REPORT

Centre for
Mental Health

Against the odds

Evaluation of the Mind Birmingham
Up My Street programme

COMIC RELIEF

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Executive Summary

The project

Centre for Mental Health evaluated three Birmingham-based community projects that were commissioned by Mind to improve the resilience of young African Caribbean men in the city. The evaluation was funded by Comic Relief and took place from September 2015 to December 2016. The three Up My Street (UMS) projects were supported by The INTEGRATE Movement and run by:

First Class Legacy: a community organisation that offered workshops and activities for young men to explore their culture and heritage and lead a local social media campaign to promote resilience, empathy and aspiration.

St Basil's: a youth homelessness charity which organised workshops and visits focusing on Black History, personal development and resilience - creating opportunities for young people to become Youth Champions.

The Birmingham Repertory Company: a well-established, high profile theatre company that engaged young men in drama workshops culminating in performances on young African Caribbean men's resilience, mental health and childhood memories – also involving opportunities for mentoring.

Between them, the three projects worked alongside 298 young black men and reached 501 other community members in Birmingham.

The Centre's evaluation was jointly led by trained peer researchers: young African Caribbean men who had been involved in these or other coproduction projects. Peer researchers helped design research questions and were vital to understanding the perspectives of the young people participating in projects and the impact made on their lives of their involvement.

Young black men's mental health

Men from African Caribbean communities in the UK have far higher levels of diagnosed severe mental illness than other communities. While national surveys provide limited reliable information, rates of schizophrenia diagnosis, of detention under the Mental Health Act and of treatment in restrictive settings are disproportionately high compared to white peers.

Yet at the age of 11, black boys do not have poorer mental health than others of their age. As part of this evaluation, we sought to understand the reasons for the apparent deterioration in young men's mental health during teenage and young adult years.

Young black men growing up in the UK are more likely to face multiple and significant risk factors for poor mental health, including the stresses of living in poverty, housing insecurity and homelessness, difficulties at school and subsequent reduced access to opportunities. Experiences of racism, however, appear to be a major influence on the mental health of black boys and young men that 'wear down' their resilience during teenage and young adult years. Our evaluation found evidence of the incrementally damaging impact of a constant stream of negative media representations of black men and demonising portrayals of black culture that led young men to 'mask' their true selves. The impact of these images was all the more harmful when young men lacked positive male role models in their family or local communities. We heard about the enervating effect of everyday experiences of racism, of discrimination and of daily 'micro-aggressions' in their lives, all of which potentially undermine their self-belief and self-confidence. Some young men also still keenly felt the residual and intergenerational effects of slavery and historical trauma – effects which could be further fuelled by ongoing experiences of trauma and injustice.

The 'wear and tear' of these pressures on young men has been found in extensive research to damage people's mental and physical health. Yet we also found that young black men distrust statutory services (particularly health services) and even after contact with Up My Street most of the young men were reluctant to approach formal services if they needed help with a serious problem.

The impact of Up My Street projects

We found that the projects helped to boost participants' wellbeing:

• They offered young men positive adult male role models: relatable black men who had overcome adversity and had been successful in ways that go beyond negative stereotypes.

• They provided culturally and psychologically informed safe spaces encouraging aspiration, openness and positive relationships with other young black men.

• They offered engaging, creative opportunities – opportunities which were strength-based, growth-orientated and which boosted young men's self-esteem and self-belief.

• They gave young men an experience of solidarity, unity and social commitment: working together both to achieve personal development and for the benefit of the community.

• They conveyed a positive picture of black culture and heritage, countering dominant portrayals of the past and present.

• They created opportunities for some of the young men to become mentors to younger members of the community, enabling them to acquire and build new skills.

Learning from Up My Street

The projects and their evaluation provided important insights into some of the drivers potentially undermining mental health among young black men and some of the ways in which they can be addressed. They show the importance of culturally informed youth work (rather than health) approaches led by positive black male role models who proactively outreach to young men. They also highlight how resilience and wellbeing is built up through opportunities encouraging personal and vocational growth, and most importantly providing young men with real educational, vocational or employment openings. And they show the value of mentoring, both to the young men who benefited from it and those who became mentors and peer researchers.

Recommendations

1. The Government should work in partnership with relevant national bodies to develop a Concordat for Black and Minority Ethnic Health. This should build on the approach of the Crisis Care Concordat, of spurring local partnerships to identify and take concerted action to address inequalities in their communities.

2. The Department for Education and Department of Health should support and enable all schools to prioritise mental health and wellbeing. This should include making evidence-based mental health education a mandatory part of statutory Personal, Social and Health Education (PSHE), and ensuring teachers receive adequate training to give them the skill and confidence to provide it.

3. The Department for Education should commission research to understand the experiences of African Caribbean boys in schools and how to embed positive messages around identity, heritage and wellbeing in education. This should give schools a better understanding of the often hidden impact on learning and wellbeing of persistent negative messages, racist experiences and regular micro-aggressions.

4. The Department for Education should ensure adequate support is provided for black boys when they are considered for exclusions. This should include mobilising interventions similar to UMS that may help boys have regular access to positive role models, strengthen their self-belief and resilience and re-engage with education.

5. The Department for Education and Department of Health should sponsor a mental health awareness programme in schools, including a major element specifically targeted at black boys.

6. The Department for Education should pilot and evaluate culturally informed school-based mentoring programmes for black boys.

7. Ofsted should specifically assess schools' efforts to promote mental health and wellbeing. This needs to be an explicit element of inspections, alongside but not subsumed by safeguarding and SEND responsibilities.

8. Schools and colleges, local children's commissioners, Jobcentre Plus and justice services should invest in community experts with access to culturally-informed, grassroots-led and youth-focused expertise to identify, advise on and help partners take action to address longstanding inequalities affecting young Black and Minority Ethnic residents.

9. Local authorities should ensure that joint strategic needs assessments include intelligence about the mental health of Black and Minority Ethnic communities. Evidence should be sought from within communities, drawing upon their experiences.

10. NHS England should ensure that the emerging national Liaison and Diversion operating model learns from and builds on learning from UMS. This means having access to relatable and outreaching staff who build relationships with young men, engage them in culturally informed resilience and opportunity-boosting activity, and who help 'bridge' them to other broader health assistance when this is needed.

11. Health, local government, employment and justice commissioners should pool funds to support and sustain local projects based on the principles of UMS. Projects of this kind benefit multi-sector budgets so they should be commissioned collectively to maximise the resources available to support sustained local investment. Projects should include funding for the development, training and accreditation of paid and well supported graduate mentors.

12. NHS mental health trusts should create apprenticeships and other employment opportunities for young black men to become mentors. This would create important employment opportunities for young men involved in and graduating from projects like UMS and enhance the existing mental health workforce.

13. Community, voluntary, philanthropic organisations and further education providers should work together to support the development of a wave of African and Caribbean male role models. This should build on projects like UMS, developing a cohort of men who can act as role models for boys and young men. Such mentoring will require closer partnership between local mentoring provision and further education providers and should result in accredited and marketable skills to support sustainable employment.

14. Organisations seeking to work in partnership with African Caribbean communities should invest time and effort in developing trusting relationships when working 'arm in arm'. And larger scale organisations working with smaller Black and Minority Ethnic community groups should plan together, building on local needs, and risk assess, problem solve and review processes and systems which feel 'top-down' in partnership, to minimise and neutralise negative impact on relations.

15. Research funding bodies should prioritise research and evaluation that will build the evidence base for programmes supporting young black men's mental health. This is vital to inform sustained investment in programmes that will make the biggest impact. And it should include research to develop a culturally appropriate outcome monitoring tool to measure resilience among participants.

Introduction

In June 2015, three Birmingham-based community projects were commissioned by Mind to improve the resilience of young African Caribbean men in Birmingham aged 15 to 25 in the local community, with a longer-term aim of preventing later mental health crises.

Birmingham partner organisations included:

1. **First Class Legacy** – an outreaching charity using African Caribbean community gatekeepers to engage young people, open up discussions and offer support for young men's mental health and resilience.

2. **St Basil's** – a well-established charity supporting homeless people in Birmingham, which wanted to provide a programme of activities focused on boosting young African Caribbean men's resilience.

3. **The Birmingham Repertory Company** – who were keen to use drama to explore issues related to young African Caribbean men's mental health and wellbeing and also to improve the Company's reach to a more demographically representative local audience.

Each project received £24,000 over two years for delivery. Between June 2015 and June 2017, the projects engaged with 298 African Caribbean young men and 501 other community members (a total of 799).

This evaluation, funded by Comic Relief, ran from September 2015 to the end of December 2016 and tracked outcomes and responses of 155 young men and 278 community members who engaged during the eighteen months of the evaluation period.

A key aim of this activity for Mind was to test out the INTEGRATE movement's 'Streetherapy' approach and training to assess its relevance, adaptability and suitability to the needs of young African Caribbean men. INTEGRATE specifically worked with Birmingham organisations supporting co-production with young people and sharing learning from its sister organisation MAC UK's psychologically-informed outreach approach. The 'Streetherapy' approach takes effective elements from the mental health field and delivers it in a highly adaptive and flexible way in communities at a pace and in locations that feel comfortable to young people (Durcan, *et al.*, 2017).

Developmental work also built on the legacy of 300 Voices – the Black and Minority Ethnic anti-stigma campaign supported by Time to Change in Birmingham.

Defining what we mean by young African Caribbean men

These projects were designed to support the resilience of young men from African Caribbean communities. However, in practice, there is a tension between any activity that seeks to categorise people and how the members of various communities define themselves. Furthermore, race, ethnicity and nationality are much more free flowing concepts and young men involved in projects tended to define their identify in more personalised, complex, different or fluid ways.

Generally, terms used in this document mirror those adopted by the Office for National Statistics in national surveys (ONS, 2015). Below is a brief explanation of additional terms used:

• 'Black and Minority Ethnic' refers to any other groups other than white.

• 'African Caribbean' refers in this instance to young people who either see themselves as having African heritage or African Caribbean heritage.

• 'Mixed heritage' refers to young people who see themselves as having mixed racial or ethnic backgrounds (Mind, 2016). In the context of this study, it will mainly involve young men who identify themselves as having African Caribbean and other mixed heritage backgrounds.

• 'Black other' will refer to any young men who do not see themselves as belonging to any of the above categorisations.

- Institutional racism is 'the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people' (Home Office, 2009). It is reflected in disparities regarding wealth, income, criminal justice, employment, housing, health care, political power and education, among other things.

Why focus on supporting young African Caribbean men's wellbeing and resilience?

Main points from the literature

- Despite boys from African Caribbean communities having lower levels of diagnosable mental health difficulties at the age of 11 years than white or mixed heritage boys, national data points to adult African Caribbean men having a significantly higher likelihood of developing some types of mental illness (e.g. schizophrenia and to a lesser extent post-traumatic stress disorder) during adult years. This higher chance of poor mental health does not emerge in countries where the population is predominantly black and appears to be an environmental risk peculiar to experiences in northern Europe and the United States.
- One particularly powerful risk factor for poor mental health is the higher chance that African Caribbean communities have overall of living in poverty or just above the poverty line.
- Some young men from African Caribbean communities face multiple risk factors for poor health and social outcomes. Cascading risk is also known to increase the chances of poor mental health.
- Cannabis use is a significant risk factor for illnesses such as schizophrenia where there is pre-existing vulnerability and during critical phases of adolescent brain development. However, there is mixed evidence on whether cannabis use is more prevalent among African Caribbean young men.
- Associations have been noted between prolonged exposure to stress and the development of schizophrenia. Stress and distress related to routine experiences of racism and discrimination can have a toxic 'wear and tear' effect on the body over time, leading to later mushrooming health problems. This effect may be greater on communities with experiences of historical trauma where there is some evidence that trauma symptoms are transmitted intergenerationally.
- Most health and social inequalities affecting young black men have persisted despite multiple government reviews and action plans. Some inequalities have almost doubled.
- There is consistency in the solutions identified but many initiatives rely on a well-funded voluntary and youth work sector. There is evidence that continuing cuts have significantly undermined these sectors and that this is likely to worsen.

Historically, we lack good quality data from national surveys on the prevalence of mental ill health among members of Black and Minority Ethnic communities. Sample sizes of Black and Minority Ethnic community members involved in national mental health prevalence surveys are historically low, making findings unreliable. The most recent mental health prevalence survey combined data from the 2007 and 2014 surveys and indicated that these young men are:

- Around 11 times as likely as white young men to present with major psychiatric conditions such as psychotic type disorders – mainly schizophrenia;

- Around 3 times more likely to present with suicidal risk;

- Around 1.5 times more likely than white men to present with diagnosable level post-traumatic stress disorder (McManus, *et al.*, 2016).

While sample sizes for these estimates remain very low, the overall weight of evidence is that young men identifying themselves as 'black' (those of African Caribbean, African and black other) do present with higher rates of some mental health conditions – particularly schizophrenia. Also, a good quality review of 49 studies completed in 2007 indicated that 'black'

patients (men and women) were at least 4 times as likely to be detained under the Mental Health Act than white people using mental health services (Singh, *et al.*, 2007). It also showed that the chances of being detained worsened for 'black' patients over time (being less likely at the first point of diagnosis but increasing with later crises). This study concluded that reasons for over-representation had not been sufficiently robustly investigated and explained.

Another study, based on Birmingham patient data, was able to drill further and more robustly into some of the reasons driving this over-representation. It concluded that rather than being primarily driven by misdiagnosis or institutionalised racism, over-representation was instead a function of Black and Minority Ethnic patients presenting with a combination of more serious mental illnesses, being perceived with higher risks (e.g. risk of self-neglect, risk to self, risk to others) and having poorer social support (although there was acknowledgement that discriminatory systems and processes could not be entirely ruled out as a contributing factor with issues such as perception of risk). In the same study, there was confirmation of black African and Caribbean men having a higher chance of being sectioned through criminal justice routes suggesting a need for better models of early community engagement, clearer

and less stigmatised pathways for early help and reduced police involvement with patients from these communities (Gawjani, *et al.*, 2016).

There is also evidence that greater likelihood of schizophrenic diagnoses among Black and Minority Ethnic groups may be a phenomenon peculiar to certain predominantly white geographical areas (e.g. northern Europe and the United States). For example, rates of psychosis and detention in psychiatric settings are significantly higher in the UK and in the Netherlands compared with rates for African Caribbean men resident in the Caribbean (Salize & Dressing, 2004; Jones & Fung, 2005; Nikopota & Rutter, 2008). Higher prevalence rates have also been noted in the United States (Bresnahan, *et al.*, 2007). Academics have concluded that differences are highly likely to be related to aspects of African Caribbean psychosocial experiences in some countries.

It is important that we gain greater understanding of young black men's trajectories towards poor mental health, both from literature but also from communities themselves so that better quality solutions can be co-produced.

It is also important that we get a more accurate picture of the main drivers of these poor outcomes so that compensatory action and interventions can be targeted at the risk factors that matter most.

Building a picture of what undermines African Caribbean boys' and young men's mental health

There are still many unanswered questions both about the drivers for these patterns of higher prevalence of psychiatric illnesses among young black men and for their over-representation in more restrictive service settings.

Generally, greater likelihood of developing mental health problems results from exposure over time to a complex 'tangle' of individual predisposition to ill health and environmental risk factors (e.g. prolonged poverty, exposure to maltreatment or prolonged stress, poor parental mental health etc) (Khan, 2016).

Attempts to make sense of how and when deterioration in African Caribbean boys' and young men's mental health begins have largely been thwarted by a historical paucity of good quality and reliable UK data on Black and Minority Ethnic child mental health and wellbeing.

One exception to this pattern of poor quality data has been longitudinal research tracking progress and outcomes over time of a large sample of children born around the millennium. Families from Black and Minority Ethnic communities were over sampled in this study to try and address data deficiencies. Analysis of the most recent data sweep (involving children aged 11 years) (Morrison Gutman, *et al.*, 2015) for the prevalence of diagnosable child mental health problems by ethnic group noted some interesting variations. At age 11, boys classified as 'black' were not more likely than white boys to present with diagnosable mental health problems including severe and persistent behavioural problems (conduct disorder). On the other hand, boys identified of 'mixed' heritage were most likely to present with diagnosable level symptoms. Children from Indian communities were least likely of all ethnicities to present with a diagnosable level need.

So, if at age eleven, young African Caribbean boys are not more likely than white boys to present with diagnosable difficulties, when and how does this greater adult risk of serious mental health difficulty begin to emerge? And if, for example, at age eleven young black boys are less likely to have diagnosable level conduct disorders than white boys, why over the last decade have they been roughly three times more likely to be excluded from school (an event which would usually act as a proxy for the presence of diagnosable level conduct disorders)? (Department for Education, 2016). And why are boys from black Caribbean and mixed (black Caribbean and white) communities more likely than white boys to be identified with a statement of educational needs (again, a reasonable proxy for higher level diagnosable mental health needs)? (Department for Education, 2016).

Why also have we seen a significant and worsening over-representation of Black and Minority Ethnic 10 to 18 year olds in the justice system and in youth custody in the UK (another reasonable proxy for higher levels of diagnosable conduct disorder-type problems)? Young men from Black and Minority Ethnic communities now make up 44% of those in youth custody even though the overall custody population has reduced by two thirds in the last decade (Ministry of Justice, 2017). Young men identified as being of black or mixed heritage now make up 35% of the youth custodial population.

Risk factors for poor mental health

So, what is driving young African Caribbean men's greater susceptibility towards some mental health conditions during adult years? Overall, although we broadly understand some of the potential risk factors that drive poor mental health, we are still some way off understanding which factors play a pivotal role. We also know that greater risk of poor mental health often accompanies exposure to clustering or 'cascading' of multiple risks. Any serious attempt to prevent poor later mental health would need to target a range of these risks, enhancing recognised protective factors.

Poverty and child mental health

African Caribbean communities are noted to have a larger proportion of families living below or just above the poverty line compared with other ethnic groups (Barnard & Turner, 2011). There is also evidence that children from these communities are more likely to grow up in areas characterised by higher deprivation (Lupton & Power, 2004). This is important because there is a strong link in research between prolonged exposure to poverty and poor mental health (Yoshikawa, *et al.*, 2012) with some studies noting particularly strong associations among children (Morrison Gutman, *et al.*, 2015).

Difficulties securing employment can also restrict young black men's ability to escape from poverty, often prolonging intergenerational economic struggles. Between 2008 and 2011, young black men's rate of unemployment increased at twice the rate of that experienced by white young men – with 56% of young black men identified as unemployed in unpublished government statistics in 2011 (Guardian, 2012). Since that time, although we lack specific data on young men, there has been a two-thirds reduction in all age unemployment rates among Black African Caribbean men (changing from 23.7% in October 2011 to 8.7% in December 2016). This is still, however, twice the unemployment rate of white men. Mixed heritage and Bangladeshi men are now most likely to be out of work.

