BRIEFING 69

The York Policy Engine

CENTRE FOR MENTAL HEALTH

PLACE, INEQUALITIES AND CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

KEY MESSAGES

- Evidence from University of York research conducted since 2018 demonstrates that the place we live in is a core determinant of mental health
- Mental health inequalities among children and young people are strongly shaped by where they live, with socioeconomic disadvantage, housing quality, access to green space and local service provision influencing outcomes from early childhood
- Findings from the Born in Bradford family cohort study, and the follow-up Growing Up and Better Start studies, show that structural barriers, which include access to reliable transport, language differences, cultural disconnects and complex service systems, reduce access to early support, particularly for racialised and low-income families.
- Improving children and young people's mental health requires a shift beyond individual-level interventions. Effective responses must address both the physical environments in which children and families live and the social relationships that shape their everyday experiences
- Schools and community organisations are well placed to deliver early, trusted and culturally responsive support, but provision remains fragmented and inconsistent even in the same neighbourhoods.
- Community-led and coproduced approaches, including creative and nature-based interventions, show promise for improving wellbeing and engagement but are typically short-term and underfunded

- Policy should prioritise long-term investment in place-based approaches, integrating mental health with housing, planning, education and environmental policy
- Improving outcomes requires greater attention to the quality of local environments, not simply the availability of services or green space
- Policy should build on community strengths and ensure community-based and led interventions are sustained, locally adapted and rigorously evaluated.

SUMMARY

Children and young people growing up in socioeconomically disadvantaged areas experience higher levels of mental health difficulties, including anxiety and depression, from early adolescence. Inequalities in housing, access to green space and service provision contribute to uneven mental health outcomes, with substantial inequalities often occurring within very small geographical areas. These differences are avoidable. Early evidence suggests that community-led, coproduced approaches, including those involving green space and creative activity, can improve wellbeing and engagement. However, these approaches remain underfunded and short term.

This briefing is a summation of work carried out by the Children and Young People's Mental Health Policy Research Group and its partners based at the University of York and covers research published since 2018. Drawing upon this body of research, this briefing - the second in a short series - explains how place and location contribute to children and young people's mental health experiences and inequalities.

This briefing draws particularly on evidence from the large-scale Born in Bradford family cohort study. This study demonstrates that neighbourhood-level deprivation, ethnic diversity, and access to culturally competent services together determine not only the prevalence of mental health problems, but also patterns of engagement and recovery (Pickett *et al*, 2022). Children living in areas of socioeconomic disadvantage experience substantially higher rates of anxiety and depression, yet are less likely to access timely and appropriate support (Kirby, Wright and Allgar, 2019). Inequalities are shaped not only by differences in need but by practical structural barriers to support. Language mismatches, transport limitations, unfamiliar service systems and cultural disconnects reduce access to early help, particularly for racialised communities and low-income families.

Approaches that focus primarily on individual resilience or clinical thresholds risk reinforcing these inequalities. Models of mental health policy based on standardised, centralised provision are not the answer either. Instead the evidence points to the importance of place-sensitive and participatory approaches that embed support within schools and communities and recognise and build on existing community strengths, including the strong informal support networks existing in many local communities that help buffer stress and support wellbeing.

Implementation of embedded, community and school-based approaches to mental health care is however shown to be fragmented and to vary considerably, even within the same neighbourhood. Local strengths are often overlooked in service design, and interventions are often minimal and short-term. Going forward, mental health services need to adapt better to diverse local community needs, rather than attempt an approach that is uniform, and to be backed by long-term funding.

The evidence also shows strong support for considering physical place as a factor to positively influence mental health outcomes, but identifies the need for focus to shift from the availability of green spaces to the quality of it.

Overall, this briefing argues for a system that recognises the power of community-embedded support, focuses on rebuilding trust in statutory services, and aligns housing, planning and environmental policies with positive mental wellbeing. Such an approach promises to enhance engagement, facilitate earlier intervention, and reduce unmet needs, particularly for families who are least likely to access traditional services.

We point to three main areas for policy attention:

- There is a need to expand pilot programmes that encourage relationship-building between local communities
- There is a need to further develop community-led interventions, embedded within non-statutory services and led by voluntary sector organisations, to encourage engagement with preventative, early intervention mental health support
- There is a need for further research to explore the direct relationship between housing and environmental policy and mental health outcomes.

