



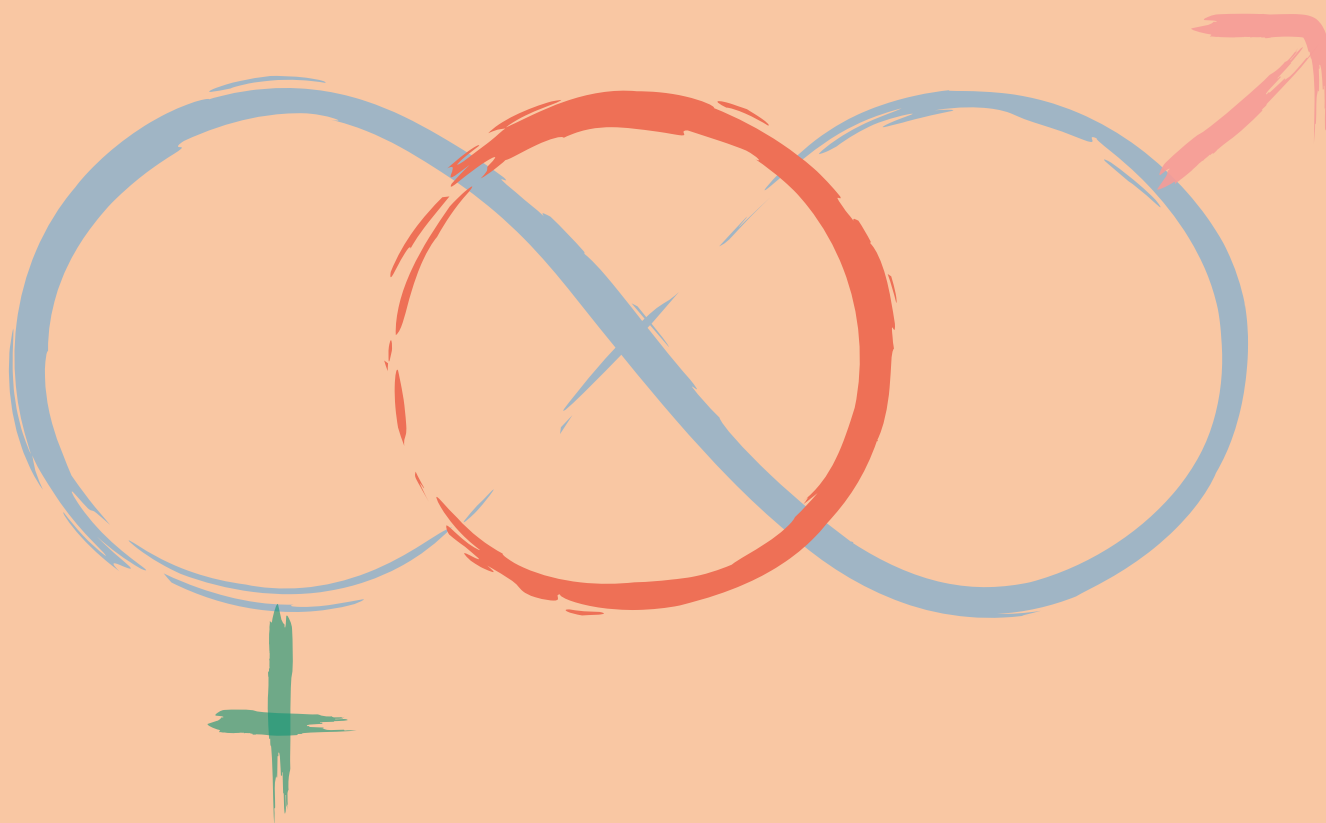
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What has gender got to do with young people's mental health?

HeadStart heads up briefing: April 2023



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About HeadStart

Started in 2016, HeadStart was a six-year, £67.4 million National Lottery funded programme set up by The National Lottery Community Fund. It aimed to explore and test new ways to improve the mental health and wellbeing of young people aged 10–16 and prevent serious mental health issues from developing. The six HeadStart partnerships were based in Blackpool, Cornwall, Hull, Kent, Newham and Wolverhampton.

