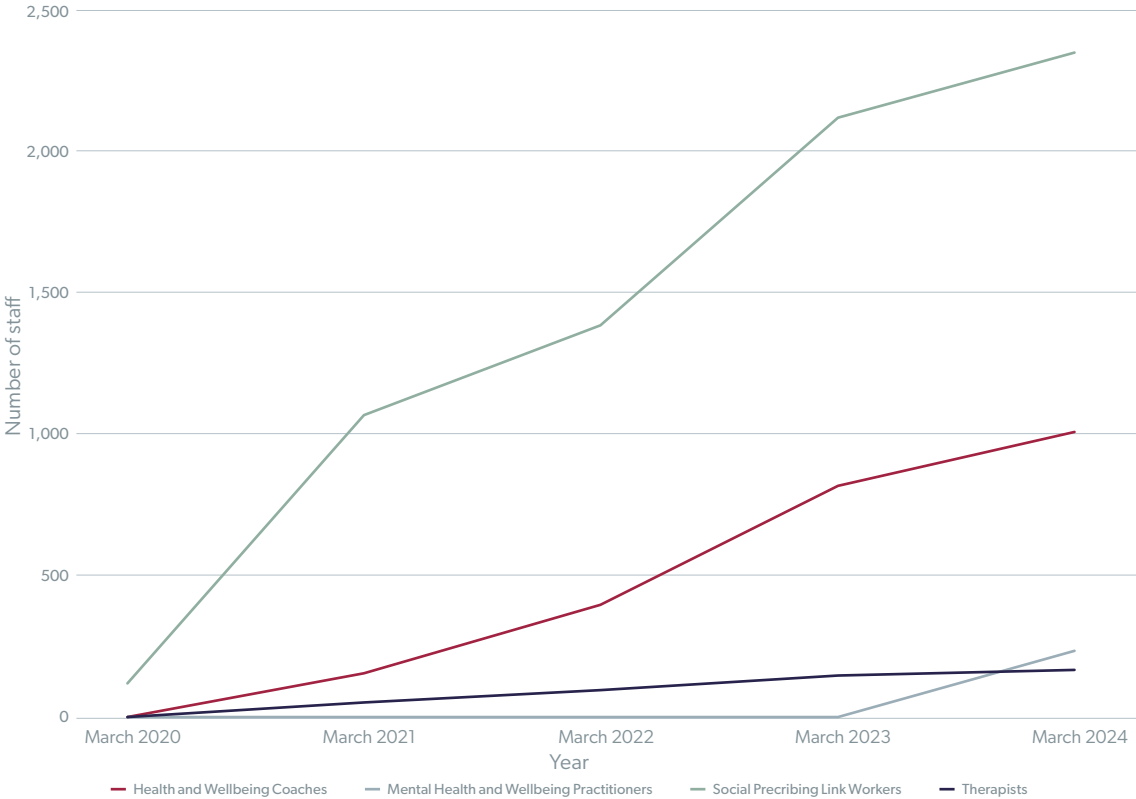
Source: CSJ analysis of NHS England, Primary Care Network Workforce, 31 March 2024, 2024

Social prescribing has been adopted across many countries to tackle the social determinants of health and there is growing evidence about how it can be best utilised to promote wellbeing.[826] It is said to have many benefits, including alleviating pressure on the NHS, improving the economy, reducing health inequalities and improving mental health and wellbeing.[827] Research by Frontier Economics predict that social prescribing could reduce GP appointments by between two and five per cent, which is up to eight million GP appointments every year.[828] A study published in 2022 by the National Academy of Social Prescribing estimated that for every £1 invested in social prescribing, the social return was £3.42.[829]

824 NHS England, *Primary Care Network Workforce*, 31 March 2024, 2024.

825 CSJ analysis of NHS England, *Primary Care Network Workforce*, 31 March 2024, 2024.

826 Morse, D, F et al., Global developments in social prescribing, 2022; *National Academy for Social Prescribing, Social Prescribing Around the World: A World Map of Global Developments in Social Prescirbing Across Different Health System Contexts*, 2023.

827 National Academy for Social Prescribing, *The Future of Social Prescribing in England*, 2023, p8.

828 Frontier Economics, *The Role of Data in Unlocking the Potential of Social Prescribing*, 2021, p22.

829 Kimberlee, R et al., *The economic impact of social prescribing*, 2022, p9.

> *"We give patients time to listen to what they've got to say, but we don't have an agenda. So unlike social services that have got things that they need, boxes they need to tick, we don't, and I think we have the opportunity to sit down with people in a very informal environment, often at home or out having a coffee, and literally listen to what matters to them, so that we can start to unpick things that they need in order to improve things. We have a knowledge of local areas in the communities, so we go armed with all sorts of resources and information. So it's not just a one person role. I think folks would agree with that. We have a complete toolkit of places, of things we take with us when we go and meet somebody. And I think it's unprecedented. I don't think it's ever been trialled before. And I would like personally to say I think it's been a successful it's different from the original model, but I, from my perspective, I think it's brilliant. It works really well."*
>
> **Social prescriber, roundtable of social prescribers**

In 2020, the University of Manchester published an article assessing individuals who had participated in social prescribing in Salford and found that the quality of life of all participants increased, including psychologically.[830] It found that "opportunities for recreation and leisure" had the greatest impact.[831] While social prescribing has largely been recommended for mild to moderate symptoms of mental ill-health, it has also been found to improve outcomes for those with severe mental illness.[832]

Social prescribing aims to address the wider determinants of health and in doing so, accesses those experiencing multiple disadvantages. A study published in 2023 by the University of Manchester found that social participation improved wellbeing and happiness, most notably for those on the lowest income.[833] Despite this, a survey of GPs by the Royal College of General Practitioners in 2023 found that 86 per cent of GPs in the least deprived areas had access to a social prescriber, compared with 74 per cent in the most deprived areas.[834]

The development of the social prescribing model is not without its challenges. During a roundtable of social prescribers from across England hosted by the CSJ, the CSJ was told of the many challenges facing the service in its infancy.

