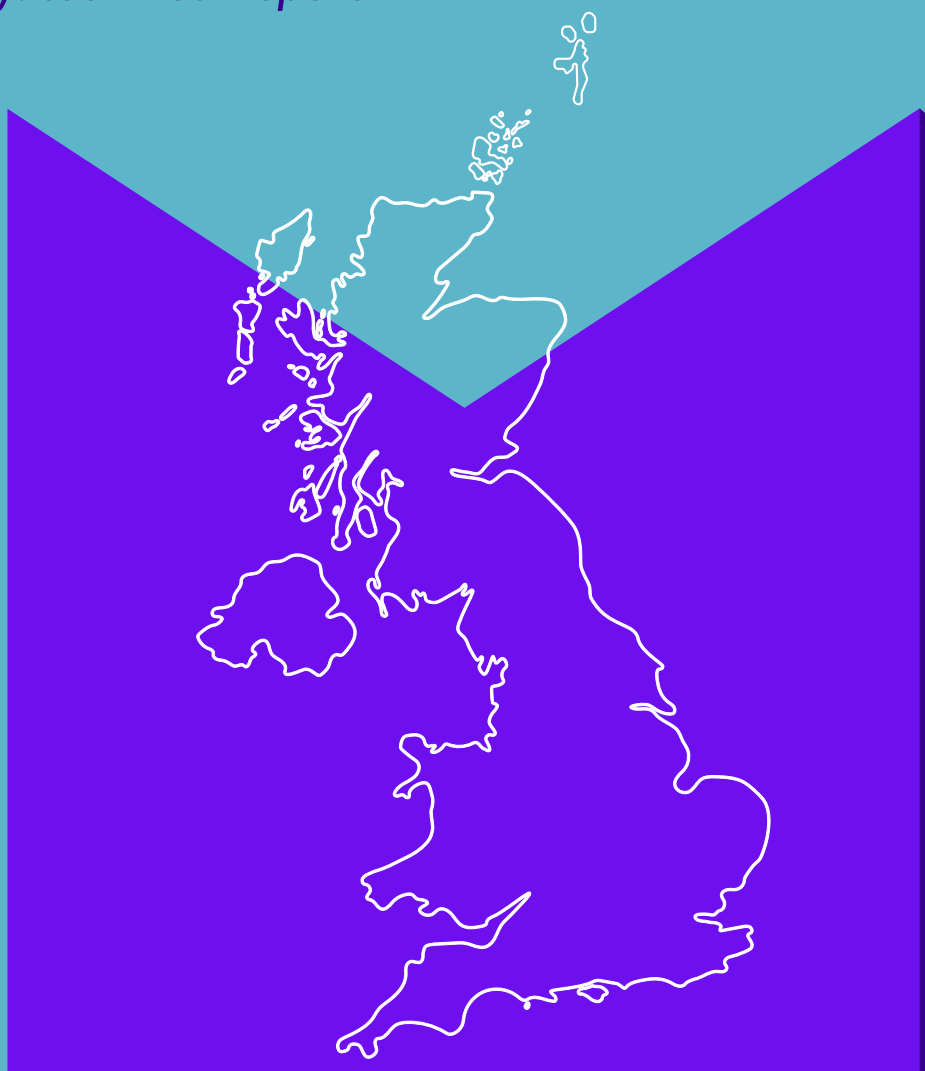
THE FOUNDATION REPORTS

MENTAL HEALTH FOUNDATION

Tackling mental health inequalities in the UK: expert consensus on priority areas

Delphi study: technical report



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This Methodology Dossier is the property of the Mental Health Foundation. This Methodology Dossier, and the accompanying modified Delphi panel, were developed on a pro bono basis by Costello Medical for the Mental Health Foundation.

Please contact Sarah Jowett (research@mentalhealth.org.uk) for any queries that cannot be answered by referring to this Report.

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Project overview

Objective

The primary objective of the Delphi panel was to engage experts across the four nations of the United Kingdom to establish consensus on the most pressing and actionable social determinants for reducing public mental health inequalities, and to prioritise a specific list of factors appropriate for measuring these social determinants.

Introduction to Delphi panels

A Delphi panel is a structured, systematic method used to gather consensus from a panel of experts in a specific field through multiple rounds of questionnaires. This approach is characterised by participant anonymity, controlled feedback, and iterative rounds, allowing experts to refine their opinions based on group input. Typically, the process continues until a predefined consensus is achieved or after a set number of rounds.

The Delphi method was chosen for this research due to its flexible yet structured approach, which offered an opportunity to develop informed consensus on the most pressing and actionable social determinants of mental health. This topic is complicated and multifaceted, and the iterative process of Delphi panels allowed for the refinement of opinions and systematic prioritisation of key social determinants and factors. Crucially, the Delphi methodology facilitates equitable participation by enabling diverse groups of stakeholders to contribute anonymously to the research and decision-making process. This approach minimises the influence of dominant personalities or hierarchical roles, ensuring that all participants' viewpoints are considered equally.[1]

In this research, the panel comprised mental health professionals, policymakers, and individuals with lived experience. Given the diverse perspectives represented, it was crucial to ensure that all contributions were valued equally. By capturing the collective expert judgement, the Delphi methodology ensures the findings are relevant and credible for informing policy and future research priorities.

Methodology overview

A modified Delphi panel was conducted which is an adaptation of the traditional Delphi methodology. Modified Delphi panels incorporate adjustments to streamline the consensus process and better suit specific research contexts.

The classic Delphi method involves multiple iterative rounds of questionnaires, with the aim of reaching consensus (often defined as at least 70% agreement) on various statements or issues. The questionnaire rounds can continue indefinitely until the pre-defined consensus threshold is achieved, which may sometimes result in prolonged timeframes and participant fatigue.

