

Written evidence submitted by Place2Be (IMH0031)

About us

Place2Be is the UK's leading children's mental health charity, providing expert in-school mental health support, with nearly 30 years' experience. We welcome this inquiry into men's mental health and are basing this evidence on our work in schools supporting boys' mental health.

Recommendations

- Intervening early and embedding mental health support within schools is vital to help prevent problems becoming more severe. We recommend a whole-school approach to mental health involving school staff, parents and carers, and the pupil.
- Mental health should be included in training for all school-based staff.
- Schools should be sufficiently funded to sustainably implement long-term mental health support - including a trained, in-school mental health professional - that meets their unique community's needs.
- Every child who needs more targeted support should be able to access it in the NHS. Integrated Care Systems should prioritise investment in the mental health of children and young people including prevention.
- All employers in children's mental health should implement measures to diversify the workforce to help make it more representative.

Evidence

- Boys are slightly more likely to use Place2Be's one-to-one counselling in primary schools than girls, but in secondary schools only a third of the pupils using this service identify as a boy.
- The most common mental health problems in boys entering counselling in primary school are issues around behaviour, anger and self-destructive thoughts or acts.
- Boys also had more severe and several mental health issues.
- Girls are much more likely to use our drop in, self-referral service to discuss minor feelings of sadness or worry (Place2Talk) than boys.
- Early support is key to building emotional resilience and improving mental health.

1. What is driving higher rates of suicide amongst men and how could this be addressed?

Mental health problems among young people are rising. Since 2018/19, incidents of self-harm, suicide ideation and suicide attempts by pupils seen by Place2Be have doubled.

Place2Be research from 2019/20 found that:¹

- 56% of pupils who received counselling were boys (however this was 52% in 2021/22).

¹ Toth, K., Golden, S., et al., (2020). [What issues bring primary school children to counselling? A service evaluation of presenting issues across 291 schools working with Place2Be](#), July 2020

- Boys were more likely to present issues around behaviour, impulsivity, mood swings, anger and self-destructive thoughts or acts.²
- Boys presented with more severe and multiple issues.

To address this, it is vital that boys get early help in life with their mental health. After receiving one-to-one counselling with Place2Be, 76% of children and young people showed an improvement in mental health³ and 49% of primary-aged and 55% of secondary-aged pupils with severe difficulties showed clinical recovery.⁴

We believe schools are best placed to provide this support and shape positive attitudes to mental wellbeing. School-based services are also beneficial in being more accessible: *“It’s not in a hospital; it’s in their environment, their school. It makes it ‘normal’ ... it’s about breaking the stigma...Knowing that support exists, and that it is readily available, can be a lifesaver.”*⁵ – Place2Be counsellor.

It is important however that school staff recognise the links between mental health and behaviour. This forms a key element of a whole school approach. We recommend that an understanding of mental health is embedded in both Initial Teacher Training and in Continuous Professional Development for school staff.

It also remains crucial that services like Child and Adolescent Mental Health Services (CAMHS) are sustainably and fully funded, resourced, and accessible to all who need more specialist interventions. This should be prioritised in ICB plans.

2. What factors contribute to men using health services less often than women and what impact does this have on men's health outcomes?

Stigma around mental health is a huge barrier in getting help, especially for men. Even with younger-aged children, there is clear evidence that older boys in particular feel unable to seek help with their mental health, even when services are available.

There is a clear gender gap in use of Place2Be’s school services:

- In 2017/18, we found that in primary schools, more boys (57%) than girls (43%) on average were referred to and used our one-to-one counselling (suited for more severe or multiple issues). However since the pandemic we have seen a rising number of girls being referred with more severe issues in need of one-to-one counselling, reducing the gap to 52% and 48% for boys and girls in 2021/22.
- In 2021/22, we found that in secondary schools, only 32% of the one-to-one counselling service users were boys.

² Toth, K., Golden, S., et al., (2020). [What issues bring primary school children to counselling? A service evaluation of presenting issues across 291 schools working with Place2Be](#), July 2020

³ Place2Be (2022) [Impact report](#)

⁴ Data collected from the 2020/21 Strengths and Difficulties Questionnaire

⁵ Men’s Health (2020), [Fighting for Young Minds: The Next Generation](#)

- For Place2Talk (the drop-in service), boys are underrepresented as users in both primary (39%) and secondary (32%) schools.

This demonstrates the need to destigmatise reaching out for mental health support, and design services that overcome barriers in access for boys and men. Place2Be provides [training for school staff](#) and [advice for parents](#) to help overcome negative attitudes around mental health which can be passed to the child and contribute to stigma. This training forms part of a whole school approach.

