Understanding the impact of movement on mental health and wellbeing

Active Lives Survey
Nov 22-23
We are delighted the theme of Mental Health Awareness Week 2024 is Moving More for Our Mental Health – the first time movement and physical activity has been the focus for this amazing annual campaign.

In preparation, we’re releasing this special report that aims to increase our understanding about the impact of sport, physical activity and movement on our mental health and wellbeing. The report dives deeper into data from the latest Active Lives Survey (Nov 22 to Nov 23) and is supplemented with wider research from other sources.

A long-standing, consistent trend within the Active Lives Survey is the positive relationship between activity levels and mental wellbeing. Worryingly, since the Covid-19 pandemic, there has been a drop in average scores across all indicators of mental wellbeing and this has yet to recover to baseline levels (2016-17), which could indicate a long-lasting impact on the nation’s mental health.

The data shows that poor mental well-being disproportionately affects individuals who are physically inactive. Certain demographics, often which encounter disparities in sport and physical activity, are also affected: Younger adults (aged 16-34), women, individuals with non-binary or self-described gender identities, people with disabilities or long-term health conditions, specific ethnicities, people in areas of greater deprivation, and those from lower socioeconomic backgrounds.

Given the rising risk of poor mental wellbeing and increasing pressures on the NHS, it’s more important than ever to recognise and act upon the crucial role that sport, physical activity and movement can play – particularly in the prevention and the management of mental health challenges.

Through our 10-year vision, Uniting the Movement, strengthening the connections between sport and physical activity and health and wellbeing is a key priority, particularly focusing on addressing the inequalities that exist which prevent people from feeling the benefits of an active, happy and healthy life. Sport and physical activity must play a central role in both keeping us well and supporting us when we’re not.

We hope you find the insight within this report helpful and use it to make positive changes that ensure people’s mental health and wellbeing is at the heart of our work.

Tom Burton
Strategic Lead - Health and Wellbeing Policy

For further information contact

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Mental wellbeing is one of the five social outcomes identified within the government’s sport and physical activity strategy – Get Active.

The Active Lives Survey captures data on four key markers of mental wellbeing:

1. **Happiness**
   ‘How happy did you feel yesterday?’

2. **Life satisfaction**
   ‘How satisfied are you with your life nowadays?’

3. **Life worthwhile**
   ‘To what extent do you feel that the things you do in your life are worthwhile?’

4. **Anxiety**
   ‘How anxious did you feel yesterday?’

These four markers are based on standard ONS personal wellbeing questions. The ONS guide on these measures can be found here.

ALS respondents are asked to respond to each marker on a scale of 1 to 10. Findings are reported as either mean scores (averages) or as a grouped measure, summarized in the table below.

| Summary: Adult & CYP mental wellbeing grouped scores |
|-----------------------------------------------|-----------------|-----------------|-----------------|-----------------|
| No poor mental wellbeing                     | Poor mental wellbeing |
| (No ‘low’ scores in markers)                 | (1 or more ‘low’ scores in markers) |
| Very high                                    | High             | Medium          | Low             |
| 9–10                                         | 7–8              | 5–6             | 0–4             |

The four markers are presented alongside disability data, which captures diagnosed mental health conditions. To gather information on disability, the questionnaire asks whether people had any physical or mental health conditions or illnesses that have lasted or are expected to last 12 months or more.

If you wish to read more about the Active Lives methodology, please find the latest technical report here.
Mental wellbeing

Headline from the Active Lives Survey (2022-23) Report:

There’s a positive association between activity levels and mental wellbeing – some activity is good, more is better.

- **How satisfied are you with your life nowadays?**
  - Inactive (<30 mins a week): 6.4
  - Fairly active (30-149 mins a week): 6.9
  - Active (150+ mins a week): 7.1

- **How happy did you feel yesterday?**
  - Inactive (<30 mins a week): 6.5
  - Fairly active (30-149 mins a week): 7.0
  - Active (150+ mins a week): 7.2

*Survey participants score out of 10
Source: Active Lives Adults Survey Report 2022/23
Mental Wellbeing has fallen most for those who are inactive

Mental wellbeing scores appear to have taken a step down because of the pandemic, and as such are showing a drop to baseline.

The data suggests that for all markers, but for happiness and life worthwhileness specifically, the drop in wellbeing is almost twice as great for the inactive vs the active.