SUMMARY RECOMMENDATIONS

1. The Department of Health and Social Care should broaden the Mental Health Support Teams model to ensure it is fully meeting children and young people's needs in schools and colleges.
2. NHS children and young people's mental health services should ensure they are adapted to multicultural needs within neighbourhoods.
3. The Government's mental health strategy should set out how local and strategic authorities, schools, and other essential services can create mentally healthier places for children and families.
4. The Department of Health and Social Care should require in the forthcoming Modern Service Framework for Children and Young People that mental health support for children and young people is place-focussed.
5. The Department for Education should explore how schools and colleges can further embed mental health and wellbeing support within the existing schooling system.
6. Local and strategic authorities should adopt a 'mental health in all policies' approach.
7. Research funders should prioritise research exploring how to scale up community-based, coproduced interventions.
8. Local and national housing policies should focus on aligning access to affordable and healthy homes with positive mental health and wellbeing outcomes.

ACKNOWLEDGEMENTS

This work was funded by the Research England Policy Support Fund, allocated through The York Policy Engine (TYPE) to the Children and Young People's Mental Health Policy Research Group at the University of York. We would like to thank Professor Lina Gega, Hull York Medical School, and Dr Philip Kerrigan, Department of Health Sciences, for their support and guidance.

INTRODUCTION

The mental health of children and young people is often framed in terms of individual or family resilience. However, the environments in which children grow up, including poverty, housing, transport access, local service provision and social context, are among the most important determinants of mental health and wellbeing. Current discussion on the mental health and wellbeing of children and young people, driven particularly by the NHS's 2025 statement on health inequalities, heavily emphasises the impact of place-based inequalities, including deprivation, housing, and geographical location.

Whilst policy focus is shifting toward prevention-first approaches, such as school-based mental health support teams, integrated community care via Integrated Care Boards (ICBs), and a planned Child Poverty Strategy, access to services remains a major issue. Tackling this requires local, integrated action beyond just the NHS, with interventions instead focusing on schools, youth services, community-led support and addressing housing inequalities. This briefing enters a moment where cost-of-living crises, insecure and poor quality housing, and struggling NHS resources are negatively shaping children and young people's access to, and engagement with, potentially preventative support interventions.

CONTEXT

In the context of this briefing and the wider research carried out by the University of York, we understand and apply the use of 'place-based' to encompass the physical, geographical and structural environments that shape how individuals and families interact with the world around them. This includes home and school environments, green spaces and boundaries implemented by local authorities. This briefing draws on a mixed but complementary evidence base spanning population cohort findings, qualitative studies of lived experience and intervention evaluations. Data collected at the local level in the Born in Bradford family cohort study has followed 12,453 families from pregnancy onwards since 2007. Subsequent follow-up studies, including the including the Born in Bradford Growing Up study, continue to track the health and wellbeing experiences and outcomes of over 13,000 children from the original cohort. Since 2018, this research has pivoted toward extending the analysis from physical to mental health domains, examining how environmental stressors such as housing insecurity (Dickerson *et al*, 2022), transport limitations, language diversity, and economic precarity interact with service design and social support to influence emotional wellbeing (Kirby, Wright and Allgar, 2019).

WHO IS THIS BRIEFING ABOUT?

General population: Children and young people growing up in socioeconomically disadvantaged neighbourhoods.

Higher-risk groups: Children in racialised communities, families experiencing poverty, housing insecurity or language barriers.

Clinical populations: Children and young people meeting thresholds for anxiety or depression who experience delayed or fragmented access to care.

WHAT THE RESEARCH SAYS

PLACE-BASED INEQUALITIES AND BARRIERS TO ACCESS

Evidence from across the Born in Bradford family cohort study shows that neighbourhood conditions, including poverty, housing, transport access and the cultural fit of services, shape both mental health outcomes and help-seeking behaviours. By age 14, children living in households in the UK with the lowest 20% of income, which includes large parts of Bradford, are almost twice as likely to experience anxiety or depression, but are less likely to be referred for support than children from the highest earning backgrounds (Kirby, Wright and Allgar, 2019).

This gap is not driven by a lack of willingness to engage with statutory or community-based services. Data shows that families face structural barriers such as language mismatches, stigma, transport costs, and unfamiliar or unwelcoming clinical environments (Masefield *et al*., 2022).

