
Appendix 1: Time line of national policies on mental health

- 1999 The National Service Framework for Mental Health was launched to establish a comprehensive evidence-based service.
- 2000 The NHS Plan set targets and provided funding to make the Framework a reality.
- 2004 A National Service Framework for Children, Young People and Maternity Services was launched.
- 2008 The NHS Improving Access to Psychological Therapies (now known as NHS Talking Therapies programme) programme pilots started for adults with anxiety and a range of other common mental health conditions.
- 2011 The Coalition government's Mental health strategy published.
- 2015 NHS England's Future in Mind publication outlined the government's vision for children's mental health to be achieved by 2020.
- 2016 NHS Five Year Forward View for Mental Health outlined strategic planning to deliver mental health care for all age groups.
- 2017 The Department of Health and the Department for Education jointly published a Green Paper – Transforming Children and Young People's Mental Health Provision – which focuses on earlier intervention and prevention in mental health; an increased role for schools and colleges; and better, faster access to NHS services.
- 2018 Publication of the Care Quality Commission review of children and young people's mental health services: Are We Listening? Review of Children and Young People's Mental Health Services.
- 2018 The establishment of mental health support teams in schools began.
- 2019 The NHS Long-Term Plan promised additional investment into adult community mental health services between 2019/20 and 2023/24.
- 2021 Promoting and supporting mental health and well-being in schools and colleges guidance published by the DFE in response to Covid epidemic.
- 2021 Training grants for senior mental health leads were offered to all state schools and colleges in England, available between October 2021 and December 2024.
- 2023 Five years of additional government investment was committed to deliver the NHS Talking Therapies programme.

- 2023 Government funding announced for 10 Early Support Hubs for young people aged 11–25, extended to 24 hubs in 2024 with funding available till 2025/26.
- 2024 Lord Darzi's independent investigation of the NHS in England is published.
- 2025 The [10 Year Health Plan](#) commits to expanding mental health support teams in schools and colleges, and providing additional support for children and young people's mental health through Young Futures Hubs.
- 2025 National Youth Strategy – launched Dec 2025 – includes commitment to mental health support teams in schools and colleges to reach full national coverage by 2029. This embeds well-being support within Young Futures Hubs with a 'no wrong front door' approach, supporting access to NHS mental health services for young people who need more specialist support.
- 2025 The review into mental health, attention deficit hyperactivity disorder (ADHD) and autism services, chaired by Peter Fonagy is launched, seeking to understand the factors behind trends in prevalence.
- 2025 And Milburn review announced investigating the causes of inactivity and unemployment among 16-24 year olds
- 2025 The violence against women and girls strategy is updated.
- 2025 Men's Health Strategy for England launched to improve men's health literacy and engagement, particularly around mental health and suicide prevention.
- 2025 Neighbourhood Mental Health Hub pilots for people aged 18+ are launched – six pilots are being developed in England.
- 2025 The government commits to launch 50 Young Futures Hubs for 10–18-year-olds to improve health and well-being and reduce crime. 8 hubs opened in spring 2026.
- 2026 Children's Wellbeing and Schools Act

Appendix 2: List of organisations represented in the roundtable, workshop, and interviews as part of the mapping exercise

Ada Lovelace Institute

Anna Freud Centre

Association of Colleges

Barnardo's

BASW

Become

Behavioural Insights team

Catch 22

Center for Countering Digital Hate

Centre for Mental Health

Children and Young People Mental Health Coalition

Fostering Network

Internet Matters

Kingston University London

Mental Health Innovations
(Shout and the Mix helplines)

Mind

NCB

NEUROMANCERS

NHS England

NSPCC

Nuffield Family Justice Observatory

Place2be

Plymouth University

Revealing Reality

Tellmi

The Children's Society

UCL

VoiceBox

Wysa

Youth Access

Appendix 3: List of research topics and questions based on gaps identified

Research questions about prevalence

What is driving the increase in numbers of young people with probable mental health conditions by age, gender, ethnicity, and other characteristics?

