



Care Before Crisis:

How the UK government
can turn the tide on
young people's mental
health

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Executive Summary

The problem

More young people are struggling with their mental health today than ever before. However, the provision of services has not kept pace with rising demand, meaning thousands are unable to get the support they need to recover and thrive in life.

Currently, services are seeing a record high number of young people waiting to access support – **over half a million young people are on waiting lists for support.**¹

Many young people are being told they are 'not unwell enough' to meet rising thresholds to access support. Even those accessing services often do not have suitable or tailored support to meet their needs.

The longer young people wait or are denied access to the right support, the worse their mental health gets. This means many end up reaching crisis point before they receive any form of care.

The impact

Failure to address this problem will have a long-lasting impact on young people's educational, employment, health and social outcomes. This includes:



Poorer mental and physical health and shorter life expectancy.



Worse educational attainment, low attendance and difficulties participating in school life.



Challenges in entering or staying in work, accessing higher-paying jobs, or remaining economically active.

Failing to support young people with mental health problems early enough will continue to impact the social and economic future of the nation. Crisis services and overall health budgets will come under increasing strain.

The solution

The UK government has an opportunity to turn the tide on the next generation's mental health. We need a clear political commitment to transforming young people's lives, starting with a stronger, more joined-up offer of support.

Young Futures Hubs could play a significant role in this transformation, offering holistic, open access support in the community. But the government must be more ambitious in its plans.

Mind urges the UK government to:

- Commit to rolling out a Young Futures hub in every local authority area.
- Set out a plan to deliver 70% of hubs by 2030 and 100% by 2035.
- Make the funding commitment necessary to deliver a full roll out at the upcoming budget.
- Ensure the implementation of hubs follows existing best practice.

Hubs are just one part of a wider set of measures needed to transform young people's mental health. In this report we set out other interventions to support young people, including tackling NHS waiting lists.

Policy Background

Underinvestment in young people's mental health services and missed opportunities to invest in early intervention

Children and Young People's Mental Health Services (CYPMHS) have faced significant underinvestment for a long time. This has left services overstretched, with high thresholds for accessing care and long waits for support.

The NHS Long Term Plan sought to address this by investing in children and young people's mental health services at a rate faster than both overall NHS funding and total mental health spending. However, significant growth in demand for CYPMHS has meant that even with improvements, services are still overstretched and far from being able to keep up with that demand.

There are examples of early intervention services that are successfully able to ease pressure on CYPMHS by preventing young people from becoming unwell enough to require clinical support.

However, the provision of these services is patchy across the country, and successive governments have missed opportunities to invest in a wider roll out of early support.

Commitments to date

The UK government has set out a welcome ambition to move away from crisis care and towards early intervention.

In their election manifesto, Labour committed to deliver open access, drop-in Young Futures hubs in every local community. They have also committed to expanding Mental Health Support Teams in schools to 100% coverage by 2029.

The 10 Year Health Plan recognises that there needs to be a shift towards community-based support and prevention, as well as wider access to digital support.

The National Youth Strategy also presents a key opportunity to invest in young people's mental health through coordinated services and policy at a local, regional and national level.

But sustainable funding and considered implementation are needed to get it right

While these commitments are welcome, getting the implementation right for young people will be critical.

The success of Young Futures hubs will be dependent on whether they are backed by a long-term, multi-year funding settlement for service delivery. How Young Futures Hubs are designed is also crucial. The hubs must be young person led, non-stigmatising spaces that are tailored to local needs.

Similarly, the implementation of the 10 Year Health Plan must include better investment in young people's mental health services to address the treatment gap, long waiting times and overall health inequalities.

This report sets out recommendations on how to ensure these programmes work for young people and can enable them to live mentally healthy lives.

Young people's mental health – the facts

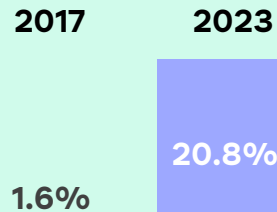
More young people are struggling with their mental health

1 in 5

young people have a probable mental health problem.

↑ This is up from 1 in 9 in 2017.²

Percentage of young women aged 17-19 with an eating disorder:



8% of all children in England have an active referral to children and young people's mental health services (CYPMHS).³

Young people in England are waiting a long time for support

At the end of July 2025, there were over **half a million** referrals to CYPMHS where young people were still waiting to start treatment.