> *"I sometimes feel that when a person has had a consultation, for example, with a GP, and the GP is thinking, I can't refer them to this particular service because there'll be a massive waiting list. Okay, we'll send it to a social prescriber... You will receive a referral, and it is nothing to do with social prescribing."*
>
> **Social prescriber, roundtable of social prescribers**

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830 Munford, L, A et al., *Community asset participation and social medicine increases qualities of life*, 2020.

831 Ibid.

832 Aughterson, H et al., *Social prescribing for individuals with mental health problems: An ethnographic study exploring the mechanisms of action through which community groups support psychosocial well-being*, 2024.

833 Wilding, A, Munford, L and Sutton, M., *Estimating the heterogeneous health and well-being returns to social participation*, 2023.

834 Royal College of General Practitioners, *RCGP Tracking Survey 2023: Wave 11*, 2023, p40.

One risk is that social prescribing could take on cases better suited for mental health services, potentially shifting it from a non-medical approach to one that delivers clinical services, a function it was never designed to fulfil. For example, during the roundtable, another social prescriber told the CSJ how the service is ensuring no individual is missed.

> *"We are trying so hard to bridge so many different gaps in services, and because we are able to call or visit people, meet them somewhere in public... if you're that constant in that person's life, they of course want to contact you and express all their concerns, and you can't always help them out, because sometimes they need specialist intervention and support."*
>
> **Social prescriber, roundtable of social prescribers**

Another challenge is that the role of the social prescriber has yet to be clearly defined across different services.

> *"Yesterday I saw a gentleman who'd been referred by the doctor, we went for a coffee, went for a walk, went for a chat, and he had been told that during our first meeting, I'd be able to sort all his debts and I'd be able to get him a house. And this guy had been homeless for about six months, and he'd been sofa surfing, and he really did believe that yesterday, when we had our coffee, this was all going to be solved... So obviously I had to explain to him what I could do to help him and how he could do things to help you know, empower him to be able to do things, signpost him numbers that he could call and things like that."*
>
> **Social prescriber, roundtable of social prescribers**

According to the National Academy for Social Prescribing, the major challenge for social prescribing is connecting the third sector with the NHS.[835] A 2023 study published in the British Journal of General Practice found that link workers were experiencing "challenges in embedding social prescribing in an established primary care and voluntary sector landscape."[836] This may be a result from a lack of data or clear evidence on the impact of social prescribing,[837] in part because it does not require diagnosis to access it.

The CSJ has also heard how social prescribing is not welcome in some PCNs.

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835   National Academy for Social Prescribing, *The Future of Social Prescribing in England*, 2023, p12.

836   Pollard, T et al., *Implementation and impact of a social prescribing intervention: an ethnographic exploration*, 2023.

837   Citizens Advice, *Exploring social prescribing referrals & impact on information, advice and guidance services*, 2023, pp50-54.

> *"We're constantly being told that we can't demonstrate social return on investment to these GPs, so often GPs are saying, 'well, I'm not going to refer to you because you're not saving me time.'"*
>
> **Social prescriber, roundtable of social prescribers**

During the roundtable, the CSJ heard how some GPs over-refer to social prescribers and how some under-refer, and that across the board, the social prescribing role is misunderstood. A social prescriber at the roundtable noted that the funding sources for social prescribing are unclear.

> *"Part of the NHS framework does mention that we should be part and parcel of the VCSE network, setting up groups, being there to be, to facilitate groups"* and he explained that they do this in his locality. But he added *"when you get the other side of social prescribing that's public health funded, it can muddy the water and you're not quite sure where things stand."* (VCSE is the Voluntary Community and Social Enterprise sector). Another social prescriber added *"consistency of terms and conditions for social prescribers across the country is absolutely vital. I'm employed by the PCN itself. Some of us are employed by the voluntary sector. Some of us are employed by public health."*
>
> **Social prescriber, roundtable of social prescribers**

The CSJ also heard from many charities regarding how their demand has risen as a result of the rise in social prescribing, but their funding hasn't.

> *"Social prescribers in our area are mainly used as a signpost service, so it could be that a GP has recognised that actually this person does need to be interacting more with people… so they would refer them into the social prescribing team but then the social prescribing team might refer them to our services… all of a sudden we need to increase our session workers because we can't cope with 35 people and 1 staff member… which is a financial implication to us."* The CEO added *"We have a handful of GPs come to our organisation for a full morning or an afternoon to get to know what we do… I don't think we've ever had a referral or a signpost in from the GP. Because they just forget about us."*
>
> **CEO of a community charity in Yorkshire**

With growing evidence that social prescribing is impactful, Barnados are calling for social prescribing to be extended to children and young people.[838] A study conducted by the charity Sheffield Futures, which examined social prescribing for young people in Sheffield, revealed that the only support available for children and young people is through CAMHS. As a result, those who do not meet CAMHS eligibility criteria struggle to access support. The study emphasizes that social prescribing can help fill this gap by addressing social circumstances.[839] It concludes "the overall healthcare system is overloaded, and its siloed structure does not allow immediate response to young people with low levels of emotional distress and mental health needs… There is currently no direct interaction between social prescribing and CAMHS, which resonate with the non-clinical and not therapeutic work done by Link Workers."[840]

The clinical lead for a Mental Health Schools Team told the CSJ how the psychosocial model of mental health may be more appropriate for addressing the needs of CYP, and how their team does this.

