Centre for
Mental Health

Trying something new

Improving boys' and young men's mental health through sports and creative activities

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Summary

Boys and young men can face multiple barriers to accessing mental health support. They may, for example, be exposed to gender stereotypes which generate stigma around seeking help, concerns around showing vulnerability, and less positive attitudes towards mental health services.

'Thriving Not Just Surviving' was a three-year programme funded by Comic Relief to deliver community-based mental health support tailored to the needs of boys and young men. Key learning points emerged from the programme:

- Building mental health support around creative and sporting activities can improve engagement with boys and young men who might not otherwise seek support.

- A flexible choice of group work and one-to-one support could help boys and young men feel safe, build friendships, engage with practitioners, and support each other.

- Formal leadership and volunteering roles can be difficult to establish among project participants, especially where presented needs are high, but some young men may organically emerge as skilled peer supporters and mental health champions.

- Partnership working can usefully bring complementary skill sets together, for example with skilled youth workers acting alongside counsellors or psychologists to deliver both engagement and support.

- Systemic problems including cuts to wider services, youth violence, financial hardship, and lack of join up between services disproportionately impact marginalised young people.

- The Covid-19 pandemic had a profound impact on stress levels, anxiety, responses from other services, and other stressors such as delayed asylum claims. Racial injustices emerged as an important issue for many of the boys and young men.

Action across national Government, local councils and the NHS is needed to ensure that services can meet the needs of diverse communities, support marginalised young men, and address systemic injustices and inequalities. Community led activities can be a valuable component of this response.

Introduction

Recent national surveys have highlighted increasing prevalence of poor mental health among children and young people. Boys aged 5-16 have emerged as a group particularly at risk of poor mental health. While the prevalence of mental health problems among young women aged 17-22 is significantly higher than among young men, rates are also increasing among the latter. Suicide remains the largest cause of death for men under the age of 35, and there is evidence that men are less likely to access mental health support. Some boys and young men are at greater risk than others, with poverty, bullying, racism, marginalisation, discrimination, isolation, reduced access to opportunities, and poor living conditions all risk factors for poor mental health.

In 2018, Comic Relief launched its 'Thriving Not Just Surviving' programme to invest in initiatives that place the needs of boys and young men at their heart. Centre for Mental Health was commissioned to support learning, capacity building, and systems change alongside 'Thriving Not Just Surviving'.

The programme funded a cohort of 23 organisations and partnerships from across the UK to deliver 'male-friendly' mental health support over three years. These projects reported positive outcomes for over 11,000 young people, the majority of whom were young men and boys. More than half of these projects specifically target boys and young men who face mental health inequalities. Almost all of the projects use sports, arts, creativity or social activities as part of their approach.

Centre for Mental Health carried out the action learning partner role through a programme of annual learning and networking events, individual support to funded partners, and analysis of the findings shared in individual reports.

This briefing presents evidence on the mental health of boys and young men and what affects it, alongside insights from the learning support process. This includes learning around the impact of and responses to the coronavirus pandemic, which affected the funded partners and their beneficiaries during the programme's second year. It explores the value of creative and sporting activities in attracting and engaging boys and young men in conversations and support for mental health. It discusses how group work, peer support and participation, and partnerships evolved during the course of the programme. And it makes a set of recommendations on service design, 'system working', and national action which are informed by the evidence base and by learning from the programme.

The mental health of boys and young men

What the evidence base tells us

Poor mental health is common among both men and women, and it affects people of all ages, from infancy to later life. While men are less likely than women to have the most common mental health conditions, emotional distress is still widespread across the life course (NHS Digital, 2016). People with trans and non-binary gender identities experience higher rates of poor mental health, and it is therefore important to look beyond a gender binary approach.

We know that boys and young men can experience mental health differently to young women and girls. Men may, for example, be exposed to gender stereotypes which reinforce stigma around emotional difficulties and help seeking, concerns around showing vulnerability, and less positive attitudes towards mental health treatment (Khan, 2016; Seidler *et al.*, 2016; Stiawa, 2020).