Half of these young people had been waiting **over a year**, and 29% had been waiting over two years.⁴

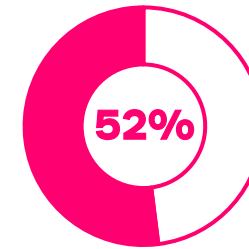
New urgent referrals to crisis care teams for under 18s each month have more than **tripled** since 2019⁵:

May 2019 May 2025

1,220

4,077

Young people in England are feeling let down by successive governments



Half of young people are **not confident** that the government will meaningfully improve young people's access to mental health support within the next five years.⁶

Close to **60%** of British Adults think **the government is not doing enough** to support young people's mental health.⁷

When ranking the most **important issues** facing the country today, young people put **mental health on the same level as climate change**.⁸

Financial insecurity is driving poor mental health

The link between poverty and mental health

Financial insecurity is one of the biggest drivers of poor mental health among young people. Young people from low-income families are **4 times more likely** to have a mental health problem by the age of 11 than to those from higher income families.⁹

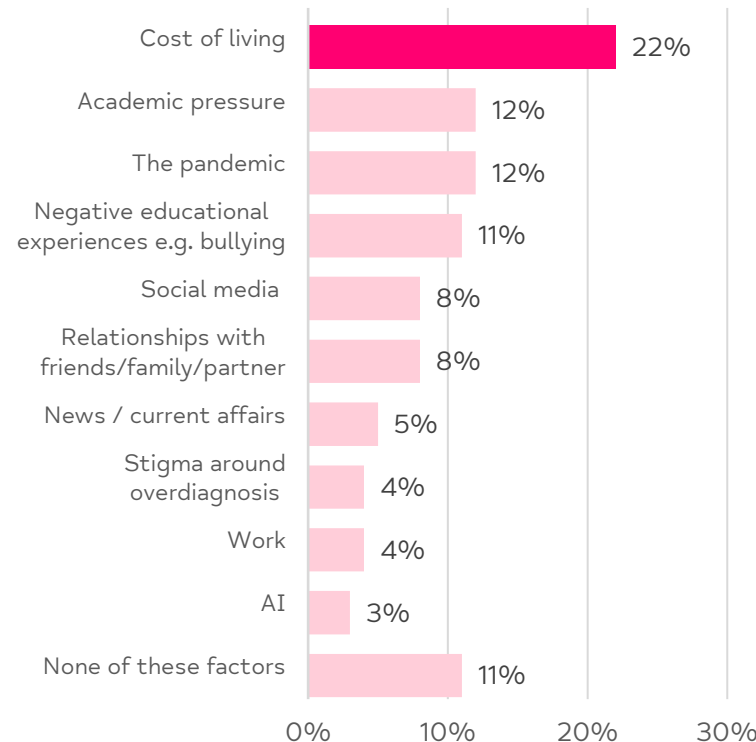
NHS research¹⁰ also shows that children with a probable mental disorder were more than twice as likely to live in a household that had fallen behind on rent, bills or mortgage payments than those unlikely to have a mental disorder.

According to the Joseph Rowntree Foundation, child poverty is projected to reach its **highest level in 30 years** by the end of the decade, with just over a third (34%) of children expected to live in poverty.¹¹

6 in 10 young people aged 16-24 say the **cost of living** over the past 5 years has **negatively impacted their mental health**.¹²

Young people say the cost of living is the factor most negatively impacting their mental health

When asked to choose one factor that has had the **most** negative impact on their mental health, young people were most likely to say the **cost of living**.



Cutting financial support only worsens young people's mental health

Prioritising measures to reduce financial hardship are necessary to ensure young people have the stability to thrive in life.

The UK government must carefully consider the impact that any proposed cuts to benefits for young people will have on their mental health and ability to work. While several of the proposed reforms aim to encourage young people into work, removing income from someone who is struggling with their mental health will likely have the opposite effect. Without this lifeline, many young people will find that their mental health worsens, and they will continue to struggle to enter or stay in work as a result.

Investment in providing better financial and employment support is key to preventing young people from experiencing mental health problems and to overcoming barriers to work. This is particularly critical for young adults over the age of 18, who, according to Mind's survey, were most negatively impacted by the cost of living, finances and household bills.

What other factors are driving the decline in young people's mental health?

The prevalence of mental health problems among young people has been on the rise since before the pandemic, placing increasing strain on NHS mental health services. Alongside growing financial insecurity, research suggests there are several factors driving this increase.