As a test and learn programme, the HeadStart programme ended in July 2022, with many of the approaches having been sustained and embedded locally. The national evaluation of HeadStart will be completed in mid-2023.

About the HeadStart Learning Team

The Evidence Based Practice Unit at the Anna Freud Centre and University College London (UCL) worked with The National Lottery Community Fund and the HeadStart partnerships to collect and evaluate evidence about what does and does not work locally to benefit young people, now and in the future. Partners working with EBPU on this evaluation included the University of Manchester and the Child Outcomes Research Consortium (CORC), a project of the Anna Freud Centre. This collaboration is called the HeadStart Learning Team. Previous partners in the HeadStart Learning Team include the London School of Economics (LSE) and Common Room.

Introduction

Global research, and earlier research from HeadStart, suggests there are differences in mental health and wellbeing experienced by boys and girls, including that adolescent girls report lower subjective wellbeing levels than adolescent boys. Our previous findings from HeadStart research have shown that girls aged 11–12 years not only have higher rates of mental health difficulties than boys, but that these difficulties increase yearly (Deighton et al, 2020; Yoon et al., 2022). During the HeadStart conference in 2020, young people emphasised that society imposes binary social norms concerning gender. These social norms may make young people feel like they don't belong which, in turn, may affect mental health and wellbeing. In response to feedback from young people, in the final year of the HeadStart survey we added questions for Year 11 students that enabled a more nuanced approach to exploring young peoples' experiences. In this study, we investigated differences in wellbeing, mental health difficulties, perceived stress and perceived support by gender identity.

What did we do?

In the annual Headstart survey, students were asked to report their wellbeing, mental health difficulties, perceived stress and perceived support. This study looked at data already collected from 2020/21.¹ We investigated whether there was a difference in how young people with different gender identities perceived their wellbeing.

¹ Nuanced gender identity questions have only been asked to Year 11 students.

Who were the young people?

Our sample included 3,413 students who completed the Wellbeing Measurement Framework in 2020/21. Compared to the national average, the study sample had a slightly lower proportion of young people with free school meal (FSM) eligibility (study sample: 12%, national average: 12.9%), a lower proportion of young people with special education need (SEN) support (study sample: 7.4%, national average: 14.4%), and a slightly higher proportion of White young people (study sample: 76.2%, national average: 75.2%).

What did we ask young people?

Young people responded to two questions related to gender identity:

1. **Describe your gender identity (male, female, non-binary, prefer not to say and prefer to self-describe).**
2. **Is your gender the same as your sex registered at birth?**

We also asked young people about their subjective wellbeing, mental health difficulties, perceived stress and perceived support. We measured subjective wellbeing with the Short Warwick–Edinburgh Mental Wellbeing Scale (SWEMWBS). We measured mental health difficulties with the emotional difficulties, behavioural difficulties and total difficulties scales (combined score from four difficulties subscales: emotional difficulties, behavioural difficulties, hyperactivity/ inattention and difficulties with peers) of the Strengths and Difficulties Questionnaire (SDQ). We measured perceived stress with Perceived Stress Scale-4 and perceived support with Student Resilience Survey (SRS). Example items from the questionnaires can be found in Table 1.

Table 1: Example items from the questionnaires

Subjective wellbeing (SWEMWBS)	I've been feeling optimistic about the future.
Emotional difficulties (SDQ)	I am nervous in new situations. I easily lose confidence.
Behavioural difficulties (SDQ)	I fight a lot. I can make other people do what I want.
Perceived stress (PSS-4)	In the last month, how often have you felt that you were unable to control the important things in your life?
Support from home (SRS)	At home, there is an adult who listens to me when I have something to say.
Support from school (SRS)	At school, there is an adult who believes that I will be a success.
Support from peers (SRS)	Are there students at your school who would make you feel better if something is bothering you?
Support from community (SRS)	Away from school, there is an adult who I trust.

What do the different gender groupings mean?

