London Youth Response

House of Commons Women & Equalities Committee
Mental Health of Men and Boys Inquiry

18 March 2019

London Youth
47-49 Pitfield Street
London N1 6DA
About this consultation

On 18th March 2019, the House of Commons Women & Equalities Committee closed its call for evidence for its Mental Health of Men and Boys Inquiry.

About this response

This response is on behalf of London Youth and supported by our 450+ members and associate members. The following members contributed to this response: St Michael & All Angels Steel Orchestra, Young Ealing Foundation, and Khulisa.

About London Youth

London Youth is a federation of 450+ community youth organisations in London. We are a charity on a mission to improve the lives of young people in London, challenging them to become the best they can. Young people need opportunities outside school to have fun with their friends, to learn new skills, to make a positive change in their communities and to shape the city they live in.

We deliver a broad range of meaningful benefits to our members, including funded opportunities, training and professional development, specialist member networks on issues affecting young people, Quality Mark accreditation, a policy and influencing voice, and research that evidences the needs of the young people and the youth sector. With members and partners, we deliver sports, arts, and youth social action programmes, as well as the Talent Match London employability programme to young people in London.

We also run two residential centres, Hindleap Warren in East Sussex and Woodrow High House in Buckinghamshire, that help young people develop their skills and confidence through specialist outdoor education.

We directly develop the confidence, resilience, and relationship skills of over 27,000 children and young people each year through our programmes and reach tens of thousands more through our membership network.

London Youth believes it is vital to connect those who make decisions with young people and the 450+ youth organisations in our membership. We are able to facilitate:

- Visits to community youth organisations;
- Consultation on specific issues or programmes with young people and youth professionals;
- Dissemination of opportunities or information to community youth organisations; and
- Young people and youth professionals attending and speaking at events.
Our response

Key messages

- Our members have serious concerns about the mental health and wellbeing support available to young people in London, particularly through Child and Adolescent Mental Health Services (CAMHS).
- Youth work is an effective way of broadening access to mental health support. Despite the Government's welcome increased focus on young people's mental health, youth and community organisations have not seen the same support as education-based mental health support.
- Programmes that young people enjoy, such as sports or cultural opportunities, are an incredibly effective means of outreach for and delivery of mental health support.
- The mental health of young men and boys in London is adversely affected by the cost of living, concern about safety and violence, and access to youth and mental health services.

Consultation questions

What are the most pressing issues that affect men and boys’ mental health, and how are these different to the wider population?

In 2017, we polled 1,000 young Londoners between 15 and 25 years old. By far the largest concern for the young men in this group was safety and policing, which 47% considered the worst thing about living in London. This was followed by the lack of job opportunities (23%) and health services (20%).

From our polling, we can infer that economic anxiety, relating to both the cost of living and to the lack of employment opportunities, is a major source of concern for young men. When asked how they would improve London, the most common choices for young men were more affordable housing (24%), reducing crime and violence (23%), and increasing the London Living Wage by 10% (16%).

One youth professional from St Michael & All Angels Steel Orchestra echoed this, saying that the most pressing issue was economic impotency or “the inability, and loss of hope, to be in gainful employment and through that access to the finer things in life. Instead, most men - if not already homeless - are two paydays away from being in serious debt which could lead to repossession.” Our members regularly mention that young people face a number of modern pressures, with many linking this to social media and status anxiety from consumerism.

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1 London Youth (2017) Listening to Young Londoners [unpublished].
2 London Youth (2017) Listening to Young Londoners [unpublished].
The implicit link between these concerns and mental health was made explicit by one young person, who said: “In London, crime is getting worse. The cost of housing and travel is getting more expensive. It is harder and harder to get a decent job, let alone a career. Many of my friends who have been to good universities are finding it really hard to get a job, find it too expensive to live in London, and are feeling very depressed and disillusioned. London is the best place to try and get a job in the UK but it’s still really difficult to get a job, even when you are really well-qualified. I’m not sure what to do about it or what my future holds. I am really worried about it all.”

Of the young men and boys who contacted ChildLine, NSPCC’s mental health line for young people up to 18 years old, the most common issues were: mental / emotional health (18%), family relationships (12%), and bullying (11%).