Educational experiences:

Academic pressure is a key driver of mental health problems among young people. Mind's research into mental health in schools found that almost 4 in 5 young people (78%) felt that school had made their mental health worse.¹³ This largely was due to the increasing pressure young people felt to succeed and perform well academically while having many of their support needs go unmet.

Our research also found that bullying and racism can be detrimental to young people's mental health. In particular, young people who have a Special Educational Need or Disability (SEND) or are from a minoritised community are more likely to be exposed to bullying and discrimination than their peers.

70% of the young people we spoke to who had experienced racism at school mentioned that it had impacted their mental health.

Declining access to services

Recent research from the Youth Futures Foundation found that the reduction in services available for young people over the past decade was a key driver of the rise in mental health problems among young people. They note that a 73% real-terms reduction in local authority spending between 2010–11 and 2023–24 contributed to widespread closures of youth centres and early intervention programmes.¹⁴

Social media

Evidence on social media's impact is mixed. Excessive use during formative years can increase the risk of exposure to harmful content, cyberbullying, and constant social comparison. The Office for National Statistics found 27% of children who spent three or more hours on social media on a normal school day had symptoms of mental health problems, compared to 12% of those who spent no time.¹⁵

Systemic inequality

Mental health problems disproportionately affect young people from minoritised communities. This is largely due to an increased exposure to risk factors such as poverty, discrimination, stigma and lack of access to tailored and appropriate support.

At age 11, Black boys are just as likely as white boys to have diagnosable mental health problems. However, racial disparities emerge around age 18, with people Black people more likely to develop both common and severe mental health problems.¹⁶

Young people from LGBTQIA+ backgrounds are over two-and-a-half times more likely to have a mental health problem than those who identify as heterosexual.¹⁷ The Adult Psychiatric Morbidity Survey also highlighted that among 16–24 year olds, 31.7% of women had reported self-harming, compared to 15.4% of men.¹⁸ Research from the Agenda Alliance echoed this, adding that self-harm was particularly high among young Black women aged 16–34.¹⁹

Reduced sleep quality

Substantial evidence links poor sleep with mental health problems - especially low mood and anxiety. The Youth Futures Foundation notes that reported problems with sleep quality and mental health problems among young people have been rising concurrently.²⁰

Long waits for support are worsening young people's mental health

Services are struggling to keep up with rising demand

Referrals to CYPMHS in England, predominantly made by professionals such as doctors and teachers, have been growing year on year for the last decade – tripling from around 40,000 monthly referrals in 2016 to nearly 120,000 by 2024. In 2023-24, 8% of all children in England had an active referral.²¹

While there has been a welcome expansion of young people's mental health services over the past decade, the funding for these services remains inadequate to keep pace with the rapidly increasing demand.

In 2023/24 Integrated Care Boards (ICBs) spent just 1.04% of their total spend on young people's mental health services. On average, ICBs spend 13 times as much on adult mental health services as they do on young people's.²²

In July 2024, **97% of NHS trusts** reported an **increased demand** for CYPMHS since the pandemic, with just 16 trusts reporting they could keep up with demand.²³

High thresholds and long waits

The continued strain on NHS mental health services for young people has led to rising thresholds for accessing care, with many young people turned away because they're 'not unwell enough'. For those who are accepted onto waiting lists, they can be left waiting for an unbearably long time before being able to access treatment.

41% of the young people Mind surveyed, reported **waiting lists as the top obstacle** they faced in trying to access mental health support.²⁴

At the end of 2023-24, 320,000 children with active referrals were still waiting to begin treatment, an increase of almost 50,000 compared to the year before. Worryingly, nearly half of those referred while 'in crisis' had their referrals closed or were still waiting for a second contact.²⁵

NHS data from July 2025 revealed that **29% of young people waiting for mental health support had been waiting over 2 years.**²⁶

Young people's mental health worsens while they're waiting

Mind's research indicates that long waits for support are particularly damaging to young people's mental health. From the 18-24 cohort of young people we surveyed, many reported that their **mental health got worse** while they were waiting, that it negatively affected their work life, **that they self harmed and had thoughts of taking their own life.**²⁷

In a survey conducted by Young Minds, over a quarter of young people surveyed said they had tried to end their own life while waiting for mental health support.²⁸

Long waits for support are leaving young people to become more unwell, reaching crisis point before they get any help.

