FUTURE MINDS

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A mid-term report card on children and young people's mental health - and key priorities for the new government

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Summary

The mental health of children and young people (CYP) is one of the biggest challenges of our time – for this country, our economy and our future. The scale of need is now hard to overstate: over the last two decades the number of children and young people living with a mental health condition has doubled, to more than one in five, and the system built to support them has not kept pace.

This Government came to office promising change. It committed to raising the healthiest generation of children ever, to open-access mental health support in every community, and to increasing investment in children and young people's mental health. These are welcome commitments, but at the mid-point of this Parliament they are yet to be delivered.

The interim Milburn and Prevalence reviews have made it impossible to ignore the rising need and widespread impact of poor youth mental health. The Government's response, including the upcoming Mental Health Strategy, presents crucial opportunities to deliver meaningful change, reduce need and transform support.

This report provides a snapshot of where we are now: progress that has been made, where government is falling short and what its key priorities must be moving forward

In doing so our aim is to support the Government to deliver its manifesto commitments in full, and to go beyond them, so that this Parliament leaves a lasting difference to the mental health of a generation. There is still time to act – but it must be now.

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SINCE THE ELECTION

It is important to note that there are long-term trends which the Government is responding to. Notably, the prevalence of mental ill health among children and young people doubled in the two-decades between 2004 and 2024, from around 1 in 10[1] of school age to 1 in 5[2]. Similarly, the demand for mental health referrals is part of a longer trend, with the number almost doubling since 2018/19: there were 563,639 children in England with 'active referrals' in 2018/19 but 1,048,965 in 2024/25[3].

Over a third of children (36%) referred to Children and Young People's Mental Health Services (CYPMHS) in 2024-25 received treatment[4] which is an increase on the 32% of children who received treatment in 2022-23. With the increase in CYP receiving referrals, this constitutes a notable increase in CYP receiving treatment . However, 35% of children were still waiting for a referral at the end 2024-25, compared with 33% in 2023-24 and 29% in 2022-23 , and the median waiting time has increased year-on-year since 2021/22.[5]

The number of children and young people reaching crisis remains too high. 5.8% of referrals of children and young people are for those in crisis, equating to almost 61,000 people in 2024/25[6,7]. Since July 2024, there have been a total of 2,706,411 referrals[8], and if the proportion of referrals for those in crisis were to remain the same, that would equate to almost 157,000[9] children and young people being referred in crisis between July 2024 and June 2026.

The underrepresentation of Asian and Black children and young people indicates that more may be reaching crisis before receiving a referral. Of all children, 12% are Asian and 5.7% are Black, but they constitute only 5.8% and 3.8% of children referred to CYPMHS[10].

Data suggests that there have been 2.7 million referrals in England between the general election in July 2024, and two years on, in June 2026[11].

WITHOUT URGENT ACTION, THESE TRENDS WILL CONTINUE WITH MORE YOUNG PEOPLE SUFFERING WITHOUT ACCESS TO SUPPORT

Based on the average 115,000 new referrals[12] of children and young people for mental health support in the 12 months to June 2026, we estimate a further **3.9 million referrals** could be made in England between now and August 2029[13], if referrals continue at this level[14].

The Children's Commissioner for England found that in 2024/25, 29% of children had their referrals closed before treatment[15]. If this level continues, we estimate that over **1.1 million children** and young people could receive a referral but not receive treatment between now and the end of this Parliament[16].

The Children's Commissioner for England also found that the weighted median wait times for children and young people in 2024/25 was 128 days[17]. Without improvement, we estimate children and young people referred for treatment, and who eventually access it, could potentially spend over **0.5 billion days waiting for treatment**[18]. That could equate to over **1.3 million years**[19] spent on waiting lists for the children referred between now and August 2029.

It will take time to reverse this trend. This is why it is critical that the Government takes a long-term and sustained view when addressing children and young people's mental health. Supporting, protecting, and promoting children and young people's mental health is complex. Actions taken now can have major long-term benefits but may not produce visible results quickly. As such, the Government must be bold and ambitious in their approach to drive real, long term change.

Government action so far

Our report card provides an assessment of the Government's progress on addressing the youth mental health crisis over the past two years, to establish what has been positive, where there are gaps, and where there are opportunities. Below we have categorised recent Government policies that impact children and young people's mental health as follows:

- We have scored the Government **GREEN** where we assess that policies and decisions are probable to have, or already have, an overall positive impact on children and young people's mental health.
- We have scored the Government **AMBER** where we assess that policies and decisions may have some positive impact, but that may only be partial or limited, or may not be fully realised without further action or funding.
- We have scored the Government **RED** where there is a high probability the policy or decision will likely have a negative impact on children and young people's mental health. This may, for example, be a negative impact for a specific community.

