Evidence submitted by the Royal College of Paediatrics and Child Health (BYC037)

1. Executive summary

1.1 This response from Royal College of Paediatrics and Child Health (RCPCH) is evidence based and this means that due to a lack of data we are unable to comment in detail on all areas covered. Data gaps indicated by this response relate to prevalence data, the links between mental health, poor sleep, weight gain and body image, and link between body image and risky behaviours such as smoking. The Youth Select Committee may wish to investigate these areas further.

1.2 RCPCH is able to provide evidence direct from children, young people and parent carers through its &Us network. They have told us repeatedly that mental health is a topic of great importance for them.

1.3 There is no evidence on the role of social media being worse than any form of media in terms of promoting a ‘thin ideal’ and the internet can be a positive influence in promoting good mental health. MindEd, a free educational resource on children and young people's mental health for all adults, is a good example. It includes modules specific to body image in its package for families and for professionals. Children and young people have told us that they want social media companies to support their mental health by: providing instant messaging rather than just a phone line for support if young people want to chat about their mental health; adverts on social media would be useful if they provided information on support groups available if young people need to chat; tighter filters on social media sites to ensure suitable content in relation to how mental health issues are discussed.

1.4 RCPCH believes that issues such as body image should be discussed at school as part of a high quality Personal, Social and Health Education programme, delivered by credible, influential and relatable people, to give children and young people the knowledge and skills to make positive, healthy decisions. In addition, information from the RCPCH &Us Voice Bank 2016, provided by children, young people, parents, carers and families who form part of our &Us engagement programme suggests a that the Youth Select Committee may wish to investigate this further.

1.5 RCPCH believes that the NHS does not have sufficient resources to manage mental health issues as a whole and that those with poor body image will be among those not able to access specialist intervention. Furthermore, schools are insufficiently linked with health professionals. The care of children and young people with mental health problems who are not able to access specialist intervention will need to be provided by a network of local agencies including education, primary care, paediatrics, social care and the voluntary sector. Currently these services are not well co-ordinated in these functions; we would propose piloting and evaluating a ‘local offer’ for mental health, analogous to the existing local offer for special educational needs introduced by the Children and Families Act 2014.

2. Introduction

2.1 The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians. The College has over 17,000 members in the UK and internationally and sets standards for professional and postgraduate education. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children
and young people across the world. RCPCH welcomes the opportunity to respond to this important inquiry. Promoting children and young people’s mental health and wellbeing is a priority area for the RCPCH and the College

Groups affected by Body Image

3. Question 1. Are particular groups of young people particularly prone to poor body image, or less likely to be offered or seek help with poor body image? What causes these trends?

3.1 RCPCH notes the lack of hard data around this question, and around children and young people’s mental health in general, which makes it difficult to provide an evidence-based answer. However, our research with our &Us network (RCPCH’s platform for children, young people, parents, carers and families to join us in improving child health) has indicated that times of transition are particularly difficult for children and young people. In 2016 400 children, young people and family members commented on what makes the best doctor and health worker possible and one top tip is “to approach transition holistically (social, emotional, geographical if you move to university).” It is clear that transition doesn’t just mean from child to adult clinical services, but includes a much wider range of changes that children and young people encounter in their lives.

4. Question 2. In relation to young men and boys, minority ethnic groups, and those who self-identify as transgender: what are the specific challenges?

4.1 At the RCPCH’s Hot Topics in Child Health: Transgender and Gender Diverse Children and Adolescents event on 12 June 2017, attendees identified the following challenges:

- Bullying
- Peer pressure
- Understanding of their identity
- Exclusion from their home i.e. unaccepting parents/siblings
- Not having the relevant information at school on Transgender
- Ethics and consent
- Surgery available
- Counselling services
- Where to go in the first instance – referral to CAMHS then to the Tavistock Portman NHS Foundation Trust – is gender identity always about mental health?