> "We think about what's going on, what's below the surface, you know how can we support the family, how can we meet them where they are, how can we ensure that the service is accessible and if we're not able to meet the needs of the family, then we signpost them so it's not necessarily taking on a medical approach to whatever the concerns are."
>
> **Clinical lead for a Mental Health Schools Team**

It is also possible for social prescribing to tackle non-clinical wellbeing issues for children and young people to improve health outcomes within schools.

> "They [social prescribers] are actively within schools, and I know there's the mental health support teams, which do the same post and referral if they need it within primary schools as well. In fact, this afternoon, I'm going up to a primary school to sit and talk to parents and children with a dietician to talk about family needs."
>
> **Children and young people social prescriber**

> "The young people social prescribing team, we don't have that. We would like to support young people. We support young people via the parent or the guardian to help that that young person get the support."
>
> **Social prescriber, roundtable of social prescribers**

838 Rice, B, *The Missing Link: Social Prescribing for Childre and Young People*, 2023, p41.

839 Farina, I et al., *Link Workers in Social Prescribing for Young People Work: A Case Study From Sheffield Futures*, 2024.

840 Ibid.

Many of the charities the CSJ has consulted throughout this research advocate for a joined up, strategic and, where possible, non-clinical approach to tackling issues of wellbeing. Social prescribing should be localised and presents an opportunity to scale up some examples the CSJ has seen of best practice in this approach. Not only does it alleviate pressure on the NHS, but it also more accurately tackles the root cause of the issues people are facing. Five examples include:

1. *Open Door Charity* in Birkenhead. *Open Door Charity* supports the needs of children and young people through a non-clinical setting and approach, delivering support through innovation, arts and culture. The charity has operated for 14 years and has delivered general and accessible programmes, along with bespoke services supporting looked-after children and has been a central point of access to connect young people with local support. Now, *Open Door Charity* is building Joy - a space, designed by those with lived experience, to enable progressive and transformational partnership between the NHS, the Local Authority and the Third Sector. The ambition is that CAMHS delivery teams will be based from the building, but the building will also deliver non-clinical support to those who do not require CAMHS, bridging the gap in the lack of access to support for those who do not meet the threshold for CAMHS. All within an ecosystem that values deep human connection, fun, playfulness, joy and inclusivity.

2. *The Hinge Centre* in Bridlington. *The Hinge Centre* has been delivering various community services to the people of Bridlington since 2008. They are referred to by GPs, Social Prescribers, and other services but receive no additional funding for these referrals to provide one-to-one and social activities to support mental health and tackle social isolation. Despite this, *The Hinge Centre* share their premises with the Primary Care Network (PCN) mental health team, including local social prescribers for both children and adults.

3. *Golddigger Trust* in Sheffield. *Golddigger Trust* is a charity which supports the wellbeing and self-esteem of young people across Sheffield through various projects and activities that are non-clinical and inclusive. Over nearly 20 years, the charity has excelled in delivering a hopeful and bright prospect for young people, both through therapeutic intervention and wider social practices. Their 'Theory of Change' is founded on the following equation: Self-worth + Skills + Understanding Why + Confidence (Hope) = Long Lasting Positive Change.

4. *The Eikon Charity* in Surrey. *The Eikon Charity* helps children and young people in Surrey to feel safe, heard and supported. Its staff and volunteers work with children and young people, and with everyone involved in caring for and supporting them – including parents, carers, schools, other professionals, and policymakers. Rather than clinical services and medication, the charity takes a relational, social, preventative, community-based approach and emphasises the importance of helping early as soon as a need emerges. Through collaboration with partners, Eikon is transforming the support systems for children and young people to be more responsive, relational, and attuned to their needs, creating lasting and positive change.

5. *If U Care Share* in Durham. *If U Care Share* supports families affected by suicide and promotes prevention through delivering workshops in education to young people. Most staff at *If U Care Share* have been affected by suicide and use their experience to help those affected through both emotional and practical support. *If U Care Share* promotes connection, physical activity and reflection to promote integrated prevention.

RECOMMENDATION

NHS England should establish a National Strategy for Social Prescribing that coordinates services but is delivered locally.

- *NHS England should take the example of NHS Wales, who have a National Framework for Social Prescribing to ensure shared language and ensure consistency of delivery.[841]*
- *This strategy should outline how services such as Family Hubs, programmes such as Work Well and the third sector should collaborate with social prescribing services.*
- *The social prescribing role should be a part of multi-disciplinary teams (MDTs).*

RECOMMENDATION

To support NHS England to deliver social prescribing, VCSE organisations should receive funding via ICBs or local authorities (dependent on who is commissioned in a locality) for the delivery social prescribing activities.

RECOMMENDATION

To support a National Strategy for Social Prescribing, NHS England should establish a nationwide database of local services to enable individuals to access support.

- *While the Joy App is an example of this for a medical practitioner to access services within the social prescribing space, the charity Beyond Mental Health have a directory of all services by locality for young people, based on assessment of services by the charity. A database such as this should be made available by NHS England to all individuals. Hub of Hope provides another example of such a database, in which inputting a postcode results in both statutory and third sector local support, which can be targeted to specific need.*

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841   Welsh Government, *National framework for social prescribing*, 2024.

> **RECOMMENDATION**
>
> *To enhance a National Strategy for Social Prescribing, a children and young people's social prescribing branch should be established.*
>
> - *While various studies predict varying levels of impact of social prescribing on the healthcare system in the UK,[842] Frontier Economics predict that GP appointments would fall by two to five per cent annually as a result of social prescribing, amounting to between 3.2 and eight million appointments.[843] With every GP appointment costing an average of £49,[844] taking an average saving of 5.6 million appointments annually, this could result in savings of £274.4 million, which could be redirected to fund social prescribing for children and young people.*

Conclusion

The wrong treatment will not see mental health and wellbeing improved. John Warrens writes in the British Medical Journal that "widespread prescribing has not reduced mental disability or suicide."[845] Davies also questions how mental ill-health could be increasing following decades of investment and research in psychiatry.[846] If more people are reporting symptoms, more are accessing treatment and more funding is being invested in research, there should not be a reduction in outcomes, but an improvement.