GREEN

- The Government committed to place a **mental health specialist in every school** in England. It is delivering this through the expansion of the previous Government's mental health support teams (MHSTs), aiming for full coverage by 2029.
- The Government has updated the **Mental Health Act**. This creates new protections for people's rights and dignity, clarifying when someone can be detained under the Act. The change to 'nominated person' from 'nearest relative' will also provide more agency and autonomy to young people. It is essential that these are implemented in ways that benefit children and young people equally.
- The government has committed to **50 Young Futures Hubs** by 2029 with a backing of £70m to achieve this pledge and a commitment to ensure these hubs provide mental health and wellbeing support. This is a welcome resource available to ensure every hub can offer mental health support but will only start to address the support required.
- The Government pledged £850m for the **Youth Guarantee scheme** targeted NEET young people, of whom almost a quarter (24%) report mental ill-health as their primary long-term health condition. This includes Youth Hubs where mental health and career support are offered together. This commitment is still being piloted.

- The **Patient and Carer Race Equality Framework** (PCREF) is now mandatory across NHS mental health services, including for children and young people.
- Investing in **Better Start Family Hubs** providing young families with early help. This could fill the gap left by the erosion of the highly successful Sure Start programme. However, current investment falls well below peak investment into Sure Start Children's Centres, even after recent investment under Best Start in Life, which undermines their potential impact, while a lack of statutory footing risks their future and stability.[20]
- Ending the **two-child limit** for some social security benefits: potentially lifting 450,000 children out of poverty – a major risk factor for mental health difficulties given the impact on family income on children's development[21].
- Legislating for the **rights of renters and workers**: tackling two major causes of parental and child mental health difficulties.

AMBER

- The Government has promised a new **mental health strategy** for England. This is a great chance to set a new direction and approach to children and young people's mental health, building on the prevalence review and Milburn review. To ensure the strategy has a positive impact, the strategy must commit to meaningful cross-Government changes, with additional resources being provided.
- The Government committed to establishing **open-access hubs** for children and young people with drop-in mental health support in every community by the end of this Parliament. The Government has opened 50 Young Futures Hubs, and has extended funding for 7 early support mental health hubs for a further year. It must set out clearly how and when drop in mental health support will be expanded to every community, backed by sufficient funding.
- The Government has committed to **ban social media** for under 16s by spring 2027, in part to take action to address harms facing children and young people's mental health. While welcome, the ban overlooks young people aged 16+, and the Government should also consider additional initiatives and investment to build back services for young people in their communities to facilitate them to build social connection, take up support where needed and support them to engage meaningfully in society.
- The **National Youth Strategy** was published in December 2025, having consulted with a Youth Advisory Group, run national surveys, conducted focus groups with young people and wider youth engagement. Improving access to youth provision, which is shown to promote good mental health, is a core part of the strategy, however there remain serious concerns across the youth and mental health sectors about the ability of services to

respond to the scale of youth mental health which the strategy does not resolve. To have a greater positive impact, more must be done to improve the capacity of services to meet rising demand.

- Rising numbers of children and young people are seeking urgent help for their mental health in **emergency departments**. Funding for new 'mental health emergency departments' for half of the country by 2029 is being provided; but there is no evidence that emergency departments will be effective for children and young people. To have a positive impact the policy must be assessed for the benefits to children and young people and their needs.
- The Government has recruited an additional **'8,500 mental health staff'**, but it is unclear how many of these have been recruited into CYPMHS or to work on children and young people's mental health. The manifesto commitment to recruit 8,500 in the Parliament was well below the level required to meet rising demand. To have a greater positive impact the mental health workforce must continue to grow, with proportionate growth in children and young people's mental health services.
- The Government is due to publish a **Modern Service Framework** (MSF) for Children and Young People to improve the quality and performance of CYP health services. This will provide much needed guidance that will inform the support offered to children and young people, but it remains unclear what the MSF will recommend, and the relative weight afforded to mental health. To have a positive impact, the MSF must propose interventions that work, allow for innovative interventions to be adopted in the future, and give appropriate attention to mental health.
- The Government promised to legislate to end harmful conversion practices on LGBT+ people. A draft bill was published following the 2026 King's Speech. To have a positive impact, the legislation must pass this Parliament, without amendments that would dilute its impact.

RED

- Investment in mental health services remains low. Less than **9% of NHS funding** goes to mental health services, and their share has fallen since 2024. Whilst CYPMHS received £1.1 billion in 2024/25[22], which is an increase year on year, this does not match the scale of demand. This means less than **1% of NHS funding in England goes to mental health services for children and young people.** The Government has not delivered the funding commitments in its manifesto (for example on Youth Future Hubs). The failure to adequately increase funding is seeing threats of mental health services closing[23].
- The Government approval of the **EHRC Code of Practice** on the Equality Act poses a major risk to the mental health of trans and non-binary children and young people.