4.2 At the RCPCH Annual Conference 2017, Transform, a support group for transgender students at Shuttleworth College and a member of the RCPCH &Us Engagement Collaborative, presented to clinicians on the subject of transgender. They state “wearing a [body] binder for the recommended period of no more than eight hours isn’t always straightforward, considering that the College day is 10 hours long by the time I get home. This leads to discomfort, breathing difficulties, loss of confidence to exercise and chest tissue damage.” The young people were clear that they wanted to feel confident in their body image and binders were necessary for this, but wearing them all day was problematic. The college has responded by making a private space available where they can remove the binders for breaks during the day.
4.3 The Youth Select Committee may wish to investigate further the links between mental health, poor sleep, weight gain and body image. Members of Transform have stated, “our sleep is affected by our thoughts and our thoughts are affected by our trans issues.” Furthermore, the group has suggested better information and support would help them, including, “mental health information that referenced trans health issues. We know there are links between the two but having information on self-harm, eating disorders, sleep and anxiety would really help.”

5. Question 3. Do existing campaigns and initiatives to promote positive body image sufficiently take into account the different challenges faced by young people with particular characteristics?

5.1 The RCPCH Hot Topics in Child Health: Transgender and Gender Diverse Children and Adolescents event on 12 June 2017 took account of these challenges as it included a wide range of speakers who covered various aspects a young person would go through in their transition such as: identifying their transgender needs such as tackling relationships, love, surgery, counselling, plastic surgery, desistence and persistence and the social aspects and the importance of early intervention and treatment.

5.2 Other campaigns promote positive body image and take challenges into account include The “This Girl Can” campaign, which is a major success in encouraging girls and women to undertake physical activity, as 2.8 million 14-40 year old women said they have done some or more activity as a result of the first year of the campaign (https://www.sportengland.org/news-features/news/2016/january/12/thisgirlcanbirthday/ - accessed 14 June 2017).

5.3 Additionally, Fixers (www.fixers.org.uk), a member of the RCPCH &Us Engagement Collaborative, have produced work on eating disorders and gender identity that directly tackles the issues affecting body image that young people face, because they are led by young people themselves.

The internet, social media and messaging

6. Question 4. Has the growing use of social media and communications platforms amongst young people encouraged practices and attitudes that entrench poor body image? What is the link between “sexting” and body dissatisfaction?

6.1 Although this is an area which has created great concern, it is essential to confine ourselves to the evidence. There is evidence that promotion of the 'thin ideal' in any form of media is associated with body image problems in women, but we have no evidence about the question of whether social media is any worse than other forms of media in this respect.

7 Question 5. Can the internet and social media be used as a tool to promote positive self-image? What examples are there of this happening?

7.1 The MindEd project is a great example of how the internet can be used as tool to promote good mental health overall. MindEd is an e-portal funded by the Department of Health, which offers free, completely open-access online education in over 300 topics to a wide range of professionals working with children across health, social care, education, criminal justice and community settings. The aim of MindEd is to provide simple, clear guidance on children and young people's mental health, wellbeing and development to any adult working with children, young people and families, and to reduce stigma by informing and educating adults about the causes and symptoms of mental illness in young developing minds. An extension to the MindEd portal specifically for parents and carers,
funded by the Department for Education and called MindEd for Families, was launched in spring 2016.

7.2 MindEd for Families includes the following modules related to body image:

- **Eating disorders** – [https://www.minded.org.uk/families/index.html#/id/56cde176ca4505f05a618ad2](https://www.minded.org.uk/families/index.html#/id/56cde176ca4505f05a618ad2)

- **Sexuality and gender identity** – [https://www.minded.org.uk/families/index.html#/id/56cc7831a55aa90a52727c44](https://www.minded.org.uk/families/index.html#/id/56cc7831a55aa90a52727c44)

- **Risky behaviour** – [https://www.minded.org.uk/families/index.html#/id/570e00cc72ed0b0d4718ce68](https://www.minded.org.uk/families/index.html#/id/570e00cc72ed0b0d4718ce68)

MindEd for professionals and volunteers has a module on body shape and body image.

8. **Question 6. Do internet companies, social media platforms or other platforms have a responsibility to tackle trends which entrench poor body image? What are they already doing in this area? What more should they be doing?**

8.1 RCPCH &Us Voice Bank 2017 data clearly identifies what children and young people want to see from social media companies in order to support good mental health:

- Instant messaging rather than just a phone line for support if young people want to chat about their mental health
- Adverts on social media would be useful if they provided information on support groups available if young people need to chat
- Tighter filters on social media sites to ensure suitable content in relation to how mental health issues are discussed

9. **Question 7. Does the Government have a responsibility to discourage the use of social media, the internet and communications platforms in ways which promote poor body image? What should it be doing in this regard?**

9.1 RCPCH &Us Voice Bank 2017 data clearly identifies what support children and young people want to see in relation to improving their mental health generally:

- Books on mental health for young children; similar to those on physical health
- Encourage peer mentoring
- Drop in centres for mental health support (similar to NHS walk-in centres)

**Education**

10. **Question 8. What examples are there of schools integrating the promotion of positive body image into school subjects across the curriculum, particularly physical education? How successful have these been? How can success best be measured?**
10.1 RCPCH believes that issues such as body image should be part of high quality Personal, Social and Health education (PSHE), to give children and young people the skills to make positive, healthy decisions. In the ‘State of Child Health Report 2017’ it was stated that, ‘effective health education is embedded within a whole-school approach for promoting the health and well-being of students.’

10.2 We continue to call on Government to make high quality Personal, Social and Health education (including Sex and Relationships Education) a statutory requirement for all schools. There is good evidence that high quality PSHE, delivered by credible, influential and relatable people gives children and young people the knowledge and skills to make positive, healthy decisions. Effective health education is embedded within a whole-school approach for promoting the health and wellbeing of students. Schools should foster social and emotional health and wellbeing, and build resilience in their pupils. This will help children and young people to recognise and know what to do if they experience poor mental health (either themselves or through friends or family members). PSHE can lead to improved health outcomes and improved education attainment, employability, social mobility and overall resilience.

10.3 RCPCH &Us Voice Bank 2016 data included information on why young people smoke. One of the reasons given is that it “seemed cool”. This is suggestive of a link between body image and risky/explorative behaviours that the Committee may wish to investigate further. RCPCH’s ‘State of Child Health Report 2017’ included data showing the number of young people who smoke has fallen consistently in recent years but that those from the most deprived areas are more likely to smoke than those from the least deprived. This supports the need for continued education around the harms of smoking, delivered through evidence-based PSHE.

10.4 A model of designing youth–led school curriculum content that has the potential for replication for body image is the RAiISE content, designed by a RCPCH &Us Engagement Collaborative member to raise awareness of invisible illnesses in schools and education.

11. Question 9. What examples are there of youth organisations and peer education programmes outside of schools promoting positive body image? Are there examples of programmes focusing on different groups of young people? Are they focusing on different aspects of body image? How effective are these? How should they be evaluated?

11.1 RCPCH &Us Engagement Collaborative member, Transform, a support group for transgender students at Shuttleworth College is a good example of this.

11.2 In practice, the evaluation framework required is likely to be unique to each setting. However, the general principles behind each should be the same.

11.3 Nesta’s work on Standards of Evidence provides a model to aspire to, in terms of generating evidence to demonstrate that a programme or intervention is effective. It is also important for projects to measure outcomes on three levels: for individuals, for the project and on the project’s impact (recognising that some of the outcomes related to the project won’t contribute to it impact).

11.4 Outcome stars are an effective method of engaging children and young people in evaluation, something that should be standard for all programmes involving children and young people.

11.5 The principles of children and young people’s engagement are captured in the British Youth Council’s ‘Measuring the impact and success of your youth voice vehicle’ which may also be of use.
Health implications

12. Question 10. To what extent is dissatisfaction with body image contributing to the increase in mental health problems amongst children and young people?

12.1 One of the key findings of the RCPCH’s ‘State of Child Health Report 2017’ report was the lack of data on children and young people’s mental health. This is a gap that urgently needs action, given evidence of increasing concerns about our children’s mental health across all of the UK. Prevalence data for all types of mental health conditions, in each of England, Northern Ireland, Scotland and Wales are a particular need.

13. Question 11. Does the NHS have sufficient resources and expertise to manage mental health issues associated with poor body image? How have changes in education funding impacted on the ability of schools to provide in house mental health services?

13.1 RCPCH believes that the NHS does not have sufficient resources to manage mental health issues as a whole and that those with poor body image will be among those not able to access specialist intervention. In the UK there are estimated to be 850,000 children and young people with mental health problems. At present, only 25% of them receive specialist intervention. The increased focus on early intervention, promotion of good mental health and investment in specialist Children and Adolescent Mental Health Services (CAMHS) following the publication of Future in Mind by government is therefore welcome.

13.2 However, even after the input of additional funding as per the Five Year Forward View for Mental Health, the proportion of children and young people receiving specialist intervention will only rise to 33% by 2020.

13.3 Cuts to areas other than education have had an effect on schools. Following the transfer of budgets for Health Visitors and School Nurses to local authorities in October 2015, the number of posts in these two professions has been cut in England, to the detriment of the effectiveness of these vital preventative and early intervention services. School nurses have a key role to play in providing advice and guidance within the school setting, to pupils experiencing all sorts of mental health problems, including body image. Removing youth services such as Connexions and youth workers has also had a detrimental impact on early intervention strategies. Such service reductions, at a time when it is clear that early intervention leads to long term benefits for the health and wellbeing of the individual and for society as a whole, are likely to increase the pressure on children and young people with mental health problems and the schools that serve them.

13.4 Schools cannot support children and young people with mental health problems alone. Educational professionals are already highly skilled and busy. Their training and professional development should raise awareness of mental health issues and promote resources to help staff identify when children and young people are presenting with mental health issues. Staff should also be provided with guidance on the range of services which are available to support them in managing children and young people with mental health problems.

13.5 Data from RCPCH’s &Us Voice Bank 2017 includes the following recommendations from children and young people on what schools could do to improve the mental health of their pupils:
• An annual mental health ‘MOT’ in schools (not just physical health)
• Have mental health clinics like sexual health clinics
• Why do we only teach first aid in terms of CPR, more useful to know how to deal with a panic attack
• Posters in schools about what to do if you need support (include a number to text, not just a number to call)

14. Question 12. Are schools sufficiently linked with health professionals? What more could be done in this regard?”

14.1 There is currently no national guidance for effective intervention in mental health within schools. There are many reasons for this, but one very significant factor is that NICE do not provide guidance for education: this leads to unacceptable situations such as the quality standard for the care of children and young people with autism not mentioning the word ‘school’. Bringing education into NICE guidance would allow for an evidence-based approach to be extended to this arena, helping to ensure effective use of finite resources.

14.2 The care of the remaining 67% of children and young people with mental health problems who are not able to access specialist intervention will need to be provided by a network of local agencies including education, primary care, paediatrics, social care and the voluntary sector. Currently these services are not well co-ordinated in these functions; we would propose piloting and evaluating a ‘local offer’ for mental health, analogous to the existing local offer for special educational needs introduced by the Children and Families Act 2014. The local offer would:

• Provide clear, comprehensive, accessible and up-to-date information about the available provision (including support for those with poor body image) and how to access it.
• Make provision more responsive to local needs and aspirations by directly involving children and young people, parents and service providers in its development and review.

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