



Government  
Equalities Office

# **The Government Response to the 2017 Youth Select Committee Report**

A Body Confident Future

**March 2018**

## Ministerial Foreword

I am delighted to be providing a formal response to the Youth Select Committee's report on body image and body dissatisfaction. As newly appointed Minister for Women, I am committed to removing barriers to equality. I would like to thank the Youth Select Committee and its members for shining a light on these important issues.

I see body image as integral to achieving gender equality. The pressure on young people to achieve an idealised image is a serious issue, with wide-reaching consequences for their mental and physical wellbeing. It is also part of how gender stereotypes are reinforced, and is a significant barrier to young people developing and expressing their individual potential.

Negative body image can lead to anxiety, depression and eating disorders. It can impact on young people's aspirations, confidence and wellbeing. Young women in particular can put themselves on regimes of constant and relentless self-monitoring and improvement, under the impression that they need to look perfect before they are entitled to expect equality, respect and appreciation. Meanwhile, young men are confronted with endless images of masculinity, strength and control that are equally as difficult to live up to.

More and more time spent online also means increased exposure to images of beauty that are unrealistic and unattainable. It is estimated that 70% of adolescent girls and 45% of adolescent boys want to change their body weight or shape. Approximately 725,000 people in the UK are affected by an eating disorder, with 90% of those being female. Sadly, one in five of those most seriously affected will die prematurely.

The Government has already taken action to support young people's understanding and resilience. The Government Equalities Office has supported the development and adoption of good practice, and helped to develop young people's resilience and media literacy through the provision of resources for schools and parents. The Department of Health and Social Care has made an additional £1.4bn available in mental health service, including £150m to tackle eating disorders. This money will be used to reshape and improve mental health service for all children and young people. We are also working across Government to develop a strategy to ensure that everyone can access the benefits of the internet safely. However, there is more to be done.

Body image is a complex issue and although there is no silver bullet to address negative body image, we all have a role to play in creating positive change. Government, schools, health professionals, creative industries, the sports sector, the voluntary sector, families and young people themselves can all take action. Together, we can work to create a body confident future.



**Victoria Atkins MP**

Minister for Women

### **Responses to the Youth Select Committee Recommendations**

**Recommendation 1a:** Body dissatisfaction affects a large proportion of young people and can have serious and long lasting consequences for health, education, and wider life outcomes. Idealised images, parents, peers and the general pressure that young people are under to be “perfect” all influence body image. We know that these factors are complex, interconnected and socially embedded, although in many areas gaps remain in our understanding. We recommend that the Government Equalities Office commission research in the next six months to address current gaps in the evidence base, including on poor body image in pre-adolescents, the link between poor body image and risky behaviours, and the long term impact of poor body image on young people’s education, relationships and agency.

The influences on and impact of poor body image can only be understood by examining the specific context in which they occur. The social expectations and challenges associated with gender, gender identity, sexual orientation, ethnicity, disability, and socioeconomic background are all reflected in body image.

**Recommendation 1b:** We commend the work carried out by the Be Real Campaign, Girlguiding, Sport England and others in promoting body confidence. However, many of the most visible campaigns are directed at women. While we accept that women are often particularly susceptible to body dissatisfaction, there is a danger that the distinctive challenges faced by young men, LGBT+ youth, ethnic minorities, and those with disabilities or serious illnesses are overlooked. The Government Equalities Office should work with the Be Real campaign and relevant interest groups to develop resources and support specific to these groups, alongside the more generic offering, within the next six months. The Government Equalities Office should also provide support to ensure that the target groups are aware of the support available. The influences on and impact of poor body image can only be understood by examining the specific context in which they occur. The social expectations and challenges associated with gender, gender identity, sexual orientation, ethnicity, disability, and socioeconomic background are all reflected in body image.

**Recommendation 14:** Despite the importance of their role in promoting positive body image in young people, parents and young people can have difficulty accessing appropriate resources. Evidence based resources do exist but are not widely known about. The Government Equalities Office should work with the Department for Education and Department of Health and Social Care, young people and parents to identify communications channels in which resources on body image can be more effectively promoted.