In contrast, the modified Delphi technique adopted in this study specifies a maximum number of rounds and concludes the iterative questionnaire development once this number has been reached. This aims to reduce the risk of panellist fatigue and survey attrition, which are common challenges in extended Delphi processes.[2] By capping the number of rounds, researchers aim to gather meaningful expert opinion efficiently while recognising that some statements may not reach full consensus within this limited timeframe. In this Delphi panel, a maximum of three rounds was used to allow for a pragmatic balance between achieving consensus and maintaining participant engagement, especially when dealing with a diverse panel of experts.

The modified Delphi approach has been applied in mental health research to achieve expert consensus on interventions, validate questionnaires and interventions, and explore broad research questions.[3,4,5]

Delphi panel methodology

Steering committee composition

A Steering Committee is a group of key stakeholders or experts who oversee and guide a project, programme, or initiative. Their role is to ensure that the project stays on track, aligns with organisational goals, and to address any major issues or decisions that arise along the way.

In this research, the Steering Committee was composed of members of the Mental Health Foundation's (MHF) England Research Team, including the Head of Research & Applied Learning, one Senior Research Officer, and one Research Officer. The Committee was responsible for preparing and circulating the content of the Delphi rounds, as well as supervising and monitoring the process. Importantly, the Steering Committee did not participate in the surveys themselves.

Excluding the Steering Committee from the survey aligns with Delphi methodology best practices, ensuring the independence of the panellist's expert opinions and preventing the Steering Committee's personal viewpoints biasing the iterative questionnaire development and results, which is crucial for achieving consensus based on unbiased, independent opinions.[6]

Panel composition

To be eligible for participation in the Delphi panel, participants had to have met all the following criteria:

- Based in the UK with English language fluency
- Aged 16 or older
- Identified by the Steering Committee as an expert in mental health through professional or lived experience

Participants were identified through a combination of self-nomination, recommendations shared via an internal scoping process, and identification by the Steering Committee.

The Delphi panel included 51 invitees, which aimed to ensure diversity while maintaining manageable group dynamics. Among the invitees were 12 Mental Health Foundation employees in positions including Regional Leadership, Associate Directorships, Specialised Functions, Policy, Research and Support. The panel also included 39 public mental health professionals and lived experience advocates from diverse sectors, as illustrated by Figure 1.

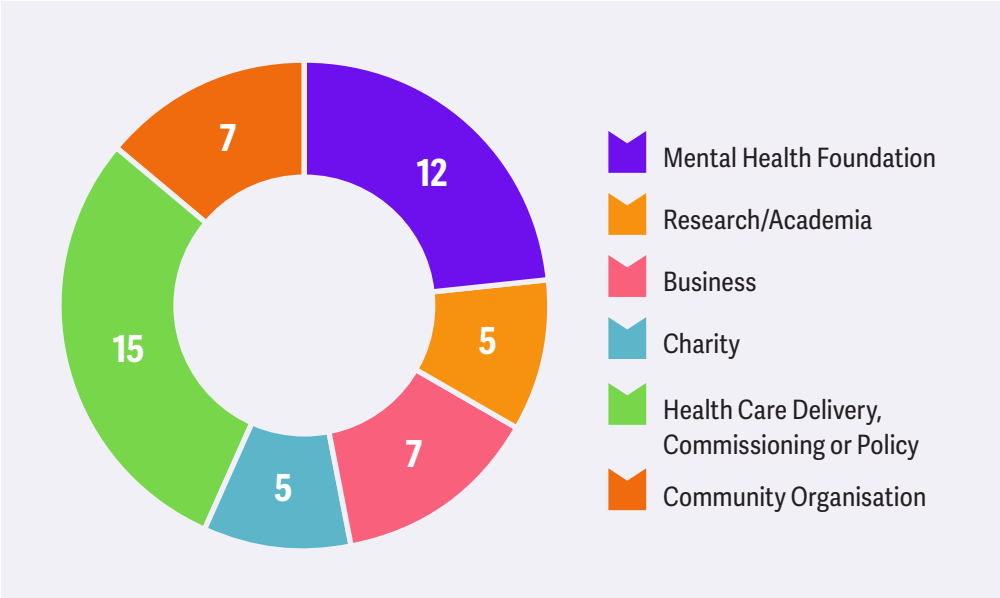

Figure 1. Employment sectors of invitees

Their roles spanned Academia and Research, Leadership and Management, Policy and Development, Programme and Project Management, Community and Advocacy, and Support and Coordination. This diversity ensured a wide range of perspectives and expertise were represented in the panel discussions. Further details on Delphi panellists can be found in Appendix Table 2.

Delphi statement development

Identifying social determinants and factors

In this Delphi panel, the primary focus was to identify and achieve consensus on the most impactful social determinants driving mental health disparities in the UK, and their measurable factors. The social determinants are broad categories of systemic societal conditions that influence mental health outcomes, and the factors represent ways to assess/measure these. The social determinants and factors were identified by the Steering Committee through a rapid review of existing literature, including prior research from the Mental Health Foundation and reports from the World Health Organisation (WHO), the Marmot Review, and academic publications.[7-11]

The scope was narrowed to focus on determinants and factors which could be assessed through a public mental health survey of adults in the UK, to inform future Mental Health Foundation research projects. Therefore, the steering committee chose to exclude determinants related to government policies and institutional structures (e.g. funding of services in your local area), as well as early life experiences (e.g. adverse childhood experiences) and family history (e.g. your mother's education level), which are significantly associated with mental health outcomes but may be challenging for individuals to self-report.

In total, 10 social determinants were initially identified as relevant for consideration in this Delphi panel:

- Employment
- Education
- Household financial situation
- Neighbourhood conditions
- Housing/household conditions
- Access to mental and physical health care
- Identity-based mistreatment
- Adverse experiences
- Loneliness and social connections
- National/global events

These 10 determinants encompassed 65 factors which, in Round 1, were organised according to which determinant they related to and were further grouped into 15 sub-categories that corresponded to a particular theme within that determinant. This categorisation formed the basis of statement development, and allowed for different determinants and factors to be assessed and prioritised in a rigorous and systematic way.