When analysing what helps people survive economically and escape poverty, some analysts made a distinction between the role played by 'strong' family/close friend ties in supporting economic survival and broader, 'weaker' social networks. Strong family type ties support day to day survival, whereas weaker social networks are seen as essential for escaping poverty, providing links with people who are not like oneself and who can provide new ideas or opportunities (Granovetter, 1974). Living in a deprived area can limit access to these important weaker ties – although increasingly we are seeing attempts to overcome this through social media networking.

Finally, African Caribbean men are less likely to enter higher education which can be an important stepping stone out of poverty (Barnard & Turner, 2011).

Housing and homelessness

In 2016, an analysis of Department for Communities and Local Government homelessness data noted that ethnic minorities accounted for 40% of homeless households in England in 2016, despite representing only 15% of the total population. There was also growing evidence that Black and Minority Ethnic families had been disproportionately affected, in recent years, by rising levels of homelessness. For example, a comparison of 2010-2016 data suggested that:

- Asian families had experienced an 86% increase in homelessness and were now nearly six times as likely as white households to be homeless.

- Mixed heritage households had experienced a 63% increase in homelessness and were nearly five times as likely to be homeless than white households.

- Black or black British households had experienced a 40% increase in homelessness and were three times as likely to be a homeless household (The Independent, 2016).

These higher rates of homelessness among Black and Minority Ethnic groups are significant because studies point to a greater likelihood of people in unstable accommodation suffering from mental illness compared with those who do not face these challenges (Hodgson, *et al.*, 2013, Glasheen & Forman-Hoffman, 2015). Homelessness can sometimes be a consequence of poor mental health but alternatively can also trigger poor mental health (Khan, 2016) .

School experiences, attainment and mental health

At school entry, high achieving black four-year-old boys make less progress than expected during their early school years, lagging behind white children with similar levels of ability (Barnard & Turner, 2011). Overall, at primary school, children of mixed (Asian and white) heritage do best, and children from mixed (black Caribbean and white) backgrounds do less well than average (Tikly, *et al.*, 2004).

At secondary school, black boys, along with white boys from low socio-economic backgrounds, are least likely to perform well at GCSE level (Department for Education, 2016). One of the most noticeable trends for this age group is the decline in achievement of black Caribbean boys. Whereas black African males' level of achievement in GCSEs is largely comparable with national averages, black Caribbean pupils fall 11 percentage points below the national average. These patterns point to qualitative differences in the experiences of young men from these different communities.

Furthermore, in 2016, although rates had improved compared to the previous year, African Caribbean boys were more likely to be identified with special educational needs and to have a Statement of Educational Needs (SEN) (Department for Education, 2016) with suggestions of persistent patterns of historical misdiagnosis (Graham, 2011).

Table 1: percentage of boys with SEN needs by ethnic group in all schools based on 2015 DfE data

Ethnicity of children in all schools	Percentage of pupils with statements or Education, Health and Care plans	Percentage of pupils with Special Educational Needs (SEN) support (3)	Percentage of pupils with overall SEN needs
White	3.1%	12.4%	15.5%
Mixed heritage	3.1%	12.2%	15.1%
Mixed – white and African Caribbean	3.5%	15.7%	19.2%
Asian	2.6%	9.9%	12.5%
Black African Caribbean	4.2%	17.5%	21.7%
Black African	3.3%	11.6%	14.9
Chinese	2.3%	6.2%	8.5%

Many explanations have been proposed for school difficulties and lower attainment levels of young African Caribbean men including:

- Low teacher expectations (Blair, 2001; Gillborn, 2008);

- An underestimation of academic ability and higher rates of exclusion based on perceived behavioural issues (Majors, 2003);

- Disproportionate placement of black pupils into lower ability groups or 'tracks' early in educational careers (Strand, 2012; Barnard & Turner, 2011);

- Schools not meeting boys' cultural needs (Graham, 2011);

- African Caribbean boys being based in lower socio-economic areas (Lupton & Power, 2004);

- Peer group pressures and masculinity issues (Sewell, 1997; Richardson, 2007) which have been thought to affect learning and contribute to poorer academic achievement.

Single parenthood

African-Caribbean mothers are more likely than average to be lone parents, to use formal childcare (Bell, *et al.*, 2005; Stanley, *et al.*, 2006; Dex & Ward, 2007) and to be in paid work (Barnard & Turner, 2011). Single parenthood roughly doubles the chances of a child or adolescent having a diagnosable mental health difficulty. On the other hand, having a working parent reduces the risk of a child presenting with mental health problems (Green, *et al.*, 2005). However, for lone parents, employment responsibilities can also decrease the time available to supervise children. And parental supervision is important as it provides an important buffering effect against substance misuse, particularly where children live in environments with high negative neighbourhood activities (Burlew, *et al.*, 2009).

Substance misuse

Several studies have linked cannabis use to increased risk of mental illnesses including psychosis (particularly schizophrenia type illnesses) (Arseneault, *et al.*, 2004; National Institute on Drug Abuse, 2015). However, to what extent it causes these illnesses has been more difficult to unravel (Campolongo, 2007; National Institute of Clinical Excellence, 2014). There is, however, growing evidence that, for certain young people and at certain critical time periods, cannabis can have a detrimental and sometimes long-lasting effect on mental health. For example:

- Cannabis use may have greater negative impact on mental health for those with an underlying genetic vulnerability toward psychosis. Sometimes people may be unaware of this predisposition and it might not, otherwise, be activated during their lifetime. One marker for this vulnerability might be having a family member who has experienced schizophrenia or drug related psychosis.

- Cannabis appears to have its strongest negative long-term impact during adolescence when young people's brains undergo extreme physical changes – pruning neural networks and building new neural connections.

- As is generally the case with mental illness, the risk of schizophrenia is highest when environmental risk factors cluster and interact with any genetic predisposition. The UK AESOP study noted that cannabis exposure in adolescence, social deprivation, absence of a parent, and childhood abuse or neglect can all gather together to increase the chances of such illness developing (Kirkbride, *et al.*, 2010).

There is generally contradictory evidence on whether African Caribbean boys and young men are more likely to be cannabis users than other young men in the UK. The most recent adult mental health and wellbeing survey (McManus,

et al., 2016) indicated that men identifying themselves as black (rather than mixed heritage or Asian) were around 4 times more likely than white young men to say they smoked cannabis although sample sizes were very low, making findings unreliable. In a recent survey of under 15 year olds' substance misuse patterns, young men from 'black' communities were also noted to be around twice as likely to take drugs as white boys (although again these findings were unreliable).

On the other hand, larger scale surveys have noted contradictory patterns of cannabis use by men from African Caribbean communities compared with peers from other communities. For example, the 2014 'What about Youth' survey noted that young African Caribbean people were marginally less likely than white young men to have tried cannabis (with those of mixed heritage having the highest risk of trying the drug) (NHS Digital, 2015). And the most recent extensive British Crime Survey indicated that black or black British young men (which excluded those who are mixed heritage or from Asian or 'other' communities) were two times less likely than white young men to have used cannabis in the last year (Home Office, 2016) while those from mixed heritage backgrounds were 1.5 times more likely to have smoked cannabis in the last year.

Furthermore, as outlined earlier, young black men in some countries appear to have much higher risk of developing schizophrenia than young black men from countries with a predominantly black population (e.g. West Indies). Yet, United Nations data points to largely similar rates of cannabis use among youth, for example, in the West Indies compared with the UK and the Netherlands (United Nations Office on Drugs and Crime, 2016).

In summary, although cannabis is an important 'environmental' risk factor which can contribute to triggering schizophrenia in at-risk populations if consumed during high risk adolescent periods, it does not fully explain the over-representation of schizophrenic type illnesses in young African Caribbean men.

Links between racism, discrimination and poor mental health

Experiences of racism include both interpersonal and systemic (e.g. institutional) forms of racial discrimination. It is well acknowledged that racist violence, harassment and abuse are closely related to and sometimes difficult to distinguish from bullying. Indeed, the regularly completed Health Behaviour in School-Age Children Survey includes racist micro-aggressions as an important subsection of overall bullying allowing analysts to breakdown what proportion of bullying events are perceived to have racist dimensions. Understanding experiences of racism in the context of broader bullying is important, as there is strong evidence from longitudinal studies of the highly detrimental effect that bullying has on mental health, earning and broader life chances (Takizawa, *et al.*, 2014).

A large body of evidence has noted links between experiences (or perceived experiences) of racism, discrimination and poor mental health (Karlsen & Nazroo, 2002; Keating, *et al.*, 2002). Williams *et al.* (2003), in their review of a range of studies exploring the impact of racial/ethnic discrimination on health status, noted that racist experiences were associated with multiple indicators of poorer physical, and especially mental, health. More recent meta-analyses noted statistically small but significant links between perceptions of exposure to racism and psychological distress (Pascoe, *et al.*, 2009) (Priest, *et al.*, 2013). In another review of 121 studies specifically focusing on children and young people, Priest *et al.* (2013) noted strong and consistent relationships between exposure to racial discrimination and detrimental effects on:

• Mental health problems (in nearly three quarters of studies);

• Wellbeing (in over two thirds of studies);

• Delinquent behaviours or behavioural problems (in over two thirds of studies).

A new finding from this review was the strength of the link between experiences of racial discrimination and behaviour – including the likelihood of delinquent behaviours. Effects were noticeable across a range of age groups with effects becoming more visible as children matured. The impact of racial discrimination was noted to be as strong for severe behavioural problems, in this study, as it was for internalising problems (anxiety, depression, self-esteem etc). The act of celebrating and exploring one's ethnicity (Romero & Roberts, 2003), having pro-social friends, having strong family support and having contact with a range of ethnic groups (Priest, *et al.*, 2013.) weakened the impact of racism on people's self-esteem whilst depression, anxiety and high levels of stress heightened it. When faced with racism, having high self-esteem affected the extent to which racial discrimination impacted a person's self-worth, and how much they felt supported influenced the extent to which they developed severe behavioural difficulties. Generally, positive parenting (warm, supportive and nurturing parenting with clear, consistent and non-harsh boundaries), strong social support, performing well academically and ethnic attachment appeared effective in reducing negative effects of racial discrimination on mental health (including on behaviour) (Priest, *et al.*, 2013).

These reviews have generally included the experiences of a range of nationalities but most studies tracked outcomes for African American children and young people.

Many of these studies have not explored and controlled for the full range of other potentially powerful factors which might at the same time be contributing to poorer mental health outcomes, such as age, income and socio-economic disadvantage, and gender. Controlling for income and socio-economic disadvantage is important as we know that this can, on its own, increase the chance of mental illness occurring. Indeed, one fairly old US study noted that income (and to a lesser extent education) was responsible for most health variations between white and African American citizens (Williams, *et al.*, 1997).

However, where this was attempted in a UK study, experiences of racism (or perceived experiences of racism) were identified as having an independent effect on common mental health disorders and particularly psychosis even after results had been adjusted for age, household occupational class, current employment status, and gender (Karlsen, *et al.*, 2005). For example, in this study, experience of racially motivated verbal abuse or physical assault was associated with between a two- and threefold increase in the risk of common mental health problems and psychosis. Reporting experience of employment-related discrimination was associated with an almost 50% increased risk. And believing the majority of British employers to be discriminatory was associated with around a twofold increase in risk (Karlsen, *et al.*, 2005).

Overall, getting to the bottom of what is driving poorer mental health in some ethnic groups is not easy – yet it is important that we understand the drivers better so that the right action and interventions can be taken to facilitate change.

Links between stress and mental illness

Stress and prolonged and extreme stresses have long been recognised as having an impact on mental health – particularly for illnesses such as schizophrenia and also where it combines with any underlying (and largely hidden) genetic vulnerability (Nuechterlein & Dawson, 1984; Norman & Malla, 1994). This has been described as the 'vulnerability stress model'.

Racism, allostatic load and wear and tear

Speculative explanations for ethnic differences in schizophrenia (Sharpley, *et al.*, 2001) suggest that there may be unique stresses associated with living in England that may promote the development of schizophrenia type illnesses among people from ethnic minority groups (Sugarman & Craufurd, 1994; Boydell, *et al.*, 2001). One possible cause of stress is the impact of racism in everyday life and the extent to which it may predispose an individual towards mental health problems.

A significant body of research now bears testament to the broad damaging effect of incremental 'wear and tear' on the immune system and ultimately on a range of health outcomes following prolonged exposure to environmental adversity (Kessler, *et al.*, 1999; Williams & Mohammed, 2009). Stressful experiences trigger release of flight or fight hormones. When stressful experiences are chronic and severe, the body's stress response system inflicts wear and tear on responses undermining physical and mental wellbeing. This is considered to be most detrimental during childhood and critical child developmental stages (Shonkoff & Garner, 2012; Zeanah, 2012). This overload of 'toxic' stress is known as a person's 'allostatic load' – and may be best understood in terms of a car engine that is constantly being over-revved, potentially undermining the life of the car.

Studies have also considered the link between experiences of prolonged day to day experiences of racism and stress responses. Walters (2003) found that repeated exposure to such micro-aggressions was highly correlated with experiencing symptoms of stress and distress over the lifetime and within the past year. Research suggested that daily discrimination often elicited more distress than episodic or time-limited discrimination, and, as such, daily assaults were seen to have more significant impact on health outcomes (Williams, *et al.*, 1997). Long term studies of children from Black and Minority Ethnic communities also noted associations between exposure to chronic and daily stresses (e.g poverty and racial discrimination) and disparities in health between races over time (Geronimus, *et al.*, 2006; Shonkoff, *et al.*, 2009). Research also indicates a worsening of allostatic load with exposure to stress over time. By late teens, researchers note very small differences in 'allostatic load' scores between white and black communities. However, differences widen with exposure and age between young adulthood through to middle age – corresponding with the time when we begin to see a spike in young African Caribbean men's poor mental health in the UK. Health inequalities between ethnic groups are the greatest between the ages of 35 and 64 years (Kim & Kim, 2007).

Links between migration and poor mental health

Migration, and the significant multifaceted changes that go hand in hand with these experiences, can also be a source of stress. A greater risk of developing illnesses such as schizophrenia has also been linked to histories of migration, particularly when migrants are from a developing country where the majority of the population is black (Cantor-Graae & Selten, 2005).

Historical trauma

Historical trauma can be understood as consisting of three main elements:

* A "trauma" or wounding;

* The trauma is shared by a group of people, rather than being an individual experience;

* The trauma spans multiple generations with contemporary members of the group affected; and with some members of the community experiencing symptoms even without having been present for the original traumatising event.

When considering inequalities affecting mental health, it is important to explore the role played by experiences of historical trauma. This was a live issue for some of the young men interviewed during this evaluation – although in research terms it remains an evolving concept.

Studies note that some communities experiencing residual and long lasting psychological effects resulting from collective historical trauma (for example, communities who are Holocaust survivors, those with histories of slavery, and communities affected by genocide) (Mohatt, *et al.*, 2014). Trauma effects have been noted to be transmitted across multiple generations, subsequently affecting susceptibility of offspring toward heightened trauma symptoms (Mohatt, *et al.*, 2014). How this occurs remains unclear. Explanations include:

- Disrupted culture-based and community protective factors (Campbell & Evans-Campbell, 2011);

- Higher levels of parental stress resulting from the original trauma which can then affect parental sensitivity and responsivity, child/parent attachments, interactions and relationships (Campbell & Evans-Campbell, 2011);

- Traumatised mothers transmitting high levels of stress hormones to their foetus, potentially altering development of evolving genes at critical times (epigenetics) or overloading emerging infant stress-regulation systems (Walters, *et al.*, 2011; Zeanah, 2012);

- Reminders and perpetuation of original trauma through family and community narratives, discussion of losses and recollection of abuses over time (Mohatt, *et al.*, 2014).

Residual Effects of Slavery (RES), ongoing adversity and resilience

It has long been suggested that those with histories of slavery have been profoundly affected by this traumatic experience and its aftermath (Loury, 2002; Price, *et al.*, 2008; Wilkins, *et al.*, 2013). The impact of this distinct form of historical trauma on African Americans is seen as including lingering residual psychological effects and emotional injuries. These effects can be re-ignited by continuing experiences of injustices and abuses such as prolonged exposure to poverty stricken environments, contemporary experiences of oppression, abuse, discrimination and racism. Residual Effects of Slavery (RES) could, therefore, be one explanatory driver for the higher patterns of trauma affecting some black men and women which have been noted in the last two UK adult psychiatric morbidity surveys. However, these experiences are also conceptualised as leading to the development of unique psychological resilience, adaptive resources and survival strategies – communities that have survived, persevered and thrived 'against all odds' (Crawford *et al.,* 2003; Jones, 2004).

Unsafe neighbourhoods

Higher rates of poor mental health among young black men could also be linked to the higher likelihood of living in economically deprived, environmentally stressful and sometimes unsafe-feeling environments. Living in an unsafe community is considered a risk factor both for poorer mental health and for poor wellbeing (Patalay & Fitzsimons, 2016). Garbarino has devoted a lifetime of study investigating the impact of living in an inner-city environment in the United States and noted similarities in levels of trauma symptoms between children living in war zones and children living in inner cities (Garbarino, *et al.*, 1991; Garbarino, 1995). As well as inflicting wear and tear on the body, high levels of trauma can also have other knock on effects on other aspects of functioning including children struggling with concentration and behaviour in schools, a higher risk of misdiagnosis with learning difficulties, a deadening of reactions to trauma or alternatively a quickness to overact to stress or use violence due to fight or flight overdrive. It can also lead to children being on constant alert about personal safety (hypervigilance) (Bell & Jenkins, 1991).

Young black men adopting 'masks' and psychic challenge

Finally, a body of academics have looked at young men's experiences from a Critical Race Theoretical perspective, providing additional insight into some of the factors that specifically may undermine young African Caribbean men's mental health and resilience. Critical Race Theory (CRT) sees racism and oppression as being embedded in and perpetuated through key societal structures such as politics, media, education and legal processes – perpetuated because this power balance is convenient and largely benefits the white majority and ongoing privilege.

This power imbalance is maintained through demonising black culture, restricting young black men's opportunities and allowing dominant white narratives of who black young men are to dominate rather than young black men's own counter narratives of who they are or could be (Glynn, 2013). This in turn leads to young men believing in and internalising racism (Pyke, 2010) and a world view of themselves and of their heritage which is often negative, which is not created by them and which either erodes self-image or can lead young men subsequently to conform to dominant expectations. Glynn suggests that conforming to a predominantly white world view shaped by others' negative beliefs about them, and in the context of narrow opportunities, creates a significant 'psychic challenge' (Glynn, 2013) which undermines mental health and other life chances. Academics propose that to move forward, young men must go through a process of knowing their true selves and their heritage and of reflection, so that they can remove the 'mask' to inhabit and take forward a more positive self-image (Turner, 1969).

What protects children and young people from cumulative build-up of risk and poor mental health?

Risk and protective factors

Poor mental health results from a complex interaction between some of the risk factors already explored, and individual and environmental protective factors which have the potential to reduce or buffer an individual against the worst effects of risk factors. Some risk factors may be more important than others in determining mental health outcomes and we are still, through longitudinal studies, unravelling key influences. We are also at an early stage of understanding why some young people thrive in the face of high adversity.

