



“What about the boys?”

Mental health in children
and young people





We are in danger of losing empathy towards boys. We are forgetting how boys develop, learn, and engage and what motivates them to achieve their potential.

Contents

04 Introduction

06 Key facts and statistics

08 Who should we be targeting?

10 Youth Sport Trust co-creation workshops

14 Interventions and programmes – What works well?

16 Top tips for a boy's wellbeing intervention

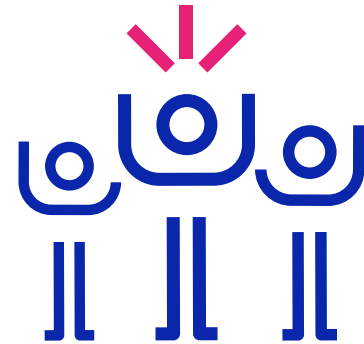
18 References

19 Acknowledgements

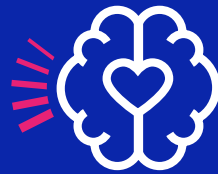


Introduction

For the last 15 years, the Youth Sport Trust has been driving change in the area of gender inequalities with a much-needed focus on girls. Providing girls with equal access and opportunities to the life-changing benefits of PE and sport is crucial. However, have we left the issues of boys' disaffection, wellbeing and achievement behind? That is the key question that Youth Sport Trust Lead Health & Wellbeing Schotols and Head Teacher Ambassadors have been asking us.



Given such evidence, mental health problems can have a long-term impact when experienced during adolescence, by increasing the likelihood of a young person being excluded from school, being involved with the criminal justice system, and having a poorer quality of life³. Young men and boys represent the group at the highest risk of mental health problems in developed countries; and in 2019, global suicide rates were 1.75 times higher in males than in females⁴. Importantly, adolescent males have lower rates of help-seeking, are less likely to seek help from professional services and maintain higher levels of stigmatising attitudes regarding mental health problems compared with their female peers⁵. This makes boys and young men particularly vulnerable and highlights the need for targeted interventions and a preventative approach to promote positive mental health and give them a sense of purpose and identity.



Mental health problems affect approximately 1 in 8 children and young people in the UK¹. It is well established that factors such as good physical health, regular exercise, a healthy diet and supportive relationships can promote positive wellbeing in children and young people. However, there are a number of risk factors that increase the likelihood of developing a mental health disorder. Poor family upbringing, poor literacy skills, living in a deprived area and experiences of discrimination (e.g. racial, ethnic, religious) can contribute to certain young boys experiencing stigma and issues that others do not.



Due to such risk factors, these groups are not getting the same opportunities in life and this can potentially lead to many boys being forgotten, ignored and losing a sense of identity. These boys often suffer inequalities from an early age and are already behind academically as they enter primary school. Crucially, the gap between the achievement of boys from a working-class background and their more affluent peers widens throughout their school life. These boys are categorised as persistent low-achievers and causes of low-level disruption, which can become increasingly self-fulfilling over time. Importantly, such at-risk groups are suffering from a lack of empathy to the way in which they engage, learn and develop.

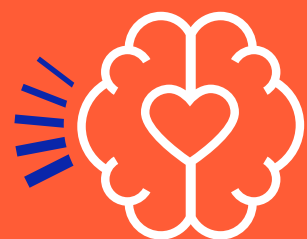


As a consequence, the above experiences can result in emotional disorders such as anxiety and depression, but most commonly lead to behavioural (or conduct) disorders in young males. These disorders are characterised by repetitive and persistent patterns of disruptive and, sometimes, violent behaviour in which the rights of others, and social norms or rules, are violated. Crucially, up to 70% of all children and young people who experience mental health issues have not been provided with an appropriate intervention at an early age. This needs to change, as research shows that mental health outcomes are better when addressed early than at a later stage².

With this in mind, the power of sport and physical activity can be used as a tool to improve wellbeing and achievement in young males. It has been well-established that regular physical activity can enhance social, emotional, and physical wellbeing which can enhance health-related quality of life⁶. While it is important that these methods are implemented for all boys to promote positive wellbeing, such methods should be targeting those who are at most risk of 'falling out of the system'. The ability of these boys to achieve academically isn't being catered for by the curriculum. The power of sport has the potential to develop boys' skills and wellbeing from an early age to prevent such issues leading to a clinical diagnosis of a mental health disorder, exclusion from school, or involvement in the criminal justice system.



