

[Home](#) ▸ [Work](#) ▸ [Working, jobs and pensions](#)
▸ [Survey of healthcare professionals: Young people and work report](#)



Department
for Work &
Pensions

Research and analysis

Survey of healthcare professionals: Young people and work report

Published 27 August 2026

Contents

[Executive summary](#)

[Findings](#)

[Conclusions](#)

Department for Work and Pensions (DWP) ad hoc research report no. 140

Views expressed in this report are not necessarily those of the Department for Work and Pensions or any other government department.

Crown copyright 2026.

You may re-use this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit: [Open Government Licence](#) or write to

The Information Policy Team,

The National Archives,
Kew, London
TW9 4DU,

or email psi@nationalarchives.gov.uk.

If you would like to know more about DWP research, email
socialresearch@dwp.gov.uk.

First published August 2026.

ISBN: 978-1-80786-044-8.

Executive summary

Background

This report presents findings from an online survey of 1,058 adults who work in the NHS, both in clinical and non-clinical roles. Fieldwork was conducted by YouGov between March 2026 and April 2026. The figures have been weighted and are representative of NHS staff.

The survey explored the changing health needs of young people, understanding the rise in young people who are NEET (not in education, employment or training) and the role of healthcare services in supporting young people.

This report has been written by DWP analysts using the YouGov survey findings.

Methodology

This survey has been conducted using an online interview administered to members of the YouGov Plc UK panel of 2.5 million plus individuals who have agreed to take part in surveys. Emails are sent to panellists selected at random from the base sample.

The email invites them to take part in a survey and provides a generic survey link. Once a panel member clicks on the link they are sent to the survey that they are most required for, according to the sample definition and quotas. (The sample definition could be “GB adult population” or a subset such as “GB adult females”).

Invitations to surveys don’t expire and respondents can be sent to any available survey. The responding sample is weighted to the profile of the sample definition to provide a representative reporting sample. The profile is normally derived from census data or, if not available from the census, from industry accepted data.

Key findings

The key findings are:

- healthcare professionals reported an increase over the last 5 years in diagnoses relating to both mental health conditions and neurodiversity among young people
- mental health was identified as one of the top 3 barriers to participation in employment, education and training by 51% of respondents
- respondents also noted increasing numbers of young people living with complex health conditions and co-morbidities, alongside growing concerns about obesity, vaping and substance misuse
- respondents linked disrupted education and reduced social development resulting from the COVID-19 pandemic, as well as increased use of social media and technology, to lower confidence, resilience and motivation among some young people
- reflecting these concerns, 55% of respondents identified a lack of motivation as a barrier to participation in employment, education or training, while 51% believed that wider social determinants such as housing, income, education and employment have a greater impact on poor health among young people than they did 5 years ago
- healthcare professionals felt that health services have an important role to play in supporting young people into education, employment and training
- the most commonly identified actions were signposting to wider non-medical support (59%) and referrals to therapy (40%)
- however, 55% of respondents felt that the availability of non-NHS support services in their area was inadequate, while 36% called for better signposting to non-clinical

support and 33% for better integration between clinical and non-clinical services

Findings

Mental health and neurodiversity

Rising prevalence

Mental health was a strong theme which appeared throughout the survey, with respondents reporting an increased prevalence and/or diagnosis of various mental health conditions in young people.

Anxiety and depression were most prominent but other notable mentions also included low self-esteem, eating disorders, isolation and low mood. Many respondents also described a rise in diagnoses of autism and ADHD amongst the younger generation; often viewing neurodiversity and mental health as linked to one another.

Mental health as a driver of NEET status

Over half of respondents (51%) identified mental health as one of the top 3 barriers to participation in employment, education and training. They associated worsening mental health with social media, cost of living, lack of employment and training opportunities, COVID-19 disruption and long NHS waiting lists.

Effectiveness of support

Whilst 38% of respondents felt that medication could benefit young people with mental health support, there was stronger support for non-clinical interventions or social prescribing (76%) and access to therapy (73%). This directly correlates with answers provided by respondents when asked what healthcare professionals should do to reduce the number of NEETs: signpost to wider support (59%) and refer to therapy (40%).

