SURVIVING OR THRIVING?

The state of the UK's mental health

MENTAL HEALTH AWARENESS WEEK 2017

Thrive – to grow or develop vigorously; to flourish

#MHAW17

"To help us all live mentally healthier lives"

Over 17 years Mental Health Awareness Week has highlighted the many different ways in which we can all contribute to improving our mental health. That is all part of achieving the Mental Health Foundation's ambitious goal of helping us all to live mentally healthier lives. Past Mental Health Awareness Weeks have drawn attention to sleep, physical exercise, relationships, mindfulness and doing good to help make a difference. In 2017 for the first time we look overall at the UK's mental health, and ask are we *Surviving or Thriving?*

We all have mental health. Good mental health is an asset that helps us to thrive. This is not just the absence of a mental health problem, but having the ability to think, feel and act in a way that allows us to enjoy life and deal with the challenges it presents. Yet it can be easy to assume that ongoing stress is the price we have to pay to keep our lives on track. It is time to challenge that assumption.

Executive summary

In March 2017, commissioned by the Mental Health Foundation, NatCen conducted a survey amongst its panel members in England, Scotland and Wales. This aimed to understand the prevalence of self-reported mental health problems, levels of positive and negative mental health in the population, and the actions people take to deal with the stressors in their lives. 2,290 interviews were completed, with 82% online and 18% by phone.

Key findings
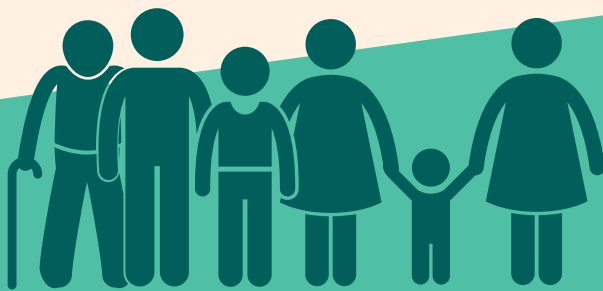
**Only a small minority of people (13%) report living with high levels of good mental health.**

People over the age of 55 report experiencing better mental health than average.

People aged 55 and above are the most likely to take positive steps to help themselves deal better with everyday life – including spending time with friends and family, going for a walk, spending time on interests, getting enough sleep, eating healthily and learning new things.
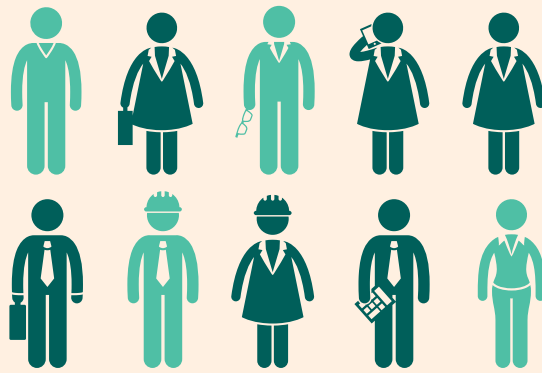
More than 4 in 10 people say they have experienced depression.
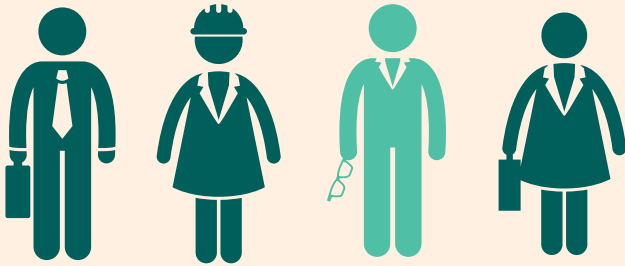
Over a quarter of people say they have experienced panic attacks.

The most notable differences are associated with household income and economic activity.

Nearly 3 in 4 people living in the lowest household income bracket (less than £1,200 per month) report having experienced a mental health problem; compared to 6 in 10 of the highest household income bracket (over £3,701 pm).

The great majority (85%) of people out of work have experienced a mental health problem compared to two thirds of people in work and just over half of people who have retired.

Nearly two-thirds of people say that they have experienced a mental health problem.

This rises to 7 in every 10 women, young adults aged 18-34 and people living alone.
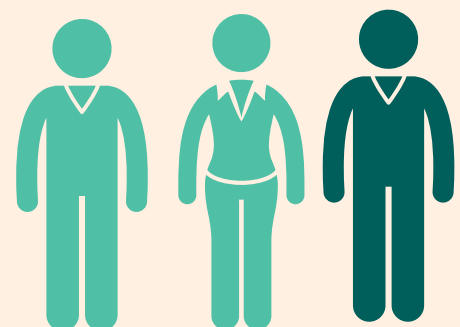
Conclusions

1 Current levels of good mental health are disturbingly low. The barometer of success of any nation is the health and wellbeing of its people. We have a long way to go before we can say that we are a thriving nation. Although we have made great strides in the health of our bodies and our life expectancy, we now need to achieve the same for the good health of our minds.