- For boys aged 5-16, the rate of probable mental health disorders increased from 11.4% in 2017 to 16.7% in 2020. In girls, it increased from 10.3% in 2017 to 15.2% in 2020 (NHS Digital, 2020a)

- The likelihood of a probable mental disorder increases with age, with a noticeable difference in gender for the older age group (17-22) where a higher proportion of young women (27.2%) than young men (13.3%) are estimated to have a probable mental disorder (NHS Digital, 2020a)

- Suicide is the largest cause of death among men under 35. Three quarters of people who die by suicide are men (ONS, 2020)

- Men are less likely to be referred to psychological therapies than women, accounting for only around a third of NHS referrals (NHS Digital, 2021)

- In adjusted analyses, adolescent girls were twice as likely as boys to report willingness to use mental health services (Chandra and Minkovitz, 2006).

Mental health inequalities

Many of the issues that affect men and boys' mental health are the same as those affecting women and girls. These include the impact of economic and social inequalities, the effects of abuse, neglect and bullying, experiences of discrimination and marginalisation, and the impact of loneliness and isolation.

Inequalities in men and boys' mental health are stark. Poor mental health often results from social and economic inequalities, and it can also exacerbate them. Groups of men and boys that are known to experience poorer mental health include those:

- With learning disabilities, and neurodiverse or autistic people

- With physical illnesses, especially multiple long-term conditions (Naylor et al., 2012)

- Who are Gay, Bisexual or Trans

- Who are unemployed or in very low paid or insecure employment

- Who are homeless (or living in insecure housing)

- Who are Looked After Children, or adults who have been in the care system as children

- In the youth or criminal justice system (including YOT and probation services as well as prison).

Evidence on race and ethnicity is more mixed, but there are significant inequalities. Among boys aged up to 14, there is evidence that being from a racialised community is a protective factor for mental health (Gutman et al., 2018). Yet in adult life, African and Caribbean men are three times more likely than their white counterparts to be diagnosed with schizophrenia but less likely to be diagnosed with depression or anxiety. Use of the Mental Health Act varies widely by ethnicity, with higher than average rates recorded for people from African and Caribbean, Pakistani, Bangladeshi, and 'other white'[1] communities, and lower than average rates for those from Indian or Chinese communities (NHS Digital, 2020b).

While there are many competing explanations for these figures, we do know that African-Caribbean young men growing up in the UK are more likely to face multiple and significant risk factors for poor mental health (Khan et al., 2017). These include living in poverty, housing insecurity and homelessness, difficulties at school and subsequent reduced access to opportunities, experiences of racism which 'wear down' resilience during teenage and young adult years, and living in unsafe neighbourhoods.

Behaviour and exclusions

Among boys, behavioural problems are the most prevalent manifestation of poor mental health and experiences of trauma, yet these are often not understood as reflecting emotional distress. Children with the most serious and persistent behavioural problems have some of the poorest lifetime outcomes, and very often they come alongside other mental health difficulties. They are at serious risk of every adult mental health condition later in life and face higher chances of faring badly at school, being unemployed, developing addictions, having poor physical health, suicide, and coming into contact with the criminal justice system (Parsonage et al., 2014).

In the 2018/19 academic year, 76% of permanent school exclusions across England were of boys (Department for Education, 2021). Exclusions are highest amongst Black

[1] In the data, this refers to white groups other than those identifying as White British, such as White Irish, Gypsy or Irish Traveller

pupils and those from Gypsy, Roma and Traveller backgrounds. Black Caribbean pupils are three times as likely to be permanently excluded compared to their white counterparts (Department for Education, 2020). Those who get excluded from school face particularly high risks of multiple difficulties throughout life. Research by the University of Exeter finds strong correlations between school exclusions and poor mental health (Ford *et al.*, 2018).

What works for boys and young men

Research by Robertson (2015) has identified several ways of working that may improve the effectiveness of interventions seeking to address the mental health of men and boys:

- The settings within which interventions take place are critical to the creation of a safe space. Settings need to be 'male friendly' and culturally sensitive to the specific requirements of different groups of men and boys.

- Interventions should take a positive approach to working with boys and men. Robertson argues that working in a 'male positive' manner is often crucial to sustained involvement.

- The style and language used can make a significant difference to successfully engaging men and boys. Using terms like 'activity' rather than 'health' and 'regaining control' rather than 'help-seeking' can make projects more familiar and less off-putting.

- Staff/facilitator characteristics and skills must align with interventions' values and approaches. Taking a non-judgmental approach to working with men and boys is vital in providing the right type of environment and supportive approach.

