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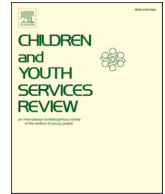
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# Understanding how voluntary and community sector resources impact the mental health and wellbeing of young people living in contexts of disadvantage: A realist review

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## ABSTRACT

Mental health is an escalating problem for young people. Open access community resources may offer 'safe spaces' and a sense of belonging. However, the function and impact of voluntary and community sector (VCS) resources, such as youth clubs and community sports initiatives, in supporting young people's mental health is not currently well documented or understood. A realist review was conducted in line with RAMESES quality and reporting standards. We aimed to capture and understand the impacts of these resources and in what context these services work, for whom and how. Fourteen studies were identified for inclusion through database and grey literature searches. Data were synthesised under six primary themes: Community engagement and partnerships, Provision of shared local space and activities, Trust and relationship building, Increased empowerment and agency, Normalising the concept of mental health, and Cultural sensitivity and inclusivity. Available data on outcomes for young people was limited. Still, this preliminary evidence suggests that VCS resources can be effective in supporting the mental health of young people, including those from disadvantaged backgrounds. The integration of locally rooted, culturally competent practices with safe, inclusive environments and relationships built on trust and situational understanding may influence the extent to which they can be effective.

## 1. Background

Mental health denotes "the capacities of each and all of us to feel, think and act in ways that enable us to value and engage in life" (Wren-Lewis and Alexandrova, 2021: 696). Promoting, protecting and caring for young people's mental health is a global public health priority (UNICEF, 2021). Though the global prevalence of mental health disorders is difficult to determine, internationally studies report both (1) a high and growing prevalence of mental health difficulties for children and young people, and (2) the exacerbation of existing trends following the COVID-19 pandemic (Hossain et al., 2022). In England and Wales, young people's mental health has declined over the past decade (Newlove-Delgado et al., 2023). These trends, however, are not evenly

distributed. Children living in adverse circumstances – like household poverty or high levels of family stress – have poorer mental health outcomes than their peers (Pickett et al., 2021). There are also clear racial disparities in mental health. People from minority ethnic groups, for example, have poorer access to, experiences of and outcomes from mental health services (NCCMH, 2023). While it is often neglected in policy discourse, there is also clear evidence that poor mental health can itself cause inequalities (Griffin et al., 2022).

National health services (NHS) in England, Scotland and Wales are struggling to cope with rising demand (Davies et al., 2024). Doctors providing mental healthcare in England report significant barriers to the delivery of adequate mental health provision (BMA, 2024). The challenges of underfunding, insufficient workforce and unsustainable

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infrastructures are also compounded by problems ‘upstream’ associated with limited progress on the wider social determinants of mental health, like poverty, poor housing and discrimination (BMA, 2024). **Box 1**

Against this backdrop several calls have been made for mental healthcare reform. In 2022, the World Health Organization (WHO) called for a major reorganisation of mental health services, promoting a multisectoral approach that ‘shifts the locus of care’ from medical interventions, towards more preventative and community-based provisions. In 2024, an All-Party Parliamentary Group (APPG) *Beyond Pills* endorsed this priority, recommending radical changes to the national mental health system, tipping the balance of care towards more holistic, person-centred approaches. Most recently, in 2025 the *Centre for Social Justice* proposed a ‘new approach to mental health’ that provides more support for community-based provisions through social prescribing and investment in the voluntary-sector (CJS, 2025).

The World Health Organisation (2022), the APPG (2024) and the CJS Centre for Social Justice (2025) have each acknowledged that community-based, non-medical and peer-led projects will be an important part of successful mental health reform. Yet still little is known about the impact of non-medical community resources - like youth clubs and sports initiatives - for young people’s mental health. This is despite (1) growing evidence detailing the impact of multi-sector mental health interventions (Castillo et al., 2019; Das et al., 2016) and (2) reports that young people view community resources as positive for mental health (Charraighe and Reynold, 2024; Holding et al., 2022; Elsen and Ord, 2023).

This article extends studies of children and youth services by providing a realist evidence review of young people’s engagement with voluntary and community sector (VCS) resources and their experiences of mental health, when living in the context of disadvantage. We understand *disadvantage* here as multidimensional and systemic. The indices of deprivation (IMD, 2019), for instance, capture the multidimensionality of deprivation across seven domains: income, employment, education, health, crime, barriers to housing and living environment. Experiencing higher levels of deprivation across one or more of those intersecting domains constitutes disadvantage, to the extent that it reduces the chances of human flourishing, relative to others experiencing less deprivation. People experience disadvantage then, when their capabilities (what they can do or be) are limited by their circumstances.

In this article, we also situate *community resources* as distinct from mental health *services* or *interventions*. This is because, where mental health services or interventions characteristically offer professional support within specified parameters (designated by referral pathways, eligibility criteria and time-limited treatments), *community resources* tend to function less formally, as initiatives characterised by *social relationships* that people can engage with in their own time and on their own terms (Priebe et al., 2014). Unlike mental health services or interventions, community resources may also be driven by a broader set of social objectives, such that mental health support is not the *primary* function of their provision. Though a growing body of evidence details the impacts of primary care (Tanner et al., 2023) and community-based interventions for the mental health and wellbeing of disadvantaged populations (Castillo et al., 2019), there is notably less evidence concerning the impacts of resources that are *not* specified mental health interventions. Given the broad and diffuse nature of such resources, this review serves to both understand and report the scope of literature in this area, alongside beginning to theorise about how they might work (i. e. the causal processes). Realist reviews are particularly well suited to such analyses because they set out to explain the interactions between resources, contexts, mechanisms and outcomes asking: “what works, for whom and in which circumstances?” (Wong, 2018).

Overall, this article makes two original contributions to the children and youth services literature. First, by reviewing and synthesising studies pertaining to community resource engagement and the mental health of young people living in the context of disadvantage, we

demonstrate the state of the evidence signposting areas for future research in this limited field. Second, through the development of resource-context-mechanism-outcome (RCMO) configurations we begin to theorise the components of community resource provision that may be most effective in supporting the mental health and wellbeing of young people in contexts of disadvantage.

## 2. Methods and analysis

A realist review was conducted to capture and understand the impacts of community resources and the contexts in which they support young people’s mental health, for whom and how. This approach acknowledges that the ability of community-based resources and programmes to generate positive mental health outcomes for young people is context dependant and currently there is little or no understanding of how and why these outcomes may occur. Therefore, an explanatory analysis was required, that allowed for some delineation between what works, for whom, in what circumstances and how. The methods for conducting this review were guided by the five steps proposed by Pawson et al. (2005): (1) Clarifying the review scope (2) Searching for evidence (3) Quality appraisal and data extraction and (4) Evidence synthesis and (5) Dissemination. In this section we offer an overview of this process. To maximise rigour our reporting also adheres to the Realist and Meta-narrative Evidence Syntheses: Evolving Standards (RAMESES) quality and publication standards (Wong et al., 2013).

### 2.1. Step 1: scope and purpose of the review

Research questions that guide this review:

1. Do community resources have an impact on the mental health and wellbeing of young people aged 11 to 25, living in contexts of disadvantage?
2. What impact/s do community resources have on the mental health and wellbeing of young people living in contexts of disadvantage?
3. How do community resources impact upon the mental health and wellbeing of young people living in contexts of disadvantage?
4. What is the extent and quality of evidence about the impact of community resources for the mental health and wellbeing of young people living in contexts of disadvantage?

In the context of this review, the definition of community resources is kept purposefully broad, to encompass the breadth of resources available to young people including, but not limited to youth clubs, sports clubs and peer support groups. Crucially, this definition does not include formal mental health or social care services or intervention programmes. Rather, it retains a focus on open access youth and community resources, locally based grassroots organisations and national organisations with local hubs or local presence. This is primarily because a body of work focusing on impacts of more formal mental health and social care services and interventions already exists, and is therefore not the remit of this review. For the purposes of this review, the term open access refers to community-based services that do not require formal referral, diagnostic thresholds, or eligibility screening, and which are free or low cost to attend. However, it is recognised that open access does not necessarily imply universal accessibility and structural, cultural, and relational barriers may still shape who feels able to attend.

Existing theories were identified to develop an initial rough programme theory (IRPT); a collection of theories of how VCS resources impact young people’s mental health (Shearn et al., 2017). This encompassed theories that address and explain how positive mental health and wellbeing outcomes may be achieved at a community level.

### 2.2. Step 2: search strategy

The search strategy was iterative and encompassed multiple phases.

**Box 1**

Key steps in realist review (Pawson et al., 2005).

## Step 1: Clarify scope

## a. Identify the review question

Nature and content of the intervention

Circumstances or context for its use

Policy intentions or objectives

## b. Refine the purpose of the review

Theory integrity – does the intervention work as predicted?

Theory adjudication – which theories fit best?

Comparison – how does the intervention work in different settings, for different groups?

Reality testing – how does the policy intent of the intervention translate into practice?