2 The survey suggests that our collective mental health is deteriorating. Overall most of us report experiencing a mental health problem in our lifetime. However, young adults report this at a higher level, despite having had fewer years in their lives to experience this. While there may be an element which reflects a greater ease at acknowledging a mental health problem, nevertheless this suggests a real and emerging problem. It is possible that it is linked to greater insecurities in life expectations for work, relationships and homes. The reasons and solutions warrant investigation.

3 The figures show that the experience of poor mental health, while touching every age and demographic, is not evenly distributed. If you are female, a young adult, on low income, living alone or in a large household, your risks of facing mental ill health are higher.

Five steps for a mentally thriving UK

1 A National Thriving Mental Health Programme to spread public understanding about how to look after our mental health and to build community resilience.

2 A Royal Commission to investigate effective ways to prevent poor mental health and to develop good mental health, and highlighting opportunities to reduce risks.

3 A Mentally Thriving Nation Report each year to track progress, emerging issues and actions required.

4 A '100% Health' Check to help people to manage their mental health and reduce their risks as well as identifying where they need professional mental health support.

5 Fair Funding for Mental Health Research, commensurate with the scale of mental health problems in our society.

Foreword

"*Surviving or Thriving?*" reveals a fundamental truth: we all have mental health and for many of us this could be better. Only 13% of us have high positive mental health and most of us have experienced times in our lives when we have felt mentally unwell. Many of us are not thriving as much we would want to be. We cannot thrive individually or as a nation until we take steps to remedy this. Each of us can act to strengthen our own mental health and reduce the risks of becoming unwell. We can help our friends and families to do the same. We can also call on those who make national and local policy to understand the drivers of poor mental health, to take action to combat these and to strengthen the resilience of our communities.

Good mental health is the capacity of each of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is not beyond our political and moral imagination to achieve this for most of the citizens of our country. It is one of the greatest challenges of our time to build a country where most people and communities can actively thrive.

This report highlights that we are not all on level playing field when it comes to experiencing good mental health. There are steps that we can all take individually to protect and sustain our mental health but our ability to do so is affected by our life circumstances and by social disadvantage such as loneliness and low income.

Despite many areas of advances in human health we are not seeing these reflected in mental health. If anything, the signs are that we are slipping back. Young adults report higher levels of mental health problems and lower levels of good mental health than the middle age and older age groups. More of us could learn from the actions many older people take to face challenges to their mental health. Their commitment of time to social relationships, personal interests and the simple health giving pleasures of taking a walk or sleeping well do, we know, reduce risks of mental health problems. However, more extensive and substantial research is needed to establish how, as a society, we can tackle the levels of poor mental health and create circumstances that support our ability to thrive.

This report argues for a universal approach to support everyone's better mental health. This includes placing greatest priority where the risks are greatest. The Mental Health Foundation's forthcoming report on inequalities in mental health will examine how practically to do this.

This generation can be remembered as one that makes ground-breaking strides towards protecting the mental health of all our citizens. The public attention is there, the solutions exist and the time is right. We should seize this historic opportunity.

Jenny Edwards CBE, Chief Executive, Mental Health Foundation

Introduction

This report shines a spotlight on experiences of mental health in the UK. People report on the mental health problems they have experienced in their lives; describe their levels of positive mental health, and describe what they do to cope with the difficult times in their lives. Some people in some groups and areas are more likely to be able to thrive: others report higher levels of mental health problems and are clearly just about surviving.

What does it mean to thrive?

Where this report describes thriving, it endorses the Public Health Agency of Canada's definition of a positive state of mental health as:[i]

"The capacity of each of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity."

Thriving in context

In the UK and across the world more widely advances in technology, health and social care have led to people progressively living longer and, for many, with physically healthier lives. However, these advances have not been matched by corresponding improvements in our mental health.

The extent of the challenge was highlighted by the publication in 2016 of the 2014 Adult Psychiatric Morbidity Survey. This showed that in England every week 1 in 6 adults experience a common mental health problem, such as anxiety or depression. 1 in 5 adults reported that they had considered taking their own life at some point.[ii]

"*Surviving or Thriving?*" reveals that a significant majority of adults in Great Britain report experiencing a mental health problem in their lifetime. This issue affects the majority of the population directly, as well as indirectly as family members, friends and colleagues. There is a spectrum of mental health and wellbeing, not a binary distinction between well and unwell.