This chapter has shown that the medical model of mental health should not alone determine the causation and treatment of mental ill-health. It demonstrated that there remains an incomplete understanding of mental health and that through social media in particular, the rise in awareness can paradoxically have damaging effects on mental health. Overprescribing is the result of these problems and given the clarity of the evidence that the wider social determinants of health are a driver of mental ill-health, medication is not necessarily the most appropriate response to mental ill-health.

842 Polley, M et. Al, *Building the economic case for social prescribing*, 2023, pp28-32.

843 Frontier Economics, *The role of data in unlocking the potential of social prescribing*, 2021, p22.

844 Jones, K, C et. Al, *Unit Costs of Health and Social Care 2023 Manual*, 2023.

845 Warren, J, B, *The trouble with antidepressants: why the evidence overplays benefits and underplays risks – an essay by John B Warren*, 2020.

846 Davies, J, *Sedated: How Modern Capitalism Created Our Mental Health Crisis*, 2022, p1.

Conclusion

Accessing and addressing the root cause of mental ill-health is vital to improving the mental health of the nation. While the medical model to mental health alone seeks to diagnose and treat mental ill-health, the interplay of social factors in contributing to causing distress requires a more nuanced response. This report finds that often the root cause is a social problem which, if addressed with the medical model at best stabilises symptoms, and at worse results in unintended, harmful consequences.

Completing the Revolution: Transforming Mental Health and Tackling Poverty published by the CSJ in 2011 called for a completion of the move from inpatient care to "care in the community" to ensure a wide range of support, early intervention and least restrictive practice.[847] This report expands on the concept of "care in the community" to highlight the importance of social prescribing in addressing the rise in mental ill-health.

This report concludes with the story of a woman in her thirties who told the CSJ about her experiences culminating in mental ill-health. Please note this case study contains details of sexual assault of a child, domestic violence and rape.

Case Study – Female in her thirties

One female in her 30s shared her experience of childhood trauma, sexual assault, rape and domestic violence with the CSJ, her experience being diagnosed with mental ill-health and neurodivergence and how this has influenced her treatment.

Some of my earliest memories of childhood was that I always, I never fit it if that makes sense. I was one of those very sort of strange children who was fascinated by dinosaurs… I know that these are all traits of autism, but back then I didn't.

We went to a holiday park and there was a girl there that I got on with… she actually sexually molested me, she was the same age as me. At the time I didn't understand what was going on, I just thought we were playing, it was just kind of weird to me. But I never spoke about it… And then when I was 12 I woke up to a family member molesting me but I thought this family member didn't like me so I let that continue and I didn't talk about it for like a year because I just wanted them to like me.

And when I met my first boyfriend, I was 15 and he was 26. And back then these men were called virgin stealers. Nowadays he would be called a paedophile. He sort of groomed me and the only victory that I had from that relationship was that I made him wait until I was 16 but that relationship became really toxic, he was very controlling and he was the first person who ever sexually assaulted me and when he did, he choked me and I actually thought I was going to die… and I froze and that was how I got through that and then the next morning when I was upset and I was angry with him and he said 'well there's no such thing as raping your own girlfriend, get over it'. And I kind of believed him on that. It was when I was 18, one of my friends was out with us, and he was my

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847   CSJ, *Completing the Revolution: Transforming mental health and tackling poverty*, 2011, p20.

ex-boyfriend by that point and he tried to like forcibly kiss her and I told her what had happened to me and her only response to it was 'I hate you, because if you had reported him, if you'd done something about this, he wouldn't have been able to hurt me' and that was the first time I thought about ending my life… and that was when depression really got a hold of me… and then the doctor turned around and said 'no you have depression, like you have, will never go away depression, this is your story now' and I was like 'oh I just thought it was an occasional thing like a cough'… it hadn't been explained to me at all. And that was when I met my ex-husband… literally a year after meeting him, I moved to America to be with him. We got married. And I was basically living with a man and his mother, both of whom were bipolar. I didn't know that at the time. I was suffering from home sickness and post-natal depression and you know, had no support system there… my mental health got so bad that the one thing that had always kept me alive was not wanting to leave my child alone but I had a really bad self-harm episode after a nasty argument with my ex-husband where I basically took a pair of gardening sheers to my hair… and it was that point I called my parents and said I need to come home because I'm poorly… and my parents put themselves in debt to get me home the day after… when he came over a few years later… he basically pushed me against a wall and forced himself on me… and I just froze and I couldn't really function and that was the first time that I told my parents about anything that had happened to me… and my mum rang my dad and said 'tell him to pack his bags and to go to the airport or to the police station'… and he chose the airport and we never physically saw him again.

In 2009, which was after the sexual assault, I did have what they classify as a psychotic break, but, and I think that they used that to say it was BPD, but I don't think that they took into account everything that was going on in my life at the time… if they had started from the beginning, truly started from the beginning and said look at the trauma, look at the, you know, eccentricities of her growing up and her sort of, fixated patterns and stuff, they'd have truly sat there and said this is more complex we need more information, we need more. It was one interview, one assessment, diagnosed. And the psychiatrist didn't even lay eyes on me, he just read the notes.