By combining the two questions related to gender identity (young people's own description of their gender identity, and whether they reported their gender being the same as their sex registered at birth), we created five broad groupings (cisgender man or boy, cisgender woman or girl, transgender, non-binary and questioning).

In our analysis, non-binary and transgender groups are treated as exclusive groups to enable more nuanced exploration of the data and differences.

We wouldn't normally differentiate between cis men and trans men and cis women and trans women. However, we know that trans people experience disadvantage and discrimination meaning that they are more likely to experience mental health difficulties, therefore we wanted to explore this in our analysis. In this briefing, we

have combined the transgender men/boys and transgender women/girls groups as the sample sizes of each group was very small.

Cisgender man or boy: someone whose assigned sex at birth is male and who identifies as a man or boy.

Cisgender woman or girl: someone whose assigned sex at birth is female and who identifies as a woman or girl.

Transgender: an umbrella term used by people whose gender identity is different from the sex they were assigned at birth. In our analysis, the transgender group only includes those who 'identified as a boy, or a girl, and this is different from the sex they were assigned at birth'.

Non-binary: an umbrella term describing gender identities that do not fit neatly into the man/woman (or boy/girl) gender binary.

Questioning: a process of exploration by people who are unsure about their gender identity, still exploring their gender identity or concerned about applying a label to themselves.

Key findings

Out of 3,413 young people, 1,897 were cisgender women or girls, 1,304 were cisgender men or boys, 89 were non-binary, 41 identified as transgender, 9² identified as questioning their gender identity and 73 preferred not to answer.

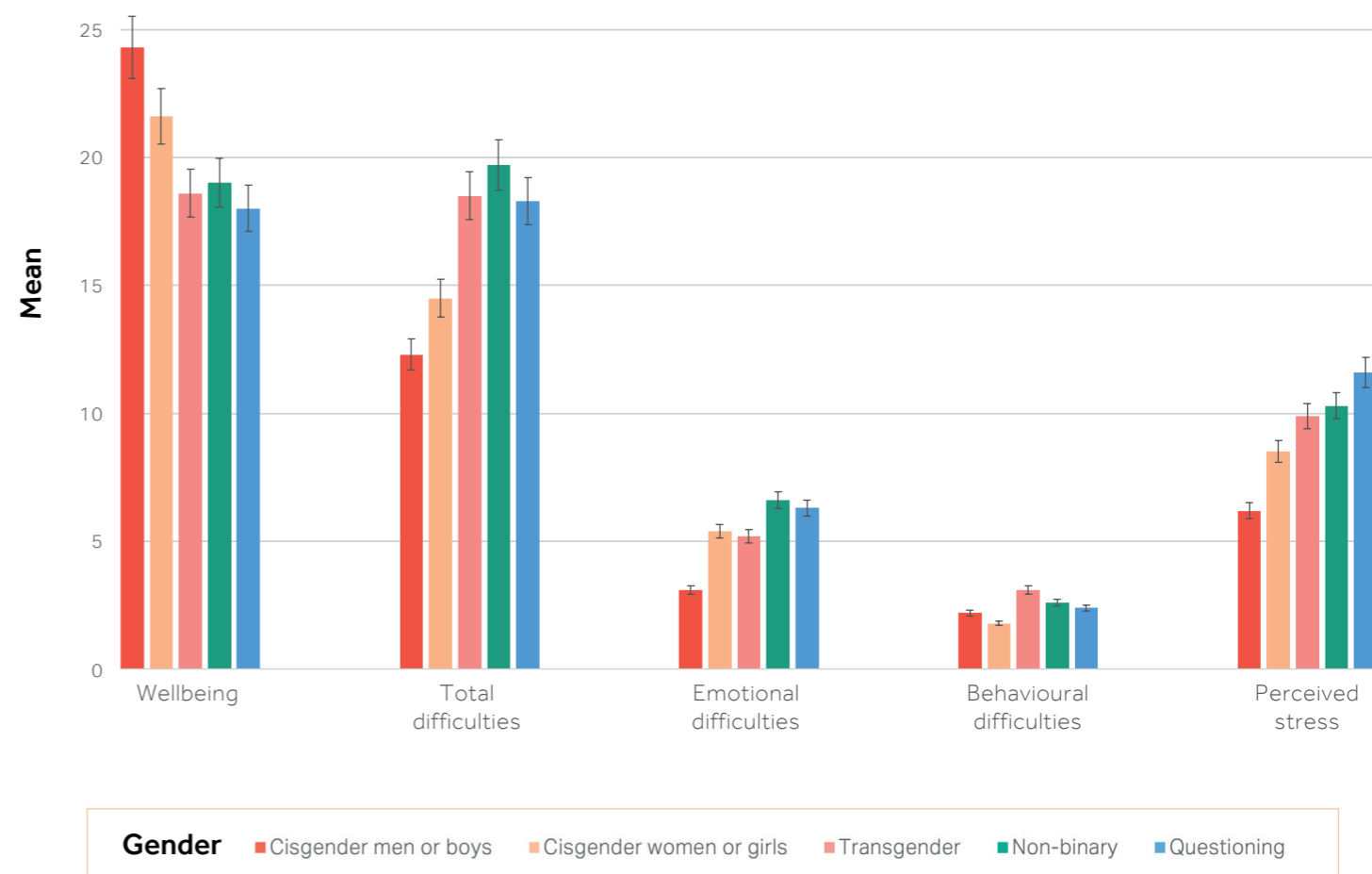
Wellbeing, mental health difficulties and perceived stress