- To what extent do reasons behind the increase in mental health needs differ by age?
- Can any transition-related experiences explain an increase over time in the prevalence of probable mental health conditions in the 17–19 population?
- What are the key reasons in increase in mental health needs by gender, and the growing gap between males and females as they transition to adulthood?

What data do we need to provide a more detailed picture about prevalence of mental health needs in the 14–24 population?

- There are gaps in the data or analysis around 14–24-year-olds by race and ethnicity, socio-economic status, place, and cross-section analysis of these experiences in the population of 14–24-year-olds with mental health needs.
- Data on non-binary and trans young people aged 14–24 and their mental health needs.
- Co-morbidity of mental health and physical health among young people aged 14–24.

Research questions about access to treatment

What data is needed to help build a fuller picture of access to mental health support for 14–24-year-olds within formal systems?

- Data on young people aged 14–24 accessing services by different mental health conditions, including co-morbidity with neurodivergent conditions and health conditions.
- Data on young people aged 14–24 by continuum of needs and outcomes of their interaction with mental health support systems, that is: How many of those in contact with mental health services did not meet the clinical threshold of need and what support did they receive? How many met the clinical threshold of need and what support did they receive?
- Data on young people who were repeat referrals into mental health support services, and their experiences of services.

How effective and successful are contacts with formal mental health systems? And what measures need to be built into data collection to understand the effectiveness of the formal system?

- Measures of success informed by young people themselves not just clinical outcomes.
- Addressing the bias in methods for outcome measures towards treatment rather than management of mental health conditions.
- Developing measures for understanding the effectiveness of preventative interventions.

Is there a generational bias in professional attitudes affecting access to mental health support for young people?

How effective is the use of medication in mental health for young people? How is information about dosage and side effects communicated to young people?

What is the scale of private mental health provision for young people, and who benefits most from that provision?

Access to mental health support in informal systems

- What is the level of demand and capacity within informal systems to meet the needs of young people with poor mental health?
- How many young people are accessing mental health support within formal systems and what are their characteristics? What makes mental health support more accessible through these systems?
- The workforce within informal systems comprises paid staff and unpaid volunteers. What is the distribution, and the implications for the ability, of these systems to meet the needs of young people with mental health needs?
- Do these systems provide support on the lower or higher spectrum of mental health needs? And what are the gaps?
- What are the economic benefits of informal systems for mental health support?
- How does the scale of support provided by informal systems differ across the childhood/adulthood boundary? Are there gaps? Can they help with the transition process better than the formal systems?
- What does good parenting intervention look like for parents of adolescents with mental health needs pre- and post-18?
- What are the experiences of young people who are not in education, employment or training getting holistic support with their mental health needs?

Access to mental health support through digital spaces

- Developing a fuller picture of the extent and type of digital/AI support used by young people for their mental health, by age, characteristics, and level of need, mapping risks and benefits of provision.
- Testing different models of delivery which combine online and in-person support for young people with mental health needs.

Access to mental health support during the transition from childhood to adulthood

There is a lack of data on transitions in administrative data collections; this is needed to help map and understand transition experiences of young people.

- Data on number of young people transitioning from child to adult mental health services by diagnosis, level of need, individual characteristics, location, and type of services.
- Data on waiting times during transition and the impact on young people.

What effect do different approaches to transition have on outcomes for individual young people – including treatment outcomes and a wider set of outcomes, such as education and employment?

What are the transition experiences of young people in care with mental health needs? What do good integrated systems of transition look like for this group of young people?

What is the role of parents and carers in transition for young people aged 16–17 and 18–24, and how can the issue of consent be approached to reflect best the wishes of the young person?

Access to mental health support for young people experiencing inequalities

- What is the true picture of access to support within formal and informal systems for young people from groups experiencing inequalities?
- What are the individual and societal implications of unmet mental health needs in groups experiencing inequalities?
- What does good practice look like in mental health support for groups experiencing inequalities?