- The **SEND code of practice** has changed the term 'social, emotional, mental health needs' to simply 'social, emotional needs'. This change has subsequently caused concern and ambiguity about whether children with mental health needs will qualify for all levels of provision in the new multi-tiered SEND system. It risks creating even more complex pathways to achieve mental health support for children and young people.
- No progress has been made on introducing new **access and waiting time standards** for children and young people's mental health services.
- Little progress has been made in tackling out of area placements for children and young people's mental health care, or concerns about the availability and quality of **inpatient services**.
- **Transitions** between child and adult mental health services remain poor in many areas. The creation of 0-25 children and young people's mental health services has offered few solutions to this problem.

OUR ASSESSMENT OF THE GOVERNMENT'S WORK TO DATE IS:

Whilst progress has been made in some areas, and the Government should be recognised for their commitment to taking the issue of children and young people's mental health seriously, the response so far falls far short in meeting the scale and complexity of the challenge - as does the funding. Mental health need continues to rise among children and young people, and increased demand is not being adequately met. Piecemeal policy commitments won't be enough to turn the tide of youth mental health - there needs to be a fundamental shift if the Government is to kickstart real progress before the end of this Parliament and make a difference to children and young people's mental health.

A crossroads for children and young people's mental health

The children and young people's mental health crisis is real and growing but children and young people's mental health has been left to chance for too long. Successive governments have failed to take the necessary steps to promote and protect children and young people's mental health or to provide adequate support for those who need it.

We know that if trends continue, millions more children and young people will require support for their mental health in this Parliament, and tens of thousands will reach crisis. Many will continue to wait far too long to access treatment, with millions of days spent by children and young people on waiting lists, millions of days lost.

A new Government brings a fresh opportunity to turn the tide and leave a lasting legacy for children and young people – and the case for acting has never been clearer. The interim Prevalence Review and Alan Milburn's interim report into Young People and Work both lay bare the same reality: need is rising fast, with a system not built to meet it. Too many young people are going without the support they need to thrive.

- **The Young People and Work Review:** Led by Rt. Hon. Alan Milburn, the review is investigating what is driving the trend in rising numbers of young people not in education, employment, or training. The interim report made clear that young people are not to be blamed for their circumstances; that systemic barriers are putting the current generation of young adults under very great pressure and limiting their opportunities and prospects. It may suggest limits to the financial support young people with mental illness can access, which could be counterproductive. The final report will require action across health, education, and economic policies to give young people more opportunities and better mental health. But it is for Government to take action.
- **The Independent review into mental health conditions, ADHD and autism:** Led by Prof Peter Fonagy, seeks to understand the rising demand in mental health, ADHD and autism need. The interim report confirmed that the rise in mental distress and common mental illness is genuine, with the final report, due after publication of this report, likely to outline what the response to this rise should be. It is, again, for Government to take action.

The interim reports taken together paint a stark picture of the reality facing children and young people, particularly in the rising mental health need and the impact it has. The conclusions of both reports converge on a damning picture of the reality facing children and young people, but also set a clear direction of travel for this Government to transform youth mental health.

Government must recognise this, and assess the recommendations of these reviews with one thing in mind: what will improve the mental health of children and young people today, tomorrow and in the long-term?

WHERE NOW? KEY PRIORITIES FOR THE NEW GOVERNMENT

Reversing this trend does not require reinventing the wheel. It means building on what already works, with clear direction, greater ambition, and sufficient investment behind it. The priorities that follow would put children and young people's mental health at the heart of this Government's second-half of the Parliament – and give it the best chance of meeting the commitments it has already made.

It is critical that the Government is responsive to new and emerging drivers for poor mental health. As economic, technological, educational and social changes occur, the Government must anticipate and adapt to minimise the impact on children and young people's mental health early.

The factors affecting children and young people's mental health do not sit in one area, nor are the policy solutions and interventions restricted to one Government department (such as DHSC). What is required in the second-half of this Parliament, is a coherent cross-government approach that engenders concerted action to create better mental health for children and young people. It could also see a change in the way government works, putting children and young people's mental health at its heart, for example by instituting a 'mental health in all policies' approach nationally. This national leadership can support local and strategic authorities to take steps to improve children and young people's mental health in their areas.

The Government's legislative agenda also presents opportunities, with the **'NHS Modernisation Bill'** proposing major reform to the structure of the NHS and ICBs, which will remain primary commissioners for mental health services. The Bill, as drafted, does not commit to the Mental Health Investment Standard which is a critical tool to ensure adequate investment in mental health services.