New urgent referrals to crisis care teams for under 18s each month have more than tripled, from 1,220 in May 2019 to 4,077 in May 2025.²⁹

Gabriella's story

Gabriella, who turned 18 this summer, has lived with mental health problems since she was 11. Here's what she had to say about her experience accessing mental health services and how it affected her:



I was first referred to a mental health service when I was 13 years old, and in the five years since, I've spent longer on waiting lists than actually receiving treatment. After another sharp decline in my mental health, which severely affected my everyday life and led to a relapse in self-harm behaviours, I returned to my GP in October 2024 seeking further support before my A-levels.

My GP's first referral to mental health services was declined with no alternative offered. After requesting another referral, I finally had an assessment in February 2025, but it then took a further four months to be referred to a suitable service.

I then spent three more months on their waiting list, only to move cities for university before being seen. I was discharged and told to start the process again locally, meaning another long wait. Fortunately, I had six weeks of counselling at school, which helped to an extent, but I needed more specialised, continued support.

The long delays and uncertainty around receiving support took a huge toll on me, especially academically—my attendance dropped to around 60%, and my grades fell below predicted.

Overall, I've felt I had to fight for support rather than access it easily. More frequent updates and accessible support hubs would have helped, as I often felt lost in the system with months of silence.

The government must prioritise young people's mental health—too many are left waiting, impacting education, wellbeing, and the chance to reach their full potential.



Failing to intervene early risks young people's futures

Worsening health

Failure to provide young people with early mental health support is putting them at risk of poorer mental and physical health across the life course.

Childhood mental health is a strong indicator of mental health in adulthood. **Half of all mental health problems present by age 14, and 75% by age 24.** ³⁰

There is also a well evidenced two-way link between mental and physical health. A recent study found that children with poorer mental health are more likely to experience physical health problems such as diabetes, hypertension and obesity after the age of 30.³¹

Half of young people we surveyed said experiencing mental health problems had negatively impacted their physical health.

On average the life expectancy of people living with severe mental illness is 15-20 years shorter than someone without a severe mental illness. ³²

Poorer educational outcomes

Young people with mental health problems are more likely to experience worse educational outcomes such as absenteeism, low attainment, exclusion and dropping out of school. This can have long lasting impacts on their ability to participate effectively in their learning, enter the labour market or access high paying job roles in the future.

NHS research from 2023 reveals that children with a probable mental health disorder are more likely to miss school. In Autumn 2022, 1 in 9 young people with a mental health problem missed more than 15 days of school, compared with 1 in 67 young people without a mental health disorder. ³³

48% of young people we surveyed said their mental health had negatively affected their attendance rate at their place of education.

Young people who are hospitalised for their mental health experience further barriers to engaging with education and can have poorer education outcomes as a result.

Worse employment prospects

Analysis by the Future Minds campaign found childhood mental health difficulties could lead to a staggering **£1 trillion in lost earnings** across the current generation. Young people with mental health problems are nearly 5 times more likely to be economically inactive compared to those without a mental health problem. ³⁴

4 in 10 young people we surveyed said their experience of mental health problems negatively impacted their ability to enter or stay in work.

Furthermore, research by Resolution Foundation found less than a third of young people with mental health problems feel optimistic about their future employment prospects.³⁵

There is increasing attention on the growing number of young people receiving disability benefits. A large proportion of the increase in recent years has been linked to mental health problems or behavioural difficulties, demonstrating the financial impact of failing to give young people early support. ³⁶

Freya's story

Freya, 22, was first diagnosed with mental health problems at age seven. She was admitted into a mental health ward in 2018 and has been in and out of the system for several years. She shares her experience with us:

66 I grew up well-known to the social care system. I was the child of alcoholic parents, exposed early to instability, abuse, and loss. By 14, I had lost both parents. These compounded factors - genetic vulnerability, trauma, and neglect - made me highly susceptible to mental illness, yet I never received the early, consistent support I needed.

I was first referred to CAMHS aged seven. Despite that early contact, I received no sustained, meaningful intervention. By my early teens, I was struggling with anxiety, emotional dysregulation, and a deteriorating eating disorder.

I began self-harming as a way of coping. At 15, following a serious suicide attempt I was detained under the Mental Health Act, the first of many hospitalisations that would dominate my adolescent years.

Over the next three and a half years, I spent nearly all of my time in inpatient care - across CAMHS units, a psychiatric intensive care unit (PICU), and later adult psychiatric wards. I was transferred to adult services the day after I turned 18. Hospitalisation kept me from dying, but it didn't help me live - it traumatised me.