A list of the social determinants and factors assessed throughout the Delphi panel is presented in Table 3.

Statements and consensus thresholds

The Delphi panel employed four different question types, each with specific criteria for reaching consensus:

1. **Likert scale questions** asked participants to indicate their level of agreement with statements such as "Access to quality housing has a significant impact on mental health". Consensus for these types of questions was defined as ≥70% of participants selecting either "Strongly agree" or "Agree".
2. **Ranking questions** required participants to order determinants by their level of impact, such as "Rank the following social determinants from most to least impactful". Consensus for these questions was achieved if Kendall's W statistic was ≥0.7, indicating strong agreement.
3. **Multiple-choice questions** involved selecting key factors from a list such as "What do you consider most important for assessing objective household income?". Here, consensus was reached when ≥70% of respondents chose the same option, for example, "household poverty".
4. **Open-ended questions** were included in Round 1 to allow participants to provide insights beyond the social determinants and factors proposed by the Steering Committee, for example, "What additional factors should be considered when measuring social cohesion?". Although these responses contributed to the formulation of statements in subsequent rounds, they did not have a formal consensus criterion.

Iterative round development

The Delphi panel employed three questionnaire rounds. The first round was exploratory, aimed at gathering broad insights into the perceived impact of various social determinants on mental health. In subsequent rounds, the survey was adapted based on the panellists' responses to previous rounds, with questions refined to focus on determinants and factors that had not reached consensus, allowing participants to reassess their judgements in light of anonymous group feedback. This process enabled the gradual narrowing of priorities and consensus-building.

The perspective of the questionnaire evolved as the rounds progressed. Round 1 focused on evaluating how the social determinants impacted an individual's mental health and subsequent rounds expanding this focus to examine how these same determinants contribute to driving population-level mental health inequalities. These inequalities refer to systematic, unfair and avoidable differences in mental health across various societal groups that arise from unequal conditions in which people are born, live, work and grow. Understanding mental health disparities was identified as a priority area for investigation and essential for addressing the research question by the Steering Committee following the completion of Round 1. This dual focus allowed for a comprehensive exploration of the most pressing and actionable social determinants for reducing public mental health disparities in the UK.

Questions that achieved consensus (defined as 70% agreement) were generally excluded from further rounds to streamline focus on areas requiring more discussion. Conversely, questions that did not reach consensus were rephrased for clarity, incorporating feedback from free-text responses provided by panel members.

An overview of the changes applied in Round 2 are summarised below:

- Some social determinants were removed from Round 2 as they were better suited for exploration in a different workstream.
    - Reasons for determinants being deprioritised included insufficient consensus or perceived overlap with other factors. This aimed to identify determinants deemed most impactful on mental health at individual-levels, while excluding others that lacked agreement or did not align closely with the study's scope (see Table 6).
- New determinants and factors were added based on free-text responses, where considered relevant for inclusion by the Delphi panel Steering Committee (see Table 3).
- Factors or sub-categories of determinants that were identified as impactful by <20% of panellists were considered to be low priority and removed from Round 2.
- Questions which achieved consensus in the first round (i.e. received 70% agreement) were removed.
- Questions that did not reach consensus were re-phrased to facilitate understanding and encourage consensus, based on the free-text responses from Round 1. Questions were also re-phrased to account for the introduction of new factors.
    - Panellists were invited to confirm whether they agree with the Round 1 results, for the highest ranking factor or the ranked list of factors for a particular determinant.
    - If panellists disagree with the Round 1 results, they were asked to rank the list of factors.
- New questions exploring the interconnectedness of the social determinants were added based on free-text responses highlighting this as a priority area to explore in Round 1.
- Whilst Round 1 focused on the impact of the social determinants on an individual's mental health, new questions exploring the impact of social determinants in driving population-level mental health inequalities were added.

An overview of the changes applied in Round 3 are summarised below:

- Some social determinants were removed for Round 3 as they were better suited for exploration in a different workstream and/or did not reach consensus on being important for mental health (see Table 6).
- Questions which achieved consensus in the second round (i.e. received 70% agreement) were removed.
- Questions that did not reach consensus were re-

phrased to facilitate understanding and encourage consensus, based on the free-text responses from Round 2. Revised approaches include:

- Panellists were invited to confirm whether they agree with the Round 2 results for the highest ranking factor or the ranked list of factors for measuring a particular determinant's impact on individual mental health. If panellists disagreed with the Round 2 results, they were asked to select the most important factors from a defined list.
- Panellists were invited to confirm whether they agreed with the Round 2 results, for the importance of a particular determinant in driving population-level mental health inequalities.
- Where unclear, revised definitions were provided to clarify what is covered by a specific factor.

- Building on the Round 2 questions which explored the impact of social determinants in driving population-level mental health inequalities, new questions exploring the role of factors in assessing population-level mental health inequalities were added.

Branching

Branching refers to a questionnaire structure that invites some responders to answer additional questions based on their response to a previous question. In this Delphi panel, branching was utilised in each round to allow for detailed insight collation, whilst minimising panellist fatigue. For example, if a respondent considered a social determinant to be impactful for mental health, they were invited to answer further questions on this determinant and its factors, whereas responders who did not consider the determinant to be impactful would progress to questions on a different determinant. This means the number of responders to each question varies within each round; however, when an individual progressed to the branched questions, they were required to complete all branched questions for that determinant.

Delivery of the Delphi panel

Panellists were invited to participate in the Delphi panel virtually, using Costello Medical's Delphi App – a bespoke web-based platform designed to facilitate the execution of Delphi panel projects. The App offers efficient management of multi-round surveys, real-time progress tracking, and secure data collection. The Steering Committee issued email invitations to participants, including instructions and a link for online registration to access the Delphi App. Once registered, participants could log in and complete each round of the Delphi remotely. Participants received email notifications when each round was available and were informed that responses could be saved and edited until the round closed, allowing flexibility in completion.