In terms of the wider healthcare system, respondents felt there were some key areas in which further support for young people who are not in education, employment or training could be improved. The top 3 responses were shorter waiting times (49%), better signposting to non-clinical support (36%) and more tailored/holistic approaches to care (34%).

Physical health and lifestyle

Changing physical health trends

When asked what changes they had observed in health conditions among young people over the last 5 years, 14% of respondents reported an increase in serious and complex conditions and co-morbidities. Qualitative responses also referred to increasing numbers of young people living into adulthood with serious and complex conditions, rising cancer diagnoses, and more enquiries relating to gender identity and transgender health.

Lifestyle-related health concerns

Lifestyle related health concerns were frequently present in the survey responses. Respondents described seeing an increase in obesity, diabetes, poor diet, vaping-related health concerns and substance misuse. Several professionals noted the changing patterns of drug use; referencing an increased use of ketamine and nitrous oxide amongst younger patients.

Education, employment and economic barriers

Throughout the survey, several points of concern were raised in relation to education, employment and economic barriers. These broad concerns, which are discussed below, are reflected in the survey findings regarding barriers to participation in which lack of motivation (55%) and lack of soft skills (27%) were amongst the top 3.

Labour market challenges

Respondents were asked an open-ended question regarding the reasons why the number of NEETs has increased since 2021; in response they described several labour market challenges:

- the rise in minimum wage and increase in employer National Insurance rates were perceived as influencing employers cutting back hours and being reluctant to hire inexperienced young people
- the reduction in opportunities available, such as the traditional 'Saturday job', commonly associated with hospitality and retail, due to the changing trends of the high street
- a perception of a lack of entry level jobs

- some suggested that the increase in pension age means older people are working longer, reducing vacancies for young people

Education and skills barriers

Open-ended responses provided insight into respondents' thoughts on various aspects of education. They felt that:

- generally, there was a lack of apprenticeships and training opportunities for young people
- the current secondary education system was perceived to focus on grades rather than employability or soft skills
- the rise of degree inflation, one respondent provided the example of now needing a nursing degree to become a nurse where previously this was not the case
- the expense of attending university, in conjunction with the student loan repayment system makes it an economically unattractive option for many young people

Cost of living pressures

When asked to consider how social determinants (such as housing, income, education) may impact on young people, 51% of respondents felt that they had a greater impact on poor health today than 5 years ago. The perspective is echoed in the qualitative open-ended responses in which respondents highlighted a potential lack of motivation to find work due to low pay relative to living costs in conjunction with housing affordability concerns. Some respondents went into more detail and reflected on how it is now more difficult for young people to achieve traditional life milestones such as home ownership and suggested that this may contribute to a lack of motivation.

Social and cultural change

Impact of COVID-19

Respondents repeatedly referred to the COVID-19 pandemic as having an adverse effect on the current generation of young adults. Those who reflected deeper described how COVID-19 occurred during formative years of their lives. Some of the main discussion points relating to this refer to their interrupted education and reduced social development, which are believed to have influenced low confidence/resilience and mental health consequences.

Technology and social media

Technology and social media were also prominent discussion points within the survey responses. Respondents described increased social isolation, reduced face-to-face social interaction, greater exposure to online pressure and an increase in 'doom-scrolling'.

Some respondents also highlighted that the changing online environment has now created alternative career aspirations (for example, content creation), indicating that this has made more traditional job roles unattractive to young people.

Other respondents expressed concerns at the impact of automation and artificial intelligence (AI) on the job market, particularly on entry-level roles.

These findings align with wider concerns about social determinants of health. Just over half of respondents (51%) believed that social determinants such as housing, income, education and employment have a greater impact on poor health among young people today than they did 5 years ago.

Resilience, motivation and welfare narratives

Perceptions of resilience

The subject of changing attitudes towards work and education is a topic which appeared throughout the survey results. This is reflected with 55% of respondents citing a barrier to participation in the labour market as 'lack of motivation' amongst young people. It was also reflected qualitatively in the open-ended questions where several respondents mentioned the 'lack of resilience' in young people, sometimes relating it to fear of failure, perceived changes in parenting/discipline and difficulties in adapting to new work environments.