- "Male familiar activity-based interventions" seem to offer promise. Activities can provide a 'hook' to encourage engagement into interventions and provide a group context which promotes social inclusion and enjoyment.

- Successful interventions are 'grounded' in the community. Being community-based allows support to remain close to the men and boys they are working with and assists in promoting social inclusion.

- An awareness of the different socio-cultural contexts of groups of men and boys, such as groups facing racial inequality, as well Gay and Bisexual men, is important. Interventions need to feel relevant to different groups.

- Partnership working offers a number of benefits for services, including creating credibility and extending reach and resources. Partnerships need to be sensitive to the 'male positive' approach and should be aligned with attributes which promote positive working with men and boys around their mental health.

Evaluation evidence demonstrates how working alongside young men from the most marginalised communities to address poor mental health can improve wellbeing, with benefits that last a lifetime (Khan *et al.*, 2017).

Earlier intervention can also have benefits for all children, especially those displaying the first signs of distress through behavioural difficulties. Evidence-based parenting programmes are shown to be good value for money and provide long-term benefits for both parents and children (Parsonage *et al.*, 2014).

For boys and young men facing mental health inequalities, comprehensive action to address the social determinants of poor mental health (including poverty and marginalisation), increase access to support, and improve outcomes requires far-reaching changes. 'Male friendly' interventions are only one part of this (Centre for Mental Health, 2020).

Learning from the 'Thriving Not Just Surviving' programme

Over three years Comic Relief funded a cohort of 23 organisations and partnerships from across the UK to deliver 'male-friendly' mental health support. As part of Centre for Mental Health's role as a learning partner, we identified a range of elements and principles demonstrated by the projects which could effectively improve engagement of boys and young men with mental health support.

Successful engagement of boys and young men

We identified several stages of engagement and characterised this as a 'pathway' for boys and young men. Boys and young men would benefit from contact with projects, either through referral or self-referral, to engage with activities around their mental health. They could also act as a peer supporter, mentor or ambassador. In this pathway, young men progressed from initial awareness to sustained and meaningful engagement with their own mental health or that of their peers.

All the projects faced challenges around engagement, though these arose at different stages of the 'pathway'. Funded partners highlighted factors which improved or enhanced boys' and young men's engagement across the pathway:

- Well planned, appropriate communication, promotion, and networking

- Partners in the community who could be allies in facilitating engagement

- Locating activities and services as near to where boys and young men were

- Making activities socially and culturally acceptable to boys and young men – contrary to other research, this was less about 'male-friendliness' and more about informality of structures and being personable, credible, light-hearted and engaging

- Employing staff and volunteers who reflected the young men demographically, including in mental health specialist roles

- Addressing vulnerability in non-stigmatising and informal ways

- Using 'calls to action' and providing boys and young men with roles or work

- Explicitly addressing the complexity and stresses of young men's lives

- Avoiding an excessive focus on mental health and traditional support approaches

- Engaging boys and young men as equal experts on their mental health alongside (but not superseding) professionals

- Celebrating and recognising boys' and young men's achievements.

"We found many of the young people we aim to engage have complex relationships to help-seeking and are highly mistrustful of professionals, which creates a barrier to them engaging with support. We have learnt that the young people engage most effectively through youth-led project activities." – **Project lead**

Working with boys and young men facing mental health inequalities

Just over half of the projects targeted groups who face mental health inequalities. This was sometimes exclusive, in that only boys and young men from that community were admitted to the project, and sometimes more open, where projects were designed to be more accessible to boys and young men of a particular group but also welcomed others.

Target groups included boys and young men who were:

- At risk of perpetrating violence or gang affiliated; boys from communities facing racial inequality

- Care leavers

- Gay, Bisexual or Trans

- Homeless

- Unaccompanied asylum seeking, refugees or trafficked

- Victims of sexual violence.

About a third of projects said that the young men they worked with were being negatively impacted by systemic problems, and the projects reaching out to the most marginalised communities were disproportionately affected. Some of the challenges were:

- Cuts in other services meaning that onward referral was difficult
- Lack of joined up working making systems difficult to negotiate
- Rising rates of serious youth violence in communities
- Complex legal processes affecting asylum claims
- Lack of affordable or suitable housing
- Rising availability and use of synthetic substances such as 'Spice'
- Financial hardship caused by Universal Credit introduction, exclusion from benefits or the financial impact of the pandemic
- Negative media coverage of Trans inclusion.

