Written submission from Spurgeons Children’s Charity (MHM0017)

Introduction to organisation:
We are a Christian children’s charity founded in 1867. Today, we run 51 Services / Projects operating within 19 local authority areas across England (Midlands, East, West, South, and London), and have 359 staff and 149 volunteers delivering a range of help and support services including: ‘children’s centres’, domestic violence / abuse, young carers, prisoner family services, and separated parents information programmes. We also have small scale specialist services addressing: self-harm, girls in gangs, and child sexual exploitation. Across the range of our provision we encounter men and boys affected by mental health issues. One of our strategic goals is to influence change by speaking up on behalf of children and families.

Executive summary

- Mental health issues are increasingly a feature in Spurgeons safeguarding children work
- The needs of boys and men continue to be overlooked by society and in service design
- Intergenerational cycles of poor male mental health impact families and cost society
- Sleep deprivation and consumption of energy drinks can play a part in poor mental health
- Male young carers, or whose father is in prison, may be more at risk than previously thought

Introduction

This submission is based on the views of 18 members of staff (both women and men) from the following professional backgrounds: Early Years, Youth and Community, Family Support, Health Visiting, Data Analysis, Education, Psychology, Administration, Finance, Childcare / Law, Prisons, and Social Work. As such it represents their collective perception and opinions based on experience.

Mental health was a feature / the primary issue in 10% of safeguarding incidents / concerns for the children and families we worked with in 2017/18. During this year (2018/19) we have seen a marked increase 15%, examples for boys and men being: depression, post-traumatic stress and threats of suicide.

1. What are the most pressing issues that affect men and boys’ mental health, and how are these different to the wider population?

1.1 Acceptance that everyone has mental health (of varying and changeable quality), it is not a binary ‘problem or not’ matter. Gender scripts / stereotypes about being ‘strong’ and ‘in control’ are an inhibitor still to boys and men talking openly and seeking help, there remains greater stigma for them compared to girls and women. Increasingly, body image pressure, with their sense of identity wrapped up in work, which is then
challenged when out of work, more pronounced with men.

1.2 Despite positive shifts in how fathers are seen within the family justice system disputed contact for fathers can have an evident impact for some fathers, and they can sometimes be overlooked as the most appropriate primary carer for their children.

“There is a strong focus on the child (which is right!), and often the mother as it is more commonly seen that children still reside mainly with mothers when families separate. This often means we are not in contact with fathers or they choose not to engage with professionals. This means they do not receive as much support... which often causes poor relationships between father/children.”

1.3 Postnatal depression in men often goes undiagnosed, and appears more pronounced in terms of its impact when the father is not resident (e.g. through separation, imprisonment), and is more likely if there is maternal postnatal depression too. Fathers are often the full time working parent and often not supported as much as the mother who is more likely to stay at home with baby, and be available during working hours to receive support.

“This quarter we have seen a lot of mental health issues for children and young people including self-harm. This has involved referrals to and liaison with prison and outside agencies. The establishment (prison) is very conscientious in monitoring young people who self-harm but mental health services are limited and interventions teams stretched. Families are very anxious and complain about lack of contact and communication about their boys, especially in these circumstances.”  HMYOI Prisoner & Family Service

2. What are the social and economic costs of poor mental health in men and boys?

2.1 Intergenerational cycles of dysfunctional coping behaviour, and poor mental health can on occasion be seen to be ‘passed’ through generations. There is still significant stigma attached to men (more so) talking and seeking support early on for mental health problems. This can lead to greater / more serious problems later on as things are sometimes 'held' by men until they do not have the ability to cope any longer – we have seen this feature precipitating criminal acts including domestic violence and ultimately greater individual and societal cost.

2.2 Within most of our help / support service types the workforce is predominantly female, meaning that we make special effort to engage men when they are the target population for particular groups and sessions. Mainstream (popular culture) male role models who not
only have ‘had’ but live with mental health problems are few and far between.

2.3 A contributing factor in cycles of poverty and deprivation. Absence from work, less effective and productive in work, leading to loss of pay / work (if ever secured) especially in performance related pay (zero hours or casual) roles, in turn that contributes to lower self-esteem and relationship tensions and breakdown.

“Socially it is likely to remain cyclical unless the culture or representation of talking about mental health is fully challenged i.e. if a man / boy's friends don't open up about worries or concerns to them, they are unlikely to reciprocate”.