Khulisa, a youth organisation that specialises in supporting excluded young people in schools, communities, and prisons, have seen a significant growth in the numbers referred to their programmes in the past 5 years. They point to the 67% rise in school exclusions since 2012/13; permanent exclusion is three times more likely to occur to boys than girls, and is correlated by a factor of up to 12 with the likelihood of being jailed as an adult. Of the young people that Khulisa work with, 78% of whom are young men and boys, the majority have experienced trauma due to Adverse Childhood Experiences (ACEs). These young people have missed out on critical social and emotional development and struggle to succeed in mainstream education without appropriate support, which they often struggle to receive in the education system.

Khulisa says: “With this as a context, it seems obvious that the most pressing issues affecting men and boys’ mental health relate to the management of ACEs and their impact on social, emotional wellbeing and mental health. There is a clear and critical need to provide support to mitigate against their effects, through the development of young people’s social and emotional skills, in schools, prisons and in the community. This is one of the reasons that we’ve developed trauma-informed training for professionals to support our partner organisations.”

What are the social and economic costs of poor mental health in men and boys?

The main social cost of poor mental health is the negative outcomes for young people themselves and for their communities.

We hear regularly from our members that mental health challenges are one of the main barriers to employment for young people. On our Talent Match London employability programme, we found that 30% considered a lack of confidence and 11% ill health or disability a barrier to employment. Annually, there are 480,000 ‘hidden’ young people not in education, employment, or training and not accessing statutory support. There would be additional tax revenue of £370 million per year if

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5 London Youth (2016) *Reach Out, Enable, Connect: So more young Londoners can help themselves into employment.*
two-thirds of young people who remain hidden after one year were supported into sustained, full-time employment.\(^6\)

The Youth Violence Commission has noted the negative impact of adverse childhood experiences (ACEs) on a person’s life, experiencing four or more of which means a young person is 10 times more likely to be involved in violence by the age of 18.\(^7\) The commission notes the cost of failure to intervene early in trauma caused by ACEs could be nearly £17 billion per year in England and Wales. Of 5-16 year olds with a mental disorder, 70% had experienced a stressful life event.\(^8\) Participating in some kind of community group has been shown to help incidence of mental illness for those with four or more ACEs fall from 23% to 11%.\(^9\)

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<th>What is the effect of the following on men and boys’ mental health:</th>
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<td>• Gender stereotyping in childhood</td>
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<td>• Gendered expectations around work</td>
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<td>• Fatherhood</td>
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<td>• Media portrayals of masculinity</td>
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<td>• Household finances</td>
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<td>• Relationship and family breakdown?</td>
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For older young people, gendered expectations around work can have a negative effect. One youth professional said that young people can “see themselves as failures with no hope of ever meeting the expectations meted out to them. Ongoing and deepening depression, general confusion as to their role and purpose in society, eating disorders, poor physical health, and domestic violence are all of the effects of this.”

As discussed above, household finances and economic pressure are a major driver of mental health issues for young people in London. We hear from our members that financial pressure and gendered expectations for young men and boys from deprived backgrounds can be a catalyst for becoming involved in crime. For example, a youth professional told us: “One young person said, ‘We pay our electricity by meter and the electricity is gone. Mum hasn’t got any money. You step out of the block and you go downstairs, and a guy pulls up in a Ranger Rover and says, ‘You know what, I’m gonna give you fifty quid if you can take that box from there to there.’ What do you do?”

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<th>What issues other than access to healthcare affect the mental health of men and boys?</th>
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<td>One youth professional answered: “The inability for boys and young men to access community support: There are no youth clubs. There are additional pressures of hidden poverty and debt.”</td>
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\(^6\) London Youth (2017) *Hidden in Plain Sight: Young Londoners unemployed yet unsupported.*


\(^9\) Public Health Wales (2018) *Sources of Resilience and Their Moderating Relationships with Harms from Adverse Childhood Experiences.*
Though not as large as for young women, many young men feel isolated from their community and society at large. According to our polling, 25% of young men did not feel connected to their local community and 21% did not feel respected, compared to 16% and 19% respectively who did. Young men are also much more likely than young women to feel part of no communities (10% vs. 15%). One young person said, “I feel alone in London. It seems that everyone here only cares about working and earning.”

Khulisa highlighted the impact a lack of access to social and emotional education for young people in schools has on their mental health outcomes. Three quarters of studies into social and emotional wellbeing programmes show that anxiety among young people decreases when they can develop the skills to recognise and manage their emotions. Improvements in these social and emotional skills are associated with a 10% decrease in other mental ill health and these effects last for at least 6 months.