"The target group was already dealing with lots of segregation – the learning was to involve everybody" – **Project lead**

These challenges affected projects by making access to them more difficult, increasing the workload of staff, and affecting boys' and young men's ability to recover and move on.

Four projects said that outcomes were being affected by rising serious youth violence in their area. This affected boys' and young men's sense of safety, ability to travel to projects, staff time needed for risk assessment and mitigation, and extra police attention to the project. Interestingly, there were comments that the policy and media attention on knife and gun violence could be counterproductive, with some areas subject to multiple initiatives that were poorly coordinated. Funded partners commented that there could be a negative impact directly on young men (stress, trauma, anxiety, poverty, and discrimination) and on the project efficacy (lack of funding, staff distraction, increasing complexity, and logistical barriers).

We worked with a group of projects to explore how they were responding to these external factors to maximise positive mental health outcomes for boys and young men. These themes emerged:

- An initial and continuous focus on physical safety and other basic needs (food, shelter, warmth, freedom from fear)
- Active connections to other agencies, with senior leaders sharing information about pressures with other agencies to ensure a joined up approach
- Acknowledging and validating the fears and stresses on boys and young men when working with them
- Engaging boys and young men as activists and agents of change, helping them share their experiences and participate in the strategic planning of solutions.

Sports, arts and creativity as a mental health resource for boys and young men

Almost all of the projects used creative, sporting, or social activities in their work. Just under half of the projects were using more than one activity type. There are a number of ways in which activities impacted on outcomes for young men. The projects identified the following strengths to this type of approach:

- **A 'hook' to engagement** – some projects had explicitly planned creative and sporting activities to engage boys and young men, within which mental health support such as counselling could also be embedded.

- **Self-expression** – by producing creative outputs, especially if this was then shown or celebrated, projects recognised improvement in young men's self-esteem and confidence.

- **Trying something new** – participating in new activities could open up conversations about new ways of caring for their health. Several projects extended into outings and residential trips and noted that this had a positive effect on young men's openness to new ideas or experiences.

- **Breaking down barriers** – for example by allowing young men to be silly, distracted or playful, activities encouraged them to be together and communicate in different ways.

- **Reflection** – activities could create opportunities to use metaphor to help young men learn about and share experiences of mental health. For example, an activity may create a learning opportunity by participants pausing and reflecting on the feelings or behaviours they had during the activity.

- Creative and engaging activities could also **create positive memories** and help overcome traumatic ones.

Some funded partners used traditional mental health interventions such as counselling or online crisis support. Others delivered mental health content alongside creative or sporting activities. More commonly, funded partners chose to integrate mental health content into their activities. This meant recognising the inherent psychological value of creative and positive activities, while incorporating mental health knowledge within them.

> *"[The project gives me] space to properly express myself which I've never really had before. Drama gives me a way to express the feelings I have and share that with others which is really good."* – **Young person**

Psychoeducation

While projects at times pushed back against the gender stereotype that young men and boys tend to have poorer language and knowledge about emotions and mental health, many recognised the importance of psychoeducation (helping people to access the facts about a broad range of mental illnesses in a clear and concise manner). In the 'Thriving Not Just Surviving' context, this tended to involve normalising mental health language and conversation through informal discussion.

This was commonly done opportunistically as discussions arose with young men and boys. Activities were also used as an opportunity to notice and reflect on emotional states.

> *"Therapeutic conversations based on evidence-based psychological approaches will be wrapped around everyday interactions and activities where young people feel comfortable and in control – whilst cooking, playing PlayStation, in the music studio."* – **Project lead**

Blending mental health and youth work skills

The youth work skill set emerged as an important factor early on in the programme. In some projects, mental health professionals such as counsellors or psychologists worked directly with boys and young men in youth work settings and activities. We heard how this could enable mental health professionals to learn more about youth work and to pick up youth engagement skills from youth work professionals.

Where mental health professionals were integrated into youth work settings, they were well placed to offer direct mental health support to project participants. In addition, some projects had brought mental health professionals into clinical governance or supervision roles. For example, projects established formal or informal mental health training and support for non-mental health professionals, such as weekly meetings, telephone advice, clinical supervision or social media networks.