- Cisgender men or boys reported the highest level of wellbeing, whereas young people who were questioning their gender identity reported the lowest level of wellbeing.

² In HeadStart, we do not routinely report or analyse groups with fewer than 10 responses. However, in this case we report the category to preserve the nuance of the findings and integrity of the young people's responses to this question because often, this group is overlooked/not visible in our dataset.

- Questioning and non-binary young people had the highest levels of total difficulty and emotional difficulty scores, while cisgender men or boys reported the lowest level of total difficulty and emotional difficulty scores.
- Conduct problems were the highest for transgender participants and lowest for cisgender women or girls.
- Perceived stress was reported to be most prevalent among questioning participants and lowest for cisgender men or boys.

Figure 1: Subjective wellbeing, mental health difficulties and perceived stress by gender identity



Note: Graphs include 95% confidence intervals to illustrate the degree of precision. The confidence intervals tell us how much higher or lower the mean could be.

Social support

By social support, we mean how much support we feel is available from our relationships with others, and the adequacy of this support. Perceived social support is explored further in an earlier evidence briefing by the HeadStart Learning Team (Bear et al., 2021).

- Cisgender young people perceive having the most social support from community and peers.
- When it comes to support at school and home, young people questioning their identity report receiving the most support.
- Transgender young people report receiving the least support from home, community, school and peers.