Appendix 4: Full descriptions of figures and infographics

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Figure 1: Percentage of 11–23-year-olds with a probable mental health conditions, by age, 2017 to 2023

Overview

The bar chart shows the proportion of three different age groups of young people who have a probable mental health condition. The data for 11–16- and 17–19-year-olds is for years 2017 and 2020 to 2023. The data for 20–23-year-olds is only for 2021 to 2023. The proportions of all ages generally increase with time, although 17–19-year-olds peak at 2022. The levels of each age group are roughly similar at each year. 11–16-year-olds rise from 13.3% to 22.6%; 17–19-year-olds from 10.1% to 23.3%; and 20–23-year-olds from 16.6% to 21.6%.

Presentation

Each year has a set of three vertical bars, one for each age group. The first two years have only two bars as they are missing the oldest age group. The height of the bars shows the percentage value.

Values

The data below is repeated, along with the source information and confidence intervals, in the [full dataset](#).

Year	11-16-year-olds	17-19-year-olds	20-23-year-olds
2017	13.3	10.1	no data
2020	17.6	17.7	no data
2021	17.7	17.4	16.6
2022	20.4	25.7	18.7
2023	22.6	23.3	21.6

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Figure 2: Percentage of 16–24-year-olds with mental health conditions in 2023/24, by condition and comparison to years 2007 and 2014 where data available

Overview

The bar chart shows the proportions of 16–24-year-olds with a variety of mental health conditions, with a sub-total after the first six items for all common mental health conditions (CMHCs). Each condition has three bars (unless data is not available) to show the levels at 2007, 2014 and 2023/24. The main trends are:

- An increase for any CMHCs from 1 in 6 in 2007 to 1 in 4 in 2023/24. This includes increase in generalised anxiety disorder (GAD), phobias, depressive episodes, obsessive compulsive disorder (OCD).
- Around 1 in 5 (21.2%) young people aged 16–24 reported having self-harmed ever in 2023/24 compared to less than 1 in 10 (8.9%) in 2007.
- Other conditions such as problematic drinking declined, and drug dependence is fairly stable among young people.

Presentation

Each condition has three vertical bars for the three years covered. Some conditions have only two bars if data for one is not available. The height of the bars shows the percentage value.

Values

The data below is repeated, along with the source information, in the [full dataset](#).

Mental health condition	2007	2014	2023/4
GAD (past week)	3.6	6.3	7.6
Depressive episode (past week)	2.2	2.3	3.8
Phobias (past week)	2.1	3.3	4.1
OCD (past week)	2.3	1.8	5.7
Panic disorder (past week)	1.2	1.2	0.8
CMHC-NOS (past week)	9.9	8.4	9.8
Any CMHC (past week)	17.5	18.9	25.8
PTSD (screen positive for, past month)	no data	8	11.4
Psychotic disorder (past year)	no data		0.5
Antisocial disorder (screen positive for)	no data	4.9	1.3
Borderline disorder (screen positive for)	no data	5.7	6.1
Bi-polar (Screen positive for)	no data	3.4	1.9
Drinking score 8+	36.6	28.9	18.1
Drinking score 16+	6.2	4.2	2
Any drug dependence	10.2	8.3	10.1
Suicidal thoughts (past year)	7	8.4	9.9
Suicide attempts (past year)	1.7	2.2	1.3
Self-harm (ever)	8.9	13.7	21.2
Eating disorder (screen positive for, score 2)	13.1	no data	20.1

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Figure 3: Percentage of population in contact with NHS-funded secondary mental health, learning disability and autism services, by age, 2017/18 to 2024/25

Overview

The bar chart shows the proportions of the population in contact with NHS-funded secondary mental health, learning disability and autism services. The value for the total population is given, followed by age groups of five-year intervals from 0–5 to 11–15, single years from 16 to 19, and ten-year intervals from 20–29 to 90+. Each age group and the total population are given eight bars for the years 2017/18 to 2024/25. Across the age groups, the trend is for relatively low values at 0–5-year-olds, rising steeply to 16-year-olds before gradually falling to 60–69-year-olds. It then rises gently for 70–79-year-olds before rising steeply to 90+. The 90+ levels are in the same region as recent levels for 11–17-year-olds. The trends for each age group across time are that the proportion of people in contact with mental health services grew for most age groups (apart from 70+) in recent years, but with higher rises for children and young people.

