



Mental Health and Wellbeing of Young People in the UK with a Gender Lens

Supported by a charitable grant from AstraZeneca. AstraZeneca has had no input into the content of this report.

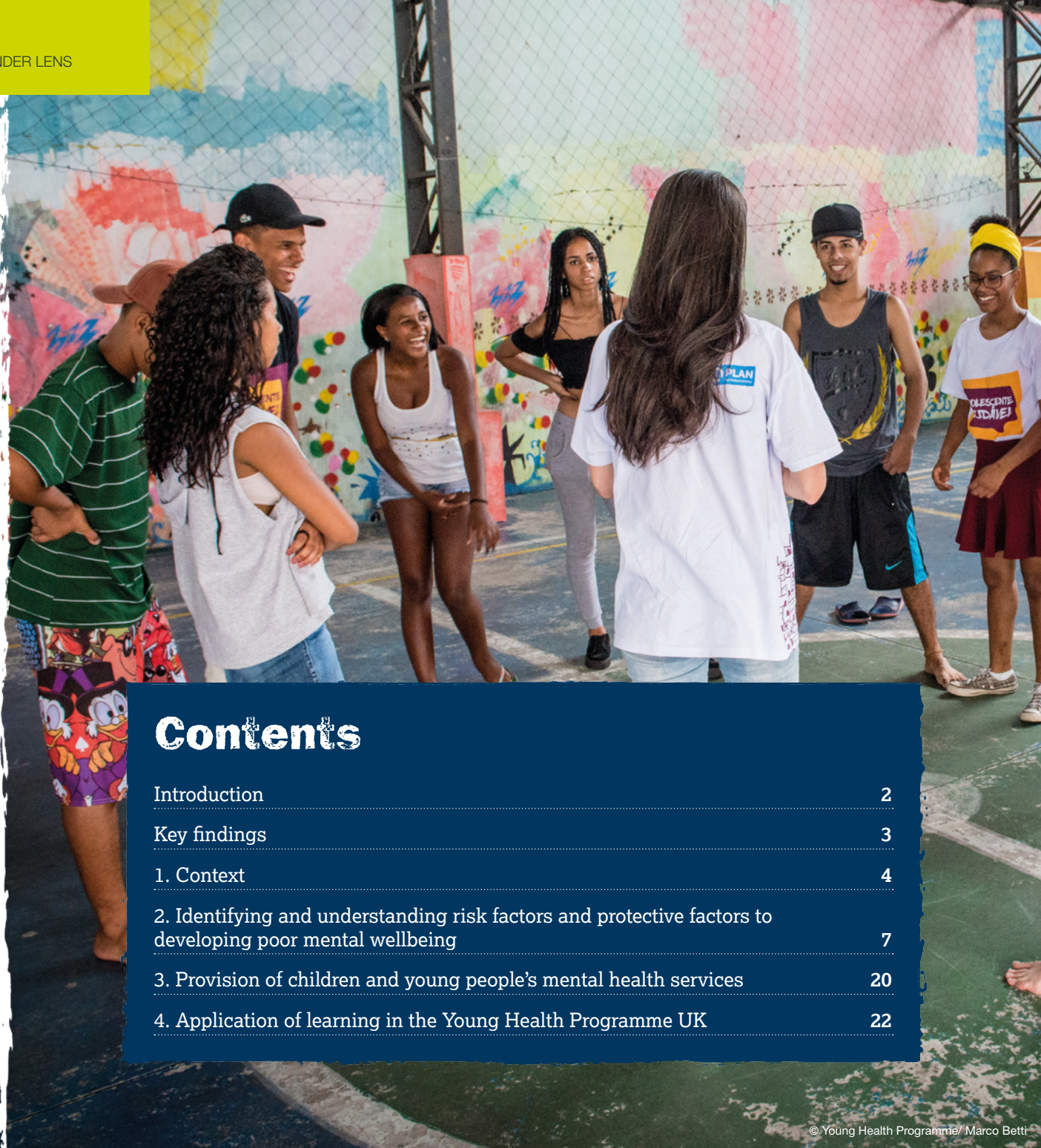
Introduction

In 2010, Plan International partnered with AstraZeneca to become a founding member of the Young Health Programme (YHP). Our global work, in Brazil, India, Kenya, Indonesia, Vietnam, Thailand, Egypt and Colombia has a unique focus on young people and the prevention of the most common non-communicable diseases (NCDs).

Announced in 2020, our Young Health Programme in the UK will tackle the growing mental health and wellbeing inequalities faced by young people across the country. It will reach over 130,000 young people, aged 10 to 24, over five years.

The YHP UK will be designed with and for young people, following an innovative Youth-Centred Design model which places young people's voices at the centre of the programme. The YHP UK will listen to the challenges that young people face and identify what changes they would like to see happen. Then together, work to develop and adapt solutions to tackle the health inequalities young people face and improve health and wellbeing outcomes for young people and their communities.

This review was commissioned to review the landscape of current mental health and emotional wellbeing among young people in the UK. Secondary sources were reviewed and enhanced by primary research on positive and negative influences on young people's wellbeing. The findings have been used to inform the design of the YHP UK programme.



Contents

Introduction	2
Key findings	3
1. Context	4
2. Identifying and understanding risk factors and protective factors to developing poor mental wellbeing	7
3. Provision of children and young people's mental health services	20
4. Application of learning in the Young Health Programme UK	22

Key findings

1. Mental and health and wellbeing continues to be an under resourced area of the UK health system

The review of evidence highlighted a number of critical considerations, and stark facts, about the prevalence of poor mental and emotional wellbeing among children and young people in the UK, and the inadequacy of current clinical capacity to support those experiencing poor mental health: The number of children and young people in the UK who are experiencing issues with mental and emotional wellbeing has increased.

2. Covid-19 has exacerbated the issue

The Covid-19 pandemic has exacerbated **rising levels of poor mental wellbeing among children and young people in the UK**, and has **increased the gap between the need for children and young people's mental health services and provision**. Young people themselves are acutely aware of the inadequacy of mental health support in the UK.

3. Risk factors to developing poor mental wellbeing are intersectional

Sources point to the significant prevalence of identifiable risk factors to developing mental health issues. Key risk factors highlighted by the evidence review include:

- **Adolescence** – The significant shifts associated with adolescence coincide with major life transitions each of which can have a negative or positive effect on children and young people. The Association of Young People's Health identify compelling reasons to invest in adolescent health; the first signs of many serious long-term conditions emerge at this age, including three quarters of lifetime mental health disorders.
- **Gender** – existing evidence suggests that gender leads to different trajectories in mental wellbeing, with boys more likely to experience a probable mental health disorder between the ages of 5–10, and mental health issues growing steadily in girls and young women from childhood through to late adolescence. However, there is little reliable insight into the impact of gender identity or sexual orientation on mental wellbeing.
- **Minority Ethnic background** is linked to poorer mental wellbeing and a reduced likelihood of accessing appropriate support services.
- **Poverty and low socio-economic status** are a strong risk factors for poor mental health that are linked to lower levels of wellbeing from early childhood (3 years old).
- **Physical disabilities and special education needs** are linked to low levels of wellbeing.
- **Adverse Childhood Experiences** significantly increase children and young people's vulnerability to mental health issues.

- **Not being in employment, education or training (NEET)** decreases happiness across all key life areas; NEETs have been particularly badly affected by the pandemic because of the prolonged reduction in job opportunities. While a large amount of research exists into risk factors, there are significant insight gaps. These include the lived experience of mental health issues in different children and young people, and how key factors such as gender, gender identity and ethnicity affect young people's understanding of mental wellbeing.

4. The voice and lived experience of youth is not being considered in solution design

The review shows the lack of robust insight into many children and young people communities. It is essential interventions are co-produced, based on an authentic understanding of young people and lead to outcomes that young people feel will have the greatest impact on their mental wellbeing.

1. The context

A working definition of mental health

There are many definitions of what constitutes mental health and how to measure it. This review has chosen to think beyond the absence of clinical mental disorders to consider a broader view of holistic wellbeing which includes mental, emotional and self-esteem factors.

This reflects a growing recognition among stakeholders in this space that mental and emotional wellbeing should be seen as more than just the absence of diagnosable disorders but to promote positive wellbeing in a way which will mitigate key risk factors for poor mental health escalating to clinical disorders.