Outside of hospital, community care was fragmented and inconsistent. Discharge rarely came with continuity or support. I'd return to the community only to deteriorate again - a cycle that reinforced hopelessness rather than recovery. I was repeatedly told I was "too unwell" to study or work - that I was unlikely to ever live independently or pursue a career. That message was devastating and profoundly damaging. It didn't just limit my opportunities; it limited my sense of possibility.

Had I received appropriate, early, and trauma-informed care, I likely would never have spent years detained under the Mental Health Act.

My story is not unique, it reflects a pattern seen across the country: young people falling through the gaps of a system that waits for crisis before responding. We talk about early intervention, but too often it doesn't happen. Services are overstretched, thresholds are high, waiting lists are long and community care is under-resourced. Crisis care is often the first - and sometimes only - point of access. But by then, the damage is already done and the path to recovery is longer, more traumatic, and more expensive, both personally and systemically.

Crisis should never be the entry point to care. The right help, offered early and consistently, can prevent tragedy and protect potential. I'm living proof that young people can recover - but I'm also proof of how close we let them come to not surviving first. Care before crisis must be more than a policy aspiration. It must become the norm - because lives depend on it. 99

Early support services set young people up to thrive

Early intervention is more effective

Early intervention and support services play a crucial role in addressing gaps in support elsewhere in the system - including supporting young people before they reach the threshold to require clinical support.

A study by Centre for Mental Health found that there was a 10-year delay on average between a young person experiencing their first symptom and receiving help.³⁷

Early intervention has been proven to not only prevent the escalation of mental health problems but reduce recovery time and risk of relapse. Early detection also means that young people can get be supported with learning how to manage their mental health needs from an early age. Research has shown that Youth, Information, Advice and Counselling Services (YIACS) have been highly effective for improving young people's mental health and have comparable mental health outcomes to those accessing support through CYPMHS or school.³⁸

Early support offers a return on investment

Children and young people's mental ill health is already costing the government over £1 billion annually.³⁹ The increasing reliance on crisis care services is costly as emergency teams and intensive interventions are required due to the increased severity of the problem. The Future Minds campaign highlighted that **it is 100 times cheaper to treat a young person in the community than as an inpatient.**⁴⁰

Numerous evaluations have also demonstrated the cost effectiveness of early intervention and targeted mental health support. For example, an external evaluation by the Anna Freud Centre found that 42nd Street's Integrated Community Response service achieved significant individual and system impacts. This includes **savings of £806,040 as a result of improved mental health outcomes**, and reductions in the number of referrals and emergency calls to CYPMHS, and in the number of presentations at A&E.⁴¹



The hub model

Early, holistic support in the community

Early support hubs are dedicated local services which offer open access, drop-in support for young people when they first start to struggle with their mental health.

There are around 70 early support hubs in England operating under the Youth Information, Advice and Counselling Services (YIACS) model.⁴² They offer holistic support for young people aged 10–25, on a self-referral basis. With no access thresholds, young people can get help more quickly than through services like CYPMHS.

Early support hubs deliver a range of **services which are co-located under one roof** and offer multiple referral pathways. This not only includes providing mental health and wellbeing support, but can also include employment advice, housing advice, and sexual health services to name a few. By providing holistic support, hubs can effectively address some of the underlying causes of young people's mental health problems as well as the symptoms.

Early support hubs are **local and community-based**, meaning services are better integrated and can be more responsive to the needs of young people within that local area.

Hubs run in partnership with the NHS, local authorities and VCSE services, who hold expertise at a grassroot level to be able to deliver the best support.

Hubs reach young people who struggle to access NHS or school-based support

Hubs are designed to be safe, confidential and non-clinical environments where young people can access support. This makes them a great alternative for young people who might feel less comfortable seeking support in school or through a more formal setting.

Mind's research found that over a third (36%) of young people did not want mental health support from their school, citing concerns about stigma and confidentiality.⁴³

Hubs also tend to reach groups of young people who would not otherwise engage with more traditional NHS services, and they can be more culturally appropriate. Research by Youth Access found that hubs services engage higher proportions of LGBTQIA+ young people and young people from racialised communities, including black people.⁴⁴

Hubs ease the transition to adult services

Hubs help to address the cliff edge faced by young people over the age of 18 who reach the point of transition from CYPMHS to adult services. Many fall through the gaps in support due to not meeting the threshold for adult services when they're discharged from CYPMHS. And many do not feel adequately prepared to make the transition either. Negative experiences around access and continuity of care mean many young people deal with the challenges of early adulthood without additional support. As hubs services are available to young people up until the age of 25, this expands support for those transitioning into adulthood.

