LONDON MENTAL HEALTH INDEX 2026

Foreword

For more than fifty-five years, Hestia has stood alongside people during some of the most difficult moments of their lives, offering crisis support, recovery services, supported accommodation, and help to find and keep work across communities in London.

Over those decades, one thing has become increasingly clear: mental health is shaped by every part of our lives - our relationships, finances, housing, work, sense of belonging, and hope for the future.

What is particularly striking is how much of this remains hidden. People continue to work, study, care for loved ones and contribute to their communities while carrying significant emotional strain. Too often, support only becomes available when problems reach crisis point. By then, the costs are far greater.

The stories shared throughout this report remind us that mental health support does not always begin in a clinic or hospital. It can start much earlier: with a trusted relationship, practical help, a supportive employer, a community organisation, or simply someone taking the time to listen. The Government's commitment to expand walk-in mental health hubs reflects this growing recognition that early, local support can change lives. Strong local connections can make the difference between someone feeling overwhelmed and someone finding a way forward.

This report is both a snapshot of London's mental wellbeing and a call to action. As more people face rising living costs, housing insecurity, loneliness and uncertainty, poor mental health cannot be treated as inevitable.

I hope the findings encourage policymakers, service providers, employers, community organisations and residents to think differently about mental health across London. Together, we can build a city where people feel able to seek help early, close to home, and know they do not have to struggle alone.

Patrick Ryan, Chief Executive, Hestia

Executive summary

Hestia's 2026 London Mental Health Index is a snapshot of mental health across the capital. It shows that too many Londoners aren't getting support early enough. This is especially true where mental health struggles affect the ability to work, pay bills, socialise or enjoy life.

We describe this group as the "missing middle." These are people who need more than simple wellbeing advice, but who aren't unwell enough to be seen by crisis teams or treated in hospital. Many are quietly struggling without the right kind of support.

At a time when the NHS is aiming to provide more care in local communities and the Government has announced plans to open 100 new community mental health centres, this report also looks at how Londoners experience mental health support close to home, and what matters most to them when they seek help.

Drawing on the views of over 2,000 Londoners, alongside Hestia's fifty-five years of experience supporting communities, the report combines survey findings with the stories of people using our services. Together, they paint a picture of the pressures people are facing today, while also highlighting opportunities to build support that is easier to access, focuses on prevention, and is rooted in local communities.

Key findings include:

1. More than half of Londoners say they're dealing with mental health challenges (54%), and for many, this negatively affects their everyday life (69%). Yet a large number of this group haven't reached out for help, either ever (36%) or in the past year (21%). Many also don't have a formal diagnosis (54%). This points to a group of people (the 'missing middle') who may be struggling quietly and not being picked up by services that focus mainly on clinical thresholds.

2. For many people struggling, mental health challenges are closely linked to day-to-day stresses, especially money worries (45%). These kinds of pressures are difficult for traditional mental health services to solve on their own, as they sit outside the healthcare system.

3. Over a third (36%) of London's 'missing middle' felt their struggles weren't "serious enough" to ask for support. This suggests that simply offering more early help may not be enough, we also need to reassure people that it's okay to seek support sooner, before things escalate.

4. Many Londoners (40%) would rather access support in familiar, local places (like GP surgeries, community centres, or charities) rather than in hospitals (16%). This reflects a clear preference for care that feels more accessible and less formal and aligns with the NHS' 10 Year Plan as well as Government plans to open new community mental health centres.

5. The strong connection between people's circumstances, like finances, housing, and community, and their mental health shows that this isn't just a medical issue. It's something that needs to be understood and addressed more broadly, as part of public health.

6. Although Integrated Care Systems (ICSs) were meant to bring different organisations together to improve care, in reality decisions about mental health services are still often made in a narrow way. Tight budgets can mean a focus on immediate and acute demands, rather than longer-term, preventative approaches that involve wider partners.

Methodology

All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 2,081 adults living in London. Fieldwork was undertaken between 17th - 31st March 2026. The survey was carried out online. The figures have been weighted and are representative of all adults living in London (aged 18+). All analysis was conducted by Hestia.