The World Health Organisation has alerted us to the scale of the health challenge of mental health. If we do not act urgently, by 2030 depression will be the leading cause of the disease burden globally.[iii] Dainuis Puras, Special Rapporteur for physical and mental health in the United Nation's Office of the High Commission on Human Rights has stated 'This is a widespread and systemic public health and human rights issue which demands urgent reconsideration of how we invest in mental health and how we manage conditions such as depression.'

It is vital to ensure support and treatment for people who are diagnosed with mental ill health. This needs to be provided quickly and to offer people a choice of effective treatments. Only a

third of people with diagnosable levels of poor mental health are receiving support for their mental health. Some are waiting but others do not seek professional help. "*Surviving or Thriving?*" shows many of the strategies people adopt to cope, some of them helpful, others not.

The most significant step we can take in the UK is to reduce the mental health problems so many experience by taking action to prevent these upstream. This will require more individuals and communities to understand the circumstances that increase the risk of mental health problems; what we can do individually and as a society to tackle these, and how to strengthen personal and community resilience in the face of adversity.

There is a particular imperative to reach people and communities who are most at risk of developing mental health problems. General health inequalities and their impact have been described in "Fair Society Healthy Lives" by Professor Sir Michael Marmot ". This "*Surviving or Thriving?*" report points to some of the groups where more people experience poorer mental health. The causes and implications for action will be explored in the Mental Health Foundation's forthcoming paper on "Inequalities in Mental Health".

As a nation we face a broader challenge than providing mental health support for the 1 in 6 with a diagnosable mental health problem. We also need to establish practical information and support that any of us can access at the times in our lives when our mental health is under intense pressure and to help more of us spend most of our lives feeling that we are not just surviving but thriving.

Research methodology

In March 2017, NatCen conducted a survey amongst its panel members in Great Britain on behalf of the Mental Health Foundation to understand the prevalence of self-reported mental health problems, levels of positive and negative mental health in the population, and actions people took to deal with everyday life. 2,290 interviews were completed with 82% online and 18% by phone.
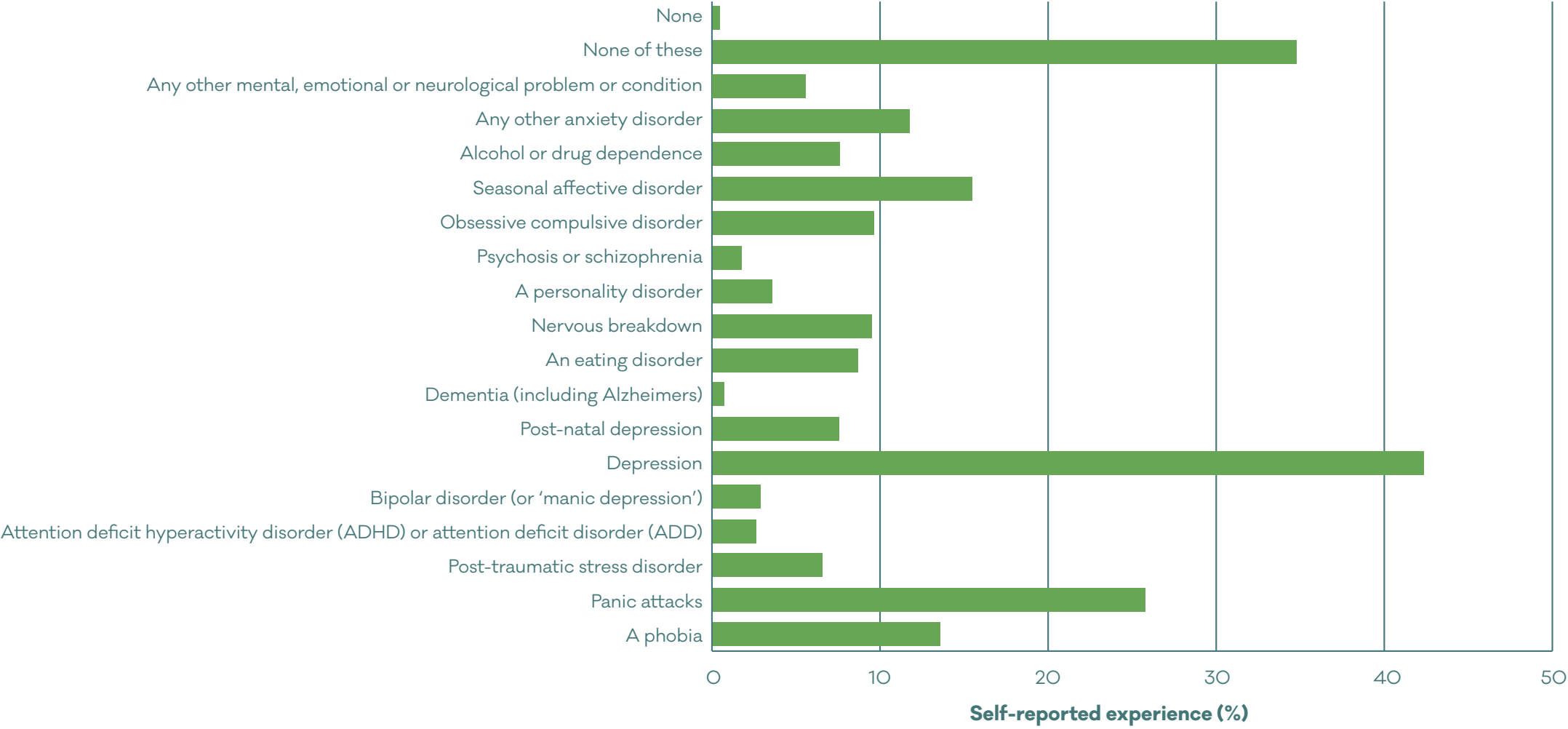
The full dataset includes content on:

- Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) questions

- Self-reported experience of a mental health problem over a lifetime

- Actions to manage own mental health

The Mental Health Foundation's state of the nation's mental health study

Most commonly reported mental health problems
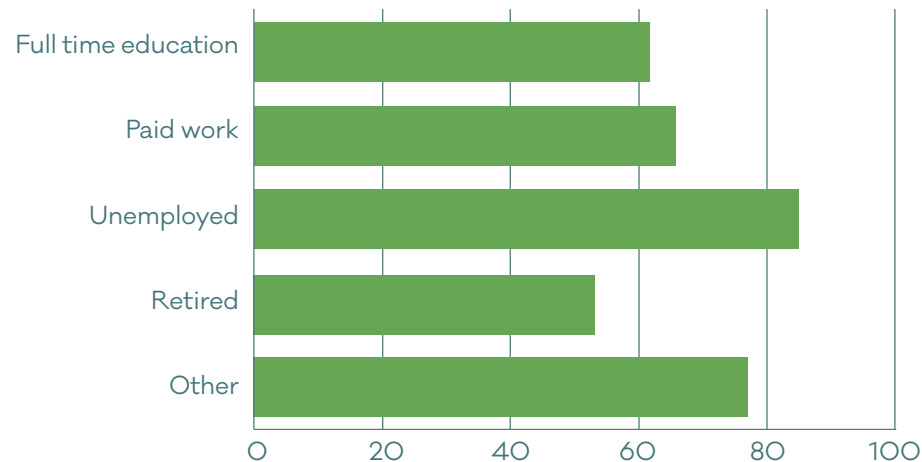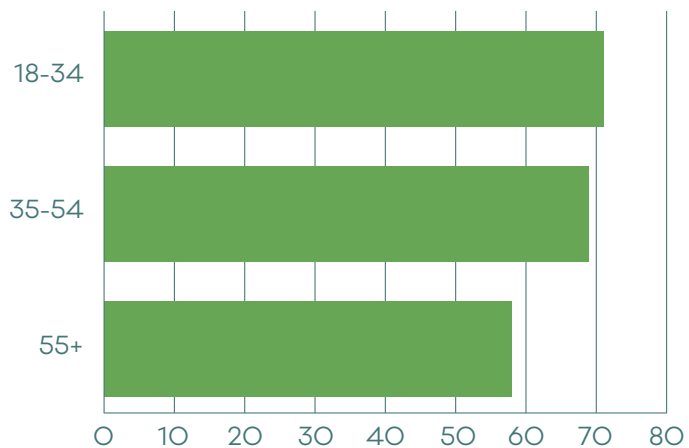

Self-reported experience (%)

Income
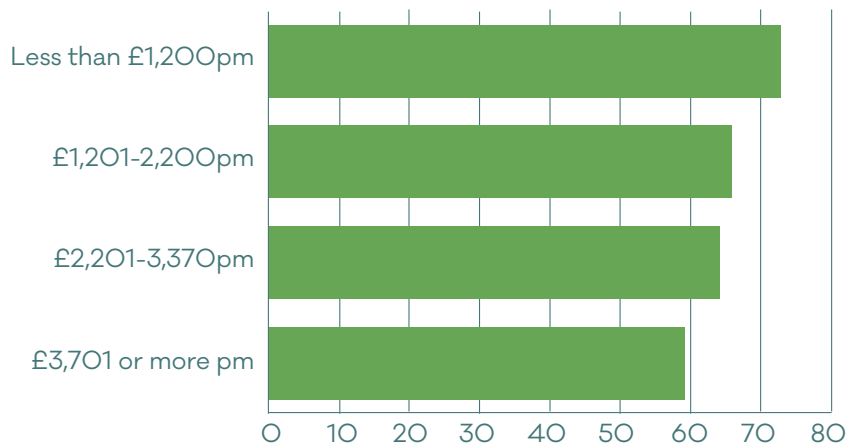
Self-reported experience of
mental health problems (%)