These challenges disproportionately affect children and young people from racialised and persistently disadvantaged communities, particularly those from South Asian, predominantly Pakistani (45%), backgrounds, who show higher levels of anxiety, depression and physical symptoms by adolescence but are significantly less likely to receive early support (Kirby, Wright and Allgar, 2019). This is in part due to misaligned service models, in which processes that assess, understand, and treat emotional distress do not fit the real-life needs, cultural backgrounds, or life experiences of diverse communities, leading to low trust in, and disengagement from, statutory systems. The evidence also highlights a clear inverse care pattern, where areas with the highest levels of need often receive the least support. Access to services is uneven, even within Bradford itself, with children living on neighbouring streets subject to different systems and eligibility criteria. This creates a postcode lottery, where access depends more on administrative boundaries than on need (Armitt *et al*., 2022). Community-based research suggests that lower engagement with preventative services reflects barriers to access rather than active choice, pointing to the need for more locally embedded and flexible approaches (Ucci *et al*., 2022).

Born in Bradford

The Born in Bradford family cohort is a longitudinal birth cohort which enrolled 12,453 families during pregnancy between 2007-2011 to explore reasons why some families stay healthy and other families fall ill. Researchers follow-up families regularly by administering surveys, collecting measurements and biological samples, and collecting routine data from health and education records. It was the first study in the Born in Bradford research programme. The combined programme tracks the health and wellbeing experiences of over 60,000 people living in Bradford.

COMMUNITY-LED AND COMMUNITY-BASED STRENGTHS

Despite these barriers to formal support, many communities demonstrate strong informal networks and collective coping strategies that support wellbeing. Data from the Born in Bradford cohort shows that the negative effects of financial insecurity on children and young people can be mitigated by maternal warmth and positive parental mental health, both of which are strengthened through community connection (Kirby, Wright and Allgar, 2019). However, these strengths are rarely recognised in service design. Areas such as Bradford are often framed in terms of deficit, with limited attention given to the local resources that children, young people and families already rely on. Evidence suggests that more positive outcomes can be achieved when interventions are designed to work with, rather than overlook, this existing social capital (Ucci *et al*., 2022).

At a neighbourhood level, strong community engagement is associated with improved feelings of safety and belonging, which can increase use of outdoor spaces for recreation and social connection. However, limited communication with residents and lack of involvement in local initiatives can reduce engagement. The complex interactions between home and neighbourhood environments remain underexplored, meaning opportunities for effective place-based interventions are often missed.

Social prescribing models and coproduced community interventions show promising outcomes. Pilot initiatives in Bradford demonstrate that approaches developed with parents (Mansukoski *et al*., 2022), young people (Knowles *et al*., 2022) and communities (Armitt *et al*., 2022) can improve both engagement and wellbeing. Locally accessible, youth-led activities such as gardening, arts and sports appear particularly effective, especially for children and young people who do not respond to traditional forms of support (Brettell, Fenton and Foster, 2022). These approaches not only improve mental health outcomes but also help rebuild trust with communities who feel underserved or overlooked. However, many of these initiatives remain short term and precariously funded. Despite positive evaluations, they are often not embedded in core service provision. This creates a cycle of innovation without permanence, limiting their long-term impact and scalability. Positive engagement and strong communities can improve overall feelings of safety and belonging, increasing the willingness to use outdoor areas for physical activity and recreation, but data shows that the lack of communication with and involvement of residents in local initiatives limits engagement within neighbourhoods (Mansukoski *et al*., 2022). However, the complex interactions between the home and neighbourhood environments that children and young people live within remain relatively unexamined, leading to suitable interventions being missed. A step-change in community-based interventions that focus on strengthening neighbourhoods and local relationships would be beneficial to the support that children and young people are offered.

THE ROLE OF PHYSICAL ENVIRONMENTS

The physical environments in which children and young people live play a significant role in shaping mental health and wellbeing. Data shows that, in research consulting with local communities, the key issues identified as negatively impacting the mental health and wellbeing of young people were housing and poverty (Mansukoski *et al*., 2022). Housing conditions, in particular, are identified as contributing significantly to negative mental health and wellbeing. Poor-quality housing, including damp, mould and delays in repairs, is associated with increased stress and isolation (Kirby, Wright and Allgar, 2019). Residents of both Bradford and Tower Hamlets, London, rated overcrowded housing as the number one issue negatively impacting mental wellbeing. Other key issues identified were the lack of usable outside spaces, housing precarity, and health and safety hazards caused by little or no housing maintenance (Ucci *et al*., 2022).