Case study: Lancashire Mind Early Support Hub

About Lancashire Mind CYP Hubs

Lancashire Mind early support CYP hubs in Pendle offer a range of wellbeing services for young people aged 11-25. These services include a mixture of universal, preventative and targeted services to cater to different needs.

Pendle is in the top 20% of deprived lower tier local authorities in England and has the largest child population in Lancashire. These early support hubs have expanded to areas such as Pendle with higher levels of deprivation, youth unemployment and to reach more minority groups.

Lancashire Mind's early support hubs in Pendle offer virtual and face-to-face wellbeing coaching, mental health support, topic-based workshops, drop-in sessions, signposting and resilience programmes. These hubs work closely with a series of partners to deliver support including Colne Youth Action Group (CYAG), local schools and colleges, Pendle Yes Hub, Positive Action in the Community (PAC) programme, Lancashire County Council and DWP workers.

Here's what Stacey Faulkner, Lead Youth Worker at Colne Youth Action Group (CYAG), had to say about Lancashire Mind's early support hubs in Pendle:



The partnership with Lancashire Mind as part of the Children and Young People's Wellbeing Hubs has been an invaluable asset to our young people. One of the biggest barriers for our young people is access to services, particularly in relation to mental health and wellbeing support. Whilst at the youth club, our youth workers, support workers and volunteers offer a trusted adult within which young people can build relationships and feel safe. We see approximately 150 - 200 young people a week at our many activities.

However, many of our young people need access to more specialist services to support their wellbeing through intervention and coaching. Harmony, our co-ordinator has provided our young people with a safe space in which they feel comfortable to express their thoughts and feelings through well planned and appropriate interventions.

Each week our young people look forward to Harmony arriving on site and they cannot wait to join one of her wellbeing interventions. In addition to this some of our young people have been referred for 1:1 coaching and peer support at their own request. In fact, a number of our young people have asked if Harmony could work here all the time. We have noticed how our young people more readily discuss their feelings, emotions and concerns than they did previously because Harmony has supported us to instil a nurturing culture, where wellbeing is at the heart of everything we do.

Together, CYAG and Lancashire Mind have worked to overcome barriers to participation with our young people, by fostering strong relationships and providing a safe space for young people to explore their feelings and wellbeing, proactively discovering and developing strategies that support our young people's needs. We really hope that this partnership can continue. 

Why aren't early intervention services universal yet?

Early support hubs already exist in many parts of the UK and are proven to deliver positive outcomes for young people. So why are these services not yet universal?

Need for long term funding

Sustainable funding is crucial to the delivery of early intervention. Funding for community services in England has declined by 73% since 2010.⁴⁵ Many local services rely on short term funding contracts, grants or pilot programmes and often face competitive bidding processes against larger providers. This lack of dedicated and sustainable funding means local services often struggle to provide long term support for young people.

Growing the workforce needed to support young people also requires sustainable funding. Without this, there are significant barriers to expanding services and recruiting or training qualified workers. For example, there have been 4,500 youth workers lost from the frontline in the past decade as public funding for youth work has reduced by 77%.⁴⁶

In 2023 the UK government backed 24 early support hubs to expand their services through the Shared Outcomes Fund. However, the discontinuation of this funding after March 2026 represents a cliff edge in early support for young people, as these hubs are left with no clear route to transfer into Young Futures Hubs.

Awareness of early support services

Feedback from young people and staff delivering support highlights the need for greater outreach and awareness raising of the existence of hubs and the services young people can access through them. This also requires close partnership working between hubs and Mental Health Support Teams and other mental health programmes to provide joined up care and expand pathways to support, including through education and social care.

Persistent stigma

Stigma often discourages people from seeking help due to fear of how they may be perceived by their friends, family, services or wider community. For those from racialised and LGBTQ+ communities, stigma experienced can be worse, resulting in a mistrust of services and delayed treatment.

Findings from Mind's survey of 523 young people found:⁴⁷

32% of respondents from racialised communities had experienced stigma when looking for support, compared to 20% of white respondents.

29% of respondents from racialised communities had experienced stigma and discrimination from friends, family or carers, compared to 18% of white respondents.

28% of male respondents over the age of 16 felt judged by friends, family members or carers when accessing mental health support, compared to 19% of female respondents.

In recent years we have seen growing use of the terms 'over-diagnosis' and 'over-medicalisation' in reference to young people's mental health. We discuss the impact this has on young people on the next page.