As indicated above, public safety and violence are a major cause of anxiety for young men and boys in London. We regularly hear that young people, particularly young men from BAME backgrounds, are scared of experiencing violence in London. A young person said, “There is a lot of crime around my area, there are bad things so you really want to just go off to some place where you can relax and be yourself, and get away from the bad things.”

In the context of high levels of youth violence, London Youth strongly supports a transformation of services interacting with young people to be trauma informed. Many young people in London have experienced trauma, such as through Adverse Childhood Experiences or by witnessing violence, and may not be sufficiently managing it. Young people experiencing trauma may display rage or risk-taking behaviour, engage in violent or abusive relationships, demonstrate hyper-vigilance, or carry a weapon.

**Which groups of men and boys are particularly at risk of poor mental health and what is leading to this?**

According to the NHS, the incidence of some form of mental disorder is most common among young men and boys between the ages of 11 and 16 years old (14.3% of boys and girls). Boys in the age groups of 2 to 4 years old and 5 to 10 years old experience at least one mental disorder. Among 11 to 16 year olds, the incidence is roughly even (14.3% vs. 14.4%) and then sharply diverges between 17 and 19 years old (10.3% vs. 23.9%).

There is a strong correlation between the Indices of Multiple Deprivation and the incidence of referral for psychological therapies. There is also a strong relationship between deprivation levels and the effectiveness of patients’ recovery from mental illness. Children in household with

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the lowest income are more likely to have two or more mental disorders, and children whose parents receive income or disability benefits had higher a chance of having multiple disorders.\textsuperscript{15} London has many areas of serious and concentrated deprivation. For example, four of the 10 local authority areas in England with the most strongly concentrated pockets of deprivation are in London.\textsuperscript{16} 27\% of Londoners live in poverty, compared to 21\% across England. Seven out of ten households in England in temporary accommodation are in London and 80\% of these include children.\textsuperscript{17}

We consider it important to state the role that race plays as a risk factor for young men and boys’ mental health, due to the systematic inequalities and racial disparities that many young people of colour face in London. This disparity is often significantly expressed both through unequal access to services. For example, white British adults are twice as likely to be receiving treatment for mental and emotional problems, and black British adults are the least likely to be receiving treatment.\textsuperscript{18} The issue of access to services in London is compounded by regional inequalities between Inner and Outer London. The high cost of living has encouraged accelerating population growth in Outer London, where many public services have yet to respond.

A youth professional said: “Those groups of men and boys particularly at risk are in areas of social deprivation, where there is no hope of employment, local training and there are no local amenities. That means they have to travel (and get into further debt) just to get the basics that other areas have very easy access to.”

What measures are needed to most effectively tackle poor mental health in men and boys and what are the barriers that prevent these being implemented?

One young person, when asked how he would use a magic wand to improve London, told us he would “advertise where to get support so young people with mental health or disability issues will know where to look for help.”\textsuperscript{19}

\textit{Mental health support in the voluntary and community sector}

We believe that the voluntary and community sector and community youth organisations are vital partners in ensuring all young people can access mental health services. The Government’s current policy does not place an adequate emphasis on the role of the community and youth sector to deliver mental health support, services, and signposting to young people.

Organisations in the voluntary and community sector are actively delivering services to young people to support emotional and mental wellbeing, encourage resilience and confidence, and providing specialist intervention services. Greater formal recognition of this would allow the sector

\footnotesize{\textsuperscript{15} NHS Digital (2018) \textit{Mental Health of Children and Young People in England, 2017}.}  
\footnotesize{\textsuperscript{16} Ministry of Housing, Communities & Local Government (MHCLG) (2015) \textit{English Indices of Deprivation}.}  
\footnotesize{\textsuperscript{17} Trust for London (2017) \textit{London’s Poverty Profile}.}  
\footnotesize{\textsuperscript{18} NHS Digital (2016) \textit{Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014}.}  
\footnotesize{\textsuperscript{19} London Youth (2018) \textit{“A Space of our Own”: The role and value of youth organizations in strengthening communities}.}
to play a bigger part in meeting the needs of children and young people and assist the departments in their goals.