Many factors reduce cumulative weathering of mental health and wellbeing when risks are various and high, and protect children from 'allostatic' overload. These include:

a) Good relationships between adolescents and adults: particularly with parents but also with other key adults (Jessor, *et al.*, 1995);

b) Having a mother who avoided expression of negative feelings toward adolescents (Seifer, *et al.*, 1992);

c) Parents having high expectations for academic success (Reynolds, 2000);

d) Having in place good parental monitoring and supervision (Klein & Forehand, 2000);

e) Positive parenting: having in place a consistent, firm but nurturing system of setting boundaries (Gutman, *et al.*, 2002);

f) Giving lower autonomy to young people (Gutman, *et al.*, 2002).

In most instances, parents who employ positive parenting approaches buffer children against many risk factors undermining their mental health – even when families are affected by poverty. However, when parents are themselves in economic survival mode, they can lack the energy and resources to fulfil this buffering role consistently.

Resilience

In recent years, there has been considerable interest in promoting 'resilience' in the population. Resilience is defined as the ability to positively adapt to adversity despite the presence of risk, which may include poverty, parental bereavement, parental mental illness or abuse (Rutter, 2006; Sapienza & Masten, 2011). Promoting resilience involves strengthening protective factors which can be modified (some of which may be age-specific) thereby protecting those facing adversity against risk. Evaluations of effectiveness of resilience-boosting interventions have often been hampered by a lack of clarity concerning the concept of resilience (with the term being used to describe different things) and through lower quality evaluations (lacking control groups or longer term follow up of outcomes) (Wild, Forthcoming). As a result, the evidence base is promising but still developing in this area for children, young people and young adults.

Mind's resilience model

Mind has developed and tested its own model of resilience which is important to understand as part of this programme of work (Holloway, 2013). In 2015, Mind saw resilience as combining elements of:

•   Good wellbeing;

•   Effective social support;

•   Effective problem-solving, achievement of goals and development of coping skills.

In Mind's broader work supporting resilience, it sought to boost these areas of functioning through encouraging positive activities (e.g. exercising outside), through building social networks and through fostering the development of insight, awareness, and realistic optimism (e.g. through mindfulness and Cognitive Behavioural Therapy based approaches).

Social and emotional skills/competencies

For children and young people, social and emotional skills and competencies are seen to be fundamental to promoting their ability to thrive and to preventing poor mental health. Some school-based whole-population and targeted programmes are noted to result in positive preventative gains for children and young people in social and emotional skills, attitudes, positive social behaviours, conduct problems, emotional distress and academic performance (Durlak, *et al.*, 2011; Belfield, 2015; Clarke, *et al.*, 2015). Outcomes from community-based interventions are, however, less proven.

Programmes are thought to support a range of social and emotional skills including:

1. The ability to recognise one's own emotions, values and how they influence behaviour (e.g identifying emotions, accurate self-perception, recognising strengths, self-confidence, self-efficacy).

2. Self-management: impulse control, stress management, self-discipline, self-motivation, goal setting, organisational skills.

3. Social awareness: perspective taking, empathy, appreciating diversity, respect for others.

4. Relationship skills: communication, social engagement, relationship building, teamwork.

5. Responsible decision making: identifying problems, analysing situations, solving problems, evaluating, reflecting, ethical responsibility.

The Education Endowment Fund and the University of Manchester are currently completing some work into further understanding and measuring these key social and emotional concepts through their Social, Psychological, Emotional Concepts of Self and Resilience outcomes (SPECTRUM) evaluation (Wigglesworth *et al.*, 2017).

The importance of parallel activity to reduce cascading environmental risks

Children and young people are capable of living with some major risk factors, but when risk builds up with the addition of a fourth or fifth major risk then evidence suggests that this can be highly detrimental to child and adolescent development (Sameroff, *et al.*, 1987). Where children are facing multiplying risks, there may be a limit to how much they can be expected to effectively 'cope' regardless, or buffer themselves against many increasing environmental adversities. A major aim, therefore, of any activity to prevent poor child and youth mental health, should also be parallel activity to reduce the number of risks children and young people are exposed to. Any programme seeking to develop resilience may need to help empower young people to escape risk where possible (for example, through supporting access to educational, vocational or employment training and opportunities). There may also need to be complementary political, public health or community action to address risks such as community safety, bullying or to address experiences of racial harassment.

The policy context over the last decade

Race inequalities in mental health were a major focus for national policy in the first decade of this century. Following the 2004 inquiry into the death of David 'Rocky' Bennett, the Delivering Race Equality strategy (2005) set out to improve the experiences of African and Caribbean communities of adult mental health services through a mixture of training for staff and community development workers within statutory services. Since its conclusion in 2009, however, race equality has been on the margins of mainstream national mental health policy.

Over the last decade, there have been repeated expressions of concern and multiple reviews into the range of poorer outcomes disproportionately affecting some young black men including the House of Commons Home Affairs Committee 2007; The Young Review (2014); and more recently the Lammy Review. Many reviews identified common problems and solutions. Recommended solutions included the need for young men to have access to a range of positive male role models to support aspiration; to have good quality relationships with fathers (even if families were no longer intact); the need for government and local authorities to take positive action to address institutional racism and persistent inequalities in educational and criminal justice outcomes; the important role played by the wider community, the voluntary and faith sector in facilitating improved outcomes; and the importance of reducing social exclusion and increasing opportunities for conventional fulfilment to mitigate the pull on some young men to achieve status and reward through non-legitimate means.

Despite these recommendations, and the support expressed by multiple governments for change, the dial has not shifted on the majority of the poorer outcomes experienced by these young men. Indeed, some inequalities have worsened. The one exception to this has been the recent considerable improvement, since 2011, in employment rates for black men which merits further investigation (ONS, 2017).

Furthermore, many recommended improvements relied on sustained funding for voluntary sector and youth preventative work and there is some evidence of these sectors being particularly affected and significantly reduced by persistent statutory service cuts (Berry, 2017; Voice4Change England, 2015). There are also concerns about the potential for continued reductions in provision moving forward.

Some commentators have observed that despite multiple working parties, reviews, commitments and action plans across different sectors, nothing has seriously changed (John, 2006).

In the meantime, the media and particularly social media have mobilised international and community outrage at the disproportionate number of black men shot by the police in the US and 'that [black] lives and their bodies could be abused and destroyed without consequence' (Guardian, 2017). Furthermore, following the European Referendum in the UK, there have been official reports of considerable rises in incidents of hate crime (The Independent, 2017).

Findings from the evaluation of Up My Street Projects

Methodology

The Up My Street programme was commissioned between June 2015 and June 2017 and engaged overall with 298 African Caribbean boys and 501 community members. Centre for Mental Health's evaluation began in September 2015 and finished collecting data at the end of December 2016 (i.e. capturing data for eighteen months in total out of the two-year project).

The evaluation methodology involved a mixed-methods approach combining process and impact evaluation. It aimed to:

1. Understand factors undermining and promoting young men's resilience, mental health and wellbeing;

2. Understand the model and process of UMS delivery;

3. Assess the impact of UMS projects on young men's mental health and resilience triangulating findings from:

   • Interviews with young men, project leads and facilitators, mentors, commissioners and strategic leads and community members;

   • Outcome-monitoring surveys tracking wellbeing and levels of social support (a shortened version of the Mind Resilience Tool);

   • Feedback (both qualitative and surveys) from community events aiming to raise awareness of young men's resilience;

4. Explore community attitudes to young men's resilience and mental health as well as evaluating the impact of events on community attitudes;

5. Explore:

   • Process learning emerging from the partnership between UMS projects, Mind, The INTEGRATE Movement and Centre for Mental Health;

   • The value added to UMS activity by the partnership between The INTEGRATE Movement and Mind.

Seven paid peer researchers from the African Caribbean community were formally trained to co-deliver the evaluation alongside the principal researcher. Four went on to have active involvement in the evaluation delivery. One London-based peer researcher led the greater proportion of this work.

Evaluation findings are based on analysis of:

• Outcome monitoring surveys completed by 151 out of the 155 young people who engaged with UMS between September 2015 and December 2016 (56 of whom completed at least one matched pre and post survey allowing us to track shifts in wellbeing and social support following contact with Up My Street events);

• Interviews completed with 27 young men attending UMS Workshops;

• Focus groups completed with a further 33 young men attending projects;

• Interviews with 7 Youth Champions and peer mentors;

• Ongoing interviews with project leads to secure reflections from and monitor experiences of the journey as it progressed;

• Interviews with 8 strategic leads, commissioners and local police representatives and leads;

• Interviews with key staff from Mind and The INTEGRATE Movement;

• Interviews with a further 5 staff involved in delivery of UMS workshops;

• Participant observation of 8 youth UMS workshops;

• Participant observation of 12 youth and community events;

• Participant observation of 4 UMS open days and workshops with UMS staff;

• Analysis of surveys completed by 140 out of the 278 community members attending events;

• Analysis of comments made by community members at one UMS event;

- Interviews with 10 community members attending events;
- Analysis of social media comments;
- Analysis of project DVDs produced by UMS projects.

Methodological challenges

Outcomes were tracked using a shortened and adapted version of the Mind Resilience outcome measuring tool (Robinson, *et al.*, 2014). In 2015, this outcome measurement tool was being used by other Mind projects to track impact on wellbeing, social support and social capital. It drew together the following tools:

- The Short Warwick-Edinburgh Mental Well-Being Scale;
- An adapted version of the 'multidimensional scale of perceived social support' (Zimet, *et al.*, 1988);
- An adapted version of the Schwarzer-Jerusalem general self-efficacy scale (Schwarzer & Jerusalem, 1995).

We were informed that the tool had been used without difficulty across other Mind projects and Mind were keen to compare outcomes across projects and subgroups.

In preparation for this evaluation, the Centre considered the pros and cons of a range of outcome-measurement tools with African Caribbean youth experts and with Mind, problem solved which tool best met all stakeholders' needs, and worked jointly to identify and to mitigate implementation challenges. In summary, young men generally preferred less wordy and more visually appealing outcome monitoring tools such as the Young People's Star (Triangle Consulting Social Enterprise Limited, 2015). However, we were also aware, from an evaluation perspective, that Outcome Stars were less likely to produce scientifically reliable results. Neither would an Outcome Star tool allow Mind to compare in-house outcomes between different projects. As a compromise, advisors felt that the Mind resilience tool might just be acceptable if it could be completed easily. UMS project leads requested that the tool be available via email to ease distribution to young men

and stakeholders attending events. However, ultimately, email forwarding did not result in a high response rate and had to be subsequently replaced by hard copy versions being made available at UMS events.

In practice, right from the start of the UMS evaluation, the Mind Resilience tool was unpopular with Birmingham UMS project leads and stakeholders. Project leads also feared it would compromise engagement with young people (often fragile during initial contact with projects). It was deemed too long, too 'test like' and 'tick-boxy' and was in a format which was difficult to integrate within the style and dynamics of the projects without additional administrative support (which had not been built in as a cost). The quantitative aspects of the Centre's evaluation methodology were also felt to be 'far too top down'.

Initially, surveys were sent out by email/social media to young men. However, they were often not filled in or sometimes only partially completed. Some questionnaires also had missing or spoilt data. In December 2015, poor completion rates led to a re-assessment of the tools with UMS project leads, youth mentors and Mind. At this point, adaptations were made to shorten the tool and to create reminder systems to help identify when follow-up surveys were due. A decision was also made to issue vouchers as a 'thank you' for completing surveys. Slowly, although scepticism persisted about the value of this quantitative element of the evaluation for the duration of the data-collection period, completion rates improved with all projects making efforts to work with researchers to improve completion rates between January 2016 and December 2016.

Project leads were more comfortable either with creative capture of evidence (video and photographic evidence), with participant observation techniques, or with qualitative research methods which gave greater prominence to voices of young African Caribbean men. This is because, in keeping with Critical Race Theoretical approaches, capturing the voices of black young men increases the chances of them being able 'name their own reality' rather than having it defined for them by predominantly white and potentially oppressive processes and perspectives (Glynn, 2013).

Up My Street delivery

During the eighteen months of the evaluation period, UMS project leads provided data which indicated that they had:

- Run resilience-building workshops with 155 young people;

- Delivered community events exploring young men's resilience and mental health involving 278 community members;

- Supported a small team of UMS 'graduates' (around 12 young men) to become peer champions or mentors. UMS champions became involved in peer research, strategic and support work, mentored a new intake of young men and in one instance were trained to work with young men on a local estate.

A larger number of young people and community members attended events over the full two years of the Mind UMS programme of work.

Community engagement

The Birmingham Repertory Company ran two community engagement events involving productions conceived, co-produced and delivered by young African Caribbean men. One UMS project promoted their work on young men's resilience at a large-scale community African Caribbean community event focused on black history. This event was attended by many hundreds of people. Another of the projects promoted messages on young African Caribbean men's resilience via one-off workshops and through reaching at least 5,500 people using YouTube, Facebook and Twitter (e.g. using social media videos created by credible local community male figureheads who were tasked with giving messages to their younger self).

What we know about young people attending UMS resilience workshops

Originally, it was envisaged that young men attending events would be within the 15 to 25 age range. In reality, UMS resilience-building workshops engaged with a much wider age group – a finding which, commissioners informed us, mirrors learning from the Time

to Change Birmingham-based anti-stigma campaign for Black and Minority Ethnic communities known as 300 Voices, and which ultimately led to less rigid age-inclusion criteria for anti-stigma work in the area. 11% of the 151 young people completing surveys were also young women as opposed to young men. In the analysis that follows, we have removed data for young women.

Almost all young men attending resilience-building workshops completed a baseline questionnaire tracking wellbeing and social support, providing some additional insight into who was engaging.

67% of men attending resilience-building workshops were within the originally specified age range (15-25) but 20% were below this age and 14% were above the age of 26. The age range of those attending projects over the eighteen months spanned 8 years to 38 with the average age being 20. Younger children either attended community events with a relative or were part of workshops being delivered in local schools.

In terms of boys' and men's ethnicity:

- Overall, two thirds identified themselves as being of 'black' heritage (e.g. Black African, Black or British Caribbean or black other);

- 17% were of mixed heritage;

- 14% had missing data on ethnicity;

- And around 6% were of white, Asian or other heritage.

Three quarters of those identifying themselves as 'black' were from African Caribbean or black British Caribbean backgrounds, rather than black African or other backgrounds.

Average wellbeing scores

SWEMWBS is a shorter seven-item version of the Warwick-Edinburgh Mental Well-Being Scale measuring positive mental wellbeing within the general population (Stewart-Brown, *et al.*, 2009; Stewart-Brown *et al.*,2009). It has been scientifically validated as an effective tool for measuring wellbeing for adolescents

and adults aged over 13 (but has also been used for children aged 11 and above) (Haver, *et al.*, 2015; Deighton, 2016). Wellbeing scores potentially range from 7 to 35 using this tool.

Based on national SWEMWBS data, Fat *et al.* (2016) have created national norms showing that wellbeing is largely consistent during youth and early adult years, improves marginally with middle age and then deteriorates after the age of 70 years (Fat, *et al.*, 2016). Fat *et al.* (2016) also revealed some unexpected results – for example, men of all ages identifying themselves as being from black communities appeared to have higher average wellbeing than white male peers (norms of 25.24 v 23.59). Fat *et al.* (2016) believe that these higher wellbeing norms for 'black' men may be due to the make-up of the sample which could have included a higher number of men newly migrated to the UK. This is significant, Fat *et al.* observe, because other studies have noted a 'healthy migrant effect' whereby, rather counterintuitively, those with migrant status appear to have better than average physical and mental health – possibly because only the healthiest and most financially stable can successfully navigate journeys to a new location. Fat *et al.*'s findings also raised questions about whether there may be differences in wellbeing scores between African and African or British Caribbean community populations. The Centre believes that this is an area that requires greater investigation.

The 70 young men attending UMS projects in the 16 to 24 year old age band had marginally higher average wellbeing than the same age all ethnicity peers in Fat *et al.*'s 2010-13 sample (e.g. a mean score of 24.23 for UMS participants as opposed to 23.57 for Fat *et al.*'s cohort). These findings are broadly in keeping with what we would expect based on Fat *et al.*'s study (so males from black communities appear once again to have slightly higher average wellbeing

than age matched peers). In contrast, the 15 African Caribbean men in the 25 to 34 age bracket attending Up My Street programmes had much lower average wellbeing than all ethnicity males of the same age in Fat *et al.*'s study (20.6 as opposed to 23.53). This UMS sample is, however, extremely small and unlikely to produce a reliable finding. The 24 younger boys engaging with UMS also had slightly lower than average wellbeing scores (a score of 22.36 as opposed to 23.06). However, once again sample sizes are exceptionally small and we must be very cautious of drawing too much from patterns.

Finally, wellbeing rates for all African Caribbean men aged 16+ in contact with UMS workshops were lower than norms recorded for black males aged 16+ in Fat et al's study (e.g. 23.68 as opposed to 25.24). This may indicate either that UMS projects were engaging with a vulnerable group in this age range or alternatively that wellbeing of men from black communities has deteriorated since 2010-2013.

Social Support scores

The Social Support Scale is a Mind-led adaptation of the multidimensional scale of perceived social support (MSPSS) (Zimet, *et al.*, 1988) which encourages people to assess the extent to which they feel supported in their lives (either through familial and community networks or through interventions). Due to adaptation, there are no national norms for this tool. Minimum and maximum potential scores range from 8 to 40. Higher scores indicate higher perception of feeling supported. Social Support Scale scores for young men attending UMS in fact ranged from 8 to 40. Average Social Support scores, at baseline, for males in contact with UMS workshops was 29.79. Average scores were slightly higher for boys under the age of 15 years (31.4) but sample sizes were very small.

What the Up My Street Projects did

Project one: First Class Legacy – 'encouraging and empowering the next generation'

First Class Legacy (FCL) is a youth, 'value-led', light touch faith-based community engagement organisation led by a husband and wife team and supported by a small number of male mentors/volunteers with lived experience of turning their lives around or of commercial and entrepreneurial success. The project lead has strong networks and standing in his local community, and has previously engaged with and supported men from African Caribbean communities who have ended up in prison and who have experienced a range of crises including mental health difficulties. In the past, the project lead was funded to deliver youth work extensively in the West Midlands and has also engaged with those at risk of or already gang-involved. Much of this youth work and community development funding had disappeared by 2015. The project lead has lived experience of turning his own life around and a strong commitment to improve African Caribbean male mental health following the loss of two friends to suicide. The project lead is a trained counsellor who predominantly used person-centred counselling approaches but also draws from an eclectic 'toolbox' of culturally competent and creative approaches.