Access to safe and high-quality green space is associated with improved outcomes, while limited access is linked to lower wellbeing, with particularly strong effects for South Asian families (Pickett *et al*., 2022; McEachan *et al*., 2018). 30.8% of primary school-aged children in Bradford identified having no park near home as a factor negatively impacting mental wellbeing (Pickett *et al*., 2022). However, data shows that the quality of green spaces is more important than quantity, particularly within marginalised communities, and that provision of green space alone is unlikely to produce mental health benefits. Poor quality parks and green spaces can discourage use, with fears about safety, antisocial behaviour, and concerns about cleanliness and maintenance acting as barriers to green space use. The data shows that often, where green space is available, health and safety hazards, such as uncleared rubbish and foul smells caused by minimal maintenance, make gardens, playgrounds, and general shared green spaces unsafe for children to play in (Ucci *et al*., 2022). Whilst communal gardens provide access to a third space outside of the home, families state that these should be safe and hyperlocal (being visible from the home), to provide easy access and feel complementary to each family's individual home space.

The design of communal outdoor play areas is also key to encouraging engagement, with positive indicators being clear access and views from balconies, availability of use in all weather conditions, and catering to children of different ages (Ucci *et al*., 2022). These inequities need to be recognised, with continued investment for maintenance and improvement of existing green spaces a priority. Effective interventions utilising green spaces must consider the needs and preferences of all groups who use them, ultimately increasing community ownership of local space. Multi-sector approaches combining health professionals, urban planners, policymakers, and communities are needed to develop new and creative solutions, with community-led, co-designed interventions prioritised within this process (McEachan *et al*., 2018). Improvements to safety, accessibility and cultural relevance are associated with better health and wellbeing outcomes, but interventions must engage with communities directly to meet this need (Ucci *et al*., 2022). Nature-based and creative approaches further offer promising, accessible routes to improving wellbeing and increasing engagement with physical spaces outside of the family home, particularly at a community level. However, there remains a lack of long-term and consistent evaluation of these approaches that address both community engagement and access to quality physical space, limiting the strength of the evidence base (Ucci *et al*., 2022). Poor quality homes, combined with limited access to green space, can reduce families' sense of control over their environment.

TRUST, SYSTEM NAVIGATION AND THE ROLE OF SCHOOLS

Families often report mistrust and fear when engaging with services, particularly health and education systems (Sharma *et al*., 2021). Data from the Born in Bradford cohort study shows that for some South Asian and Eastern European families, previous negative experiences contribute to reluctance to seek help, including concerns about judgement or referral to social services (Masefield *et al*., 2022). Service fragmentation and complex referral pathways create additional barriers. Families may be passed between agencies or face unclear processes, leading to delays and missed opportunities for early intervention (Noret *et al*., 2020). Children and young people describe feeling "unseen" by systems that do not reflect their identities or experiences. In turn, schools are often identified as the most familiar and trusted settings for young people. Teachers and pastoral staff are usually the first to notice distress, but in under-resourced schools, they face time restraints in responding to wellbeing concerns. Teachers act as informal mental health supporters, often without specialist training or systemic backing.

The data shows that when mental health professionals are embedded in schools, however, referral rates rise, and trust improves, especially among families who may avoid clinical spaces (Noret *et al*., 2020). The Schools as Anchors pilot in Bradford, for example, integrates counsellors, youth workers, and nurses into schools, seeing measurable improvements in student engagement and service use within 18 months of implementation. Although embedding mental health and wellbeing support within schooling systems shows promise, the approach does not account for young people who are disengaged from the standard schooling system. Schools are also identified as a source of anxiety, with 52.7% of primary school-aged children indicating fear of bullying as an impacting factor on mental health and wellbeing (Pickett *et al*., 2022). Whilst whole-school approaches have the potential to improve and prevent mental health problems, there is limited research into the direct relationship between whole-school approaches and improving mental health, despite the scalability (Lewer *et al*., 2024).