Key facts and statistics



14%

of 11-16-year olds have a mental disorder⁷

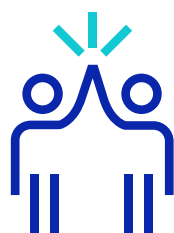
7%

of boys have a behavioural disorder (vs. 5% of girls)⁷



White working-class boys in England are the lowest academic achievers at the **age of 16** for any socio-economic class grouping⁸

Black boys, and white boys from low socio-economic backgrounds, are least likely to perform well at GCSE level¹⁰



£260,000

estimated lifetime cost of a child with severe behavioural problems⁹



4x

children from low-income families are four times more likely to experience mental health problems than higher-income families¹⁵

69th

British 15-year-olds ranked 69th out of 72 countries in the world for life satisfaction, with boys in particular among the least satisfied with their lives¹⁶

77%

of permanent school exclusions across England were boys¹²

3.5x

Black Caribbean boys are three and a half times more likely to receive a permanent exclusion compared with white boys²

2x

Young people from a BAME** background are twice as likely as their white peers to be compelled to access mental health help via the courts, social workers, custodial settings¹³



*Behavioural (or conduct) disorders – characterised by repetitive and persistent patterns of disruptive and violent behaviour in which the rights of others, and social norms or rules, are violated.

**BAME- Black and minority ethnic

Who should we be targeting?

1 Boys behind the curve at transition

Working class boys who are already suffering from inequalities, a lack of identity and tagged as low achievers and low-level disruptors are struggling with school life and their emotional and social wellbeing. They are also more likely to face an 'edge of the cliff' moment when leaving the nurturing and supportive environment of the primary school where, on entering year 7, their physical and emotional wellbeing declines rapidly. This stage during school transition is where we need to take more preventative action between the ages of 11-14, to address those increasing risk factors and help boys find a sense of belonging and purpose to help them reach their potential. These boys are now being termed the 'forgotten third' and represent the biggest cause for concern academically.

2 Boys at risk of exclusion

Recent research has highlighted the influence of wellbeing on young people's educational outcomes at school. Specifically, a link between mental health and educational attainment was shown to be significant for boys only. This may suggest that the wellbeing of young males in school could have a direct influence on their academic achievement¹⁷.

With this in mind, improving mental health and wellbeing amongst young males may act as a protective factor against behavioural issues in school which can lead to exclusion. National educational data shows that the rates of exclusions are higher for certain demographics, particularly males, BAME groups, and those from low socio-economic status. Indeed, in the 2017/18 academic year there were 7,905 permanent exclusions across England, of which 77% were boys¹².

Importantly, research has highlighted that school exclusion is not simply an educational issue, but is related to mental health and wellbeing¹⁸. Specifically, pupils who were excluded from school had higher behavioural difficulties, higher attention difficulties, but also lower scores for positive wellbeing. Therefore, the relationship between those at risk of exclusion and those at risk of poor mental health outcomes must not be underestimated. Together, the evidence suggests that improving mental health and wellbeing of young males in school will improve educational outcomes and act as a protective factor against risk of exclusion.



3 Cultural and Ethnic Minoriti

Different ethnic groups have different experiences of mental health issues, which reflects their different cultural and socio-economic contexts. In the UK, it is suggested that individuals from black and minority ethnic (BAME) groups are more likely to be diagnosed with mental health problems. Additionally, these groups are more likely to disengage from mainstream mental health services, which can lead to social exclusion and further deterioration in their mental health.

A recent study found that young people from a BAME background were twice as likely as their white peers to be compelled to access mental health help in the UK via the courts, social workers, custodial settings or probation¹³. Importantly, young black males growing up in the UK are facing greater risk factors for poor mental health¹⁹. This includes living in poverty, having difficulties at school and experiences of racial, ethnic, or religious discrimination that can have a dramatic effect on wellbeing over time and lead to greater mental and physical health problems within this population²⁰. Indeed, young males from a BAME background stressed the need for more positive male role models who were open about mental health and modelled resilience and achievement against the odds¹⁹. Furthermore, it was highlighted that more was required from schools to promote mental health and boost resilience to support young black males – by providing positive messages about identity, potential for achievement, cultural heritage and wellbeing.

4 Pre-existing mental health issues

During adolescence, young people are typically more susceptible to negative environmental perceptions of mental health in their family, peer group, school environment or in the media, thus becoming less likely to disclose information about their own mental health or seek help²¹. Indeed, evidence suggests that young people aren't always aware when their mental health is deteriorating due to poor understanding of mental health as a topic²². Therefore, it is important to change the conversation and reduce the stigma of mental health to create and maintain open, positive attitudes towards this topic at an age where young people can make positive behavioural changes.