Most questions were the same as previous years to enable comparison. However, this was the first year the index was conducted by YouGov Plc, so despite closely matching the survey approach, differences between polling organisations may explain some variation in the results from year to year.

Throughout the report, where we refer to the 'missing middle' in the survey results, this describes respondents who have experienced three or more mental health challenges in the past 12 months, that impacted at least two areas of daily life, but who did not access any mental health support during that same period.

Findings

Mental health - the ‘missing’ middle

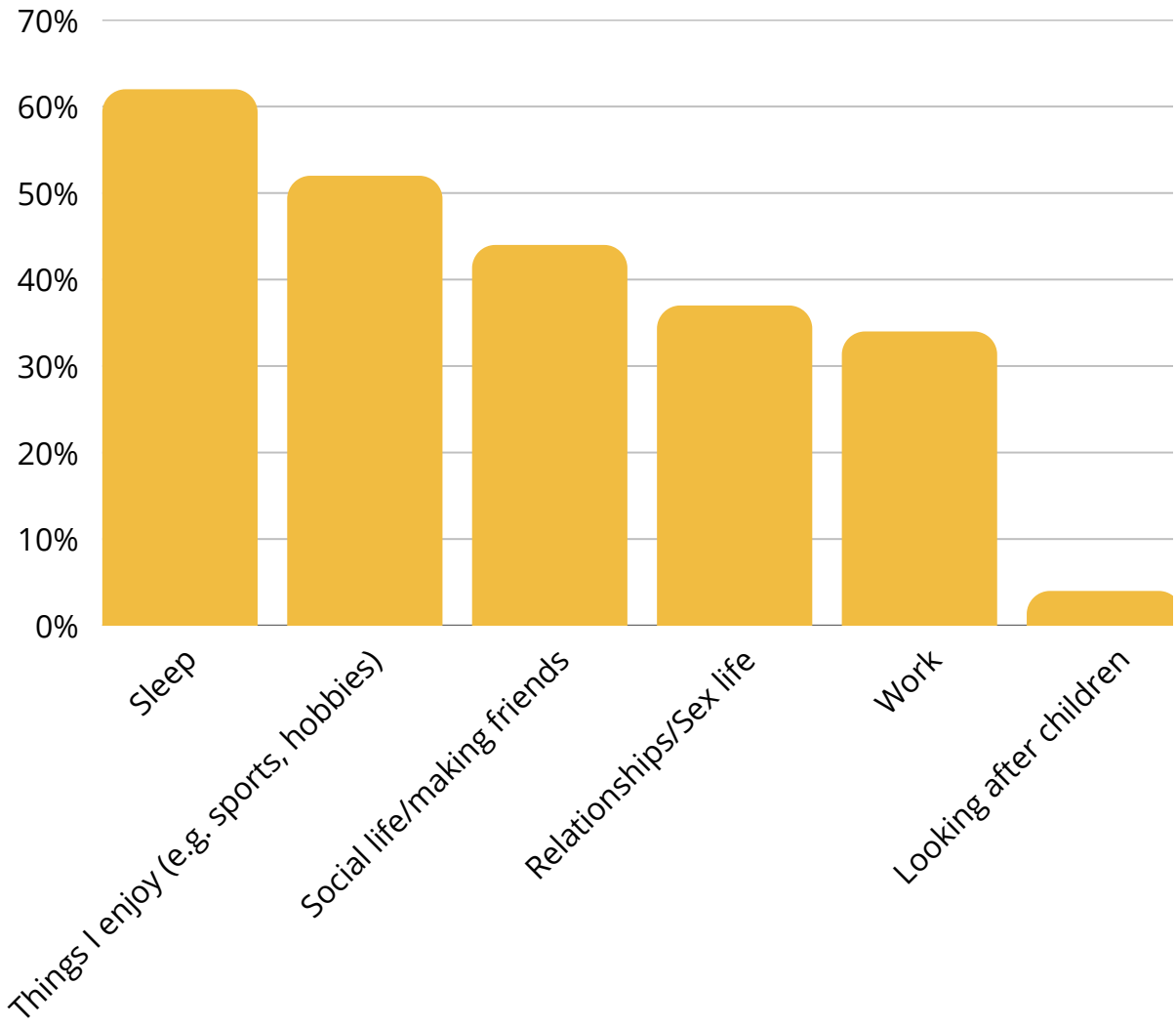
In December 2025, the government asked for an independent review into the growing demand for mental health services, following comments about possible “overdiagnosis” of mental health conditions from the former Health Secretary. Like earlier reviews, this work has largely focused on clinical models of care that centre on diagnosis.

