# Editorials

# Childhood bullying:

## implications for general practice

The theme for 2016's anti-bullying week (14–18 November) is 'Power for Good', with all adults who have positions of responsibility for young people being encouraged to:

*'... use their Power for Good ... by valuing the difference they can make in a child's life, and taking individual and collective action to prevent bullying and create safe environments for children to thrive.'*[1]

How should general practice in the UK respond to this call to action?

### EFFECTS AND PREVALENCE OF CHILDHOOD BULLYING

Bullying is a systematic abuse of power characterised by repeated psychological or physical aggression with the intention to cause distress to another person. It is a major risk factor for both acute and long-term physical and mental health problems, as well as educational and social development.[2] Bullied children are twice as likely as their non-bullied peers to experience ill-defined symptoms, such as headaches, abdominal pain, or sleep problems,[3] and are at substantially increased risk of psychiatric disorders, including depression, self-harm, eating disorders, and suicide.[4] The negative effects of childhood bullying are seen worldwide and persist into adulthood with ongoing mental health and socioeconomic effects that are similar to those caused by adult abuse or maltreatment.[5] Although young people who are being bullied are likely to have greater healthcare needs than their non-bullied peers, research into how the experience of being bullied affects presentation at GP services and consultation rates is lacking.[6]

Bullying is common, with over one-half of school-aged children having had experience of being bullied.[7] It affects children of both primary and secondary school age and, although often perceived as a school-based problem, childhood bullying is increasingly a 24/7 community-based issue, particularly in the form of cyber-bullying on social media. Telling someone about bullying is the first, and often the hardest, step towards getting help. Many young people who are being bullied never disclose this to their families, teachers, or other responsible adults, and may not even acknowledge it to themselves.

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Hence, the young person's experience of bullying is generally a hidden problem, and despite its prevalence is rarely addressed within a GP consultation as a contributory factor. Bullying can be like an elephant in the room. The young person may know they are being bullied, may feel embarrassed or ashamed about it, and may want to protect their parents from knowing. Although the doctor or the parents may have their suspicions, no one is recognising it or talking about it.

### A ROLE FOR GENERAL PRACTICE?

Recent research has shown that both young people who have experienced bullying and their parents understand that bullying can cause or contribute to ill-health; they see general practice as an important avenue for seeking help.[8] In some cases, general practice may be the first agency to which the child has presented for help and disclosed about bullying. Those who had positive experiences valued the GP's independence from the situation in which bullying is occurring, and the GP's knowledge of sources of support and coping strategies. However, doubts were also expressed about GPs' knowledge, skills, and interest in relation to understanding and supporting young people to address bullying-related issues;[8] for example, although many of the participating parents reported having discussed the bullying of their child and its consequences with their GP, less than half had found this to be helpful.

Despite acknowledging that it was likely to be an uncomfortable conversation, young people indicated a preference for the GP asking about bullying, rather than having to volunteer the topic within a consultation.[8] This mirrors the findings of a recent National Society for the Prevention of Cruelty to Children (NSPCC) report *No One Noticed, No One Heard*[9] exploring disclosures of childhood abuse. The report found that young people would have liked someone to notice that there was something wrong and ask them about it. They felt that the professionals they had contact with should have asked more questions to explore the root of the problems they were experiencing.[9] However, young people are also aware that GP time is limited, with appointment slots brief and in high demand.[8]

In contrast, GPs attending a recent Midland Faculty Royal College of General Practitioners (RCGP) symposium expressed concerns that enquiring about the experience of being bullied may open a 'can of worms' that most felt inadequately equipped to deal with. They expressed a lack of confidence in their ability to intervene effectively, and to some extent expressed ambivalence about the extent to which childhood bullying is an issue for general practice. Such views corroborated a recent RCGP/Anti-Bullying Alliance (ABA) survey in which 92% of GPs described having no formal training, resources, or information to help support children and young people with symptoms that relate to bullying.[10]

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### NEXT STEPS FOR PRACTICE

Given this apparent difference between patient expectations and GPs' preparedness to address issues related to bullying, the challenge remains of how, within the constraints of everyday practice,

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general practice should respond to the ABA call for action.[1] As expert generalists experienced in providing first-contact care to young people, extensive new training should not be required. There are a number of straightforward steps that GPs could consider.

First, practices could explore opportunities for making general practice more accessible to young people, so promoting confidence in the GP as a safe person to talk to. Young people should be given the opportunity to speak to GPs alone as long as they feel comfortable to do so. Although some young people express a preference for their parents to be present to provide support while discussing their experience of being bullied, many others indicate that parental presence would impede or prevent disclosure either from fear of upsetting their parent or because the parents were complicit in the bullying (for example, sibling bullying).[8] Many young people are unaware that they do not require an adult to accompany them to their appointment; raising awareness of this may be a key issue in making the practice more accessible.

Second, a high index of suspicion about bullying should be maintained throughout the consultation, with sensitive questioning and expression of interest and concern, particularly when a young person has an atypical presentation of physical symptoms or mental health or behavioural problems. Providing brief information about ways of seeking help and support from services that are available locally or nationally (such as from national bullying support charities or Childline) may help build the young person's self-esteem and self-determination. For those who are more severely affected by bullying, referral to mental health services may be necessary.

Finally, professional bodies and the NHS should give consideration to the development of resources that focus specifically on the identification and support of young people within the context of a brief general practice consultation. The focus needs to be on providing GPs with guidance and resources that allow more confident recognition of bullying as an underlying issue that is affecting the young person's health. The RCGP and the ABA marked last year's anti-bullying week with the publication of *Bullying — a Short Guide for GPs*,[11] which already provides some practical guidance to help GPs support young people who are being bullied. This could be developed into a toolkit that complements the existing RCGP/NSPCC *Safeguarding Children Toolkit for General Practice*.[12]

Enabling more consistent disclosure and appropriate intervention in general practice may help to prevent the health and social consequences of bullying that can otherwise plague individuals for a lifetime. In this way the GP can help to break the circle of silence that surrounds bullying, which so often leaves young people feeling isolated and trapped, and so help the young person to understand what is wrong without overmedicalising their situation. As already recognised in the National Institute for Health and Care Excellence guidance (for example, CG28, PH47), such intervention should occur as part of an interagency collaborative approach with services that include Child and Adolescent Mental Health Services, social services, and education together with the voluntary sector, coordinated by health and local government commissioners.

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