Evidence from the NHS¹ draws a close association between wellbeing (measured using the Warwick Edinburgh Mental wellbeing scale) and self-esteem (measured using the Rosenberg self-esteem scale) with mental health disorder in young people aged 11–19 years old:

- i. High self-esteem was five times more common in young people without a disorder (25.1%) than those with a disorder (5%).
- ii. Mental wellbeing scores were higher in those without a disorder (53) than those with (43.1)

The evolving prevalence of poor mental and emotional wellbeing in children and young people in the UK

The review of evidence highlighted a number of critical considerations, and stark facts, about the prevalence of poor mental and emotional wellbeing among children and young people in the UK and the inadequacy of current clinical capacity to support those experiencing poor mental health:

1 in 6

NHS data shows that rates of probable mental disorder in children and young people have increased between 2017 and 2020. In 2020, one in six (16%) of children and young people aged 5 to 16 years were identified as having a probable mental disorder – an increase from one in nine (10.8%) in 2017. The increase was evident in both boys and girls.²

16.6%

of 5–15 year olds were assessed (by clinically trained assessors) as experiencing a mental disorder in 2020 – up from 9.7% in 1999.⁴

Only 1 in 4

young people with a diagnosable mental health condition were referred to a specialist children and young people's mental health service (CYPMHS) in 2020.⁷

15 yr olds

in the UK are among the saddest and least satisfied with their lives in Europe.⁵

14 weeks

was the average wait for young people referred to CYPMHS from referral to their first treatment (the average wait for assessment was eight weeks).⁸

Only 23%

of 11–19 year olds had high self-esteem – a factor associated with lower levels of poor mental wellbeing.³

35%

the increase in referrals to children's mental health services in 2019/2020.⁶

It is clear from the evidence reviewed that the prevalence of poor mental wellbeing among children and young people in the UK is significant, higher than that in other European countries, and leads to a demand for clinical support for diagnosable disorders that exceeds the current capacity of CYPMHS.

¹ NHS Digital. "Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey." <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

² NHS Digital. "Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey." <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

³ NHS Digital. "Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey." <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

⁴ NHS Digital. "Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey." <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

⁵ The Children's society (2020), The Good Childhood Report 2020 <https://www.childrensociety.org.uk/sites/default/files/2020-11/Good-Childhood-Report-2020.pdf>

⁶ Children's Commissioner (2021). The state of children's mental health services 2020-21. <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2021/01/cco-the-state-of-childrens-mental-health-services-2020-21.pdf>.

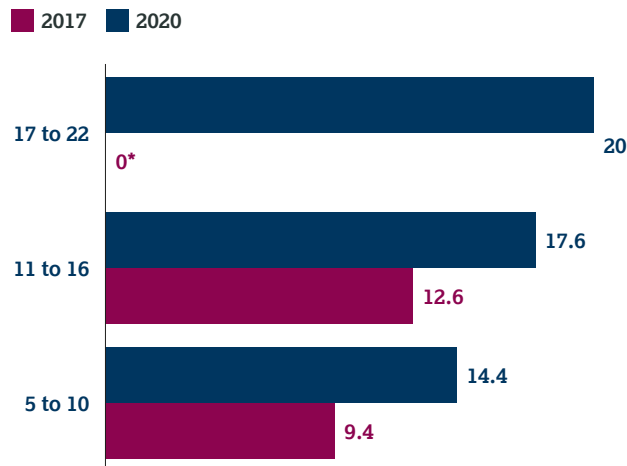
⁷ Mind. "A review of mental health services for children and young people (2020) A briefing from Mind" <https://www.mind.org.uk/media/6865/briefing-on-cyp-mhs-2020-final.pdf>

⁸ Mind. "A review of mental health services for children and young people (2020) A briefing from Mind" <https://www.mind.org.uk/media/6865/briefing-on-cyp-mhs-2020-final.pdf>

The impact of Covid-19

The Covid-19 pandemic has exacerbated rising levels of poor mental wellbeing among children and young people in the UK and increased the gap between children and young people’s mental health needs and the over-stretched clinical capacity to support those experiencing mental disorders. NHS data shows an increase in the prevalence of probable mental health problems in 2020 compared to 2017 among 5–16 year olds in England across all age groups and genders. A comparison of children and young people aged 17 to 22 years was not possible because of recording differences between the two waves but the 2020 figure is included for completion:⁹

Percentage of young people with probable mental disorder by age 2017 vs 2020



Source: NHS Digital, 2020

*The percentage of young people, aged 17 to 22, with a probable mental disorder was not measured in 2017.

A study by YouGov conducted on behalf of The Prince’s Trust outlines the impact of the pandemic on the older age group of 16–24 year olds:¹⁰

50%

said their mental health has worsened since the start of the pandemic.

56%

said they “often” or “always” feel anxious.

20%

have experienced suicidal thoughts.

The trauma of the pandemic experienced by society as a whole was devastating for children and young people on a number of levels. School closures meant that, at a time of great stress and uncertainty, vital social support networks broke down as much needed peer group interaction became impossible.

75% of girls and young women (aged 14–21 years) who experienced a deterioration in their mental health during the pandemic said it was because they could no longer meet up with friends or family and 62% attributed it to feelings of loneliness.¹¹

Increased personal stress, exposure to broader stress within the family, reduced physical activity and worries about education and employment all contributed to worsening mental wellbeing. For some, reduced household income because of redundancy or furlough also led to increased levels of poverty – a factor that can further compound mental health.

The negative consequences of the pandemic have fallen disproportionately on the most vulnerable groups of children and young people – because of the trauma caused by the pandemic itself and the public health measures taken to control the spread of the virus. Key groups affected in this way include:

- **Children of key workers.** A study of 13–24 year old children of key workers shows they have experienced greater levels of anxiety, trauma and physical symptoms because of the pandemic compared to their peers.¹²
- **Young carers.** A survey of nearly 1,000 young carers showed over half have felt overwhelmed, stressed and suffered with poorer mental health because of the pandemic. A third struggled to get support.¹³

⁹ NHS Digital. “Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey.” <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

¹⁰ Prince’s Trust Tesco Youth Index (2021) <https://www.princes-trust.org.uk/about-the-trust/research-policies-reports/youth-index-2021>

¹¹ Plan International UK (2020) The State of Girls’ Rights in the UK – Early insights into the impact of the coronavirus pandemic on girls. <https://plan-uk.org/file/plan-uk-state-of-girls-rights-coronavirus-reportpdf/download?token=gddEAzIz>

¹² Levita L. Initial research findings on the impact of COVID-19 on the well-being of young people aged 13 to 24 in the UK. Sheffield; 2020.

¹³ Carers Trust. My future, my feelings, my family: How Coronavirus is affecting young carers and young adult carers, and what they want you to do next. 2020.

- **Children and young people at risk of witnessing or experiencing violence.**

The increase in calls and referrals to sources of support for domestic violence indicate that for a rising number of children and young people, lockdown has confined them to an environment which is exposing them to greater risks of physical and mental harm.¹⁴

- **Groups of children and young people with underlying vulnerabilities** to poor mental wellbeing are also experiencing disproportionate effects of lockdowns including: disadvantaged communities, people with disabilities, and people experiencing homelessness.¹⁵

Current evidence suggests that the pandemic has increased the already significant number of children and young people who need support addressing mental and emotional wellbeing issues. This means that, more than ever, there is a requirement for preventative interventions that seek to mitigate risk factors to poor mental health and promote positive, empowering strategies which build resilience.



© Young Health Programme UK/ Sakina Saidi

¹⁴ BBC. UK lockdown: Calls to domestic abuse helpline jump by half [Internet]. 2020 [cited 2020 Jul 28]. Available from: <https://www.bbc.co.uk/news/uk-52433520>

¹⁵ Harkins C. Supporting community recovery and resilience in response to the COVID-19 pandemic-a rapid review of evidence [Internet]. Glasgow; 2020. https://www.gqph.co.uk/publications/938_supporting_community_recovery_and_resilience_in_response_to_covid-19

2. Identifying and understanding risk factors and protective factors to developing poor mental wellbeing

The review identified risk factors that contribute to poor mental wellbeing and considered protective factors to draw learnings about positive contributions to mental health.

The Mental Health Foundation identified the following key risk and protective factors to poor mental wellbeing from childhood, through adolescence to adulthood:¹⁶

	Risk Factors	Protective Factors
Early years	<ul style="list-style-type: none"> • Parental neglect • Parental substance misuse • Parental mental health problems • Disability • Family poverty • Family adversity 	<ul style="list-style-type: none"> • Positive parenting • Nurturing home environment • Strong attachment • Adequate household income • Parents' education level • Parental mental health • Safe & secure housing • Health & social care provision
Childhood and teens	<ul style="list-style-type: none"> • Malnutrition • Parental divorce • Adverse childhood experiences (e.g. abuse) • Parental substance misuse • Parental mental health problems • School failure/drop-out • Child poverty • Lack of green & blue space 	<ul style="list-style-type: none"> • Supportive parenting • Emotional literacy • Friendships • Affirmation of sexuality • Positive body image • Good education • Adequate household income • Safe & secure housing • Access to green & blue space • Access to recreation facilities • Cultural respect • Opportunities for participation • Health & social care provision
Adulthood	<ul style="list-style-type: none"> • Isolation • Adverse experiences / trauma • Poverty / debt • Prejudice / discrimination • Low educational attainment • Unemployment / poor quality job • Insecure / unsafe housing • Deprived or dense living area • Lack of green & blue space 	<ul style="list-style-type: none"> • Self-esteem • Connectedness • Mental health literacy • Adequate household income • Employment / good quality job • Educational attainment • Safe & secure housing • Low density living area • Access to green & blue space • Access to recreation facilities • Cultural respect • Opportunities for participation • Health & social care provision