Sessions offered

Over the eighteen months, FCL delivered a very wide range of workshops and activities including:

- An opportunity for youth to be involved in music production focused on creating positive resilience-boosting messages for young men and culminating in a community awards ceremony;
- A #Dearyoungers campaign where males with standing in their local community were encouraged to deliver YouTube videos capturing key messages that they would share with their younger self;
- A workshop exploring Black History and resilience;

- A co-production event bringing together young people and local community achievers;
- A #Called16 conference which aimed to open up discussion on resilience, identity and goals and which also gave access to a number of high achieving male role models;
- Several motivational school and community-based workshops exploring social and emotional competencies (e.g social relationships, persistence, emotional awareness), encouraging young men to explore, identify and master emotions and supporting young male pupils' empathy and aspiration. Delivery involved both one-off events and ongoing modules. One support programme was delivered with a high-risk group of Year 11 boys 'who the school can't really handle' (Project lead). Although very small in terms of sample size, our analysis noted that these boys had lower than average wellbeing;
- An e-safety conference;
- The #IamFirstClass and #BeExceptional social media campaigns which aimed to inspire young people from African Caribbean communities to believe in their abilities and persist in achieving;
- Summer check-ins offering a 'space to speak, be heard and be valued' during the school holidays and giving access to positive male role models.

See www.facebook.com/Firstclassyouthlegacy for a greater overview of this activity.

How many were engaged and what we know about them

Overall, First Class Legacy reported contact with 55 young people over the eighteen months of the evaluation with the majority having shorter term contact with workshops. 9% were young women. The average age of all males attending First Class Legacy youth events was 18 years old and 41% were within the original target age.

Males attending had the following average wellbeing and social support scores:

Age bands	First Class Legacy average SWEMWBS score	First Class Legacy average Social Support scores
11 to 15-year-old boys	23.19	30.19
16 years plus scores	23.21	31.83
Target age range (15 to 25 years)	24.15	30.56

37% of those in contact with the project completed both pre and post surveys. However, the sample size was not large enough to produce statistically significant findings from these questionnaires.

> *"When you're frustrated, if you shake a coke bottle, and then take off the top ... then it will come out quick and fizz out ...and some of our young boys are fizzing out and it's coming out in behaviour and in the wrong attitude but that doesn't mean they should be written off, and they can still achieve and get their GCSEs."*
>
> *(Project lead, First Class Legacy)*

How engagement and sessions worked

- A scattergun approach to engagement was used to maximise awareness of the project reaching out through church, school and community networks, parents and gatekeepers (African Caribbean community members who have influence and can open gates into the community), outreaching directly with at-risk young men in local communities and promoting activity and events through social media and 'vlogs'.

- Workshop settings were 'intentionally' designed so that they were welcoming, psychologically-informed and culturally engaging (using posters of black leaders, often having African Caribbean music, including storytelling and particularly African stories and proverbs as illustrations of points being made and with food at the heart of the offer), fostering feelings of warmth, unconditional acceptance and unity.

- First Class Legacy mobilised community support and strengths: male high achievers, 'legacy builders' or those with lived experience who had turned their lives around were encouraged to work alongside First Class Legacy in workshops to increase young men's exposure to positive male and female role models. The process was described by one social media commentator as 'bringing back the community village to help our young men' (Community participant).

- Workshops focused on unpacking experiences of being a black young man in a predominantly white society, exploring the masks they might feel forced to wear, of the impact of this on their identity, on their wellbeing, on their choices and on their aspiration.

- Discussions were holistic in approach, and resilience and strength-based in terms of how mental health was introduced and explored (although, once engagement was established in workshops, mental illness, and its impact on the community, was introduced as a concept by the project lead or mentors). Discussions were facilitated using humour, culturally rooted storytelling and ice breakers and through normalising conversations about feelings, emotions, identity, personal development, and

social competencies such as empathy, perspective-taking and positive coping strategies. The psychological challenges affecting young men were also explored through creativity, music, spoken word and drama.

Some young men interviewed by researchers talked of having been introduced to the scheme by mothers or relatives usually after concerns about school commitment and drifting into negative peer company. Mentors also explained that, before they met the First Class Legacy project lead, they lacked exposure themselves to alternative role models who could offer a different iteration of being a man. Another male community member described the project lead as having 'skills to help young people and help them change their lives' (Project mentor). Community members also commented on social media of the importance of this work (although it was noticeable that, overall, male voices were less visible in social media community feedback):

"That's the greatest way forward...our boys need to be able to talk from primary school...they are restricted in sooo many ways. Mentors are needed from Year 5 and Year 6. A FRUSTRATED AND CONCERNED PRIMARY SCHOOL TEACHER."

(Teacher, FCL social media feedback)

"Very inspiring...The youth need the constant encouragement to remind them they can be great."

(Community social media feedback)

"Youths express through their actions good or bad...we need to listen."

(Community social media feedback)

Young people appeared very engaged with all the workshops observed by researchers. Many also talked positively about their experience of the First Class Legacy project. A few talked about how the programme had helped them become more aware of their strengths.

"I'm my own person and I can see the real me."

Others said that contact with FCL had helped them focus more on their school work and stay away from involvement in negative activity. However, it was clear from discussions with young men, mentors and the project lead that young men felt caught in the 'push and pull' between their goals and the day to day influence of negative neighbourhood peer groups.

One young person felt that there might be scope to more closely involve young people in shaping future activities right from the start. Both the project lead and some community members talked about the lack of resources available through the grant to formalise, fund and develop the skills of community members who wanted to become mentors. As funding was ending, the project lead also described some frustration that he continued to receive approaches from concerned mothers and community members but was unable to respond fully without sustained investment.

Finally, one mother wrote the following after encouraging her son to attend a First Class Legacy community event with her:

"Thank you so much for the 'Called' conference. I attended with my 17-year-old son. I actually didn't give him a choice whether or not to attend as my heart was heavy and I felt that [it was] somewhere he needed to be. Throughout the conference, my son seemed a little disconnected, in my eyes. But I guess that was a lie as, two weeks ago, he opened up to me. I would like to say we are close, as it has been me and him from day one... he has uncles and aunties but he has no father figure. Well, he said how he enjoyed it and said the speakers hit a chord with him. Even though he said 'mum I'm not stupid' and that he 'wouldn't let no man use him as a runner', the fact remains that he has been influenced to be about that life and 'mek' money. He could identify with the feeling of looking for a job endlessly and having no outcome and said it sometimes looks attractive. But ... the conference gave him the strength to continue on his journey making that [positive] choice."

(Mother, social media feedback)

Project two: The Birmingham Repertory Theatre Company (TBRC)

The Birmingham Repertory Theatre Company is one of the longest and most established repertory companies in the country. It enjoys a high status among the local population. Early partnership discussion during workshops indicated that it was seen 'very much as a resource for white people – but this is changing'. The Repertory Company applied for this funding opportunity to use 'theatre as a learning opportunity' to improve young black men's mental resilience because of its interest in the subject area of mental health, its desire to reach out to a more demographically representative audience, and its wish to encourage more young African Caribbean men in developing their experience in acting, drama and writing. It aimed to 'build self-esteem and social skills' through offering opportunities to work alongside an African Caribbean playwright and develop skills. The project lead also talked of his own passion for improving knowledge about men's mental health due to personal experiences of poor mental health within his network.

Engagement and sessions offered

During the summer of 2015, the Rep reached out to local organisations and youth centres 'in all corners of Birmingham' advertising for a cohort of young people who might be interested in attending five one-off taster workshops at the Repertory Theatre. They also advertised on 'social media, on Facebook, Twitter, Whatsapp'. From this original cohort, several young men were selected for longer term involvement. They created and named their theatre company the 'Lightpost Theatre Company' and sessions were initially facilitated by the UMS project lead and a volunteer.

The Birmingham Repertory Theatre Company programme of work involved twelve weekly two-and-a-half hour evening drama workshops and rehearsal sessions focused on exploring and opening up the concept of male mental resilience, wellbeing and stigma. Evening sessions subsequently progressed towards, and prepared for, a series of community performances which focused on aspects of male

mental health and resilience. Performances were jointly conceived and co-produced between project leads and the young men attending. Performances included:

1. A piece in June 2016 in the Birmingham Repertory Company Fringe Theatre in front of an audience of around 150 mostly African Caribbean community members. This performance explored the many ways in which resilience can get worn down leading to mental health crises.

2. A performance in front of 40 community members on resilience and childhood memories.

3. A performance at a Birmingham Up My Street Symposium attended by strategic, community and academic interest groups exploring the impact of economic survival and discrimination over time on young men's resilience and mental health.

In 2016/17, a new group of young men were recruited and first year graduates adopted mentoring roles as well as helping with marketing and promotional activities.

In 2016 through community networks, a modestly funded opportunity was secured for two Lightpost Company graduates to be trained in facilitation and youth engagement and to work as outreach facilitators with young men in Handsworth – 'taking the therapeutic environment to the people' (project lead) and 'using creative skills to bring out feelings, supporting dreams and helping young men channel energy into positive activities' (project lead). This satellite work was assessed as successful with a vulnerable group of young men, leading to a commission for further citywide expansion.

How sessions worked

Interactive exercises and drama were used to facilitate emotional openness and trust, and to explore attitudes and stigma. Sessions began with a strength-based and resilience focus rather than an illness focus – however, very quickly through the use of drama, psychologically challenging scenarios, mental illness and stigma were explored from many angles. The facilitator described this

understanding and awareness of mental health as an incremental process with young men's understanding, trust and openness developing over time. This incremental process was also witnessed by researchers as we followed, observed and talked with young men over time.

From the start, the facilitator worked hard both to build trust and to create a mentally healthy, culturally competent, safe, empathic space with a very strong sense of unity and 'brotherhood'. This was achieved through:

• Transparency about his own mental health and wellbeing, day to day struggles and coping mechanisms;

• The use of dynamic icebreakers which slowly built trust and opened up a dialogue on mental health, resilience and mental illness and what this meant in the context of being black or mixed race in British society;

• Creating mini improvised dramas 'feeling' and exploring some of these issues and taboos in more detail – some of these vignettes were perfected and built upon over time into larger scale performances;

"Once you've felt what it's like to be mentally ill, it's like it holds no more fear – the stigma's blown, it's not a big deal."

(Male actor, Lightpost Theatre Company)

• Celebrating the value of the very different creative strengths of each participant fostering a sense of unity and of the team being significantly bigger than the sum of its individuals' talents and parts;

• Creating a sense of positive brotherhood which young men described as healing, empowering, inspiring and spiritually supportive – something which they said they generally had not experienced in other projects;

• Facilitating group members over time to conceive of, improvise, perform, discuss and perfect their ideas on mental health and resilience - working towards their final performance;

• Fostering a strong emphasis on growth and positive challenge in the group, which was encouraged through the facilitator's use

of Socratic questioning (disciplined and deep questions driving thought underneath the surface of things); through getting participants to stay with and explore emotionally uncomfortable areas; through encouraging young men to extend beyond socially and media-driven stereotypes; honing competencies such as 'endurance'; and a desire to push and stretch themselves and perfect their craft.

Number of young men engaged

30 young men in total were engaged in The Birmingham Repertory Theatre Company (TBRC) with 17 having ongoing contact over the two years. The average age of those attending the UMS project was 23 years and 75% were within the target age range. The group included a very varied mix of young men including those in university, those with previous justice system contact, around half who had had negative school experiences, young men who were in work and others who were struggling to secure employment. The average wellbeing score for young men aged 16+ engaging with the project was 22.08 which (although a small sample) is lower than national norms for men from black communities identified in Fat *et al.*'s study in 2010-2013.

What young men said about their experience

Young men were extremely positive about their experiences with The Birmingham Repertory Theatre Company. Many talked of the importance of having a positive role model who 'looked like me' facilitating sessions. Others talked about the impact of organisations like the Repertory Company with 'authority' and high status believing in and developing the talent of young black men and of the broader messages this sent out to the local community. Others talked about the impact that such high status developmental opportunities had on the way they saw themselves and on their self-belief:

"Doing something like that for black people was great. And showing us at any age - what we can do. And showing that black people can have mental health issues."

(Lightpost Company member)

Recurrent themes during observations and interviews were the positive power of collective 'unity', 'brotherhood and fellowship' which characterized the group (which many described as a unique experience for them as young black men). Common themes were also a seriousness about their development, a collective hunger to learn, to challenge themselves, to self-improve, to hone skills and to prove themselves.

'It's not a social club where people mess about, we come here because we want to be here… not because we have nothing else to do… It's because in this vibration…something special happens.'

(Lightpost Company member)

Many young men touched upon minor practical tensions during the eighteen months mainly revolving around the Repertory Company being a very busy working theatre which put pressure on rehearsal space. Some challenges also emerged because the cost of live performances was not fully covered by the original funding grant. However, young men also talked about the personal and professional learning that emerged from remaining positive, persisting in the face of adversity, using setbacks to strengthen determination to prove themselves and the importance of resilience – all modelled and encouraged by their facilitator and the volunteer who supported the young men. Many of the competencies that were fostered in the young men are emerging in research as key qualities for success in life (Goodman, *et al.*, 2015; Gabrieli, *et al.*, 2015). Finally, some of those interviewed felt that they could have helped busy facilitators with practical, administrative and promotional tasks earlier during the first year – they were keen to adopt more responsibility.

Bridging to services

Although we witnessed increased conversations and discussions about mental health taking place among young men attending the Repertory Company over time, one issue did not change. Both at the beginning, and during later interviews, young men held generally negative views on statutory health and social services – remaining clear that they would not wish to approach GPs or mental health services

if they were struggling. Given good evidence of the benefits of getting early proven help, this did raise questions about what support models might best help young men get help with escalating poor mental health if this occurred.

It was, therefore, interesting to hear one example, by the end of the two-year UMS programme, of how this type of situation was resolved and managed in practice. The project lead described how he had recently been approached by one young man experiencing mental health difficulties. This had allowed him to provide reassurance and support and also 'bridge' the young man to the help he needed. This disclosure and this 'bridging' worked because of the increased awareness the young man had of his mental health. It was also facilitated by the openness and trust that had been developed over time. This 'bridging' function is a key part of the INTEGRATE 'Streetherapy' approach (Durcan, *et al.*, 2017).

Project three: St Basil's supported accommodation

St Basils is a long-established West Midlands based youth charity for 16 to 25 year olds who are homeless or at risk of homelessness. Over 1,200 young people a year are housed in 29 supported accommodation schemes, which for some young people include their young children as well. The supported accommodation network has a range of prevention, accommodation and support services in place to help young people stabilise their lives in the face of housing crises. The charity already had a well-developed mental health resilience programme in place in partnership with the University of Birmingham, but wished to do something more specifically focused on African Caribbean male mental health and resilience.

Engagement and sessions offered

St Basil's youth community engagement worker recruited young men through outreaching across St Basil's supported accommodation (but also through working in partnership with Midland Heart housing network) to identify and engage potential attendees. Several workshops were designed by the youth community engagement lead and with colleagues focusing

on the following areas:

- A cycling workshop for young black men;

- A group singing workshop for young men;

- A trip to the Liverpool Slavery Museum;

- A culturally and psychologically-informed personal development workshop;

- A Black History session focusing on the contribution of African Caribbean men to the Armed Services and to previous wars;

- Involvement in a community engagement event coordinated by a Birmingham-based social enterprise called Various Outreaching Working Services (VOWS).

How sessions worked

Sessions mostly brought in outside speakers or facilitators and were generally designed to:

- Create a culturally and psychologically informed safe space through music, food and warmth with trust being built during the day;

- Provide access to a broader range of male African Caribbean role models;

- Explore what it means to be a black man using drama, interactive and relatable situations, and storytelling – particularly focusing on the 'who-ness rather than the what-ness' (namely, who young men were and could be as the key to feeling good about themselves and feeling resilient, not what they had);

- Develop a growth mentality in young men, fostering awareness of and developing strengths, acknowledging and managing weaknesses, challenging young men to identify, reflect upon and step outside negative and potentially limiting stereotypes;

- Explore resilience and understand general coping skills in the context of black history and adversity, and strength-based discussions focused on social and emotional skills and achievement;

- Identify, develop and provide opportunities for young men to become Youth Champions participating in broader St Basil's and community developmental activity.

St Basil's tended to take the most strength based, personal development and light touch approach to exploring mental health. One workshop, involved delivery of a personal and professional development psychometric self-evaluation called Lumina Sparks. This workshop also had a strong focus on developing social and emotional competences such as persistence, perspective taking and developing self-efficacy, as well as building positive self-esteem.

The young people who attended

70 individuals were involved overall in the St Basil's UMS project since it began. Just under half had completed the adapted Mind Resilience Survey. Due to the quick turnover of young people in St Basil's supported accommodation, most young men had short-term contact with workshops. Only nine completed any follow up survey. However, three young men were tracked over time. The average age of young men attending St Basil's events was 21 years and the majority were within the contracted age range. Young men aged 16+ had an average wellbeing (SWEMWBS) score of 24.62. This is below that recorded for black men as a whole in Fat *et al.*'s 2016 study, but higher than all-ethnicity scores for young men aged 16 to 24 years. The overall Social Support score for St Basils' young men was 28.4, the lowest of the three UMS projects.

Young people's reactions to St Basil's UMS workshops

St Basil's workshops were generally valued by those attending. The Luminas Sparks workshop on personal development, masculinity and black heritage was particularly memorable for young men who attended:

"There were so many good topics. What I really liked was you could ask questions…that are off topic and get them answered there and then."

(Young man, UMS)

"We talked about things that we really cared about."

(Young man, UMS)

"He knew what the problems was that were concerning people and he knew the answer."

(Young man, UMS)

"It made me think in a different kind of way - the bit I remember is the bit about what type of person you are. I wasn't like I thought…"

(Young man, UMS)

Comments focused on how workshops had 'helped get things off your chest' and 'brought things out'. Once again, young men talked about the power of some of the positive male role models, motivational speakers and peer researchers they encountered during workshops and reflected on not seeing or having contact with positive 'men like that' in the room in their day to day lives. Many talked enthusiastically about the experience of the psychometric testing where 'you got to know yourself' and learnt about personal strengths and how to manage personal weaknesses.

The Liverpool Slavery trip was also described as an 'eye opener' highlighting the role of music and collective heritage as a coping mechanism in negotiating 'difficult times'.

There were also positive comments on the cycling, with one man describing young men being:

"Anxious to start with but then when they finished they thought it was dope…and wanted to do it again."

(Young man, UMS)

Cycling was described as creating a 'feel-good' feeling, boosting confidence and making participants feel part of a larger team.

Black History events were also described in positive terms by some young men we talked to.

Mentors and Champions were particularly positive about the opportunities they had through St Basil's and Mind's emerging Youth Champion opportunities.

It was also clear that some workshops and experiences had a stronger impact than others.

For example, one person said young people had largely misunderstood the aim of the collective music session and described being somewhat disappointed and self-conscious about the activity they eventually participated in; in another session, there were some tensions between the communication styles used by older male speakers and the younger men. Occasional generational tensions, misunderstandings and miscommunication between young and old were also raised as themes by some community members attending the VOWS community events. One said there needed to be better bridging, 'more love', more reaching out and more empathy on the part of the older generation to young men (Community participant).

In the opinion of young people, the St Basil's offer could have been improved in the following ways:

• By involving young people more prominently right from the start in designing and planning the content of events and workshops.

"It would have been better if they had worked with us to plan something else, meet ups, to plan an event."