WHAT IMPROVES OUTCOMES

Embedding mental health support within schools and community settings increases disclosure and sustained engagement, particularly among families who mistrust clinical environments. Improvements in housing quality and access to green space are associated with better wellbeing and fewer internalising difficulties. These findings highlight the importance of aligning service reform with place-based investment.

CONCLUDING KEY MESSAGE

Place is a core determinant of children and young people's mental health. Evidence from the Born in Bradford study shows that neighbourhood deprivation, housing quality, transport access, green space and cultural fit of services shape both mental health outcomes and access to care. Children growing up in disadvantaged and ethnically diverse areas experience higher levels of need but lower access to timely support. These inequalities are driven by structural barriers rather than individual factors.

The evidence base is strong. Longitudinal data from over 20,000 children demonstrates consistent associations between deprivation, mental health and access to services. These findings are supported by qualitative research documenting barriers such as language, stigma and service fragmentation. There is moderate to strong evidence for interventions that improve engagement, including school-based and community-based models. There is also consistent evidence linking environmental factors, such as green space and housing availability and quality, to wellbeing, although causal pathways are still developing. While some community-led interventions remain small-scale, the overall evidence is sufficient to support policy action. Further evaluation should focus on scaling effective models and improving equity.

POLICY IMPLICATIONS: WHAT NEEDS TO CHANGE

Mental health inequalities are particularly pronounced in areas of high deprivation, including parts of the North of England and rural settings (Wright *et al*., 2020). Addressing these inequalities requires reform to commissioning and service design.

Place should be understood as an active determinant of mental health, not a neutral backdrop. Policy frameworks must reflect local context and support integrated, place-based approaches.

A shift is needed from framing communities as "hard to reach" to recognising that systems are often difficult to access. Inequalities arise from service design rather than lack of engagement.

Key priorities include:

- Commissioning mental health support on a place basis, not solely through clinical thresholds
- Embedding support within diverse services such as schools, community hubs and trusted settings
- Aligning housing, transport and environmental policy with mental health goals
- Reducing inequities created by administrative boundaries.

RECOMMENDATIONS

1. The Department of Health and Social Care should broaden the Mental Health Support Teams model to ensure it is fully meeting children and young people's needs in schools and colleges as part of the national rollout of these services by 2029.

2. NHS children and young people's mental health services should ensure they are adapted to multicultural needs within neighbourhoods, responding to diverse populations with accessible service engagement processes. This can be achieved by fully adopting the Patient and Carer Race Equality Framework.

3. The Government's mental health strategy should set out how local and strategic authorities, schools, and other essential services can create mentally healthier places for children and families, providing resources where necessary to implement effective approaches.

4. The Department of Health and Social Care should require in the forthcoming Modern Service Framework for Children and Young People that mental health support for children and young people is place-focussed, with integrated care frameworks emphasising collaboration between health, social care, and education.

5. The Department for Education should explore how schools and colleges can further embed mental health and wellbeing support within the existing schooling system.

6. Local and strategic authorities should adopt a 'mental health in all policies' approach to enable policies and decisions to benefit children and young people's mental health, for example by creating safer and friendlier and more accessible public spaces for play, social connection, and movement.

7. Research funders should prioritise research exploring how to scale up community-based, coproduced interventions.

8. Local and national housing policies should focus on aligning access to affordable and healthy homes with positive mental health and wellbeing outcomes.

REFERENCES

Armitt, H., Kingsley, E., Attwell, L., & White, P. C. L. *et al*. (2022) Co-production of a nature-based intervention for children with ADHD study (CONIFAS): Protocol for co-production phases. *PLoS ONE*. doi: https://doi.org/10.1371/journal.pone.0274375

Brettell, M., Fenton, C., Foster, E. (2022) Linking Leeds: A Social Prescribing Service for Children and Young People. *Int J Environ Res Public Health*, 19(3), 1426. doi: https:/doi.org/10.3390/ijerph19031426

Dickerson, J., Kelly, B., Lockyer, B., Bridges, S., Cartwright, C., Willan, K., Shire, K., Crossley, K., *et al*. (2022) 'When will this end? Will it end?' The impact of the March-June 2020 UK COVID-19 lockdown response on mental health: a longitudinal survey of mothers in the Born in Bradford study. *BMJ Open*, 12(1). doi: https://doi.org/10.1136/bmjopen-2020-047748