Economic activity
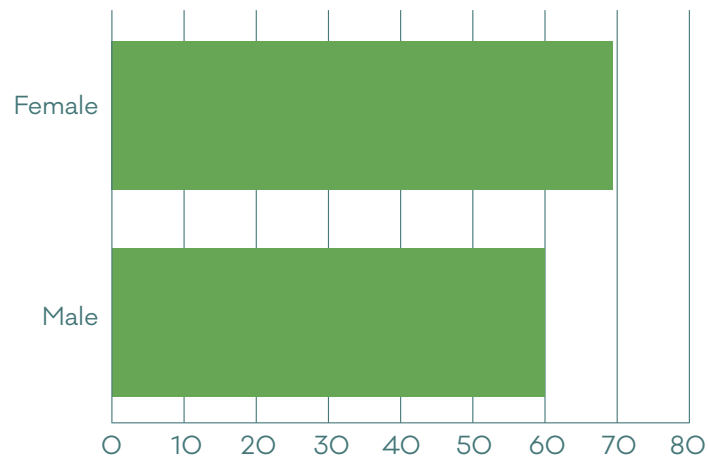

Self-reported experience of
mental health problems (%)

Age

Self-reported experience of
mental health problems (%)

Gender

Self-reported experience of
mental health problems (%)

What does mental health look like in the UK?

Pie chart:
- 16% Negative mental health
- 71% Average mental health
- 13% Positive mental health

Legend:
- Negative mental health
- Average mental health
- Positive mental health

Income

Mental health status (%)

Income band	Negative	Average	Positive
Less than £1,200pm	~25	~65	~11
£1,201-2,200pm	~14	~73	~10
£2,201-3,370pm	~13	~70	~16
£3,701 or more pm	~10	~76	~13

Economic activity

Mental health status (%)

Category	Negative	Average	Positive
Full time education	~22	~73	~6
Paid work	~14	~75	~11
Unemployed	~28	~66	~6
Retired	~9	~68	~23
Other	~32	~61	~6

Age

Mental health status (%)

Age	Negative	Average	Positive
18-34	~21	~73	~7
35-54	~21	~70	~11
55+	~11	~70	~20

Gender

Mental health status (%)

Gender	Negative	Average	Positive
Female	~19	~71	~10
Male	~14	~71	~15

Activities for positive mental health

Activity	Self-reported engagement (%)
None of these	0.5
Other	11
Seek advice or help from a professional	11
Make plans and set goals	53
Look for information or advice on staying positive or in control in life	20
Learn new things	40
Spend time helping other people	48
Spend time on hobbies like music, art, reading or crosswords	62
Take time to think things through	55
Be involved in local groups, clubs or activities	29
Talk to a friend or family member about your day-to-day life	60
Spend time with family or friends	76
Eat comfort food	37
Have an alcoholic drink	32
Go shopping	38
Eat healthy food	55
Get enough sleep	59
Make time to exercise	47
Go for a walk or get some fresh air	67

Self-reported engagement (%)

Activities for positive mental health - age

Legend: 18-34 years old, 35-54 years old, 55+ years old

Categories (top to bottom):
- None of these
- Other
- Seek advice or help from a professional
- Make plans and set goals
- Look for information or advice on staying positive or in control in life
- Learn new things
- Spend time helping other people
- Spend time on hobbies like music, art, reading or crosswords
- Take time to think things through
- Be involved in local groups, clubs or activities
- Talk to a friend or family member about your day-to-day life
- Spend time with family or friends
- Eat comfort food
- Have an alcoholic drink
- Go shopping
- Eat healthy food
- Get enough sleep
- Make time to exercise
- Go for a walk or get some fresh air

x-axis: Self-reported engagement (%)

Overview of key findings

The data reveals levels of self-reported lifetime mental health problems, the prevalence of positive mental health and the steps people are taking to deal with the challenges of everyday life. It highlights some notable correlations between life experience and mental health problems or positive mental health. These do not in themselves prove causation: this would warrant further research.

