



Health Needs Assessment: Mental Health of Babies, Children and Young People in Wales

Executive Summary

May, 21, 2026



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Introduction

Supporting the mental health and wellbeing of babies, children and young people (BCYP) is a national priority. An increasing number of BCYP are experiencing mental and emotional difficulties, driven by a complex interplay of social, environmental, economic, and technological risk and protective factors.

Even before the COVID-19 pandemic, mental health concerns among young people were on the rise. In 2019 mental health problems were estimated to cost the Welsh economy £4.8 billion each year. These costs—linked to both healthcare and wider social and economic impacts, have increased since the pandemic, due to the exacerbation of existing vulnerabilities and increased population need.

The all-age Mental Health and Well-being Strategy 2025-35 prioritises prevention, early intervention, and timely access to care to improve mental health and wellbeing in Wales.

The mental health and wellbeing of babies children and young people

Babies: 25-30% parent-infant dyads are likely to benefit from support to improve mental health and wellbeing in the first 1,000 days, two thirds of those are unlikely to receive support before age two.

Young Children: 36% of reception children are below the expected level of personal and social development for their age.

Mental Wellbeing: An estimated 1 in 4 girls, 1 in 6 boys and 1 in 2 trans or gender-questioning secondary school learners are experiencing low mental wellbeing.

Mental health conditions: Over 135,000 CYP are estimated to have a diagnosable mental health condition; 1 in 6 aged 8 to 10; 1 in 5 aged 11 to 16, and 1 in 4 aged 17 to 24.



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Emotional difficulties present the greatest burden, with increases among all genders; higher rates among girls and gender questioning learners emerge from primary school increase with age.

Behavioural difficulties have increased amongst all genders with the highest rates seen in boys and gender questioning learners.

Neurodevelopmental conditions appear to be relatively stable, however demand for services has been rising, likely due to improved awareness among parents and professionals. Diagnostic over-shadowing risks under-identification of mental health needs among neurodivergent groups.

Eating disorders have increased most sharply in females, highlight a growing need for prevention and early intervention, including action to address body image concerns.

Psychoses prevalence remains relatively low and stable, but support to deal with symptoms, often emerging during late adolescence is crucial for reducing relapse and improving outcomes.

Self-harming behaviours have increased in prevalence and frequency, signaling increasing distress among young people.

Suicide prevention strategies should consider the needs of emerging adults and opportunities to improve identification of distress and access to support.

Services, Support and Barriers to Access

Service data further re-iterates growing needs among children and young people, particularly for emotional difficulties/anxiety-related conditions and eating disorders. Increased capacity and access to early support and psychological interventions in non-stigmatising environments, including schools, communities, GPs and remote services is needed to address needs prior to the need for crisis care.

Increased awareness of how to access early support is needed among young people, and when help is sought children and young people should be enabled to engage with age- and-culturally appropriate support.



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Risk and Protective Factors

Systematic action is required to address the range of risk and protective factors for mental health and wellbeing; addressing child poverty must continue to be a priority. BCYP need to be protected from harms, be provided with opportunities to play, develop social and emotional skills and to grow in environments which support healthy behaviours. Action is needed to improve infant and care-giver relationships, parenting support, opportunities for play and social and emotional learning during childhood. Action in the early years is cost-effective and improves social, emotional and developmental outcomes.

Schools can take action to address bullying, schoolwork pressure and access to early support. Action to address body image, sleep, physical activity levels, opportunities to build friendships and access to trusted adults is likely to improve outcomes.

Healthy behaviours, engagement with meaningful activities, and connections with community assets improve resilience and should be promoted during service contacts.

Non-pharmacological approaches, including social prescribing, promoting nature-connection and arts-based programmes should be extended and evaluated for BCYP, both in early intervention and recovery pathways.

National policies to address the determinants of mental health and wellbeing need continued focus in order to reduce inequalities in mental health outcomes.

Vulnerable Groups

The specific needs of BCYP and families facing conditions and experiences that place them at higher risk of poor mental health and wellbeing, including poverty, discrimination and marginalisation and neurodevelopmental conditions, should be considered when designing services. Mental health support should include support for individuals and families to address social and environmental factors that contribute to poor mental health and wellbeing.

Shifting services to be trauma-informed is likely to be particularly beneficial for babies, children and young people from vulnerable groups. Promotion and prevention activities should be delivered universally with weighting towards those groups at higher risk of poor mental health and wellbeing.



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Lived Experience Insights

The views of BCYP and families should shape the future design of services and support in communities, utilising co-production and genuine engagement to listen and respond to their views and lived experiences. Insights from a diverse group of young people highlighted the importance of taking a needs-based approach and supporting mental health and co-occurring conditions including neurodevelopmental and physical health conditions.