Welfare-related perceptions

Some respondents made references to intergenerational worklessness and directly related this to claiming welfare benefits such as Universal Credit and Personal Independence Payment. These individuals often cited an increase in claims linked to mental health, and feelings that benefits may reduce incentives for some young people to work.

The role of NHS and wider services

Availability of wider support

Responses to the survey generally suggested that healthcare services do have an important role to play in supporting young people, although current systems do not seem as effective as they could be.

When asked what healthcare professionals could do to help reduce the number of young people not in work, education or training, the most common responses were to signpost to wider non-medical support (59%) and refer to therapy (40%).

When asked about the frequency of these referrals, respondents reported inconsistent delivery. Regarding signposting to wider services, 41% said this happens often or very often, whilst 32% said it happens not often or never. By comparison, the provision of medication was perceived to occur more routinely, with 59% reporting that it happens often or very often and just 13% saying it occurs not often or never. Referrals to therapy were viewed as less consistent, with 48% stating these occur often or very often, compared with 27% who felt they happen not often or never.

Despite signposting to wider non-medical support (59%) being amongst the most common answers, most respondents felt that the availability of non-NHS services in their area was inadequate (55%).

When specifically considering mental health, which was a prominent recurring theme throughout the survey responses, there were calls for better signposting to wider services (36%) and better integration between clinical and non-clinical services (33%).

Fit notes and healthcare systems

Survey respondents were generally unconvinced that the fit note system provides sufficient support for young people. Nearly half (49%) disagreed that it offers adequate support, while only 9% agreed. Similarly, when asked whether not enough fit notes are being issued, 48% disagreed with this statement.

There was mixed confidence regarding information available to clinicians when decision-making regarding fit notes occurs. Around 27% felt clinicians had enough information to make accurate fit note decisions, while 31% disagreed.

When respondents were asked which forms of healthcare system support could help reduce the number of young people who are NEET, fit notes ranked among the lowest priorities. Only 8% selected fit notes as one of their top 3 choices.

Conclusions

The findings suggest that healthcare professionals across the NHS view the rise in young people who are NEET as being driven by a collection of complex challenges including mental health, physical health, economic pressures, labour market changes and wider societal factors.

Mental health emerged as the most significant concern, with anxiety, depression and the rise in neurodiversity diagnoses frequently identified as barriers to participation. Respondents emphasised the importance of access to therapy and stronger links between clinical and non-clinical support services.

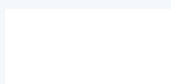
Healthcare professionals also highlighted concerns around lifestyle related health issues including the long-term impacts of COVID-19, technology use, vaping, substance misuse and perceived declines in resilience. Respondents also pointed to a lack of entry level roles, insufficient training opportunities, rising cost of living and challenges within the education system.

The findings conclude that reducing NEET levels goes beyond healthcare alone. The survey responses included calls for timely mental health support, improved access to community services and more targeted support within the education and labour market sectors.

[↑ Back to top](#)

Help us improve GOV.UK

To help us improve GOV.UK, we'd like to know more about your visit today. [Please fill in this survey \(opens in a new tab\)](#).





Services and information

[Benefits](#)

[Births, death, marriages and care](#)

[Business and self-employed](#)

[Childcare and parenting](#)

[Citizenship and living in the UK](#)

[Crime, justice and the law](#)

[Disabled people](#)

[Driving and transport](#)

[Education and learning](#)

[Employing people](#)

[Environment and countryside](#)

[Housing and local services](#)

[Money and tax](#)

[Passports, travel and living abroad](#)

[Visas and immigration](#)

[Working, jobs and pensions](#)

Government activity

[Departments](#)

[News](#)

[Guidance and regulation](#)

[Research and statistics](#)

[Policy papers and consultations](#)

[Transparency](#)

[How government works](#)

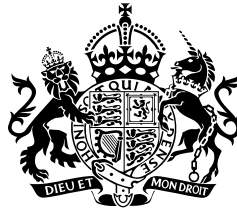
[Get involved](#)

[Terms and conditions](#) [Rhestr o Wasanaethau Cymraeg](#)

[Government Digital Service](#)

OGL

All content is available under the [Open Government Licence v3.0](#), except where otherwise stated



[© Crown copyright](#)