(Young man)

• To offer young people opportunities and events that help them build practically useful "skills people could come down and achieve"; skills to build self-efficacy, help them move forward and become more independent such as accredited qualifications and driving lessons.

• *"Maybe give us more, make it a bit longer, I'd like to do that Lumina Sparks session again to be honest, there was so much in it"* (Young man).

Overarching findings from all three projects

The following section considers overarching findings and themes emerging from the evaluation of all three Up My Street projects.

Understanding what wears down young African Caribbean men's resilience

Many young African Caribbean men and community members we talked to in Birmingham were clear of the factors and processes undermining young men's resilience. Many of these reflect the literature outlined earlier and findings from other reviews. These included the following:

Negative male self-image

Many talked of the impact on wellbeing, self-esteem and mental health of growing up in a world where 'everyone's been told that you're a problem...' and where 'you're receiving the same images of yourself the whole time again and again' (UMS male participant). There was concern that larger society was routinely subjected to 'brainwashing' about young black men whilst young men themselves felt systematically flooded with predominantly negative and one-dimensional views of black masculinity and of black heritage:

"They only show the bad stuff, the media, to do with the young black community."

(Young male, interview)

"The media is powerful, they make you believe things that aren't true."

(Community participant, interview)

"They don't feel like real citizens. They must be up to something. It's seen as negative. Many of them internalised this and live out a self-fulfilling prophecy."

(Peer mentor, UMS)

"The media perpetuates it all the time, you fit the description of what's in the media."

(Young male, focus group)

"I grew up probably similar to a lot of black people, I didn't know my true identity...and before we come to the physical stuff we need to understand our own identity because our African spirituality has been demonised."

(Workshop contributor, UMS)

"Everyone has their stereotypes and their little prejudices in their own head... But...the problem [is]...the media perpetuates it and even those guys who are not naturally outgoing racists, they see you, you fit the description...and they make those assumptions...I know it's the truth anyway 'cos even with us we do it, if we see a man dressed exactly the same as us from a different postcode then we automatically assume that he's a gang member as well...you get me – 'cos you're receiving the same images."

(Peer mentor, UMS)

This demonisation and 'flooding' becomes all the more significant for those in contact with UMS projects who lived in single parent families and who said they lacked easy access during day to day interactions with alternative rounded representations of black masculinity. A recurrent theme, for young men involved in projects, was often surprise when they encountered UMS facilitators because, they said, 'I just don't come across men like that'.

During teenage years, when young men were trying to explore 'how to act as a man', some said they struggled to feel proud and said there was a risk of unconsciously absorbing or living up to a very narrow set of limiting pathways forward as a black young man:

"I was raised by women. I didn't have a male figure in my family who taught me how to do certain things in relation to how to be a man...so the first thing I seen was kids in neighbourhoods and I would be going round with them and then certain things started happening..."

The weathering effect of experiences of racism and discrimination

Many young men also talked about the 'horrible feeling' of growing up in the face of racism and discrimination – what they described as pervasive yet subtle 'disapproving looks' and being made to 'feel different' and 'less than' which many said they experienced 'all the time, man':

"A lot of people think racism is a physical act, but it's not, it's a lot more subtle…it's an institutional racism, it's not blatant. And it's systematic."

(Young man, interview)

"It's everywhere I go man – anywhere I go really."

(Peer mentor, focus group)

"It's the negativity, as a child, being told you can't do things, people in power and in authority saying you can't do things. Even family saying you can't do things."

(Young man, focus group)

"And it breaks down trust, when people like teachers, like society, the media (it's everywhere) tell you you're no good. It breaks down trust. And we've got to work on building that trust 'cos young black men believe it…they believe it. That's what they think they are – no good."

(Young man, focus group)

"So, people become what is expected of them, they become what's expected… they play up, they disrupt, they become the class joker."

(Young man, focus group)

And there was a general feeling that rather than improving, racism, discrimination and inequalities had been worsening in recent years, impacting on the mental health and wellbeing of African Caribbean communities.

"As a black man I've noticed in the UK right now we seem to be so far away from what we used to be or be able to do and what we are now…and it scares me 'cos I am going to have to bring up my kids to understand this…and tell them there are things that we used to do that we can't do anymore 'cos we are trying to live up to some things that don't exist."

(Community member, interview)

"Brexit is only a bit part of it alone…it's been going on for years, man."

(Young man, focus group)

Young men also talked about the undermining effect of racism on their self-esteem, self-belief, hopefulness and wellbeing over time:

"And is it the colour of my skin? Or the community I come from? Or is it because my work's just not good enough? You can't tell. And that's hard and having to be ten times… better than everyone else, that's very tiring as well."

(Young man, focus group)

"It's more indirect and you think, why is that happening to me?"

(Young man, focus groups)

The process of incremental wear and tear on wellbeing or what young men described as the 'drip, drip' effect and the isolating experience of discrimination and racism were also well-documented in descriptions of their experiences in the Up My Street programme:

"It's horrible 'cos I'm aware of it. If you've achieved, you've achieved against all odds. It's loads of subtle things that wear you down…"

(Young man, interview)

"It's psychologically damaging to think, at that young age, that you're different, that you can't do anything and that your life is almost over before it begins. So when you're almost mentally segregated and pushed away, well - it's going to cause immense mental problems."

(Young man, interview)

"[Experiences of racism are] very detrimental… very, very detrimental. It gives [young men] a sense that they're not wanted, that they're in the wilderness …even in our own community we seem to stigmatise them."

(Community participant, interview)

"In a society dominated by white people, you get that thing taught by your parents, 'You have to be this or that'. It's something that's hard to break. Something that's been taught from young, the way that you have been brought up, that's how you are told to behave so as not to be treated differently - but you still get treated differently, and it's hard to fit in."

(Young man, focus group)

"[Experience of racism] does have an impact. It feels like you're never gonna be good enough and it makes you feel like you won't achieve a lot of things, and even things like getting a job is harder – you have to work that little bit harder to be like everyone else, and it's not a very good start, it wears you down bit by bit...and that's a big weight that you have to carry."

(Young man, interview)

Not all the young men in this study were aware of, or had backgrounds characterised by, historical trauma. However, nearly three quarters of those identifying themselves as black in Up My Street were of African Caribbean heritage. A recurrent theme, for some of these young men, was the residual effect of slavery on their mental health and wellbeing. Some still felt powerfully affected by reminders and representations of slavery and yet felt that there was little acknowledgement of the difficult feelings that these experiences might still evoke:

"When we see our ancestors in the past, there's no help for people who feel aggro after watching something about slavery or our history. Where's the resources to help our resilience, to help us receive information...we are angry but we don't know how to navigate these feelings."

(Young man, focus group)

Others talked of how present day experiences of racism and injustices often re-ignited memories of historical trauma:

"What about 400 years of slavery, being disadvantaged and the fact that people are still suffering today... it is relevant today and we need to trace it back..."

(Young man, focus group)

"You have to consider black history, and a proud person and what it felt like to be forced into slavery... for example I've learnt that in Jamaica, they held those slaves there who were the hardest to control, and if you strip me naked and abuse me, tell me I'm nothing, then that affects my mental health. That's my perspective on what mental health is for many black people, don't label it as something that's European or medical. And going through all that ...we couldn't defeat them power-wise – we

had to tackle them mentally, we would have had to break them mentally –...and the process of slavery has made us like that."

(Young man, focus group)

"We are stuck in history and repeating the past."

(Young man, focus group)

There is a growing body of academic literature exploring the residual effects of slavery (RES) and of historical trauma on current levels of functioning (often in relation to Native American populations, Holocaust and slavery survivors). Studies point to the long shadow that collective historical traumatic experiences often leave on intergenerational mental health – often stoked up by contemporary and ongoing experiences of inequality and injustice. These issues were certainly live for some young men and community members we interviewed.

Invisibility

Coping with daily discriminatory micro-aggressions was described as even more challenging in the context of its frequent subtlety, 'invisibility' and in the face of little acknowledgement of its existence and impact on African Caribbean communities:

"It's something that [broader society] can't see and don't want to see [...]. We're trying to talk to them but they don't want to listen and they're not trying to understand what we are saying, so we go off into our own heads and that's why we get so angry so quickly."

(Young man, interview)

Many young men talked about the difficulty of trusting broader society to do anything about this and 'it being down to us [...] to ignore the negative and flip this [into a positive]... to inspire other young men to achieve' (Peer mentor, UMS).

Limiting and limited opportunities

Negative educational experiences

Although some of the young men participating in Up My Street had done well in school, others raised negative and limiting educational experiences, identifying these as a major challenge. Some believed they had received low

quality education and some had been excluded and were met with low expectations in terms of what they were expected to achieve:

"Half of one of our groups disclosed events at school where they were dismissed in terms of their ability and disengaged."

(Project lead, Up My Street)

There was also a view that some teachers did not have a good enough understanding of racism, its impact, the resilience young men needed to deal with this in their everyday lives, and of what was going on under the surface for many young men:

"We don't understand racism [...] so we're gonna justify kicking you out for another reason or call it ADHD."

(Peer mentor, UMS)

A few had stories of how teachers had tried to look beyond disruptive behaviour. In one instance, this had unlocked one young man's potential, eventually helping him to get to university:

"I was getting into trouble, I was on the verge of getting kicked out of school and a teacher came up to me and said 'you need to do something different'. So, I did [drama] and I loved it 'cos I could lose myself and be that character and express myself...maybe she [that teacher] thought that I liked acting up in front of everyone and she saw something that I didn't [and] she was the teacher that everyone hated."

(Young person, focus group)

Many also saw missed opportunities in school to open up a dialogue on mental health and wellbeing:

"I didn't have that opportunity to try and see how you can develop emotionally. You're not educated that [mental health is] a spectrum, we only get told either one end of the polarised spectrum or the other bit of the polar, we don't get educated that it's a scale, a spectrum and that it moves."

(Young man, focus group)

"Schooling's not great at giving that kind of guidance..."

(Young man, interview)

Some of those involved in Up My Street felt that opening up a dialogue on mental health and emotional wellbeing was even more important in African Caribbean communities. In keeping with other similar studies (Keating, *et al.*, 2002), young men described a lack of trust in services and higher mental health stigma – with a general tendency, picked up by some from other males and fathers, to internalise distress - 'keep it inside'.

"In our culture, we don't express how we feel; we don't see our fathers expressing themselves. A lot of us think it's just us."

(Young man, interview)

"For a man, to talk about emotions - it's seen as weak, I've never really seen anything like this where I come from. So, a lot of men in the community don't really like talking."

(Young man, interview)

"We always bottle things in as men, we let things out at the last point...and it doesn't help."

(Peer mentor, UMS focus group)

African Caribbean community members also thought that change needed to start in the family:

"I also think that it starts in the family. That is, young boys see their fathers and mothers being open about how they feel and expressing themselves and see that that's okay. Then they will grow up in that way. Because it's really hard to break down that wall when a man has lived all his life trying to put up a front. Trying to show people you're strong and for the young kid who hasn't been shown in the house that that's okay? Well, I think it starts in the family."

(Female community interviewee)

The pressure of economics on young black men

Many young men, project leads and community members also linked male mental health and wellbeing with 'the pressure of economics on young black men'. They said that ongoing financial insecurity, limited opportunities, ongoing struggles to secure employment (and in some cases to provide for families) along with a general hopelessness about prospects were

some of the most powerful factors undermining male wellbeing:

"In the current situation, there aren't opportunities for a young black man and they can't move forward... they try different avenues and sometimes they get caught up in the criminal justice system and when they get caught up in that system...then they know it's a problem."

(Male, community interview)

"A lot of people in the community feel like there's no way out."

(Peer mentor)

"I still can't get a job, I'm a qualified person but I can't get a job. I'm sitting at home, not being able to support my family in the way I wanted to and not being able to support my missus."

(Young man & peer mentor, UMS)

"They are applying for jobs...'cos every week they are coming to me and saying I applied for this and that job [but they're not getting them]... and whether they are missing out on a certain qualification or whether it's something else, I don't know."

(Project Lead)

Those interviewed from the wider community felt that this combination for many of 'not feeling a part of things', feeling hopeless and at the same time being made, through discrimination, to 'feel less than and different' had a particularly potent effect on young men's wellbeing.

"Okay, the way the system is run, most of our young black men are without jobs so they're in a waiting zone...The system has barred them from many things and if you let off steam and use force... then the system has a way of injecting you or you're mad."

(Community interview)

What resilience looks like for young African Caribbean men

Figure 1: How young African Caribbean men described the impact of UMS projects on their resilience

Based on the Centre's discussions with young men, we have also drafted a framework for discussion outlining what young men themselves described as the core elements underpinning their resilience (See Figure 1).

Notions of community and positive peer connectivity, social support, positivity, hopefulness, optimism, self-belief and confidence in ability to achieve goals largely overlapped with Mind's Resilience approach and framework (Holloway, 2013). However, echoing findings from other research, developing ethnic pride and ethnic self-esteem appeared particularly important as a buffer against adversity for these young men (Priest, *et al.*, 2013). Furthermore, given that the odds often appear stacked against them, in terms of the greater risk factors they faced, the social and emotional skill of persistence emerged as particularly important. Hopefulness and resilience also appeared to be closely linked to seeing someone 'like me' who had achieved against the odds.

Critical appraisal and mentalisation-based skills (particularly being able to identify distortions of ethnic self-image and heritage, or separate out feelings and thoughts) also appeared important. Qualitative findings indicated that reduced isolation together with higher self-esteem and self-belief appeared to act as a buffer against poorer wellbeing. Having concrete access to opportunities, feeling in control of choices and giving back to others were also important sources of wellbeing for some young men as they moved forward and developed skills.

An important threat to wellbeing was perceived to be a persistent lack of access to opportunities, particularly paid employment, and the economic hardship that emanated from ongoing exclusion from opportunity. Many stakeholders felt that projects seeking to improve resilience and reduce the likelihood of poor mental health must include robust activity that bridges to real opportunities for employment.

The overarching Up My Street approach

As detailed earlier, many young men felt constrained by a very narrow range of options in terms of 'how to act as a man' as they moved away from their family and towards independence in their local neighbourhoods. Some described being caught in a 'push and pull' between family values and 'pressures to get into bad company' in local neighbourhoods. Up My Street projects generally saw themselves operating in this narrow 'push and pull' between 'home and the road':

"We have to get inside the crack between that negativity, and when they start living up to what people expect, that's what we wanna do here. Say, 'yeah ok I get it but why don't you do something else, why don't you do something creative, come here, act it out in a different way?' That's what we wanna do here."

(Young man and peer mentor, focus group)

Relatable male role model

'Relatable' male project leads (e.g. 'people who look like me and talk like me' and 'who've come from the same place and had the same problems' on estates in Birmingham) engaged young men through 'outreach' approaches. These role models were emotionally open, empathic, cohesive and values-led and often successful:

"I was open about my mental health and the struggles that I've come across, the guys said you know what, I'm glad you mentioned that 'cos I'm going through this or I've gone through something else."

(Project lead, UMS)

"I think we should work towards being led by peer on peer projects like this...there is more influence when it is somebody coming from a similar background."

(Project lead, UMS)

"I had never met anyone before who was a CEO of his own company."

(Peer mentor and researcher)

Projects reached out physically, through community networks, and also through promotion via social media, building trust with young men. Up My Street events offered young men appealing, creative and high-status opportunities which were described by one young man who was at risk of gang involvement as 'better than being on road'.

Creating a culturally and psychologically informed space

Up My Street project leads (and those they brought in to co-facilitate sessions) achieved the project's aims through creating a supportive environment conducive to young men's personal development and change.

They created a series of events (many of which had a drama, music, personal development or black history focus), which took place in a mutually supportive community or 'village' – a warm, positive, culturally and psychologically-informed space where young people described feeling valued and 'safe'.

Adopting a person-centred approach and building trust and relationships

In terms of the values of these events, young men and other stakeholders described unconditional positive regard, building trust and honesty as being core to all sessions:

"Love and trust are the DNA [of these sessions]."

(Project lead, UMS)

"Honesty breeds trust."

(Young man, focus group)

Finally, in two out of three projects, there was a light touch reference to faith threaded through events (e.g. some biblical references and stories, saying grace before food, an occasional prayer of blessing etc).

Prompting strength-based dialogue on wellbeing

Projects gradually and intentionally opened up a dialogue on issues relating to wellbeing, resilience, mental health and experiences of being a black young man in the UK. Some young men commented that this openness, with

nothing off limits, helped make them realise that they were not alone in their experiences and reduced feelings of isolation. Openness was achieved through using icebreakers, music production, spoken word, drama, interactive exercises, humour, culturally resonant narratives, and focusing on issues that feel relevant and 'real' to young people.

Breaking down social isolation

Isolation was further broken down through creating a positive sense of brotherhood:

* Facilitating 'activities where everyone begins to develop ...relationships with people' (Young man, interview);

* Fostering positive brotherhood 'in a postcode-driven world' recreating 'that family, that brotherhood, that village, that community' (Project lead, UMS).

Helping young men understand masculinity and critically appraise misrepresentations of heritage and self-image

Projects developed and encouraged skills in filtering media information and distortions of African Caribbean history which young men said impacted, over time, on their sense of worth. Projects challenged negative representations of young black men and distortions of black heritage, creating a more nuanced and strength-based narrative of black history and of young black men.

Social and emotional competencies promoting good mental health

Events focused on stimulating evidence-informed social and emotional competencies which are considered important for good mental health and success in life. These included cultivating emotional openness, developing curiosity, perseverance, empathy, social commitment, positive social connection, self-belief and self-awareness, as well as a growth mindset and a thirst for knowledge.

Events also focused on 'who-ness not what-ness':

"It's not about how much you are spending on your trainers but it's about who you are as a person."

(Event facilitator, UMS)

Empowerment and co-production

Mind and The INTEGRATE Movement saw co-production lying at the heart of attempts to improve resilience via the Up My Street projects. For INTEGRATE, co-production develops after initial relationships and trust have been created and involves harnessing young people's passion and talents to jointly develop activities. It involves a process of 'doing with' rather than 'for' young people. Co-produced approaches also aim to facilitate young people building ownership and responsibility for projects often with opportunities to build professional skills via voluntary or paid work (Durcan, *et al.*, 2017).

In practice, during year one, co-production of activities with young people varied across the three projects. Some projects co-produced what they did right from the beginning; for others, it was a slower process developing over time. Co-production also involved fostering a 'pass it forward' culture or a 'virtuous circle' – harnessing the enthusiasm of young men who attended events to 'pass it forward' and become positive role models in their own right for others. This activity aimed to increase the number of positive black male role models reaching out to local communities, thereby creating a 'tide of change':

"That creates a legacy and with that legacy you can 'pass it on' and you can 'reach out' to young people who feel really lost and who need a hand..."

(Project lead)

"It's a circle, it needs to be a circle with no breaks in it...it needs to be recurring and then those people can then act as champions, if you will, show the young people in their communities what it's like ...to help other people as opposed to using the media to shape their futures."

(Project lead)

These men then became shapers of subsequent interventions and sometimes of local and national mental health service activity. By year two, some were delivering UMS type interventions themselves.