## c. Articulate key theories to be explored

Draw up a ‘long list’ of relevant programme theories by exploratory searching (see Step 2)

Group, categorize or synthesize theories Design a theoretically based evaluative framework to be ‘populated’ with evidence

## Step 2: Search for evidence

## a. Exploratory background search to ‘get a feel’ for the literature

## b. Progressive focusing to identify key programme theories, refining inclusion criteria in the light of emerging data

## c. Purposive sampling to test a defined subset of these theories, with additional ‘snowball’ sampling to explore new hypotheses as they emerge

## d. Final search for additional studies when review near completion

## Step 3: Appraise primary studies and extract data

## a. Use judgement to supplement formal critical appraisal checklists, and consider ‘fitness for purpose’:

Relevance – does the research address the theory under test?

Rigour – does the research support the conclusions drawn from it by the researchers or the reviewers

## b. Develop ‘bespoke’ set of data extraction forms and notation devices

## c. Extract different data from different studies to populate evaluative framework with evidence

## Step 4: Synthesize evidence and draw conclusions

## a. Synthesize data to achieve refinement of programme theory – that is, to determine what works for whom, how and under what circumstances

## b. Allow purpose of review (see Step 1b) to drive the synthesis process

## c. Use ‘contradictory’ evidence to generate insights about the influence of context

## d. Present conclusions as a series of contextualized decision points of the general format ‘If A, then B’ or ‘In the case of C, D is unlikely to work’.

## Step 5: Disseminate, implement and evaluate

## a. Draft and test out recommendations and conclusions with key stakeholders, focusing especially on levers that can be pulled in here and-now policy contexts

## b. Work with practitioners and policy-makers to apply recommendations in particular contexts

## c. Evaluate in terms of extent to which programmes are adjusted to take account of contextual influences revealed by the review: the ‘same’ programme might be expanded in one setting, modified in another and abandoned in another

An initial phase served to search for and understand the scope of the available evidence that explains how community resources impact positive mental health and wellbeing outcomes for young people. This was followed by searches for additional relevant data to facilitate the testing and refinement of the IRPT and RCMO framework.

To capture the breadth of academic evidence, searches were not limited by study design. It also included both peer reviewed and grey

literature, alongside published evidence reviews to capture the varieties of dissemination associated with VCS evaluations. Inclusion criteria comprised outputs that were: (1) written in the English language; (2) published within the last 20 years; and (3) focused on the mental health and/or wellbeing outcomes of community resource engagement for young people. We also included data from both high-income country populations. All quantitative and qualitative evaluative evidence was

considered that is relevant to intervention or programme functioning, effectiveness and/or acceptability, with a clear focus on young men's experiences or programmes that focus specifically on young men. These criteria aimed to generate an international picture of the current evidence.

To capture an appropriately wide range of peer reviewed literature the following databases were searched: Medline (Ovid), Embase (Ovid), PsychInfo (Ovid), Scopus (Elsevier), CINAHL (EBSCO), ASSIA (ProQuest), Social Policy and Practice (Ovid) and Web of Science (Clarivate). Results were downloaded into EndNote for deduplication and screening. Results were limited to publications from the last 20 years in the English language, resulting in 10,684 records to screen after deduplication. A full report of the database search strategies and results are detailed in Appendix A. Supplementary searching was also carried out. Websites of relevant organisations were searched resulting in a further 13 records to screen and the grey literature search results are described in Appendix B. In addition, a search of Google Scholar was conducted (via Publish or Perish) resulting in a further 1,012 records to screen after deduplication with previously screened records.

### 2.3. Step 3: appraisal of primary studies and extract data

Using EPPI Reviewer, MTJ screened systematically in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Liberati et al., 2009) guidance. Ten percent of articles were selected at random for independent review, assessment and discussion by two reviewers (MTJ and GMT) using the inclusion/exclusion criteria. The remaining 90% of articles were screened first by abstract and title, and then by full text by one reviewer (MTJ). Some evidence required further consideration and discussion by members of the review team (MTJ and WM).

This review used the priority screening tool within EPPI-Reviewer (EPPI-Centre, 2024, Version 6.15.3.0). This tool employs a machine learning technique which analyses patterns in phrases from titles and abstracts that have already been screened and categorised as either relevant or irrelevant. Based on this analysis, the software reprioritises the remaining records, ranking them from most to least likely to be relevant. This prioritisation is updated after every 25 records are screened. It is beneficial to determine the baseline inclusion rate (BIR) before starting the priority screening phase. This allows for the generation of an impartial set of training data based on manual screening outcomes to estimate the probable number of relevant studies. Practically, this process involves manually reviewing a randomly selected subset of records, with the sample size of this subset guided by a standard power calculation (Shermilt et al., 2014). Following these guidelines, MTJ manually screened  $N = 1059$  titles and abstracts at random before switching to priority screening. Following the switch, a further  $N = 1818$  titles and abstracts were screened before a complete plateau was reached and no further studies were deemed eligible for full text review. MTJ continued to screen a further  $N = 1000$  title and abstracts, with no further studies included for full text review. At this stage, title and abstract screening was halted, based on EPPI reviewer's priority screening plateau logic and guidelines suggesting that screening can be stopped if no relevant studies are identified within the most recent 1,000 records reviewed and the estimated recall is equal to or exceeds a predefined level, such as 95% (Thomas et al., 2021).

Evidence was considered in light of relevance to the research questions and ability to contribute to programme theory development and testing. It is well recognised that traditional hierarchies of evidence standard are not always appropriate or applicable when undertaking realist reviews (Pawson, 2006; Duddy & Wong, 2023; Wong et al., 2018). As such, the appraisal focused on relevance, richness and rigour with a bespoke and fit for purpose coding system (supplementary materials document S1). This coding system was developed to assess whether the study contributed meaningfully to the understanding of the topic and fitted within the review scope. It also encouraged evaluation of

the depth and detail of information provided in the study and assessment of the methodological quality and trustworthiness of the study's findings. The appraisal process was conducted by 4 reviewers (MTJ, WM, HF, SS) and final coding can be found in supplementary materials S2. However, all studies that met the inclusion criteria were retained regardless of the appraisal outcome if the review team agreed that they provided appropriate and relevant evidence to further programme theory development, whilst still recognising that some evidence will provide a stronger base for programme theory development (Pearson et al., 2015).

Data were extracted by one reviewer (MTJ) into a bespoke Excel data form including study aims, design, methods, participants, key findings and outcomes and specific data that can inform programme theory and the CMO framework development. Qualitative, quantitative, and mixed methods studies were uploaded into NVivo and coded separately for later synthesis, and qualitative data on author interpretations, explanations and discussions about how a VCSE service worked with respect to supporting mental health in young men, was also extracted and coded according to its contribution to understanding about resource context, mechanism and/or outcome.

### 2.4. Step 4: evidence synthesis

The extracted coded text from each included paper was then synthesised, and data was interpreted and thematically organised. Next, emerging patterns of contexts and outcomes and the possible mechanisms (demi-regularities), and possible relationships or links between the individual RCMOs were identified (Pawson, 2006). This scrutiny of the data allowed for the exploration of connections and relationships across the data and themes to build a developing picture of potential contexts, mechanisms, and outcome configurations across the body of evidence (Howard et al., 2019). This supported a better understanding of the most important mechanisms in different contexts, and more transferable RCMOs (Carrieri et al., 2018).

Additional tools (Pawson, 2013) were also used to make sense of the data including:

Juxtaposition of sources of evidence: for example, where data about how developing positive relationships influenced positive mental health outcomes in one document enable insights into data about outcomes in another document.

Consolidation of data: where outcomes differed in particular contexts, an explanation can be constructed of how and why these outcomes occur differently.

## 3. Results

The main database searches identified 10,684 records to screen after deduplication. A grey literature search yielded a further 12 studies and a Google Scholar search resulted in a further 1,012 records to screen after deduplication with previously screened records. Of these, 14 studies met the revised inclusion criteria and were included in the review (see Fig. 1 for a RAMESSES flowchart). The evidence base was comprised primarily of a range of qualitative approaches, including focus groups and 1–1 interviews, one paper took a narrative discourse approach (Reid, 2017), one reported on a formal evaluation (Snell, 2021), and one study adopted mixed-methods techniques (Pierce et al., 2010). Half of the included studies were situated within sport and physical activity contexts ( $n = 7$ ; 50%; Reid, 2017; Morgan, 2018; Pierce et al., 2010, Swann et al., 2018; Sabirova and Zinoviev, 2016, Snell, 2021; Walseth, 2016),  $n = 7$  (50%) were situated within or focus on attendance at open access youth club settings (Harris et al., 2022; Holding et al., 2022; Turner et al., 2024; Walseth et al., 2016; Sandu, 2019; Body and Hogg, 2019; Lynch et al., 2018) and  $n = 2$  (14%) explored the impact of engagement with a broad range of open access activities and community services (Snell, 2021; Body and Hogg, 2019). Table 1 provides an overview of the