Presentation

Each age group and the total population has eight vertical bars, one for each year. The height of the bars shows the percentage value.

Values

The data below is repeated, along with the source information, in the [full dataset](#).

Population group	2017–18	2018–19	2019–20	2020–21	2021–22	2022–23	2023–24	2024–25
Total population	4.5	4.9	5.1	5.0	5.8	6.3	6.6	7.0
Age 0–5	0.8	0.9	1.1	1.2	1.4	1.5	2.0	2.0
Age 6–10	4.0	4.7	5.3	5.2	6.3	7.4	8.8	10.0
Age 11–15	7.6	9.2	11.1	10.7	14.8	16.7	15.3	15.7
Age 16	10.2	12.0	14.6	14.6	18.2	19.3	17.6	16.9
Age 17	9.6	10.9	12.7	13.6	16.6	17.0	15.5	15.4
Age 18	7.4	8.4	9.4	10.0	12.4	12.9	11.8	12.3
Age 19	6.0	6.6	7.1	7.3	8.6	9.2	8.9	9.2
Age 20–29	4.9	5.4	5.7	5.8	6.6	7.3	7.6	8.2
Age 30–39	4.2	4.5	4.6	4.6	5.2	5.9	6.3	7.0
Age 40–49	3.8	3.9	3.9	3.7	4.0	4.4	4.8	5.3
Age 50–59	3.4	3.5	3.4	3.2	3.4	3.7	3.9	4.2

Population group	2017–18	2018–19	2019–20	2020–21	2021–22	2022–23	2023–24	2024–25
Age 60–69	2.7	2.8	2.8	2.6	2.9	3.2	3.3	3.5
Age 70–79	4.6	4.5	4.3	3.9	4.3	4.6	4.7	4.7
Age 80–89	11.6	11.3	10.9	9.8	10.4	11.2	11.1	10.8
Age 90 and over	17.0	17.0	16.1	14.7	15.8	16.8	16.1	15.6

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Figure 4: Trends in mental health conditions in 16–24-year-olds, by sex, 2014 and 2023/24 (%)

Overview

The bar chart shows the proportions of 16–24-year-olds with a variety of mental health conditions segregated into values for men and women, at two time points: 2014 and 2023/24. There is a sub-total after the first six items for all common mental health conditions (CMHCs). Overall, the values are highest for any CMHC, hazardous drinking and self-harm. On sex differences, women’s rates are higher than men’s, except for hazardous/harmful drinking and drug dependence. The values for men and women usually rise over time, except panic disorder, hazardous/harmful drinking and suicide attempts, with men’s rates of generalised anxiety disorder (GAD) and drug dependence also falling.

Presentation

Each condition has four vertical bars, two for men (one for each year), two for women (one for each year). The height of the bars shows the percentage value.

Values

The data below is repeated, along with the source information, in the [full dataset](#).