Much less attention has been given to the ‘missing middle’, people who are dealing with ongoing mental health challenges that affect everyday life, such as work, education, or relationships, but who don’t meet the criteria for NHS services.

For the third year in a row, Hestia’s London Mental Health Index shows that just over half of Londoners surveyed (54%), around 3.9 million people, experienced mental health challenges. On its own, this reflects a common truth: mental health goes up and down, and many people struggle at different points in their lives.

But for many, these challenges go beyond short-term ups and downs. More than two in three in this group (69%) said their mental health had a real impact on daily life, affecting things like sleep, enjoyment of activities, relationships, and their ability to cope at work.

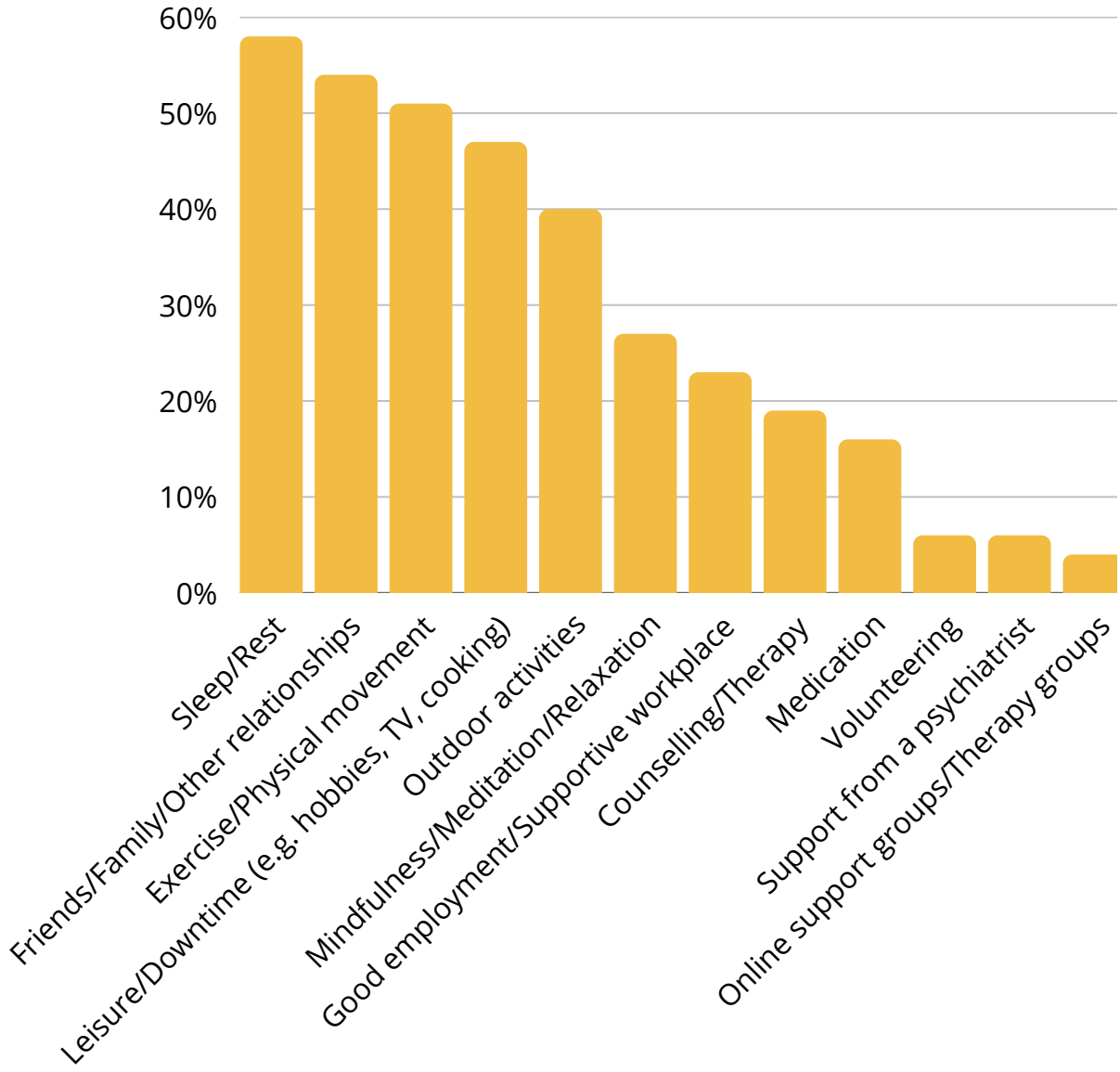
Figure 1: Londoners struggling with their mental health cite an impact on... (n=1,110)