Figure 2: Social support by gender identity

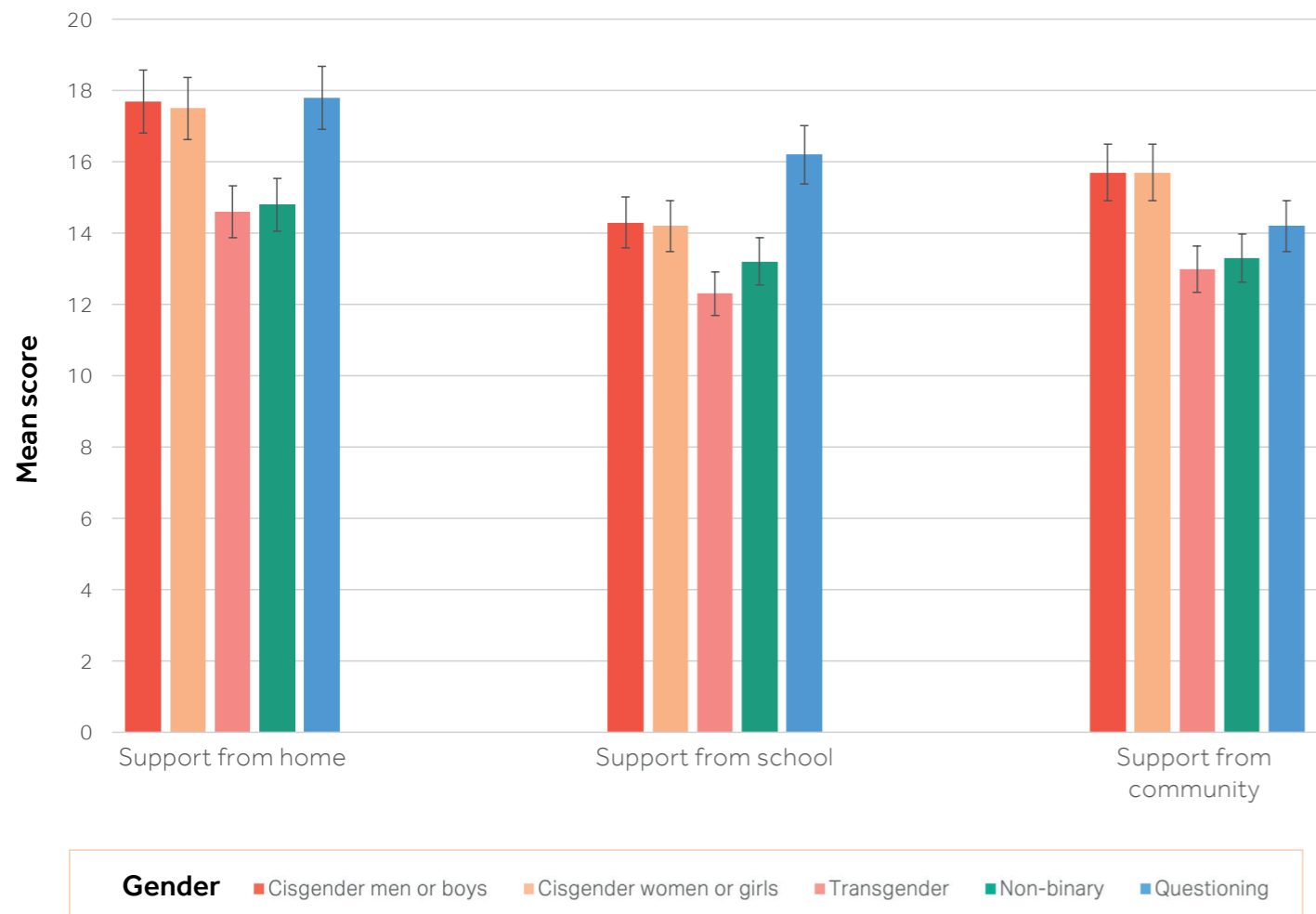
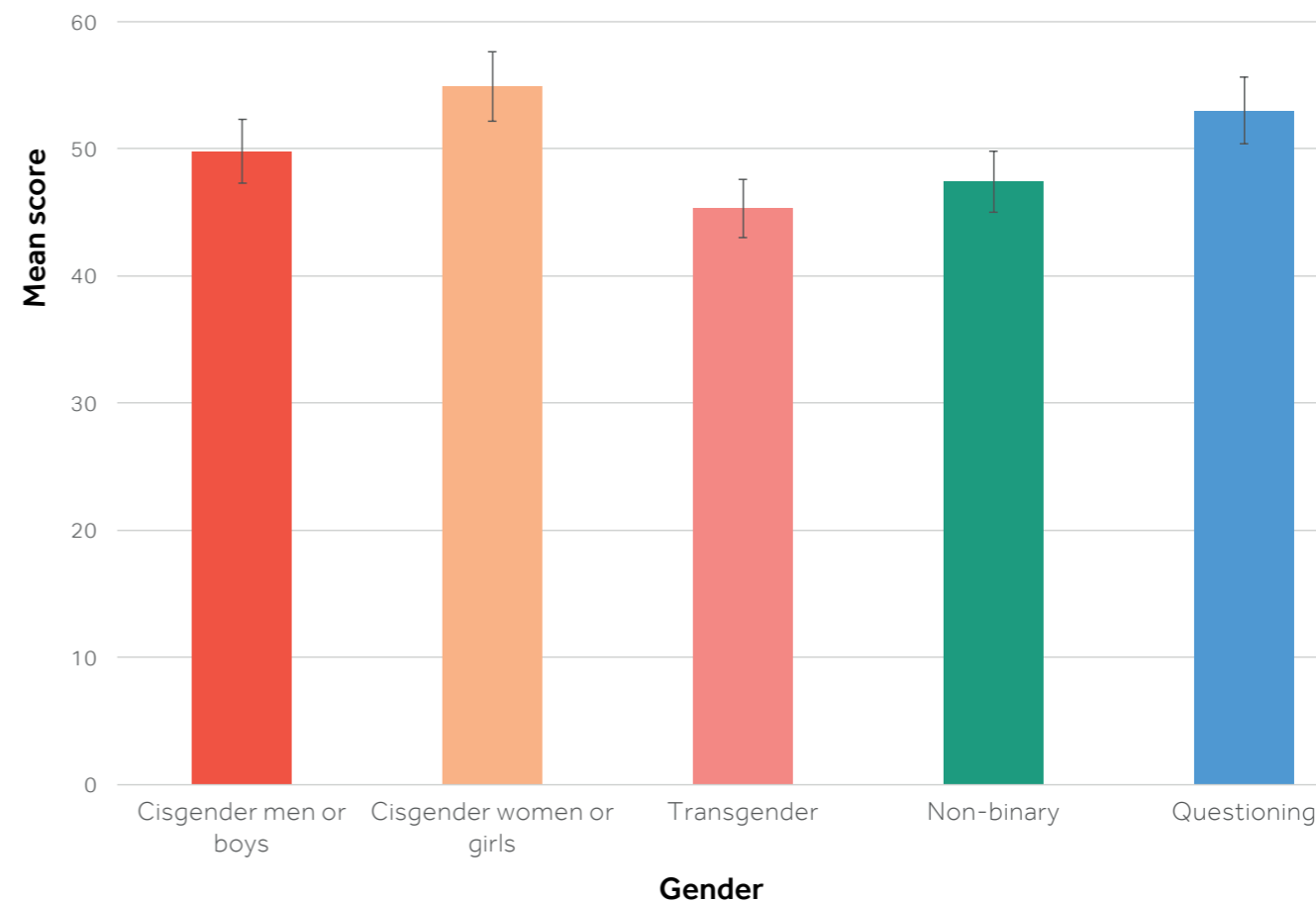


