

March 2019

Mental Health of Men and Boys

Written Submission to the Women and Equalities Committee Inquiry

1. Introduction

Thank you for the opportunity to provide written evidence to this inquiry. I am writing on behalf of the National Youth Advocacy Service (NYAS), a leading children's rights charity with a network of over 350 advocates across England and Wales.

Our advocates support and empower young people to be heard, while helping them to understand and navigate 'the system'. Alongside working with children in care and many others, relevant to the terms of this inquiry we also provide advocacy for children, young people and vulnerable adults who are in-patients in mental health settings.

Last year, we supported 9,544 service users through advocacy. We only accept referrals where the service user has consented to the referral. We ensure we are service user-led by enabling them to make an informed choice about how they would like to proceed with advocacy support. NYAS offer specialist Independent Mental Health Advocacy (IMHA) to children, young people and adults detained under the Mental Health Act, as well as looked after children and young people.

Our largest advocacy contract in a mental health setting is with *The Priory Group*, who have supported this submission with insights from their clinical experts, and enabled our offer to the Inquiry below (s.2). The views in this submission are however those of NYAS only, and do not necessarily reflect the position of *The Priory Group*.

2. Our Offer to the Inquiry

Further to this NYAS submission, we have partnered with Priory Healthcare to offer the Women and Equalities Committee our support in gathering the views of men and boys currently engaged in treatment for their mental health.

Priory Healthcare are willing to hold or facilitate focus groups with patients to ensure the views of men and boys who are patients in mental health units can be heard and considered. We would welcome the opportunity to work with the Committee to develop appropriate topics or questions to be explored.

Priory Healthcare has a number of services that both men and boys may be admitted to.

- Acute Mental Health
- Psychiatric Intensive Care Units (PICU)

- Adult Eating Disorders
- CAMHS – General Acute Units, PICU, Eating Disorder Units, and Low secure Units. There is education provision at all Priory CAMHS services.
- Forensic
- Rehabilitation and Recovery
- Personality Disorder
- Learning Disabilities

3. Children in Care and Care Leavers

There are slightly more males than females looked after in the care system – at 31 March 2017, 56% of looked after children were male and 44% were female.¹ These proportions have been quite stable in recent years. This means that over 40,000 boys in care today have the associated greater risk of poor mental health, and many more men that grew up in the care system may still be affected by poor mental health.² While the risks are greater, it is important to note that mental health conditions do not affect everyone in contact with the care system. Countless care-experienced young people have shown extraordinary resilience through unimaginably difficult circumstances.

However, it is true that children in care are four times more likely to have a mental health difficulty, which in many cases is attributed to isolation and loneliness.³ One in three adult mental health conditions relate directly to adverse childhood experiences. Young people's mental health and wellbeing can be significantly compromised by adverse environments, and the experience of trauma.⁴ Even more stark is that nine out of ten children who have been abused or neglected at a young age will develop a mental health condition by the age of 18.⁵

In many cases, removing a young person from an adverse environment is not enough to expect that young person to be resilient to their earlier experiences.⁶ It is therefore important to consider the unique challenges faced by men and boys who have grown up, or indeed are growing up, in the care system.

4. The Criminal Justice System

Prisons, Secure Training Centres and other criminal justice settings disproportionately detain men and boys, as compared to women and girls. Men within the criminal justice system account for around 85% of the probation caseload and more than 95% of the prison population.⁷ Care Leavers are up to 40 times more likely to be in the criminal justice system.⁸ Roughly one quarter of men in prison were taken into care as a child. Combining this significant cohort with the increased mental health risks associated with being in care and being in prison, reveals a potential priority group for this inquiry to consider.

Over 49,000 cases were opened in 2017 to support people assessed as at risk of suicide and self-harm whilst in prison; up 46% in four years.⁹ Given this inquiry's interest in men taking their own lives, it is important to note that self-inflicted deaths are over five times more likely in prison than in the general population.¹⁰ With care leavers five times more likely to attempt suicide than their peers, the group of care leavers in prison (who are predominantly male) continue to be at serious risk of harm.¹¹

A further risk factor is the likelihood of addiction associated with experience of the criminal justice or care system. Men are almost three times more likely than women to become alcohol dependent, and are more likely to use and die from illegal drugs.¹² The combination of all of these factors then is disproportionately harming the mental health of men and boys.

5. Education

In June 2018, NYAS hosted the first ever Welsh Youth Gender Equality Conference. A key theme from the three hundred young people that attended, aged 14-21, was mental health. In particular, young people were calling for more education on mental health in schools and shorter waiting times for access to mental health services.

Efforts by schools and colleges to promote positive mental health and wellbeing are not currently given sufficient attention by Ofsted, leading to a frequent criticism by young people that they feel part of a numbers game of exam results. The pressure around this has been directly associated with stress and other mental health issues among young people.¹³ Recognising and promoting best practice in this arena would foster an educational culture that gave a more balanced weighting to wellbeing alongside academic success. The two go hand in hand, and poor mental health can limit life chances to a greater extent than poor grades.

Whether an issue for education or not, there is certainly an issue with men and boys being less likely to access support for their mental health. Women between the ages of 16 and 24 are considered almost three times as likely (at 26%) to experience a common mental health problem as their male contemporaries (9%).¹⁴ However the decreased likelihood of men and boys seeking help could mean rates of mental health issues in that group are significantly underestimated.