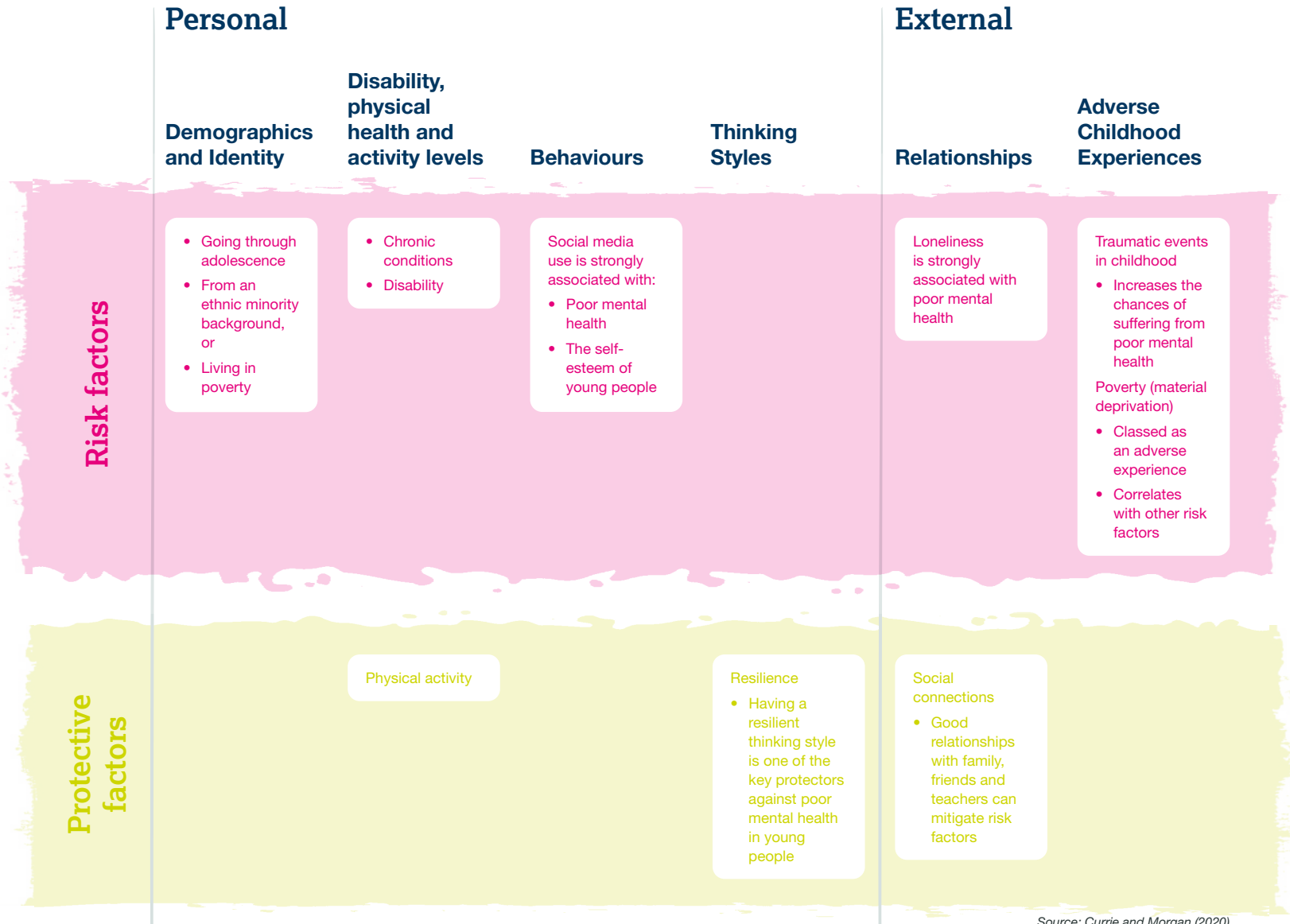
¹⁶ Mental Health Foundation (2020) Tackling social inequalities to reduce mental health problems: How everyone can flourish equally https://www.mentalhealth.org.uk/sites/default/files/MHF-Inequalities-Paper-in-depth-report_0.pdf

This analysis shows the importance of protective factors for children and teens.

The longevity of the positive impact that could be achieved in these areas is suggested by the overlap of key protective factors into adulthood. Specifically, supporting the development of self-esteem, mental health literacy, cultural respect, participation and the social skills that can help people become and stay connected can benefit children and young people throughout their lives.

An analysis conducted by Currie and Morgan (2020) of 104 papers based on the Health Behaviour in School-Aged Children study provides more detail into the specific risk factors for poor mental wellbeing in children and young people:

Risk factors for poor mental wellbeing in children and young people:



Source: Currie and Morgan (2020)

Demographics, socioeconomic and identity

Age

Behaviour initiated during adolescence has a significant impact – the World Health Organisation (WHO) estimates that 70% of premature deaths among adults are largely due to behaviour initiated during adolescence¹⁷. UK-based research conducted in 2018 by the Health Foundation shows that the health inequalities experienced by young people (aged 10–24 years) can lead to poorer long-term health outcomes and an increased likelihood of developing non-communicable diseases in adulthood¹⁸. Non-communicable diseases or NCDs, are long term conditions such as cancers, diabetes, respiratory and heart diseases, and include mental ill health.

The significant physical, cognitive, emotional, social and behavioural shifts associated with adolescence coincide with major life transitions each of which can have a negative or positive effect on children and young people and their experiences – these are outlined by the WHO to include:¹⁹

- **Education:** moving to higher education, to work or unemployment.
- **Health:** transitioning to taking responsibility for one’s own health.
- **Family:** a shifting identity within the family eventually leading to greater autonomy.

The Association of Young People’s Health²⁰ has drawn on national data and insight to identify the following compelling reasons to invest in adolescent health:

- **The first signs of many serious long term conditions emerge at this age**, including three quarters of lifetime mental health disorders.
- **Adolescence is a time when risk-taking behaviours begin** and lifelong health behaviours are set in place.
- **Young people’s health is not improving enough** compared to other age groups.
- **Young people are not getting the health services or information they require**, and their accounts are often less positive than those of other age groups.
- **Health inequalities are widespread by the time of transition to adulthood**, and some are widening.
- **Ignoring chronic adolescent disease costs money** and investing in adolescent wellbeing has benefits beyond just health outcomes.
- **The effects of poor healthcare in adolescence can last a lifetime.**
- **Investment in adolescence maintains and reinforces successful health interventions delivered in early childhood.**

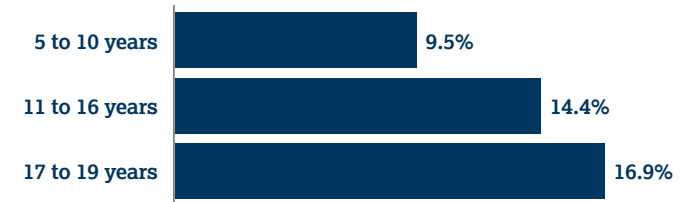
The transition through adolescence sees a drop in personal wellbeing and a rise in psychological distress for many young people.²¹

Adolescence starts with the move from primary to secondary school. At a time when young people’s sense of their own identity becomes more closely tied to their mental health, they lose the familiarity of primary school and have to navigate establishing themselves in secondary school with the increased academic pressure, worry about fitting in and fear of judgement this brings.

This leads to an increased incidence of mental health disorders among young people as they move from primary school years to adolescence and young adulthood.²²

There is a lack of robust evidence into the cause of changes in mental wellbeing throughout adolescence and young adulthood. Despite the clear link between adolescence and the risk of developing poor mental and emotional health, there is relatively little investment into research to understand the factors causing this link.