We support additional funding specifically for mental health training for youth workers who have long-term relationships with young people and have become unintended and unsupported frontline mental health practitioners. We support an emphasis on local youth organisations embedded in their communities. Providing training for youth workers in the voluntary and community sector is an effective way of increasing the mental health support that young people receive. It allows effective signposting into specialist service pathways, provided in the context of long-term, trust-based relationships. For example, London Youth helped delivered mental health first aid training to youth workers from 31 organisations through a number of two day workshops in 2017. Each of these workshops was very quickly oversubscribed and the feedback was very positive; youth workers commented on their increased confidence to identify mental health issues in young people, to help them with these issues, and to guide young people to specialist services in consultation with their families and carers, schools, and health agencies. London Youth also runs a Wellbeing & Mental Health Network, which has been attended by 63 different youth organisations within the last year.

The ability of youth organisations to support young people’s mental health has been negatively impacted by public service cuts. Local authority youth service budgets across London in 2017/2018 are £39 million lower than they were in 2011/2012. This represents an average cut of £1.5 million or 44% per local authority. During that period, 81 youth centres were closed and there were 800 fewer youth workers.20

Supporting youth work and community youth organisations

We strongly contend that youth work is a powerful and under-utilised vehicle for mental health support for young people. According to research, youth workers are particularly well-placed to promote protective factors against poor mental health through “building emotional and social capabilities associated with increased resilience by focusing on relationship building and providing support that is accessible, community-based and de-stigmatising...Giving young people a voice and position of influence can have an empowering and rejuvenating effect on the lives of those experiencing mental ill health.”21

The strength of youth work is in trusted relationship between youth workers and young people. There is strong evidence that having a trusted relationship with at least one adult during childhood is correlated with a lower risk of mental illness in adulthood.22 One youth professional phrased the power of these relationships: “Having someone you can trust, who is always there for you, who will not judge you, will not question you and will not ask your story again and again... It rebuilds that trust in other people, getting a tiny bit pf that positive adult presence in their life.”23

**Sport and physical activity**

We consider that a particularly effective way to engage young men and boys in mental health support is through sports and physical activity that they choose to engage in and in places where they choose to go, such as youth organisations. From our polling, we know that young men considered sports clubs their second highest form of community (32%), higher even than their extended family (29%). Young men were also much more likely to feel part of their sports clubs or youth groups than young women (23% vs. 13% and 14% vs. 10% respectively).

There is a large body of evidence that regular participation in sports during childhood is associated with lower levels of mental illness in adulthood.\(^{24}\) There is also a positive association between sport and physical activity and levels of mental wellbeing and the level of individual development (defined as persistence and perseverance).\(^{25}\) In corollary, there is also evidence that fitness is actually improved by interventions that focus more widely on other goals, such as enhanced self-efficacy, goal-setting, social support, and changing attitudes.\(^{26}\)

**Social & emotional education and trauma-informed training**

Khulisa actively supports a dual-approach of: providing social and emotional education for young people in schools, prisons and in the community; and providing trauma-informed training for the professionals who work with them, ideally during their professional training and also in situ. Professionals who work with young people, including in schools and prisons, should understand how trauma impacts young people in order to build the capacity of young people and to improve their relational capacity. Coaching staff on how to co-regulate young people is a proven way to reduce disruptive behaviour while having a positive impact on behavioural regulation and improved pro-social behaviour. A wide-scale two year study in 11 schools found a 35% reduction in school exclusions and a 29% reduction in students being sent out in schools where staff had received training on co-regulating young people.\(^{27}\) This type of relational model can have multiple benefits, not just related to academic attainment. Khulisa advocates a systemic approach that supports both professionals and young people as critical to stemming the volume of young people continuing to enter the criminal justice system and struggling to rehabilitate back into society.

**Case study: St. Matthew’s Project**

St. Matthew’s Project began as a ‘kick-about’ in a nearby park led by a father from St. Matthew’s Estate in Brixton. It is now a registered charity that delivers high-quality youth work through a football programme for up to 200 young people, mostly boys, between the ages of 3 and 25 in Lambeth each week.

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\(^{24}\) Public Health Wales (2018) *Sources of Resilience and Their Moderating Relationships with Harms from Adverse Childhood Experiences.*


\(^{26}\) Williams and Yeo (2014) *Is Attitude a Key Factor to Consider when Designing Physical Activity Interventions for Black Adolescent Girls: A review.*

In addition to football specific activities, they have arranged trips, encouraged youth volunteering, delivered accredited training courses and healthy lifestyle workshops, and provided one-to-one support to young people.