> *"All [youth centre] staff have attended one to one and group case consultation sessions to consider mental health and wellbeing issues impacting specific young people in their clinical work."* – **Project lead**

Group work

Most projects used group activity, while some also offered one-to-one contact. On the whole, group activity was seen as more effective, and often group contact alongside one-to-one support was seen as optimal. More choice for young men and boys about when and how to use group and/or one-to-one support was seen as preferable. The more successful group activities were those with a predictable structure, which helped boys and young men feel safe, but which were flexible and allowed time for friendships to be built. Nearly all groups used a mix of positive and creative activities with mental health content, whether integrated or separate.

> *"Through talking openly about their mental health, the young men have been pushing back against stereotypes about masculinity amongst each other."* – **Project lead**

Peer support

By the second year of the projects, funded partners increasingly reported that young men were supporting each other's mental health recovery. While in the programme's early stages, formal peer supporter roles had been harder to get off the ground, by the second year, projects noted the importance of informal relationships that had developed within groups of young men and boys. Several funded partners told us about the importance of relationships and friendships which had previously been a challenge for some boys and young men who had been isolated before the project.

Consultation and coproduction

While several projects planned formal consultation or coproduction stages, these could be quite challenging to deliver. We found that boys and young men needed clarity about the nature of a group or activity before joining, and that open conversation could be challenging and less engaging. In fact, coproduction of the model happened as an ongoing process throughout most projects.

Formal participatory roles

Around half of the projects included formal leadership, coproduction, or other participation roles from the outset. These included roles for volunteers, peer mentors, ambassadors, and champions. Some of these roles were not successfully implemented, particularly where the Covid-19 crisis had affected this model, halting many group activities and closing schools.

Another common reason for this was young men and boys presenting with levels of need which made it impossible for them to adopt a formal role until their lives had stabilised. It could also be difficult for young men to sustain engagement with formal roles. However, other projects had introduced more formal roles, especially where young men and boys had 'graduated' from the project and wanted to remain involved to support others. Projects learned that a sense of purpose and responsibility had a positive impact on boys' and young men's self-esteem and confidence. Four of the projects offered accreditation or qualification to boys and young men, and all found this to be a valued part of their project.

> *"We have continued to struggle to engage young men as 'community champions' per se although a number were engaged in other capacities."* – **Project lead**

The 'Thriving Not Just Surviving' programme has an ambition to effect change beyond the lives of the boys and young men who were directly involved. Several projects strived to help young men and boys to have their voices heard and influence wider changes in society and in mental health systems. Examples included:

- Engaging young men and boys in local area reviews of mental health services
- Involving young men in creative and media activity, e.g. for World Mental Health Day
- Young men and boys presenting to their peers, e.g. at school assemblies
- Involving young men and boys in creating strategy or policy for organisations.

"It's a change within themselves and groups first, then the community and other young people outside the programme." – **Project lead**

On the whole, the more formal leadership or volunteering roles were more difficult to establish.

The importance of partnership working

While a minority of projects involved shared funding in a formal partnership across several organisations, most projects involved working in partnership with others in some form. Partnership formats included formalised co-delivery arrangements, sub-contracting arrangements, colocation or venue rental and referral arrangements (giving boys and young men a route into the project or a route out to further help elsewhere).

Some projects used the partnership model to 'buy in' a specialism or specific skill, such as clinical skills. Other partnerships were driven by a need to access a particular group of boys and young men with whom a partner was already in contact. Other partnerships hoped to establish a pathway by which boys and young men may move between different projects.

In our review of the programme's first year, we learned that projects which invested time in creating close, aligned, structured, predictable partnerships tended to be more successful. In particular, we noted the importance of senior level buy-in and regular networking.

"It can be difficult to align to the mission of the partner organisation in a way that is useful." – **Project lead**

As 'Thriving Not Just Surviving' partnerships matured, some themes emerged about the nature of successful partnerships:

- **Complementary skill sets** – partnerships worked better when it was clear in what way the workforce's skills complemented each other. This was often with one partner bringing strong engagement and relationships with young men and boys, and another bringing expertise in mental health.

- **Investing time and energy on relationships and integration** – for example, having regular, routine staff meetings, or having staff spend time observing each other at work. This allowed staff to gain an understanding of the culture and practice of their partner organisations. Physical outreach to engage other local partners and agencies was a feature of several projects. There was an additional benefit in that partners' staff became 'familiar faces' to young men and boys.