Young people tend to favour informal sources of support, such as friends or family, over formal mental health services². In England, it has been reported that males are less likely to access psychological therapies compared to females, with males making up only 36% of formal referrals²³. Young males may also be less likely to disclose their mental health issues to family members or friends and are thus more likely to use potentially harmful coping methods to alleviate such issues (e.g. drugs or alcohol). However, evidence has shown that young males do tend to approach services when they are in need, most often during key transition periods in their life e.g. leaving or changing schools²⁴. In addition, evidence suggests that males are more likely to seek and access help when they feel that the help being provided is easily accessed and offered in a meaningful and engaging way²⁵, which should be reflected in any interventions or programmes.



Youth Sport Trust co-creation workshops

In addition to secondary evidence, it is important to understand the underlying risk factors and wellbeing issues facing adolescent boys today, rather than focusing solely on the symptoms of increasing mental health disorders and exclusions from school.

In order to understand this, Youth Sport Trust worked with their network of Health & Wellbeing Schools to train staff so they could conduct co-creation workshops with young boys from their school. This exercise helped to establish what current issues they face and what factors they believe are most prominent in leading to poor mental health. Below are two examples

1. Herne Bay High School, Kent

Herne Bay High School is an academy situated in a coastal geographical location in a deprived area. A target group of 18 boys were selected to participate in the workshop, divided into the following three groups, based on the challenges they present to the school (6 per group):

Boys with SEND or emotional difficulties:

- Require a high level of teacher or Learning Support Assistance
- Workload of teachers to create differentiated resources
- Distracting teacher time and attention away from other pupils
- Changing staff focus from teaching to more one on one support
- Training and CPD required to support them
- Unachievable target grades which then impact upon attainment and wellbeing

Boys with behavioural difficulties:

- Disengagement
- Argumentative behaviour
- Confrontational tendencies
- Workload of teachers to manage these students in lessons
- Time commitment from the teaching/college teams to appropriately deal with any issues that arise
- Potentially impact upon mood, confidence, attitudes of other pupils and teachers

High ability sportsmen:

- Cover to allow them to do fixtures and competitions
- Time commitments of teachers to run various teams and events
- In a non-selective school, ensuring provision is suitably challenging for these pupils
- Provision of high-level coaching, equipment, facilities to maintain challenge – CPD required for staff



Boys identified a number of key barriers that they face in today's society that prevent them being well and happy. The most common of these were: puberty, anxiety, depression and school-based stresses. Notably, an underlying theme which exacerbated these issues was linked with the media which creates an unrealistic ideal for young boys to attain – regarding body image (muscular physique), objects (branded or expensive items), and peers (detrimental use of social media).

Feedback on how we can support boys who might face these barriers included:

Peer support. Boys liked the idea of older male peers running support sessions rather than boys of a similar age to themselves. However, there were concerns that finding appropriate boys would be a struggle. While staff members may be more ideal, it was agreed that opening up to staff isn't as easy as peers. Boys seemed keen on the individuals running the sessions being picked more on suitability rather than gender, and that girls might be better as they are more likely to listen.

PE and sport within a programme intervention. Boys spoke about the potential of meetings where they can talk about the issues in an informal and relaxed setting, but also sport sessions where the focus was on playing sport and being happy rather than any issues they might have. In terms of sports, they favoured alternative sports rather than the mainstream football, rugby etc.

2. Forge Valley School, Sheffield

Forge Valley School is a secondary school and sixth form located in Sheffield, South Yorkshire. A target group of nine Year 10 boys were selected to participate in the workshop to identify the key barriers that prevent them being well and happy, and how physical activity might help to address these.

Factors that the boys identified to affect mental health were sexuality, friendships, feeling part of the group, not being different to other peers, school exams, lessons and social media. Such factors closely relate to the accompanying co-creation outcomes, with peer groups, school pressures, and media having the potential to negatively influence their mental wellbeing. Importantly, the boys outlined the impact of such factors towards their emotions, which could leave them **"angry, confused, scared, insecure, isolated, jealous, upset, anxious and depressed"**.

Feedback from boys on the use of a sport or physical activity intervention included:

- Team games were preferred over individual activities
- Adult-free sessions and informal activities
- Boys liked the idea of urban and extreme sports to try something new
- Discussed 'peer-led' sessions and how it would need to be the right peers for the right group

One of the key points highlighted was that all the students are different and, although they do share similar experiences in school, they would benefit from being supported individually with a person or people that they trust in school. Together, feedback from both schools shows that the use of peer support is highly valued among young males and would be an integral component of a boy's mental health intervention.

ISSUES

**MUSCLES SCHOOL STRESS
MANHOOD MENTAL HEALTH
DECENT JOB ROLE MODELS
BODY IMAGE OBJECTS
MONEY SOCIAL MEDIA
BELONGING SEXUALITY
PUBERTY**

BARRIERS

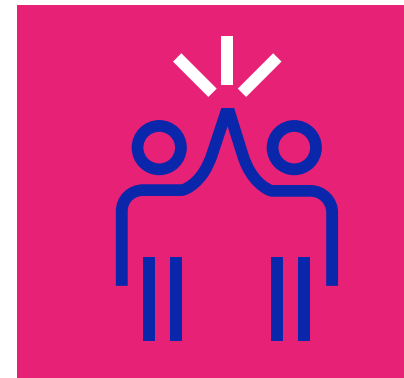
**CHANGING COMPETITIVE
MALE STAFF GIRLS WATCHING
TEAM GAMES STEREOTYPES
BODY IMAGE NO GOOD
TRAINERS COST BULLYING**

Youth Sport Trust co-creation workshops

Key conclusions from co-creation workshops

Corroborative themes arose from all co-creation workshops across 15 YST Health & Wellbeing Schools, regarding boys' sense of belonging with peers, the pressures of school and the negative influence of both mainstream and social media. Similar themes of an intervention included peer support (providing it was done right) and less conventional sports and physical activity.

1. Traditional offer may be restricting access for boys to be active and play
2. Peer-led activities are a high priority
3. Urban, individual, personal challenge and outdoor activities are preferred
4. Need to connect with the digital age
5. Male PE staff seen as a barrier
6. A chance to explore more than just sport
7. A need for 'older' boys running sessions and positive male role models
8. Maybe girls would be more empathetic when discussing sensitive issues
9. A chance for other organisations to work with them through sport and play
10. A chance for them to learn about big issues facing teenage boys (e.g. body image, drugs, social isolation, sleep, mental health, sex and consent)



Interventions and programmes

What works well?

School-based Interventions

Research highlights the value of whole-school approaches in creating a health-promoting environment to support pupils' mental health, through embedding social and emotional learning within the curriculum². Evidence has suggested that early intervention around mental health and stigma reduction might be more effective, with teaching of emotional literacy throughout school helping young males to better express themselves²⁴. This may reduce aggression as a negative form of emotional expression. Early prevention tools are particularly important for at-risk boys such as those excluded from school and those heading towards the criminal justice system.

Programmes seeking to develop resilience in children

The HeadStart programme, sponsored by the Big Lottery, aims to build mental wellbeing in 10-16 year-old children transitioning to and in secondary schools¹⁸. The programme looks at how young people's mental wellbeing is influenced by their experiences at school, their ability to access community services, their home life, relationship with family members, and interaction with digital technology. The HeadStart partnerships are designing, testing and implementing different approaches to build young people's emotional resilience, respond to the early signs of common mental health problems and provide additional support when and where it is needed.

Aggression Replacement Therapy (ART)

ART is a cognitive behavioural-based programme helping aggressive adolescents to self-regulate and adopt more positive behaviour. Research has shown that every £1 invested in the programme saves approximately £22 in costs to society based on observed and well-replicated improvements². The fundamental, educational components of this programme could develop positive outcomes using sport and physical activity as a tool for at-risk individuals to channel their aggression and emotions towards positive behaviour within sport.

The importance of language

When discussing mental health, the language used to describe services and support can make a significant difference to successfully engaging males. Using male-oriented terms (e.g. 'activity' rather than 'health', or 'regaining control' rather than 'help-seeking') creates a positive, inclusive environment without stigma²⁴. Similarly, taking a non-judgmental and empathetic approach is vital. The core value most commonly identified in an effective intervention was to hold a positive and enthusiastic view of males²⁶.

Using youth sport to promote positive mental health

Evidence has shown that, when structured appropriately, sport has the potential to enhance social and emotional functioning, enhance health-related quality of life and develop protective factors against poor mental health, including self-esteem, positive social relationships and wellbeing^{3,27}. Therefore, an essential social setting to support positive mental health within a boys' intervention is participation in organised sportⁱ. As such strong physiological, psychological and social benefits are well-established⁶, participation in organised sports can protect young men against suicidal ideation and suicide attempts²⁸. This is supported by evidence showing that adolescents who drop out of organised sports are 10-20% more likely than their sport-playing peers to be diagnosed with a psychological disorder within three years. Therefore, a programme which uses sport as a vehicle to promote positive mental health is likely to provide effective, long-lasting benefits to those who are most at risk.



ⁱOrganised sport - an activity that involves physical exertion and/or a physical skill, a structured or organised setting for training and/or competition.

Top tips for a boy's wellbeing intervention

The below top tips combine the key learnings from a review of the secondary evidence, with best practice taken from male mental health interventions²⁶:



Work together with young males to understand the current issues. In addition to a review of secondary evidence, it is important to work alongside young males to identify which issues and barriers boys experience that might be 'male-specific'. Establishing the core obstacles can help inform which are most relevant for a programme or intervention to address.



Promote physical wellbeing as having equal status to mental wellbeing. The link between physical and mental health has been well-established⁶. Therefore, a method to use physical activity and sport as a tool to promote positive mental health can enhance social, emotional and physical wellbeing, which in turn can enhance health-related quality of life.



Be positive. A 'male-positive' approach that is met with enthusiasm is considered to be a key component of a successful programme and is widely regarded as the most important element in effective leadership. Similarly, using clear, positive language has an important role to play within the success of the programme, e.g. "A toolkit for dealing with..."



Ensure that the setting is right. It is important to establish safe, respectful spaces for boys when conducting a programme. Within a school environment, this is most likely to be somewhere familiar that qualifies as 'male-friendly' to the targeted boys – most commonly sports settings, such as a sports hall, gym, sports field etc.



Ensure that the programme has clear objectives for those involved. Typically, greater value is observed in male interventions when they are 'solution-focused', with a personal 'goal' rather than a generalised helping process. Furthermore, it is important to understand and accommodate differences in objectives for boys from a BAME background, given the diversity in mental health issues between ethnicities.



Use peer to peer support and role models. Programmes that include peer support have been shown to be successful when working with boys, and was a key element highlighted within the co-creation workshop. Peer support can also have a positive impact on the wellbeing of the 'mentors' providing the support and is a successful model within Youth Sport Trust programmes (e.g. Active in Mind). Within the context of young males, this method of support can also reduce the perceived threat to boys' 'sense of self' when addressing mental health issues.



Consider interventions as activity-based. Activity-based interventions have been successful at engaging males, as they allow individuals to express themselves, discuss topics and build relationships in a more natural manner. This model also allows all young males to offer their own skills and experience as well as take advice and support from others.



Empower young males with positive examples. With evidence of the negative influence that social media can have towards mental health issues, it is important to encourage boys to seek out positive stories about male mental health which may encourage help-seeking. This is especially important where they feature males who are admired (e.g. celebrities, sportsmen) or can be easily identified with (e.g. peers) as positive male role models.



Signpost individuals to formal support. In addition to informal support provided by peers and role models within a programme, knowledge of the availability of formal support services is important to provide to those who most require it. With evidence that boys are less likely to access traditional mental health services compared with girls, it remains important for all young people to be educated on what services are available, irrespective of when they might need to use them.



Look beyond the programme. All successful programmes aim to have long-term effects beyond the intervention itself. Therefore, it is important to ensure that young males are equipped with the tools to overcome the key barriers they face in their wellbeing and continue to challenge the stigma attached to male mental health.