Despite the impact on daily life, many people are not getting support. Over a third of those struggling (36%) said they had never accessed any mental health help, and an estimated further one in five (21%) hadn't received support in the past year, whether through the NHS, private services, or charities. This reflects London's missing middle: people who are finding things hard, but who haven't been able to access the help they need. More than half of this group (54%) didn't have a formal mental health diagnosis.

When asked what helps most, people in the missing middle were more likely to point to everyday, informal support. Getting enough sleep (58%), leaning on family and friends (54%), and staying active (51%) were mentioned far more often than therapy (19%) or medication (16%).

Figure 2: What works to support mental health for London's 'missing middle' (n=444)



Taken together, this suggests that many people with ongoing mental health challenges are being missed by a system that focuses mainly on diagnosis and clinical thresholds. If policy continues to centre on diagnosis alone, there's a real risk of overlooking both this group, and the types of support they already find most helpful and accessible.

An alternative to clinical support – Kiti's* story

Supported by a Hestia community-based mental health crisis service

I had once been a teacher, independent and respected, but losing my home, my work and my sense of stability had a deep impact on my mental health.

I felt constantly anxious about my future and my safety. Over time, I also experienced low mood, emotional numbness, a loss of trust in others, and thoughts about ending my life.

When I came to the Cove, I felt safe and listened to. The staff gave me a calm and compassionate space where I felt understood. They helped me create a safety plan, supported me to access Talking Therapies, and signposted me to other local services.

They also helped me see my own strengths, reflect on my achievements, and build coping strategies such as keeping a routine, identifying people I could trust, and taking small steps to regain a sense of control. Their support helped me feel less alone, more understood, and more hopeful.

**Names have been changed to protect anonymity*

Social and environmental influences on mental health

When Londoners were asked what had affected their mental health over the past year, the vast majority pointed to pressures in their everyday lives. Nearly nine in ten (87%) said social and environmental factors played a role, with money worries standing out as a major concern for almost half (45%).

"I have been unemployed for 13 months. I have had to borrow lots of money to keep up mortgage payments and renovate my flat so that it can be sold, because, even when I'm working, I can no longer afford the payments, bills etc. This has put a huge strain on my mental health, my friendships and my ability to see a good future for me. I do think that if I died, at least my will would pay off my debts"

- Survey respondent

Far fewer of those struggling with their mental health said these struggles were mainly due to a diagnosed condition (16%). Instead, this group were much more likely to talk about feeling lonely or isolated (32%), employment issues including

losing their job (31%), feeling overloaded at work or in education (28%), or difficulties in personal relationships (27%).

This reflects what we see every day in our mental health services across London. It shows why support needs to go beyond clinical care alone, bringing together mental health support with practical help around work, income, and finances to support people's recovery.

Coping with financial shocks - Julie's* story

Supported by a Hestia Employment Specialist

I had been working in HR at a publishing company for two years when I was unexpectedly made redundant. I experienced depression, withdrawing from others, struggling with day-to-day tasks, and with my sense of self. I had no routine or motivation.