Condition	Men 16–24 in 2014	Men 16–24 in 2023/24	Women 16–24 in 2014	Women 16–24 in 2023/24
GAD	3.8	3.6	9	12
Depressive episode	0.9	0.4	3.8	7.5
Phobias	1.3	1.9	5.4	6.5
OCD	1.2	5.2	2.4	6.2
Panic disorder	0.4	0.9	2.2	0.7

Condition	Men 16–24 in 2014	Men 16–24 in 2023/24	Women 16–24 in 2014	Women 16–24 in 2023/24
CMHC-NOS	5.6	7.5	11.3	12.2
Any CMHC	10	16.3	28.2	36.1
PTSD screen positive	3.6	10.4	12.6	12.6
Drinking score 8+	32	19.6	25.6	16.8
Drinking score 16+	5.2	2.1	3.2	1.9
Any drug dependence	11.8	10.7	4.6	9.6
Suicidal thoughts	6.4	7.5	10.4	12.6
Suicidal attempts	1.9	0.4	2.7	2.4
Self-harm	7.9	17.3	19.7	25.7
Bi-polar disorder	3.1	0.1	3.7	3.9
Antisocial disorder	6.4	1.8	3.3	0.8
Borderline disorder	4.2	2.6	7.3	9.9

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Figure 5: Number of 16–24-year-olds in contact with secondary mental health services, by gender, 2021/22 to 2024/25

Overview

The bar chart shows the numbers of 16–24-year-olds in contact with secondary mental health services, divided into different gender identities. Each gender identity is given values for the four years from 2021/22 to 2024/25. The values for male and female are far larger than the other four categories and noticeably increase across the years. There is no clear trend for the other categories.

Presentation

Each gender identity has four vertical bars, one for each year. The height of the bars shows the number of individuals.

Values

The data below is repeated, along with the source information, in the [full dataset](#).

Gender	2021/22	2022/23	2023/24	2024/25
Male	230,580	241,500	252,976	274,755

Gender	2021/22	2022/23	2023/24	2024/25
Female	351,848	375,726	373,793	389,529
Non-binary	464	5,152	3,127	3,458
Other (listed)	427	989	1,433	1,355
Indeterminate	3,720	873	1,287	1,243
Unknown	8,194	18,750	7,571	8,327

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Figure 6: Key systems young people turn to for mental health support as identified by young people in the Youth Insight Group and deep dive workshops

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Figure 7: Example map of systems of support for young people aged 14–24 years with poor mental health

Overview

The bubble map shows the six key systems that young people turn to for mental health support and the connections between them and their related services. It shows what age ranges these services are available to. The systems are:

- Health services
- Education
- Digital
- Employment
- Community
- Family and friends

Presentation

The six key systems are in large bubbles. Services are in small bubbles surrounding their key system, with arrows coming out to them. Some services are pointed to from more than one system. Each service age application is indicated with a coloured background.

Values

The data below consists of six tables, and is repeated on one combined table in the [full dataset](#).

System: Health services

Under-18s	18+	Available across 18 birthday boundary	Age boundaries depend on local commissioning arrangements
Children and young people mental health services	Adult mental health services	GPs	NHS talking therapies
Local chatlines for parents	24/7 Neighbourhood Mental Health Hubs	Mental Health Nurses	Drug and alcohol services
		Therapists (NHS and private)	Chatlines and text services
		Crisis teams	
		Emergency response services	
		Early Intervention for Psychosis	
		The Well Centre	
		Eating disorder services	
		Wysa	
		Shout	

System: Education

Under-18s	18+
Mental health support teams	University counsellors
Attendance Hubs	University helplines
Virtual School Heads for children in care	
Counsellors in schools and FE colleges	
Voluntary sector organisations (Barnardo's, Place2Be, The Children's Society)	

Under-18s	18+
SEND staff	
Pastoral staff	

System: Digital

Under-18s	18+	Available across 18 birthday boundary	Age boundaries depend on local commissioning arrangements
Childline	Mind Helpline	AI chatbots	Shared experience groups
Kooth	Qwell	Calm Harm and Calm Fear app	
Tellmi		Hub of Hope	
Finch self-care app		The Mix	
		NEUROMANCERS	
		TogetherAll	
		Wysa	
		Samaritans	
		Shout	
		AI chatbots	

System: Employment

18+	Age boundaries depend on local commissioning arrangements
DWP Employment hubs	Mentors
Occupational Health	Wellbeing Helplines
	Shared experience groups
	Fitness and wellbeing facilities