Household income and economic activity

The most significant demographic differences relate to household income and economic activity. Nearly three quarters of people (73%) living in the lowest household income bracket (less than £1,200 pm) report that they have experienced a mental health problem in their lifetime compared to 59% in the highest (over £3,701 pm).

Looking at negative and positive mental health (general levels of mental health and wellbeing as opposed to the prevalence of self-reported mental health problems in a lifetime), household income has a stronger impact on negative mental health than positive mental health, with a quarter of those (25%) people with a household income of less than £1,200 pm living with negative mental health in comparison to just one in ten (10%) of those in the highest income households (over £3,701 pm).

The data reveals an even starker contrast between those in paid employment and those currently unemployed. A very substantial majority of those currently unemployed (85%) report that they have experienced a mental health problem compared to 66% in paid employment (61% of people in full-time employment) and 53% of people who have retired. 28% of people who are unemployed report current experience of negative mental health compared to 13% of people in paid employment, 20% of people in full time education and only 9% of people who have retired.

Age

People aged 55 and over are less likely to report experiencing a mental health problem in their lifetime (58%), compared to those aged 18-34 (70%) and 35-54 (68%). This in part may be explained by a greater reluctance of older people to disclose a mental health problem. However, the research also found that people aged 55 and over were also more likely to be living with positive mental health (19%) compared to those aged 18-34 (7%) and 35-54 (10%), and less likely to be living with negative mental health (10%) compared to 20% for both 18-34 year olds and 35-54 year olds.

Consideration is needed as to why this is the case. Significant numbers of people in later life still live with average or negative mental health. We know that there are some factors that increase the risk of mental health problems in later life, including greater likelihood of living with long term physical health

conditions. There are likely to be significant differences in mental health status at different ages in the over 55 population to which this study does not provide answers.

However, people aged 55 and above are more likely to take steps that are known to be good for mental health and wellbeing. They are more likely to spend time with friends and family, go for a walk, spend time on interests, get enough sleep, eat healthily and learn new things. While having more free time will certainly be a factor for those who are post retirement, this is unlikely to account for all these differences. In modelling steps to support their mental and physical health and wellbeing, they are potentially providing lessons in good self-management to those who are younger than them.

Gender

Women (70%) are more likely than men (60%) to report having experienced a mental health problem. Inevitably post-natal depression is almost entirely reported by women but they also report substantially higher experience of panic attacks (32% to 19% of men) and eating disorders (13% compared to 4% of men).

Women are more likely to report having experienced depression (45% compared to 40% men), phobia (15% to 12%) and PTSD (8% to 5%). They are marginally more likely to be living with negative mental health (19% to 14%) and marginally less likely to be living with positive mental health (11% to 15%). Part of the differences can be ascribed to the higher proportion of women who are lone parents, as this is a group which

has one of the higher levels of reported mental health problems. More than one in four adults in large households with children also report current negative mental health and earlier research[iv] has identified that women in such households have double the rate of mental ill health of men, so this may be significant.

There is more of a mixed picture in terms of taking steps to look after mental health and wellbeing. Women are less likely than men to get enough sleep and are more likely to comfort eat to cope with every day pressures. However, they are more likely to spend time with friends and family and far more likely to talk to friends or a family member about day to day life. They are also more likely to seek professional help. Again, as in the case of younger people, it may well be that women are more likely to disclose a mental health problem. However, these gender differences raise issues for further consideration.

Other differences and inequalities

The Mental Health Foundation will continue to analyse the data provided by NatCen and to draw on it for its forthcoming report on Mental Health Inequalities due for publication in summer 2017.

Kirsty's story
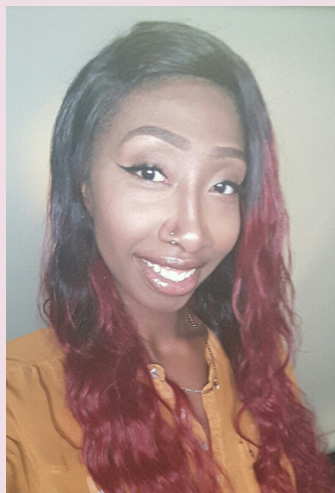
My depression started when I was about 14. I didn't know what it was at the time but I knew I felt different. I had low self-esteem, a negative self-image and was battling a long-term heart condition. My mum was in and out of hospital and I was passed from pillar to post because of it.

Despite a fairly happy life, depression followed me into my late teens and early 20s. And when my mum died it was like my depression had multiplied. I pretended I was fine and strong for so many months after, I never really broke down and hardly showed my emotions. I was barely surviving and felt like I had no purpose.

