



National Children's  
Bureau



## Just getting on

Young people's views on gender,  
emotional well-being and mental health

Emily Hamblin, August 2017

## Introduction

This document is for decision-makers, service providers and practitioners whose work impacts on children and young people's emotional and mental health and well-being. It presents young people's views on how they cope with difficulties and seek help, with a focus on the role of gender. In sharing these findings, NCB aims to help further thinking and practice in this area.

Children and young people's mental health is one of the most challenging health issues of our times. In response to these challenges the Department of Health and NHS England established a taskforce in 2014, which made clear proposals for whole-system change in its report, *Future in Mind* (DH and NHSE 2015). Major transformation programmes for both child and adult mental health services are now underway.

## Why look at children and young people's mental health with gender in mind?

Mental health is a gendered issue, with research identifying gender differences in:

- the general picture of children and young people's emotional and mental health
- the prevalence of specific difficulties and issues
- children and young people's coping strategies and help-seeking behaviours
- responses to children and young people's emotional and mental health needs from parents and carers, schools, and public services
- service responses to the needs of some particular groups of children and young people.

The young people we heard from were aware of links between gender and the way they experience life. They discussed gender differences in the pressures children and young people face: for example, relating to physical appearance, fashion and health.

Awareness and media coverage of gender dimensions in children and young people's mental health is growing, particularly in terms of girls' well-being and self-esteem; young male suicide; and the experiences of trans children and young people.

However, 'gender blindness' can inhibit understanding of such issues and the potential of policy making and service design and delivery to address them. Gender must be considered as one of many interrelated factors affecting children and young people's experiences and needs.

**'Whether you are male or female you are expected to moderate your behaviour to your environment from a young age.'**

**Female survey respondent aged 22-24**

## How has NCB explored the role of gender in children and young people's mental health?

From 2009–2017, NCB was a Health and Care Voluntary Sector Strategic Partner to the Department of Health, NHS England and Public Health England. This role included supporting the children's mental health transformation agenda outlined in *Future in Mind*. In this capacity, NCB has developed three publications on the role of gender in children and young people's mental health:

- *Gender and children and young people's emotional and mental health: manifestations and responses – A rapid review of the evidence*
- *Gender-sensitive approaches to addressing children and young people's emotional and mental health and well-being: Examples of promising practice*
- This document, which explores, from a gender perspective, young people's views on ways of coping with difficulties in their lives; whether, where and how they seek help; and how others respond to them.

Young people's views were gathered by three routes, with activities and questions tailored for each group. We ran a face-to-face session with a mixed group of Young NCB (YNCB) members aged 12–23. This was followed by a separate session with boys and young men aged 14–18 at a youth centre in Westminster, London. Finally, we conducted online surveys to which 96 individuals aged 13–24 responded (70 female, 22 male and four trans young people). The trans group was comprised of three young adults who separately described their gender identities as non-binary, gender fluid and not defined, as well as one young teen questioning their gender identity.

The appendix provides further detail on methodology.

### Find out more

The findings from engagement with young people have also been digested for young people to understand, in a short report and summary document.

These and all other publications from this project are available at <https://www.ncb.org.uk/genderandmentalhealth>. A wide range of other resources from NCB on children and young people's health and well-being can also be found on our website.

## Key terms

**Gender** refers to the roles, behaviours, activities, and attributes that a given society considers appropriate for males and females.

**Gender blindness** has been explained by the United Nations as 'the failure to recognise that the roles and responsibilities of men/boys and women/girls are given to them in specific social, cultural, economic and political contexts and backgrounds. Projects, programmes, policies and attitudes which are gender blind do not take into account these different roles and diverse needs, maintain the status quo and will not help transform the unequal structure of gender relations' (UN Statistics Division, 2013).

**Trans** is an umbrella term for various people who experience a mismatch between their gender identity and the sex that they were assigned at birth. It includes transgender and non-binary people as well as anyone else who is in any way gender variant. When working with young people, it is best to ask what any terms mean to them personally.

## Summary

This report explores gender differences in how acceptable and helpful various ways of coping with difficulties seem to the young people. It looks at the responses young people expect to get if they share difficulties with people in their lives, and some of their actual experiences of opening up to others. It then considers their views on the gender-sensitivity of professionals and services.

Our surveys and face-to-face engagement with more than 100 young people generated some key findings:

- Some healthy ways of managing stress are widely acceptable to both male and female young people we surveyed: for example, having fun and exercising.
- Young people are very aware of expectations on boys and men to appear strong and not show emotion.
- Sharing problems with others seems more widely acceptable among the young women than young men, although not as clearly as common stereotypes might suggest.
- Some girls and young women described feeling that their difficulties are belittled by adults when they try to seek support. They perceived assumptions that girls' distress is due to over-emotional reactions to minor issues with friendships and relationships. Some girls and young women expressed uncertainty about trusting female friends, although other females were an important source of support.
- The few trans young people we heard from did feel that gender stereotypes affected how they cope and sought help, to different degrees and in different ways. Two commented on the need for greater professional understanding of gender identity.
- The areas in which the young people most wanted to see greater gender-sensitivity were information about support available; support within settings like schools, youth clubs and youth offending institutions; and how professionals relate to young people.

The conclusions and recommendations of this report are based on a whole project of which this report is one part. They call for active consideration of gender in work that impacts on children and young people's mental health and emotional well-being. This includes policy-making, commissioning, service design and delivery, workforce development and research.

## Which ways of managing emotions did the young people find acceptable?

Young people who completed the surveys were asked to identify how acceptable a range of behaviours were to them and their same-gender friends (e.g. a girl and her female friends). The aim was to explore the general acceptability among peer groups behaviours of 'things some people do to deal with stress/difficulties'.

The behaviours that were 'usually acceptable' to the greatest share of young people<sup>1</sup> were the same for females and males:

- Doing an activity for enjoyment (although young men in the Westminster focus group seemed to see having fun as incompatible with difficult feelings)
- Being physically active, without strict exercise regimes.

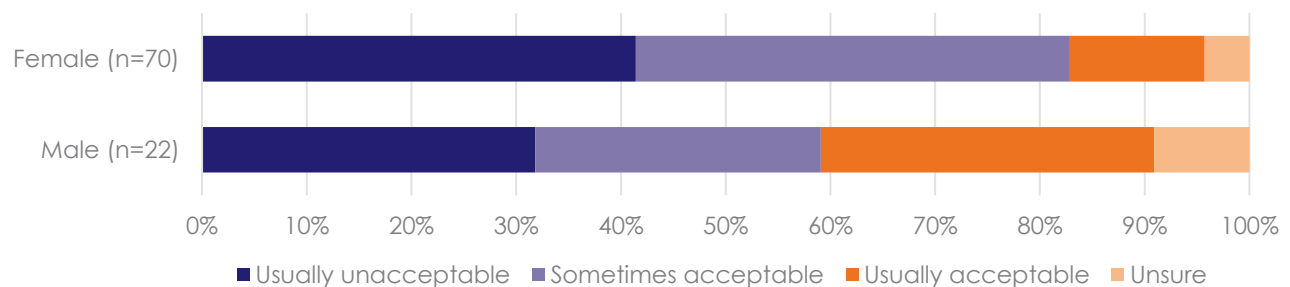
Self-harm was more widely unacceptable to both male and female survey respondents than any other way of coping.

There were five noticeable gender differences observed in the young people's views.

Using alcohol and/or drugs to cope with difficulties was much more widely acceptable to males than females.

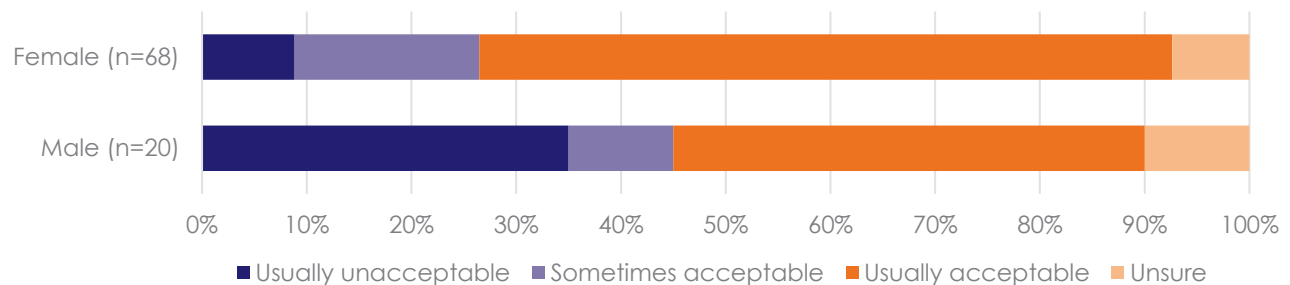


**Figure 1: Perceived acceptability of using drugs and/or alcohol to deal with stress/difficulties**



Creative expression was widely acceptable to females, whilst males were more polarised.

**Figure 2: Perceived acceptability of expressing what's on your mind through writing, art, music etc. (even if you don't share it)**



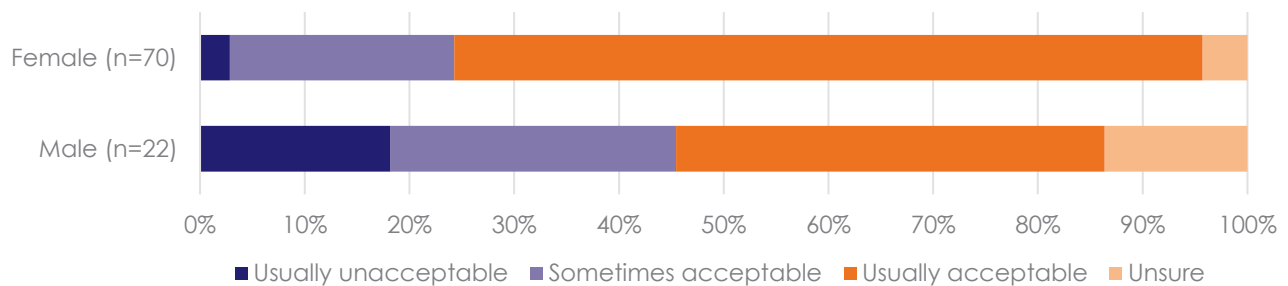
<sup>1</sup> Including behaviours involving relating to other people (see Appendix), discussed in 'What did the young people say about communicating their feelings and seeking support?'

Working towards very strict standards of physical appearance, weight or fitness was less widely acceptable to females than males. This is interesting given that eating disorders and body image concerns are more frequently linked to girls than boys.

Making sure to get enough sleep was more widely acceptable to female respondents than sleeping or resting a lot, suggesting girls and young women distinguished between these two related behaviours. The acceptability of each of the behaviours to male respondents was more similar.

Doing something physically relaxing or pampering was more widely acceptable to females than males.

**Figure 3: Perceived acceptability of doing something physically relaxing or pampering**



The youngest age group (13–15 years) generally expressed less certainty in their answers than older age group: i.e. answering ‘unsure’ or ‘sometimes acceptable’ more and ‘usually acceptable’ or ‘usually unacceptable’ less.

*‘With girls especially, friends influence the way you feel and act, and change as you get older. I once found it "Usually acceptable" to self harm for example, and had many friends who did it, whereas now I don't.’*

**Female survey respondent aged 19-21**

Trans young people were asked about the extent to which gender stereotypes affected whether they used different coping behaviours, rather than the acceptability of behaviours to them and their peers.

Three out of the four respondents reported that whether they exercised and/or managed their diet was affected by gender stereotypes. Three also said such stereotypes affected whether they would do relaxing or pampering things.

For any person, the appeal of certain coping behaviours may be linked to gender norms: for example, attitudes to strict dieting, which is widely stereotyped as feminine, may be affected by attitudes to femininity. Survey responses suggest that this applies for the trans young people we heard from at least; however, trans young people face different tensions from other young people between gendered expectations of behaviour and the need to do what feels authentic for them. Work with trans young people that aims to promote healthy behaviours or reduce harm may usefully explore how these tensions impact on individual young people and change over time: for example, whether and how a young person's relationship with food is linked to their feelings about gender, or gendered expectations from others.

## Find out more

In the accompanying evidence review, see:

- *Internalising and externalising behaviours* (page 9)
- *Gender differences in the prevalence of specific difficulties and issues* (page 14)
- *Gender differences in children and young people's coping strategies and help-seeking behaviours* (page 19).

## Did the ways of coping that the young people find acceptable help?

Girls and young women who took the survey were more positive than negative about the ways of coping they found usually acceptable or used, although they quite often selected the response that behaviours 'help me feel better, but may create other problems'. Comments from one young man and one young woman both acknowledged how ostensibly helpful behaviours can 'escalate' and 'turn into an obsession', becoming so 'all encompassing' that they 'unintentionally neglect' other aspects of their lives.

Answers from males and trans young people were mixed.



'Listening to my own thoughts and imagining scenarios and images inside my head to express how I feel helps me but they also distract me.'

**Female survey respondent aged 16-18**

'Meditation has aided me greatly in getting through hard times, and preventing me from acting rashly [...] Writing is seen as fine by most of my friend group, however it has gotten people in trouble when someone else has found what they've written.'

**Male survey respondent aged 19-21**

### Find out more

In the accompanying evidence review, see *Gender differences in children and young people's coping strategies and help-seeking behaviours* (page 19).



## What did the young people say about communicating their feelings and seeking support?

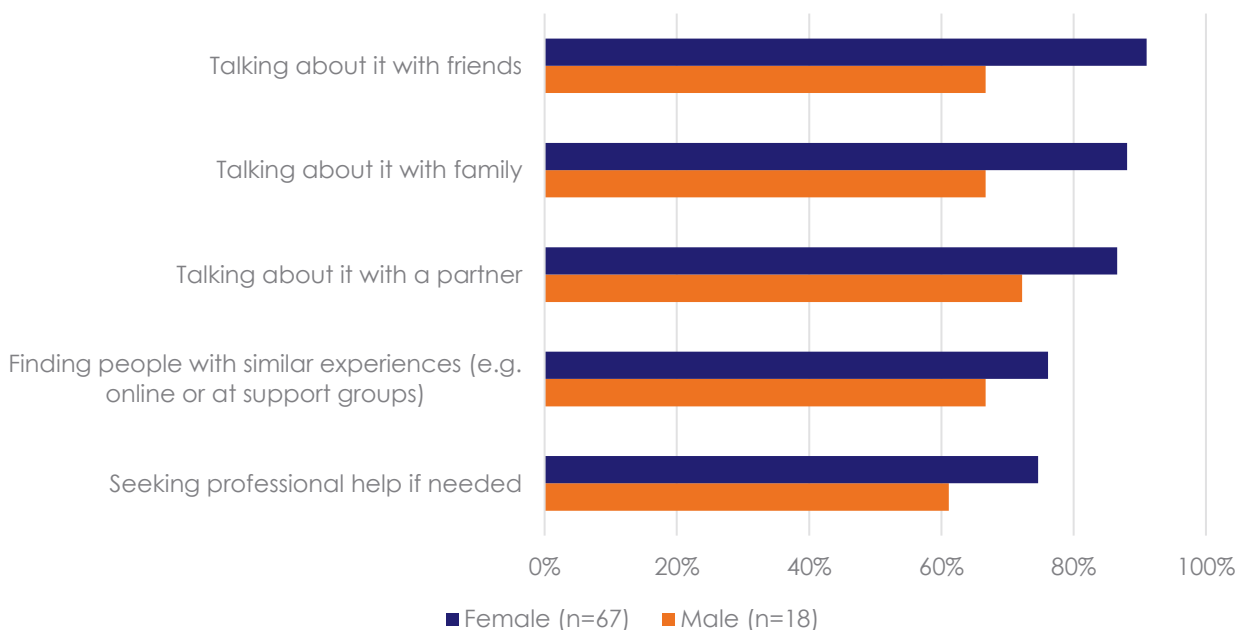
Unsurprisingly, young people expressed a diverse range of thoughts about relating to peers and adults in their lives. Some reported feeling that different people in their lives had conflicting expectations about acceptable ways of behaving and coping. Although activities and questions related to gender, the role of gender was often not possible to isolate in young people's answers. The clearest findings are presented below.

'I feel like I need to create different personas for how I am feeling to each person.'

Female survey respondent aged 22-24

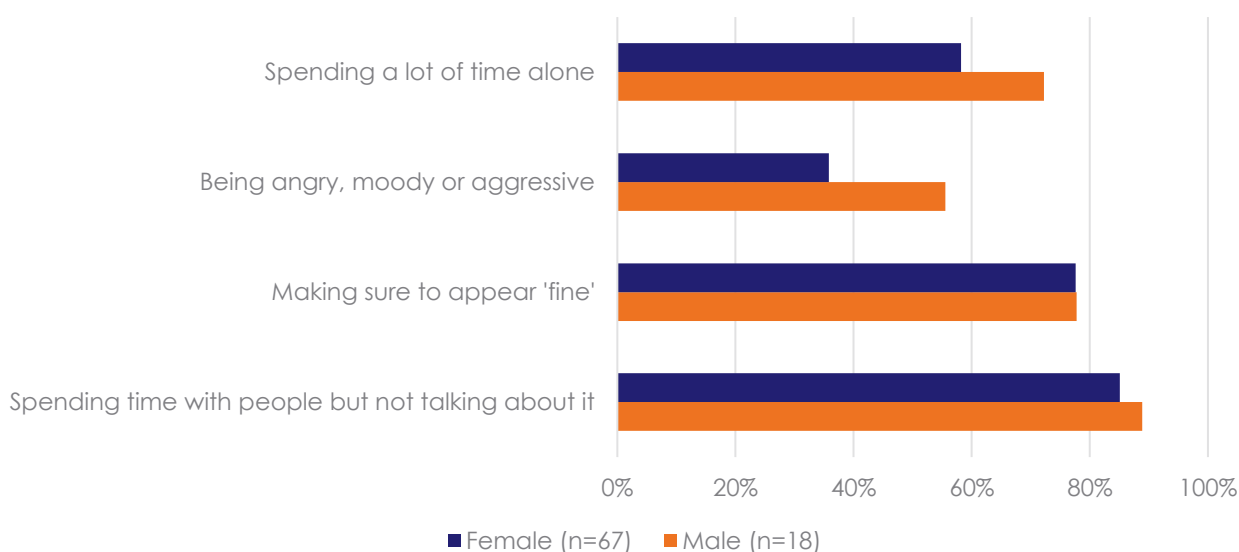
Seeking help from others was more widely acceptable to females than males, as shown by Figure 4. Eighteen male survey respondents had mixed views on the acceptability of seeking help from friends, family and professionals. They were more in agreement about sharing problems with a partner, with 11 finding this 'usually acceptable'. For all sources of support, a greater proportion of males than females identified help-seeking as 'usually unacceptable'.

**Figure 4: Proportions of survey respondents finding it 'usually acceptable' or 'sometimes acceptable' to seek help from different sources**



As Figure 5 shows below, a slightly larger share of male than female survey respondents saw spending a lot of time alone as 'usually' or 'sometimes' acceptable. This behaviour was 'usually unacceptable' to over one third of girls and young women compared with only two out of eighteen boys and young men. Boys in the Westminster focus group felt that 'shutting down' was a popular way for boys and men to cope.

**Figure 5: Proportions of survey respondents finding different ways of relating to others 'usually acceptable' or 'sometimes acceptable'**



## Using services and resources

Getting support from professionals and 'people with similar experiences' (e.g. online and at support groups) were clearly acceptable to fewer young people who took the survey than other forms of support. However, girls and young women in the YNCB focus group discussed how sharing difficulties with 'people outside of the situation' or 'people with similar voices' could help: e.g. friends at different schools or online.

Comments on experiences of formal help-seeking mainly came from female survey respondents, though one 13–15 year old boy wrote, 'CAMHS<sup>2</sup> are good at listening but I don't feel things change when I go'. Two young women described feeling intimidated and doubting themselves when seeking help, echoing concerns below about experiences being trivialised. One 16–18 year old wrote, 'it's all official stuff with giving details and everything then I start to feel scared because I don't know what I'm doing or if my problem is even that serious to ask for help with it'. A young woman aged 22–24 explained that 'sadly it has been my general experience with doctors that they are not very approachable or comforting when you are stressed or upset due to illness. I have often forgotten to tell doctors symptoms due to being rushed'. The nurses she had encountered had seemed 'more receptive and helpful'.

'The stigma around seeking professional help and admitting you're not "fine" still hits hard from what I see. I've had professional help and I got isolated for it by a few of my, now old, friends. Mostly we seem to isolate ourselves. It's not healthy and makes people anxious to see friends again too, and pretending they're fine when they do. Honestly it's just rather vicious.'

**Male survey respondent aged 19-21**

<sup>2</sup> Child and adolescent mental health services, now known as children and young people's mental health services (CYPMHS)

## Anticipating belittlement

Many young people described feeling that others' expectations of their ability to cope were very high, and that attempts to communicate difficulties or needs would be met with a lack of understanding or respect. Some comments suggested that the young people experience different, gendered implications of the stereotype that sensitivity and emotional expressiveness are 'feminine'.

One 13–15 year old male survey respondent felt 'you are just supposed to get on with things', to avoid being 'made fun of if you sought help professionally if you felt stressed or upset about life': here the risk of disparagement appears linked to simply having or revealing difficult feelings as a male.

**'My mum would slap me. Why are you sad, fam?'**

**Young man in Westminster focus group**

One young woman aged 22–24 used similar words: "Just getting on with it" is an expectation'. However, her explanation was that 'females are generally permitted – sometimes even expected – to deal with things in a more mature and sensible way'. This sense of being held to a higher standard than male peers in terms of emotional regulation contrasts with an expectation felt by several female survey respondents of 'not being taken seriously' by teachers and health professionals who may see them as 'weak', hormonal or wasting time with petty problems like a 'little fall out' among friends or 'boy trouble'. One described 'pressure to not fall into being a typical "young girl" in terms of being over emotional'. A 13–15 year old pupil at a girls' school wrote that 'they always belittle emotional feelings [...] I strongly dislike this as it makes me feel like a child or as if I am over reacting. This is dangerous as it can lead to reluctance to seek help in the future'.

A comment from one female survey respondent highlights the need to consider gendered expectations alongside cultural context: 'coming from a family from prominent Jamaican culture, there is a very strong link between this and their expectations of me. Not managing/finding it hard to cope is usually seen as a weakness and mental health issues is often seen as a joke'.

## Female friendships

Some studies have found that disclosing troubles and concerns to friends appears to have a more straightforwardly protective effect for boys, although they do it less frequently. Friends and partners were the sources of support most often seen as 'usually acceptable' by female respondents to our survey. Girls and young women participating in this project expressed some mixed feelings about opening up to female friends, and a sense of being subject to the scrutiny of female peers.

Girls in the YNCB focus group discussed how they have different groups of friends who 'satisfy different needs' (e.g. to party or study with). Because engaging with different groups means 'expressing your interests' and 'different qualities', the girls linked having a good mix of friendship groups with feeling accepted and able to discuss personal issues.

**'The things you do have to be approved by your friends.'**

**Young woman in YNCB focus group**



Focus group participants and survey respondents referred to levels of risk involved in sharing concerns with female peers. Safe confidantes could include strangers ('if they just smile at you, you tell them your life story') and good friends (especially 'the mother of the group' who 'always ends

up helping'). However, some female peers 'might talk about it to other girls' or 'accuse them of attention seeking' even if they 'say things such as "I'm always here for you"' and 'expect you to feel supported'. One participant in the YNCB group spoke about finding it easier to talk to male friends, but feeling judged by other young women for her friendships with young men.

## Masculinity and barriers to help-seeking

Many young people spoke about barriers to boys and men expressing their feelings, using phrases like 'lock it up', 'keep it to themselves' and 'be big and strong' so as not to 'feel shameful'. Boys sometimes mocked stereotypical male attitudes or each other in the face-to-face conversations. One boy said 'Men have a lot of pride, like the pride of a lion, when you break a man's pride they will die'. However, a small minority of young men's comments challenged the notion that 'men are big and strong and women aren't', or that it was harder to express emotions as a male.

**'It's embarrassing to be next to your family when you're like that.'**

**Young man in Westminster focus group**

A comment from one boy who enjoyed computer games illustrated the potential of leisure activities to facilitate social relationships: 'like someone you've seen walking in the hallway and you know his Xbox name and stuff if you add him he'll talk to you and you'll see how good he plays'.

Some young men's views on sharing difficulties with peers are presented on page 14.

## Expressing anger

Male survey respondents were evenly split over the acceptability of being angry, moody or aggressive, whereas only three out of 67 females found this 'usually acceptable', and 61 per cent found it 'usually unacceptable'. A 13–15 year old who was questioning their gender identity reported that gender-related expectations significantly affected whether they would display anger, moodiness or aggression. When asked which emotions were 'easy' to show, the boys and young men in Westminster named anger and happiness. Asked what behaviours anger might be associated with, the group identified fighting and aggression to 'release your anger' but also 'letting out your feelings' more constructively through physical exercise. Taking anger out on the physical environment was also mentioned: one young man said, 'personally, I punch my wall'.

**'I think it's acceptable to be angry and show it in the right way. I feel I should say I have just came out of therapy so now know how to handle my emotions differently to before.'**

**Female survey respondent aged 16-18**

## Trans young people

For all three trans young people who answered the relevant survey question, gender-related expectations somewhat affected whether they would spend time with people without discussing difficulties on their minds, and whether they would make sure to appear 'fine'.

Two trans young people indicated that the gendered expectations that influenced how they cope with stress/difficulties came from others (rather than themselves) and related to the gender they were assigned at birth (i.e. others' idea of them as having been 'born male' or 'born female'). One gender fluid young adult explained that their ways of dealing with difficulties are related to which behaviours 'I think are more likely to cause people to see me as my assigned gender [...] whether or not those expectations are based in my actual experiences with specific people in my life'.

**'My family don't know my gender identity and I don't wish to try and explain it to them. It's easier to just do what I want with no explanation.'**

**Non-binary survey respondent aged 22-24**

### Find out more

In the accompanying evidence review, see:

- *Gender differences in children and young people's coping strategies and help-seeking behaviours* (page 19)
- *Responses to children and young people's emotional and mental health needs* (page 27)
- *Gender and sexual minority children and young people* (page 12).

## Young men's views on sharing difficulties with peers

'Friends expect me to hide it and be there for "banter" ... my female friends are better support than my male friends.'

Male survey respondent aged 19-21

Exchange between two young men in Westminster focus group

'In today's day and age, fam, males have to take on a lot of roles because they've got to be big and strong.'

'If I got in a bad situation, I'd probably go to someone who I've got more memories with.'

Young man in Westminster focus group

'I say it's equal ... The way I'm close with my friends, yeah, we're confident, we grew up together, it's another girl being close with her friend ... So it's the same thing.'



'What I'm trying to say is if I'm with my friends, we're all boys and we all try act tough. I can't come to my friend and say, oh, I'm hurting because my girlfriend dumped me or something. I'd have to act like -'

'Men are sometimes just frightened, you'll see them in the streets and they look perfectly fine, like nothing's wrong with them, like if you talk to them for a long time and [...] then you'll see the problems'

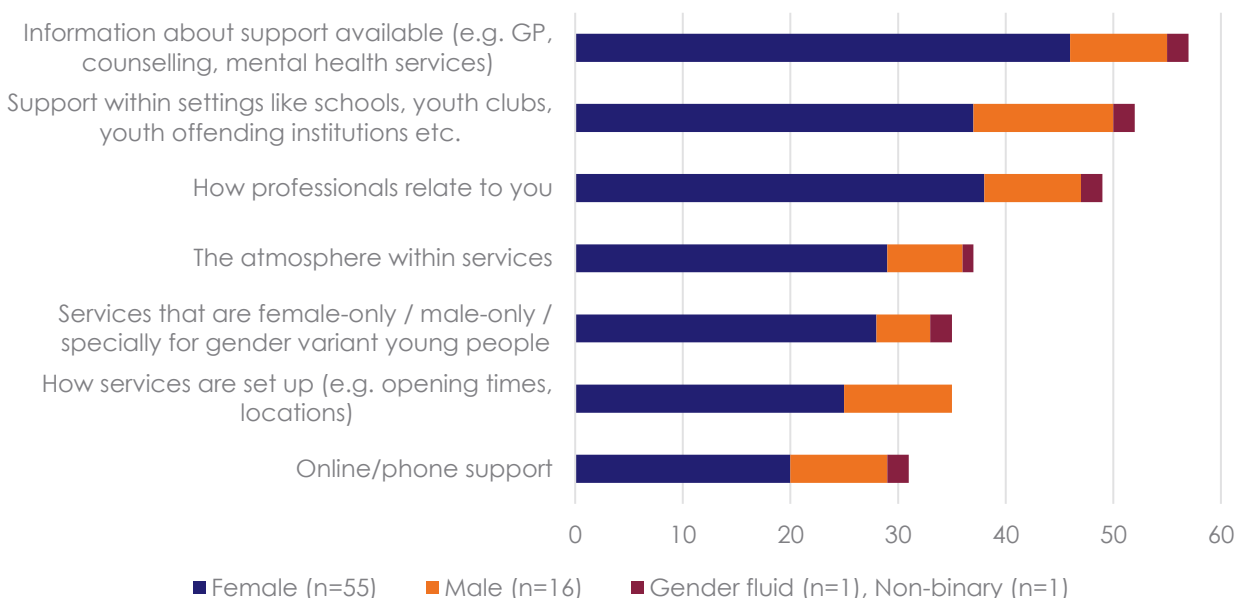
Young man in YNCB focus group

'But some boys is comfortable. You're comfortable with your boys so it's comfortable, innit? Like he's probably going through the same thing or probably went through the same thing. He's probably told you stuff as well.'

## What changes did the young people want to see?

The survey asked young people whether greater sensitivity to gender was needed from teachers, other authority figures, and/or health professionals. The areas for improvement listed in the question are shown below, ordered by how many votes each got from young people.

**Figure 6: Areas in which young people see a need for greater sensitivity to gender**



In the YNCB focus group, young people discussed how 'there is so much support right now for women who are unhappy with their body' but 'very little support for men who are worried about their weight'. However, one group suggested that 'males have more informal structures of support [...] rather than any formal structures that women may have'; this might involve 'just talking to the lads about their worries' at football, which they felt was 'not labelled as a male support structure'.

One female survey respondent felt that 'teachers need to be more aware of what could be happening, especially among groups of teenaged girls', relating this to issues discussed above, around feeling labelled or dismissed.

A gender-fluid respondent described a need for therapists 'to be aware that someone being transgender doesn't necessarily mean they can only be treated [for mental health problems] by a gender specialist'. This young adult explained, 'I recently had my referral to mental health services delayed because my IAPT<sup>3</sup> worker over-emphasised my gender dysphoria in their referral letter (I was mainly

'It needs to be nipped in the bud early, tell year 7 students it's okay to struggle, to ask for help and prove it! Have older students help them, show them they've been through it too. That they're not alone.'

**Male survey respondent aged 19-21**

'Education on gender identity definitely needs to start earlier, it should be mandatory in schools.'

**Non-binary survey respondent aged 22-24**

<sup>3</sup> Improving access to psychological therapies (IAPT) is a national programme to increase the availability of 'talking therapies' on the NHS.

looking for treatment for social anxiety [...] The therapist I was referred to tried to refer me to a gender identity clinic instead (even though I don't currently want to transition medically on the NHS)'. They wrote that 'getting myself re-referred to the primary care psychologist' took months and the service closed before they were offered an appointment.

### **Find out more**

In the accompanying evidence review, see:

- *Responses to children and young people's emotional and mental health needs* (page 27)
- *Service responses to the needs of some particular groups of children and young people* (page 34).



## Conclusions and recommendations

The three outputs from this project illustrate many ways in which gender relates to children and young people's emotional and mental health and well-being, and highlight particular areas of concern.

The project has identified some good examples of gender-aware service provision, and many professionals will also be highly responsive to individual needs. However, evidence of attempts to reduce 'gender-blindness', unconscious bias and inconsistent practice was not easy to find.

Gender needs active consideration in policy-making, commissioning, service design and delivery, workforce development and research. This is important in relation to mental health services for children and young people, including young adults, but also other settings and systems that impact on health and well-being. In our survey, support within a range of settings was the second most popular area in which young people wanted to see greater gender-sensitivity. These might include:

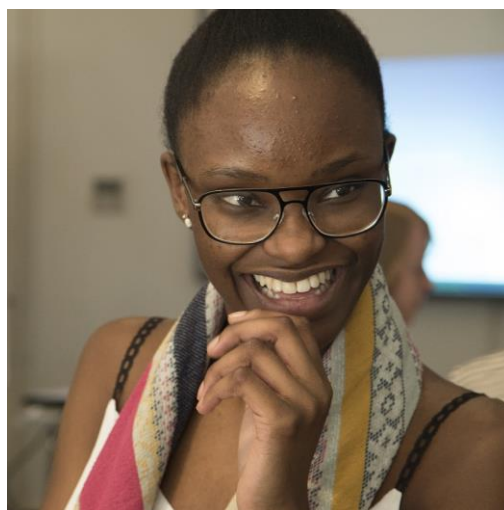
- Universal provision, especially schools, in which gender should be addressed as part of whole school approaches to pupils' emotional wellbeing and mental health<sup>4</sup>. For example, some girls we heard from reported feeling that their problems were trivialised; schools might investigate whether this is an issue in interactions between staff and pupils and, if so, work to address it.
- Points of contact between agencies and young people at disproportionate risk of poor outcomes, particularly where there are stark gender imbalances. For example, a response from Clinks to the Review of the Youth Justice System in England and Wales recommends that the specific needs of girls, who are in the minority within this system, 'should be identified and actively addressed within the Government's ongoing plans for youth justice reform'; it also calls for urgent action to address the over-representation of black, Asian and minority ethnic young people in this system, particularly young black men (Clinks 2017). Research findings explored in our accompanying evidence review support the need for such work, and for it to take account of mental health.

## National policy and guidance

*Future in Mind* mentions gender only in relation to workforce (see below).

The Department for Education has issued guidance for schools on mental health and behaviour (DfE 2016). The document highlights gender differences in the prevalence of certain disorders and includes a case study illustrating one school's gender-sensitive approach to personal, social, health and economic (PSHE) education.

Future development of national policy and guidance should go further. Frameworks for work relating to children and young people's mental health and well-being should incorporate gender, and services should be encouraged and supported to address gendered issues.



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<sup>4</sup> The Partnership for Well-being and Mental Health in Schools, led by NCB, provides information and resources on whole school approaches: <https://www.ncb.org.uk/what-we-do/our-priorities/health-and-well-being/projects-and-programmes/partnership-well-being-and>

## Commissioning and marketing of therapeutic services

Commissioning and marketing of therapeutic services should take account of gender by:

- responding to the impact of gendered risk factors for poor mental health (e.g. violence against women and girls or transphobic bullying)
- reviewing available evidence on the effectiveness of interventions, with awareness of gender (e.g. research suggests that interventions based around activities and delivered in non-health settings can work well for males)
- consulting young people on services being considered, exploring differences between or within gender groups (e.g. our findings on the acceptability of creative expression suggest that arts-based therapies would not be equally accessible to boys and young men across our sample)
- seeking providers with the flexibility to respond to any gendered barriers or needs.

## Service delivery and workforce development

*Future in Mind* identifies a gender imbalance in the children and young people's mental health workforce as problematic, and states that all staff should be trained to avoid discriminatory practice, including with regard to gender.

Avoiding discrimination is necessary but not sufficient. Reflecting on trends (e.g. for boys to display anger more than girls, or for girls to express emotions more readily) and being wary of stereotypes are part of developing the best possible services for all children and young people. Findings from the evidence review and engagement with young people show that such associations affect how expected and permissible certain behaviours are, and how recognisable underlying needs are, to both young people and the adults around them.

Professionals planning and delivering services need the skills and confidence to respond to gendered issues, taking account of individuals' diverse experiences and their social environments. Our collection of practice examples illustrates how this can be done. Broader workforce development on mental health should address this need.

## Research

A 'National Study of Health and Wellbeing: Children and Young People' is due to report in 2018. This study will hopefully provide valuable gender-disaggregated data on the prevalence of mental and emotional disorders; other areas of health, well-being and development; social support; and service use. Importantly, it also takes account of other demographic characteristics. Data from this study should be used to underpin further research into how mental health promotion and support can be more gender-informed.

Other research or data collection could improve understanding of gender influences on children, young people and families' help-seeking behaviours, pathways into services and experiences of support. Some gaps and weaknesses in the evidence base are identified in *Gender and children and young people's emotional and mental health: manifestations and responses – A rapid review of the evidence*.

Evaluations of specific interventions should seek to identify gender influences and their practical implications, supporting evidence-informed commissioning (see above).

## Appendix: Methodology

### Face-to-face engagement activities

We heard from 13 participants at a meeting of Young NCB (YNCB), a membership group that involves young people in NCB's work, in November 2016. This was a group of eight females and five males aged 12–23.

NCB then teamed up with Men's Health Forum and Working with Men to hold a focus group with about 10 boys and young men aged 14–18 in December 2016. This session, held at a youth service in Westminster, enabled us to hear from boys in communities affected by health inequalities: estimates from End Child Poverty suggest that in 2015, levels of child poverty in Westminster were third highest of all local authorities in the UK (Valadez and Hirsch 2016).

Black, Asian and Minority Ethnic young people comprised over half the total group of young people participating in this project. The YNCB group included young people known to have had experience of physical disabilities, learning disabilities and mental health difficulties.

### Online surveys

We conducted long and short versions of an online survey for any young people aged 13–24 living in the UK. The survey was promoted via NCB's networks, those of fellow Strategic Partners, and other relevant organisations.

#### Young people who participated in either the long or short online survey

<b>Gender / Age</b>	<b>13–15</b>	<b>16–18</b>	<b>19–21</b>	<b>22–24</b>	<b>Total</b>
Female	17	21	13	19	70
Male	9	4	3	6	22
Trans	1	0	1	2	4
<i>Total</i>	<b>27</b>	<b>25</b>	<b>17</b>	<b>27</b>	<b>96</b>

Much of the survey was comprised of a set of questions repeated three times, relating to three categories of 'things some people do to deal with stress/difficulties'. The behaviours were categorised as follows.

Mind and body	Thinking and not thinking	Other people
<ul style="list-style-type: none"> <li>• Being physically active, without strict exercise regimes (including sport but also walking, dancing etc. in daily life)</li> <li>• Trying to eat healthily, without strict diets</li> <li>• Making sure you get enough sleep</li> <li>• Doing something physically relaxing or pampering</li> <li>• Working towards very strict standards of physical appearance, weight or fitness</li> <li>• Using alcohol and/or drugs</li> <li>• Self-harming</li> </ul>	<ul style="list-style-type: none"> <li>• Doing an activity for enjoyment</li> <li>• Paying attention to your thoughts, meditating or praying</li> <li>• Expressing what's on your mind through writing, art, music etc. (even if you don't share it)</li> <li>• Working towards very strict standards e.g. exam results</li> <li>• Sleeping or resting a lot</li> </ul>	<ul style="list-style-type: none"> <li>• Talking about it with friends</li> <li>• Talking about it with family</li> <li>• Talking about it with a partner</li> <li>• Spending time with people, but not talking about it</li> <li>• Finding people with similar experiences (e.g. online or at support groups)</li> <li>• Seeking professional help if needed</li> <li>• Making sure to appear 'fine'</li> <li>• Being angry, moody or aggressive</li> <li>• Spending a lot of time alone</li> </ul>

## Scope and limitations

This is a sample of views from a mixed group of young people whom we were able to involve in this project. Key findings from other, larger scale research that touches on related issues are discussed in the accompanying evidence review.

It is important to note that factors influencing individuals' views and behaviour will vary widely; that their behaviour does not always reflect their own expressed values; and that their own attitudes may differ from those they perceive their peers to hold. As might be expected when engaging people on gender issues, it was a challenge to create conversations that avoided any generalisations or speculative comments about unfamiliar experiences. This report aims to focus on comments that relate to young people's direct experiences.

Trans young people are affected by significant mental health inequalities. We have been able to include findings from a small number of trans young people in this report, though numbers are too small for patterns to be identified or comparisons made. The impact of gender stereotypes on coping and help-seeking in this group of young people would benefit from further investigation. Research that focuses specifically on trans people and covers broader issues related to mental health and emotional well-being, including the role of specialist gender identity services, is drawn upon in the evidence review. A 2017 report from Fixers includes many quotes from trans young people on relevant topics (Fixers 2017).

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### Find out more

The findings from engagement with young people have also been digested for young people to understand, in a short report and summary document.

These and all other publications from this project are available at <https://www.ncb.org.uk/genderandmentalhealth>. A wide range of other resources from NCB on children and young people's health and well-being can also be found on our website.

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