Initially, each round was allocated a two-week window for data collection, followed by a one-week period for interpretation and review. The Steering Committee monitored correspondence with participants throughout, sending reminder emails to panellists who had not responded to the round (one reminder shared after one week of no response, and a final reminder after two weeks). The response period for all rounds were extended to ensure maximum participation and to accommodate the availability of panellists – for example, over the Christmas period. This flexible approach resulted in the following data collection periods:

- Round 1: 16th December 2024–10th January 2025 (~4 weeks)
- Round 2: 17th February–6th March 2025 (~3.5 weeks)
- Round 3: 1st April–16th April 2025 (~2 weeks)

In addition to the survey link, the panellists received a pre-read document for each Delphi round. This pre-read document provided essential information for how to complete the survey, its aims and objectives, and the social determinants and factors being assessed (as presented in Table 3). It was expected that all panellists would familiarise themselves with the pre-read before starting each round, which intended to develop a common understanding of the study's purpose and key information for that round amongst panellists.

The initial pre-read explained the questionnaire structure, question types, participation instructions, privacy considerations, and participant compensation. For each subsequent round, the changes made based on findings from the previous round were outlined and panellists were also provided with an anonymised results deck from the previous round. This practice was integral to the consensus-building process, enabling participants to understand collective feedback and refine their responses in successive rounds.

Delphi results

All respondents fulfilled the eligibility criteria for the Delphi panel (see Delphi Panel Methodology). Most respondents had professional experience in mental health, but individuals with lived experience were represented across all rounds.

Most panellists reported having over five years of experience in mental health, with a range spanning from 2 to 30 years. Geographically, participants were primarily based in England, which had the highest representation across all rounds, followed by Scotland. Fewer responses were received from Wales and Northern Ireland.

Although the number of responders decreased between each round, the percentage of responders (as a proportion of invited responders) across the rounds averaged approximately 70%, aligning with standards for a robust Delphi process (Table 2).[12,13]

Table 1 below presents the determinants that reached a consensus threshold of ≥70% for being among the most impactful on individual mental health and driving population-level mental health inequalities, in addition to the factors that reached consensus as the most important to measure the impact of the determinant.

Table 1. Prioritised social determinants and factors

Social Determinant						
	Household financial situation	**Housing/ household conditions**	**Employment**	**Loneliness and social connection**	**Access to mental and physical support**	**Identity-based mistreatment**
Impact on individual-level mental health						
Factor	Household financial (in) security†	Safety	Basic minimum liveable income	Subjective loneliness and objective isolation*	Availability†	Identity-based violence
Impact in driving population-level mental health inequalities						
Factor	Household financial (in)security	No consensus	Basic minimum liveable income	Subjective loneliness and objective isolation*	Availability	Identity-based violence

Footnotes: †Round 2 achieved consensus on these factors at the individual-level.
*Consensus was reached for both individual- and population-level that subjective loneliness and objective isolation should be considered together.

Detailed results from the Delphi panel are presented in the Appendix, across tables 4-8:

- **Table 4:** Detailed results for prioritised social determinants (all rounds)
- **Table 5:** Detailed results for the prioritised factor of prioritised social determinants (all rounds)
- **Table 6:** Deprioritised social determinants and rationale (all rounds)
- **Table 7:** Summary of social determinants and factors suggested for inclusion by panellists
- **Table 8:** To the extent to which social determinants should be considered alongside other determinants

Evaluation of the Delphi panel methodology

Strengths

The anonymity afforded by the Delphi methodology helped to achieve a fair and unbiased synthesis of insights, and the consensus results support the Mental Health Foundation's goal of identifying the most pressing and actionable social determinants to reduce mental health inequalities within the UK. Specifically, six determinants and five factors achieved consensus as being amongst the most impactful at both the individual- and population-levels.

The panellist composition was a key strength of this Delphi panel, with all panellists fulfilling the eligibility criteria and being considered as experts in mental health. Although most respondents were from England, each round included a diverse representation from across the UK, ensuring broader geographical representativeness that is relevant to the research question scope. Furthermore, most respondents possessed over five years of mental health experience, primarily from professional backgrounds, which positioned them well to offer informed insights. In line with the Delphi panel's objective, both professional and lived experience perspectives were captured across each round; however, the proportion of individuals with lived experience decreased with each successive round.

Limitations

The Delphi methodology is best suited for evaluating well-defined variables and its application to the complex and interconnected nature of the social determinants of mental health proved challenging. Participants indicated the consensus-driven format of the Delphi methodology led to an oversimplification of the nuanced relationships between determinants, which could have limited its ability to explore how these interconnected factors operate and influence mental health in real-world contexts.

Furthermore, the inherent complexity of the subject matter contributed to signs of panellist fatigue, underscoring a need for a more focused scope from Round 1. One panellist specifically identified the volume of pre-reading required for Round 3 as a barrier, highlighting the practical challenges of conducting a Delphi study with a broad scope. Attempts to mitigate participant fatigue and facilitate consensus limited opportunities to explore practical considerations related to assessing mental health in the population, such as the feasibility of measurement approaches and the application of specific indicators.

The study primarily focused on factors impacting individual mental health, with less rigorous consideration given to population-level determinants. In particular, the process for identifying population-level determinants and factors relied on a simplified approach: following an initial ranking based on individual impact, panellists were only asked to confirm whether the most important individual-level determinants were also relevant at the population-level. This methodology may have limited the accuracy of the prioritised determinants for the population-level context, as it did not allow for in-depth assessment of each determinant and factor's significance. Additionally, some panellists reported difficulty distinguishing between individual- and population-level mental health perspectives, which may have impacted the accuracy and consistency of their responses.