Overall impact of UMS projects: what young men said

In total, 60 young men were interviewed either in focus groups or through one-to-one and telephone interviews. They were overwhelmingly positive in their feedback about experiences of and contact with UMS projects.

Young men were particularly positive about accessing something which provided them with 'a different vibration'. This 'vibration', for some, helped them manage the 'push and pull' between 'when you wanna leave people behind but certain people don't want to leave you' (young man, UMS):

"It worked, you just tell the truth and they teach you how to do it as well... I'm from [an estate in Birmingham] and I was always with my friends, and that, and people were giving me a bad look and I thought 'I don't think I'm going to be doing this for the rest of my life'... just getting in with my friends."

(Young man, UMS)

"When I had problems with my friends [...] you teach me how to deal with my friends and that, you've given me that I'm not really thinking of myself – you opened up my eyes that this is not the right thing... that this isn't the right thing and that money isn't everything."

(Young man, UMS)

"What [Project lead] is showing me is precious, he's showing me that there is a different way of life."

(Peer mentor, UMS)

Many young men talked about the impact of facilitators who had a shared background with them, yet who were different to other men they had so far encountered. Young men appreciated access to men who were wise, who encouraged them and who offered something different to a 'dog eat dog' mentality. They also valued seeing men who had achieved 'against the odds' and who 'walked the walk as well as talking the talk'.

"Talking is one thing but it's the way that he acts..."

(Peer mentor)

"Black males of that calibre reach[ing] down to... guys; talking and enthusing them."

(Young man)

"There are other males looking for the same kind of guidance and... there are role models to talk to out there."

(Young man, interview)

There was very strong feedback on the positive, 'unique' and empowering impact of collective male unity and positive social commitment, and about the 'resilience that comes from young men coming together in a positive way' and sharing:

"Normally when males in our community are bonding you don't see it in a positive way... People from Newtown, Handsworth - and all round the same table and it's not normal..."

(Young man, UMS)

"I make friends from all over the postcode...I'm not worried."

(Young man, UMS)

"To find what is common rather than what separates you."

(Peer mentor, UMS)

"We express ourselves through other ways through a different environment, a brotherhood and fellowship, we come together and we discuss."

(Young man, focus group)

"I didn't know what it means to have a group of men in a room together, that we could be so positive. I didn't know that it was spiritual, that I would feel unstoppable, feel powerful and it has been so precious to be at the centre of it... it's so precious and easy and it's been stopped for hundreds of years."

(Young man, focus group)

"When music was playing and the food was there and everyone was talking and everyone was being united – even though it was the first time people was with each other."

(Young man, interview)

"What's in this room, all of us being together. We have something to offer and that can make change happen."

(Young man, focus group)

"I have definitely learnt commitment which is a big thing and the importance of team work if I have a really bad day but I think 'well I'm letting down the team' and I make sure I am attending."

(Young man, interview)

Some valued experiencing what they described as 'supportive communities that exist in our communities' (Young man, interview) and 'being in the room with other men who faced similar challenges and felt the same'. A few also talked about the reduced isolation they experienced though contact with the UMS programme and through sharing with other men:

"Instead of being closed up, closed indoors and feeling like I can't do anything, I actually have things that I can do because I have actually told myself that I can do things instead of feeling closed up and lonely...so there's not that 'I feel stressed out and lonely' [feeling]. I just need to engage myself and do something positive and I know I can do something good for the future..."

(Young man, interview)

"It's made me feel more comfortable within society, and that there's other males going through the same situations as me, and...other males looking for the same kind of guidance and that there are role models to talk to out there. Something that lifts up your spirit and your vibe to be a better person."

(Young man, interview)

"Knowing whenever I'm going through [something], someone else is going through it and I'm not alone..."

(Young man, UMS)

"And for me, I was in jail this time, I had no house, I met [project lead], I was going into a hostel and I didn't know how to act...and for me it's been a blessing being with my brothers, all strong men, they've all got specialities, I've never been involved in anything like this..."

(Young man, focus group)

Many talked about the impact of their increased openness within these settings and with other men:

"Helping men talk amongst each other and expressing emotion without feeling that they are being ridiculed for it."

(Peer mentor, interview)

"Before that...I was like behind a brick wall and being in with these groups has made me knock down that wall and made me get my views out and what I have to say off my chest... I feel like it's opened my eyes and I can talk to more people about my feelings... and if I had a day I can talk to you about it or I would like you to talk to me and we can sit down together and see what we can do to help out."

(Young man, interview)

"Speaking to people and being more open, sharing bad days 'cos normally when I am having a bad day I would normally keep it to myself or try my best to fob it off or do something else, it's good to talk to people rather than closing it up inside...doing something to distract myself."

(Young man, interview)

"When I first started doing it ...I was wetting it, do you know what I mean and I was like 'I'm going soft' but then I thought but real men do and say certain things and you've just not got to worry...I'm my own person and I can see the real me."

(Young man, interview)

It was clear, as the Centre talked to young men and observed progress over time, that this openness was a process intentionally and incrementally encouraged by facilitators through purposefully chosen activities. Based on observation of people's journeys, the impact was stronger the longer they remained in contact with activities.

Cultivation of a growth mindset

Several young men talked about valuing opportunities provided by UMS projects to grow, believe in themselves, gain knowledge, and achieve:

"It helped me grow among other people; my shyness has gone down, my nervousness has gone away, I've kind of changed in terms of my confidence"

(Young man, interview)

"It's that belief to want to actually do it and recognise your own potential."

(Young man, focus group)

"[The lead] was so passionate...he gives credit, raises standards, shows commitment...[he's] empathetic to everyone. [He's] challenging... like he makes a joke about 'black men timing' but gets us to try and get here early. And ...we're here!"

(Young man, focus group)

"It's making my mind more open."

(Young man, focus group)

"It's made me realise I'm a lot cleverer than people think."

(Young man, interview)

"When I ...leave, I feel wiser and it's inspiring and I'm like a sponge."

(Young man, focus group)

"All of us...learning to believe in ourselves and what we can produce..."

(Young man, focus group)

"The past few months of doing all these plays and scripting and all these techniques has shown me that there's things that I need to be learning and developing"

(Young man, focus group)

"Each time I come here, I learn something new and I feel a better person"

(Young man, focus group)

"Just showing people what I can do and showing what a whole group of young black people can do together - 'cos people don't believe what young black people can do..."

(Young man, focus group)

One young man, with negative experiences of education, described the overall experience as being exposed to 'a living school'. Another, who had been 'written off' by his teachers, speculated on what they might have thought had they witnessed his attitude, his commitment to learning and the quality of his playwriting.

Other elements valued by young men

Many young men also described social and emotional shifts and psychological skills and competencies that they had picked up through contact with projects and particularly through the drama and music production and spoken word activity that they were involved in. They felt that these skills had broader relevance for their everyday lives. For example:

1. Reduced stress and improved resilience

"Sharing experiences; talking in a circle, sharing how people went through stressful times and bettered themselves"

(Young man, interview)

"When I'm at work I'm not getting stressed so much [and I'm not thinking] 'I can't do this, I shouldn't be doing this'."

"[It's helped me build] resilience in a nutshell: I have learnt things about myself, about society and how to face society and how to be a better person."

(Young man, interview)

2. Positivity and hopefulness

Many talked about how the programme, and particularly exposure to other positive young men who had achieved against the odds, made them feel more positive in themselves and in their day to day lives:

"It makes you feel positive... to walk up and down the road."

(Young man, interview)

"And it's made me more positive and making my mind more open."

(Young man, interview)

"I'm around positive people, that's what I've been doing these past few months."

(Young man, interview)

"Just give them a bit of hope and you can then change the mental state of the young black male..."

(Young man, interview)

"It helped me to get better and to see things more in a positive light as well."

(Young man, interview)

"It's given reassurance and it's shown me faith and made me think that I wanna do good things".

(Young man, interview)

3. Skills relevant for life

Other young men talked about the range of life skills they had picked up from involvement in the project:

"This is helping me with my life… It is showing me what I can do and what I can achieve…"

(Young man, focus group)

"It's enlightening yourself and picking up all the techniques. Techniques you can apply … you can apply those skills with your kids, with your family and now I find myself talking to general people about it… [one friend said] 'okay, I'll come to your sessions, 'cos if you tell me I am learning then I'll come…'"

4. Encouraging motivation and perseverance

Some young men talked about how contact with projects, with project leads and with other young men in the project had helped develop drive, a thirst for self-improvement and perseverance:

"It's a good stress, 'cos I am wanting to do things and push myself… You can't sit down just moping and not doing things."

(Young man, interview)

"It taught me to aspire to be more, realise your own potential and want more for yourself as well. It's that belief to want to actually do it and recognise your own potential."

(Young man, focus group)

"They like helped me and pushed me to do more stuff than I was doing, so in my school work and that."

(Young man, interview)

5. Persistence and perfectionism

Many others referred to how involvement cultivated persistence and perfectionism:

"I think to myself, you've just gotta keep pushing 'cos I can't be doing nothing, I need to do something."

(Young man, interview)

"I remembered the Rocky story, how he started, and how he kept on."

(Young man, interview)

"Just pushing myself and knowing that I can do it, aim to be the best…and you have to apply those skills when you are feeling low…"

(Young man, interview)

"In terms of ambitions and set goals…the concept that nothing can get in your way if you work hard and stay focused."

(Project lead)

"It definitely taught me not to give up… sometimes when I have started things in the past, when it has got hard or difficult, not the task but like most things that are going on in your life, then there's a tendency to put things off…but like working with [the project lead] has definitely taught me to carry [on]… it makes you kinda keep pushing, keep on, keep on, keep on and don't give up and I know that it's a mental thing rather than just a physical thing…"

(Young man, UMS)

"It encouraged my mental strength to keep pushing, keep pushing… Even when there are other bad things going on in my life, I think 'I can do this, I can do this…'"

(Young man, interview)

"[In] all the negative things I always try and turn it round into a positive and try and make it benefit myself but sometimes it's very hard 'cos sometimes you do get quite upset, but I just know I've got to keep on going 'cos it makes me more stronger."

(Young man, interview)

6. The role played by creativity, music and drama in supporting resilience

Another recurrent theme was the part played by creative activities as a coping skill . Creativity not only fostered unity and teamwork, it also acted as a coping tool in its own right. Creativity was seen as cathartic, as boosting 'feel-good' feelings and as helping young men to distract themselves and lower stress when under pressure:

"One thing that I love is acting 'cos it gives me the freedom to release all that tension; also playing a different character makes me kinda

happy, it helps me to give out a character that I've been keeping in my head and share it with the group."

(Young man, focus group)

"I believe that music is therapy for us human beings and I have been using this as a tool. I use music, that is one of my biggest things that I use and films as well..."

(Young man, interview)

"That's why I use spoken word. It's very therapeutic. It's an outlet. I explode on paper rather than exploding in the outside. And I can track how things have moved. It's a form of self-therapy and it's creative at the same time – it's self-help. And people think like I am speaking to them..."

(Peer mentor)

Some pointed to the importance of music and this oral tradition as a historical coping mechanism, and of its cultural function as a bonding, cathartic and soothing force at times of extreme adversity and emotional challenge.

Some young men also said that having conceived of and then inhabited characters who were struggling with mental health issues, the subject 'held no more fear':

"For me coming to this group...exploring it and opening up the can of worms, and looking deeply into it and feeling it has normalized [mental illness]."

(Young man, focus group)

"By exploring these things in here, they just lose that fear"

(Young man, interview)

7. Developing empathy and a desire to 'pass it forward'

Finally, some young men talked of the real satisfaction experienced from 'seeing other's perspectives' and also from their transition into mentoring and seeing others growing and progressing through collective experiences:

"[I was interested in] finding out that mental health is so rife in the community and that we're all kinda the same...it helped me because I could see other people benefitting from it as well so it's like, if you're getting healing from it, I'm getting healing from it as well."

(Young man, interview)

"Now I am doing mentoring I'm talking to kids, kids that never used to talk to anyone and now they're opening up to me and I'm hearing what they are saying... it makes me reflect and think, 'wow I was like that in their situation' and it makes me feel really good right now."

(Young man, now mentor, UMS)

"I am so grateful to the guys for the opportunity to give back."

(Young man, interview)

"I like what these guys are doing, we keep coming back each Thursday, touching on things... and the next generation is firmly in my head."

(Young man, focus group)

"I will get to teach him certain things, we are talking about knowledge."

(Young man, interview)

"They're passing on the skills in a difficult setting, they've really grown in confidence, [the mentor] is beaming with confidence... it's been a really positive experience. It's very exciting, and now that we have started up this relationship, there shouldn't be any halt and we may be sending everyone left right and centre, to outreach to local areas. It's paid, it's not a lot of money but it's putting a bit of money in their pocket."

(Project lead)

"That creates a legacy and with that legacy you can 'pass it on' and you can 'reach out' to young people who feel really lost and who need a hand..."

(Young man, interview)

Some young men who had become mentors were recruited by their own projects and by national and local Mind to advise on service development. However, overall, the UMS programme probably lacked sufficient resources to build up and formally accredit mentor training which might have both equipped young men with formalised skills, and further extended the reach and possibly the sustainability of this surge of positive role models.

Most young men talked of benefitting from accessing the programme; a few talked of thriving, growing in confidence and developing 'a sense of direction'. Some described projects turning their lives around after educational loss of direction or housing, emotional or criminal justice crises.

Some young men, when asked about the skills that helped them to cope with adversity, mentioned prayer. This finding needs to be understood in the context of a recent study of modern Britishness (Sunak & Rajeswaren, 2016) which noted that the majority of Black Caribbean, Bangladeshi and Pakistani community members were much more likely to attend religious services weekly than those from white communities.

Young men involved in the UMS programme were, however, much less likely to think explicitly in terms of more medical or clinical coping mechanisms (such as Cognitive Behavioural Therapeutic techniques – although elements of these interventions and mindfulness-based techniques were often woven into a toolkit of interventions used by projects).

Self-knowledge: understanding themselves as a young black man

Many young men talked about the benefits they had gained from UMS projects in terms of getting to know themselves better both as men and as black young men:

"It's made me think more about my race and my culture and this is who I am…this is how I need to be and I am not afraid of being who I am."

(Young man, interview)

Many were also aware of feeling 'boxed in' and of experiencing confusion about who they were as young black men. Some talked of having their 'true self' and identity 'taken apart' and distorted in British society through routine distortions and misrepresentations of history, geography and culture and through being flooded with negative mirror images of themselves. Some talked about the importance of reconnecting with their 'true self' and 'the natural way you should be living in terms of knowing ourselves' or 'knowing our own power [and] resonating with our own power'. The concept of wearing and 'taking off' the masks imposed on them by broader society came up at intervals during different project activities and during men's discussions.

In keeping with findings from some other studies exploring the impact of racism on health outcomes, a number of young men talked about the emotional 'release' and strength gained from exploring and celebrating their ethnic identity, and talking about and understanding their experiences of racism in a supportive environment (Priest, *et al.*, 2013).

Overall impact of UMS projects: Quantitative impact

The UMS evaluation adopted a mixed methods approach which involved collecting both qualitative findings (the voices of young men and stakeholders) and quantitative evaluation of impact. The quantitative evaluation involved tracking shifts in levels of wellbeing and social support using adapted Mind Resilience surveys. These are administered ideally before contact starts and as contact continues. In practice, this turned out to be very difficult to achieve. Not all young people had ongoing contact with projects. And the use of surveys was controversial right from the start with project leads and some young men feeling the format of surveys was 'too tick-boxy' and not in keeping with the more dynamic, person centred and free-flow UMS approaches and processes.

Despite these challenges, project leads persisted with efforts to get young people to complete surveys. Most young people completed one survey, but only a third completed more than one, and only three young men completed more than two surveys.

Despite low completion rates and a small overall sample size, a statistical test showed an average change in SWEMWBS scores of 2.02 between measurement time one and measurement time two for boys and men who had been in contact with UMS projects at least twice. This was at a statistically significant level. This statistically significant shift in wellbeing is a promising early finding, particularly when triangulated with broader positive qualitative feedback. However, as a next stage in developing the evidence base for this programme, any future activity and evaluation should encourage pre and post completions of surveys by at least 60% of those attending events.

Given evidence on the detrimental and weathering effect of persistent experiences of racism and stress on the allostatic load and on mental health, one might also reasonably surmise that improvements in wellbeing might have the potential to convey a preventative protective effect on young African Caribbean men's mental health. This protective potential may be particularly important given that young men in contact with UMS seemed to have lower than average wellbeing compared to national norms for black men in 2010-2013. And given findings from research on the importance of self-esteem as a potential buffer against the impact of racism, it may be useful, in the future, to track shifts in self-esteem.

Due to small sample sizes, shifts in Social Support scores were not statistically significant, although half of young men completing pre and post surveys reported positive shifts following contact with projects. However, reduced isolation and improved social connection were very strong themes emerging from qualitative feedback on benefits and merit further tracking. Any future validated tool should be selected in close collaboration with young African Caribbean men.

Evaluation as a joint learning process

Once the Centre was able to share survey results with project leads and provide a coherent explanation of the potential significance of quantitative findings and wellbeing shifts for young men's mental health, there was significantly more trust in and understanding of the potential value of quantitative measurement processes and greater buy-in and enthusiasm for building further on quantitative evaluation findings using similar tools in the future.

What could be improved about Up My Street projects?

The importance of providing opportunities

Access to employment skills and opportunities

Some project leads, mentors, community members and young men wanted the UMS model to include a more robust focus on and investment in helping young men develop accredited and marketable skills and to access real opportunities to gain employment.

They talked of the centrality of employment to young men's wellbeing and of the persistent struggle of some young men in contact with UMS to gain employment.

"[There is a] lack of opportunities, there's not a lot of jobs going and the ones that are around are the high-end jobs."

(Project lead, interview)

Although almost all young men had experiences of being routinely stopped and searched by the police, a small number talked about being arrested and sometimes imprisoned. Criminal justice contact was often discussed in the context of pressures of daily economic survival:

"[In the current situation, there aren't opportunities for young black men and they can't move forward... they try different avenues and sometimes they get caught up into the criminal justice system."

(Peer mentor, focus group)

And, for some, they expressed shame of not feeling able to provide for their families.

One young man felt that employment and functioning well in employment had been particularly hard wired into the self-esteem of African Caribbean men with histories of slavery:

"If you look at slavery and the worth that we had, our worth historically has been in work."

(Young man, focus group)

Indeed, there is good evidence of the detrimental effect of persistent unemployment on some men's mental health. Associations between employment and poor mental health have been noted to be higher both for men with manual skills and for those who have family responsibilities (Artazcoz, *et al.*, 2004). This is important, as we also know from Joseph Rowntree research, that a larger proportion of African Caribbean community members are likely to be on or just above the poverty line with a greater chance, therefore, of having manual skills (Barnard & Turner, 2011).