In 2017, London Youth provided St. Matthew’s Project with a Development Grant to run a programme focusing on mental health. The programme involved young people in taking part in group counselling sessions with trained counsellors as part of the regular football sessions. One person involved said: “It worked so well because of the setting – in Brockwell Park in summer with good weather. Food was put on and there was a really good atmosphere. There were five sessions and the young people spoke about a range of issues: one spoke about his father and not wanting to speak with him anymore and another topic that came up was pornography. There was a real openness around personal issues, almost like group therapy. The last session went so well the group ran over by over 30 minutes – not something that we expected at the beginning.” They are currently working with London Youth to engage more girls in football, allowing them to work with a more diverse group of young people.

How effective has Government policy been in improving mental health outcomes for men and boys?

London Youth does not consider that mental health outcomes for young men and boys have been satisfactory and have been particularly affected by limited access to mental health services, which have been affected by cuts to public services over the last almost decade. Due to the reduction in local authority youth services and pressure on CAMHS, youth workers among our membership increasingly report that they have become unintended and unsupported frontline mental health practitioners. According to the NHS, about half of children with a disorder received informal support with their mental health worries, while one quarter had no contact with either formal or informal support. Without adequate support from central government, it is unsustainable for the voluntary and community to continue to fill gaps in universal provision of mental health support for young people.

In 2018, we welcomed the Government’s Transforming Children and Young People’s Mental Health Green Paper and its considerable commitment of funding to support young people’s wellbeing. We continue to have concerns about the way in which the core proposals focus on establishing the education system as the principal pathway for young people to access mental health support. While we agree that schools and colleges play an important role in mental health support and signposting, there needs to be a greater acknowledgement of the sometimes complicated relationships between young people and their schools and colleges. Our concern is that by making schools and colleges the central pathway for young people to access mental health services there is a risk of not providing adequate support to all young people, particularly those who do not have positive relationships with their schools, older young people, and those who are no longer in school.

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We object to the Government identifying the voluntary and community sector as a vital partner in its mental health and wellbeing policy, but not accompanying this with any significant investment or support for the sector. A more explicit commitment towards a partnership approach is required. Local stakeholders from all sectors, including statutory and voluntary and community sector organisations, should cooperate to develop plans to meet local need.

Local cross-sector strategies should be developed to enhance the local offer in each area and to utilise local assets to capitalise on all current mental health service delivery, including that provided by the voluntary and community sector. These cross-sector partnerships should recognise the role for government, voluntary and community sector organisations, school and colleges, families, and the wider community to support young people’s mental and emotional health and wellbeing.

We consider there to be a lack of prevention strategies in the green paper and think that this is a serious oversight. The voluntary and community sector is well-placed to partner with the government to provide mental health prevention programmes, particularly through helping young people to develop confidence, resilience, and wellbeing. This is particularly important as children with a mental disorder are significantly more likely to have low self-esteem than those without (43% vs. 6%).

Because prevention and early intervention require investment, we support ring-fencing transformation funding to ensure that our children and young people are supported.

A youth professional said, “Sport and social activity are only part of the solution and do not work in absence of the other required factors: employment, valued training, financial management, and support.”

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<th>How effective are the following at tackling poor mental health in men and boys:</th>
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<tr>
<td>• NHS England</td>
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<td>• Public Health England</td>
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<td>• Child and Adolescent Mental Health Services</td>
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<tr>
<td>• Local Authorities</td>
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<tr>
<td>• Schools</td>
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<tr>
<td>• Local support groups, faith groups, carers, friends and family</td>
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Our members and young people regularly tell us that there is little confidence in CAMHS, particularly due to long waiting lists. This supported by the Care Quality Commission’s review of CAMHS, which found a “system under pressure”, often characterised by long waiting lists, high eligibility criteria, and gaps in service provision that meant young people reached crisis points before they were able to get help.

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One youth professional rated the above organisations as poor. He said: “These agencies do not have the resources to do what needs to be done. The government has facilitated the growth of this by passing the problem onto [these agencies] without the resources to properly address the problem. This is not about throwing money at the problem. This is about accepting that to address this there needs to be a holistic approach to dealing with this. But unless the resources are given in full, this situation will not change for the better, but for the worse.”