Kirby, N., Wright, B., & Allgar, V. (2019) Child mental health and resilience in the context of socioeconomic disadvantage: results from the Born in Bradford cohort study. *European Child and Adolescent Psychiatry*, 29, 467–477. doi**:** https://doi.org/10.1007/s00787-019-01348-y

Knowles, S., Sharma, V., Fortune, S., & Wadman, R. *et al*. (2022) Adapting a codesign process with young people to prioritize outcomes for a systematic review of interventions to prevent self-harm and suicide. *Health expectations: an international journal of public participation in health care and health policy*, 25(4), 1393-1404. doi: https://doi.org/10.1111/hex.13479

Lewer, D., Gilbody, S., Lewis, G., Pryce, J., Santorelli, G., Wadman, R., Watmuff, A., Wright, J. (2024) How do schools influence the emotional and behavioural health of their pupils? A multi-level analysis of 135 schools in the Born in Bradford inner city multi-ethnic birth cohort. *Social Psychiatry and Psychiatric Epidemiology*. doi: https://doi.org/10.1007/s00127-023-02608-8

Mansukoski, L. M., Vafai, Y., Cartwright, C., & Rahman, A. *et al*. (2022) Development of Public Health Core Outcome Sets for Systems-Wide Promotion of Early Life Health and Wellbeing. *International Journal of Environmental Research and Public Health*, 19(13), 7947. doi: https://doi.org/10.3390/ijerph19137947

Masefield, S., Prady, S. L., Sheldon, T. A., Small, N., Jarvis, S. W., & Pickett, K. (2022) The Effects of Caring for Young Children with Developmental Disabilities on Mothers' Health and Healthcare Use: Analysis of Primary Care Data in the Born in Bradford Cohort. *Journal of Developmental and Physical Disabilities*, 34, 67–87. doi: https://doi.org/10.1007/s10882-021-09789-7

McEachan, R. R. C., Yang, T. C., Roberts, H., Pickett, K. E., Arseneau-Powell, D., Gidlow, C. J., Wright, J., & Nieuwenhuijsen, M. (2018) Availability, use of, and satisfaction with green space, and children's mental wellbeing at age 4 years in a multicultural, deprived, urban area: results from the Born in Bradford cohort study. The Lancet. *Planetary health,* 2(6). doi: https://doi.org/10.1016/S2542-5196(18)30119-0

Noret, N., Hunter, S. C. & Rasmussen, S. (2020). The Role of Perceived Social Support in the Relationship Between Being Bullied and Mental Health Difficulties in Adolescents. *School Mental Health,* 12, 156–168. doi: https://doi.org/10.1007/s12310-019-09339-9

Pickett, K., Ajavon, M. O., Hou, B., Kelly, B. *et al*. (2022) Vulnerabilities in child wellbeing among primary school children: a cross-sectional study in Bradford, UK. *BMJ Open,* 12. doi: https://doi.org/10.1136/bmjopen-2021-049416

Sharma, V., Hendon, J. L., Churchill, R., & Fortune, S. *et al*. (2021) Improving child and youth mental health: Stakeholder perspectives from a cross-sectional survey to inform research priorities. *Mental Health & Prevention*, 22, 200201. doi: https://doi.org/10.1016/j.mhp.2021.200201

Ucci, M., Ortegon-Sanchez, A., Mead, N. E., & Godward, C. *et al*. (2022) Exploring the interactions between housing and neighbourhood environments for enhanced child wellbeing: The lived experience of parents living in areas of high child poverty in England, UK. *International Journal of Environmental Research and Public Health* , 19(9), 12563. doi: https://doi.org/10.3390/ijerph191912563

Wright, B. J. D., Garside, M., Allgar, V. L., & Hodkinson, R. *et al*. (2020) A large population based study of the Mental Health and Wellbeing of Children and Young People in the North of England. *Clinical Child Psychology and Psychiatry*, 25(4), 877-890. doi: https://doi.org/10.1177/1359104520925873

CENTRE FOR MENTAL HEALTH

BRIEFING 69

PLACE, INEQUALITIES AND CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

Written by Becky Higgins

Published September 2026

Image: istockphoto.com/portfolio/SolStock

Centre for Mental Health is an independent charity and relies on donations to carry out further life-changing research.

Support our work here:
www.centreformentalhealth.org.uk/donate

Charity registration no. 1091156. A company limited by guarantee registered in England and Wales no. 4373019