System: Community

Under-18s	18+	Available across 18 birthday boundary	Age boundaries depend on local commissioning arrangements
Early Support Hubs	24/7 Neighbourhood Mental Health hubs	Early Support Hubs	Sports groups
Young Futures Hubs	Local Minds	Voluntary sector services	Shared experience groups

Under-18s	18+	Available across 18 birthday boundary	Age boundaries depend on local commissioning arrangements
Youth clubs	Movember, Oddballs campaigns	NEUROMANCERS	Art therapy
Local Young Minds	Men's Shed	Faith groups	
		Outdoor green spaces	

System: Family and friends

Under-18s	18+	Age boundaries depend on local commissioning arrangements
Young Minds Parents helpline	PA for care leavers	Voluntary sector organisations
Anna Freud Centre	Partners	Young Minds Parents helpline
Support for parents of adopted children		
Fostering Network		
Local chatlines for parents		

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Figure 8: Proportion of people (%) with a CIS-R score of 12+ receiving treatment for a mental or emotional problem, by age, 2014 and 2024

Overview

This chart shows the proportions of different age groups receiving treatment for a mental or emotional problem, whether through medication, psychological therapy or both. The ages range from 16–24 to 75+, with values given from 2014 and 2024. The category of no treatment is the most prevalent, usually around 50-60%, sometime higher. Medication only is the most prevalent treatment category.

Trends around no treatment: this has reduced from 2014 to 2024. In 2014 it was generally higher in younger and older groups than the middle ages. In 2024 younger ages have dropped to levels of the middle ages.

Trends around medication only: this has increased from 2014 to 2024 among younger age groups and decreased along older age groups. In 2014 it was low among younger age groups and increased with age. In 2024 there is less difference.

Trends around psychological therapy only: this has increased in all age groups. It is generally higher in younger groups than older groups.

Trends around both medication and psychological therapy: this has increased in younger and older groups, and decreased in the middle ages. It is most prevalent in 25–44s.

Presentation

Each age group has two horizontal bars, one for each year. The bars total 100% and are divided into the four categories.

Values

The data below is repeated in a different configuration, along with the source information, in the [full dataset](#).

	No treatment	Medication only	Psychological therapy only	Both medication and psychological therapy
16–24, 2014	77.3	10.1	8.8	3.8
16–24, 2024	50.1	35.1	12.6	2.2
25–34, 2014	62.6	20.1	6.2	11.1
25–34, 2024	46.5	30.4	10.1	13.1
35–44, 2014	59.7	27.3	3.8	9.2
35–44, 2024	58.6	19.6	8.3	13.5
45–54, 2014	54	34.6	2.7	8.6
45–54, 2024	47.7	31.7	11.3	9.3
55–64, 2014	50.4	39.6	4.5	5.5
55–64, 2024	52.2	33.8	7	7
65–75, 2014	60.9	31	2.9	5.2
65–75, 2024	66.8	28	3.1	2
75+, 2014	64.9	33.3	-	1.8
75+, 2024	78.1	19.1	2.8	-

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Figure 9: Number of patients aged 15–24 who were prescribed medicine for mental health, by type of medicine and gender, 2015/16 and 2024/25

Overview

The bar chart shows the numbers of people prescribed four different medicine types, showing the difference between male and female patients as well as levels in 2015/16 and 2024/25. Antidepressant drugs have a significantly higher level than the other categories. They also show higher levels in females. Conversely, central nervous system (CNS) stimulants / attention deficit hyperactivity disorder (ADHD) drugs are higher in males. Both antidepressants and CNS/ADHD medicines have increased over time. Hypnotics/anxiolytics and psychoses and related drugs have less difference between genders and over time.

Presentation

Each medicine category has four vertical bars, two male (one for each year), two female (one for each year). The height of the bars shows the percentage value.

Values

The data below is repeated, along with the source information, in the [full dataset](#).