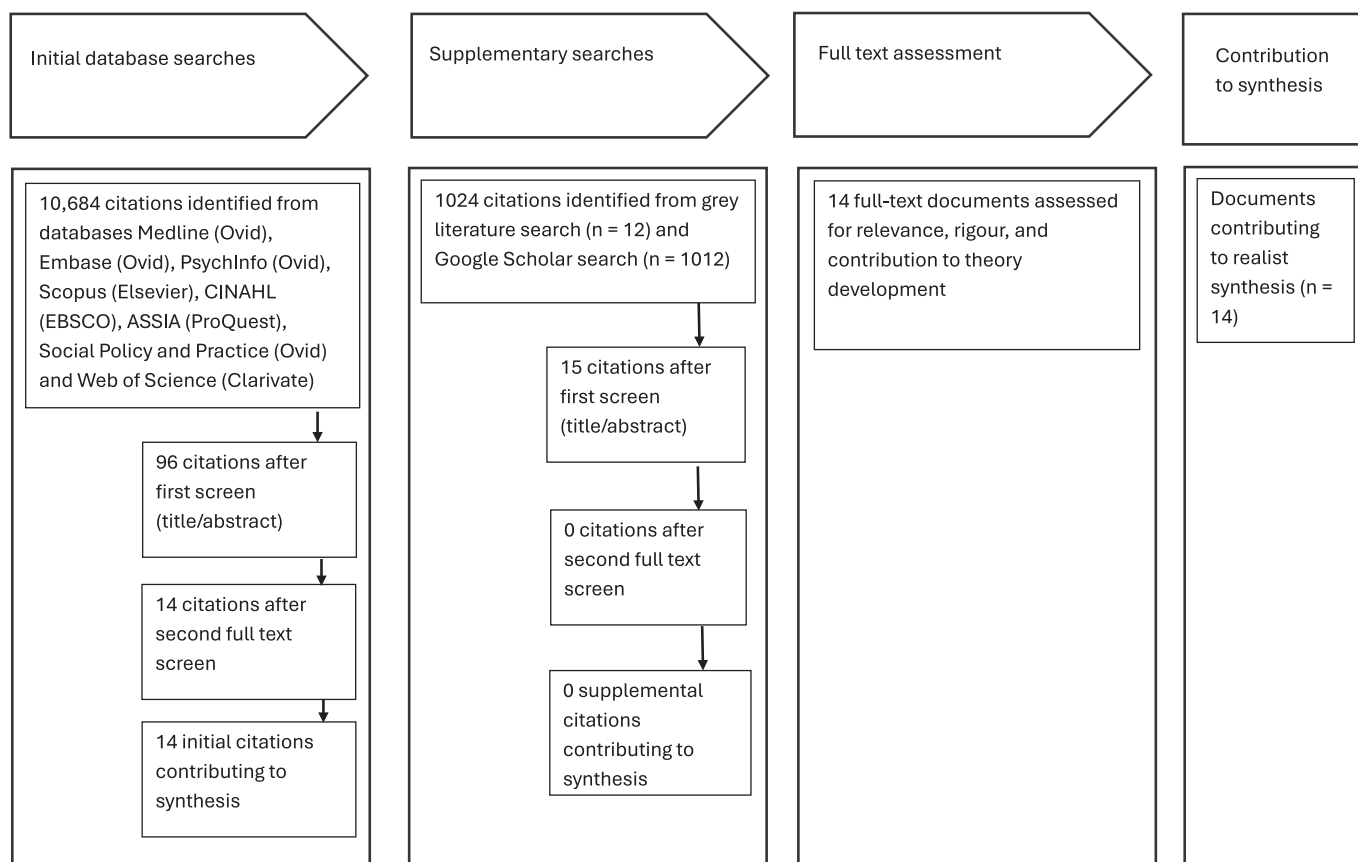


Fig. 1. RAMESES flow diagram (Wong et al., 2013).

key characteristics of the included studies.

The Results section is structured to address the review research questions by first describing the characteristics and scope of the evidence base (RQ4), followed by a thematic synthesis and presentation of findings organised around resource, context, mechanism, outcome (RCMO) configurations that explain whether community resources have an impact (RQ1), what impacts occur (RQ2), and how these impacts are generated (RQ3).

Our analysis resulted in the development of 17 RCMOs, and these were clustered under 6 primary themes; (1) Community engagements and partnerships, (2) provision of shared local space and specific activities, (3) trust and relationship building, (4) increased empowerment and agency, (5) normalising the concept of mental health, and (6) cultural sensitivity and inclusivity (see Table 2 for a summary of the RCMOs under their respective themes, with exemplar evidence, and supplementary materials S3 for further exemplar supporting evidence for each RCMO configuration).

#### 4. Synthesis

A synthesis of themes across the papers included in this review revealed some consistent patterns and commonalities across VCS resources for young people that support the development of an initial programme theory for how to effectively offer community-based youth engagement, and mental health support across a diverse range of contexts.

##### 4.1. Community engagement and partnerships

This theme primarily addresses how community resources operate and generate impact through contextual and relational mechanisms, particularly partnership working and local embeddedness (RQ3). VCS

resources can have impact when they prioritise collaborative approaches between youth organisations, local services, and community members, including the young people themselves. However, this comes with an important caveat; shared cultural understanding, co-produced goals, and trust-based relationships are also foundational to effective delivery that includes multiple partnerships (RCMOs 1 – 3). Our analysis highlighted the importance of building partnerships between youth organisations, community members (including the young people themselves), and local services, which is particularly highlighted in RCMO 2. Effective collaboration often involved shared goals, shared cultural understanding, and a holistic view of youth development. Furthermore, many VCS services succeed in supporting or improving mental health outcomes due to their rootedness in local contexts and the connection of staff to the community. For example, using staff who share cultural and experiential backgrounds with the participants enhances trust and facilitates engagement (RCMO 1). While this is emphasised strongly within this first theme, the cultural connectedness of youth workers and the extent to which a VCS resource is rooted within its community and the range of cultures it serves, is a theme that recurs across the data and evidence. This suggests that the presence of this particular element may play a strong role in the relative impact of a VCS resource on young people's mental health. It is also noteworthy that the findings suggest a service that is open access may not always be sufficient criteria to ensure that the service is used by all and accessed equally. For marginalised groups, including LGBTQ+ young people and those from minoritised ethnic or socioeconomic backgrounds, the findings suggest that active efforts to foster safety, representation, and cultural responsiveness may also be a key requirement.

##### 4.2. Provision of shared local space and specific activities

This theme contributes primarily to understanding how community

**Table 1**  
Key study characteristics.

ID	Authors	Title	Scope and aims	Design and methods	Population/participants	Setting	Activity details
1	Reid (2017)	A fairytale narrative for community sport? Exploring the politics of sport social enterprise	Explores the politics of social sports enterprises in the context of the Spartans community football club as a case study	Narrative discourse with case study data, holistic-inductive qualitative design	Academy staff (6), local headteachers (3), teacher (1) funders (2) and others within the social enterprise community (5).	Spartan community football club	Community football club
2	Harris, Huong Le, McHayle & Ahmadzadeh (2022)	Always there for us: Evaluating Project Future's work at Bruce Grove youth club	Qualitative evaluation of project future	Qualitative evaluation, interviews and focus groups	13 young men, majority aged under 16, project stakeholders	Youth club	Clinical psychologists embedded into club to upskill youth workers and run activities with the YP
3	Morgan (2018)	Enhancing social mobility within marginalized youth: the accumulation of positive psychological capital through engagement with community sports clubs	Explored how community-based organisations may facilitate psychological capital	Qualitative evaluation, semi structured Interviews	20 individuals who were either coaches and/or club leaders at the seven sports clubs (n=9), or young people (all male) who had become members of the clubs during the course of the project (n=11).	Sports clubs - seven project sites across five boroughs in East London.s.	Sports club participation
4	Holding et al (2022)	Exploring young peoples perspectives on mental health support: A qualitative study across three geographical areas in England, UK	Presents YP views and experiences of mental health issues and support to explore how mental health provision could be better tailored to their needs.	Qualitative. A series of three interlinked qualitative focus group discussions with each group (18 total)	six groups of YP (n = 42) aged 13–21	youth groups across three areas in England (South Yorkshire (SY), the North East (NE) and London (L))	Youth club attendance
5	Snell, 2021	Thriving not just surviving	To help systems be more appropriate to young men and boys' needs, and improve the following outcomes for young men and boys: Improved mental health and wellbeing• Better self-esteem• Feeling more powerful/having agency• Being more confident• Having less crises/being more stable• Posing less risk to self• Posing less risk to others• Having a better network of support• Having better life skills• Having transferrable work skills/accessing training/volunteering/employment.	Qualitative evaluation of "Thriving Not Just Surviving" initiative funded 23 projects around the UK to work with boys and young men at risk of poor mental health	Boys and young men aged 11–20	Various	Multiple activities and settings across 23 projects
6	Turner, Fulop and Woodcock (2024)	Loneliness: Adolescents' perspectives on what causes it, and ways youth services can prevent it	Examines young people's perspectives around how loneliness develops and can be prevented. Explores young people's views on ways youth services can prevent loneliness, and how this can be further informed by their perspectives of its causes	Semi structured interviews and focus groups (n = 14)	N = 14 adolescents living in England, with a diverse range of abilities and ethnicities, aged 10–18		n/a (discussed experiences of attendance at a local youth group)
7	Walseth (2016)	Sport within Muslim organizations in Norway: ethnic segregated activities as arena for integration	Aimed to examine the role of Muslim organisations in Norway in the development of social capital and integration through sport	Qualitative semi structured interviews with participants of 7 organisations, and participant observation at two organisations	Representatives of seven Muslim organisations (mosques) in Oslo, Norway	Youth groups within or belonging to Mosques	Various Mosque arrangements including youth club activities, seminars and Mosque organised youth sports activities
8	Sabirova and Zinoviev (2016)	Urban local sport clubs, migrant	Examined a male public space in a sports club in St. Petersburg.	Intensive qualitative methods involving essays among students	Members of 3 youth clubs/schools in St Petersburg (age range = 7	Youth Clubs in St Petersburg, Russia	Free martial arts lessons