% mental health disorder



¹⁷ World Health Organization. (2001). The Second decade : improving adolescent health and development. World Health Organization <https://apps.who.int/iris/handle/10665/64320>
¹⁸ Shah R, Viner R, Hargreaves D, Heys M, Varnes M, Hagell A, 'The social determinants of young people’s health'. Health Foundation; 2018 <https://www.health.org.uk/publications/the-social-determinants-of-young-people%E2%80%99s-health>
¹⁹ World Health Organisation. World Development Report 2007, Development and the next generation.
²⁰ Association for Young People’s Health (2019) Ten reasons to invest in young people’s health <https://www.youngpeopleshealth.org.uk/wp-content/uploads/2019/08/Ten-reasons-to-invest-August-2019.pdf> <https://www.youngpeopleshealth.org.uk/wp-content/uploads/2019/10/References-for-10-reasons-to-invest-August-2019.pdf>
²¹ Crenna-Jennings, Whitney (2021) “Young People’s mental and emotional health. Trajectories and drivers in childhood and adolescence.” Education Policy Institute. https://epi.org.uk/wp-content/uploads/2021/01/EPI-PT_Young-people%E2%80%99s-wellbeing_Jan2021.pdf
²² Crenna-Jennings, Whitney (2021) “Young People’s mental and emotional health. Trajectories and drivers in childhood and adolescence.” Education Policy Institute. https://epi.org.uk/wp-content/uploads/2021/01/EPI-PT_Young-people%E2%80%99s-wellbeing_Jan2021.pdf

Limitations of the existing data

A more qualitative understanding of how children and young people experience mental health and wellbeing issues, and how this changes throughout childhood and adolescence, is currently lacking. **Going beyond a quantitative scoping of mental and emotional health to this deeper insight will be important in determining how to create effective and engaging interventions.**

Gender

Gendered adolescent health is a neglected conversation in the UK; Most policy documents are gender- or age-neutral and often corral girls and boys into the generic categories of ‘children’, ‘adolescents’, ‘youth’ or ‘men/women’ – therefore relegating adolescent girls’ and boys’ rights to the margins.

When looking specifically at gender and mental health conditions and wellbeing, it is clear that boys and girls experience different levels and types of mental health ill health.

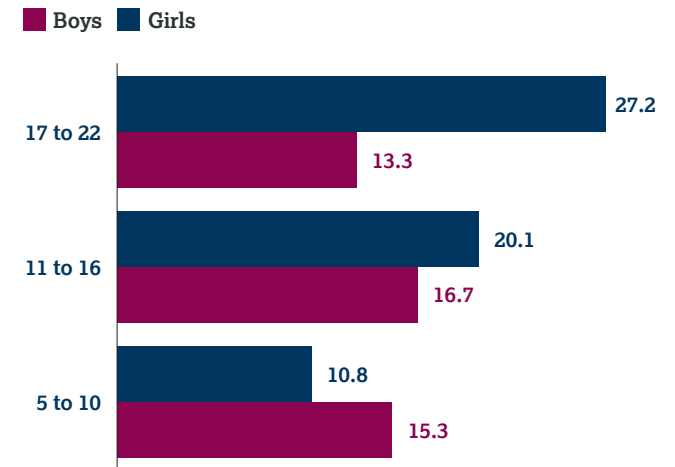
A recent UK analysis found that long-term mental health conditions were higher in boys aged 4–12 in England, Scotland and Wales. At age 13–15, results were less consistent; Boys were more likely to report long-standing mental health conditions, but girls were more likely to report high scores on an emotional difficulties questionnaire in England and report lower well-being in Scotland. Among young adults (16–24), mental wellbeing was lower among young women than young men, and long-standing mental health conditions were more common among women in Wales, but not in England or Scotland.²³

The Mental Health of Children and Young People Survey for England²⁴ found boys and girls experience different types of mental health disorders at different stages.

- For girls, emotional disorders are more common, peaking in prevalence in late adolescence (age 17 to 19 years)
- For boys, behavioural and hyperactivity is most common and this peaks at secondary school (age 11 to 16 years). At age 5–10 years, rates of emotional disorder were similar in boys and girls. However, other types of disorder were more than twice as likely in boys as girls at this age.

Evidence suggests that gender differences in the rate of mental ill health increases **at the critical period of adolescence.**

% of children and young people experiencing probable mental health disorders 2020 by gender



Source: NHS Digital, 2020

The data²⁵ shows the mental health needs of boys and young men peaks in early adolescence whereas girls and young women experience a steady and significant rise in poor mental health from primary school through adolescence into young adulthood.

²³ Pitchforth, J., Fahy, K., Ford, T., Wolpert, M., Viner, R. M., & Hargreaves, D. S. (2019). Mental health and well-being trends among children and young people in the UK, 1995–2014: analysis of repeated cross-sectional national health surveys. *Psychological medicine*, 49(8), 1275–1285

²⁴ NHS Digital, Mental Health of Children and Young People in England, 2017. November 2018. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

²⁵ NHS Digital. “Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey.” <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

The Education Policy Institute's study of Young People's Mental and Emotional health looks at overall levels of personal wellbeing, self-esteem and psychological distress in boys and girls as they move through adolescence and identifies drivers at an individual, family, school and area level for both genders. **Its findings show the following differences in experiences between genders:**²⁶

- As children get older, **the drop in median wellbeing scores is greater for girls than for boys.**
- **Unhappiness with personal appearance sees a particular rise amongst girls** with one in seven saying they feel unhappy with the way they look at the end of primary school, rising to almost one in three by the age of 14 years.
- **Girls aged 14 years experience higher levels of psychological distress** than their male peers and see a greater rise in this measure as they move into late adolescence.
- **Girls' mental health is affected more by community factors** than their male peers with feeling unsafe in one's neighbourhood being significantly predictive of poorer wellbeing and higher psychological distress at ages 14 years and 17 years for girls only. The pandemic has compounded this with 28% of girls aged 14–21 years saying they now feel less safe going out in public.²⁷
- **Boys were more likely to have high self-esteem than girls** (26.3% and 18.6% respectively) and had slightly higher mental wellbeing scores (52.9 for boys; 50.6 for girls).

Qualitative research²⁸ into body image and self-esteem among girls and young women expands on the statistics noted above with the pressure to conform to the ideal views of the female body leading to comments such as:

“At times, I think did feminism ever happen in terms of the pressures on girls to conform to a particular body image?”

Researchers assessing body dissatisfaction at age 14 and predicted levels of depression at age 18 amongst boys and girls noted that little research has been conducted on body dissatisfaction with boys, especially within the UK.²⁹

Research suggests that girls have higher levels of knowledge and mental health literacy than boys, are more expressive in talking about poor mental health, and that girls are more likely to eventually seek help³⁰. A UK study³¹ to explore the understanding of mental health in 10, 13 and 15 year olds found subtle gender differences.

- **Boys across all the ages were adamant that they would hide it if they felt like crying all the time**, whilst boys and girls both agreed that feeling irritable or bad tempered was acceptable for boys but taboo for girls.

- **Boys were more likely than girls to think that psychological symptoms would go away**, whilst girls were more likely to think that they would worsen or turn into something else.
- **Boys were also more likely than girls to perceive feeling sad, irritable or anxious as not being an illness** or something that can make someone sick.

For girls and young women, a factor negatively affecting their mental wellbeing is the feeling among many that their mental health is trivialised. This can include dismissing self-harm as 'attention seeking' and the exclusion of those experiencing self-harm from educational opportunities.³² Girls are more than twice as likely as boys to self-harm³³ and suicidal ideation and suicide attempts are higher among young women than young men³⁴.

Many issues connected to the health and wellbeing of women and girls, men and boys are directly related to social norms and traditional constructions of masculinity and femininity. Emotional labour is a burden that falls disproportionately on girls and young women because of the traditional view of women as carers; the pandemic has compounded this. Girls and young women feel they have been expected to shoulder most of the burden of the additional emotional stress and grief – a study by Plan International UK shows they want this to be shared more equally with the boys in their family and friendship groups³⁵. For boys and young men, the constructs of masculinity are to be 'tough' and 'strong', appear in control, take risks, and not seek help, negatively affecting their mental health.

²⁶ Crenna-Jennings, Whitney (2021) "Young People's mental and emotional health. Trajectories and drivers in childhood and adolescence." Education Policy Institute. https://epi.org.uk/wp-content/uploads/2021/01/EPI-PT_Young-people%E2%80%99s-wellbeing_Jan2021.pdf

²⁷ Plan International UK (2020) The State of Girls' Rights in the UK – Early insights into the impact of the coronavirus pandemic on girls. <https://plan-uk.org/file/plan-uk-state-of-girls-rights-coronavirus-reportpdf/download?token=qddEAziz>

²⁸ Plan International UK (2020) The State of Girls' Rights in the UK 2019-2020 <https://plan-uk.org/file/plan-uk-state-of-girls-rights-report-2020pdf/download?token=42bpRbf8>

²⁹ Bornioli, A., Lewis-Smith, H., Slater, A., & Bray, I. (2020). Body dissatisfaction predicts the onset of depression among adolescent females and males: a prospective study. J Epidemiol Community Health.

³⁰ MacLean, A., Hunt, K., & Sweeting, H. (2013). Symptoms of mental health problems: Children's and adolescents' understandings and implications for gender differences in help seeking. Children & society, 27(3), 161-173.

³¹ MacLean, A., Hunt, K., & Sweeting, H. (2013). Symptoms of mental health problems: Children's and adolescents' understandings and implications for gender differences in help seeking. Children & society, 27(3), 161-173.