… and then I was kind of cast into the wind… and at the time my mental health was in a bad place and so I took this sort of label that I'd been given and I was going round and telling everybody 'I've got BPD, I've got BPD' and then I made myself fit into this criteria… it wasn't until I got to [charity] where [the CEO] turned round to me and said 'you're too reflective to have BPD, that makes no sense'… the more I looked into it, the more I was like 'this actually seems like ADHD, not BPD', and that would explain the emotional dysregulation that I'm suffering from all the time and why I'm up and down. The less I started to push myself into this mould that they'd given me, the less I was telling people that I had it because I suddenly realised I don't… I'm just like, 'what is the diagnostic criteria that they're going for here? Is it you're a mum that's not going through the menopause with emotional problems, it's BPD'. I feel like that's the over branching criteria that they're using and it's just being throw out as a wastebasket diagnosis, rather than saying 'hey, it could be autism, it could be ADHD, it could be complex post traumatic stress disorder. We don't want to do that work, we just want to label them and get shot of them.'

It seems like we are the victims of a lot of wastebasket diagnosis… But it's [BPD] also a fad and a trend at the moment. It's all over TikTok, you know, especially since the Amber Herd, Johnny Depp trial where she was diagnosed with borderline personality disorder as well, you know it's now become a fad or it's become trendy to sort of like put yourself with this very harmful label… I feel like with a lot of the diagnosis of BPD that we have, it is in reaction to a symptom rather than the actual root cause and I think that that's dangerous because you know, this label is dangerous, particularly

for women like me who have been in the system, but it's also dangerous because you're treating the wrong thing… if you're treating the wrong thing or if you're not using the right medication, you're potentially making that person dependant on a chemical that they don't need and then giving them an excess of it. We don't know the long term health impacts or implications of that.

This year [2024] I pursued some answers via Right to Choose. In June, I had an assessment for ADHD, and in August I had an assessment for Autism. I was told my ADHD assessment was 'complicated' because of the ASD overlap and the past trauma and mental health. They wanted to wait for my autism assessment. Then they would consult as a part of a multi-disciplinary team, but sadly my nurse went on long-term sick shortly after my ASD assessment, so while I've officially been diagnosed as Autistic, I'm still waiting on the results of my ADHD assessment.

List of Recommendations

Protective Factors of Mental Health

RECOMMENDATION 1

NHS England should offer those with a long-term physical health condition or disability support for their overall wellbeing through a Social Prescribing Link Worker.

RECOMMENDATION 2

The Care Quality Commission (CQC), the independent regulator of health and adult social care in England, should give sufficient focus to clinical practice in relation to dual diagnosis. In addition, the CQC must monitor how far NHS Trusts are supporting those suffering substance misuse with mental health treatment to ensure they are adhering to NICE guidelines.[848]

RECOMMENDATION 3

While the current emphasis is rightly on mothers, to safeguard the mental health of children and enhance early intervention, NHS England should recommend that mental health screening is offered to the partners of mothers six to eight weeks after birth.

- *Based on the cost of one hour of time for a clinical psychologist working in community mental health services, the number of live births per year and the estimated number of 'new fathers' who say they want support for their mental health, this would cost approximately £13.9 million per year.*

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848   CSJ, *Still Ambitious for Recovery: How to address illegal drug addiction and strengthen law enforcement's role*, 2024.

RECOMMENDATION 4

The Government should strengthen statutory paternity leave to help fathers bond with their babies and partners.[849]

- *Statutory paternity leave should be made possible at any point during the first year of their baby's life.*

- *New fathers who are self-employed should be eligible for a paternity allowance, depending on how many Class 2 National Insurance contributions they have made in the 66 weeks before their baby is due to bring their rights in line with that of new mothers who are self-employed.*

RECOMMENDATION 5

The Government should collect national level data on family structure.[850]

RECOMMENDATION 6

The Government should put childcare choices in the hands of parents.[851]

RECOMMENDATION 7

The Government should identify where there are incentives to separate or live apart in the way that benefits are administered.[852]

RECOMMENDATION 8

Every Local Authority should deliver Family Hubs.[853] *This would cost approximately £306 million in addition to the £302 million already committed.*[854] *The Department for Education and the Ministry of Housing, Communities and Local Government should issue guidance on how Family Hubs should integrate with local social prescribing services. NHS England should issue guidance to social prescribing services to ensure collaboration with Family Hubs.*

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849 CSJ, *Lonely Nation: Part 1: How family can help to end the loneliness crisis*, 2024.
850 CSJ, *Lonely Nation: Part 1: How family can help to end the loneliness crisis*, 2024.
851 CSJ, *Lonely Nation: Part 1: How family can help to end the loneliness crisis*, 2024.
852 CSJ, *Lonely Nation: Part 1: How family can help to end the loneliness crisis*, 2024.
853 CSJ, *Why Family Matters: A comprehensive analysis of the consequences of family breakdown*, 2019.
854 CSJ, *Lonely Nation: Part 1: How family can help to end the loneliness crisis*, 2024.

RECOMMENDATION 9

The Government should launch a new relationship and support interventions strategy.[855]

- *The Government should commit to a £33 million funding pot over three years to support the provision of couple relationship support services that meet a broad spectrum of need including marriage preparation and couples counselling.*

- *This should be delivered through Family Hubs.*

RECOMMENDATION 10

The Department for Education should roll out a national programme of 2,000 attendance mentors. These mentors would use trauma-informed approaches to identify mental distress and work with families to understand and remove the underlying barriers to school attendance. A national programme would cost an estimated £80 million per year.[856]

RECOMMENDATION 11

The Department for Education should support schools to develop a whole school approach to mental health.[857] This whole school approach will ensure that the curriculum promotes social and emotional learning, as well as ensuring that extracurricular activity is promoted within schools.

RECOMMENDATION 12

In the next review of MHSTs, the Department for Health and Social Care and the Department for Education should prioritise an evaluation of the extent to which MHSTs deal with more severe mental ill-health. MHSTs should continue to serve as an early intervention and prevention service, focused on addressing the psychosocial needs of individuals before they escalate into issues that can only be managed by CAMHs, working closely with families to establish the root cause of the need.