Finally, the Delphi process identified areas where consensus was not reached, notably concerning the importance of 'Safety' in the assessment of 'Housing/ Household Conditions' at the population-level and the importance of 'Employment' at the population-level. This highlights key topics for future research, underscoring the need for further discussion and exploration to better understand these complex factors and their implications.

Recommendations for future Delphi panels

Drawing from the experience of delivering this Delphi panel, recommendations were developed to support other organisations or teams within the Mental Health Foundation in delivering Delphi panel projects.

- Clearly define the scope of the research question at the project outset, to ensure that the Delphi panel outputs align with the intended objectives.
- Conduct a preliminary pilot study to test the clarity and relevance of the Delphi questionnaire for exploring the research questions. This could be achieved through an advisory board or pre-launch workshop, which can be useful for narrowing the research scope and identifying high-priority areas for exploration in Round 1.
- Recognise that statement development is an iterative and collaborative process, and it is important to allocate sufficient time for refinement and discussion of draft questions.
- Avoid using ranking questions as a primary tool for reaching consensus, particularly if answer options are interrelated or if many different options are being considered simultaneously in a question.
- Restrict the use of extensive branching in questions, to minimise question complexity and promote participant engagement towards reaching meaningful consensus.
- Schedule regular reminders to encourage panellists to participate fully in all rounds since participation often increases following such prompts.
- Consider what represents an appropriate level of pre-reading for panellists, and clearly communicate the expectations around engaging with this reading. This is particularly important if some materials circulated are essential and others are not, or if there is a large amount of pre-reading involved.
- Provide sufficient opportunities for panellists to give qualitative feedback – such as through free-text responses – since this offers an effective way to refine the focus of subsequent rounds, fostering a more dynamic consensus-building process and ensuring that the perspectives of panellists are captured appropriately.

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Appendix

Table 2. Panellist characteristics across rounds

	Round 1 (N=51)*	Round 2 (N=36)*	Round 3 (N=26)**
Total number completed	36 (70.6%)	28 (77.8%)	17 (65.4%)
Experience type			
Panellists with lived experience	3 (8.3%)	1 (3.6%)	0 (0.0%)
Panellists with professional experience	22 (61.1%)	22 (78.6%)	11 (64.7%)
Panellists with both lived and professional experience	8 (22.2%)	1 (3.6%)	4 (23.5%)
Unable to/prefer not to answer	3 (8.3%)	4 (14.3%)	2 (11.8%)
Years of experience†			
≤5	N/A	9 (32.1%)	4 (23.5%)
6–10	N/A	8 (28.6%)	4 (23.5%)
11–15	N/A	5 (17.9%)	4 (23.5%)
>15	N/A	5 (17.9%)	4 (23.5%)
Prefer not to answer	N/A	1 (3.6%)	1 (5.9%)
Country			
England	15 (41.7%)	10 (35.7%)	7 (41.2%)
Northern Ireland	4 (11.1%)	4 (14.3%)	3 (17.6%)
Scotland	9 (25.0%)	7 (25.0%)	4 (23.5%)
Wales	5 (13.9%)	4 (14.3%)	2 (11.8%)
Whole UK	7 (19.4%)	4 (14.3%)	3 (17.6%)
Prefer not to answer	2 (5.6%)	0 (0.0%)	0 (0.0%)

Footnotes: *Total number of panellists invited. **Two panellists started but did not complete Round 2; consequently, they were not invited to participate in Round 3. †The years of experience was not asked in Round 1.

Table 3. Summary of the Social Determinants and Factors Considered in the Delphi Panel (All Rounds)

FONT COLOUR KEY

Only assessed in Round 1 | Assessed in Rounds 1 and 2 | Assessed in Round 2

Assessed in Rounds 2 and 3 | Assessed in all Rounds

Determinant	Sub-category[a]	Factors
Employment	Objective employment status and income	• Work status (employed/unemployed/retired/economically inactive)[b] – *Economically inactive refers to people who are not working, looking for work or claiming unemployment-related benefits. For example, people who are not working due to disability/long-term ill-health, people who are studying, and asylum seekers who do not have the right to work in the UK* • Personal income
	Security	• Job security/precarity • Income volatility/stability • Regularity of hours
	Personal satisfaction	• Satisfaction with income • Satisfaction with hours • Satisfaction with work/life balance
	Perceived job quality	• Perceived control within job role – *The extent to which a person feels they can influence how, when, and where their work is done* • Working conditions – *The physical and psychological environments in which people work*
	–	• Achieving basic minimum liveable income • Satisfaction with job role
Household financial situation	Objective financial situation *A household's economic status characterised by income and debt*	• Household poverty – *Households with less than 60 percent of the median household income* • Debt – *Total household debt, including property and financial debt*
	Financial insecurity *The condition where a household faces difficulties in handling unexpected essential expenses or cost-of-living increases due to limited income or savings*	• Financial (in)security – *A household's (in)ability to respond to sudden essential expenses or rises in the cost of living with their own income and/or savings. This could include a household's (in)ability to access an adequate amount of food or keep their home at a reasonable temperature*[c] • Food (in)security – *Household-level economic and social condition of limited or uncertain access to adequate food* • Fuel poverty – *Households that must spend a high proportion of their household income to keep their home at a reasonable temperature* • Financial stress