Finding something constructive to do is really important when dealing with mental health problems. I put my energy into art, started writing poetry again and went to church more. This saved me. Turning to other negative vices like drugs and alcohol doesn't help, it makes you feel worse and instead of making you forget your pain, it increases it. A wise friend once said 'positivity breeds happiness' to be happy you must surround yourself with things and people that make you feel happy.

So here I am, 25 and still alive! The pain I've been through has shaped me. And what I try to remind people of is that there is always hope. Long live the rose that grew from the concrete! Sometimes our dark times can lead us into the light and then beautiful things can flourish.

Ten steps we can all take to thrive

As this report sets out, some people and communities are at greater risk of living with negative mental health and/or with mental health problems. However, no one is immune from developing problems and there are steps we can all take to understand, protect and sustain good mental health. In much the same way as it is now accepted that people should seek to maintain good physical health, we all need to acknowledge the importance of acting to support good mental health for ourselves and for those around us.

10 ways to look after your mental health

Talk about your feelings
Talking about your feelings can help you stay in good mental health and deal with times when you feel troubled. However, as the Mental Health Foundation's I'm Fine campaign highlighted, many of us find it difficult to let people know when we are struggling. Talking about your feelings is not a sign of weakness, it is part of taking charge of your wellbeing and doing what you can to stay healthy.

Keep active
Regular exercise can boost your self-esteem and can help you concentrate, sleep, and look and feel better. Exercise keeps the brain and your other vital organs healthy and also offers a significant benefit towards improving your mental health. Exercising doesn't just mean doing sport or going to the gym. Walks in the park, gardening or housework can also keep you active. Short periods of high intensity activity also carry particular benefits to brain health as you get older.

Eat well

One of the most obvious yet under-recognised factors for mental health is nutrition. What we eat and drink affects how we feel, think and behave. Your brain is an organ. It needs a mix of nutrients in order to stay healthy and function well, just like the other organs in your body. Strive to eat a balanced diet including lots of different types of fruit and vegetables, wholegrain cereals or bread, nuts and seeds, dairy products, oily fish and plenty of water. In tandem, try to limit how many high-caffeine, sugary drinks and portions of processed food you have.

Drink sensibly

Occasional light drinking is perfectly healthy and enjoyable for most people. However, we often drink alcohol to change our mood. Some people drink to deal with fear or loneliness, but the effect is only temporary. When the drink wears off, you feel worse because of the way the alcohol has affected your brain and the rest of your body. Drinking is not a good way to manage difficult feelings. Whenever possible stay within the recommended daily alcohol limits.

Keep in touch

Good relationships are crucial to our mental health. Friends and family can make you feel included and cared for. There is nothing better than catching up with someone you care about face to face but that is not always possible. You can also give someone a call, drop them a note or chat to them online instead. It is worth working at relationships that make you feel loved or valued. However if you think being around someone is damaging your mental health, it may be best to take a break from them or call it a day completely.

Ask for help

We all sometimes get tired or overwhelmed by how we feel or when things do not go to plan. If things are getting too much for you and you feel you cannot cope, ask for help. If you are concerned that you are developing a mental health problem you should seek the advice and support of your GP as a matter of priority. Your GP may suggest ways that you or your family can help you or they may refer you to a specialist or another part of the health service. If you are in distress and need immediate help and are unable to see a GP, you should visit your local A&E.

Take a break

A change of scene or a change of pace is good for your mental health. It could be a five-minute pause from your day, a half-hour lunch break at work, or a weekend exploring somewhere new. Taking a break may mean being very active. It may mean not doing very much at all. Take a deep breath... and relax. Try yoga or meditation or mindfulness, or just putting your feet up. Listen to your body. If you are really tired, give yourself time to sleep. Without good sleep, our mental health suffers and our concentration goes downhill. Sometimes the world can wait.

Do something you are good at

Enjoying yourself can help beat stress. Doing an activity you enjoy probably means you are good at it and achieving something boosts your self-esteem. Concentrating on a hobby or interest, like gardening or the arts, can help you forget your worries for a while and can change your mood. It can be good to have an interest where you are not seen as someone's mum or dad, partner or employee. You are just you.

Accept who you are

We are all different. It is much healthier to accept that you are unique than to wish you were more like someone else. Feeling good about yourself boosts your confidence to learn new skills, visit new places and make new friends. Good self-esteem helps you cope when life takes a difficult turn. Be proud of who you are. Recognise and accept the things you may not be good at but also focus on what you can do well and have achieved. If there is anything about yourself you would like to change, are your expectations realistic? If they are, then work towards the change in small steps.