The 'over-diagnosis' debate

A step backwards on stigma

As a society we've made significant progress in tackling mental health stigma in recent decades. However, there is growing concern that we are beginning to take a step backwards in some areas.

We have seen numerous politicians, journalists and political commentators question the legitimacy of the rise in mental health problems among young people.

The terms 'over-diagnosis' and 'over-medicalisation' are now commonly being used in public debate. Commentators often describe young people as lacking resilience or struggling to cope with the ordinary ups and downs of life.

A debate lacking evidence

There is, of course, a legitimate discussion to be had about how we understand and describe mental health problems. However, the current debate has been characterised by sweeping statements about 'over-diagnosis' without robust evidence to support these claims.

Conversely, there is a sizeable evidence base showing that rising mental health problems in young people are linked to poverty, inequality, cuts to youth services, use of social media, and quality of sleep.

We do not shy away from the fact that rising awareness of mental health problems drives more people to reach out for help. This is a good thing, if it means that people are directed towards appropriate support.

However, the extent to which rising awareness and 'over-reporting' has driven the rise in mental health problems among young people is overstated. In fact, recent research from the Youth Futures Foundation found that there was very little evidence to support this theory.⁴⁸

The overdiagnosis debate is preventing young people from getting help

The overdiagnosis debate doesn't resonate with young people. In fact, nearly half of young people we surveyed felt there was an under-diagnosis problem.

The broad-brush assumptions and harmful narratives that are increasingly used can deter young people from seeking help.

43% of young people say the over-diagnosis debate is having a negative impact on the stigma they face coming forward for help with their mental health.⁴⁹

The narratives are also being used to justify cuts in support and the introduction of more punitive policies.

A key value of early support hubs is that they are safe and non-stigmatising spaces for young people to access mental health and wellbeing support.

The UK government can turn the tide on young people's mental health – starting by delivering hubs

Scaling up ambitions for Young Futures hubs.

Early intervention comes with many benefits and can have a transformational impact on young people's lives. The UK government has committed to rolling out early intervention services through their Young Futures Hubs programme. The government plans currently include launching 8 new hubs by the end of 2025, backed by £2 million funding, and 50 hubs within the next 4 years. This is a welcome first step.

The success of hubs relies on them being locally tailored and genuinely accessible. To effectively tailor services to the needs of a local community we believe the footprint of that service should be no larger than a local authority. This aligns with the footprint for other similar schemes such as family hubs.

The UK government has not yet confirmed the locations of the 50 hubs it has committed to, nor the size of the area they will service. We are concerned that the plans are not ambitious enough to meet the scale of the need.

If each of the 50 Young Futures Hubs is assigned to a single local authority, hundreds of areas will be left without support, creating a postcode lottery that fails many young people. But if the 50 hubs are stretched across much larger regions, their core strengths will be diluted. Spread too thinly, they risk losing the ability to respond meaningfully to local needs.

We are urging the government to scale up their ambition by aiming to **deliver a Young Futures Hub in every local authority area by 2035.**

To successfully deliver this ambition, the necessary funding must be in place alongside a workforce development plan. The plan should consider the mix of roles and skills required to run Young Futures hubs effectively, as well as how staff will be recruited and retained.

To deliver this, we need the appropriate planning and funding in place.

Mind has co-produced a blueprint in partnership with the Fund the Hubs Campaign Group with key recommendations for the UK government on how to effectively roll out Young Futures Hubs.⁵⁰

We are calling on the UK government to:

- 1. Set out a roadmap to deliver a hub in every local authority area**, sufficiently resourced to offer accessible outreach provision beyond the physical hub. The government should aim to have achieved 70% coverage by 2030 and 100% by the end of 2035.
- 2. Commit to a multi-year funding package for the roll-out of Young Futures hubs.** We estimate that £169 - £210 million per year in revenue funding is required to roll out a hub in every local area, with a further one-off £74m to £121m needed for capital and set up costs.
- 3. Ensure the implementation of Young Futures hubs follows existing good practice** – young people centred, integrated and holistic services tailored to the needs of the local area.

Getting the implementation of Young Futures Hubs right

Building on the model of existing hubs

Young Futures Hubs should build on and compliment the 70 existing and successful early support hubs that currently operate under the Youth Information, Advice and Counselling Services (YIACS) model. By building on this foundation, Young Futures Hubs can scale a model that is already working, ensuring continuity, trust and impact.

Spaces for young people designed by young people

Hubs must be co-designed with young people at every stage. This is essential to ensure hubs are safe spaces for young people, that feel relevant and accessible and ultimately encourage engagement. The government should avoid combining Young Futures Hubs with family or early years offers. This can put young people off the service as they may feel the environment is child-like and disempowering, or that there isn't confidentiality from their family when discussing personal issues.

Careful framing to avoid stigma

The holistic support that hubs can provide is a defining feature of the model. Bringing down youth crime rates is one of the benefits of this, but if Young Futures Hubs are repeatedly framed as a tool to tackle crime, there's a real risk that young people will disengage, seeing them as punitive rather than supportive. Support being accessed on a voluntary basis is key to building trusting relationships.

Hubs should be welcoming, non-clinical, and informal spaces where young people feel safe and respected. Services should be non-judgmental, confidential and culturally competent to reduce stigma and encourage young people to seek support.

Adaptable to local needs

Each hub should respond to its community's unique context, offering tailored services based on local demand and demographics. Flexibility in opening hours, service formats and outreach will be key to services' accessibility.

Supporting young people up to age 25

Young Futures Hubs should avoid reinforcing the cliff edge in support that many young people face at age 18. This age often marks major life transitions – leaving home, starting work or entering further education – making continued support vital. Extending hubs services up to the age of 25 ensures young people are supported through these life transitions and are given the best chance to thrive into adulthood.

Taking an integrated approach

Young Futures Hubs should be closely integrated with existing services in the local area, including CYPMHS, voluntary sector services, and schools, with clear pathways and communication between services.

Hubs must also be integrated with other government initiatives at a national level, such as Mental Health Support Teams, the National Youth Strategy, the Youth Guarantee and the 10 Year Health Plan. They should also be informed by the evaluation findings from the Shared Outcomes Fund pilot programme.

A wider package of support for young people

Transforming young people's mental health will require a comprehensive package of support. Young Futures Hubs are a big part of this transformation, but not the complete picture.

Over time, hubs will ease the pressure on NHS mental health services by preventing as many young people from becoming so unwell. However, it is still essential that those who are struggling the most can access timely care. There are far too many young people right now who meet the clinical threshold for support from specialist mental health services but who are unable to access them.

We must bring down the waiting lists for CYPMHS if we want current and future generations to thrive.

By committing to greater investment in CYPMHS at the upcoming budget, the UK government can start to address waiting lists, treatment gaps and health inequalities for young people.

To improve young people's access to mental health support, the UK government should:

- **Introduce a plan to reduce mental health waits**, equivalent to the Elective Reform Plan for physical health, with a specific focus on bringing down CYPMHS waits.
- **Invest in specialist CYPMHS** to expand access to support and enable the delivery of the four-week waiting time standard for community mental health support with faster access to urgent or emergency care.
- **Fund the full roll out of Mental Health Support Teams** and ensure this is protected to facilitate full coverage of support for young people in schools and colleges.
- **Ensure that neighbourhood health centres include mental health support for all ages**, with services for children and young people closely linked to school-based mental health teams, early support hubs and VCSEs.

To improve young people's experiences of mental health services, the UK government should:

- **Enhance support while young people are waiting**, by providing interventions to prevent young people's mental health deteriorating. For example, Mind's Supported Self-Help programme gives people access to low-intensity CBT-based interventions to support their mental health. This has been shown to improve people's mental health and deliver cost savings for the NHS compared to people who are sat on waiting lists without such interventions.
- **Introduce a single point of contact** from referral to treatment, helping young people to navigate support as well as easing transitions from CYPMHS to adult services and ensuring young people have support after leaving hospital.

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**To gather new insights for this report, Mind commissioned More In Common to conduct a survey with 1061 young people in England aged between the age of 16-24 between 26th Aug-2nd Sept 2025. This poll is weighted to be representative of the English population of this age group, according to gender & age interlocked, region, ethnicity and education level. Participants were recruited through an online panel. Of the respondents, 65% self-selected either themselves or a close family member/friend currently or previously having a mental health problem. A separate nationally representative poll was conducted of 2,106 adults, aged 18 and above, between 5th-7th September to capture the views of parents and grandparents about mental health, also recruited through an online panel. This survey was weighted to be representative of the British public (excluding Northern Ireland) according to gender & age interlocked, region, ethnicity, education level and 2024 General Election vote. Some of the findings have been published as part of this report and referenced below under 'Mind Survey Results'.*

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