3. What is the effect of the following on men and boys’ mental health: - Gender stereotyping in childhood- Gendered expectations around work- Fatherhood- Media portrayals of masculinity- Household finances- Relationship and family breakdown?

3.1 Gender stereotyping sets an expectation for men to behave in a certain way and leads to expectations on men that may not be realistic in real life. Men are sent conflicting messages by the media - for example to be strong, good looking, have a perfect body, to be successful and to be a great father and then on the flip side are told in addition to this, they need to be sensitive etc. - this can lead to confusion and low self-esteem where men may feel they cannot live up to other's expectations. Fatherhood adds additional pressure and the father's own experience of being fathered is likely to have significant influence on this.

3.2 In terms of couple and family relationship breakdowns, men sometimes feel that the support is tailored towards women and this is further compounded by the predominantly female workforce in the childcare sector. Often where we encounter domestic violence and abuse, there is lack of awareness and true understanding about what healthy relationships look like, about how to work through difficulties in an adult way as well as emotional trauma from witnessing abuse themselves in childhood.

“All of the above mean males feel less able to share their feelings and more like they have to bear the burden of family/work stresses alone. The perception that males need to be the main ‘breadwinner’ remains [within the communities we serve] and supporting their families mean they are less likely to take time off when they need it and this compounds mental health problems. Where men are unemployed or earn less than their partners they can feel this more acutely as society still (indirectly) tells them that they have failed”

4. What issues other than access to healthcare affect the mental health of men and boys?

4.1 Sleep deprivation (linked to gaming / screen time) and over consumption of energy drinks are less recognised as both being detrimental to the mental health of boys and men.
Similarly, boys that are to all intents and purposes living as ‘fatherless’ day to day, who additionally have a difficult or non-existent relationship with their birth father, and are therefore either simply lacking suitable role model or are susceptible and exposed to extreme negative and destructive male role models (encouraging / valuing violence and criminality as importance ‘behaviour of strength’).

4.2 Opportunities in school, work places and community / social settings to learn to communicate about feelings and to be able to talk about difficulties, without fear of being made to feel stupid, or ‘less male’. Their experiences, for example traumatic experiences such as active military service, historically and currently. As the stereotypical breadwinner, it is likely that pressure to drive household finances and demonstrate strength and coping will affect male mental health particularly if affected by redundancy / job loss etc.

4.3 Simply, the hours / days of opening and the practical environment / buildings used to provide men with mental health support. All of those tend to reinforce a stereotype that they are for women, largely run by women. Broadly speaking there is a tendency for women with mental health issues to be seen as temporarily ‘sad’, the narrative around men tends to cast them as permanently ‘mad’ or ‘bad’. Whilst superficially attitudes have moved on there is still some considerable way to go. Statistics over suicide rates particularly underline this view (i.e. the biggest killer of men under 50 in the UK, accounting for 1 in 4 deaths in men under the age of 35).

5. Which groups of men and boys are particularly at risk of poor mental health and what is leading to this?

5.1 In our experience, more than had previously been thought, young carers and children exposed to domestic violence and abuse. We don’t have hard evidence to support our concern over boys and men affected by or involved with the criminal (e.g. Dad in prison) or family justice system (e.g. disputes over residence and contact) but are aware of the extent to which those boys and men are carrying ‘emotional burdens / heavy responsibilities’.

“There is still a lack of mental health support for young carers and families. CAMHS thresholds are too high, waiting times for counselling services are long and school support inconsistent” – Young Carers Project

5.2 From our experience boys without a father figure – for whatever reason/s, those not in education, employment or training (NEET), and those involved in military service. In terms of heightened risk we have seen cases where the following are significant determinants of the need for greater concern and support: boys with a parent experiencing significant
mental health problems (especially if it is the father), family conflict and parental relationship breakdown, chronic ill-health or disability of a parent the boy is caring for (or child the father is caring for), social isolation (significantly different from the norm for their peer group), unemployment and drug and alcohol abuse. Generally speaking the more factors along those lines he more entrenched the issues and problems.

“Increasing numbers of young people with mental health conditions are not getting appropriate and timely support. Families are struggling with benefits cuts and sanctions which means that they are unable at times to provide food for their children and cannot afford essential items such as shoes and school uniforms. This has been a growing problem over the last 12 months, as a service we are having to spend more time trying to get the families support around benefits, source food banks, use our community fund to help with purchasing school shoes etc. The effects of this then leads to increased anxiety and depression and sometimes alcohol misuse, which then leads to further debt and worry.”

Young Carers Project

6. What measures are needed to most effectively tackle poor mental health in men and boys and what are the barriers that prevent these being implemented?

6.1 Mental health needs to be a core part of the school curriculum. Society would benefit from shifting the narrative through having more positive male role models (e.g. relevant celebrities) speaking out about their mental health. Positive / simple advice applicable to all to normalise talking about mental health for boys and men.

6.2 Additional funding to either dedicate services and support for boys and men or preferably to transform existing (girl / women focussed) services to being genuinely not gender specific – accepting that currently it is indirect and unintentional that they are skewed that way. More research into what works for supporting and improving the mental health of boys and men, and greater understanding about the societal impact and costs of not addressing this issue (the economic case for change).

6.3 Fostering a culture and acceptable that mental well-being is seen as being equal to physical well-being, encouraging boys to be better able to talk about their feelings from a young age. The change of culture needs to be consistent across all areas of life, otherwise it would be confusing. NHS England campaigns to encourage ‘men to talk’ and improve the image and reputation of the topic of boys / men’s mental health.

6.4 Improve the accessibility of services – physical / practical (location / days and hours).

7. How effective has Government policy been in improving mental health outcomes for men and boys?
7.1 Headline grabbing investment is good, but relatively little in scale by comparison to the level of need in this area. It appears more focussed on late intervention / high end need, not clear about the government position on prevention / early intervention. The latest available statistics on suicide rates amongst young men especially clearly indicates that major change – in a number of keys areas – is still needed.

“I don't think this is an issue that is best represented / addressed through Government drives, but better through Government support of those who are better placed to lead it. However, undertaking this inquiry is a good and necessary step forwards in terms of raising its public and professional profile”.

8. How effective are the following at tackling poor mental health in men and boys:- NHS England- Public Health England- Child and Adolescent Mental Health Services- Local Authorities- Schools- Local support groups, faith groups, carers, friends and family

8.1 Of those, Child and Adolescent Mental Health Services are especially underfunded meaning they can only (and artificially) focus on high end need / risk and clinical diagnosis. Increasingly schools are struggling to deal with the early indications of mental health support needs in boys due to their own resourcing pressures but also due to the way in which those issues are manifested – e.g. absence, challenging / violent behaviour. Local support groups and faith based support is piecemeal but can be effective in making a positive difference.

Other – Spurgeons Parent Report survey 2018

One in 10 (12%) of all British parents with children aged 18 and under feel out of their depth all or most of the time, according to the findings of our 2018 annual Parent Report survey (December 2018). Our research, undertaken on our behalf by a YouGov poll of over 1,000 parents of children aged 18 and under, reveals parents’ concerns about their children’s lives and hopes/fears for the future.

This year, the report paints a picture of a society in which parents are struggling to cope and have little support. Over a third (37%) of those polled say there’s not enough support for parents to help with family challenges like conflict, divorce and abuse. 55% of parents say they are aware of financial cuts to support services in their area in the last five years in services such as children’s centres (38%), play activities (34%), support with disabilities or Special Educational Needs (29%) and antenatal and postnatal services (22%). 5% of men surveyed have increased their use of alcohol following support service funding cut, 4% have increased their use of illegal drugs.
As a direct result of cuts to services, more than one in 10 feel less confident as a parent (11%) or have not been able to care as well for their child (ren) (6%). This year’s findings also reveal that 43% are worried about their children getting into a physically or mentally abusive relationship; with over a third (35%) were worried about them self-harming. A further 30% of parents of children aged 18 and under were worried about their children getting involved in gang activity.

Paul Ringer, our Deputy Chief Executive, comments: “This year’s Parent Report research backs up what we already know: that many families are feeling overwhelmed and affected by rapidly shrinking support services. This ‘parenting crisis’ is bad for families from all backgrounds, but it’s even worse for the most vulnerable in society. These are the families we work with, day in, day out and the need for services like ours is increasing. Any one of us could end up in a position where we need help from services like ours; and we have seen more and more of this happening in the current economic climate. It’s vital that families get the support they need, when they need it. With the right help, parents can be the solutions to the challenges their children face. Supporting and empowering parents is key – so they know where to turn, so every child, particularly those who are struggling at home, are caring for a relative or have a parent in prison, can look to the future with a sense of hope”.

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