³² Plan International UK (2020) The State of Girls' Rights in the UK 2019-2020 <https://plan-uk.org/file/plan-uk-state-of-girls-rights-report-2020pdf/download?token=42bpRbf8>

³³ The Children's society (2018), The Good Childhood Report 2018 https://www.basw.co.uk/system/files/resources/thegood_childhood_report_2018_0.pdf

³⁴ Crenna-Jennings, Whitney (2021) "Young People's mental and emotional health. Trajectories and drivers in childhood and adolescence." Education Policy Institute. https://epi.org.uk/wp-content/uploads/2021/01/EPI-PT_Young-people%E2%80%99s-wellbeing_Jan2021.pdf

³⁵ 29 Plan International UK (2020) The State of Girls' Rights in the UK 2019-2020 <https://plan-uk.org/file/plan-uk-state-of-girls-rights-report-2020pdf/download?token=42bpRbf8>

The review of evidence highlighted gender differences are often neglected in research and there is a critical knowledge gap.

Greater research and recognition of the differences in young people's experience and mental health needs, at different ages and for different genders, is needed

Ethnicity

As with gender, the robustness of insight into how ethnicity impacts on the incidence and experience of mental health issues is mixed.

The most comprehensive study comes from the Mental Health Foundation³⁶ and shows that, compared to their white peers:

- **Black women are more likely to experience a common mental illness** such as anxiety disorder or depression
- **Black men are more likely to experience psychosis.**
- **Black people are more likely to be detained under the Mental Health Act.**

The Mental Health Foundation data also shows that refugees and asylum seekers are more likely than the general population to experience mental health problems. This is because of traumatic, pre-migration experiences such as war trauma which can be exacerbated by post-migration conditions such as being separated from family, poor housing, difficulties with asylum processes and exclusion or marginalisation.³⁷

The increased vulnerability to poor mental health in refugee communities is compounded by the inequalities of access to services many experience and the overall lower likelihood of receiving appropriate support compared to the population as a whole.³⁸

Some of the key negative influences on the mental health of young people from minority ethnic communities are identified as:

- **Racism and discrimination** – exposure to which may increase the experience of mental health problems such as psychosis and depression.
- **Social and economic inequalities.** Some minority ethnic communities are more likely to face disadvantages within society including poverty, poorer educational outcomes, higher unemployment, and a greater likelihood to be involved with the criminal justice system. This is compounded by challenges in accessing appropriate support services.
- **Particularly pertinent to issues of children and young people's mental health is the unmet mental health needs among young people from minority ethnic communities in the Youth Justice System.** A report from 2016 found that over 40% of children in the Youth Justice System were from minority ethnic backgrounds and that more than a third had a diagnosed mental health problem.³⁹

- **Stigma around mental health** can be more pronounced in some minority ethnic communities. This prevents individuals talking about mental wellbeing issues and can cut them off from social support networks which would otherwise protect against the development of mental health disorders.

The issue of how stigma affects minority ethnic communities in terms of accessing relevant help is explored in more detail by Mental Health Reform:⁴⁰

“Stigma and self-stigma play a role in deterring help-seeking. The concept of “Double Stigma” has been developed to help to explain the impact of stigma on this group, in which individuals from BAME (Black, Asian and Minority Ethnic) communities with mental ill health may suffer prejudiced attitudes not only because of their ethnicity but also because of their mental health problem. As a result of this double stigma, individuals from BAME communities may delay or avoid seeking out support.”

³⁶ Mental Health Foundation. Black, Asian and minority ethnic (BAME) communities. updated September 2021 <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>

³⁷ Mental Health Foundation. Black, Asian and minority ethnic (BAME) communities. updated September 2021 <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>

³⁸ Mental Health Foundation. Black, Asian and minority ethnic (BAME) communities. updated September 2021 <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>

³⁹ Mental Health Foundation. Black, Asian and minority ethnic (BAME) communities. updated September 2021 <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>

⁴⁰ Mental Health Reform. Ethnic Minorities and Mental Health: A position paper. Dublin; 2014.

Limitations of the existing data

As with other risk factors, there are significant insight gaps into how and why ethnicity impacts on mental health and wellbeing among children and young people from minority ethnic backgrounds:

- Black, Asian and minority ethnic (BAME) itself can be an unhelpful term; it implies a homogeneity of challenges, experiences and needs that does not fully recognise the differences between communities from a range of ethnicities.
- This grouping means the sample sizes of individual communities are often not big enough to provide robust comparisons or reliable insight on a more nuanced level.
- There is little available evidence of the experience of mental and emotional wellbeing issues from children and young people from non-white communities.

Socio-economic status (SES)

The existing evidence points to a clear, and long-lasting link between low SES and poor mental health in children and young people.⁴¹ Two critical points driving this connection are low household income and low levels of parental, particularly maternal, education.⁴²

- Compared to their peers from high SES backgrounds, children from low SES backgrounds were almost four times **more likely to develop mental health problems.**⁴³
- Children of mothers without qualifications experience a **four-fold increase in the likelihood of developing behavioural problems.**⁴⁴

The Education Policy Institute (EPI) also finds that young people’s mental and emotional health scores are worse the lower down their family is on the income scale and children and young people’s feelings about their family’s SES, particularly wishing they could afford more and feeling poorer than their peers, are associated with lower wellbeing and higher levels of psychological distress.⁴⁵

The increased stress, instability and likelihood of being exposed to crime and abuse can contribute to the development of poor mental health in low SES families with challenges to accessing therapy or other support amplifying the initial problems leading to downward mobility which risks creating a cycle of deprivation and mental health problems across generations.

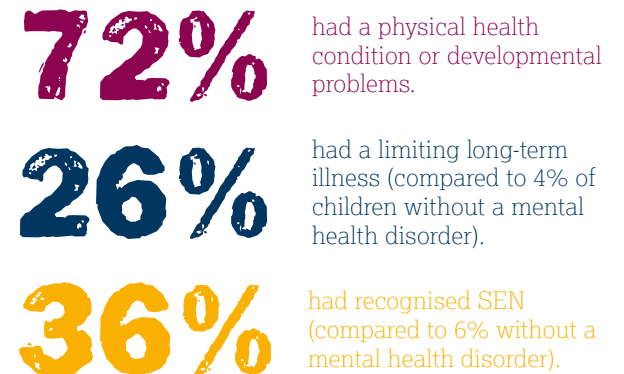
These inequalities are evident by the age of three and explain about two thirds of the inequalities seen in adolescent mental health.⁴⁶

The WHO explains the link between low SES and poor mental health as follows:⁴⁷

“Those lower on the social hierarchy are more likely to experience less favourable economic, social, and environmental conditions throughout life and have access to fewer buffers and supports. These disadvantages start before birth and tend to accumulate throughout life.”

Disability and physical health

The NHS 2020 survey on the ‘Mental Health of Children and Young People in England’ shows a correlation between mental health disorders and poor general health, a limiting long-term illness, a physical developmental problem or special educational needs (SEN).⁴⁸ Of children with a mental health disorder:



⁴¹ Reiss, F. (2013). Socioeconomic inequalities and mental health problems in children and adolescents: a systematic review. *Social science & medicine*, 90, 24-31. Straatmann, V. S., Lai, E., Lange, T., Campbell, M. C., Wickham, S., Andersen, A. M. N.,... & Taylor-Robinson, D. (2019). How do early-life factors explain social inequalities in adolescent mental health? Findings from the UK Millennium Cohort Study. *J Epidemiol Community Health*, 73(11), 1049-1060.

⁴² Reiss, F. (2013). Socioeconomic inequalities and mental health problems in children and adolescents: a systematic review. *Social science & medicine*, 90, 24-31. Straatmann, V. S., Lai, E., Lange, T., Campbell, M. C., Wickham, S., Andersen, A. M. N.,... & Taylor-Robinson, D. (2019). How do early-life factors explain social inequalities in adolescent mental health? Findings from the UK Millennium Cohort Study. *J Epidemiol Community Health*, 73(11), 1049-1060.

⁴³ Ravens-Sieberer, U., Erhart, M., Gosch, A., Wille, N., & European KIDSCREEN Group. (2008). Mental health of children and adolescents in 12 European countries—results from the European KIDSCREEN study. *Clinical Psychology & Psychotherapy*, 15(3), 154-163.

⁴⁴ Ravens-Sieberer, U., Erhart, M., Gosch, A., Wille, N., & European KIDSCREEN Group. (2008). Mental health of children and adolescents in 12 European countries—results from the European KIDSCREEN study. *Clinical Psychology & Psychotherapy*, 15(3), 154-163.

⁴⁵ Crenna-Jennings, Whitney (2021) “Young People’s mental and emotional health. Trajectories and drivers in childhood and adolescence.” Education Policy Institute. https://epi.org.uk/wp-content/uploads/2021/01/EPI-PT_Young-people%E2%80%99s-wellbeing_Jan2021.pdf

⁴⁶ Ravens-Sieberer, U., Erhart, M., Gosch, A., Wille, N., & European KIDSCREEN Group. (2008). Mental health of children and adolescents in 12 European countries—results from the European KIDSCREEN study. *Clinical Psychology & Psychotherapy*, 15(3), 154-163.