(continued on next page)

Table 1 (continued)

ID	Authors	Title	Scope and aims	Design and methods	Population/participants	Setting	Activity details
		children and youth in Russia	Particular focus on examining how the children of migrants interacted and socialized at the club	and, interviews with teachers and students. There were two case studies of sports clubs, involving a semi-structured survey and young people and participant observations from May to October 2014	- 26). Members were local Russian children and migrant children		
9	Sandu (2019)	What is the profile of workers who build effective relationships with young people facing severe and multiple disadvantages?	Aimed to identify the worker attributes that allow the formation of deep bonds with young people in the context of experiencing severe deprivation and disadvantage	Qualitative interviews	Young people (n = 30) and support workers (n = 35) from 11 UK and 5 US not-for-profit organisations	Not for Profit organisations	Youth club attendance
10	Body and Hogg (2019)	What mattered ten years on? young people's reflections on their involvement with a charitable youth participation project	Aimed to explore what young people themselves prioritised as significant in-service provision the longer-term impact that engagement with a voluntary sector organisation can have on the lives of vulnerable young people	Qualitative interviews and case study analysis	Former youth participants involved in youth projects (N = 10)	Youth participation projects that took place in 2005/6, with one charity working at a local scale in a semi-rural area made up of small market town	Involvement in youth participation projects (various)
11	Lynch, Long and Moorhead (2018)	Young Men, Help-Seeking, and Mental Health Services: Exploring Barriers and Solutions	Explored barriers and solutions to professional help seeking for mental health problems among young men living in the North West of Ireland	Qualitative approach, using two focus groups with six participants each and five face-to-face interviews	Young men aged 18–24 years (total N = 17) living in the North West of Ireland	Local youth services in County Donegal, North West Ireland	Attendance at community youth work settings
12	Pierce, Liaw, Dobell and Anderson (2010)	Australian rural football club leaders as mental health advocates: an investigation of the impact of the Coach the Coach project	Reports on the impact of 'Coach the Coach', supporting young males experiencing mental health difficulties that are members and players in their local football club	Mixed methods evaluation including pre/post measures and focus group interviews	Club leaders (n = 36) who were trained in MHFA and young male club players (n = 275)	Australian rural football clubs	Investigating the impact of attendance at and engagement with football clubs in which coaches have mental health first aid training
13	Grace, Richardson and Carroll (2018)	“... If You're Not Part of the Institution You Fall by the Wayside”: Service Providers' Perspectives on Moving Young Men From Disconnection and Isolation to Connection and Belonging	Investigates service providers' perspectives on supporting and inhibiting factors for young men engaging in services targeted at supporting their mental/emotional well-being.	Qualitative approach using focus groups (n = 9) and interviews (n = 7)	Youth workers, n = 11; sports organisations personnel, n = 6; sports coaches, n = 5; chaplains, n = 8; probation services personnel, n = 7; back to education personnel, n = 6; statutory primary care services personnel, n = 2; mental health organizations personnel, n = 3; general practitioners [GPs], n = 1) and youth leaders (n = 3)	Not for profit organisations and health care services	Engagement with services targeted at supporting young men's mental/emotional well-being
14	Swann, Telent, Draper, Liddle, Fogarty, Hurley and Vellaa (2018)	Youth sport as a context for supporting mental health: Adolescent male perspectives	Explores adolescent males' perspectives on sport as a context for supporting mental health	Qualitative approach using focus groups (n = 16)	Adolescent males (n = 55)		Participation in organized, open access basketball, soccer, Australian Rules Football, swimming, cricket, or tennis

resources generate mental health and wellbeing impacts through the provision of accessible spaces and structured activities (RQ3). Local, accessible spaces offering structured activities such as sports, arts, and youth groups played a pivotal role in supporting mental health in the

case studies exemplified in this review. These settings provide safe environments for recreation, socialisation, and informal psychoeducation, fostering inclusion and personal development (RCMOs 4–9). Providing structured activities, such as sports and arts, is a common intervention

**Table 2**  
Summary of the RCMOs organised within the 6 primary themes

1) Community engagements and partnerships RCMO 1: Partnership working	When there is partnership working with local community organisations, and local youth workers are recruited ( <i>resources</i> ), this creates environments in which there is a compassionate understanding of local young people ( <i>mechanism</i> ). This led to opportunities and confidence to ‘open up’ and talk ( <i>outcome</i> ) which was facilitated by a culture of connectedness in which the organisation is connected to the community it serves ( <i>context</i> ).	Exemplar quotation “recruiting local youth workers.....combined to create a positive ‘ripple effect’ “Spartans’ staff achieved this through their compassionate understanding of local people and ability to ‘speak their language’.” (Reid, 2017)
RCMO 2: Connecting services	When youth workers with good problem solving skills, passion, humour and a sense of awareness work to match personal objectives to opportunities to learn, link young people up to other organisations and services, advocate for them ( <i>resources</i> ), and then push/encourage ( <i>mechanism 1</i> ) and track their progress ( <i>mechanism 2</i> ), this led to young people having an increased belief in the ability to achieve ( <i>outcome</i> ). This is facilitated by a setting in which the youth workers have sufficient time to get to know the young people well, and are able to make themselves available as and when needed and spend a lot of time with the young people ( <i>context 1</i> ). This occurs in communities in which young people face severe and multiple disadvantages ( <i>context 2</i> ).	“Strong partnerships between delivery organisations were a crucial part of reaching and helping these boys and young men.” (Snell, 2021)
RCMO 3: Increased accessibility	When youth groups provide connection and referral to onward services and health-promoting activities ( <i>resource</i> ), young people feel safe and emotionally supported ( <i>mechanism</i> ) and therefore, able to discuss their problems and feel like they are being helped ( <i>outcome</i> ). This occurs in a context in which the youth group felt much more accessible, with fewer barriers presented to attendance and participation, in comparison to, for example, sports clubs which are often accompanied by cost and transport requirements ( <i>context</i> ).	“A crucial and consistently highlighted benefit of youth clubs was that they were accessible and affordable for those who needed them. Indeed, whilst YP described numerous health-promoting spaces and activities (e.g. sports clubs), they acknowledged several barriers to participation” (Holding et al., 2022)
2) Provision of shared local space and specific activities	When young people are able to attend a youth group ( <i>resource</i> ) they have	“Participants from particularly marginalised groups,

**Table 2 (continued)**

RCMO 4: Safe spaces	access to a safe space ( <i>mechanism</i> ) which allows them to discuss their problems ( <i>outcome 1</i> ) and, in some cases, escape issues at home ( <i>outcome 2</i> ). This occurs in areas in which there is poor access to alternative leisure spaces such as green/natural outdoor spaces and also areas with high crime rates and a perceived lack of safety in the local community ( <i>context 1</i> ). This is also particularly true for marginalised groups such as LGBTQ young people ( <i>context 2</i> ).	such as LGBTQ young people, described how this form of peer support was especially important for them as they often did not feel safe in other spaces. YP stated that being around YP with similar experiences who “know what we are going through....provided an important source of emotional support” (Holding et al., 2022)
RCMO 5: Psychoeducation and creative approaches to discussions about mental health	When creative and fun approaches to mental health discussions were used ( <i>resource</i> ), young men felt that discussing mental health was normalised ( <i>mechanism 1</i> ) and destigmatised ( <i>mechanism 2</i> ) and this led to a greater understanding and awareness of mental health, development of coping skills, and confidence to open up and talk about mental health and their feelings and emotions ( <i>outcome</i> ). This process was facilitated by the youth organisation adopting a clinical thinking and approach ( <i>context</i> ).	“young men reflecting on topics that were covered in the ‘games night’. Young men had, for example, learnt about the ‘fight or flight’ response to a threatening situation.” (Harris et al., 2022)
RCMO 6: Sporting activities to facilitate integration	When opportunities to meet and gather are presented, and sporting activities are offered with coaches that teach the importance of right and wrong ( <i>resource</i> ), young men have an increased sense of comfort, and there is reduced marginalisation ( <i>mechanism 1</i> ) and delinquency ( <i>mechanism 2</i> ). This led to increased integration and social capital. This occurred in the context of identifying as a young Norwegian Muslim man ( <i>context</i> ).	“the most important thing is to gather. It’s important that people get together... These arrangements [like the football tournament], where they meet and exchange experiences and comfort each other, is important” (Walseth, 2016)
RCMO 7: Sporting activities to build resilience	When sporting activities were provided ( <i>resource</i> ) for young men from socioeconomically disadvantaged backgrounds ( <i>context 1</i> ), failure in the process of mastering these activities ( <i>mechanism</i> ) led to increased resilience ( <i>outcome</i> ). This occurred under the supervision of coaching staff that looked beyond the primary function of the sports club and had cultural and experiential overlap with the young men ( <i>context 2</i> ).	“Shit happens...you better just deal with it and pick yourself up quickly before someone runs you over...there’s a certain kind of logic of ‘you’ve gotta look after yourself’, primarily... [So] you need an attitude of, um, a general kind of can do, will do, give it a go, fail...[BMX] creates resilience because if you really want to do it [achieve] it’s not simple.” (Morgan, 2018)