#### **Joint Response to Recommendation 1a, 1b and 14:**

1. Body dissatisfaction is an issue of enormous concern to young people and their parents. It contributes to poor mental wellbeing, eating disorders, obesity and low aspirations, and has the potential to affect anyone. The growth of social and digital media has greatly increased exposure to images of beauty that are unrealistic and unattainable and has placed additional pressures on young people to conform to a particular body type or image.
2. The Government is already undertaking work to build our evidence base on the topic, sponsoring two questions on body image in the 2017 British Social Attitudes Survey. The Government has also strengthened the evidence base on the experiences of LGBT people living in the UK. In July 2017, the Government Equalities Office launched a National LGBT survey to understand LGBT people’s experiences of accessing and using public services in the UK and any experiences of discrimination they may have faced throughout their life. The survey received over 100,000 responses and we will analyse the results to inform our plans to improve LGBT

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equality, including for LGBT youth. This includes people who identify as having a non-binary gender identity or who have varied sex characteristics (sometimes known as intersex).

3. However, we recognise that gaps remain in our understanding of the many complex factors that contribute to body dissatisfaction, including specific challenges faced by young men, LGBT youth, ethnic minorities, and those with disabilities or serious illnesses. We will therefore consider how we can develop our understanding of these specific groups as part of our broader endeavour to better understand the causes and impact of body dissatisfaction.
4. We want all young people to grow up feeling confident and comfortable with their bodies. Since 2010, the Government Equalities Office has delivered an extensive programme of work on body image to:
  - Support young people's media literacy and resilience. For example, the Government has supported the charity Media Smart to develop resources for parents and teachers on body image. It has also commissioned the PSHE Association to develop a quality framework for teaching about body image, with recommended resources for schools;
  - Engage positively with cultural industries to support good practice;
  - Increase public understanding of body image issues.
5. The Government joins the Youth Select Committee in commending the excellent work carried out by the Be Real Campaign, Girlguiding, Sport England and other in promoting positive body image. We will continue to seek opportunities to support these campaigns to encourage body confidence. However, we recognise that young people, parents and teachers may not always know where to go to find quality resources on body image. To address this, we will conduct an audit of available resources, including on the gov.uk website.

**Recommendation 2:** In order to increase the awareness and uptake of resources, we recommend that the Government establish an annual National Body Confidence week to act as a focus for body image activities and to encourage involvement from a wider range of organisations. This initiative should be run jointly by the Departments of Health, Education and Digital, Culture, Media and Sport to ensure participation of health professionals, educational establishments, sports clubs, advertisers, and others.

6. In 2015, Sport England launched 'This Girl Can', which aims to narrow the gender gap in the number of men and women regularly taking part in sport and being physically active. The campaign was based on research demonstrating that the key factor preventing women from being active was the fear of judgement. Over 11,000 organisations registered as This Girl Can supporters, and the evaluation shows 2.8 million women and girls have been inspired to get active by the campaign.
7. We recognise the impact that such campaigns can have in changing attitudes and behaviours, and would like to draw particular attention to the positive work of the Be Real Campaign to promote body confidence. Given the significant work that is already being undertaken by civil society to raise awareness and educate young people and adults on body image issues, the Government considers that the establishment of a National Body Confidence week would be best led by civil society. The Government will continue to seek opportunities to support civil society to promote and raise awareness of body image issues.

**Recommendation 3:** While both equality ministers also have education responsibilities it is difficult for the Government Equalities Office to provide the necessary leadership on body image. We reiterate the

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2016 Youth Select Committee's recommendation that a Government Equalities Office minister who is responsible exclusively for equalities issues be appointed.