Determinant	Sub-category[a]	Factors
Education	–	• Educational attainment • Support needs met in education • School exclusion – *When a child or young person is removed from school on a temporary or permanent basis* • Reduced/non-attendance at school
Neighbourhood conditions	Neighbourhood social conditions	• Perceived level of/fear of crime (feeling safe) • Personal participation in local community • Neighbourhood social cohesion/fragmentation – *A socially cohesive community is one where there is a shared vision and sense of belonging, and strong and positive relationships between people from different backgrounds* • Neighbourhood community control/empowerment – *The extent to which people feel they can influence decisions and take action to improve their neighbourhood* • Neighbourhood density of one's own ethnic group
	Neighbourhood physical conditions	• Urban/suburban/rural environment • Population/housing density • Quality of the built environment – *The physical condition of the local neighbourhood e.g., abandoned or neglected properties and levels of graffiti, fly-tipped waste, and litter* • Air, water, and noise pollution
	Access to public spaces and services	• Availability of transportation • Availability of public meeting space/community facilities • Availability of community and voluntary sector services • Access to green and blue spaces – *Blue spaces are manmade/natural outdoor environments that prominently feature water and are accessible to people (e.g., rivers, canals, lakes, the sea)* – *Green spaces are natural/semi-natural areas, partially or completely covered by vegetation, that occur in or near urban areas (e.g., parks, woodlands and allotments)* • Availability of leisure opportunities – *Includes sports*
Housing/ household conditions	Objective factors relating to housing quality *Measurable factors that impact housing conditions such as physical conditions, overcrowding and experience of eviction*	• Housing status – *The legal and financial arrangement that defines an individual's occupancy. For example, whether they are renting, a homeowner, living with family/friends or are homeless* • Experience of eviction • Overcrowding at home • Physical housing conditions – *Physical conditions including damp, cold, disrepair, and mould* • Housing (in)security – *The absence of a settled home*

Determinant	Sub-category[a]	Factors
Housing/ household conditions (continued)	Subjective factors relating to household conditions *Personal perceptions and experiences within a household, including the sense of safety and fairness of domestic responsibilities*	• Safety[d] – *Safety refers to how safe people feel at home, both in terms of their interactions with others living there and health-related building safety such as the presence of mould or cold* • Perceived equity on domestic and childcare responsibilities – *The extent to which domestic and childcare responsibilities are shared between members of a household in a way that is perceived to be fair*
Access to mental and physical health support[e]	–	• Availability of mental and physical health support • Affordability of mental and physical health care • Personal willingness to seek mental and physical health support • Cultural/language suitability of mental and physical health support
Identity-based mistreatment	Interpersonal identity-based mistreatment *Unfair treatment or hostility occurring in personal interactions due to characteristics intrinsic to an individual's identity*	• Identity-based bullying – *Any form of bullying related to the characteristics considered part of a person's identity or perceived identity group* • Identity-based family rejection • Identity-based violence • Microaggressions • Identity concealment – *Choosing not to tell others about one's identity (e.g. LGBTQ+ identity or religion) to avoid identity-based mistreatment*
	Environmental identity-based mistreatment *Systemic or institutional forms of unfair treatment or discrimination based on identity characteristics*	• Targeted government policies – *Government policies that target specific groups of people. For example, asylum policies* • Identity-based discrimination – *Discrimination on the basis of identity (e.g. ethnicity, disability, gender, or sexual orientation)*
Adverse experiences	–	• Abuse (physical/ sexual/ verbal) • Neglect (physical/ emotional) • Adverse experiences within the household (domestic violence, family mental illness or drug/alcohol misuse) • Care experience/separation from parents • Criminal justice system involvement • Crime victimisation
Loneliness and social connections		• Taking part in community/religious activities • Subjective loneliness – *A subjective feeling about the mismatch between a person's desired and actual levels of social contact* • Objective social isolation (number of close social contacts) • Quality of social support

Determinant	Sub-category[a]	Factors
National/ global events	Type of event	• National political unrest • Global conflict • Climate change
	Type of experience	• Anxiety about a national/global event • Personal/family experience of a national/global event
Online environment and social media		• Online safety – *Includes exposure to harmful content* • Social media usage • Online social connections and community • Engagement in news – *Includes 24-hour news cycles and political propaganda* • Exposure to harmful advertising – *Includes tobacco, gambling, alcohol*

Footnotes: [a]The sub-categories were only assessed in Round 1 and provided a way to structure the Delphi and identify priority areas for each determinant. [b]Redefined after Round 1, was originally 'employment status'. [c]Redefined after Round 2, was originally 'a households' (in)ability to respond to sudden essential expenses or rises in the cost of living with their own income and/or savings'. [d]Redefined after Round 2, was previously 'Feeling safe at home'. [e]Redefined after Round 2, was originally 'mental health care'.

Table 4. Detailed results for prioritised social determinants (All rounds)

	Panellist response N (%)					
	Household financial situation	Housing/ household conditions	Employment*	Loneliness and social connection	Access to mental and physical support	Identity-based mistreatment
Impact on individual-level mental health[a]						
Number of responders and consensus round	34/36 (94.4%) (Round 1)	34/36 (94.4%) (Round 1)	36/36 (100.0%) (Round 1)	34/36 (94.4%) (Round 1)	34/36 (94.4%) (Round 1)	32/36 (88.9%) (Round 1)
Strongly agree	15 (44.1%)	15 (44.1%)	3 (8.3%)	14 (41.2%)	13 (38.2%)	7 (21.9%)
Agree	17 (50.0%)	13 (38.2%)	24 (66.7%)	16 (47.1%)	15 (44.1%)	19 (59.4%)
Neither agree or disagree	2 (5.9%)	2 (5.9%)	6 (16.7%)	3 (8.8%)	3 (8.8%)	3 (9.4%)
Disagree	0 (0.0%)	4 (11.8%)	2 (5.6%)	1 (2.9%)	2 (5.9%)	1 (3.1%)
Strongly disagree	0 (0.0%)	0 (0.0%)	1 (2.8%)	0 (0.0%)	1 (2.9%)	2 (6.3%)
Impact in driving population-level mental health inequalities[b]						
Number of responders and consensus round	28/28 (100.0%) (Round 2)	26/28 (92.9%) (Round 2)	27/28 (96.4%) (Round 2)	25/28 (89.3%) (Round 2)	17/17 (100%) (Round 3)	16/17 (94.1%) (Round 3)
Strongly agree	8 (28.6%)	5 (19.2%)	6 (22.2%)	8 (32.0%)	2 (11.8%)	4 (25.0%)
Agree	15 (53.6%)	15 (57.7%)	14 (51.9%)	10 (40.0%)	10 (58.8%)	9 (56.3%)
Neither agree or disagree	4 (14.3%)	3 (11.5%)	6 (22.2%)	3 (12.0%)	3 (17.6%)	2 (12.5%)
Disagree	0 (0.0%)	3 (11.5%)	1 (3.7%)	4 (16.0%)	2 (11.8%)	0 (0.0%)
Strongly disagree	1 (3.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (6.3%)