⁴⁷ World Health Organization, Calouste Gulbenkian Foundation (2014). *Social Determinants of Mental Health*. https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf

⁴⁸ NHS Digital. “Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey.” <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

Sources show that physical activity promotes positive mental health⁴⁹ and low levels of physical activity are associated with low self-esteem and wellbeing for boys and girls throughout adolescence.⁵⁰

The qualitative research commissioned by the YHP UK included a Youth Insight Group helping to inform and develop the programme. The research expanded on the link between physical activity and positive mental health by showing how physical activity such as walking outdoors enhanced participants' mood by:⁵¹

- **Creating a sense of physical freedom** which led to an uplift in mood.
- **Creating an opportunity to relax** and take a break from the pressures of other areas of life.
- **Alleviating boredom** – particularly important during the physical restrictions of lockdown.

“An opportunity to turn off my mind and relax whilst moving around and being in a different environment.”

“I have definitely been able to see a difference in my mood and productivity after being outside.”

Any barriers to being physically active could, therefore, have a negative impact on wellbeing. Existing evidence suggests that girls and young women may be facing more barriers to being physically active than their male peers.

At a time when they are particularly vulnerable to poor mental and emotional health, it seems that many girls and young women are missing out on the potential of physical activity to support their wellbeing. Evidence from Women in Sport and Sport England gives more detail:

- **Twice as many boys (39%) in years 9–11 feel confident** when exercising or playing sport compared to girls (19%).⁵²
- **Only 12% of girls in years 9–11 find sport and exercise easy** compared to 23% of boys.⁵³
- 34% of girls aged 14-16 years do not take part in sport or exercise because **they don't like being watched**.⁵⁴

Qualitative research expands on this to explore **the complex factors at play for young women aged 13–15 years thinking about physical activity**.⁵⁵

- **Sport is an 'invisible stage'** where girls feel everyone is noticing them.
- Sporting activities previously enjoyed, may now seem childish and **not in keeping with their emerging adult identity**.
- **New responsibilities** and interests fill their time and they become more independent of parents.

- **The perception of 'having to be good' at sport in order to participate increases**, whilst playing sport for fun appears less acceptable.
- There is an upsurge of **competition and animosity** between girls.
- **Looking good becomes increasingly important**. Becoming 'overly sporty' can lead to negative stereotyping.
- **Coming to terms with their changing body** and periods creates anxiety.

Personal behaviours and resilience

Social media use

Daily, heavy use of social media correlates to an increased chance of mental disorders:

87%

of 11–19 year olds with a disorder used social media every day compared to 78% without.⁵²

29%

of 11–19 year olds with a disorder used social media for more than four hours on a typical school day compared to 12% of daily users without a disorder.⁵³

⁴⁹ Meyer, J., et al. Changes in Physical Activity and Sedentary Behavior in Response to COVID-19 and Their Associations with Mental Health in 3052 US Adults. *Int. J. Environ. Res. Public Health* 2020, 17(18), 6469.

⁵⁰ Ravens-Sieberer, U., Erhart, M., Gosch, A., Wille, N., & European KIDSCREEN Group. (2008). Mental health of children and adolescents in 12 European countries – results from the European KIDSCREEN study. *Clinical Psychology & Psychotherapy*, 15(3), 154-163.

⁵¹ Plan International UK, Good Innovation (2021) YHP UK Youth Insight Group

⁵² Sport England (2021) Active Lives Children and Young People Survey, Academic Year 2019/2020 <https://www.sportengland.org/news/childrens-activity-levels-down-many-embrace-new-opportunities>

⁵³ Sport England (2021) Active Lives Children and Young People Survey, Academic Year 2019/2020 <https://www.sportengland.org/news/childrens-activity-levels-down-many-embrace-new-opportunities>

⁵⁴ Women in Sport and Youth Sport Trust (2017) Girls Active Survey <https://www.womeninsport.org/research-and-advice/our-publications/girls-active-stats-pack/>

⁵⁵ Women in Sport (2018). Puberty and sport: An invisible stage. <https://www.womeninsport.org/wp-content/uploads/2018/08/PP-Puberty-Research.pdf?x99836>

⁵⁶ NHS Digital (2018) “Mental Health of Children and Young People in England, 2017.” *Mental Health of Children and Young People Surveys*. <https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf>

⁵⁷ NHS Digital (2018) “Mental Health of Children and Young People in England, 2017.” *Mental Health of Children and Young People Surveys*. <https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf>

Young people with mental health disorders seemed more vulnerable to the pressure to receive validation

and approval on social media: they were more likely than their peers without disorders to say that the number of “likes” they receive affects their mood.⁵⁸

Heavy social media use contributes to low self-esteem and wellbeing in girls throughout adolescence but only low levels of wellbeing of boys in early adolescence. Qualitative research suggested that girls tend to focus on the negative impact of social media on body image while boys felt images they saw across different platforms could be aspirational.⁵⁹

Qualitative research⁶⁰ shows how young women feel about the harmful attitudes social media can promote:

“If someone doesn’t have a good Instagram people will be like, ‘Oh, they’re weird, you don’t know who they are, it’s literally just like a picture of them.’ It’s like judging a book by its cover, it devalues people.”

“People say, ‘Oh they’ve only got a hundred followers, they’re not cool and I don’t want to talk to them, they’re weird.’ Or like, ‘Did you see how many likes her photo got in 10 minutes compared to mine?’”

However, social media can also provide vital connections with friends which support positive mental health, particularly over the period of the pandemic where successive lockdowns limited children and young people’s opportunity to be physically present with each other. Young people who participated in the qualitative research were acutely aware of the ambivalent role social media plays in their lives; its potential to connect but also to harm:

“I think while online / social media has its advantages for young people and can be a place of support, it can also lead to comparison with others (and you might not be always aware that you’re doing it) which can be harmful.”

Overall, it is hard to clarify the precise nature of the link between social media use and poor mental health as it is not a simple, causative relationship. As stated by Dr Adam Galpin:

“Poor mental health can be both a consequence and a cause of social media use.”⁶¹

Further insight into if and how social media usage plays a different role in mental health across a spectrum of gender identities would help to clarify the complex relationship between social media and wellbeing in children and young people.

Tobacco, alcohol and cannabis use

Evidence from international studies⁶² show all three of these behaviours have been linked to poor mental health in children and young people – specifically:

- **Smoking:** linked to lower life satisfaction and higher rates of health complaints.
- **Alcohol use:** linked to depressive moods.
- **Cannabis:** linked to sleep issues and depression.

Creativity and self-expression

The qualitative research commissioned by Plan International UK shows the positive impact on mood and wellbeing of taking part in activities that promote creativity and self-expression. The children and young people in the study spoke of how playing or listening to music, painting, photography and reading brought them joy.

⁵⁸ NHS Digital (2018) “Mental Health of Children and Young People in England, 2017.” Mental Health of Children and Young People Surveys. <https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf>

⁵⁹ Crenna-Jennings, Whitney (2021) “Young People’s mental and emotional health. Trajectories and drivers in childhood and adolescence.” Education Policy Institute. https://epi.org.uk/wp-content/uploads/2021/01/EPI-PT_Young-people%E2%80%99s-wellbeing_Jan2021.pdf

⁶⁰ Plan International UK (2020) The State of Girls’ Rights in the UK 2019-2020 <https://plan-uk.org/file/plan-uk-state-of-girls-rights-report-2020pdf/download?token=42bpRbF8>

⁶¹ Dr Adam Galpin (2021) Senior lecturer, researcher and consultant in Cognitive and Media Psychology.

⁶² Currie, C., & Morgan, A. (2020). A bio-ecological framing of evidence on the determinants of adolescent mental health—a scoping review of the international Health Behaviour in School-Aged Children (HBSC) Study 1983-2020. SSM-Population Health, 100697.

This type of activity had a positive effect on participants in a number of ways.⁶³

- **Music and singing** helped people to express feelings, *“Especially when feelings can be hard to put into words.”* For one participant, it could be transcendent experience: *“I love how music is such a creative force ... Music is the language of the universe.”*
- **Reading** helped participants to take a break from the pressures of other areas in their lives. They spoke of, *“Getting immersed in another world and enjoying using my imagination.”*
- **Painting and photography** were highlighted as activities that de-stressed participants and helped them to feel more connected to the world around them: *“I think [painting] is a great way to express yourself in a creative format, it allows the chance to connect in a whole different way to the world around you.”*

Support networks and social connections

Family, school and friendships are the main potential sources of support and connections in children and young peoples’ lives. The evidence review shows that the impact of strong relationships and social connections is so great that it can drive positive mental health to the extent that it mitigates other risk factors.⁶⁴

More specifically, support networks can drive resilience which is a critical factor in sustaining positive mental health while navigating challenges. Children and young people with multiple, consistent sources of support seem to sustain greater resilience than their peers with uncertain sources of support who experience more mental health difficulties.⁶⁵

In qualitative research, participants emphasised the **positive impact a supportive family can have on their wellbeing and mental health:**

“A safe place for me is at home when I am surrounded by my family. Knowing that they will support me no matter what.”

