
The nation's recovery efforts must include targeted, sustained and intensive mental health and emotional support for young people

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If the Covid-19 pandemic has taught us anything, it is that protecting our mental and emotional health must be a priority for the nation. Prior to the pandemic, the crisis in mental health and wellbeing was already widely accepted, with the amount of people reporting common mental health problems having increased by 20 per cent over the last two decades.⁸ But a number of recent reports have shown that Covid-19 has contributed to a significant increase in the number of people experiencing anxiety, depression and loneliness. Scores of people across the country are dealing with a combination of emotional and financial stress caused by Covid-19 restrictions, increased social isolation and, in the case of hundreds of thousands of people around the country, bereavement.

While the pandemic has been described as a leveller – affecting all of us, no matter our background – there is no doubt that it has affected some more than others. Those with a disability or long-term condition are particularly vulnerable to Covid-19, as are people from an ethnic minority background, and those living in the most deprived parts of the country.

The mental health impact of Covid-19 has also been disproportionate. While the rate of people reporting moderate to severe depressive symptoms doubled between March and June 2020, certain people were particularly affected, with younger people aged 16 to 39 one such group.⁹

Recent British Red Cross research has also found younger people aged 18 to 34 feel less able to cope with and recover from the impact of the pandemic.¹⁰

For those who were already struggling, the impact has been worse: Young Minds' summer survey of young people known to have a history of mental health needs found that 80 per cent of respondents agreed that the pandemic had made their mental health worse.¹¹

Before Covid-19, younger people were already accepted to be particularly vulnerable to feelings of depression, anxiety and loneliness. In 2007, UNICEF published young people's wellbeing rates in 21 of the world's richest countries. The UK was placed bottom of the list.¹² Our young people have been experiencing a mental health crisis for years, yet the political, social and economic significance of such a

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crisis has been ignored. And this is getting worse. With the knock-on impact of mental health on people's physical health – its links with early mortality and a range of physical health conditions from stroke to cancer¹³ – addressing this emotional crisis among young people is key if they are to go on and lead healthy, happy lives.

The poor mental health of our younger generation is the product of a range of systemic issues, including among many things increasing rates of poverty and resulting childhood trauma.¹⁴ This has been exacerbated by the dismantling of youth services, the underfunding of mental health services, and an increasingly performance-based education system.

Taken together, these factors mean that our young people are anxious, lonely, struggling with self-esteem and lacking the supportive relationships to guide them through adolescence.

The pandemic – much like its impact on so many other issues we face as a society – has exacerbated this for the most vulnerable. And as is the case with health inequalities generally, it has had a disproportionate impact on society based on how old you are, how deprived you are, and your ethnicity, among many other factors.

As well as this being a generational issue, it is of specific interest to me to assess through a gendered lens in my work at the education charity, Football Beyond Borders (FBB). We work with young people who are passionate about football but disengaged in education, to help them finish school with the skills and grades necessary to successfully transition to adulthood. In my role as Head of Impact & Female Participation, I am constantly seeking to understand how teenage boys and girls experience the world differently, and to design programmes according to these differences.

The evidence base on girls' wellbeing is significantly damning. The think-tank NPC's 2014 wellbeing survey of 7,000 young people in the UK found the scores for girls across all aspects of wellbeing decreased more sharply with age compared to boys. More worryingly, girls started with lower scores than boys: "Their self-esteem levels fall away badly, while boys' remain relatively stable. Girls start off happier with their friends, but by age 16 this has tumbled below the level for boys."¹⁵

Three years ago I worked with a 13 year old girl named Brionne on the FBB Girls Programme at her school in Croydon, London. In one of our very first sessions, we discussed the importance of 'sanctuaries', and I asked the girls to visualise their sanctuary however they wished on a piece of A3 paper. Ten minutes into the activity, Brionne's page was still blank. When I tried to explore this with her and provide prompts for things she could put down – "Where do you feel happiest? Who makes you feel safest?" – Brionne's answers were non-existent: there was no one in her life that made her feel happy and no space that felt safe, not even her bedroom. Later I discovered that Brionne's extremely low sense of self-esteem had resulted in her self-harming, falling out with the few friends she had and ultimately, moving schools.

It was by taking a trauma-informed approach that we were able to successfully support Brionne. Trauma-informed approaches are followed on the basis that people accessing care and support across the community, from food banks to healthcare, may well have experienced trauma in their past that continues to impact them and make such interactions extremely difficult. A trauma-informed approach uses this basis to create an environment in which people receiving

care or accessing support feel safe and can develop trust.¹⁶ At FBB, our staff know to expect that trauma may play a part in the girls' stories, and have been trained to approach the types of issues Brionne was experiencing safely. The trauma-informed approach allowed us to make a breakthrough with Brionne in a way that would have been much more difficult in the limited interactions she was used to having with adults, which was mainly in traditional classroom settings.

Brionne's story provides an example of how gender differences manifest in young people's response to trauma. The evidence shows that boys are more likely to demonstrate externalising behaviours, such as aggression or hostility, whereas girls are more likely to internalise their response, manifesting in anxiety and depression.¹⁷ There is a risk, then, that this trauma is invisible and unidentified by adults. Even worse, that it is dismissed as futile, or 'just a girl thing' – comments of the type I have heard my fair share of while working with teenage girls throughout my career.

The result of this is that inequalities are exacerbated: youth provision for boys becomes a priority because their response to trauma is evident and can lead to critical incidents such as exclusion, violence or crime. Recent analysis conducted by the Centre for Youth Impact of the Youth Investment Fund (a £40 million investment in open access youth provision by NLCF and DCMS) found that there is a bias towards boys' participation, with 57 per cent of participants male and 42 per cent female.¹⁸ I can speak to this from my own experience at FBB. Because boys are statistically more likely to be permanently excluded from school, school leaders are inclined to allocate their ever-diminishing funding pot to the boys. Much like their internalised response to trauma, girls take

their relationship to education into their own hands and tend to self-exclude at higher rates than boys. Put simply, whereas boys' trauma might lead them to flipping a chair or swearing at a teacher, girls' trauma is causing them to quietly remove themselves from school by truanting, early exiting or moving schools.¹⁹

Yet what both girls and boys need is the ability to have a trusted and consistent adult relationship in their life, and this is where the voluntary and community sector (VCS) plays such an important role. It has the power to bring people into and make them feel part of a community, showing

them their value, building their social and emotional skills and improving their mental health in the process. Girls' interventions that do just this do exist and have been growing over the past few years. Charities such as Goals for Girls, The Girls' Network and Sisterhood have been demonstrating how organisations can work in partnership with schools to centre and support the girls' experience. We need to design and fund more to ensure every girl has the support they need to reach their full potential. The FBB Girls programme is one of them, and has grown from including one girl in 2017 to over 200, with support from Sport England to grow further next year.



Taking into account the challenges girls like Brionne are facing, the first thing the FBB Girls programme aims to do is to help girls understand and love themselves for who they are. Our classroom Social and Emotional Learning (SEL) curriculum explicitly teaches the skills of self-awareness, self-regulation and responsible decision-making (among others), through interesting ‘hooks’ that align to the girls’ passions. For example, we recently used the popular 2020 film, *Rocks*, to conduct an art project with the girls on our programme evaluating decisions made by the teenage girls in the film whose lives so aptly mirror their own. This process of linking cultural references back to their own lives encourages them to assess why they make the decisions they do, who and what they are influenced by, and helps to develop a framework for responsible decisions in future.

These SEL skills are built upon on the football pitch. We see the football pitch as a safe space to demonstrate and learn from both positive and negative emotions: for girls we particularly focus on feelings of anger and frustration, freeing them from the damaging taboo that girls are not permitted to be angry and instead allowing them to safely express and explore it.²⁰ We develop the girls’ sense of self through accepting all parts of their identity: an uncommon phenomenon for a teenage girl to experience. It is important, then, that FBB provides the space, tools and trusted adults to help them accept it.

A trauma-informed approach – coupled with a lens of attachment theory and adolescent neuroscience – underpins our practice and programme design. A principle we guide ourselves on is that of Unconditional Positive Regard, developed

by the therapist and psychologist, Carl Rogers. It is the principle of showing complete acceptance and support to another human being. It is saying to the child, “you can mess up, but we’ll always be here, because you’re important and you matter.” For some of the girls with particularly difficult home lives, a safe and private space can be needed to develop trusting relationships with adults. At FBB, we provide this through culturally competent British Association for Counselling and Psychotherapy-trained practitioners – known as ‘TWP’s’ (Therapeutic Wellbeing Practitioners) – to focus on rehearsing a relationship in a safe and supporting environment.

We know that investing in our young people’s social, emotional and mental health is inherently important in order for them to build better relationships, and to live longer and healthier lives. But the effective development of SEL also benefits their educational outcomes. The Education Endowment Foundation has proven that social and emotional interventions can have an average overall impact of four months’ additional progress on attainment, which again is linked to better health outcomes across a person’s life.²¹ We saw this firsthand. In 2019-20, 84 per cent of our female participants received a Level 4 or above in their English and Maths GCSEs, compared to the 56 per cent of disadvantaged young people nationally.²² As the nation searches for ways to heal the many scars of Covid-19, it is paramount that social, emotional and mental health support for young people is a top priority. We must see additional investment for this purpose into schools: being the place where young people should, going forward, spend the majority of their time and learn to develop into well-rounded individuals.

When girls have access to interventions that provide the support, relationships and space that they need to develop a sense of self, positive connections with peers and adults and become aware of their own abilities, the results are remarkable.

But to do this, the sector needs better data, training, support and investment.

Firstly, I echo Florence Eshalomi MP's call for improved data on teenage girls' experiences to ensure that girls' challenges do not remain hidden.²³ Improving the data is the first step to ensuring that interventions are targeted towards the girls and communities who would benefit most. Secondly, we must invest in a highly-skilled workforce for our young people, in our schools and healthcare system. In order for female practitioners to be culturally competent and confident in applying

trauma-informed approaches – much like FBB's Therapeutic Wellbeing Practitioners – they must have access to the training and support needed to undertake the deep emotional work our teenage girls require. Once the data and workforce is of a high enough quality, the interventions and support for these complex challenges that girls face will be targeted, tailored and impactful.

We know that when tackling poor mental health the earlier the intervention, the better. That said, the concept of 'early intervention' feels somewhat redundant in a context where almost every young person has faced the damaging impacts of the Covid-19 crisis. Emerging from the pandemic, then, it is critical that the nation's recovery efforts include targeted, sustained and intensive support for the young people whose mental health has been so badly impacted by Covid-19, yet who are the least likely to receive support, in order for them to successfully transition to adulthood.