Mental health services alone cannot address the growing mental health and wellbeing needs of BCYP; improving mental health literacy and access to third spaces, community infrastructure and meaningful activities is also required.

BCYP do not live in isolation; collaboration with families, universal health services, schools and education settings and wider community organisations are vital in addressing growing needs and improving recovery and outcomes.

Evidence-informed approaches and international models of care

Wales has a strong policy environment which encourages a shift to prevention and early intervention. Building on this to strengthen investment in and implementation of preventative approaches across the system is vital for improving mental health and wellbeing and the future sustainability of services.

Learning from international models for delivering mental health services and support provides opportunities to improve access and outcomes for BCYP. Providing the appropriate level of care and support at the right time, in non-stigmatising environments can reduce waiting times, improve access and outcomes. A combination of early identification and intervention, digital tools and self-help information, family-centred care, open access services and supporting transition between adolescence and adult services are both effective and cost-effective.



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Summary and recommendations

There has been a rise in poor mental wellbeing and mental health conditions among BCYP in Wales in recent years. Emotional difficulties, self-harming behaviours and eating disorders—often tied to body image concerns, have become increasingly prevalent across all genders. These trends are not affecting all groups equally. Girls, non-binary young people, and those from the most deprived backgrounds are bearing the brunt of these challenges. Symptoms are appearing at younger ages, with many issues deeply rooted by adolescence and early adulthood.

This rise in mental health difficulties is due to a range of factors, and further research is needed to fully understand drivers behind the rise. However evidence suggests increased school-work/academic pressures and social inequalities have influenced worsening mental health among BCYP. Other risk factors including poor early relational care, bullying, sleep problems, parental mental health conditions and physical inactivity remain important areas to address.

Over recent years the demand for mental health support for BCYP has outpaced service capacity, creating a widening gap between those who need help and those who can access timely, person-centred care. Meeting this growing need requires a bold, coordinated response across sectors. The Mental Health and Wellbeing Strategy for Wales, 2025-35 calls for such action.

Evidence highlights the urgent need to strengthen prevention, early intervention and timely mental health support BCYP in Wales. The below recommendations aim to drive system-wide action.

- **Prioritise co-production and active involvement** - embed the voice of babies, children and young people's in the design, delivery, and evaluation of services to ensure that support is relevant, empowering, and responsive to their lived experiences.
- **Focus action on rising mental health conditions** – enhance prevention, early intervention and access to timely support for children and young people experiencing emotional difficulties, particularly anxiety, eating disorders and self-harm.



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- **Prioritise prevention** – take action to give babies and young children the best start in life and address risk and protective factors for BCYP including building supportive relationships, healthy lifestyles, quality sleep and engagement with meaningful activities.
- **Strengthen early intervention** – enable emerging mental health needs to be identified and addressed promptly, through upskilling and supporting those working with BCYP and develop pathways to early support to reduce the risk of escalation and improve outcomes.
- **Protect infant mental health** – strengthen parent-infant relationships, through developing workforce capacity and community-based approaches to promote secure attachment. Opportunities exist to improve early identification of parent and infant difficulties include through antenatal and postnatal checks, childcare settings and courts.
- **Protect parental mental health**- strengthen support for parental mental health, including early support for mothers, fathers and care-givers during the perinatal period and when children and young people access support.
- **Target inequalities in access and outcomes** – take a proportionate response to addressing disparities arising from geography, socioeconomic status, ethnicity, neurodiversity, and other vulnerabilities to ensure equitable access to mental health support.
- **Address the social determinants of mental health** - coordinated action to address child poverty, housing security and living conditions, education and employment opportunities and inclusive communities to positively influence the mental health of BCYP and our future generations.
- **Embed whole-school approaches to emotional and mental wellbeing** - continue to support education settings in Wales to improve supportive cultures and access to support.
- **Develop social prescribing approaches for families, children and young people** – develop pathways to strengthen social support and connections with community assets and activities, including evidence-based arts and nature-based approaches.



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- **Address the digital determinants of mental health** – Promote the benefits of online connectivity while adapting frameworks to keep pace with emerging digital risks such as harmful content, excessive screen time, and cyberbullying, alongside addressing the digital exclusion.
- **Provide tailored support for key life stage transitions and life events** – strengthen resilience and support during critical periods such as the first 1000 days, starting school, adolescence, leaving care and transitioning to Adult Mental Health Services.
- **Transform the support system** – prioritise the development of a cohesive, connected system that ensures a timely, person-centred and collaborative approach and provides support at the right time, in the right place and without delay.
- **Enhanced data, research and evaluation** – develop consistent data collection, analysis, and sharing to inform evidence-based policy, drive service improvement and monitor progress.

Suggested citation: Public Health Wales. Health Needs Assessment: Mental Health of Babies, Children and Young People in Wales. Executive Summary. 2026

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Acknowledgement to Public Health Wales NHS Trust to be stated.



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