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Table 2 (continued)

RCMO 8: Sporting opportunities to build leadership skills	When opportunities for leadership and responsibility were provided in sporting activities ( <i>resource</i> ), young men reported an increased sense of agency ( <i>mechanism 1</i> ) and ambition ( <i>mechanism 2</i> ) which led to feelings of hope ( <i>outcome 1</i> ) and a more optimistic outlook on life ( <i>outcome 2</i> ). his occurred under the supervision of coaching staff that served as social agents, looked beyond the primary function of the sports club and had cultural and experiential overlap with the young men ( <i>context</i> ).	“...the self-efficacy he had acquired through leadership roles in his football team had translated to his education through the enhanced confidence to contribute vocally in class. He explained: Confidence...when I play football I’m really confident. I used to be a bit more like shy, but I learnt through football that I have to speak more, communicate...so in school now I’m not too shy to put my hand up and ask or say something” (Turner et al., 2024)
3) Trust and relationship building RCMO 9: Staff and peers who act as role models, mentors, or older siblings (“big brothers”)	When young people were offered specific opportunities and space to learn about mental health ( <i>resource 1</i> ) and were supported by peers and staff (e.g. 1-1 counselling and peer mentoring, ( <i>resource 2</i> ) they felt an increased sense of self esteem and confidence ( <i>mechanism 1</i> ), were more comfortable navigating social interactions and developing relationships ( <i>mechanism 2</i> ), had improved emotion regulation ( <i>mechanism 3</i> ), and were more able to talk about their feelings and emotions ( <i>mechanism 4</i> ). This led to improved relationships at home ( <i>outcome 1</i> ), an increase in positive emotions ( <i>outcome 2</i> ) and feeling more able to able to confront and manage problems and difficult emotions ( <i>outcome 3</i> ). This was facilitated by a local youth group setting with staff that work to build relationships with young people and support them ( <i>context</i> )	“[The local youth group is] providing opportunities to understand mental health, to relax, share experiences confidentially and for peers and staff to support you, both formally and informally.” (Turner et al., 2024)
RCMO 10: Creating a sense of family	When local community youth groups and organisations use co production and provide opportunities for young people to experience new things ( <i>resource</i> ), young people feel empowered ( <i>mechanism 1</i> ), supported, valued and respected by youth worker staff ( <i>mechanism 2</i> ), and develop positive, long lasting and strong relationships with them ( <i>mechanism 3</i> ), and want to give back to their community and help ( <i>mechanism 4</i> ). This led to increased confidence and	“They [youth workers] became my ‘other’ family, sort of like a big brother.” (Body and Hogg, 2019)

Table 2 (continued)

4) Increased empowerment and agency RCMO11: Boosting confidence and self esteem	self-esteem ( <i>outcome 1</i> ), and young people feeling able to talk about a wide range of issues ( <i>outcome 2</i> ). This is facilitated by youth groups creating a sense of family ( <i>context 1</i> ), and occurs in the wider context of the reshaping of youth services driven by local circumstances rather than a nationally agreed vision (absence of youth service policy), and local authority youth service budget cuts ( <i>context 2</i> )	“I spoke to all the people at the AGM about our work, usually I get worked up and start stuttering but I’m getting so much better.” “I think my confidence really increased, yeah, it did.” (Body and Hogg, 2019)
RCMO 12: Balance of power	When young people attend a youth group that provides specific opportunities for YP to develop skills, learn about themselves, build self-esteem, and explore personal capabilities ( <i>resource</i> ), they felt more confident ( <i>mechanism 1</i> ), noted an improvement in their ability to talk to others ( <i>mechanism 2</i> ), and their self-esteem improved ( <i>mechanism 3</i> ). This led to young people feeling more relaxed ( <i>outcome 1</i> ) and liked by others ( <i>outcome 2</i> ). This occurred in a context in which technology was banned in specific sessions ( <i>context 1</i> ), and staff support YP and chat to them, and help them to integrate into the group ( <i>context 2</i> ).	“young people initiating and directing their own activities in consultation with and supported by adults” (Body and Hogg, 2019)
RCMO 13: Belonging and empowerment	When co creation was used to develop the programme ( <i>resource</i> ), young men felt that they were treated with respect and equality ( <i>mechanism 1</i> ), and that they were listened to ( <i>mechanism 2</i> ) and this led to them feeling comfortable to open up and talk about mental health issues ( <i>outcome</i> ). This occurred in an environment in which a balance of power was achieved between staff and young people ( <i>context</i> )	When young people are provided with opportunities to socialise and bond with likeminded peers experiencing similar issues ( <i>resource</i> ), they feel a sense of belonging ( <i>mechanism 1</i> ) and empowerment ( <i>mechanism 2</i> ), which facilitated a sense of feeling supported and helped by their peers ( <i>outcome</i> ), which was viewed as good for their health. This occurs in a context in which young people feel that there is 1. a lack of access and

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Table 2 (continued)

	availability of statutory services and long waiting lists for mental health support such as CAMHS 2. quality of care is low due to pressure on MH services, and there is a lack of rapport with MH professionals due to high staff turnover and 3. There is a perceived lack of MH support from schools due to deficits in capacity and knowledge, lack of trust and confidentiality, and lack of education around MH issues	
5) Normalising the concept of mental health		
RCMO 14: Reframing masculine ideals	When small group mental health programmes are provided in community youth work settings that provide professional youth workers young men can talk to ( <i>resource</i> ), young men feel more comfortable to talk ( <i>mechanism 1</i> ), can reframe their masculine ideals ( <i>mechanism 2</i> ), feel supported by their peers ( <i>mechanism 3</i> ) and have increased mental health literacy ( <i>mechanism 4</i> ). This collectively encourages help seeking behaviour as a coping strategy ( <i>outcome</i> ). This occurs in the context of a supportive informal environment that fosters a culture of help seeking (that tackles service related and personal barriers ( <i>context</i> ).	“Talking to professional youth workers can help young men feel more comfortable as their relationship is not one based solely on their problems: If . . . you’re talking to a youth worker . . . over a period of six months . . . you’re not just talking about your problems, you’re having the craic with them and then if you need to talk about something, you can.” (Lynch et al., 2018)
6) Cultural sensitivity and inclusivity		
RCMO 15: Reducing isolation	When a youth group ( <i>resource</i> ) encourages equality and acceptance of all sorts of people ( <i>context</i> ), young people feel safe ( <i>mechanism 1</i> ), accepted ( <i>mechanism 2</i> ) and part of a community ( <i>mechanism 3</i> ). This results in young people feeling less isolated and lonely ( <i>outcome</i> ).	“LYG encourages equality and acceptance of all sorts of young people: “they encourage equality so it will make people who feel isolated in other groups of people, feel less isolated because they feel accepted” (Young person). (Turner, 2024)
RCMO 16: Common male values	When free martial arts lessons are provided, with free equipment to undertake the activities ( <i>resource</i> ), and a common set of ‘male values’ are transmitted to the participants during the activities ( <i>resource</i> ), this provides opportunities to spend time with friends, build friendly relationships ( <i>mechanism 1</i> ) and develop abilities that allow them to advance their status among peers ( <i>mechanism 2</i> ). This enhances bonding and	“Through...anecdotes [told by the trainers], a common set of ‘male values’ are transmitted to the boys, such as physical strength, martial arts skills, courage, daring and determination.” “The sports club is a space in which ‘local’ children and those from migrant backgrounds can mix and build friendly relationships thus enhancing both ‘bonding’ and ‘bridging’

Table 2 (continued)

	bridging social capital ( <i>outcome</i> ). This is facilitated by a male dominated, tightly controlled and observed space that is perceived as a safe haven ( <i>context 1</i> ) and occurs in the wider context of being a local working-class Russian or migrant child ( <i>context 2</i> ). When local youth groups employ youth workers with a good understanding of youth development and issues in young people facing disadvantage ( <i>resource</i> ), youth workers are able to show compassionate understanding of the young people they are working with ( <i>mechanism 1</i> ) and develop strong relationships with them ( <i>mechanism 2</i> ). This leads to young people feeling valued ( <i>outcome 1</i> ), able to express upsetting feelings ( <i>outcome 2</i> ) and improved effective functioning ( <i>outcome 3</i> ). This is facilitated by a setting in which the youth workers have sufficient time to get to know the young people well ( <i>context 1</i> ), do nothing specifically to address (MH) challenges (i.e. there are no specific activities) ( <i>context 2</i> ), and youth workers are able to make themselves available as and when needed and spend a lot of time with the young people ( <i>context 3</i> ). This occurs in communities in which young people face severe and multiple disadvantages ( <i>context 4</i> ).	social capital.” (Sabirova and Zinoviev, 2016)  “For Malcolm, the club leader and boxing coach of a multi-sport youth club, identifying elements of cultural overlap (Ryen 2011) was pivotal to his endeavours to both befriend and initiate a mentor relationship” (Morgan, 2018)
RCMO 17: Culturally competent staff		

resource. These activities serve multiple purposes, from promoting physical health to providing a safe, controlled space for social interaction and personal development (RCMOs 6–9). Creating accessible and inclusive environments, often through youth groups, helped meet the needs of young people, especially those from marginalised or disadvantaged backgrounds (RCMOs 4 and 7). These settings offer both recreational and educational opportunities, which contribute to a sense of belonging and community via peer support and mentorship (RCMOs 5, 6, 8 and 9). Finally, providing informal opportunities for psycho-education through and within other activities, rather than overtly and explicitly, was a subtheme with a smaller body of evidence (RCMO 5).