	Antidepressant drugs	Hypnotics and anxiolytics	Drugs used in psychoses and related disorders	CNS stimulants and drugs used for ADHD
2015/16 Male	159,414	47,354	23,767	25,683
2015/16 Female	343,561	69,908	20,165	6,743
2024/25 Male	184,722	55,027	19,527	56,957
2024/25 Female	412,637	56,513	24,002	35,497

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Figure 10: Number of young people who received two or more contacts with community mental health, learning disability and autism services, by age, 2021/22 to 2024/25

Overview

The chart shows the changes over time, and the differences between age groups, of the number of young people receiving two or more contacts with community mental health, learning disability and autism services. The three age groups are 11–15, 16–19 and 20–24. The older the age group, the lower the numbers (11–15: 230–290k, 16–19 145-165k, and 20–24 45-60k). Across time, every age group increases its numbers, with the largest change happening in the 11–15 group.

Presentation

Each age group has a set of four vertical bars, one for each year. The height of the bars shows the number of individuals.

Values

The data below is repeated, along with the source information, in the [full dataset](#).

Age group	2021/22	2022/23	2023/24	2024/25
11–15	228,657	243,093	271,083	291,791
16–18	132,177	134,839	142,204	150,644
18–24	61,086	54,759	68,023	75,617

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Figure 11: The scale at a glance of access to support for mental health needs in primary and secondary health settings in England (during year of most recent reporting)

Overview

The infographic shows numbers and proportions of different age groups with access to various mental health support sources:

- GPs
- Talking therapies
- Perinatal mental health
- Early intervention for psychosis
- NHS funded community mental health, learning disability and autism services
- Eating disorder services

Presentation

Each source has a box, within which are bubbles with data points. Bubbles are coloured differently for relating to mostly under-18s or 18+.

Values

The data below is repeated, along with the source information, in the [full dataset](#).

GPs

Proportion of young people with mental health presentation in 2023:

- Over 5% of 14–15-year-olds
- Around 7% of 16–17-year-olds
- Around 9% of 18–24-year-olds

Talking therapies

	Under-18s	18–25-year-olds
Referred	31,800	368,291
Accessed services	18,299	234,182
Finished course of treatment	6,227	123,013

Perinatal mental health

- 2,306 of 15–19-year-olds in contact
- 8,637 of 19–24-year-olds in contact

Early intervention for psychosis

	14-17-year-olds	18-24-year-olds
Referred	4,987	20,524
Entered treatment	1,232	5,221

NHS funded community mental health, learning disability and autism services

	11-15-year-olds	16-17-year-olds	18-24-year-olds
In contact	566,520	228,833	450,280
Two contacts	291,791	150,644	75,617

Eating disorder services

- 93 teams for children
- 69 teams for adults

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Figure 12: The scale of support available or proposed within education, family and friends, community, and employment systems

Overview

The infographic shows numbers and proportions of available or proposed services with four systems:

- Education
- Family and friends
- Community
- Employment

It also shows the numbers or proportions of individuals these services are available to or used by.

Presentation

Each system has a box, within which are bubbles with data points.

Values

The data below is repeated, along with the source information, in the [full dataset](#).

System: Education

700 Mental health support teams established by March 2026, covering 69% of secondary schools and 28% of post-16 education, for:

- 70% of young people in secondary schools
- 41% in post-16 education
- 36% in special school
- 42% in alternative provision

93 Attendance and Behaviour Hubs

System: Family and friends

- Family Hubs in 88 local authorities
- Young Minds Parents Helpline reports more than 1,500,000 times that their resources are accessed in 2023/24

System: Community

- 24 Early Support Hubs for young people up to the age of 25 funded till 2027
- 50 Young Futures Hubs for young people 10–18 (8 pilots launched in 2026)
- 24/7 Community Mental Health Hubs (6 pilots established)

System: Employment

100 Youth Employment Hubs

14,000 young people supported in 2023/24

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