Building a wave of mentors

Linked to this need to foster employment opportunities, many stakeholders also felt that there was scope to strengthen the ability of UMS programmes to build and develop 'a wave of young male mentors' – a surge of positive role models who could engage with local young men. Many community members and young men expressed a passion to be mentors and to support the next generation but struggled to access or afford formal mentoring and facilitation training:

"It's difficult to get into mentoring, it's hard, there aren't a lot of courses. That's what I want to do – get into counselling and mentoring courses...There's not enough help for those who want to invest in their local community like this."

One project lead felt strongly, due to pressing economic pressures on many of the young black men he worked with, that there was a need to develop, formalise and sustain this 'pass it forward' legacy of the UMS model. In his view, for this part of the model to work effectively, training opportunities needed to go hand in hand with real paid employment opportunities. Only then could the pool of positive male role models be extended to meet potential need:

'My vision of this project is...I wanna get to a place where I can create employment. So I would like to see the men around the table potentially [becoming] outreach or support workers, reach out to people and link into proper integrated trades, a value-based training programme, become support workers to replicate what First Class Legacy does.'

(Project lead)

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One other UMS project had managed to secure a small amount of one-off funding, through chance contacts, to develop two more mentors from first-year UMS graduates. In the second year, these young men were cascading and passing on their knowledge and learning to young men on a local estate in Birmingham. After the initial success of this pilot in engaging a group of vulnerable young men, the work was further extended with plans for a city-wide reach. Some young people were also provided with additional paid opportunities to input into larger local organisations and through involvement in youth advisory opportunities working with Mind (both nationally and in Birmingham).

Developing, formalising and sustaining this mentoring element was seen by stakeholders to have multiple benefits:

• Providing young men with accredited skills that they could then use to access future employment opportunities;

• Reducing economic pressures, employment dead-ends and hopelessness;

• Providing a wave of positive young black male role models who could potentially extend the options of other boys and men and inspire growth;

• Improving the resilience of young male mentors through creating a reported feel-good factor and increased self-worth and self-esteem.

Stakeholders also talked about the need for investment in more projects like UMS, which helped young men feel less socially excluded, less segregated and more valued:

" *Opportunity, opportunity right across the spectrum...opportunity to integrate and to create something and make it their own, do you know what I mean? Just on a wider scale to get that respect that we are people.* "

(Community interviewee)

Unmet need and lack of sustainability

The most common fear expressed by young men and by project leads concerned the uncertainty of the UMS programme's sustainability. A few stakeholders talked about the particularly counterproductive impact of declining preventative activity for young African Caribbean men in local communities and the 'here today, gone tomorrow' nature of many of the projects promoting more equitable outcomes for and supporting young black men:

'We've got to use things like play schemes, all those things have gone ... with all the cuts there's nothing out there now and if you've got nothing to do and you're surrounded by that negativity, then you're gonna get into trouble.'

(Project lead)

One stakeholder talked of a 'legacy of broken promises' which affected trust in change in the black community. The lack of sustained commitment to address longstanding challenges and inequalities was seen to further erode trust, distancing young men further, narrowing access to broader iterations of black masculinity and at the same time entrenching feelings of hopelessness and social exclusion among young men. A few expressed frustration at the lack of learning over the years, and where entrenched exclusion had been seen to lead to a tinder box of disenchantment resulting in expensive social unrest and crises.

Towards the end of the project, one lead talked with some frustration about the difficulty of responding to ongoing approaches from families to help vulnerable boys in the face of uncertainty about whether activity could be feasibly sustained going forward.

Indeed, a key finding from Keating *et al.*'s (2002) seminal investigation into the relationship between African Caribbean communities and mental health support was that Black-led community based activities are undervalued and lacked sustainable funding. So

just as young African Caribbean men's outcomes have not changed, neither have the prospects and experiences of the grassroots services that seek to support better outcomes. This lack of sustainability also hinders incremental improvements in the quality of the evidence base to prove their worth.

'More projects like this'

Both young men and community members felt that there needed to be 'more community projects like this' that combined 'a place to talk freely' with opportunities for 'creativity and personal growth', 'giving hope' and supporting self-belief to build young men's resilience. Many also felt that the broader African Caribbean community needed to take more responsibility for, be more alert to and understand the needs of boys and young men within the family structure (through modelling more open expressions of emotions and a more nuanced picture of what it means to be a black man). Community members talked of the need to listen to and encourage young men more and mobilise more men to support 'youngers'. Young men also felt that they would like projects like these to have broader outreach into schools to inspire other African Caribbean young men to think through resilience and identity, to be inspired and to access more positive representations of black men.

Learning for partner organisations working with UMS projects

During the Up My Street journey, a wealth of learning has also emerged of relevance both for future partnerships between national organisations and African Caribbean projects, and for future evaluation methodologies.

The challenges for project leads

Project leads generally said they struggled to juggle twin responsibilities of meeting the requirements of Mind project management and an independent evaluation within their allocated resources. Site leads gave examples of struggling to coordinate survey completions, follow up surveys and evidence quarterly outcomes as well as deliver creative activities, without any administrative structure built into the delivery model (and sometimes with duplicate requests for outcome monitoring information). In the case of St Basil's, where turnover in supported housing and mobility was very high, tracking down former attendees for follow up was particularly challenging without resources specifically set aside to do this.

Any future attempts to track outcomes might want to build in specific grant funding (ideally through skilling up and paying peer champions/graduates of hostel accommodation) to help delivery partners manage and follow up outcomes (backed up by some form of overarching training). Project leads fed back that a peer mentor could easily have been given this paid responsibility and would have welcomed the opportunity to take on and learn from the process.

Most projects also talked of needing pro bono investment in order to make projects work – whether it was funding the full cost of a performance in the Birmingham Repertory Company (which is considerable), putting on additional workshops or organising volunteer systems for managing administrative requirements.

The partnership between Mind, The INTEGRATE Movement and UMS projects

In the first year, Mind commissioned a social enterprise called The INTEGRATE Movement (TIM) to deliver three day-long 'labs' to support initial rollout of the Up My Street approach. TIM is sister organisation to the London-based organisation MAC-UK who have been refining a psychologically informed youth engagement approach for underserved young people in London, underpinned by co-production (Zlotowitz, 2016; Durcan, *et al.*, 2017). All INTEGRATE workshops were co-facilitated by a combination of TIM youth experts by experience and TIM practitioners. Twenty-eight participants attended labs. There was mixed feedback on the value of input with content broadly valued by youth champions, mentors, ancillary staff and less experienced leads but considered less helpful, sometimes too clinical and overly 'top-down' in feel by some more experienced UMS project leads.

By the end of 2015, after a period of review, The INTEGRATE Movement identified the following learning points for future activity with partners from Black and Minority Ethnic communities:

- A need to co-produce future training more closely with local sites, building on skills and strengths and identifying how such external support might best add value, building from where projects were and ensuring activity is rooted in local knowledge and expertise.

- A recognition that building trust and relationships with sites was a critical starting point when working in partnership with community projects.

- Allowing greater flexibility in timetables, in turn allowing facilitators to 'go with the flow in the room'.

- Ensuring more explicit attention to the cultural fit of the INTEGRATE offer with the needs, perspectives and diverse experiences of Black and Minority Ethnic partners.

Furthermore, all three TIM workshops were delivered within the first 6 months of UMS projects beginning, whereas some UMS projects felt that input might have been better timed later to support formalised mentor support for first year graduates. One less experienced project lead would have liked a flexible system of consultancy to help problem solve and deal with challenging situations.

Mind partnership with UMS projects

Projects valued Mind and TIM's commitment to young African Caribbean men's mental health and Mind's approachability and 'eagerness to come down and see what we are up to'. Along the way, there were occasional tensions about overly 'top down' feeling dynamics, communication styles and project management. All projects independently raised the challenge they faced 'staying on top of paperwork as well as delivering the project' without inbuilt administrative support for project management and evaluation processes.

Although there was disappointment about the lack of sustainability of Mind funding for the project after the two years, there was appreciation for efforts invested to make it work and to support peer champion involvement in local and national service developments. Sites also welcomed assistance with legacy and sustainability planning linking up with local commissioners, stakeholders and local Mind organisations. However, at the time of publication, lack of sustainability remains a risk.

As an evolving legacy from this programme of work, however, Mind is seeking to invest further in supporting some of the local Birmingham Youth Champions who have emerged from this work to shape local mental health services in the city.

Learning from the evaluation process

There has been unsolicited positive feedback from community leads and UMS partners on the generally positive experience of the evaluation methodology with a request that learning be explicitly recorded to inform future evaluations.

Due to unforeseen delays between UMS projects starting to deliver and securing funding for the

Up My Street evaluation, there was an urgent need for Centre for Mental Health to begin data collection as soon as funding was approved. This prevented recruitment of a researcher with a better 'cultural fit' with local communities and meant that work was led by a white principal researcher. The main risk from this approach was the potential to see findings and processes through a white majority lens and to miss some of the key counter perspectives, dynamics and messages which might be influencing activity and outcomes. A second risk inherent to the evaluation was the use of measurement tools which were identified as too 'top-down' and which were unpopular with sites.

It was important, therefore, to explicitly acknowledge and mitigate as many of these risks as we could right from the outset. This included taking the following action:

1. The Centre was transparent with sites about the risks of having a white lead researcher – exploring how this might affect project and evaluation dynamics but also how we might minimise risks.

2. Participant observation methodology became a more central part of the evaluation approach. This approach, which involves researchers being both part of activities and also stepping back and analysing underlying dynamics of events and workshops, allowed us to pick up a large amount of useful information about how projects worked and how they were received. The approach was also central to building relationships and most importantly building trust with young men and with project leads. Finally, it allowed us, on occasions, to support survey completion and negotiate follow-up interviews more effectively.

3. We regularly shared anonymised reflective journals (see box overleaf) with leads on what we had understood about the process of UMS delivery to minimise misunderstanding, open up debate and log differences where perspectives differed. Some project leads said that journals were important in helping understand any value added by evaluation. This process of sharing also helped keep things transparent, iron out misconceptions, and again, build trust.

> **Reflective journals:**
>
> *A reflective journal is a personal record of the researcher's learning/understanding of a process or from their experiences whilst completing fieldwork. It is a space where a researcher can record and reflect upon their observations and responses to situations, which can then be used to explore and analyse themes, conclusions and ways of thinking.*

4. Most importantly, the Centre trained up seven young men from the African Caribbean community to work alongside us as paid sessional peer researchers (some from a pool of youth experts in contact with TIM and some from Birmingham local UMS projects). After initial training, one trainee became the lead peer researcher and three other young men continued to support the evaluation project. To minimise bias and maximise objectivity, the graduates of UMS projects evaluated projects delivered by other UMS project leads. Peer researcher activities included:

   - Completing participant observation guided by a structured template, debriefing and sharing reflective journals to compare perspectives. This helped to bottom out and highlight any differences in white and African Caribbean perspectives;

   - Co-producing, shaping and reviewing semi-structured interview questions to ensure clarity of language;

   - Advising the principal researcher on engagement and delivery;

   - Leading focus groups and building in short icebreakers to make these feel less stilted;

   - Securing consent and delivering semi structured interviews;

   - Organising survey completions;

   - Writing research journals;

   - Capturing video evidence;

   - Developing a wide range of analytical skills;

   - Reviewing thematic findings;

   - Working with one of our researchers to highlight key messages for young men from the research and planning how messages might best be communicated;

   - Co-designing and co-delivering the second wave of peer researcher training.

5. The Centre attempted as far as possible to minimise top-down dynamics – although some tensions were inevitable in a situation where a national organisation was working with local areas using externally agreed measurement tools. There were times when we were called out on issues when dynamics and processes felt unhelpful and it was critical to listen to, understand and not personalise this process. Building good relationships with sites helped maintain an open dialogue and fostered reflection and problem solving. Growing relationships and trust also meant that project leads were more prepared to take a leap of faith in encouraging completion of quantitative tools even though this process felt challenging and counterintuitive.

6. The main criticisms of the Centre's input revolved around the poor fit between quantitative survey tools and project activities, and the potential for greater join up between our evaluation and Mind outcome monitoring processes to reduce duplicated requests for information.

7. Overall, stakeholders fed back that the key to any success was the quality of relationship building that occurred which had helped researchers become familiar faces and engendered trust. Relationships were primarily built through an 'arm in arm' approach both with young African Caribbean peer researchers and with sites underpinned by participant observation, which allowed Centre representatives to become known and subsequently led to much better quality qualitative data. One young man also said that it was important for young people to feel that the evaluation was 'more than just a job' and that researchers were wanting the best for young men's and the community's outcomes.

Main learning points from organisational partnerships with Up My Street sites

1. Effective partnerships between national organisations and African Caribbean communities need to be built on good relationships and open discussion and they must prioritise building trust. This means building in more time to spend with projects and prioritising efforts to build relationships.

2. It is well acknowledged that Black and Minority Ethnic community projects require and favour bottom-up and non-hierarchical developments which maximise solutions with a good cultural fit (Fitzpatrick, 2014). Planning 'arm in arm' with partners right from the very start is important – particularly where partner organisations are larger, national, have more hierarchical processes etc. Before embarking on partnerships, organisations should risk assess plans and processes to identify those that compromise this need for bottom-up dynamics, prompting transparency and joint problem solving concerning how to manage these risks.

3. Many stakeholders interviewed during this research talked about their frustration at the lack of transparency about experiences of racism and the 'conspiracy of silence' that had developed around African Caribbean community members' experiences. It is important for partner organisations to be open and transparent about the potential impact of cultural differences on working dynamics, rather than pretending that these are insignificant and do not matter.

Learning from partnership with peer researchers

The Centre tracked the experiences of peer researchers involved in this project. All peer researchers reported valuing the opportunity to be involved in the evaluation. They enjoyed their exposure to the workshops they observed, and were interested in and committed to the experience of stepping back and reflecting on what they were seeing analytically.

Three peer researchers were graduates from the first year of the Up My Street intake of young men and had participated in one project's series of workshops as well as TIM training. All three had experienced housing crises at the start of their journey with UMS. Two of these young men took peer researcher work forward on a more regular basis. These young men also took on wider Youth Champion work involving multiple opportunities for public speaking. One became a member of Mind's Equality Improvement Group, along with being involved with Mind's Children and Young People Panel.

Two of these young men also completed Mind Resilience surveys over time allowing us to track their longer-term journeys. Both experienced overall improvements in wellbeing scores and one reported maximum wellbeing scores by his final survey. They also both experienced improvements in average Social Support survey scores during the currency of their contact with UMS, Mind, The INTEGRATE Movement and Centre for Mental Health. They particularly reported feeling valued, having friends who they could be open with and feeling they could get emotional and practical support with decisions and goals.

The lead peer researcher

One peer researcher, based in London, was involved in evaluating Up My Street projects from January 2016 to April 2017, assuming increasing responsibility and autonomy over time for researcher tasks and feedback. Experiences were tracked over time, collecting systematic qualitative and some quantitative feedback reflecting on the impact of experiences during each quarter. A Goal Based Outcome (GBO) measurement tool was used to identify key goals of importance to the peer researcher from his experience of research (Law and Jacob, 2015) and to monitor shifts over time. The four goals he identified were:

- To be part of a space where other young men like me reflect on important issues;

- To hear and collect other perspectives on issues which are important to me;

- To understand the skills required to complete peer research;

- To trial these skills in my practice working alongside the principal researcher.

Overall, during the currency of this research, there was a mean 80% positive shift in achievement of identified goals as tracked by GBO measurement tools.

In terms of qualitative feedback, he described 'uplifting' experiences that 'I shall cherish and that made a big impression on me'. He described becoming involved because of his 'passion' to address and understand the things undermining resilience and mental health in his peers. He described learning a great deal from this work, feeling more confident as he gained experience as well as building important skills to add to his CV. In his opinion, involvement in the project had allowed him to maintain a 'positive energy' and to be 'internally in a better place' and resilient, despite many practical difficulties in his day to day life.

A peer researcher's story

In my role as a Peer Researcher for the Centre, I attend the Up My Street events and capture every little detail that helps to affect that day, people's moods and people's mental health, whether for the better or worse. I might take notes on certain individuals who have more of an influence over the group than others, the subjects being spoken about. My job is to capture that event, talk about what's going well, what isn't going well, what's the underlying thing in an incident.

At the events, it just feels like everyone in the room has love for each other. Everyone agrees that mental health in black culture needs to be spoken about, that young black men should have these platforms to get together, thrash out their frustrations, and empower each other. The UMS project has affected the mental health of young black men in a positive way.

The perception society has of black boys and black men isn't always true. I've been lucky enough to be in environments where I've seen the other side, people getting along. There's none of these postcode wars, everyone's working together, laughing together.

I didn't foresee how much of an effect being involved in the project would have on me, how much it would inspire me and give me hope, which is really quite powerful. It's made me resilient. I've faced a lot of adversity in my life. Being asked to evaluate these events, the effect that the bonding has had on me, has given me the strength to get through my own personal problems. I can always think back to an event I was at, and smile to myself and feel strong. I can know that, somewhere, something much bigger than me exists, which is that positive energy, all those young black men in a room, having love for each other and wanting the best for black culture.

In my predominantly white neighbourhood, I'm always aware of the looks and the tension as I'm walking down the street. But the involvement I've had in the projects has given me a different mind frame than I would have had before. So, I just take the looks as a positive, I feel empowered by them, rather than anything negative. Being involved in these projects gives me the strength and the resilience to walk down the street and feel confident and happy and smile, even though I'm surrounded by a lot of negative feelings and negative eyes. I can see how it affects young black males, I've experienced it, but I've chosen to take it as a positive.

Conclusions

Creating a wave of positive male role models

Overall, despite lower likelihood of poor mental health at the age of 11, the weight of evidence suggests that African Caribbean young men are more likely as adults to face poorer mental health – particularly schizophrenia but also higher likelihood of suicide risk and diagnosable level trauma symptoms than other young men in England. They are also more likely to present to services with more serious symptoms. It is not easy to identify clear cut drivers for this over-representation although it is clear, from an overview of national data and studies, that these young men face multiple risk factors for poorer health outcomes which may conspire over time to exacerbate risk.

This evaluation aimed to understand and evaluate three projects seeking to support young African Caribbean men's resilience and, in the process, understand better some of the factors which undermined young men's mental health and wellbeing as well as those protective factors which might help buffer young men against this disproportionate risk.

The evaluation identified the many ways in which many young African Caribbean men's confidence, self-esteem, growth and life chances can be restricted through internalised poor self-belief linked to a general proliferation of negative images and messages about heritage and identity. The impact of this onslaught of negative images was heightened when young men lacked access to positive male role models in their family and had no alternative perceptions of masculinity and therefore no buffer against these predominantly negative and narrow representations of masculinity in the media. Many young men described internalising failure and experiencing these beliefs largely being reinforced in schools.

Broader evidence and community stakeholders' comments suggests that young African Caribbean men had also been disproportionately affected by reductions in youth services which previously, for some, had been the only other setting where they encountered alternative positive male role models. Community representatives also felt that African Caribbean men in the community should be more active in nurturing, inspiring and supporting young men.