RECOMMENDATION 13

The Department for Education should work with the Department for Culture, Media and Sport to ensure that all young people have a Right to Sport[858] to promote health and wellbeing.

855 CSJ, *Lonely Nation: Part 1: How family can help to end the loneliness crisis*, 2024.

856 CSJ, *School Absence Tracker*, 2024.

857 CSJ, *The missing link: Restoring the bond between schools and families*, 2024.

858 CSJ, *Game Changer: A plan to transform young lives through sport*, 2023.

The Perfect Storm

RECOMMENDATION 14

The Government (through the Department for Science, Innovation and Technology or the Home Office) should increase the age of digital consent from 13 to 16 through GDPR, as per the Safer Phones Bill, proposed by Josh Macalister OBE MP.

RECOMMENDATION 15

To support this bill, the Department for Science, Innovation and Technology should explore measures to require social media networking sites to improve their age verification processes.

RECOMMENDATION 16

The Department for Science, Innovation and Technology should oblige Ofcom to prepare and publish a code of practice for safety-by-design features for algorithms. This should at a minimum require all social networking sites to discontinue the use of algorithms which generate content from unfollowed accounts for users younger than 16, making content 'opt-in'.

RECOMMENDATION 17

The Department for Education should make schools smartphone-free by making existing guidance a statutory requirement.

RECOMMENDATION 18

The Department of Health and Social Care and/or Ofcom should launch a public health campaign to make clear the increased risk of developing mental ill-health from excessive smartphone and social media use.

- *GP surgeries, MH Trusts, Family Hubs and Schools should draw attention to these risks.*
    - *In particular, as endorsed by Dr Sanjiv Nichani OBE, NHS antenatal classes should include a segment educating parents about the harms of social media and smartphones.*
    - *For example, a national campaign in Scotland, 'Quit Fighting for Likes,' has recently been launched to prevent violent content online.[859]*
    - *As a further example, Dr Sanjiv Nichani's 5-a-day infographic, already endorsed by NHS England, should be issued to parents through perinatal services and Family Hubs.*

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859 Scottish Government, *News: Social media safety for young people*, 2024.

RECOMMENDATION 19

The Department for Science, Innovation and Technology or the Department for Business and Trade should introduce a licensing regime for the sales, supply and marketing of smartphones.

- *"A licencing regime to create a new market for child-appropriate restricted smartphones and applications that meet narrow safety and appropriateness criteria set in law and overseen by an independent kite marking authority which prioritises children's well-being, such as the Children's Commissioner."*[860]

  - *Advisory age suitability for each smartphone should be displayed on packaging.*

RECOMMENDATION 20

The Department for Work and Pensions should implement WorkWell nationwide to establish a new National Work and Health Service. WorkWell provides timely, early intervention that can be non-clinical to support those struggling with their mental health and require support to 'work well.'

- *Rolling out WorkWell across England would cost approximately £192 million, given that current funding stands at £64 million, which covers a third of England.*

RECOMMENDATION 21

The Department for Work and Pensions should reform the fit note so that 'not fit for work' is not the default in cases of mild to moderate symptoms of less severe[861] mental ill-health. The CSJ recommends four key changes.

- *Firstly, the Department for Work and Pensions and Department of Health and Social Care should provide strategic guidance for healthcare professionals for when the 'maybe fit to work' option should be used and how to refer individuals to the new National Work and Health Service, WorkWell.*

- *Secondly, GPs should no longer issue fit notes for more than 28 days for less severe mental ill-health. Instead, after 28 days GPs should refer individuals to WorkWell to determine the preferred fit note option through a Work and Health assessment.*

- *Thirdly, to promote the 'maybe fit to work' option, where 'altered hours' are recommended under Work Well, for any hours out of work, employees should receive statutory sick pay (SSP).*

- *Fourthly, where employees are recommended to phase their return to work from either economic inactivity due to ill-health or being off work due to ill-health, they should receive SSP for hours not worked.*

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860 Safe Screens, *Proposals*, n.d. Accessed from: https://safescreens.org/our-campaign/proposals/

861 "Less severe depression", for example, is defined in NICE guidelines as encompassing "subthreshold and mild depression, defined as depression scoring less than 16 on the PHQ-9 scale." Accessed from: https://cks.nice.org.uk/topics/depression/background-information/definition/

RECOMMENDATION 22

His Majesty's Treasury should incentivise workplaces to prevent mental ill-health by expanding the existing benefits-in-kind (BiK) exemption for Occupational Health (OH) in small and medium-sized enterprises (SMEs) through a Group Purchasing Framework to reduce OH costs.[862] *The Department for Work and Pensions should issue guidance to SMEs about the leading specialist support to invest in.*[863]

RECOMMENDATION 23

The Department for Work and Pensions should separate PIP support for those with physical ill-health from those with mental ill-health so that both cohorts receive the most accurate and effective support.

- *PIP should only provide direct financial assistance for people with additional living costs due to their condition. This should be assessed by a relevant medical practitioner.*

- *For those who do not have additional living costs due to their condition, a separate support system should be established.*

- *This support system should be devolved to local authorities or integrated care boards (ICBs) who can provide targeted interventions through services such as social prescribing or paying for therapy for those struggling to access NHS services.*

- *People with comorbidities should receive additional guidance regarding dual access to both types of support.*

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862   HM Government, *Occupational Health: Working Better – Summary of Responses to the Consultation and the UK Government Response*, 2023.

863   Burge, P, Incentivising SME uptake of health and wellbeing support schemes, 2023, p59. This survey found this to have "a statistically significant positive impact on the likelihood of choosing a scheme."

RECOMMENDATION 24

NHS England should work with all Mental Health Trusts to establish a shared definition for terms such as 'disorder,' 'illness,' 'wellbeing,' 'mental health,' and 'distress.' It should use the British Psychological Society (2015) Guidelines on Language to do this. This shared definition should extend to be used in education and other public services.