Meeting my support worker, Rahma made a big difference. She was a breath of fresh air. The support was practical, with help on my CV, job searching, and interview preparation, including mock interviews. The emotional side was just as important. She helped me rebuild my confidence after redundancy and reminded me of my skills, strengths and value. I felt championed at a time when I really needed it.

With Rahma's support, I secured a full-time HR role. Having a routine again has made a huge difference. Commuting, being around people, and having a reason to get up on difficult days has helped. I enjoy the human side of my work, particularly supporting colleagues.

I'm grateful for the support I received, and I would encourage others to make the most of it. Treat it like a job, show up, commit, and put the work in. Use the time to figure out what you want and what you enjoy.

**Names have been changed to protect anonymity*

Shifting the model of care – the NHS 10 Year Plan

The NHS 10 Year Plan sets out a major change in how care is delivered: moving support from hospitals into communities, making better use of digital tools, and focusing more on prevention rather than waiting until people are unwell.

Focusing on prevention means looking beyond diagnosis alone. It brings attention to the 'missing middle', people whose mental health is affecting their everyday lives, but who don't meet the thresholds for clinical services or want to access them. Supporting this group earlier can stop problems from getting worse and help reduce pressure on the NHS over time.

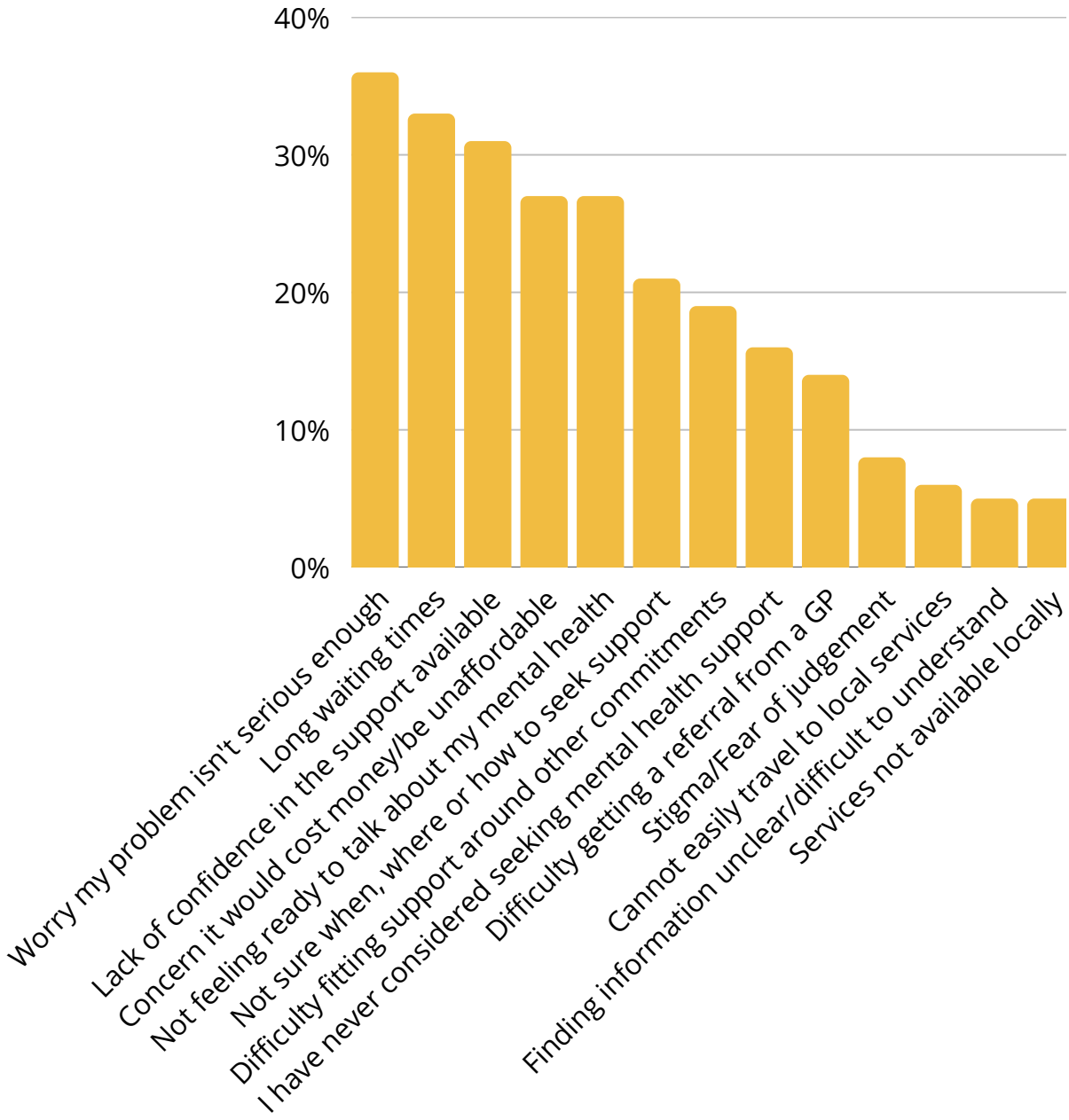
So why don't these people seek help when they're struggling day to day? Our research (Figure 3) shows that many from the 'missing middle' don't feel their difficulties are "serious enough" to ask for support (36%). Others worry about long waiting times (33%) or aren't confident the help available will meet their needs (31%).

This suggests that simply investing more in early support isn't enough on its own. People also need clear, reassuring messages that it's okay to seek help early, and services must be properly resourced so that support is available when people reach out.

The plan's shift from hospital to community care is about bringing support closer to where people live, through local health centres and neighbourhood services. Our findings show this matches what Londoners want. Many Londoners (40%) said they would prefer to get support in familiar, local settings, because they value privacy (59%), ease of access, and calmer, less intimidating environments (both 48%).

Fewer Londoners (16%) said they would choose a hospital setting. For those who did, confidence in the quality of care was especially important. This highlights the need to build trust in community-based support, so people feel confident they will receive high-quality care outside of hospitals.

Figure 3: Barriers to seeking support perceived by London's 'missing middle' (n=444)



Overall, our findings strongly support the direction set out in the NHS 10 Year Plan as well as Government plans to open 100 new community mental health centres. To make this shift work in practice, strong partnerships between the NHS and community organisations will be essential. Clear coordination, shared ways of working, and trusted local services can help ensure support feels accessible, joined-up, and responsive when people need it most.

From clinical to community - Monica's* story

Supported by Hestia community-based mental health services

Three years ago, I was referred to Hestia Cove by my local (NHS) Home Treatment Team. At the time, I was struggling with my mental health and feeling extremely lonely. Hestia Cove was there when I needed immediate support. I was offered three one-to one sessions initially. Knowing I could drop in and speak to someone one-to-one if things became overwhelming was reassuring. But what made the biggest difference was being introduced to the weekly groups at Cove. Those groups gave me a safe place to go, I was around people who understood because they also had struggles. There was a sense of acceptance and support, Cove gave me a community.

One of the things that really helped at Cove was its flexibility. Cove is a drop-in service, with no pressure to attend every week. When your mental health is poor, committing to an appointment can feel overwhelming. Knowing I could attend when it felt right for me made it much easier.

I have experience of mental health support in various hospital and clinical settings. I approached my doctor in 2007. I had very young children at the time, and it was all quite frightening - negative thoughts were going through my head and I thought "I have to tell my Doctor about this!". Since then, I have received support from community mental health services, home treatment teams, A & E, and one occasion, a short inpatient admission. Clinical services have been essential during periods of crisis; there are times when medical support is necessary. You need something in that moment you're having a crisis. But my experience is that hospital-based support focuses on medication and managing symptoms – not on long term recovery. It took going to A&E, day after day before they offered me the Home Treatment Team. It was this team that helped me get involved in support groups and signposted me to Hestia.

There will always be a place for the NHS and hospitals when people are in crisis and need urgent clinical care, but mental health recovery doesn't end after a few appointments or with a prescription. Ongoing support is essential.

**Names have been changed to protect anonymity*

Mental health as a public health issue

Support for mental health can't sit with the NHS alone. Findings from the 2026 London Mental Health Index show that everyday pressures, like money, housing, work, and the environment people live in, play a major role in poor mental health. This means mental health should be understood as a public health issue, not just a medical one. Services that focus mainly on diagnosis and treatment aren't designed to tackle these wider causes.

This broader view is reflected in the Mayor of London's Health Inequalities Strategy. As Sir Sadiq Khan has noted: *"It's not just about hospitals and medicine. It's about the air we breathe, the homes we live in, the wages we earn, and the opportunities we have to stay active and eat well."*

Local authorities have had responsibility for improving public health for over a decade, and recent government funding for public health services was a positive step. However, many experts agree that years of underinvestment mean more sustained funding is needed to make a lasting difference.

Integrated Care Systems were created to bring together the NHS, councils, and community organisations, with the aim of improving health, reducing inequalities, and making better use of resources. In practice, progress has been slow. Tight budgets have limited joint working, and responsibility for mental health services still often sits mainly with NHS bodies. This can lead to a focus on short-term pressures, rather than longer-term, preventative approaches that rely on strong collaboration across sectors.

> **Someone to listen - Saima's* story**
>
> Supported by a Hestia community-based mental health crisis service
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> I have been living with mental health difficulties for many years. I have PTSD, in the past I have experienced domestic abuse and I attempted suicide.
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> In 2024, my mental health became much worse. I had suicidal thoughts, depression, hallucinations, and I needed someone to talk to. My GP referred me to Hestia and I was matched with my support worker who I have continued to see.

The support has made me feel much better. What has helped me most is having someone to listen to me. Sometimes I need a place to talk about what I am going through and how I am feeling, she was perfect. Because we share the same language, I'm very comfortable expressing myself and explaining my feelings. Every session I feel better.

Through Hestia, I have also been encouraged to try new ways of managing my mental health. One of these is meditation, something I had never done before. Meditation is very good for me. Another reason Hestia stands out for me is the way people are treated.

Having access to the right support at Hestia has made a huge difference. Hestia is a very good organisation; I would encourage anyone struggling with their mental health to come here. For me, the most important thing has been knowing there is someone to talk to when I need it.

**Names have been changed to protect anonymity*

Conclusion and recommendations

To make a real difference, and to reach people in the 'missing middle' - those whose mental health is affecting daily life but who aren't getting support yet, NHS resources need to pivot away from late, medical and acute interventions to early, preventative and community based support. A wider, public-health approach is needed.

Based on our findings, we recommend that Integrated Care Boards and local authorities focus on the following:

1. Help people earlier, before things reach crisis
Invest in easy-to-access, local support that people can turn to early on. This support should look at the whole person, including sleep, relationships, physical health, work, and overall wellbeing, not just symptoms. Clear goals should be set for early help, not only crisis care.

2. Join up services for better outcomes
Ensure hospitals, GPs, councils, and community organisations are joined up. Clear pathways, shared responsibilities, and joint working can help people move smoothly between services and feel supported throughout.

3. Support people to stay in work and manage financially
Continue investing in services that combine mental health and employment support. Stable work and income play a major role in mental wellbeing and should be treated as a core part of support.

4. Build financial help into mental health support
Offer practical help with benefits, debt, housing, and budgeting as part of mental health care. This works best when people have a trusted support worker who can help them over time.

5. Encourage people to seek help sooner
Alongside well-resourced services, strengthen public messages that normalise asking for help early. People need to know what support is available, and that it's okay to use it before they reach breaking point.

About Hestia

At Hestia, we support adults and children who have experienced crisis and trauma, to find safety, hope and purpose.

We specialise in trauma and resilience informed support for people in crisis or who have experienced trauma - including survivors of modern slavery, adults and children escaping domestic abuse, people needing support with their mental health, and people leaving prison.

We foster trusting relationships at crucial moments in their recovery, that empower individuals to build a life beyond crisis.

Guided by the reality of our service users' experience, we bring their voice to the attention of policy makers, partners and communities and use our insight to push for the change that matters.

For more information or to partner with us, please visit **hestia.org** or contact **info@hestia.org.**