Footnotes: *'Employment' reached consensus as being one of the most important drivers of population-level mental health inequalities in Round 2, but did not reach consensus in Round 3. [a]Responses to the question "[Insert determinant] is one of the most impactful social determinants on a person's mental health, compared to the other determinants listed below." [b]Responses to the question "[Insert determinant]" is one of the most impactful social determinants in driving population-level mental health inequalities, compared to the other determinants listed below. Please provide rationale for your response in the free-text response box.

Table 5. Detailed results for the prioritised factors of prioritised social determinants (All rounds)*

Panellist response N (%)						
Determinant	**Household financial situation**	**Housing/ household conditions**	**Employment**	**Loneliness and social connection**	**Access to mental and physical support**	**Identity-based mistreatment**
Factor	**Household Financial (In)Security**	**Safety[a]**	**Basic Min. Liveable Income**	**Subjective Loneliness[b]**	**Availability**	**Identity-Based Violence**
Impact on individual-level mental health						
Number of responders and consensus round	28/28 (100.0%) (Round 2)	17/17 (100.0%) (Round 3)	28/28 (100.0%) (Round 2)	17/17 (100.0%) (Round 3)	26/28 (92.9%) (Round 2	16/17 (94.1%) (Round 3)
Strongly agree	8 (28.6%)	6 (35.3%)	9 (32.1%)	8 (47.1%)	9 (34.6%)	4 (25.0%)
Agree	16 (57.1%)	6 (35.3%)	12 (42.9%)	6 (35.3%)	13 (50.0%)	8 (50.0%)
Neither agree or disagree	4 (14.3%)	2 (11.8%)	3 (10.7%)	1 (5.9%)	1 (3.8%)	2 (12.5%)
Disagree	0 (0.0%)	3 (17.6%)	4 (14.3%)	2 (11.8%)	3 (11.5%)	2 (12.5%)
Strongly disagree	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Impact in driving population-level mental health inequalities						
Number of responders and consensus round	17/17 (100.0%) (Round 3)	17/17 (100.0%) (Round 3)	14/17 (82.4%) (Round 3)	17/17 (100.0%) (Round 3)	14/17 (82.4%) (Round 3)	15/17 (88.2%) (Round 3)
Strongly agree	5 (29.4%)	4 (23.5%)	8 (57.1%)	3 (17.6%)	5 (35.7%)	3 (20.0%)
Agree	10 (58.8%)	7 (41.2%)	5 (35.7%)	10 (58.8%)	6 (42.9%)	10 (66.7%)
Neither agree or disagree	1 (5.9%)	1 (5.9%)	1 (7.1%)	0 (0.0%)	1 (7.1%)	2 (13.3%)
Disagree	0 (0.0%)	5 (29.4%)	0 (0.0%)	3 (17.6%)	2 (14.3%)	0 (0.0%)
Strongly disagree	1 (5.9%)	0 (0.0%)	0 (0.0%)	1 (5.9%)	0 (0.0%)	0 (0.0%)

Footnotes: *Results are reported from the Round where the question achieved consensus. [a]Consensus was reached that 'Safety' is important for assessing 'Housing/ Household Conditions' at the individual-level, but not at the population-level, with only 65.0% agreement. For population-level mental health inequalities (Question 12), the most important factors were 'Housing Status' (80.0% agreement), 'Housing (in)security' (60.0% agreement), and 'Physical Housing Conditions' (40.0% agreement), but no consensus was reached. [b]Consensus was reached on a question regarding whether subjective loneliness and objective isolation should be measured together.

Table 6. Deprioritised social determinants and rationale (All rounds)

Deprioritised determinant	Round deprioritised after	Rationale
Adverse experiences	Round 1	Consensus was reached on the importance of 'Adverse experiences' in impacting an individual's mental health (55.9% 'Strongly agree'; 23.5% 'Agree'; 14.7% 'Neither agree nor disagree'; 5.9% 'Disagree'; 0.0% 'Strongly disagree'). • Panellists emphasised their responses related to adverse childhood experiences (ACE). • The Steering Committee concluded that early life experiences would not be explored in this research stream (see Delphi Statement Development) and therefore, ACEs would not be explored further in the Delphi panel.
National/ global events	Round 1	Consensus was not reached on the importance of 'National/global events' in impacting an individual's mental health (6.1% 'Strongly agree'; 36.4% 'Agree'; 24.2% 'Neither agree nor disagree'; 21.2% 'Disagree'; 12.1% 'Strongly disagree'). • Participants highlighted the importance of considering the immediacy of impact of the topics provided, particularly regarding how it affects an individual's daily life in the near future. • Since responses to this determinant were very mixed, the Steering Committee concluded that further investigation of this determinant would not be undertaken within this research stream.
Online environment and social media	Round 2	Consensus was not reached on the importance of 'Online environment and social media' in impacting an individual's mental health (3.6% 'Strongly agree'; 39.3% 'Agree'; 28.6% 'Neither agree nor Disagree'; 17.9% 'Disagree'; 10.7% 'Strongly disagree') or in driving population-level mental health inequalities (7.4% 'Strongly agree'; 22.2% 'Agree'; 22.2% 'Neither agree nor disagree'; 33.3% 'Disagree'; 14.8% 'Strongly disagree'). • This determinant was added based on Round 1 free-text responses. • It was subsequently deprioritised due to panellists' mixed responses and relatively low levels of consensus.
Education	Round 2	Consensus was not reached on the importance of 'Education' in impacting an individual's mental health (13.9% 'Strongly agree'; 30.6% 'Agree'; 30.6% 'Neither agree nor disagree'; 25.0% 'Disagree'; 0.0% 'Strongly disagree') or in driving population-level mental health inequalities (14.8% 'Strongly agree'; 33.3% 'Agree'; 22.2% 'Neither agree nor disagree'; 22.2% 'Disagree'; 7.4% ' Strongly disagree'). • Responses varied, with free text responses indicating mixed opinions or variation in how panellists interpreted the questions. • Based on free-text responses from Round 1, Round 2 examined whether 'Education' is only impactful when considered alongside other determinants. This highlighted 'Education' was considered to influence all determinants, particularly 'Employment' and 'Household Financial Situation.' • 'Education' was ultimately deprioritised due to the lack of consensus and the Steering Committee's conclusion that further exploration was not essential to the research aims.