References

1. Mental health in children and young people | Mental Health Foundation. (n.d.). <https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people>
2. Centre for Mental Health. (2016). Missed opportunities: children and young people's mental health. Centre for Mental Health.
3. Swann, C., Telenta, J., Draper, G., Liddle, S., Fogarty, A., Hurley, D., & Vella, S. (2018). Youth sport as a context for supporting mental health: Adolescent male perspectives. *Psychology of Sport and Exercise*, 35 (August 2017), 55–64.
4. World Health Statistics Overview: 2019. (2019). World Health Organization.
5. Lawrence, D., Johnson, S., Hafekost, J., Boterhoven de Haan, K., Sawyer, M., Ainley, J., & Zubrick, S. R. (2015). The mental health of children and adolescents: Report on the second Australian child and adolescent survey of mental health and wellbeing.
6. Naylor, C., Galea, A., Parsonage, M., McDaid, D., Knapp, M., & Fossey, M. (2012). Long-term conditions and mental health: The cost of co-morbidities. The King's Fund, 1–32.
7. NHS. (2018). Mental Health of Children and Young People in England. NHS Digital.
8. Strand, S. (2014). Ethnicity, gender, social class and achievement gaps at age 16: Intersectionality and "getting it" for the white working class. *Research Papers in Education*, 29(2), 131–171.
9. Parsonage, M., Khan, L., & Saunders, A. (2014). Building a better future: The lifetime costs of childhood behavioural problems and the benefits of early intervention. In Centre for Mental Health.
10. Department for Education. (2016). Revised GCSE and equivalent results in England, 2014 to 2015. Office for National Statistics, (January).
11. Suicides in the UK: 2017 registrations. (2018). Office for National Statistics, 1–20.
12. Department for Education. (2019). Permanent and fixed period exclusions in England: 2017 to 2018. Department for Education, (July).
13. Edbrooke-Childs, J., & Patalay, P. (2019). Ethnic Differences in Referral Routes to Youth Mental Health Services. *Journal of the American Academy of Child & Adolescent Psychiatry*, 58(3), 368–375.
14. The five year forward view for mental health. (2016). The Mental Health Taskforce, (February).
15. Centre for Mental Health. (2019a). Children & Young People's Mental Health: The Facts. Centre for Mental Health, 189–229.
16. Schleicher, A. (2018). PISA 2018 insights and interpretations. OECD, 64.
17. Tregaskis, O., Nandi, A., & Watson, D. (2020). An examination of the relationship between adolescent mental health and educational outcomes in early adulthood. *What Works Wellbeing*.
18. Headstart. (2019). Learning from HeadStart: the relationship between mental health and school attainment, attendance and exclusions in young people aged 11 to 14. (December), 1–5.
19. Centre for Mental Health. (2017). Against the odds. Evaluation of the Mind Birmingham Up My Street project. Centre for Mental Health.
20. Centre for Mental Health. (2019b). This is me: A handy guide for schools to help young black men thrive. Centre for Mental Health, 19–43.
21. Kranke, D., Floersch, J., Townsend, L., & Munson, M. (2010). Stigma experience among adolescents taking psychiatric medication. *Children and Youth Services Review*, 32(4), 496–505.
22. Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC Psychiatry*, 113(10).
23. Key data: Mental Health. (2017). Retrieved from: <https://www.menshealthforum.org.uk/key-data-mental-health>
24. Robertson, S., White, A., Gough, B., Robinson, M., Seims, A., Raine, G., ... Robertson, S. (2015). Promoting Mental Health and Wellbeing in Men and Boys: What works?
25. Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. (2016). The role of masculinity in men's help-seeking for depression: A systematic review. *Clinical Psychology Review*, 49, 106–118.
26. Men's Health Forum. (2015). How To Make Mental Health Services Work for Men.
27. Holt, N. L., Neely, K. C., Slater, L. G., Camiré, M., Côté, J., Fraser-Thomas, J., ... Tamminen, K. A. (2017). A grounded theory of positive youth development through sport based on results from a qualitative meta-study. *International Review of Sport and Exercise Psychology*, 10(1), 1–49.
28. Southerland, J. L., Zheng, S., Dula, M., Cao, Y., & Slawson, D. L. (2016). Relationship between physical activity and suicidal behaviors among 65,182 middle school students. *Journal of Physical Activity and Health*, 13(8), 809–815.

Acknowledgements

The following YST Health & Wellbeing Schools have been instrumental in delivering co-creation sessions that have informed this report and the next steps for schools:

Forge Valley School
Archbishop Beck Catholic College
Kingsbury High School
Mullion School
Herne Bay High School
Clavering Primary School
Idsall School
Brookfield Academy Trust
Laurence Jackson
Highfields
Swindon Academy



Youth Sport Trust

SportPark
Loughborough University
3 Oakwood Drive
Loughborough
Leicestershire LE11 3QF

T **01509 226600**
E **info@youthsporttrust.org**
W **www.youthsporttrust.org**

 **[@YouthSportTrust](https://www.facebook.com/YouthSportTrust)**
 **[YouthSportTrust](https://twitter.com/YouthSportTrust)**
 **[@YouthSportTrust](https://www.instagram.com/YouthSportTrust)**

January 2020

Registered charity No. **1086915**
Registered company No. **4180163**