The upcoming mental health strategy for England is an opportunity, and a timely vehicle, to make a lasting impact across government - drawing on the clear messages from the Prevalence and Milburn reviews: mental health need is rising among children and young people, and systems continue to fail them.

It must ensure school-based mental health services are of sufficient quality to meet need, and there is a deliverable plan for early support hubs. It must better protect and promote children and young people's mental health, not least online. It must drive improvement in children and young people's mental health services,

with improved access and waiting times, less reliance on inpatient services, and better responses in a crisis - underpinned by a skilled and sustainable workforce, a commitment to harness digital technology safely, and clear accountability for continuous improvement.

Future Minds has identified four key commitments that will deliver much needed change:

- Triple-protect spending on children and young people's mental health by guaranteeing spending increases in line with inflation, average earnings growth or by 2.5% - whichever is the largest.
- Embed children and young people's mental health as a national priority across government, using the Government's mental health strategy to introduce evidence-based interventions that establish the building blocks of good mental health.
- Commit to enforce the mandatory access and waiting time standards for mental health care proposed by NHS England to close the treatment gap for children and young people's mental health.
- Deliver the manifesto commitment to provide open-access mental health support through Early Support Hubs in every community up to the age of 25.

These actions should be urgent priorities for the Government. An open-access hub in every community, up to the age of 25, would give young people somewhere to turn before they reach crisis, delivering the manifesto promise this Government has already made, while enforcing standards around access will make sure young people who need support through statutory services aren't left waiting for days on end.

Youth mental health must be a national priority, and the upcoming mental health strategy offers the critical vehicle to deliver that with a cross-government approach. All of this must be underpinned by sufficient funding: a triple-protect guarantee on children and young people's mental health spending would end the year-on-year erosion of its share of the budget and put investment on a stable footing.

These commitments are not beyond reach. If it delivers them, the Government can still meet its own ambition: to reverse a decade of rising need and raise the healthiest generation of children.

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2 NHS England (2023) Mental Health of Children and Young People in England, 2023: Wave 4 follow up to the 2017 survey. NHS England. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up [Accessed 26 August 2026]

3 Children's Commissioner of England (2026), Children's and Young People's Mental Health Services: 2024-25 Available from: https://www.childrenscommissioner.gov.uk/resource/childrens-and-young-peoples-mental-health-services-2024-25/ [Accessed 29th June 2026].

4 Ibid.

5 Ibid.

6 Ibid.

7 This is based on data of where the reason for referral is recorded – the NHS does not know why over a third of children and young people were referred.

8 NHS England, Mental Health Services Monthly Statistics Dashboard, Available here: https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub/dashboards/mental-health-services-monthly-statistics [Accessed on 26th August 2026]

9 This assumes that the proportion of referrals in crisis remained steady at 5.8% up to June 2026.

10 Children's Commissioner of England (2026), Children's and Young People's Mental Health Services: 2024-25 Available from: https://www.childrenscommissioner.gov.uk/resource/childrens-and-young-peoples-mental-health-services-2024-25/ [Accessed 29th June 2026].

11 NHS England, Mental Health Services Monthly Statistics Dashboard, Available here: https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub/dashboards/mental-health-services-monthly-statistics [Accessed on 26th August 2026]

12 Ibid

13 Figures are based on the average number of monthly referrals in the year to June 2026, using data from the Mental Health Services Monthly Statistics Dashboard, and calculated from October 2026 to the start of August 2029. The source data includes referrals for a range of services, and includes referrals for Autism and ADHD. That data does not account for double counting as it is based on number of referrals rather than number of children and young people. More than one referral may be made for a child or young person in the time period.

14 There are a number of factors that have or may have an impact on referral levels, and this estimate does not account for the decisions already made by the Government that may influence referrals.

15 Children's Commissioner of England (2026), Children's and Young People's Mental Health Services: 2024-25 Available from: https://www.childrenscommissioner.gov.uk/resource/childrens-and-young-peoples-mental-health-services-2024-25/ [Accessed 26th August 2026].

16 This assumes the proportion of referrals closed before treatment continues at 29% of the estimated 3.9 million referrals between October 2026 and August 2029. Due to limits in the data it is not possible to say the reason why treatment has not or may not be received after a referral.

17 Children's Commissioner of England (2026), Children's and Young People's Mental Health Services: 2024-25 Available from: https://www.childrenscommissioner.gov.uk/resource/childrens-and-young-peoples-mental-health-services-2024-25/ [Accessed 26th August 2026].

18 This assumes that each of the estimated 3.9 million referrals continue to have a median weighted waiting time of 128 days.

19 This is a cumulative estimate dividing the 0.5 billion days waiting by 365 days, the equivalent of a year.

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To note that the policy calls in this document represent the collective views of those who have endorsed, but do not necessarily fully reflect the individual positions of each organisation.