Figure 3: Peer support by gender identity



Discussion and implications

Our results show that cisgender young people are most likely to have higher subjective wellbeing and lower mental health difficulties and report having high levels of support. In particular, we found that cisgender men or boys reported the highest level of subjective wellbeing and the lowest levels of mental health difficulties and stress. On the other hand, non-binary young people, transgender young people and young people who were questioning their identity had lower subjective wellbeing and higher levels of mental health difficulties. Cisgender young people were more likely to report receiving social support. The results indicate the importance of social support for bolstering young people's mental health and of those providing interventions being mindful of young people's intersecting identities, arising from oppression, structural inequity and systemic discrimination (Meyer, 2015).

Our findings correspond to the picture emerging from other research of higher mental health needs and lower wellbeing among transgender, non-binary and questioning young people, and that they may experience more challenges in life (Borgogna et al., 2019; BeeWell, 2022). According to the minority stress theory, individuals from marginalised groups experience higher levels of mental health difficulties and lower levels of wellbeing due to the exposure to stress and adversity arising from oppression, structural inequity and systemic discrimination (Meyer, 2015).

Our findings have implications for preventative approaches, such as HeadStart, that aim to address health inequalities among young people, and suggest that:

- public mental health approaches that are personalised to individual needs are needed to support adolescent girls and non-binary, transgender and questioning young people
- policymakers, government agencies and local authorities should ensure there is adequate support for transgender children, whether that be in the voluntary and community sector or from the NHS
- interventions to ameliorate young people's mental health should include strengthening social support, in particular for non-binary and transgender young people
- future studies should include self-reported gender identity to overcome the restricted view from administrative data and to better understand and address inequalities.