- **Addressing structural barriers** – several partnerships were unsuccessful, and this tended to be for reasons such as strict referral criteria or organisational requirements, or an insurmountable difference of organisational ethos and culture. These mismatches were most common with statutory partners (schools, NHS services). Where these could not be successfully addressed, the partnership generally broke down. We learned that such problems should be explicitly addressed early on, and if this is not possible it may be best to seek a different partner, as several 'Thriving Not Just Surviving' projects did. In a small number of cases, it was appropriate to consider terminating partnerships or reworking agreements, and Comic Relief played an important role in supporting funded partners where necessary.

- **Developing new partnerships continuously** – the most successful projects saw this as an ongoing task of the project, and they worked on finding new partners throughout.

- **A 'win-win' exchange of assets** – successful partnerships were clear about the assets that each partner brought and took away. For example, one partner may be struggling to engage with a particular group of young men and boys which another partner had good relationships with, while the other partner may be struggling to engage young men with mental health support. These assets often included buildings or space as well as knowledge and skills.

- **Good visibility and promotion** – having strong local community and sector awareness tended to create a 'virtuous cycle' of improving and expanding partnerships.

"Working style and patterns that are different can be a challenge to manage." – **Project lead**

- **A lack of potential partners** in a space (geographic or demographic) could be a barrier to delivery that projects struggled to overcome. One project deliberately sought out additional partners, at the request of young men, in order to be better able to demonstrate how other young men had experienced and managed mental health difficulties. The project also welcomed an approach by a local youth work project in response to traumatic events in the community. These connections brought further innovation and expertise into the project and increased the number of young Black men asking for and engaging with mental health support.

"We can engage better with young people by linking in with youth groups, schools, colleges where they attend activities. This has proved an effective way of engagement and a model we will continue to use." – **Project lead**

Learning from the coronavirus pandemic

The Covid-19 pandemic, and all its resulting disruption to society, struck during the second year of the 'Thriving Not Just Surviving' programme. The crisis was a major challenge for all projects. Funded partners working closely with young men and boys who face racial inequality commented on the additional stresses of Covid-19's disproportionate impact on their communities, alongside the murder of George Floyd and subsequent global attention on Black communities' experiences of violence.

The most common impacts reported by funded partners were:

- Stress levels rising, especially fear for family health

- Rising mental ill health, in particular anxiety

- Less response from other services, e.g. schools and mental health services

- More stressors such as delayed asylum claims and rising street-based violence.

Organisations themselves also faced new challenges, with falling income for those who relied on work with schools or public donations to fund their activities. Staff were furloughed in some organisations, and capacity was reduced as some staff were absent from work due to illness or needing to self-isolate. All organisations had to adapt to new working conditions. All funded partners adapted their delivery to respond to the pandemic.

"Lockdown has been good in some ways with partners – easier to meet people and find time with them." – **Project lead**

Moving to remote working

Almost all projects attempted to move to remote contact with young men and boys, with varying levels of success. The more successful attempts quickly moved to multiple ways of connecting, by using phone, text, video and social media approaches all at once. This meant that young men and boys who could not use one method would have alternatives.

Some projects reported that clients found remote working much less effective and tended to accept a period of reduced delivery. These were projects that were very reliant on face-to-face contact, such as sports projects, or those reliant on partner organisations (e.g. schools or youth clubs) which were closed. A significant proportion of young men did not have the means to engage online, lacking either devices, connection to the internet or privacy to connect.

Several projects commented that some boys and young men engaged better remotely than they had done face-to-face. This was perhaps because they found travel difficult, were socially anxious or preferred to engage outside of normal working hours.

Online sessions tended to be shorter and more frequent.

"We have learned that some young men work well without face-to-face, while others find it difficult to not be distracted from the conversation or do not wish to get involved in protracted engagements. This has meant that telephone or text support is extremely varied depending on the individual." – **Project lead**

Group work challenges

Group work was a common format for 'Thriving Not Just Surviving' projects. For many, this was not possible remotely during the lockdown. Online group interactions became unworkable, either because of the quality of the interaction being lost, or because it felt impossible to keep boys and young men safe in large online groups. There was also a sense of heightened mental health risk for boys and young men during the lockdown, and several projects focused their attention on the most at-risk young men and boys. As a result of less group work, some projects invested more time in one-to-one contact.