Men are more likely to go missing, be homeless and enter the criminal justice system, all of which are circumstances where mental health difficulties are endemic. It is for that reason that education needs to be both generic in improving understanding of and access to mental health services, as well as specific to groups such as men and boys in helping overcome the social barriers they face in a more targeted way. A focus on stigma and stereotypes of masculinity could increase male access to treatment and reduce incidents of men and boys 'externalising' mental health issues in the form of aggression or violence.

We will be closely following the Government's recently announced trailblazer pilot, linking schools and colleges with specialist children's mental health services.¹⁵ The merits to school-based mental health workers could be far-reaching, and if the pilot scheme begins to show successes then we would urge its roll-out at the earliest opportunity.

6. Transition to Adulthood

For Children and Adolescent Mental Health Services (CAMHS) an urgent referral is seen within two weeks, while a routine referral can take up to nine weeks.¹⁶ By comparison for adults, the standard is an 18 week maximum waiting time for consultant-led mental health services.¹⁷ If young people do not meet the threshold for adult mental health services,

CAMHS will make plans for discharge, which should include referral to other agencies.¹⁸ However, the higher threshold for access to adult services can cause serious issues for young men with lower tier mental health issues, who face this instability at the same time that the factors referenced above could be coalescing: they are leaving care, reaching the age where they are at greatest risk of criminalisation, and finishing their education.

NYAS' call for a clearer national commissioning framework for psychological therapies was acknowledged and supported in the Welsh Assembly's 'Mind over matter' report last year.¹⁹ Across the UK such national guidance should emphasise the importance of continued access to services during the transition to adulthood. Even if a young person's transition successfully keeps them engaged with services, they are known to experience a dramatic culture shift between CAMHS and adult mental health services.²⁰

An example of our work in this area includes the NYAS Newid Project in Wales. This project is funded by the Welsh Government to provide additional support to care experienced young people transitioning from CAMHS to adult mental health services or the community. Intensive advocacy through transition enables a continued and familiar source of support, help understanding the change in systems, and increased involvement in care planning. It also helps to avoid the 'cliff edge' of support young people in care face as they transition from both mental health services and care.

As part of this work, we look to identify and develop good practice in the area. A NYAS Mental Health and Wellbeing Project Worker sits on the Transition Planning Group of the Aneurin Bevan Health Board. The Group consists of staff from CAMHS, adult services, continuing health care, and learning disabilities. The aim of the group is to identify pathways for transition of all young people across the different services. The Health Board is currently recruiting for a Transition Worker who will support a pilot of the new partnership approach with young people with complex needs. The sharp focus given by the Board on this crucial transitional stage is a model of good practice for others to follow. Unfortunately, such focus and support is not the norm in the UK.

7. Advocacy

Anyone suffering from mental health issues should be aware of their rights and be supported in expressing their wishes and feelings. Advocates, including specialist Independent Mental Health Advocates (IMHAs) can facilitate this.

Advocates will be a crucial resource for this inquiry to consult, due to their unique frontline role. NYAS advocates would welcome the opportunity to give oral evidence to the inquiry, or meet with any members of the committee to discuss their role and insights. Importantly, for advocacy to be useful does not always require IMHAs, and Issue-Based Advocates (IBAs) often pick up issues relating to mental health that can lead to effective support in the community. Whether men and boys are having difficulty accessing services, need support at mental health appointments or want to put their voice across in care plans, advocacy at that stage could prevent escalation of mental health issues and give individuals greater control of their lives.

NYAS service user feedback clearly demonstrates the difference that advocates can make. Recently, advocates working in one hospital identified a lack of a platform for patients to share their views and wishes about the services they receive. In response, NYAS advocates decided to pilot a patient forum, with representatives from patients, hospital-based Social Workers, Occupational Therapists and Ward Managers. The forum identifies service improvements to enhance the experience of patients, shares best practice from practitioners and raises awareness of patients' right to advocacy.

8. Recommendations

1 Expand diversion options as alternatives to criminalising children in care and care leavers. Youth Offending Teams and police forces should develop or expand upon diversion options as an alternative to criminalisation, particularly for children or non-violent offenders. This will avoid the comorbidity of growing up in care and entering the criminal justice system, which dramatically increases the risk of self-harm and suicide to men and boys.
2 Act on young people's calls to improve education on mental health in schools by assessing provision as a core part of Ofsted inspection criteria. We recommend <i>Young Minds</i> ' '#TellOfsted to Wise Up' campaign that is working to ensure that Ofsted inspections reflect schools' efforts around wellbeing and mental health and value best practice. ²¹ This could include best practice for gender-specific education that emphasises the need to overcome men and boys' traditional reluctance to seek help.
3 The Government should roll-out its pilot linking schools and colleges with specialist children's mental health services. Although in its infancy, this pilot scheme is a welcome and sensible solution to the fragmentation between education settings and mental health services. At the earliest signs of success, the Government should seek to mainstream this approach. We can then move on from current questions of whether to embed links (of course we should), to more pertinent questions of best practice and sustainability.
4 NHS transition guidance, pathways and performance measures, must require structured conversations to take place with the young person transitioning. Last year, the NHS <i>Healthcare and Safety Investigations Branch</i> also made this recommendation in order to improve the readiness of young people transitioning, develop their understanding of their condition, and empower them to ask questions. ²² Independent advocates could have a crucial role in supporting the patient's empowerment and understanding.
5 Children and young people receiving any tier of mental health support services should have an active offer of independent advocacy services. This would require an amendment to the Children Act 1989, or further legislation. In the interim, a pilot arrangement based on local policy could immediately offer support to young people in understanding their rights, expressing their wishes and feelings, and navigating mental health services in order to get the right

support. Guidance promoting this as best practice would be a welcome interim measure.

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