

## Written evidence from National Youth Advocacy Service (MHM0005)

### Select Committee follow up work on the mental health of men and boys

Thank you for the opportunity to contribute further to this vital inquiry. Sadly, the two years since the inquiry have had a profound impact on the mental health of men and boys who we support, due to the Covid-19 pandemic and related factors. NYAS (National Youth Advocacy Service) continues working to improve mental health and wellbeing policies particularly for care-experienced children and young people.

We continue to promote our mental health campaign called *Looked After Minds*, prioritising the mental health and wellbeing of care-experienced children and young people with recommendations for change (highlighted below). We urge the Women and Equalities Committee to recognise in its follow up work the specific needs of care-experienced men and boys.

### NYAS' *Looked After Minds* Campaign Recommendations

#### ADVOCACY

All children and young people receiving any tier of mental health support services should have an active (opt-out) offer of independent advocacy services, enshrined in legislation through amendments to the Children Act 1989 or Mental Health Act 1983. This offer of advocacy should also be available to all young people throughout their transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services or support in the community.

#### ENTERING ADULTHOOD

Every care-experienced young person's Personal Adviser should prioritise support for the young person's mental health and wellbeing as a key performance indicator. Mental health support must be proactive, preventative, and meet the mental health needs of the individual as they are leaving care. Where a child or young person is waiting for or denied access to CAMHS or adult mental health services, other support options must still be timely, tangible and led by a genuine dialogue with the young person.

#### RESPONDING TO TRAUMA

Every care-experienced child and young person must have timely access to evidencebased support and understanding for trauma-related mental health needs. Social care staff should

receive mandatory evidence-based training around the potential influence of trauma exposure on children's development and wellbeing. Further, any service offering traumarelated mental health support to care-experienced children and young people should ensure assessments and treatments are evidence-based, including as set out in NICE guidelines.

### **POSITIVE CHILDHOOD EXPERIENCES**

The Department for Education (England) and the Welsh Government (Wales) must create statutory guidance for professionals and carers on Positive Childhood Experiences. As part of that guidance, a 'do no harm' principle for services working with care-experienced children and young people should be introduced that recognises which professional decisions can harm mental health. This guidance should have an explicit focus on supporting care-experienced children and young people to lead fulfilling lives and reach their potential.

Full Looked After Minds report available here:

<https://www.nyas.net/wpcontent/uploads/NYAS-looked-after-mind-report.pdf>

For children and young people, we believe mental health support must be child-centred and rights-based, also recognising that mental health problems can be preventable if the right support is given at the right time.

Since NYAS' 2019 contributions to the inquiry, the global Covid-19 pandemic began and has been mostly detrimental to care-experienced men and boys' mental health. The pandemic has seen more children and young people go into care with increased mental health problems. This is evident through an increase in local authority referrals coupled with increased "demand and complexity in relation to young people's mental health needs". We surveyed 230 careexperienced children and young people during the pandemic in May 2020, with both male and female respondents expressing how the first national lockdown had left them feeling lonely or anxious with little or no contact with children's services.

One male 17-year-old care leaver said:

*"Not being able to socialise has affected my mental health, increasing my anxiety levels and depression. Only being given one walk a day to grab essentials or walk the dog is not enough considering I used to go out for three or four each day of the week."*

Aside from the negative effect of the pandemic on boys' mental health, research also shows that men and boys are more likely than women and girls to sleep rough, be excluded from school, be addicted to drugs, or be imprisoned. Various studies have shown that care-experienced young people are 25 times more likely to be homeless than their peers, five

times more likely to have a fixed term exclusion from school, four times more likely to use illegal drugs or alcohol as a child, and 40 times more likely to be criminalised.

Each of these experiences multiplies the risk of suicide to these care-experienced young people, to the point where being male, care-experienced and imprisoned, for example, creates a serious risk. In other words, these men and boys who have been in the care of two groups of professionals – the care system and the criminal justice system – are significantly more likely to suffer from mental health problems that cause them to take their own lives.

Early intervention and tailored support are crucial to making sure that boys and young men are given equal opportunity to enjoy positive childhood experiences, as well as be protected from adverse ones. The UK government's move via its Tackling Child Sexual Abuse Strategy 2021 to tackle cultural barriers that boys face in accessing some support services, is a good example of how support should be targeted, timely and culturally sensitive.

Boys are less likely than girls to seek help for their mental health, so services need to improve their offer. At NYAS, we believe that an essential way to empower boys to get the support that they need is by introducing an 'active offer' of advocacy. This means that when children enter any tier of CAMHS support, they are automatically connected with an independent advocate who can explain their rights and offer to support them to express their views, wishes and feelings.

We must move away from a mental health system that requires its patients to be in crisis, towards one that is truly proactive: advocating on behalf of care-experienced children and young people; supporting them through crucial times such as entering adulthood; addressing trauma at the earliest opportunity and striving for childhoods that are full of positive experiences and love.

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