New content

Many projects responded to the Covid-19 crisis with new content. Some delivered physical materials, such as arts or digital resources, to young men's homes. Others added different content, e.g. on managing stress and self-care. There was a particular focus in content on positivity, including male positivity, body positivity, and cultural positivity in response to the Black Lives Matter movement.

"We encouraged young BAME men to embrace their hair growth while they had no access to a barber during Covid. In getting involved with our #NoTrimChallenge, we promised to pay for their first haircut after lockdown. This project received much praise from local statutory and voluntary sector partners and attracted local media attention." – **Project lead**

Improved multi-agency working

There were two main ways in which multi-agency working improved during the Covid-19 crisis. Firstly, rising concerns about some young men and boys whose mental health or safety was particularly affected prompted projects to proactively reach out to other agencies in contact with the young man and their family.

Secondly, funded partners recognised that other organisations in their network/ partnership were facing a unique set of challenges and altruistically reached out to help. For example, projects reached out to schools who were struggling with the return of pupils in September, to youth clubs forced to close, or to health care colleagues who had impacted capacity. This sense of urgency and removal of some previous organisational barriers energised some of the funded partners and helped them move forward with improved relationships.

"In these cases, the effect of Covid has been to accelerate initiatives which otherwise may have taken months or even years to come to fruition." – **Project lead**

Implications for policy and practice

Comic Relief's 'Thriving Not Just Surviving' programme has produced valuable insights into how support can be provided for boys and young men who are struggling with their mental health and who may otherwise struggle to, or for various reasons do not want to, access mental health support.

The programme's funded partners and their projects demonstrated that boys and young men, especially from marginalised groups, connect with mental health support when it is offered in the right ways: in communities, attached to activities, by people who look and talk like them and understand them, with choice and flexibility, and with mental health blended in alongside other creative and social opportunities. This learning also reveals how the principles of 'what works' for boys and young men (Robertson, 2015) can be delivered by voluntary and community based providers as a key part of a local mental health system.

The use of creative, sporting, and social activities in particular was perceived to provide a valuable 'hook' on which young people could be engaged. It unlocked opportunities for self-expression and reflection, it broke down barriers and improved communication, and it encouraged participants to open up to new ideas and experiences, including around mental health. It was important to allow space for boys and young men to express their experiences and feelings and have them validated. Addressing basic needs was important for projects working with boys and young men facing inequalities and disadvantage.

Organisations which provide activities that boys and young men are likely to engage with (arts, sports, gaming, music) should recognise that they are instrumental in improving boys' and young men's mental health, and should seek ways to connect with the mental health system.

Other key themes also stood out:

- The impact of group work
- The value of peer support
- Embedding psychoeducation
- Consultation and coproduction
- The potential for young men to influence others
- Working in partnerships with other agencies and providers.

Recommendations

Based on learning from the project, and from Centre for Mental Health's wider work on inequalities and on the mental health of marginalised young men, we have identified nine recommendations for policy change:

1. Mental health services and systems should learn from the 'Thriving Not Just Surviving' programme, understanding that boys and young men are open to mental health learning and support if it is provided in a flexible, informal, and positive way.

2. Health Education England and training providers should ensure that the workforce for young people's mental health services reflects the diverse communities they serve, and that values of anti-racism, diversity and inclusion are promoted.

3. Mental health and youth work providers should fund and create space for peer support roles within projects and services, with opportunities for boys and young men themselves to lead the development of the roles.

4. Local authorities and emerging NHS Integrated Care Systems should ensure they include voluntary and community sector organisations in their plans and understand the value they bring as community assets, especially around engaging marginalised young people.

5. Government should help local areas respond to behavioural difficulties and emerging mental health concerns by investing in evidence-based parenting programmes which carry lifelong benefits.

6. Government should recognise the value of community-led activities which take a therapeutic approach in engaging young people who otherwise might struggle to access help. Government should fund local authorities to invest in their communities through public health and youth services.

7. Government must commit to tackling all forms of racism, discrimination and exclusion. This should include action to address the specific injustices faced by young Black men across health, education, employment and criminal justice systems.

8. The Department for Education should introduce a moratorium on school exclusions during the pandemic so that pupils, Black boys in particular, are not sanctioned when they need support most, at a time when many have missed out on support in school and in the community while facing increased stresses and risks for poor mental health.

9. The Department for Education should support and invest in the whole-school and whole-education approach to mental health, to establish educational settings as health-creating environments which improve the mental health of all children and young people.

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