The things I do in my life are worthwhile (score out of 10)
All sources suggest the pandemic worsened mental wellbeing/mental health

Reference this data here: Mental health statistics, prevalence, services and funding in England (Baker & Kirk-Wade, 2024)
Through the lens of Mental Wellbeing and Mental Health

Individual markers of mental wellbeing
- There is a mixed picture for our short-term markers as 29% have a poor score for anxiety whilst 13% have a poor score for happiness yesterday.
- For our medium and longer-term markers there is a more consistent picture of 11-12% having poor wellbeing.

Combined markers of mental wellbeing and Measure of Mental Health Conditions
- Looking across all 4 markers, 39% adults have poor wellbeing (as defined as 1+ poor marker).
- From our sample, 9% adults have a diagnosed mental health condition.
Demographic dashboard: Poor Mental Wellbeing

1. **Gender**
   Women and those who identify another way are more likely to report poor mental wellbeing compared to men.
   - Male: 35%
   - Female: 43%
   - Other: 67%

2. **Socio-economic groups (age 16-74)**
   Notable differences in mental wellbeing exist between social groups, with the lowest social group (NS SEC 6-8) being the most vulnerable.
   - NS SEC 1-2: 36%
   - NS SEC 3-5: 39%
   - NS SEC 6-8: 51%

3. **Age**
   Younger adults (16-34) are more susceptible to poor mental wellbeing. Compared to those 75+, they are almost twice as likely to report poor wellbeing.
   - 16-34: 49%
   - 35-54: 41%
   - 55-74: 31%
   - 75+: 31%

4. **Disability & long-term health conditions**
   Adults with disabilities are more likely to report poor wellbeing, revealing a likely correlation between disability and mental health status.
   - No Disability or LTH: 33%
   - Disability or LTH: 60%

5. **IMD**
   Adults living in the most deprived places have a greater likelihood of reporting poor wellbeing than those living in the least deprived places.
   - 30% least deprived: 34%
   - Mid-deprivation: 39%
   - 30% most deprived: 47%

6. **Ethnicity**
   There are differences in mental wellbeing based on ethnic background, with those from non-white backgrounds showing poorer wellbeing.
   - White British: 38%
   - White Other: 41%
   - Asian: 45%
   - Black: 42%
   - Chinese: 40%
   - Mixed: 45%
   - Other: 45%
**Demographic dashboard: Mental Health Condition**

1. **Gender**
   Adults who identify as another gender are more likely to report a mental health condition than both males and females. Of all genders, males are the least likely.

   - Male: 7%
   - Female: 11%
   - Other: 32%

2. **Socio-economic groups**
   Those in the lowest social group are approximately three times more likely to report a mental health condition than those from the highest group.

   - NS SEC 1-2: 6%
   - NS SEC 3-5: 9%
   - NS SEC 6-8: 17%

3. **Age**
   Younger adults (16-34) are the most likely of all age groups to report a mental health condition. The likelihood of reporting a condition decreases with age.

   - 16-34: 12%
   - 35-54: 9%
   - 55-74: 7%
   - 75+: 4%

4. **IMD**
   Adults living in the most deprived places have a greater likelihood of living with a mental health condition; more than double that of the least deprived places.

   - 30% least deprived: 9%
   - Mid-deprivation: 6%
   - 30% most deprived: 13%

5. **Ethnicity**
   Those from Mixed ethnicity show the highest prevalence in mental health conditions compared to all ethnic groups.

   - White British: 10%
   - White Other: 9%
   - Asian: 6%
   - Black: 4%
   - Chinese: 4%
   - Mixed: 14%
   - Other: 6%
### Mental Health & Wellbeing Statistics in England

#### Overview:
1 in 6 individuals aged 16+ experienced symptoms of common mental health problems in the past week.

#### Diagnosed Mental Health:
- 2% had experienced bipolar disorder, 0.7% had psychotic disorder in the past year, 4.4% screened positive for PTSD, and just over 5% reported suicidal thoughts in the past year.

#### Depression & Covid-19:
In surveys taken between July 2019 and March 2020 prevalence was 10%, but this rose to 19% by June 2020 and 21% by January to March 2021. By September to October 2022 the proportion had fallen to 16%.

#### Depression & Cost of Living:
Depression rates were higher among those struggling with housing or energy bills, and higher among renters than homeowners.

#### NHS Talking Therapies:
Launched in 2008 to improve mental health services in England. In 2022/23, 1.76 million were referred, with 1.22 million entering treatment; 66.5% referred were women. Women outnumbered men in every local area.