“A safe place for me is at home as I’m surrounded by my family that are always there to support me and I’m free to be myself without worrying about any judgement.”

The review of evidence found that good parent-child communication is related to better life satisfaction.⁶⁶

For children and young people who do not experience a supportive family environment, adults at school can mitigate poor experiences at home:

- Teachers can play a very positive role in children and young peoples’ lives in the absence of strong family support.⁶⁷
- One study suggests that teacher support may have a stronger impact on girls than boys.⁶⁸

School, however, can be both a positive and negative influence on children and young peoples’ lives depending on the quality of the relationships they encounter. One of the participants in the qualitative research captured this through her own experience:⁶⁹

“Schools I think can be both a happy or a sad place for young people. I struggled with being bullied at school for a while which meant it wasn’t a happy place for me. But now, school is a happy place because I have friends I can rely on.”

The importance of being with friends was a theme that shone throughout the findings of the qualitative research. When asked about activities that brought them joy, and places where they felt safe, participants emphasised the central role of friendship in their lives:⁷⁰

⁶³ Plan International UK, Good Innovation (2021) YHP UK Youth Insight Group

⁶⁴ Currie, C., & Morgan, A. (2020). A bio-ecological framing of evidence on the determinants of adolescent mental health—a scoping review of the international Health Behaviour in School-Aged Children (HBSC) Study 1983-2020. SSM-Population Health, 100697.

⁶⁵ Evidence Based Practice Unit (Anna Freud National Centre for Children and Families and UCL). (2020) Key Findings 2020 https://www.annafreud.org/media/12864/ebpu_keyfindings_2020_final.pdf

⁶⁶ Currie, C., & Morgan, A. (2020). A bio-ecological framing of evidence on the determinants of adolescent mental health—a scoping review of the international Health Behaviour in School-Aged Children (HBSC) Study 1983-2020. SSM-Population Health, 100697.

⁶⁷ Moore, G. F., Anthony, R. E., Hawkins, J., Van Godwin, J., Murphy, S., Hewitt, G., & Melendez-Torres, G. J. (2020). Socioeconomic status, mental wellbeing and transition to secondary school: Analysis of the School Health Research Network/Health Behaviour in School-aged Children survey in Wales. British Educational Research Journal, 46(5), 1111-1130.

⁶⁸ Currie, C., & Morgan, A. (2020). A bio-ecological framing of evidence on the determinants of adolescent mental health—a scoping review of the international Health Behaviour in School-Aged Children (HBSC) Study 1983-2020. SSM-Population Health, 100697.

⁶⁹ Plan International UK, Good Innovation (2021) YHP UK Youth Insight Group

⁷⁰ Plan International UK, Good Innovation (2021) YHP UK Youth Insight Group

“The company of my friends brings me joy.”

“I normally feel safe wherever I am with friends.”

Given the central importance of friendships in promoting mental and emotional wellbeing, the proportion of young people experiencing loneliness is alarming – particularly given the impact of the Covid-19 pandemic:

2 in 5

young people in the UK between the ages of 16-24 years feel lonely often or very often⁷¹

almost 1/3

of young people have experienced feelings of loneliness some of the time by the age of 18⁷²

132,000

children aged 10-15 years in the UK have no close friends⁷³

The effects of the Covid-19 pandemic have increased levels of loneliness among young people. A UK study of 10–25 year olds in 2020 showed 76% felt lonely at least occasionally during lockdown and 58% agreed that not seeing friends and family during lockdown made them feel lonely.⁷⁴

Children and young people who are not in employment, education or training (NEET) are particularly vulnerable to poor mental wellbeing because they have no access to the important connections many people find at schools. This is evident in a comparison of happiness levels among NEETs (16–25 year olds not in employment, education or training) and their peers – the following measures happiness across a number of life areas:

Level of happiness in...	Young people in employment education or training (EET)	Young people not in employment, education or training (NEET)
Work/Education	70	40
Family relationships	78	68
Relationships with friends	75	67
Overall index score	70	59

Source: YouGov on behalf of The Prince's Trust

The lower level of happiness experienced by NEETs across all areas of their lives is being exacerbated by the Covid-19 pandemic which has had a more negative impact on this already vulnerable group of young people. 48% of this group are worried they will never get a job with many saying the pandemic has made them fearful for their future.⁷⁵

Qualitative research participants echoed this concern. When asked to identify something or someone that has had the biggest influence on young people’s wellbeing (positive or negative), participants’ responses included:⁷⁶

“I would say that post-school / graduation life can make some (probably most) young people feel like they have almost run out of track or be unsure of what next steps to take, especially now when it is so difficult to gain employment.”

“[After education, pressure manifests as] stresses and worries about gaining a job negatively impacting the wellbeing of so many young people.”

⁷¹ Youth United Foundation (2018) Being Connected – Improving mental health and wellbeing by tackling the experiences of youth loneliness. http://yuf.org.uk/wp-content/uploads/2020/12/YUF_Being_Connected_Main_Report.pdf

⁷² Youth United Foundation (2018) Being Connected – Improving mental health and wellbeing by tackling the experiences of youth loneliness. http://yuf.org.uk/wp-content/uploads/2020/12/YUF_Being_Connected_Main_Report.pdf

⁷³ The Children’s society (2020), The Good Childhood Report 2020 <https://www.childrensociety.org.uk/sites/default/files/2020-11/Good-Childhood-Report-2020.pdf>

⁷⁴ Coop foundation (2020) In this together – Young people’s experiences of loneliness in the spring/summer 2020 lockdown, and beyond <https://www.coopfoundation.org.uk/wp-content/uploads/In-This-Together.pdf>

⁷⁵ Prince’s Trust Tesco Youth Index (2021) <https://www.princes-trust.org.uk/about-the-trust/research-policies-reports/youth-index-2021>

⁷⁶ Plan International UK, Good Innovation (2021) YHP UK Youth Insight Group

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences are external factors that increase the vulnerability of children and young people to mental health issues through creating adversity and / or complexity. They are significant drivers of mental health issues in children and young people and into adulthood.

A report from Young Minds states that, *“1 in 3 adult mental health conditions relate directly to adverse childhood experiences.”*⁷⁷

It is worth noting that for some, the pandemic itself could be classed as an ACE which increases the vulnerability of a whole generation to poor mental and emotional wellbeing:

*“The experiences kids are having in the midst of this worldwide pandemic could potentially lead to the same outcomes as traditional ACEs.”*⁷⁸

Lee Sanders (MD, MPH) argues that the pandemic may be amplifying some ACEs through the following factors:⁷⁹

- **The pandemic may have increased intra-familial adversity**, by exposing children to increased parental anxieties, especially those associated with job loss, food insecurity, and housing insecurity.
- **By amplifying toxic stress, increased family adversity may impair child brain development**, particularly during the early years.

- **The pandemic’s indirect social and economic impact on family stress may linger** for months or years.
- **The pandemic and its response are disproportionately affecting low-income and ethnic minority populations**, which are already at increased risk for ACE-impacted chronic conditions like preterm birth, diabetes, hypertension, and chronic lung disease.

Analysis of the effect of the pandemic highlights a critical element of ACEs, namely that pre-existing positive or negative factors mean personal experience and circumstances determine the extent to which any single ACE impacts on an individual. A holistic view of factors such as secure relationships, secure housing, adequate provision of food, parental health etc is needed to understand individual vulnerability to ACEs.

Michelle McManus and Emma Ball⁸⁰ argue that although we have all experienced the same pandemic, the complex and interrelated nature of many of the factors involved in children and young people mental health means:



© Young Health Programme UK/ Sakina Saidi

“While most people will recover from the challenges posed by the COVID-19 pandemic, the assumption cannot be made that all children will simply bounce back.”

⁷⁷ Young Minds (2017), Addressing Adversity – Prioritising adversity and trauma-informed care for children and young people in England. <https://www.youngminds.org.uk/media/cmtfcccce/vm-addressing-adversity-book-web-2.pdf>

⁷⁸ Forbes. For Some Kids, This Last Year Qualifies As An Adverse Childhood Experience (ACE) (2021) <https://www.forbes.com/sites/leahcampbell/2021/01/13/for-some-kids-this-last-year-qualifies-as-an-adverse-childhood-experience-ace/?sh=7433998e4935>

⁷⁹ NCBI. Is COVID-19 an adverse childhood experience (ACE): Implications for screening for primary care Lee M. Sanders <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7306718/>

⁸⁰ Journal of CSWB. COVID-19 should be considered an Adverse Childhood Experience (ACE). Michelle A. McManus, Emma Ball <https://www.journalcswb.ca/index.php/cswb/article/view/166/455#info>

The main influences classed as adverse childhood experiences include the following:



A more detailed definition of each one is as follows:

- **Maltreatment:** including experiences of childhood abuse, neglect and exposure to substance misuse.
- **Loss and bereavement:** including death of parent or sibling, involvement in accident, acquiring an illness or injury, and surviving a natural disaster.
- **Dis- or re-location:** including complex family breakdown, being looked after, adopted or leaving care, being detained in a secure children’s service (including young offenders), migration, seeking and gaining refuge or asylum.
- **Adult responsibilities:** including caring for adults or siblings in the family and engaging in child labour.
 - **Bullying and victimisation:** including childhood experiences of enduring discrimination, harassment, hate crime, isolation, and prejudice resulting from homophobia, sexism, racism, or disablism.
- **Violence:** including exposure to, and involvement in, gangs, sexual and domestic violence, or being a child victim of torture.
 - **Material deprivation** and child poverty.