Please see the Anna Freud Centre's [LGBTQ+ mental health booklet](#) for advice on where to get additional support for mental health problems.

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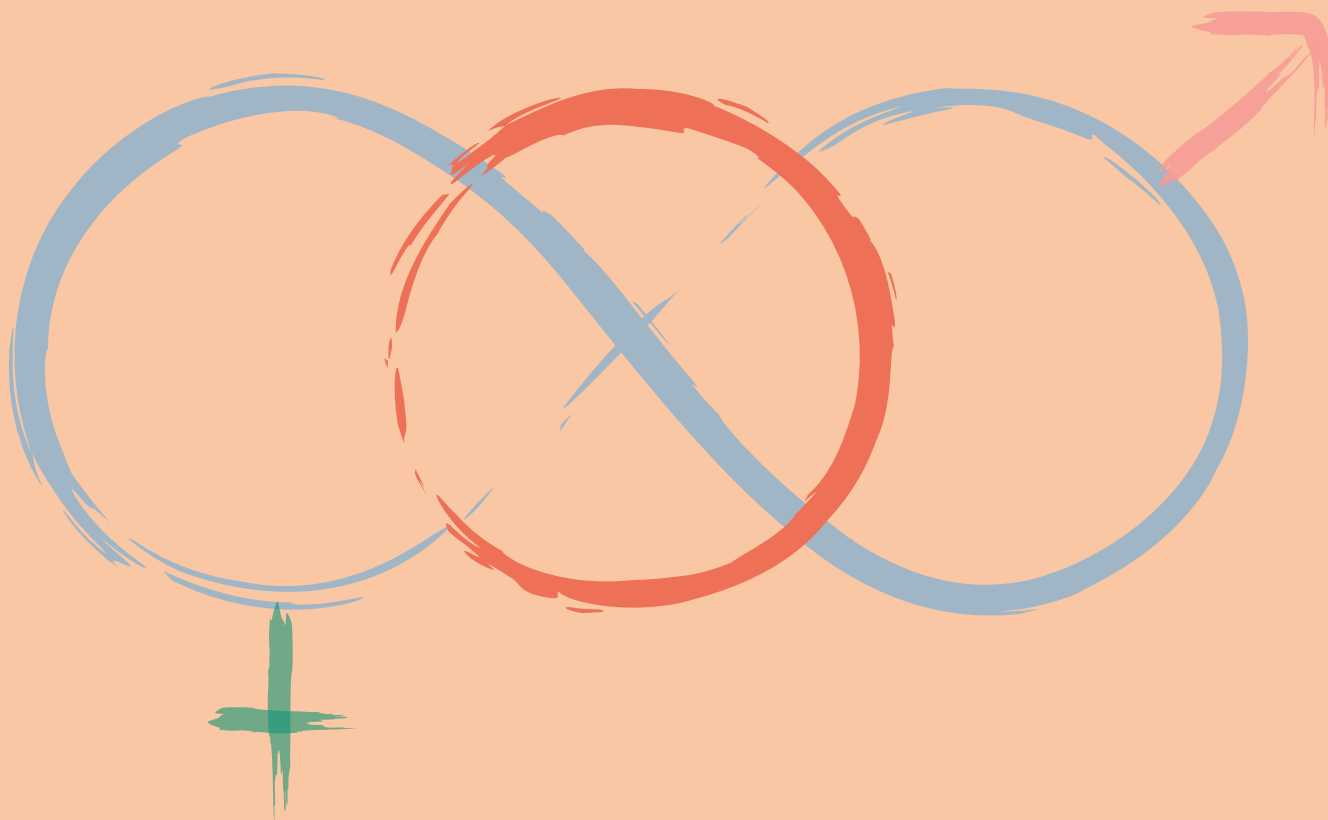
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