8. The newly appointed Minister for Women and Equalities, the Rt Hon Amber Rudd MP, together with the Minister for Women, Victoria Atkins MP, and the Minister for Equalities, Baroness Williams of Trafford, is responsible for driving forward and championing gender and LGBT equality across Government, and through their responsibility for the wider Equalities framework (including the Equality Act 2010), for working with Cabinet colleagues to encourage regular and consistent consideration of equalities issues in policy development.
9. While the Government recognises the concerns raised by the Youth Select Committee, we believe that a dual ministerial portfolio is beneficial, helping to ensure that equalities considerations are embedded throughout the work of the Department. The Government Equalities Office will continue to work with other departments to ensure that equalities considerations are embedded across government.

**Recommendation 4:** The Committee welcomes the Advertising Standards Agency project in relation to harmful gender stereotypes, which we know can contribute to poor body image, and its commitment to formulate stricter rules in this respect. We agree that the rules on inappropriate sexualisation and adverts which suggest that it is acceptable to be unhealthily thin need clarification, and look forward to the Committee of Advertising Practice bringing forward new rules which reflect this evidence by the end of the year. However, regulation is only part of the answer - we also need to see a culture change across industry. This involves brands committing to using more diverse models and paying more than lip service to this commitment. The Government Equalities Office should organise a series of workshops with the Be Real Campaign and major brands to encourage a greater uptake of the Body Image Pledge. The workshops should also explore how brands can achieve real, rather than superficial, diversity in their advertising.

10. The Government commends the Advertising Standards Authority for its ground-breaking review of gender stereotyping. The UK advertising industry is as a world leader in combining creative impact with corporate responsibility. The work that the Advertising Association and Credos have done to promote good practice in representing diversity within advertising, and Media Smart's work to support young people's media literacy and resilience, is also to be commended.
11. The Government acknowledges the importance of culture change across industry, including greater uptake of the Body Image Pledge and real diversity in advertising. Advertising is our shop window as a nation, and that is why it is essential that adverts reflect the rich diversity of the British people. The Government is committed to improving diversity in the advertising industry, as in all the creative industries, and has taken a number of steps towards this. The Department also supports a number of organisations and arms' length bodies in promoting diversity, including the Creative Industries Council's new strategy, which sets diversity targets for businesses in the sector.

**Recommendation 5:** Social media can have serious and detrimental effects on the body image of young people. However, we must not lose sight of the extent to which social media can promote body positivity through allowing young people to connect with individuals with similar experiences and take control of their own image. The scale and speed with which social media has become an integral part of young people's lives means too little is known about its impact. We recommend that the Department

for Digital, Culture, Media and Sport, working with the Government Equalities Office, commissions research with young people in the next six months examining the positive and negative impact of social media on young people's body image

12. The definitive impact of social media use on mental health is unknown; we know that increased social media use is linked to poorer mental health,<sup>1</sup> but it is not clear whether this increased use causes poorer mental health, or whether poorer mental health drives an increase in use of social media. A systematic review of the literature on the impact of social media on children and young people's mental health reported a mixture of positive effects (30% of the literature), mixed/no effects (44%) and risks/negative effects (26%)<sup>i</sup>.
13. The joint Health and Education Green Paper on children and young people's mental health refers to the impact of social media and mental health. It considers how best to improve the evidence, and confirms that the Chief Medical Officer will produce a report in this area. This aligns with work from the Department of Digital, Culture, Media and Sport, including their Internet Safety Strategy Green Paper, which was published in October.
14. The Department of Health and Social Care and the Department for Digital Culture, Media and Sport are also setting up a working group of social media and technology companies to consider what further specific action these companies can take to improve the mental health and wellbeing of young users.

**Recommendation 6:** The lack of clarity around the law on online communications and the current absence of industry minimum standards mean that social media companies wield significant power in deciding what content is removed and when. We agree with previous Select Committees that social media companies are not taking their responsibilities in moderating and removing harmful content seriously enough. Although it is welcome that UKCCIS brings together key people from industry, government and civil society to discuss these issues, there is a danger it is perceived as a mere talking shop. This is particularly the case as young people are currently excluded from both UKCCIS and conversations about social media regulation more broadly.

**Recommendation 7:** Social media companies must engage meaningfully with government and civil society to agree minimum standards across industry in relation to content moderation and removal. This could be achieved through a taskforce drawn from UKCCIS. These standards should be enforced through powers set out in the digital charter. UKCCIS should engage more directly with young people, for example appointing a group of young people to act as independent advisors, including in relation to the digital charter

**Joint Response to Recommendation 6 and 7:**

15. Within the Internet Safety Strategy, which was published on 11 October, the Government has been clear that what is unacceptable offline is also unacceptable online. The Strategy highlights the Government's expectation that technology companies have a responsibility to their users and sets out a number of initiatives aimed at tackling online harms and supporting users.

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<sup>1</sup>Source: [Understanding Society, The UK Household Longitudinal Study](https://visual.ons.gov.uk/more-than-a-quarter-of-children-who-spend-longer-on-social-networking-websites-report-mental-ill-health-symptoms-2/), <https://visual.ons.gov.uk/more-than-a-quarter-of-children-who-spend-longer-on-social-networking-websites-report-mental-ill-health-symptoms-2/>

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16. The Prime Minister confirmed in her speech on 6 February that we will be introducing a code of practice to address conduct that involves bullying or insulting an individual online, or other behaviour likely to intimidate or humiliate the individual. We have also consulted on introducing transparency reporting so that Government can better understand the complaints received by online platforms and how these are dealt with, and our plans for how a social media levy to combat online harms should be taken forward. Our consultation closed in December and we are now analysing the responses. We will publish the Government response in due course.
17. In addition to our public consultation, DCMS Ministers are directly engaging with technology companies to agree how the Strategy will be implemented.
18. If industry-led, voluntary action is unsuccessful in relation to the measures set out in the Strategy, legislation may be necessary.
19. As part of the Internet Safety Strategy consultation, DCMS have held a number of roundtables which have given children and teachers the opportunity to share their views on the Internet Safety Strategy directly with officials. The evidence base for the Strategy also draws on a range of surveys and research which present the views of young people.
20. We acknowledge the pioneering role which the UK Council for Child Internet Safety (UKCCIS) has played in recent years. Within the Strategy, Government highlights its ambition for the Council to be remodelled so that it has a clear strategic direction and is able to respond quickly to new issues. As part of the remodelling of UKCCIS and as we develop policies relating to the Strategy, we will consider how best to gather and take into account young people's opinions.

**Recommendation 8:** We heard numerous proposals for measures that social media companies could take to mitigate the negative effects of their platforms on young people's body image. We accept that both marking images as digitally altered and directing resources to users on the basis of their perceived emotional state have potentially serious drawbacks which need to be investigated in more detail before they can be implemented. However, pop up warnings indicating heavy usage are a simple measure which would make young people more aware their reliance on social media. The social media code of practice accompanying the digital charter should include a requirement on social media platforms to warn users after they have been using the platform for a certain amount of time. The Department for Digital, Culture, Media and Sport should examine other approaches to encouraging healthy social media use and commit to publishing a consultation on its proposals within the next 12 months.

21. The social media code of practice is designed to address conduct that involves bullying or insulting an individual online, or other behaviour likely to intimidate or humiliate the individual. Therefore, a 'pop up' highlighting heavy usage of social media or markings highlighting digitally altered images wouldn't fall into the remit of the code. However, companies may decide that they would like to introduce this feature for their users.
22. During the Government's Internet Safety Strategy consultation, technology companies have highlighted the steps that they are already taking to support their users, including re-directing individuals who are searching for potentially harmful content. Many companies are also partnering with charities to develop digital literacy and resilience materials, host events in schools and sponsor peer-to-peer online safety programmes.

23. As part of UKCCIS's remit and our wider work on the Internet Safety Strategy, the Department for Digital, Culture, Media and Sport and the Department of Health and Social Care are convening a working group of social media and digital sector companies to explore what more they can do to help keep children and young people safe online, in terms of the impact of the internet on their mental health and wellbeing.
24. The Internet Safety Strategy consultation closed on 7 December 2017. It gathered views on what more technology companies and government could do to support users and tackle online harms. We are currently reviewing the consultation findings and the Government's response will be published in due course. The joint Health and Education Green Paper on children and young people's mental health was published in December 2017. This consultation will remain open until 2 March 2018. Therefore, we do not feel it would be appropriate to hold a further consultation at this time.

**Recommendation 9:** We welcome the Government's decision to make RSE and (pending further consideration) PSHE compulsory. Although we appreciate the Department for Education wishes to avoid being too prescriptive, the importance of body image to young people is such that the curriculum should make explicit reference to promoting positive body image. The PSHE curriculum should also include specific reference to media literacy; guidelines on teaching media literacy should be drawn up in concert with industry partners. It is essential that teachers are using evidence based resources in their classes. The Department for Education should assess the effectiveness of its communications channels with teachers in relation to body image to ensure that they have access to up to date research on which approaches work.

#### **Positive Body Image**

25. Schools currently have the autonomy to tailor their own PSHE and sex and relationship curriculum to reflect the needs of their pupils and schools; including teaching about body confidence and appearance. Teachers decide what to teach based on their pupils' needs, taking account of pupils' views, and are encouraged to develop their practice with the support of specialist organisations and expert professionals.
26. All young people need to feel that both PSHE and sex and relationship education (as currently delivered) is relevant to them and sensitive to their needs.
27. Schools are free to draw on materials produced by expert organisations. For example, the PSHE Association have published best practice guidance for schools (April 2015) when teaching about body image, mental health and emotional well-being, all in the context of PSHE. Other quality assured resources, such as Media Smart, as referenced in paragraph 10, are also available to schools and address talking about body image and advertising, and exploring ways to develop positive body image through a variety of curriculum areas.
28. The PSHE Association's resource database provides opportunities for teachers to access up-to-date information to tackle the issue of body image and the influence of advertising within the context of media literacy. Lesson plans have also been developed in response to research into boys' understanding of body image. These support teachers to teach young people to think critically about the messages they receive from the media and how to build their emotional resilience to these messages. The Government will consider how these subjects can add to what

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children and young people are taught about internet safety as a part of the RSE curriculum and this will be part of our wider engagement to consider the content of these subjects.

### Engagement

29. The Children and Social Work Act places a duty on the Secretary of State for Education to make Relationships Education at primary school and Relationships and Sex Education at secondary school compulsory. The Act also provides powers for the Secretary of State to make PSHE, or elements therein, mandatory in all schools, subject to further careful consideration. The Department for Education is conducting a thorough engagement process on the scope and content of Relationships Education and Relationships and Sex Education, involving a wide range of interested stakeholders, teachers, parents and young people. From this, we will develop the regulations and accompanying statutory guidance for these subjects and both will be subject to consultation.
30. The wider engagement work will determine what mandatory PSHE could look like in the context of statutory Relationships Education and RSE, and will consider age-appropriate content and guidance. We would expect this to cover broad pillars such as healthy bodies and lifestyles, and healthy minds, including emotional wellbeing, resilience, and mental health.

**Recommendation 10:** If it is to be effective, the promotion of positive body image cannot be confined to specific subjects, but must be integrated into schools' wider approach and harness the power of peer to peer support. Although body image resources are available to PSHE teachers, much less support is available to teachers of other subjects or to those considering how the wider ethos of the school impacts on body dissatisfaction. The Department for Education should commission guidance for teachers of physical education and other subjects outside of PSHE, and on body image and the school ethos, within the next six months. Specific resources should also be developed to support teachers in encouraging peer to peer support. It is essential that young people are involved in the development of these resources.

**Recommendation 11:** As school budgets have come under pressure, less time has been devoted to activities that support the wellbeing of children and young people. The Government's recent announcement of £1.3 billion for core funding for schools is simply a reallocation of existing funding, principally from the healthy pupils capital budget that was used to support PE, after school activities, and facilities for pupils with physical or mental health conditions. Such ring-fenced funding is crucial for supporting positive body image and wider wellbeing amongst young people. This approach amounts to robbing Peter to pay Paul. Instead of shuffling money from one budget to another, the Department for Education must accept that supporting the wellbeing of young people requires additional upfront investment in preventative services. The Department must explain what additional resources will be available to support schools' core budgets while ensuring that long term capital funding is not neglected.

### Joint Response to Recommendation 10 and 11:

31. The Government recognises that many young people suffer from negative body image and low confidence. That is why it is so important to promote positive body image and to challenge cultural messages that undermine young people's confidence and resilience.

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32. Sport England already funds a number of programmes to encourage girls and women to get physically active, including 'This Girl Can' and 'Girls Active', as referenced in paragraph 6. We know that this is already helping to change behaviours, with 49% of women aged 14 to 40 who have seen the campaign reporting they had taken action as a result. Across Government, we also continue to work to promote women's sport and the impact it can have on improving confidence and well-being.
33. This Government believes it is right to maximise the amount of funding that is allocated directly to frontline head teachers - who can then use their professional expertise to ensure that it is spent where it will have the greatest possible impact. This decision has been made in the context of a challenging fiscal position, and we believe this is the best way to drive up standards and provide a good school place for every child.
34. The Government wants all pupils to be healthy and physically active. Healthy eating, physical activity and sport not only help tackle childhood obesity, but can also have a positive impact on pupils' behaviour, attendance, concentration and attainment, helping children to reach their potential in life. Through the Primary PE and Sport Premium, the Government has invested over £600m of ring-fenced funding to primary schools to improve PE and sport since 2013. The Government has doubled the premium to £320m a year from September 2017 using revenue from the Soft Drinks Industry Levy.
35. £100m of revenue generated from the Soft Drinks Industry Levy will be used for the Healthy Pupils Capital Fund. This fund is intended to improve children's and young people's physical and mental health by enhancing access to facilities for physical activity, healthy eating, mental health and wellbeing and medical conditions. These facilities include kitchens, dining facilities, changing rooms, playgrounds and sports facilities.
36. The Government is investing £26 million in a breakfast club programme, over the next three years, using funds from Soft Drinks Industry Levy revenues. This money will fund the establishment or improvement of breakfast clubs in at least 1,500 schools, with a focus on increasing provision for disadvantaged pupils in Opportunity Areas. The programme will also deliver innovation project(s) with the aim of testing solutions to delivery and access barriers, and maximising the health and education benefits.

**Recommendation 12:** Wellbeing support in school needs to be underpinned by statutory minimum provision of school nurses and counsellors across the UK and supported by a ring-fenced budget. **The Department for Education should consult on minimum provision as soon as possible, with a view to introducing minimum provision from the 2018/19 school year.**

**Recommendation 16:** Specialist mental health services for young people which address body image are not adequate; this is particularly the case for certain demographic groups including young men and LGBT+ young people. **The Government must use its forthcoming Green Paper on young people's mental health to set out proposals which specifically address this lack of support around body image, including body image training for CAMHS professionals. The Green Paper must also address the specific barriers that different demographic groups may face when accessing mental health services for issues associated with body image.**

**Recommendation 17:** While we welcome the additional funding which has been available for young people's mental health, evidence of frontline improvements is so far limited and we are concerned that

some funding is being used to address cuts in other areas. **The forthcoming Green Paper on Young People's Mental Health should include proposals for more robust mechanisms to ensure that money intended for young people's mental health is not spent elsewhere.**

**Recommendation 18:** We are concerned that the voices of young people are not being heard in the development of mental health services. **Following the publication of the Green Paper on Young People's Mental Health, the Department of Health should hold a series of engagement events around the country with young people to test the proposals. In the longer term, the Department of Health and NHS England should review how they seek to engage with young people to ensure that young people's voices are being heard directly, as well as through intermediaries.**

**Joint Response to Recommendation 12,16,17 and 18:**

37. The response to these recommendations is grouped together as the recommendations all relate to measures outlined in the Green Paper: Transforming children and young people's mental health provision.

38. Body image in itself is not categorised as a mental health issue. However, we know that negative body image can lead to anxiety or depression, or be part of someone's thoughts or feelings whilst experiencing an anxiety disorder, eating disorder or depressive illness that may have developed for other reasons. It is important that young people have access to holistic support at the right time.

39. We have now published the *Transforming Children and Young People's Mental Health Provision: a Green Paper*. This sets out significant new proposals for action to improve support and early intervention, particularly by improving how children and young people's mental health services and schools work in partnership – supported by over £300m in funding.

40. The main elements of the proposals are that:

- All schools will be incentivised to identify and train a Designated Lead for Mental Health with training to help schools deliver whole school approaches to promoting better mental health. All children and young people's mental health services should identify a link for schools and colleges to provide rapid advice, consultation and signposting.
- Additional funding for new Mental Health Support Teams will provide extra capacity for early intervention and ongoing help. The teams will be supervised by NHS children's mental health staff, and their work will be jointly led by schools and the NHS. These teams will be linked to groups of primary and secondary schools, and to colleges, and will provide interventions to support those with mild to moderate needs and support the promotion of good mental health and wellbeing. The Designated Leads for Mental Health in schools will work closely with the new Support Teams, who, as part of their role, will provide a clear point of contact for schools and colleges into existing NHS funded specialist services.
- Waiting times for NHS services for those children and young people who need specialist help will be reduced, by piloting a 4-week waiting time standard in some areas.

41. We will roll out this new approach in phases across the country. Where areas already have leads and collaborative support in place we will test how teams can enhance existing provision.

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We want to test how teams can provide support to different demographic groups across a range of issues related to mental health and wellbeing.

42. The Department of Health and Social Care and the Department for Education are consulting on the detail of these proposals (responses to the consultation can be submitted online at <https://engage.dh.gov.uk/youngmentalhealth/>). This consultation will also include a number of user engagement events in order to seek views on the proposals within the paper from those who will be directly affected, including children and young people themselves. We are also consulting on how best the Mental Health Support Teams can be implemented to support improved access to services by vulnerable and hard to reach groups, and factors which we should be taking into account for where we should first trial these new teams.
43. The Green Paper builds on the additional £1.4 billion which is being made available for children and young people's mental health over a five-year period (2015/16 – 2019/20).
44. To ensure that Clinical Commissioning Groups invest the additional £1.4bn as intended and to benefit children and young people directly, we are also using the full range of support, levers and incentives, which include:
  - Clear information on what constitutes a high quality service; NHS England is producing guides for commissioners and providers, which set out best practice, evidence, based interventions and what roles professionals and organisations should play to ensure quality. They have already published guidance on eating disorders and early intervention in psychosis. Guidance on urgent and emergency care for children and young people, and a generic pathway for all children and young people with mental health problems are being developed.
  - A requirement for all Clinical Commissioning Groups to increase spend on mental health services by a greater amount than their overall funding increase (the Mental Health Investment Standard).
  - Publishing every Clinical Commissioning Groups spend on children and young people's mental health as part of the Mental Health Dashboard.
  - Every Clinical Commissioning Groups has also had to develop a Local Transformation Plan, working with commissioners, local authorities, children and young people, and their families. These plans set out how local agencies will work together to improve children and young people's mental health across the full spectrum of need and guidance states that Local Transformation Plans should be annually refreshed.
45. Given the broad scope that the Green Paper on children and young people's mental health covers, it has not been possible to include proposals around training for individual mental health disorders or issues that contribute to these. Training for postgraduate trainee doctors is the responsibility of the relevant medical Royal College, not the Government. Training must meet the standards set by the General Medical Council, the body also responsible for the standard of medical training, promoting high standards of education and co-ordinating all stages of education to ensure that medical students and newly qualified doctors are equipped with the knowledge, skills and attitudes essential for professional practice. Whilst training

curricula do not necessarily highlight specific conditions for doctors to be aware of, they instead emphasise the skills and approaches that a doctor must develop in order to ensure accurate and timely diagnoses and treatment plans for their patients.