Many children and young people are affected by multiple, overlapping adverse childhood experiences, rather than one in isolation, which intensifies the complexities and challenges they face. **Experiencing more than one factor further increases the risk to mental health wellbeing.**

Ongoing exposure to ACEs represents a further risk to mental wellbeing in childhood and beyond.⁸¹

“Chronic exposure to ACEs can affect neurological, immunological and hormonal system development. As a result, individuals exposed to such experiences during childhood may develop problems with emotional regulation, cognitive response, attachment, memory and learning that can continue into and throughout adult life.”

⁸¹ Hughes K, Bellis MA, Hardcastle KA, Sethi D, Butchart A, Mikton C, Jones L, Dunne MP. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health*. 2017 Aug;2(8):e356-e366. doi: 10.1016/S2468-2667(17)30118-4. Epub 2017 Jul 31. PMID: 29253477.

3. Provision of children and young people's mental health services

A review of the provision of children and young people's mental health services commissioned by Mind⁸² in early 2020 outlined a number of issues that contributed to a severe lack of consistent, specialist mental health services for children and young people. These included:

- **Low numbers of young people with mental health problems being referred** to specialist children and young people's mental health services (CYPMHS)
- **Long waiting times** for treatment
- **Exceedingly low NHS spending**
- The most commonly commissioned service was **low-level, digital mental health care**
- **Inconsistent approaches to transitioning to adult mental health services** with high drop out rates
- **A lack of standard models of care** for services
- Policy approaches that favoured **community services rather than inpatient care**

The views of the Children's Commissioner for England reinforce the findings from Mind that the provision of specialist services is inadequate:

“There remains a chasm between what children need and what is being provided.”

Anne Longfield OBE, Children's Commissioner for England

The Government has taken steps to address the inadequacy of provision and announced significant policy ambitions, including:

- The introduction of mental health support teams working with schools and colleges to increase support for children with mild to moderate mental health issues.⁸³ The Government's ambition is for mental health support teams to operate in a third of the country by April 2023.
- A pilot programme to reduce waiting times to four weeks for specialist NHS children and young people's mental health services.⁸⁴
- The expansion of mental health services so that 100% of children and young people who need specialist care can access it over the next decade.⁸⁵

⁸² Mind. "A review of mental health services for children and young people (2020) A briefing from Mind" <https://www.mind.org.uk/media/6865/briefing-on-cyp-mhs-2020-final.pdf>

⁸³ Department of Health and Department for Education. (December 2017). Transforming Children and Young People's Mental Health Provision: A Green Paper: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/T

⁸⁴ Department of Health and Department for Education. (December 2017). Transforming Children and Young People's Mental Health Provision: A Green Paper: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/T

⁸⁵ NHS England and NHS Improvement. (January 2019). NHS Long Term Plan: www.longtermplan.nhs.uk/

In addition, the Government has increased the focus on mental health awareness training in schools and the emphasis on mental health in Ofsted inspections. From September 2020 all pupils in England will be taught about mental and physical wellbeing as part of statutory Health Education.⁸⁶

While stakeholders in children and young people’s mental health have welcomed any intention to improve CYPMHS, these announcements are felt to lack clarity and ambition. A report by the Children’s Commissioner, The State of Children’s Mental Health Services⁸⁷ outlined there is only a plan to:

- Deliver a joined-up mental health service, accessible through schools, in 20% of local areas by 2024/25.
- Expand ‘specialist services’ so that they can meet demand by 2028, without defining what ‘specialist services’ is, or outlining what the non-specialist offer will be to complement this. “Specialist services” have not been defined, nor has a plan to complement these with non-specialist offers been detailed.

The NHS concedes that the plan to meet the demand for specialist services by 2028 is only achievable if adequate, lower level provision is available in all local areas by that date. However, the report outlines that confusion about who will deliver this means there is no Government plan to fulfil this critical prerequisite.

The significant impact of the pandemic on children and young people’s mental health means it is even more important to address the inadequacies of CYPMHS provision. Stakeholders in children and young people’s mental health are making strong recommendations for the Government to make transformative change in the investment in children and young people’s health; many of the recommendations focus on schools such as the plan put forward by the Education Policy Institute and The Prince’s Trust⁸⁸ which includes:

- **£650m post-pandemic wellbeing funding package** for schools (to match academic catch up funding)
- **Include remedial wellbeing work** alongside academic catch-up interventions.
- **Focus on schools with disadvantaged intakes** and high levels of SEN and disabilities
- **Hire additional support staff** who can help to deliver mental health support in schools, improve links with local CAMHS services and address gaps in socioemotional skills.

Children and young people are, themselves, aware of the inadequacy of current CYPMHS support given the pressures young people are facing. When asked in the qualitative research how they would spend £1m on improving young people’s wellbeing (with no specific mental health prompt), responses included:⁸⁹

“I would use the £1m (though would probably need more) to tackle young people’s mental health services waiting lists.”

“I’d set up walk-in mental health centres across the UK where young people would be able to speak to mental health experts in order to gain information about mental health and receive a referral to the correct people... This would ensure that all young people are aware of where they can access information and don’t feel anxious that their mental health isn’t bad enough to be speaking to a professional, which is a concern for some young people.”

⁸⁶ Department for Education (2019) Relationships Education, Relationships and Sex Education (RSE) and Health Education – Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019542/Relationships_Education_Relationships_and_Sex_Education_RSE_and_Health_Education.pdf

⁸⁷ The Children’s Commissioner. (January 2020). The state of children’s mental health services: www.childrenscommissioner.gov.uk/report/the-state-of-childrens-mental-health-services/

⁸⁸ Crenna-Jennings, Whitney (2021) “Young People’s mental and emotional health. Trajectories and drivers in childhood and adolescence.” Education Policy Institute. https://epi.org.uk/wp-content/uploads/2021/01/EPI-PT_Young-people%E2%80%99s-wellbeing_Jan2021.pdf

⁸⁹ Plan International UK, Good Innovation (2021) YHP UK Youth Insight Group

4. Application of learning in the Young Health Programme UK

The following shows how the YHP UK can act on the existing evidence and draw on the insights summarised in this report to ensure the programme is as effective as possible at achieving its aims in the UK.

1. Build resilience through health promotion and awareness
Existing evidence, and children and young people themselves, have endorsed the need for interventions that seek to support factors that protect against poor mental health and promote positive mental and emotional wellbeing. A preventative approach led by young people would help to build long term resilience in children and young people who may otherwise experience escalating wellbeing and mental health issues and not be able to access appropriate support.

2. Champion Youth-Centred Design
The review of evidence corroborates YHP UK's commitment to the Youth-Centred Design model which places young people's voices at the centre of the programme. The review shows the lack of robust insight into many children and young people's communities. It is essential interventions are co-produced, based on an authentic understanding of young people and lead to outcomes that young people feel will have the greatest impact on their mental wellbeing.

3. Drive change through a gendered lens
The YHP UK's commitment to a gender transformative approach is validated by the evidence. The review shows that girls and boys experience mental health and wellbeing in different ways. The YHP UK is well positioned to consider this gendered experience, recognising the differing needs and lived experiences of girls and young women, boys and young men, and those who identify on the spectrum of gender. YHP UK's approach can improve health outcomes for all children and young people by committing to actively examining and challenging the rigid gender norms and imbalances of power that hold young people back.

4. Work beyond the school environment
The review has highlighted the number of interventions being delivered to children and young people in schools – a key focus for Government and third sector initiatives. The YHP UK will seek, therefore, to reach young people outside of the school environment to bridge the gap into communities, where there is less programming. Voluntary, youth and community organisations will be engaged as well as organisations that specialise in reaching and engaging marginalised children and young people and those with specific vulnerabilities in the community.

Acknowledgements

This report has been made possible through the work of Platypus Research, Ilona Latta and Good Innovation. A special thank you to the young people who have taken part in our research, your voices have been invaluable.

February 2022



Plan International UK

Finsgate,
5-7 Cranwood Street,
London,
EC1V 9LH

www.plan-uk.org

@PlanUK

T: 0300 777 9777

© Plan International UK. No part of this publication can be reproduced without the permission of Plan International UK.

Registered charity no: 276035