Taking the lead from people you respect and who ‘look like you’ can be key to help improve mental health and encourage engagement by boys with the support available to them. There is some evidence that when the Place2Be therapist is male, there tends to be a greater engagement by boys, showing the importance of positive male role models and attracting a more diverse workforce. Currently, 84% of the NHS children and young people’s mental health workforce are female.⁶

It is positive when men come forward and speak to boys about their own mental health. We commend celebrities and other high-profile figures, including [Place2Be’s Ambassadors](#), who speak openly and raise awareness of struggles with mental health.

3. What role do community and sport-based projects play in reaching men at high risk of isolation or poor mental health, and how can it be ensured that this support is spread equitably across the country?

Place2Be offers school-based mental health support with a focus on talking therapy,⁷ however we have worked alongside organisations such as [Football Beyond Borders](#) and [Greenhouse sports](#) and welcome non-traditional routes of therapeutic interventions that help break down barriers and encourage more boys to get support.

These projects are especially necessary to support boys outside of mainstream education who are at risk of social isolation and exploitation. DfE data shows that boys have almost double the rate of suspensions than girls, and nearly three times the number of permanent exclusions.⁸ School exclusions disproportionately affect children with poor mental health.⁹ School exclusions also worsen mental health, showing the need to provide support to pupils affected by this - sport and community projects could play a role. Place2Be has also made our CPD-certified ‘[Mental Health Champions – Foundation](#)

⁶ NHS (2023) [Health Education England Children and Young People’s Mental Health Workforce Census](#)

⁷ However, it is important to emphasise that sport is not always a perfect solution or the only coping mechanism for boys. Talking therapy should also be available. One of our counsellors shared the following examples to help explain this point “*A boy was impacted by the suicide of a friend who was a good football player, which made playing incredibly triggering. Another boy was a great hockey player and it worked well for him as a coping strategy through a bereavement, but when he couldn’t play, he didn’t have other methods to fall back on.*”

⁸ Department for Education (2023) [Permanent exclusions and suspensions in England](#)

⁹ Place2Be (2023) [From a child who is a problem to a child who has a problem](#). The study found that providing counselling for pupils experiencing school exclusions has proven to be effective, both in improving their mental health and reducing subsequent exclusions after counselling.

[programme](#)’ available for free to youth workers, focusing on working with young people outside the school system.

4. What are the challenges in delivering health equity across different population groups among men and how best can they be addressed?

Special Educational Needs and Disabilities (SEND).

Government data shows that 62.8% of pupils with SEN support are boys.¹⁰ Children and young people with SEND are more vulnerable to experiencing poor mental health and are therefore more likely to need access to early intervention and support for their mental health and well-being.¹¹

Schools should adopt inclusive practices to meet the needs of pupils with SEND and protect their wellbeing, including providing targeted mental health services. Children with SEND should have a voice in their mental health care provision.

Lower incomes.

Children and young people from low-income families are four times more likely to experience mental health problems than children from higher income families.¹² It is crucial that services remain accessible for all, free and easily available at the point of need. As such, school remains an optimal location for mental health support, given this is where the majority of children and young people spend their time – pupils eligible for pupil premium are overrepresented in Place2Be’s service users. Regional gaps in NHS services should be addressed to prevent postcode lotteries and ensure no matter where someone lives, they can get help.

Race and ethnicity.

Beliefs around mental health among different communities means people from some marginalised groups may feel less willing to seek support and less trusting that they will receive fair treatment.¹³ For example, research has found that black children are treated differently in the classroom and receive more punitive sanctions for their behaviours, which negatively impacts their mental health.¹⁴

All school staff should be trained to recognise when a child is struggling and know where to refer them for help. This training / understanding of mental health should be trauma-informed, address racial and gender bias, and recognise the unique background and experiences of each child, especially those from underserved communities; this includes children with SEND including neurodiversity, diverse ethnic and religious backgrounds, and children with challenging family or social circumstances.

¹⁰ Department for Education (2023) [Special Educational Needs in England](#)

¹¹ Place2Be (2022) [Supporting the mental health of children and young people with SEND](#)

¹² Gutman, L. M., et al; (2014). [Children of the new century: Mental health findings from the Millennium Cohort Study.](#)

¹³ CAMHS Rise (2023) [Are ethnic minority children and young people treated differently in CAMHS in terms of the services or treatment they receive?](#)

¹⁴ Children and Young People’s Mental Health Coalition (2023) [Behaviour and mental health in schools](#)

It is also crucial that efforts are made to diversify the workforce to ensure counsellors and practitioners can represent and meet the needs of the pupils they support more accurately. This could include bursaries and subsidies for training or alternative qualification routes.

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