#### 4.3. Trust and relationship building

This theme predominantly addresses the mechanisms through which community resources support mental health, with trust emerging as a central enabling process (RQ3). Trust, built through consistent, compassionate, and non-judgmental interactions, emerges consistently as a mechanism across several RCMO configurations, giving weight to this element in the development of an initial programme theory. The evidence further suggests that consistent, compassionate, and non-judgmental interactions with culturally relatable staff and peer

mentors may be crucial in the creation of trusting relationships. This trust facilitates openness and deeper engagement with mental health discussions. In particular, staff and peers who act as role models, mentors, or older siblings (“big brothers”) foster a sense of safety and openness among participants, facilitating deeper engagement and willingness to share personal issues (RCMO 10).

#### 4.4. Increased empowerment and agency

This theme primarily addresses the types of impacts associated with community resource engagement, particularly empowerment, confidence, and agency (RQ2). Empowerment was achieved by involving young people in co-producing interventions, offering leadership roles, and facilitating skill development and confidence and self-esteem building. The analysis suggests that this is an additional theme that is frequently intertwined with other themes. These opportunities enhance confidence, promote sustained involvement, and often lead to a desire to reciprocate support to others (RCMOs 13–15). Providing leadership opportunities, roles in decision-making, and skill development boosts confidence and self-esteem (RCMO 11 and 13), which can result from sustained involvement and a desire to give back to the community (RCMO 11).

#### 4.5. Normalising the concept of mental health and mental health conversations

This theme contributes primarily to understanding how community resources facilitate mental health impact through normalisation and destigmatisation processes (RQ3). Reducing stigma and embedding mental health discourse within every day, accessible activities may help young people feel more comfortable discussing emotional wellbeing (RCMO 14 and 16). In particular, specific approaches may serve to facilitate young men feeling more comfortable talking, challenging preconceptions and developing mental health literacy (e.g. Lynch et al., 2018). It is notable that the body of evidence supporting this theme was small, but this speaks to a gender specific theme that may be important to consider in future research in this area.

#### 4.6. Structural inequalities and deprivation

This theme primarily addresses the contextual conditions under which community resources operate, highlighting how structural inequalities shape the potential for impact (RQ3). VCS resources often operate in challenging contexts marked by socioeconomic deprivation, service and funding cuts, and long-standing health and social inequality. Services that report success in effectively supporting young people’s mental health needs adopted approaches that acknowledge and explicitly address these barriers, tailoring the service to meet the complex needs of underserved groups. The data point to these as specific barriers to youth engagement that VCS resources are aware of and work explicitly to address and overcome using various approaches as described in the identified resources that VCS services are utilising. This is a theme that transcends across the evidence base and all RCMOs and therefore serves as a foundational aspect of the initial programme theory.

#### 4.7. Cultural sensitivity and inclusivity

This theme predominantly addresses how culturally sensitive approaches shape mechanisms of engagement and impact within community resources (RQ3). Successful mental health outcomes occur in the context of VCS resources that are sensitive to cultural, gender-specific, and community-based needs. For example, adaptations, such as reframing language to align with young people’s (e.g., using terms like ‘control’ instead of ‘help-seeking’), enhance engagement, and this may be particularly pertinent in relation to young men who may face barriers

related to traditional masculine ideals.

#### 4.8. Mental health and wellbeing outcomes

The mental health and wellbeing outcomes reviled by this review fell into two clear themes outlined below. This subsection considers the mental health and wellbeing outcomes associated with VCS resources (RQ2).

##### 4.8.1. Improved mental health and wellbeing

Nine papers in this review explicitly highlight the positive impact on various facets and areas of participants’ mental health and wellbeing, including overwhelmingly, being able to open up and talk about mental health, wellbeing or problems. Other outcomes included increased resilience, self-esteem, emotional regulation, and in some cases, reduced anxiety. These wellbeing related outcomes are linked to several resource subthemes including psychoeducation and the youth service staff themselves, as well as the mechanisms of peer support, mentorship and normalising mental health discussions and reducing stigma. As previously mentioned, in some papers these outcomes were instead identified as mechanisms of change in the pathway to a more explicit mental health outcome.

##### 4.8.2. Social and psychological capital, and integration

The analysis revealed a smaller sub theme that services that focus on social activities, may enhance social capital by building connections and bridging gaps between different social groups. Although there is a smaller body of evidence supporting this, the evidence in this review suggests it may be particularly evident in contexts involving ethnic minorities, socioeconomic disadvantage and migrant populations, where sports and youth activities help reduce marginalisation and foster a sense of belonging.

### 5. Mapping to the research questions

Taken together, the primary themes identified in this synthesis demonstrate that VCS resources can support mental health and wellbeing among disadvantaged young people (RQ1), primarily through increased emotional openness, belonging, confidence, and resilience (RQ2). These impacts are achieved through mechanisms of trust, empowerment, and normalisation of mental health within culturally grounded and accessible contexts (RQ3). In relation to the extent and quality of the evidence (RQ4), the review identifies a small but, in some instances, rich body of literature, that is predominantly comprised of qualitative and practice-based evaluations.

### 6. Discussion

This realist review aimed to explore whether, how, and in what contexts community resources impact the mental health and wellbeing of disadvantaged young people. Drawing on the findings of the review, this section addresses the four guiding research questions. It will also consider implications for future research, policy and practice.

#### 6.1. Do community resources have an impact on the mental health and wellbeing of young people living in contexts of disadvantage?

The evidence synthesised in this review indicates that community resources can have a positive impact on the mental health and wellbeing of young people, including those living in the context of disadvantage. These impacts are often reported informally, are not necessarily being measured or assessed directly. They also occur outside of clinical models and services. The results of the synthesis suggest that impacts can be both direct and indirect, including improved emotional resilience, reduced anxiety, increased confidence, and strengthened social ties. These findings are broadly consistent with existing, but limited,

literature documenting the impact of community services on mental health outcomes (de St Croix & Broadhurst, 2021). The non-clinical nature of community settings, including youth clubs, sports initiatives, and community arts programmes may create more accessible and less stigmatised routes into support, that are often not even presenting themselves explicitly as support, or indeed viewed as mental health support by young people. This may be particularly impactful for young people who may be reluctant to engage with formal mental health services due to a wide range of broader contextual factors (Lynch et al., 2018; Sandu, 2019; Castillo et al., 2019). These may include, but not limited to, structural barriers such as long waiting times, high eligibility thresholds and the service gap, fragmented provision, and limited continuity of care (e.g. Burns & Birrell, 2014; Lynch et al., 2018; NHS Digital, 2020; BMA, 2024); relational factors including difficulties establishing trust and rapport with professionals in time-limited or clinical health care settings (e.g. Lynch et al., 2018; Sandu, 2019); and the alignment of service models with young people's lived experiences, language, and identities (Lynch et al., 2018; Ní Charraige & Reynolds, 2024). Socioeconomic disadvantage, prior negative encounters with services, and experiences of stigma or discrimination may also further exacerbate such barriers (Pickett et al., 2021; Griffin et al., 2022; Sandu, 2019).

The findings suggest that VCS resources do not necessarily function as substitutes for formal and clinical mental health services, but neither are they separate and standalone services or resources. Instead, it is possible that they have the potential to serve multiple different needs and functions. These functions may be community dependent, driven by the individual, but also dependant on the wider health service provision landscape at a given point in time. In some cases, they may act as complementary supports, enhancing wellbeing alongside formal provision. In others, they may serve a bridging role and facilitate onward referral and helping young people navigate complex service systems. Finally, as suggested above, for some individuals who may be more reluctant to engage with formal support services, VCS resources may provide an important alternative pathway to support, where they may have otherwise not received any.

### 6.2. What impacts do community resources have on the mental health and wellbeing of young people living in contexts of disadvantage?

A key impact reported consistently across the evidence was that young people were more able to 'open up' and talk comfortably and honestly with youth workers and in some cases, with peers or sports coaches or other activity leaders. The review also identified a wide range of additional impacts including enhanced self-esteem, emotional regulation, and general wellbeing, as well as improvements in identity formation, coping strategies, and sense of purpose. Many services facilitated reductions in feelings of isolation and fostered a sense of belonging, particularly through peer support and mentorship, and in some cases, the creation of a sense of family belonging. For example, several RCMO configurations demonstrate how trusting relationships and culturally relevant role models contribute to both immediate wellbeing and longer-term personal development. Social capital and giving back to the community also emerged as additional outcomes, especially in initiatives in which young people were involved in co-production or took on leadership roles. Reflecting post analysis on the evidence base, and the types of evidence and data collected, it may be appropriate to frame the impacts identified in this review in terms of fostering mental health creation as opposed to focusing on prevention or treatment (Crisp, 2021). This framing has been guided by the analysis and synthesis of the data, and is supported by the data, which describes environments that are conducive to actively promoting well-being through fostering positive relationships with staff and peers, building resilience and self-esteem, and feeling safe enough to discuss feelings and emotions. The evidence therefore suggests that VCS resources may represent a more proactive approach to positive mental health and provide

important alternative pathways to good mental health outcomes for young people. This can also support a potential reframing of the perception of such services as gap filling and rather, promotes them as an alternative support framework and pathway for good mental health that provides something distinctly and purposefully different from statutory services, rather than simply acting as a substitute (Lynch et al., 2018). This is demonstrated across the included studies. For example, provision was frequently characterised by strengths-based approaches to the youth work, and activities (e.g. co-production) that fostered a sense of empowerment, confidence, agency, and leadership among young people (Grace et al., 2018; Elsen & Ord, 2023). The evidence also suggests that trust-based, long term relationships with youth workers and community practitioners may have played a role in feeling more able to open up and talk about problems, which may be an additional pathway to early disclosure and recognition of emerging difficulties (Sandu, 2019; Munford et al., 2015). These approaches may contribute to the development of protective factors, rather than a more reactive approach that focuses primarily on improving symptoms once they are present.