#### Deprivation & Recovery:
Individuals in deprived areas were less likely to experience improvement/recovery after therapy compared to those in less deprived areas.

#### Disabilities & Recovery:
People with disabilities were less likely to experience improvement/recovery compared to those without disabilities.

#### Sexual Orientation & Recovery:
Bisexual individuals were less likely to experience improvement after therapy compared to those identifying as straight.

#### Ethnicity & Recovery:
People in Bangladeshi, Pakistani, Mixed, and Other Ethnic Groups were less likely to experience improvement/recovery after therapy compared to those identifying as White British, Indian, African, or Caribbean.

#### Gender:
Women were more likely than men to be experiencing common mental disorders. Prevalence has increased since 1993.

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**Notes:**
These figures are based on the latest national data on mental health and wellbeing (2014 Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England). Next publication date for this data is scheduled in Jun 2025.

**Reference this data here:** Mental health statistics: prevalence, services and funding in England (Baker & Kirk-Wade, 2024)
Impact on activity levels

- 60% with poor mental wellbeing are active compared to 67% of those without
- 53% with a mental health condition are active compared to 65% of those without
Impact on the likelihood to do nothing at all

- 22% with poor mental wellbeing do nothing at all compared to 14% of those without.
- 27% with a mental health condition do nothing at all compared to 15% of those without.

Note: This captures a subset of those classified as active, who did no activity at all in the last 28 days.
Impact on activity levels in the outdoors/green space

The difference in the proportion active with/without poor mental wellbeing and with/without a mental health condition holds across both outdoor and indoor settings

- The difference in indoor activity is greater for those with/without a mental health condition.

<table>
<thead>
<tr>
<th></th>
<th>Poor wellbeing</th>
<th>No poor wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outdoors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health condition</td>
<td></td>
<td>47%</td>
</tr>
<tr>
<td>No mental health condition</td>
<td>57%</td>
<td></td>
</tr>
<tr>
<td>Indoors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health condition</td>
<td></td>
<td>16%</td>
</tr>
<tr>
<td>No mental health condition</td>
<td>23%</td>
<td></td>
</tr>
</tbody>
</table>
**Impact on how often they feel lonely**

- 16% with poor mental wellbeing are lonely often/always compared to 2% of those without.
- 29% with a mental health condition are lonely often/always compared to just 5% of those without.

<table>
<thead>
<tr>
<th></th>
<th>Often / always</th>
<th>some of the time</th>
<th>Occasionally</th>
<th>Hardly ever</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor wellbeing</td>
<td>16%</td>
<td>27%</td>
<td>28%</td>
<td>19%</td>
<td>11%</td>
</tr>
<tr>
<td>No poor wellbeing</td>
<td>11%</td>
<td>23%</td>
<td>34%</td>
<td>31%</td>
<td></td>
</tr>
<tr>
<td>Mental health condition</td>
<td>29%</td>
<td>33%</td>
<td>24%</td>
<td>10%</td>
<td>4%</td>
</tr>
<tr>
<td>No mental health condition</td>
<td>5%</td>
<td>16%</td>
<td>25%</td>
<td>29%</td>
<td>25%</td>
</tr>
</tbody>
</table>
Impact on how well they feel people from different backgrounds get along together in their local community

- 75% with poor mental wellbeing agree they get on well together compared to 86% of those without
- 67% with a mental health condition agree they get on well together compared to 83% of those without

<table>
<thead>
<tr>
<th></th>
<th>Definitely Disagree</th>
<th>Tend to disagree</th>
<th>Tend to agree</th>
<th>Definitely agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor wellbeing</td>
<td>7%</td>
<td>19%</td>
<td>65%</td>
<td>10%</td>
</tr>
<tr>
<td>No poor wellbeing</td>
<td>11%</td>
<td></td>
<td>74%</td>
<td>12%</td>
</tr>
<tr>
<td>Mental health condition</td>
<td>10%</td>
<td>23%</td>
<td>60%</td>
<td>7%</td>
</tr>
<tr>
<td>No mental health condition</td>
<td>14%</td>
<td></td>
<td>71%</td>
<td>12%</td>
</tr>
</tbody>
</table>
Impact on likeliness to exercise to ‘relax and worry less’

- There is very little difference between those with and without poor mental wellbeing in whether they exercise to help them relax and worry less about things or not.
- There is however a small difference by diagnosed mental health condition with 59% with a mental health condition agreeing they exercise to relax and worry less about things compared to 66% of those without.

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree or disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor wellbeing</td>
<td>11%</td>
<td>20%</td>
<td>40%</td>
<td>26%</td>
<td></td>
</tr>
<tr>
<td>No poor wellbeing</td>
<td>10%</td>
<td>23%</td>
<td>41%</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Mental health condition</td>
<td>5%</td>
<td>14%</td>
<td>22%</td>
<td>38%</td>
<td>21%</td>
</tr>
<tr>
<td>No mental health condition</td>
<td>10%</td>
<td>22%</td>
<td>41%</td>
<td>25%</td>
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</tr>
</tbody>
</table>
Activity Check–In data shows that a quarter of adults ‘strongly agree’ that it is important for them to exercise regularly for their mental wellbeing.

**What is Activity Check In?**

The Activity Check–In captures data on people’s attitudes towards sport and physical activity, as well as the barriers they experience to being active. It also collects data on behaviours of both adults and children and young people towards sport and physical activity over time, revealing the impact of changing circumstances in a rapidly changing world.

Our Active Lives Surveys remain our primary measure of activity levels, but the Activity Check–In allows us to provide more regular updates, giving a wider range of attitudinal data and allowing us to dig deeper into specific topics, as required, at different times.

This data is from our latest Activity Check–In Wave 11, collected on April 12–15th, 2024.

### Activity Check–In Surveys

- **It is important to me to exercise regularly for my mental wellbeing:** 25%
- **I exercise to boost my mood:** 20%
- **I exercise to help me to sleep better:** 18%
- **I exercise to help manage my stress levels:** 19%
- **I exercise to prevent or manage long term health condition(s):** 18%
- **I exercise to help me relax and worry less about things:** 19%
- **Sport and physical activity provides an opportunity to be social:** 14%
Association between life satisfaction and exercising for mental wellbeing reasons

- Findings suggest a positive relationship between life satisfaction scores and likelihood to exercise for mental wellbeing/health reasons
- Approximately 19% of adults who report ‘low’ life satisfaction strongly agree that regular exercise is important for their mental wellbeing
- This is lower than those with ‘very high’ life satisfaction scores, who strongly agree at notably higher rates (37%)
  - *Note: While the difference is apparent, it is important to take caution when generalizing, as these data points compare adults who score the lowest life satisfaction scores (0-4) against those who score the highest (9-10)*

### Exercising for your mental health split by life satisfaction (mental wellbeing) score

<table>
<thead>
<tr>
<th>Reason for Exercise</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is important to me to exercise regularly for my mental wellbeing</td>
<td>19%</td>
<td>16%</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>I exercise to boost my mood</td>
<td>37%</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td>I exercise to help me to sleep better</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td>I exercise to help manage my stress levels</td>
<td>16%</td>
<td>16%</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>I exercise to prevent or manage long term health condition(s)</td>
<td>30%</td>
<td></td>
<td></td>
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</tbody>
</table>
Findings from State of the Youth Nation (2023)

47% of young adults (16–24) ‘NET’ agree that they are concerned about their mental health

61% of young adults (16–24) ‘NET’ agree that they take steps to look after their mental health

62% of young adults (16–24) ‘NET’ agree that physical activity is important to them in supporting their mental health

What is State of the Youth Nation?

“The State of the Youth Nation” is a data platform that tracks trends, opinions, and behaviours of UK youth aged 16–24 through bi-monthly interviews with 1,000 individuals. It provides valuable insights into specific audience segments and utilizes a Gen Z information database. This data is pulled from Wave 50, 1/12/2023.

Note: This data reports ‘NET’ agreement (those who ‘strongly agree’ and those who ‘agree’).
“Mental healthcare does not have the numbers of staff it needs to provide good care for patients.”

Whilst the workforce is increasing, the number of people in contact with services has increased at a much greater rate.

- Between 2016–17 to 2021–22, the NHS mental health workforce increased by 22% overall. Over the same period, referrals to the services increased by 44%

The result is the growth in workforce is insufficient to meet demand.

Further Look
Impact of the pandemic on poor mental wellbeing

- Poor mental wellbeing scores spiked during the pandemic year (2020-21).
- There is long-term growth in those who report either poor or medium mental wellbeing across all measures, but particularly for anxiety.
- No clear indication of recovery to pre-pandemic levels as of latest release (Nov 2022-23).
### Gender
Women and ‘Other’ gender are more likely to report 1 or more low wellbeing scores, while men are more likely to report none.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>No scores</td>
<td>65%</td>
<td>23%</td>
<td>19%</td>
</tr>
<tr>
<td>1 score</td>
<td>16%</td>
<td>27%</td>
<td>33%</td>
</tr>
<tr>
<td>2+ scores</td>
<td>19%</td>
<td>13%</td>
<td>42%</td>
</tr>
</tbody>
</table>

### Socio-economic groups
Notable differences in mental health exist between social groups, with the lowest social group (NS SEC 6-8) being the most vulnerable.