**Recommendation 13:** The Department of Health and NHS England have taken significant steps forward in their provision of general online resources on young people's mental health. However, poor body image is either not addressed at all or buried in other resources. Given the importance of body dissatisfaction as a sub-clinical issue and contributor to other mental health disorders, it deserves greater prominence. The Department of Health and NHS England should ensure that the suite of Government funded mental health resources, and in particular the Youth Mental Health Hub, includes material specifically focused on body dissatisfaction.

**Recommendation 15:** On their initial contact with health services, young people with body dissatisfaction are not always treated seriously. The National Institute for Health and Care Excellence should review the case for producing guidance on body image. The Government Equalities Office should work with NHS England and young people to produce a pack of resources on body image, including a poster for waiting areas, which should be made available to every GP surgery within the next 12 months

**Joint response to recommendation 13 and 15:**

46. Whilst body image dissatisfaction is a factor in mental health problems (predominantly disordered eating and depression), given that much of the research in this area is cross-sectional or experimental, it is difficult to say whether there has been a rise in mental health problems stemming from body dissatisfaction. For this reason, the Department of Health and Social Care is prioritising action to improve outcomes for those with diagnosed eating disorders and mental health issues to related body dissatisfaction.
47. Of the additional £1.4bn being made available for transformation of children and young people's mental health services over 2015/16-2019/20, we are making £30m a year available for eating disorders in children and young people to reduce waiting times and improve the way in which services are being delivered. The eating disorders standard was introduced in April this year and applies to those up to 19 years old. Latest data (Quarter 3 2017/18) shows that 76.9% of urgent cases received treatment within a week and 83.1% of routine cases receive treatment within four weeks, showing that we are on track to meet the target of 95% of urgent cases receiving treatment within a week and 95% of routine cases receiving treatment within four weeks by 2020/21.
48. Further, 70 new or extended Community Eating Disorder services have now been commissioned, covering all 207 Clinical Commissioning Groups and 44 Sustainability and Transformation Partnership areas in England, to ensure children and young people with eating disorders get effective help quickly.
49. The Department of Health and Social Care, working with NHS Digital, has commissioned a new national prevalence survey of children and young people's mental health – the first since 2004. The survey will estimate the extent of mental ill health in the 2-19-year-old population, and will include information specifically on eating disorders.

*Existing information and materials around body image*

## Government Response to the 2017 Youth Select Committee Report

50. In addition to the extensive programme of work undertaken by the Government Equalities Office, as referenced in paragraph 3, a considerable number of resources exist to raise awareness of and tackle body image issues.
51. Rise Above, which is led by Public Health England, is an existing evidence-based programme to teach resilience skills in 11-16 year olds. It includes a range of material specifically around dealing with body image issues, full details of which can be found on their “BodyTalk” page at <https://riseabove.org.uk/topic/bodytalk/>. The Rise Up programme aims to delay/prevent uptake of risky behaviours and promote positive mental health, with further topics including managing online stress, encouraging good sleeping habits and helping young people deal with problems caused by their usage of social media.
52. The Department of Health and Social Care has also invested £3m in MindEd, an online platform and resource of useful materials to assist people working with children to recognise when a child needs help, and ensure they get it. MindEd was launched in March 2014 and is aimed at NHS clinicians, staff working in universal settings, such as teachers, social workers, and counsellors and supervisors working in a range of educational and youth settings. The MindEd programme incorporates Counselling MindEd, delivered by the British Association for Counselling and Psychotherapy. This project aims to develop e-Learning in evidence-based interventions and outcome monitoring specifically for School and Youth Counsellors and Supervisors.
53. Finally, apps within NHS England’s NHS.uk apps library, which include a number of mental health apps, may be useful to address symptoms leading on from poor body image. There is a process to ensure tools are safe and effective before they can appear in the Apps library and developers are able to submit tools that support any aspect of mental health for children and young people, as long as they are evidence based.

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<sup>i</sup> Best, Manktelow, and Taylor (2014), Online Communication, Social Media and Adolescent Wellbeing: A Systematic Narrative Review, *Children and Young Services Review*