### 6.3. How community resources impact upon mental health and wellbeing

This review suggests that community resources achieve impact through an interplay of resources, mechanisms and contexts. A central mechanism was the development of trust, with additional mechanisms including empowerment through co-production, and the normalisation of mental health discourse within familiar, engaging activities. These are supported or facilitated by the provision of resources such as inclusive physical spaces, culturally competent staff, and engaging group activities (e.g., sports and arts). The evidence further suggests that trust can facilitate deeper engagement, enabling young people to open up about their experiences, develop emotional literacy, and access additional forms of support. While the evidence pertaining to trust in this review is not gender specific, this finding is perhaps particularly pertinent to the guiding review questions regarding young men's mental health, given existing evidence that young men may be less likely to seek help for mental health problems and often experience more formal health and wellbeing services as alienating or stigmatising (Sheikh et al., 2025; Lynch et al., 2018).

Contexts that enable these mechanisms included community connectedness, cultural grounding, shared language use, and awareness of gender-specific barriers to help-seeking. The RCMO synthesis revealed that when young people feel respected, valued, and understood, they may be able to develop foundational relationships with supporting staff, and more fully participate in and benefit from the services offered. Avoiding stigmatising language and fostering relational approaches supported this as well. This is consistent with broader findings relating to young people's engagement with mental health and wellbeing support service use (e.g. Lynch et al., 2020, Munford et al., 2015, Burns and Birrel, 2014). The data further show that a sense of agency and control may be important when looking to foster longer term engagement and gains. This in turn points to potential wider and long-term impacts on wellbeing to be investigated for the young people that continue to engage.

It is a noteworthy observation that a number of these mechanisms are related and sometimes contingent upon the lived experience of the staff, and the evidence suggests that in some cases, this is an important broader contextual factor. It is possible that staff who may have experienced similar life events, living conditions or environments when growing up, or come from the same community as the young people they are working with, may bring an additional level of genuineness, openness and understanding to the relationships they develop with young people. It can therefore be argued that the importance of VCSE service staff may go beyond simply being good at developing positive relationships with young people. Over and above this, these staff members may be able to offer role modelling on managing difficult situations and life events, resilience and using positive coping strategies, including

communication and being able to open up and talk comfortably, which is a consistent outcome reported in the evidence base. This may support a potential reframing of emotional openness as a strength, not a weakness for some young people, which may be deserving of exploration in future research, and again, may be particularly pertinent when exploring young men's mental health.

A further caveat is that in this review, open access (as defined by no referral pathways or eligibility criteria) is considered a key and important criteria for community-based provision. However, for young people facing marginalisation, the findings suggest that accessibility may be distinctly different, and that services were perceived as accessible when they were also culturally responsive, perceived to be safe spaces, and embedded within the local community and culture.

Activities embedded within VCS settings are also important. In particular, sports, arts, and (in one study) informal mental health educational initiatives demonstrate multiple potential functions. Firstly, they can provide a controlled, supported and organised environment in which young people can develop skills, experience positive distractions, and build social and psychological capital. Secondly, these activities may in some cases provide opportunities for informal psychoeducation in alternative or non-explicit packages, as well as supporting the normalisation of openly talking about mental health in a way that is acceptable to young people, especially when content is delivered in an accessible and culturally sensitive manner. These findings support previous reviews noting the mental health benefits of community-based sport and recreation for populations living in the context of disadvantage (Castillo et al., 2019).

Finally, there was a small body of evidence (Reid, 2017; Snell, 2021; Sandu, 2019; Holding et al., 2022) to suggest that partnership working across organisations can be beneficial to young people and support positive mental health and wellbeing outcomes. This is perhaps to be taken with a cautionary note and the acknowledgment that in the broader literature, without a foundation of rooted community connectedness that was found specifically in some of the evidence base for this review, services linking to other services can actually be problematic (e.g. Husk et al., 2020). Further evaluation of the pathways to successful partnership working in community initiatives and local services would be necessary to understand the conditions in which partnership working can be of benefit.

#### 6.4. What is the extent and quality of evidence about the impact of community resources for the mental health and wellbeing of young people?

This review draws on a wide-ranging and diverse evidence base, including qualitative studies, programme evaluations, and grey literature. Despite this, the specificity and depth of evidence focused exclusively on community resources supporting young people (outside of formal intervention programmes or health service provision within the community) remains extremely limited. Other studies exploring community-based mental health provision for young people are present in the literature (see Thomson et al., 2023; McDougal et al., 2025 for recent reviews). However, these studies almost exclusively evaluate interventions delivered by a specific service, externally funded organisations, or programmes implemented in alternative settings. As such, they do not meet our inclusion criteria of examining fully open-access community services.

The results of the appraisal process identify a varied evidence base in terms of richness, rigour and relevance in the included studies. However, the majority of studies were assigned a moderate to high combined score across these criteria. Additionally, the open-access service inclusion criteria, while crucial and foundational to the core aims of this review, meant that the included papers were not typically intervention studies and were often not formal service evaluations. Standardised mental health outcome measures were frequently not used. This may affect the overall understanding and interpretation of impact on mental health. However, it highlights the importance of being flexible when

considering the definition of mental health and wellbeing in the evaluation of community-embedded services. This is especially relevant in informal or open-access settings, where change may not frequently be captured by formal or clinical measures.

## 7. Strengths, limitations and future research directions

To the authors' knowledge, this is the first review to explore how and in what contexts VCS resources can impact the mental health and wellbeing of young people. This review also specifically explores this question outside the scope of formal mental health and wellbeing interventions and programmes which already receive substantial attention within the broader literature. As such, the use of realist synthesis was a strength, given the context-dependent nature of VCS resources, and young people's mental health. Another strength lies in the breadth of the initial search, which identified over 10,000 records across academic databases and grey literature sources. This allowed for a comprehensive review of evidence relevant to VCS resources and young people's mental health. However, it is possible that the evidence base underrepresents smaller or unpublished evaluations by voluntary sector organisations, particularly given the focus away from formal interventions. It is likely that the more informal activity that is the focus of this review is not being captured in formal evaluations and reporting on a small scale and as such, there is a risk that this review is biased toward results from peer reviewed publications and limited grey literature from those settings with the resources for more formal reporting and evaluation practice. Relatedly, very few relevant studies met inclusion criteria and while it is felt that this accurately reflects the current state of the field, findings should be considered preliminary due to the limited evidence base identified.

Furthermore, while the majority of studies were deemed moderate to high in terms of quality, there is still some heterogeneity in study design and rigour. The evidence base is also made up of predominantly UK-based and White British contexts, which limits the transferability of findings. Further work will be required to better understand the impact of cultural identity and intersectional factors. The exploration of capturing and understanding impact and pathways to impact, and the recording of this process, is also a suggested focus for future studies. Overall, it is important to note that the field, and the body of evidence that speaks to the guiding questions in this review could benefit from more longitudinal, mixed-methods studies that assess a range of validated mental health outcomes as well as better distinguishing of the specific and intersecting needs, experiences of, and outcomes of young people across the social divisions of race, sexuality, gender and class.

Finally, an emerging area that has not been captured within the scope of this review relates to the role of digital and hybrid community spaces, including online youth provision. While the present review focused on open-access, community-embedded services operating in physical spaces, it is noted that digital platforms are becoming increasingly significant in young people's social and are implicated in help-seeking behaviours and contexts. The mechanisms through which such spaces may foster mental wellbeing may differ significantly from those identified in place-based community settings. As such, future research may aim to explore how VCS resources are defined, and how they function in digital spaces. This may be particularly relevant for marginalised young people who may experience physical services as inaccessible or unsafe.

## 8. Conclusions

This review provides preliminary evidence to suggest that community resources can be effective and impactful in promoting and supporting the mental health and wellbeing of young people, including those living in the context of disadvantage. The integration of locally rooted, culturally competent practices with safe, inclusive environments and relationships built on trust and a deeper level of situational

understanding may influence the extent to which they can be effective. These findings highlight the importance of sustaining and investing in community-based services that may not frame themselves as mental health services, programmes or interventions, but nonetheless, play an important role in meeting the emotional and social needs of young people.