Deprioritised determinant	Round deprioritised after	Rationale
Neighbourhood conditions	Round 3	Consensus was not reached on the importance of 'Neighbourhood conditions' in impacting an individual's mental health (11.1% 'Strongly agree'; 55.6% 'Agree'; 19.4% 'Neither agree nor Disagree'; 13.9% 'Disagree'; 0.0% 'Strongly disagree') or in driving population-level mental health inequalities (11.8% 'Strongly agree'; 47.1% 'Agree'; 17.6% 'Neither agree nor disagree'; 23.5% 'Disagree'; 0.0% 'Strongly disagree'). • Panellists emphasised 'Neighbourhood Conditions' is closely linked to safety and consensus was achieved on 'Safety' being the most important factor to assess 'Neighbourhood Conditions,' at both the individual- and population-levels. • When considering impact in driving population-level mental health inequalities, panellists suggested that 'Neighbourhood Conditions' may be an indicator of other determinants like 'Household Finance,' 'Education' and 'Housing Conditions.' Strong consensus was achieved (92.0% 'Strongly agree/Agree') on the need to consider this determinant alongside other determinants. • 'Neighbourhood Conditions' was ultimately deprioritised due to the lack of consensus, however, the free-text responses and results for assessing interconnectedness suggest this determinant is important to consider alongside the high priority determinants identified in this panel.

Table 7. Summary of social determinants and factors suggested for inclusion by panellists (Round 1)

Social Determinant	Factors	Steering Committee response
Stigma, inequality, violence (5 mentions)	Being part of a marginalised group e.g. women refugees, asylum seekers and displaced persons, as well as ethnoracial minoritised groups, lesbian, gay, bisexual, transgender and queer LGBTQ+ groups, and those living in poverty	All linked to identity-based mistreatment; expanded on the definition of identity-based mistreatment in Round 2 and 3
Health/disability (3 mentions)	Having or caring for someone with a long-term physical/mental health condition or disability, inclusive environment for those will illness/disability/neurodivergence	Considered to sit under 'personal characteristics' which are out of scope of this Delphi panel
Trauma (2 mentions)	Intergenerational trauma, being bereaved by suicide	Types of adverse experience; this determinant was deprioritised by the steering committee
Age (2 mentions)	NR	Considered to be a type of demographic data and out of scope of this Delphi panel
Media (2 mentions)	Social media, advertising, commercialism, capitalist culture, consumerism, 24-hour news cycles, political propaganda	Included in a new social determinant category "Online environment and social media"
Online environment (2 mentions)	Safety, relationships, adversity, harmful content	Included in a new social determinant category "Online environment and social media"
Parents (2 mentions)	Emotional and educational abilities of parents/guardians	Considered to be linked to family history which is out of scope for this Delphi panel
Leisure (2 mentions)	Having time for leisure/sport	Included a new factor "Availability of leisure opportunities" within the "Neighbourhood conditions" determinant
Commercial actors (1 mention)	Tobacco, alcohol, gambling	Included in a new social determinant category "Online environment and social media"
Body image (1 mention)	NR	Not considered to be a social determinant and deprioritised
Perceived safety (1 mention)	NR	Considered to be captured under "Perceived level of/fear of crime" factor
Social support (1 mention)	NR	Included "quality of social support" as a new factor within the "Loneliness and social connections" determinant
Homelessness and destitution (1 mention)	NR	Considered to come under "Housing status"; updated the definition of this factor in Rounds 2 and 3
Attitude/beliefs about mental health (1 mention)	NR	Not considered to be a social determinant and deprioritised

Abbreviations: NR: not reported.

Table 8. The extent to which determinants should be considered alongside other determinants (Round 2)

	Online environment and social media	Employment	Housing financial situation	Education	Neighbour-hood Conditions	Housing/ Household conditions	Access to mental and physical support	Identity-based mistreatment	Loneliness and social connections
Online Environment and Social Media	–	50%	72%	78%	44%	44%	72%	67%	83%
Employment	32%	–	96%	64%	48%	60%	56%	52%	48%
Housing Financial Situation	40%	92%	–	56%	80%	84%	60%	52%	64%
Education	58%	89%	89%	–	58%	63%	53%	37%	47%
Neighbour-hood Conditions	35%	74%	91%	39%	–	96%	70%	48%	78%
Housing/ Household Conditions	32%	73%	86%	41%	100%	–	59%	50%	73%
Access to Mental and Physical Support	55%	77%	82%	55%	77%	68%	–	64%	73%
Identity-Based Mistreatment	67%	67%	57%	52%	62%	57%	62%	–	81%
Loneliness and Social Connections	73%	68%	55%	41%	68%	59%	50%	82%	–

Footnotes: The heat map shows the results of the question 'Please select the determinant[s] that need to be considered alongside [insert determinant name]'. The data presented in each cell represents the number of respondents who selected the determinant as a proportion of all respondents for that question. Darker shades of pink indicate more respondents selected the determinant and suggests it is more important to consider the two determinants together compared with the determinant combinations outlined in lighter shades of pink.

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