RECOMMENDATION 25

Ofcom should carry out a rapid review to establish a regulatory framework to require AI chatbots to have advanced crisis management safety protocols in cases of users presenting with mental ill-health.

Chatbots used as digital therapists must be subjected to this regulatory framework, with enhanced measures for users under 16.

RECOMMENDATION 26

NHS England should establish a framework for healthcare professionals to record and highlight identified instances of misdiagnosis and overdiagnosis, both to ensure the individual affected is escalated for support, and to advocate learning and prevention. This should be monitored by the Care Quality Commission.

RECOMMENDATION 27

The Department for Education should incorporate Social and Emotional Learning in the national curriculum following the curriculum review and ensure 'wellbeing' and 'mental health' are distinguished.

RECOMMENDATION 28

NICE guidelines should adopt a single diagnostic manual, the ICD, as used by the NHS, ensuring clarity and consistency.

RECOMMENDATION 29

The Department for Health and Social Care should work with NHS England to establish a database for diagnosis and treatment of mental ill-health by requiring healthcare professionals to record:

- *Which method of diagnosis is used, e.g. screening questionnaires, structured interviews or both.*

- *First, second and third treatment options to determine prescription processes in primary care.*

RECOMMENDATION 30

NICE guidelines should make exit strategies protocol when patients are first prescribed psychotropic medication. This protocol should ensure an initial period is determined upon prescription/ diagnosis, but the length of the period should be determined by the medical practitioner issuing the prescription, allowing for flexibility dependent on severity and circumstances, to prevent patients being on psychotropic medication for long periods of time unnecessarily.

RECOMMENDATION 31

While trauma-informed care (TIC) is increasingly being rolled out by many NHS Trusts,[864] a NHS-wide strategy for implementing TIC should be established.

RECOMMENDATION 32

NHS England should establish a National Strategy for Social Prescribing that coordinates services but is delivered locally.

- *NHS England should take the example of NHS Wales, who have a National Framework for Social Prescribing to ensure shared language and ensure consistency of delivery.[865]*

- *This strategy should outline how services such as Family Hubs, programmes such as Work Well and the third sector should collaborate with social prescribing services.*

- *The social prescribing role should be a part of multi-disciplinary teams (MDTs).*

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864 Emsley, E, et. Al, *Trauma-informed care in the UK: where are we? A qualitative study of health policies and professional perspectives*, 2022.

865 Welsh Government, *National framework for social prescribing*, 2024.

RECOMMENDATION 33

To support NHS England to deliver social prescribing, VCSE organisations should receive funding via ICBs or local authorities (dependent on who is commissioned in a locality) for the delivery social prescribing activities.

RECOMMENDATION 34

To support a National Strategy for Social Prescribing, NHS England should establish a nationwide database of local services to enable individuals to access support.

- *While the Joy App is an example of this for medical practitioner to access services within the social prescribing space, the charity Beyond Mental Health have a directory of all services by locality for young people, based on assessment of services by the charity. A database such as this should be made available by NHS England to all individuals. Hub of Hope provides another example of such a database, in which inputting a postcode results in both statutory and third sector local support, which can be targeted to specific need.*

RECOMMENDATION 35

To enhance a National Strategy for Social Prescribing, a children and young people's social prescribing branch should be established.

- *While various studies predict varying levels of impact of social prescribing on the healthcare system in the UK,[866] Frontier Economics predict that GP appointments would fall by two to five per cent annually as a result of social prescribing, amounting to between 3.2 and eight million appointments.[867] With every GP appointment costing an average of £49,[868] taking an average saving of 5.6 million appointments annually, this could result in savings of £274.4 million, which could be redirected to fund social prescribing for children and young people.*

866 Polley, M et. Al, *Building the economic case for social prescribing*, 2023, pp28-32.

867 Frontier Economics, *The role of data in unlocking the potential of social prescribing*, 2021, p22.

868 Jones, K, C et. Al, *Unit Costs of Health and Social Care 2023 Manual*, 2023.

Appendix

Thematic analysis of our Call for Evidence

Between 26th of May and 30th of June 2024, the CSJ released a call for evidence which received 77 open text responses. One question asked was "In your opinion, what are some of the reasons for the recent rise in mental ill-health?" and this qualitative thematic analysis assesses the responses to this question. Responses uncovered complex factors which impact mental health.

Open coding techniques were utilised to identify the thematic narratives which emerged from the open text responses. The constant comparative method of data analysis to identify similarities and differences in responses was employed and peer reviewed. This process was guided by Braun and Clarke's six-phase framework for thematic analysis. Ethical considerations included ensuring anonymity and obtaining informed consent.