### CRedit authorship contribution statement

**Michelle Tester-Jones:** Data curation, Formal analysis, Investigation, Methodology, Writing – original draft, Project administration. **Will Mason:** Funding acquisition, Methodology, Supervision, Formal analysis, Writing – review & editing, Project administration. **Hannah Fairbrother:** Funding acquisition, Formal analysis, Writing – review & editing. **Steph Scott:** Funding acquisition, Formal analysis, Writing – review & editing. **Sophie Robinson:** Data curation, Investigation, Writing – review & editing. **G.J. Melendez-Torres:** Funding acquisition, Methodology, Supervision, Writing – review & editing, Project administration.

### Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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### AI declaration statement

During the preparation of this work, the first author used ChatGPT, a generative AI tool developed by OpenAI, to assist in content organisation and improving language and readability. After using this tool, the first author reviewed and edited the content as needed and takes full responsibility for the content of the published article. All analysis, intellectual decisions, interpretation of results, and final composition remain the work of the authors.

### Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.chilcyouth.2026.108969>.

### Data availability

Data will be made available on request.

### References

- All-Party Parliamentary Group on Creative Health. (2024). Creativity and children and young people's mental health and wellbeing. *National Centre for Creative Health*.
- Arvind, N. A. G. R. A., Stubbs, E., Sharni, S., Anderson, C., Haq, S., & Gilbert, R. (2021). 1532 Virtual youth work: meeting the increased psychosocial needs of children and young people with a long term condition during the Covid-19 pandemic. *Bma*. (2024). *Mental health report 2024*. British Medical Association.
- Body, A., & Hogg, E. (2019). What mattered ten years on? Young people's reflections on their involvement with a charitable youth participation project. *Journal of Youth Studies*, 22(2), 171–186.
- Burns, J., & Birrell, E. (2014). Enhancing early engagement with mental health services by young people. *Psychology Research and Behavior Management*, 7, 303–312. <https://doi.org/10.2147/PRBM.S49151>

- Carrieri, D., Briscoe, S., Jackson, M., Mattick, K., Papoutsis, C., Pearson, M., & Wong, G. (2018). 'Care under pressure': A realist review of interventions to tackle doctors' mental ill-health and its impacts on the clinical workforce and patient care. *BMJ Open*, 8(2), Article e021273.
- Castillo, E. G., Ijadi-Maghsoodi, R., Shadravan, S., Moore, E., Mensah, M. O., 3rd, Docherty, M., Aguilera Nunez, M. G., Barcelo, N., Goodsmith, N., Halpin, L. E., Morton, I., Mango, J., Montero, A. E., Rahmanian Koushkaki, S., Bromley, E., Chung, B., Jones, F., Gabrielian, S., Gelberg, L., Greenberg, J. M., Kalofonos, I., Kataoka, S. H., Miranda, J., Pincus, H. A., Zima, B. T., & Wells, K. B. (2019). Community interventions to promote mental health and social equity. *Current Psychiatry Reports*, 21(5), 35. <https://doi.org/10.1007/s11920-019-1017-0>. PMID: 30927093; PMCID: PMC6440941, Mar 29.
- Centre for Social Justice. (2025). A new approach to mental health. Centre for Social Justice.
- Crisp, N. (2021). Human flourishing in a health-creating society. *The Lancet*, 397(10285), 1682–1683. [https://doi.org/10.1016/S0140-6736\(21\)00816-4](https://doi.org/10.1016/S0140-6736(21)00816-4)
- Das, J. K., Salam, R. A., Lassi, Z. S., Khan, M. N., Mahmood, W., Patel, V., & Bhutta, Z. A. (2016). Interventions for adolescent mental health: An overview of systematic reviews. *Journal of Adolescent Health*, 59(4, Suppl.), S49–S60. <https://doi.org/10.1016/j.jadohealth.2016.06.020>.
- Davies, J., Guy, A., & Giurca, B. C. (2024). Shifting the balance towards social interventions: A call for an overhaul of the mental health system.
- de St Croix, T., & Broadhurst, K. (2021). We're not just social workers': Youth work and the value of informal education during the COVID-19 pandemic. *Youth & Policy*.
- Duddy, C., & Wong, G. (2023). Grand rounds in methodology: when are realist reviews useful, and what does a 'good' realist review look like? *BMJ Quality & Safety*, 32(3), 173–180.
- Elsen, F., & Ord, J. (2023). 'You don't get ditched'—young people's mental health and youth work: challenging dominant perspectives. *Youth*, 3(4), 1429–1440.
- EPPI-Centre (2024) EPPI-reviewer 6.15.3.0 [Computer software]. London: UCL Institute of Education, University College London. Available at: <https://eppi.ioe.ac.uk>.
- Grace, B., Richardson, N., & Carroll, P. (2018). "... If you're not part of the institution you fall by the wayside": Service providers' perspectives on moving young men from disconnection and isolation to connection and belong. *American Journal of Men's Health*, 12(2), 252–264.
- Griffin, N., Wistow, J., Fairbrother, H., Holding, E., Sirisena, M., Powell, K., & Summerbell, C. (2022). An analysis of English national policy approaches to health inequalities: 'Transforming children and young people's mental health provision' and its consultation process. *BMC Public Health (Forthcoming)*, 22, 1084.
- Harris, A., Le, H., McHayle, Z., & Ahmadzadeh, Y. (2022). *Always there for us: Evaluating project future's work at bruce grove youth club*. Centre for Mental Health: London, UK.
- Holding, E., Crowder, M., Woodrow, N., Griffin, N., Knights, N., Goyder, E., ... Fairbrother, H. (2022). Exploring young people's perspectives on mental health support: A qualitative study across three geographical areas in England, UK. *Health & Social Care in the Community*, 30(6), e6366–e6375.
- Hossain, M. M., Nesa, F., Das, J., Aggad, R., Tasnim, S., Bairwa, M., ... Ramirez, G. (2022). Global burden of mental health problems among children and adolescents during COVID-19 pandemic: An umbrella review. *Psychiatry Research*, 317, Article 114814.
- Howard, A. F., Currie, L., Bungay, V., Meloche, M., McDermid, R., Crowe, S., ... Haljan, G. (2019). Health solutions to improve post-intensive care outcomes: A realist review protocol. *Systematic Reviews*, 8, 1–8.
- Husk, K., Elston, J., Gradinger, F., Callaghan, L., & Asthana, S. (2020). Social prescribing: Where is the evidence? *BMJ Open*, 9, Article e036507.
- Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gotzsche, P. C., Ioannidis, J. P. A., ... Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate healthcare interventions: Explanation and elaboration. *BMJ*, 339(jul21 1), b2700–b.
- Lynch, L., Long, M., & Moorhead, A. (2018). Young men, help-seeking, and mental health services: Exploring barriers and solutions. *American Journal of Men's Health*, 12(1), 138–149.
- Lynch, L., Moorhead, A., Long, M., & Hawthorne-Steele, I. (2020). What type of helping relationship do young people need? Engaging and maintaining young people in mental health care: A narrative review. *Youth & Society*, 53(8), 1376–1399. <https://doi.org/10.1177/0044118X20902786>
- McDougal, E., Sheikh, A., Santana de Lima, E., Lereya, S. T., Edbrooke-Childs, J., Deighton, J., ... Thompson, A. (2025). Rural community-based interventions to improve the mental health and wellbeing of children and young people: A rapid scoping review of the quantitative and qualitative evidence. *Journal of Community Psychology*, 53(7), Article e70037.
- Morgan, H. (2018). Enhancing social mobility within marginalized youth: The accumulation of positive psychological capital through engagement with community sports clubs. *Sport in Society*, 21(11), 1669–1685.
- Munford, R., & Sanders, J. (2015). Understanding service engagement: Young people's experience of service use. *Journal of Social Work*, 16(3), 283–302. <https://doi.org/10.1177/1468017315569676> (Original work published 2016)
- National collaborating centre for mental health. (2023). The improving access to psychological therapies manual.
- Newlove-Delgado, T., Marcheselli, F., Williams, T., Mandalia, D., Dennes, M., McManus, S., Savic, M., Treloar, W., Croft, K., & Ford, T. (2023). *Mental health of children and young people in England, 2023*. Leeds: NHS England.
- NHS digital (2020) Mental health of children and young people in England, 2020: Wave 1 follow up to the 2017 [Online] Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>.

- Ní Charraighe, A., & Reynolds, A. (2024). Re-thinking youth work as initial mental health support for young people. *Children & Society*, 38(6), 1920–1942.
- Pawson, R. (2006). Digging for nuggets: How 'bad' research can yield 'good' evidence. *International Journal of Social Research Methodology*, 9(2), 127–142.
- Pawson, R. (2013). *The science of evaluation: A realist manifesto*. Sage.
- Pawson, R., Greenhalgh, T., Harvey, G., & Walshe, K. (2005). Realist review—a new method of systematic review designed for complex policy interventions. *Journal of Health Services Research & Policy*, 10(1 suppl), 21–34.
- Pearson, M., Chilton, R., Wyatt, K., Abraham, C., Ford, T., Woods, H. B., & Anderson, R. (2015). Implementing health promotion programmes in schools: A realist systematic review of research and experience in the United Kingdom. *Implementation Science*, 10, 1–20.
- Pickett K., Taylor-Robinson D., et al (2021) The Child of the North: Building a fairer future after COVID-19. The Northern Health Science Alliance and N8 Research Partnership.
- Priebe, S., Omer, S., Giacco, D., & