

Independent review into mental health conditions, ADHD and autism in England (October 2026)



- The government-commissioned review (chaired by Professor Peter Fonagy) has produced a 600-page report highlighting how mental health services are unsustainable.
- **Social, cultural, environmental and system factors are driving up demand for mental health services across England.**
- For example, while the underlying prevalence of ADHD and autism appears broadly stable, **recorded ADHD among 12-17-year-olds rising from 0.26% in 2000 to 3.88% in 2025.**
- **Pressures in NHS services mean independent providers now carry out more than half of NHS-funded ADHD assessments.** This spend has risen around 252% in three years, with a £164m projected overspend but no consistent oversight.
- **Pressures also raise the risk of mis- and overdiagnosis,** delaying access to support and leading to inappropriate treatment.
- **The consequences are felt by individuals, families, carers and society.** In the last decade, the share of 16–24-year-olds not in education, employment or training with a work-limiting health condition rose from 26% to 44% (and two thirds of these reported having a mental health conditions or autism).
- **The review calls for a new model of care and radical reform.** This must address two failures at the same time: people wait far too long for support, diagnosis and treatment, and diagnosis has become the primary gateway to support.

1 in 4

16 to 24-year-olds now have a common mental health condition (1 in 6 in 1993)

800k+

open ADHD and autism referrals at the end of 2025 (over 17x the 2019 level)

£300 billion

annual estimated cost of mental ill health

1,000+

longest median wait for assessment in some areas, in number of days

“Population prevalence is not administrative prevalence; distress is not disorder; diagnosis is not need; support is broader than treatment.” There is opportunity now to reshape services to ensure each individual gets the right support at the right time.



Recommendations

- 1 **Tackle the drivers of mental distress** through an ambitious DHSC-led approach to prevention, early intervention and improving public mental health and wellbeing (e.g. investing in youth organisations; accountability for public health).
- 2 **Move from a ‘diagnosis-dependent’ to a ‘needs-led plus diagnosis’**, with prioritisation based on need, level of functional impairment and risk. This should include a clinically-led review of ADHD and autism wait lists.
- 3 **Deliver integrated, digitally-enabled community-based support** through neighbourhood multidisciplinary teams. This includes keyworkers for complex needs and full roll-out of Mental Health Support Teams in schools.
- 4 **Close treatment gaps** while investing to provide wider access to specialist support for those with most severe needs. This includes timely crisis support, regular medication reviews and safe de-prescribing.
- 5 **Overhaul commissioning, funding, oversight and regulation**, including making all ADHD and autism assessments CQC-regulated activity, banning direct-to-public advertising of NHS-funded assessments, moving long-term ADHD care into primary care with funded shared care, and make data reporting a condition of funding for all providers.
- 6 **Build capacity and capability across the multidisciplinary workforce:** investment in training, supervision and career development. This includes a national competency framework so all staff have the relevant core skills.
- 7 **Scaling safe digital and AI-enabled tools to improve quality of care, efficiency and productivity.** This includes NHS App updates on expected waiting times and available support, and an “ADHD Passport” holding medication history.
- 8 **Improve data collection and evaluation:** regular national prevalence surveys and updated NICE guidelines. This includes a minimum dataset for neurodevelopmental pathways, built into health, education and social care data.
- 9 **Launch a public information campaign:** an education campaign to improve understanding of mental health, ADHD and autism. This includes a trusted digital platform offering help without a diagnosis.
- 10 **Publish a cross-government mental health strategy this year:** setting out 12 to 24 months of actions and a 10-year reform plan. This includes named lead departments and shared outcomes (see below).

Proposed shared outcomes

Health outcomes

Greater quality of life and lower premature mortality for people with severe mental illness

Equity

Fewer avoidable inequalities for people with neurodevelopmental conditions

Relationships and greater participation

in education, work and community life