<table>
<thead>
<tr>
<th>Social Group</th>
<th>16-34</th>
<th>35-54</th>
<th>55-74</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>NS SEC 1-2</td>
<td>30%</td>
<td>26%</td>
<td>23%</td>
<td>27%</td>
</tr>
<tr>
<td>NS SEC 3-5</td>
<td>59%</td>
<td>51%</td>
<td>48%</td>
<td>42%</td>
</tr>
<tr>
<td>NS SEC 6-8</td>
<td>69%</td>
<td>69%</td>
<td>63%</td>
<td>58%</td>
</tr>
<tr>
<td>NS SEC 9</td>
<td>69%</td>
<td>69%</td>
<td>69%</td>
<td>69%</td>
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</tbody>
</table>

### Age
Younger adults (16-34) are more susceptible to low mental wellbeing. Compared to those 75+, they are almost twice as likely to report 2+ low wellbeing scores.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>16-34</th>
<th>35-54</th>
<th>55-74</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-34</td>
<td>51%</td>
<td>59%</td>
<td>69%</td>
<td>69%</td>
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<tr>
<td>35-54</td>
<td>30%</td>
<td>26%</td>
<td>23%</td>
<td>21%</td>
</tr>
<tr>
<td>55-74</td>
<td>19%</td>
<td>15%</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>75+</td>
<td>10%</td>
<td>14%</td>
<td>20%</td>
<td>27%</td>
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</table>

### Disability & long-term health conditions
Adults with disabilities report a greater number of low wellbeing scores, revealing a likely correlation between disability and mental health status.

<table>
<thead>
<tr>
<th>Disability Status</th>
<th>No Disability or LTH</th>
<th>Disability or LTH</th>
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</thead>
<tbody>
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<td>67%</td>
<td>24%</td>
</tr>
<tr>
<td>1 score</td>
<td>61%</td>
<td>10%</td>
</tr>
<tr>
<td>2+ scores</td>
<td>32%</td>
<td>9%</td>
</tr>
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### IMD
Adults living in the most deprivation have a greater likelihood of reporting 1 or more low wellbeing scores than those in least deprivation.

<table>
<thead>
<tr>
<th>IMD Level</th>
<th>30% least deprived</th>
<th>Mid-deprivation</th>
<th>30% most deprived</th>
</tr>
</thead>
<tbody>
<tr>
<td>No scores</td>
<td>66%</td>
<td>65%</td>
<td>66%</td>
</tr>
<tr>
<td>1 score</td>
<td>24%</td>
<td>10%</td>
<td>14%</td>
</tr>
<tr>
<td>2+ scores</td>
<td>25%</td>
<td>53%</td>
<td>20%</td>
</tr>
</tbody>
</table>

### Ethnicity
There are differences in mental health status based on ethnic background, with those from non-white backgrounds showing lower wellbeing.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>White British</th>
<th>White Other</th>
<th>Chinese</th>
<th>Black</th>
<th>Asian</th>
<th>Mixed</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>No scores</td>
<td>62%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>58%</td>
<td>55%</td>
<td>55%</td>
</tr>
<tr>
<td>1 score</td>
<td>25%</td>
<td>14%</td>
<td>16%</td>
<td>16%</td>
<td>11%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>2+ scores</td>
<td>25%</td>
<td>15%</td>
<td>16%</td>
<td>15%</td>
<td>15%</td>
<td>19%</td>
<td>18%</td>
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</tbody>
</table>

Summary of Demographics: Detailed Wellbeing Scores

- **Gender**
  - Women and ‘Other’ gender are more likely to report 1 or more low wellbeing scores, while men are more likely to report none.
- **Socio-economic groups**
  - Notable differences in mental health exist between social groups, with the lowest social group (NS SEC 6-8) being the most vulnerable.
- **Age**
  - Younger adults (16-34) are more susceptible to low mental wellbeing. Compared to those 75+, they are almost twice as likely to report 2+ low wellbeing scores.
- **Disability & long-term health conditions**
  - Adults with disabilities report a greater number of low wellbeing scores, revealing a likely correlation between disability and mental health status.
- **IMD**
  - Adults living in the most deprivation have a greater likelihood of reporting 1 or more low wellbeing scores than those in least deprivation.
- **Ethnicity**
  - There are differences in mental health status based on ethnic background, with those from non-white backgrounds showing lower wellbeing.
### Intersectionality & Mental Wellbeing

- When observing adults 16–54, certain populations stand out as most vulnerable to poor mental wellbeing.
  - Average wellbeing scores tend to be poorer for adults from **lower socioeconomic backgrounds (NS-SEC 6-8)** and **women**, particularly women who belong to this lower socioeconomic group (NS-SEC 6-8).
  - Women in NS-SEC 9 (students and ‘other’ classifications) also show poorer mental wellbeing scores than the average population.

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</tr>
</thead>
<tbody>
<tr>
<td>Life Worthwhile</td>
<td></td>
<td>7.1</td>
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<td>Life Satisfaction</td>
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<td>6.8</td>
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<td>4.1</td>
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</table>
There is a greater prevalence of reported mental health condition among women between the ages of 16–54.

1 in 5 women, ages 16–54, from lower socioeconomic backgrounds (NS–SEC 6–8) report a mental health condition.

This drops to 1 in 7 for men from similar socioeconomic backgrounds.

Women in group NS–SEC 9 also show greater likelihood of mental health condition compared to male counterparts.
Impact on how most people in their local area can be trusted

- 39% with poor mental wellbeing agree they can trust their community compared to 52% of those without
- 28% with a mental health condition agree they get on well together compared to 48% of those without

**Poor Wellbeing & Trust**

- Strongly disagree: 5%
- Disagree: 17%
- Neither agree or disagree: 39%
- Agree: 34%
- Strongly Agree: 5%

**Mental Health Condition & Trust**

- Strongly disagree: 11%
- Disagree: 39%
- Neither agree or disagree: 42%
- Agree: 6%
- Strongly Agree: 6%

- Strongly disagree: 8%
- Disagree: 24%
- Neither agree or disagree: 40%
- Agree: 25%
- Strongly Agree: 6%
Children & Young People
The latest Children & Young People Active Lives Survey (2022–23) shows a long-term decline in average mental wellbeing scores for secondary school children compared to 2017–18

- This decline was driven by lower secondary year children (years 7–8),
- Upper secondary children (years 9–11) showed 12-month improvement in their reported wellbeing
- Junior-aged children show the highest average scores of happiness
- Life worthwhileness and satisfaction was higher for lower-secondary pupils compared to higher-secondary pupils
Findings also reveal a positive association between levels of engagement in sport & physical activity and mental wellbeing

- Children & young people with very poor mental wellbeing show greater likelihood of being ‘less active’ compared to other, more active children
- Conversely, those with very high wellbeing are more likely to be active than less active counterparts

### Note:
‘Happiness’ is asked to all CYP respondents in school years 3–11. However, ‘life satisfaction’ and ‘life worthwhile’ are only asked for year groups 7–11.
There is an increase in reported mental health condition amongst children & young people (ages 5–15)

- The proportion of children and young people with mental health conditions has increased since 2019–20.
- However, activity levels are up for children & young people with mental health disabilities.
In 2023, about 1 in 5 children and young people aged 8 to 25 years had a probable mental disorder. This was 20.3% of 8 to 16 year olds, 23.3% of 17 to 19 year olds and 21.7% of 20 to 25 year olds.

More than 1 in 4 children aged 8 to 16 years (26.8%) with a probable mental disorder had a parent who could not afford for their child to take part in activities outside school or college, compared with 1 in 10 (10.3%) of those unlikely to have a mental disorder.

After a rise in prevalence between 2017 and 2020, rates of probable mental disorder remained stable in all age groups between 2022 and 2023.

17 to 25 year olds with a probable mental disorder were 3 times more likely to not be able to afford to take part in activities such as sports, days out, or socialising with friends, compared with those unlikely to have a mental disorder (26.1% compared with 8.3%).

Among 8 to 16 year olds, rates of probable mental disorder were similar for boys and girls, while for 17 to 25 year olds, rates were twice as high for young women than young men.

Young women aged 17 to 23 years were less likely to be optimistic than young men about having enough money (38.5% compared with 60.5%) and about their health (including mental health and wellbeing) (51.4% compared with 67.8%).

Reference this data here:
- Mental Health of Children & Young People in England, 2023 - wave 4 follow up to the 2017 survey (NHS, 2023)