Results of the analysis are peppered throughout the report. A thematic map of findings is below.
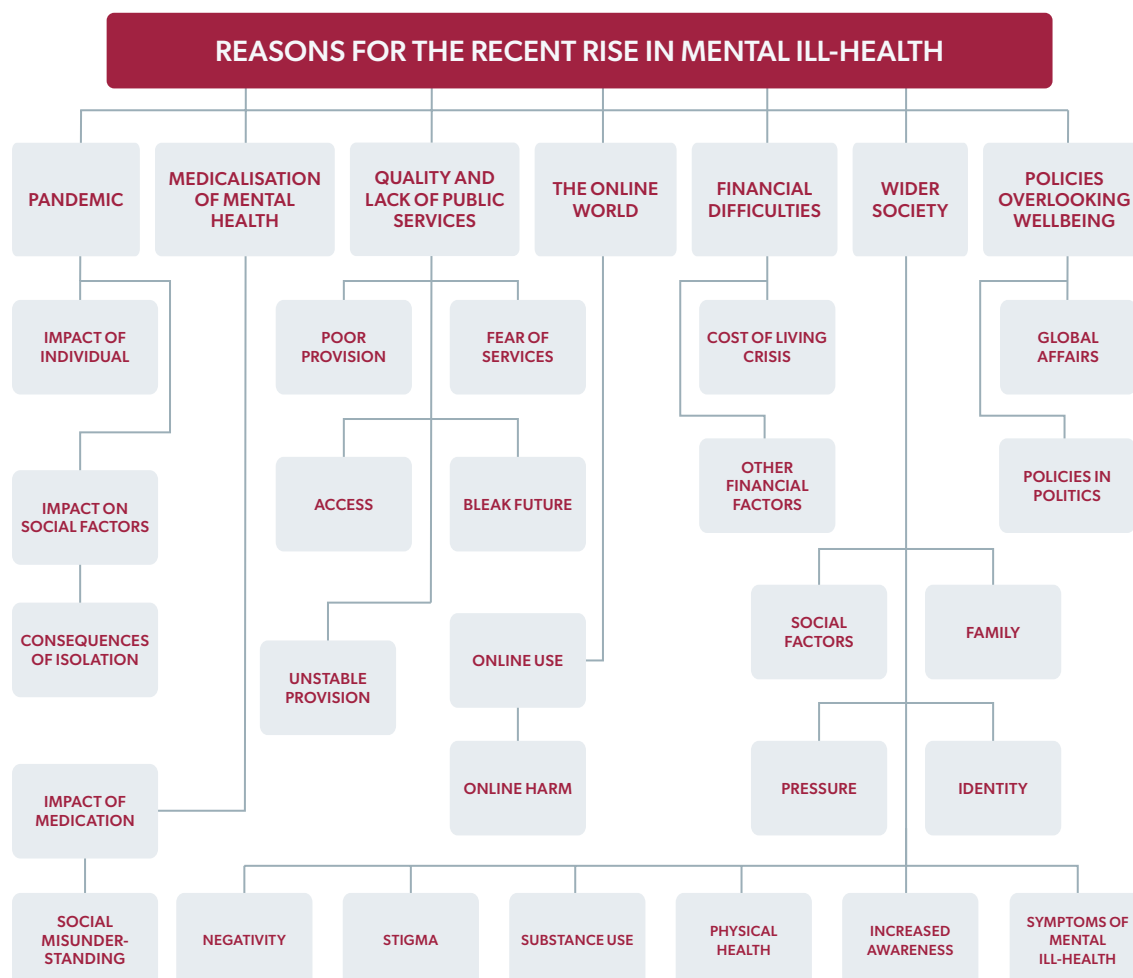
Limitations

Responses to the call for evidence were not representative of the nation, nor of NHS England. Of the 77 responses, 39 per cent were from healthcare professionals, 48 per cent were from charities (of which 51 per cent directly targeted mental ill-health), four per cent were from education providers, four per cent from businesses and five per cent from councils.

Thematic content analysis of NHS Mental Health Trust websites

A Freedom of Information request was responded to by the Care Quality Commission in February 2024 requesting a list of all NHS Mental Health Trusts which was provided for England. Subsequently, each Mental Health Trust website was accessed in order to determine each Trust's definition of 'mental health.' Where explicit definitions were not found following extensive, peer reviewed analysis of the websites (which was the case in 46 websites), the closest descriptions to definitions of 'mental health' were recorded. This was limited to a maximum of three descriptions per website, if each website had significantly different descriptions of 'mental health.' For most websites, two descriptions were recorded. Definitions and descriptions were found on 'About Us' pages, A-Z glossaries, policy documents and in various spaces explaining the types of support available.

Open coding techniques were utilised to identify the thematic narratives which emerged from the descriptions recorded in order to determine a universally understood definition of 'mental health'. The constant comparative method of data analysis to identify similarities and differences in descriptions was employed and peer reviewed. This process was guided by Braun and Clarke's six-phase framework for thematic analysis.

Limitations

While websites were searched and analysed extensively and the process was peer reviewed, it is possible that some definitions or descriptions of mental health may have been missed.

A table presenting the themes and sub-themes is below.

Theme	Sub-themes
Social context	External factors contribute to mental ill-health, like exam stress.
	External factors contribute to mental ill-health, like the cost-of-living crisis.
	Wider impact on wellbeing of things like isolation.
	Impacted by a number of things

Theme	Sub-themes
Ability to cope	Difficulties which interfere with the quality of daily life.
	Finding it hard to cope.
	Ability to cope with stress.
	Lack of control.
	Ability to cope with normal stresses.
	Ability to cope with day-to-day stresses.
	Ability to cope with your situation.
	Overwhelming persistent emotional distress.
	Concerns about emotional wellbeing.
	Ability to relate to others.
Spectrum of experiences	Mental health as a spectrum.
	Range of experiences.
	Range of common mental health problems.
	Manifestations of distress.
	Different for everyone.
	Encompasses a range of difficulties.
	Mental ill-health presents as complex.
Scale of severity	Distinguishment of serious mental disorders.
	Range of difficulties from low mood to suicide.
	Treatment depends on severity.
	Range from common mental health conditions to severe.
	Severe and enduring conditions can include common disorders.
Universality	Mental health as a universal experience.
Risk of severe harm	Risk of harm.
	May present as dangerous.
	A mental health crisis presents with serious symptoms.
	Results in risks harmful to the community.
	Unusual experiences which may be disturbing.
Necessities of a clinical approach	Requires clinical diagnosis.
	Diagnoses aren't always obvious.
	Improved with treatment.
	Illness has a psychological cause.
	Conditions differ to illnesses.
Can be positively maintained	Mental wellbeing builds resilience.
	About wider wellbeing like good sleep.
	Self-care maintains good mental health.
	The benefits of good mental health.
	Unlocks our full potential.
	Value of a proactive not reactive approach to mental health.

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