School based interventions

In terms of educational experiences, young men talked of teachers often having low expectations of their ability and not understanding the impact of the incrementally damaging experiences of racism. They said that schools often failed to look beneath the surface of poor behaviour when it arose. Young men also felt that there were missed opportunities to open a dialogue in school on mental health and wellbeing as a spectrum managed on a day to day basis, and on what helps build resilience and de-escalate problems.

Following the publication of the children and young people's mental health strategy, Future in Mind (Department of Health, 2015), there has been greater recognition of the important role played by schools in promoting and supporting children's mental health with a range of activity developing to try and increase the support available. However, most schools still say they lack the knowledge and pathways they need to help promote, de-escalate and support children's mental health. There needs to be more explicit priority embedded in national policy and Ofsted inspectorate processes on promoting positive mental health and de-escalating poor mental health in schools, and of the central importance of good child mental health and wellbeing to broader educational and life outcomes. Giving PSHE a statutory status, and ensuring clearly that mental health promotion forms a key part of it, would help to fill this significant gap in the curriculum. Schools and teachers also need better training and practical resources at their fingertips to build and preserve children's mental health. They also need to be helped to develop good knowledge about the range of local in-house and external landscape of local support which could make the difference to children's social, emotional and educational outcomes.

More research is particularly required into understanding the experiences of African Caribbean boys in schools and into how positive messages around identity, heritage and wellbeing might improve self-belief and cultivate the hunger for learning commonly witnessed in young men engaged in UMS projects but described by many as having been left untapped during school. Teachers increasingly have many pressures on them to deliver on multiple agendas in the context of ongoing economic cuts, and the Centre recognises that there is currently a risk of schools feeling overwhelmed by many of these varied requirements. However, this study does highlight a need for schools to have better understanding of the often hidden impact on young men's learning and wellbeing of persistent negative messages, racist experiences and regular micro-aggressions. Our findings point to a particular need to look below the surface of apparent disengagement in school and poor behaviour where young boys and men are at risk of school exclusion and for schools to mobilise interventions. There is also some evidence of a need for support for some boys as they transition to secondary school from primary school when peer group pressure becomes more developmentally important. For some young men in this study, teachers were able to turn things around by thinking laterally about how to stimulate and then harness academic enthusiasm and growth. Up My Street projects were also sometimes used as an intervention programme for those at risk occasionally with ongoing support being made available, where required, through peer mentoring.

Schools have a unique opportunity to promote children's mental health and emotional wellbeing. There are a range of universal and targeted programmes which have reasonable evidence for improving both mental health outcomes and for promoting academic performance (Durlak, *et al.*, 2011). There is a need for schools to deliver more interventions to understand and develop social and emotional skills and mental wellbeing. Given the higher risk that young African Caribbean boys face of poorer adult mental health, these programmes, which open up a dialogue on emotional literacy and which seek to foster social and emotional competencies early in life, would appear especially important. Some social competencies have also been associated with broader success in life and escape from economic hardship. This is a critical risk factor faced by a larger proportion of young men from African Caribbean communities.

Harnessing community expertise

Just as some mental health trusts have community development workers who work with local services and Black and Minority Ethnic communities to reduce health inequalities in emotional health, so too schools and colleges, local children's commissioners, Jobcentre Plus and justice services also need access to culturally informed, grassroots led expertise to identify and address longstanding inequalities affecting young Black and Minority Ethnic residents (in this instance young African Caribbean boys/men who appear to face greater barriers in comparison with their peers). These community experts could engage with young men from local communities, and co-produce workable local interventions and preventative and de-escalation pathways. They should also work with parents to improve integration between local African Caribbean communities and schools.

Youth projects and mentors for young men

Local commissioners should pool funding to support a network of youth projects like Up My Street led by positive male role models and supporting the resilience of young African Caribbean boys and men. Funds should be pooled for this initiative because gains from programmes are likely to benefit many local commissioners (including NHS, Police and Crime Commissioners and public health) and will also emerge over time.

Projects should include funding for the development and training of paid and well supported graduate mentors thereby also providing important opportunities for young men's professional development and widening and sustaining the projects' reach. There is good evidence for the effectiveness of mentoring in improving outcomes for young people at risk

of poorer outcomes, if well targeted towards higher risk young people and if activity is well supervised and implemented (Rhodes, 2008; DuBois, *et al.*, 2002). At the time of writing, the Department for Education is seeking to test out mentoring more closely in schools. This is an important opportunity in which to include the piloting and evaluation of culturally informed mentoring with African Caribbean boys building on learning from UMS projects. Such culturally informed mentoring could specifically work to engage boys who ask for help, who are at risk of exclusions or behavioural problems, whom schools or parents have concerns about or who present with multiple or higher needs. The development of young male African Caribbean mentors could be facilitated through NHS trusts making use of new levied funds available to larger organisations as part of the national Apprentice Development programme. Larger organisations that are eligible for this levy are able to gift 1% of levied funds to voluntary sector providers.

Co-producing and delivering messages with young men, mentoring projects like UMS should also mobilise community support and volunteering from successful men in local African Caribbean communities.

Understanding the impact of prolonged racism and discrimination on mental health and wellbeing

The Centre encountered a very wide range of young men during this evaluation ranging from those in university, a few who had dropped out of university and lost direction, those in work, those persistently struggling to get work and those who had ended up in contact with the justice system or in prison. Most stakeholders' comments pointed to young black men having generally more negative educational and socio-economic opportunities, and echoed findings in the literature of a negative weathering effect that occurs over the course of young men's lives as they also deal with the stresses of routine discrimination and micro-aggressions alongside other adversities. When describing their experiences of discrimination, many young men also talked about an isolating 'conspiracy of silence' and general 'invisibility' surrounding

their experiences in a predominantly white society which left them dealing with many of these challenges 'in their heads' or alternatively by 'exploding'.

Prolonged exposure to excessive stress hormones are noted to inflict wear and tear on the body and are linked to mushrooming health inequalities during adult years. This may go some way toward explaining the perplexing finding that while young black boys at the age of 11 are not more likely to present with diagnosable mental health difficulties, by the time they reach adult years they are more likely to present with PTSD and many times more likely to present with serious and costly illnesses such as psychosis. The effects of this wear and tear may be worse for communities residually affected by historical trauma as there is evidence of intergenerational transmission of trauma symptoms in some communities which can undermine the extent to which a child is able to self soothe in the face of stresses.

Data on young African Caribbean men's outcomes indicates that there has been at best little change in social and health inequalities over the last decade. In the case of Black and Minority Ethnic young men's over-representation in the youth justice system, despite continued reviews and plans to implement change, things have dramatically deteriorated with a considerable increase in the proportion of Black and Minority Ethnic young men in custody, despite a two-thirds reduction in the general youth custody population in the last decade. Neither have there been reductions in the number of boys being excluded from schools or men experiencing serious mental health difficulties.

Both at national and local level, there needs to be more explicit acknowledgement of the toxic impact of racism and discrimination on young people's mental and physical health, with more open discussion of the reality and impact of experiences.

Young African Caribbean men face multiple risk factors in many settings and these inequalities have been apparent over a very long period. These risk factors increase the chances of costly and life damaging crises. There is now a need for concerted cross sector activity to shift the

dial. It is imperative that cross sector solutions are shaped and co-produced with African Caribbean communities, dovetailing with the particular needs of local areas. Such concerted action requires national leadership – something which, during this evaluation, young people said was lacking in terms of improving their outcomes and experiences.

A Concordat for Black and Minority Ethnic health

Concordats are multi sector agreements and plans co-produced and set down to drive change in areas historically resistant to change. Concordats have previously been used relatively successfully to improve multi-sector mental health crisis care which can create a cost burden for many partners if poorly managed (HM Government and Mind, 2014).

Without a significant driver for multi-sector change, health and social inequalities affecting young African Caribbean men will persist further. To 'shift the dial', the Government should require local areas to develop, arm in arm with Black and Minority Ethnic communities, a local Concordat to drive improved health, educational, social, gang-related, PREVENT and justice outcomes. Concordats should use local needs assessment data and grassroots intelligence to understand the particular risks faced by young Black and Minority Ethnic men in their local area and particularly prioritise prevention, early intervention and de-escalation.

As part of this Concordat, schools should work with African Caribbean community groups to support aspirational mentoring for young black boys and to reduce exclusions.

Research priorities

There needs to be more investigation, by research organisations, into any variations between black African and black Caribbean wellbeing rates and prevalence of mental health difficulties as well as greater understanding of effective interventions to support communities affected by historical trauma. And given what we know about the impacts of cumulative trauma over time, scholars of trauma must be committed to developing effective interventions for current and historical trauma that target not only individuals but also families and communities.

To more effectively co-produce best steps forward, the Centre aims to work with community experts and young people on a series of round table events seeking to problem solve effective strategies and levers at national and local level to 'shift the dial' in terms of these young men's generally poorer outcomes.

The Mind, The INTEGRATE Movement and UMS partnership

The Mind, The INTEGRATE Movement and Up My Street Partnership sought to open a dialogue on mental health with young African Caribbean men in Birmingham and the wider African Caribbean community, and strengthen young men's wellbeing and social support with the longer-term aim of preventing enduring ill health. Generally, this programme of work has produced promising early stage results – helping projects move on from having a logic model to having some evidence of statistically significant improvement in wellbeing (although with low total sample completion rates). It also captured and voiced key themes of importance to young men, produced findings of importance for future service design and key learning from arm in arm working between national organisations and local African Caribbean partnerships.

However, the evaluation was in itself a journey which required trust to be built up and understanding of the benefits to be clearer – particularly in relation to quantitative 'top-down' feeling methodologies. By the end of the evaluation, there was very strong enthusiasm to continue the evaluation journey, to explore ways of improving young men's commitment to complete surveys and thus to improve further the quality of evidence of effectiveness for interventions supporting young African Caribbean men's outcomes. Lack of sustainability of funding for such projects (which often have small samples) often means that projects are not allowed to develop trust and to mature in terms of their implementation and evaluation processes, all of which in

turn hampers the build-up of higher quality evaluation evidence in the longer term for culturally informed approaches.

The Early Intervention Foundation has established five levels of strength of evidence which help those designing and delivering programmes identify a positive causal impact on the outcomes of those engaging with programmes (Early Intervention Foundation, 2017). These levels range from development of a basic theory of change to multiple rigorous evaluations with longer term follow up of young people's outcomes. At the present time, Birmingham-based UMS projects are at the lower end of these standards of evidence. However, this evaluation has resulted in greater enthusiasm to build further on this evidence base to better illustrate project outcomes. For this to happen, there needs to be more investment in sustaining projects and also in research to build on current steps forward.

Organisations seeking to work in partnership with African Caribbean communities, and those who fund them, need to invest more time and effort in developing and maintaining trusting relationships when working 'arm in arm'.

From the start, national or larger scale organisations working with smaller Black and Minority Ethnic community groups should plan together, building on local needs, and risk assess, problem solve and review processes and systems which feel 'top-down' in partnership, to neutralise negative impact on relations.

The Up My Street Model

The UMS projects were fronted by relatable positive and growth-promoting male role models who reached out to engage young men. They used creative, interactive, dynamic and fun techniques to develop psychologically and culturally informed safe environments. This offered a space for young men to explore wellbeing and resilience in the context of their ethnic identity and experiences and where they could begin to unpack and understand their 'true identity' as black young men. Despite being fun, these were also serious, focused environments where young men were encouraged to further develop key social and

'survival' competences such as persistence, self-awareness, perfectionism, goal orientation and social commitment, which studies consider critical for success in life and escape from poverty (Aber *et al.*, 2015). Social commitment was harnessed through graduates being supported to develop skills that enabled them to become mentors – an element of this model which could be developed further through funding formal training and qualifications for the young men involved.

This was an early stage evaluation triangulating extensive qualitative data with quantitative data tracking shifts in wellbeing and social support. Overall findings were that the UMS initiative was greatly valued by and relevant to young African Caribbean men.

Many talked of becoming more aware of their use of creativity, spoken word, and music as a coping mechanism for stress management – both as a way of processing and channelling emotions and frustrations but also as a distraction from stress or as a way of emptying their minds as they became absorbed in the moment.

Some talked about newly discovered activities which improved their wellbeing during UMS. These included being exposed regularly to other African Caribbean men who had achieved against the odds; understanding themselves (and their potential) better as young black men; connecting with other positively minded peers; sharing experiences of racism, adversity and emotional difficulties with peers; co-producing activities and working as a team; giving back to other young men; and coming together in settings where they were exposed to a strength-based appraisal and representation of African Caribbean heritage and of young men's potential.

They also described various benefits including improved self-belief, self-esteem, aspiration, persistence and personal growth, a hunger for personal development, better understanding of resilience in the context both of their heritage and of their experiences as a young black man, feeling more empathic to others, much more supported by other men, and less 'in their own heads' and isolated as they realised that others felt the same.

Triangulated quantitative and qualitative findings indicate that this resilience boosting model was well received by boys and young men in contact with the project and by many community members. It appears to have targeted and engaged a group of boys and men with lower than average wellbeing (based on black male norms) producing promising shifts in wellbeing which may have a protective effect in terms of the effects of wear and tear which seem detrimental to young African Caribbean men's health and life chances. This shift in wellbeing requires much more robust testing. Future projects should therefore build in administrative support to enable better outcome monitoring.

Work should be taken forward to build on the domains identified by young men in this study (in Figure 1) as being essential to their resilience. Partners should aim to work with young African Caribbean men to co-produce and scientifically validate a bespoke and more relevant outcome monitoring tool which could be used in tandem with SWEMWBS for future evaluations.

Culturally appropriate service design and bridges between statutory and community services

One significant message emerging from discussion was young men's general distrust of formal and statutory services – including the police and health services. By the end of the project, although they were more likely to be openly talking about mental health and wellbeing and identifying positive and negative factors influencing this, they were still less likely to approach formal services should they encounter more serious problems. Instead they favoured something that was more holistic in its view of mental health and recovery, that 'goes straight to the young people' and 'takes support to where they are at'.

Local providers and commissioners of mental health services should work with community leaders and with experts with lived experience to co-produce more culturally appropriate mental health crisis prevention activities, pathways and recovery plans for those at risk of

escalating into mental health crises. This should build on the forthcoming findings of Dr Frank Keating's research at Royal Holloway University on socially oriented approaches to recovery for black men.

Community projects such as UMS can act as essential 'bridges' to and from formal services. However, this can only happen if statutory services systematically build relationships and trust and if UMS projects are adequately funded to complete community engagement and bridging work.

The UMS projects could, for example, provide an important pathway from the relatively newly commissioned Birmingham and Solihull Mental Health NHS Foundation Trust point of arrest health screening service (Liaison and Diversion). This scheme involves health workers identifying those at risk often in police custody settings or court. Given the higher numbers of young black men over-represented in these settings and the evidence of their likelihood of referral for health support via justice pathways, there would appear to be a strong justification for commissioning a bespoke culturally appropriate pathway from Liaison and Diversion to support de-escalation and recovery. This was a recommendation previously made in the Centre's Bradley Commission Briefing in 2013 (Saunders *et al.*, 2013).

Any model of mental health support for young African Caribbean men going forward would rely on projects like UMS being funded to deliver lighter touch support to communities, supported by mental health services, who could proactively come into sessions to build familiarity and relationships, to share expertise and to facilitate more effective joint working between health services and UMS type community projects should any young person escalate into crisis. Because of the overlap between poor health and social outcomes (including very costly over-representation in the justice system) and the greater chance of young men ending up in costly crises affecting all of these systems, any future funding for initiatives such as this would benefit from pooled or aligned models of local funding.

Recommendations

1. The Government should work in partnership with relevant national bodies to develop a Concordat for Black and Minority Ethnic health. This should build on the approach of the Crisis Care Concordat, of spurring local partnerships to identify and take concerted action to address inequalities in their communities.

2. The Department for Education and Department of Health should support and enable all schools to prioritise mental health and wellbeing. This should include making evidence-based mental health education a mandatory part of statutory Personal, Social and Health Education (PSHE), and ensuring teachers receive adequate training to give them the skill and confidence to provide it.

3. The Department for Education should commission research to understand the experiences of African Caribbean boys in schools and how to embed positive messages around identity, heritage and wellbeing in education. This should give schools a better understanding of the often hidden impact on learning and wellbeing of persistent negative messages, racist experiences and regular micro-aggressions.

4. The Department for Education should ensure adequate support is provided for black boys when they are considered for exclusions. This should include mobilising interventions similar to UMS that may help boys have regular access to positive role models, strengthen their self-belief and resilience, and re-engage with education.

5. The Department for Education and Department of Health should sponsor a mental health awareness programme in schools, including a major element specifically targeted at black boys.

6. The Department for Education should pilot and evaluate culturally informed school-based mentoring programmes for black boys.

7. Ofsted should specifically assess schools' efforts to promote mental health and wellbeing. This needs to be an explicit element of inspections, alongside but not subsumed by safeguarding and SEND responsibilities.

8. Schools and colleges, local children's commissioners, Jobcentre Plus and justice services should invest in community experts with access to culturally-informed, grassroots-led and youth-focused expertise to identify, advise on and help partners take action to address longstanding inequalities affecting young Black and Minority Ethnic residents.

9. Local authorities should ensure that joint strategic needs assessments include intelligence about the mental health of Black and Minority Ethnic communities. Evidence should be sought from within communities, drawing upon their experiences.

10. NHS England should ensure that the emerging national Liaison and Diversion operating model learns from and builds on learning from UMS. This means having access to relatable and outreaching staff who build relationships with young men, engage them in culturally informed resilience and opportunity-boosting activity and who help 'bridge' them to other broader health assistance when this is needed.

11. Health, local government, employment and justice commissioners should pool funds to

support and sustain local projects based on the principles of UMS. Projects of this kind benefit multi-sector budgets so they should be commissioned collectively to maximise the resources available to support sustained local investment. Projects should include funding for the development, training and accreditation of paid and well supported graduate mentors.

12. NHS mental health trusts should create apprenticeships and other employment opportunities for young black men to become mentors. This would create important employment opportunities for young men involved in and graduating from projects like UMS and enhance the existing mental health workforce.

13. Community, voluntary, philanthropic organisations and further education providers should work together to support the development of a wave of African and Caribbean male role models. This should build on projects like UMS, developing a cohort of men who can act as role models for boys and young men. Such mentoring will require closer partnership between local mentoring provision and further education providers and should result in accredited and marketable skills to support sustainable employment.

14. Organisations seeking to work in partnership with African Caribbean communities should invest time and effort in developing trusting relationships when working 'arm in arm'. And larger scale organisations working with smaller Black and Minority Ethnic community groups should plan together, building on local needs, and risk assess, problem solve and review processes and systems which feel 'top-down' in partnership, to minimise and neutralise negative impact on relations.

15. Research funding bodies should prioritise research and evaluation that will build the evidence base for programmes supporting young black men's mental health. This is vital to inform sustained investment in programmes that will make the biggest impact. And it should include research to develop a culturally appropriate outcome monitoring tool to measure resilience among participants.

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Evaluation of the Mind Birmingham Up My Street programme

COMIC RELIEF

Lorraine Khan, Geena Saini, Alex Augustine, Kyle Palmer, Mark Johnson and Rohan Donald