Care for others

Doing good does you good. Caring for others is often an important part of keeping up relationships with people close to you. It can bring you closer together. Why not share your skills more widely by volunteering for a local charity? Helping out can make us feel needed and valued and that boosts our self-esteem. It can also be particularly beneficial if you are unemployed or unable to work for a period of time and can help build skills that can support job-seeking or life more generally.

For more information on looking after your mental health visit:
mentalhealth.org.uk/howto

Five steps for a mentally thriving UK

There are steps we can all take to support our own mental health and the mental health of our friends, family and neighbours. However, there is also much that is beyond our control. Significant responsibility lies with the governments across the UK at national and city level to protect and improve mental health for all.

We are calling on government to take the following specific steps:

1) A National Thriving Mental Health Programme to spread public understanding about how to look after our mental health and to build community resilience.

A key plank of any resilience programme must be delivered in schools. Teachers and peer educators need the right training and the resources to support delivery. However, mental health resilience across all age groups is also essential. Workplaces are a good place to reach many adults and public sector employers (including NHS bodies) can show the way to the private sector. Online resources will be needed to reach small businesses, small charities and the self-employed. Community groups will have a particularly important role in using their reach into communities where more people are likely to be struggling. We need to use the leadership role of local groups including charities, faith groups, children's groups and local networks who are actively engaged in neighbourhoods. Trained local leaders and peer supporters can play a crucial role in helping to develop individual and community resilience and to bring people together to identify and address (or to press their elected representatives to address) the main drivers of poor mental health in their areas.

2) A Royal Commission to investigate effective ways to prevent poor mental health and to develop good mental health and highlighting opportunities to reduce risks.

Past focus has understandably been on the problems with services. It is time for an authoritative inquiry into the solutions to prevent mental health problems developing and what creates a foundation for good mental health in our society. This would draw on best practice and knowledge from across the world. The Commission should consider what steps can be taken to address the key drivers of poor mental health, with evidence taken from mental health stakeholders, academics, practitioners and crucially the voice of people living with and affected by mental health problems.

3) A Mentally Thriving Nation Report each year to track progress, emerging issues and actions required.

The governments of the countries of the UK should report annually to their respective parliaments or national

assemblies on the prevalence of mental health problems, levels of good mental health and the priorities for action. This would introduce a more action focused approach to mental health, share successes and encourage innovation. Annual reporting will encourage transparency and the search for solutions that can be applied in the areas where there is known to be the greatest risk of poor mental health.

4) A '100% Health' Check to help people to manage their mental health and reduce their risks as well as identifying where they need professional mental health support.

Regular check-ups for those at higher risk of particular physical health conditions, coupled with good advice on self-management and links to peer support groups, have reduced many levels of physical ill health. A regular check-in, available to all, is needed for the health of our minds. This will need to take account of capacity constraints on GPs and offer people a range of ways to check up on their health, including online options. These will need to be able to link people to evidence-informed self-management advice; peer support or to the right level of professional mental health support. Given that approximately a third of GP appointments have a mental health element,[1] the right preventive programme could, over time reduce the pressure of mental ill health on primary care as well as secondary care.

5) Fair Funding for Mental Health Research, commensurate with the scale of mental health problems in our society.

We now live longer healthier lives thanks to a significant extent to research into preventing physical health problems and to identifying and addressing them early. If we are to lead truly healthy lives, the same approach must be taken in mental health. There is wide gulf between the research funds made available for physical health and those for mental health. Mental health receives 5.8% of the total UK health research spend despite representing 23% of service demand.[2] Most funded research investigates treatment rather than prevention. We are calling for government to rectify this historic imbalance by doubling mental health research funding by 2022, representing a commitment to parity of esteem for mental health and reflecting the full range of potential interventions to create a mentally thriving UK.

1. http://www.rcpsych.ac.uk/healthadvice/treatmentswellbeing/talkingtoyourgp.aspx
2. https://www.mqmentalhealth.org/research/research-funding-landscape

References

i. Canadian Institute for Health Information, Improving the Health of Canadians: Exploring Positive Mental Health (Ottawa: CIHI, 2009)

ii. McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital.

iii. World Health Organisation. (2017). Depression Fact sheet.

iv. Stansfeld S, Clark C, Bebbington P, King M, Jenkins R, Hinchcliffe S (2016) APMS 2014 Chapter 2 Common Mental Disorders HSIC

mentalhealth.org.uk

Good mental health for all

The Mental Health Foundation is the UK's charity for everyone's mental health. With prevention at the heart of what we do, we aim to find and address the sources of mental health problems so that people and communities can thrive.

The Foundation is a UK charity that relies on public donations and grant funding to deliver its work.

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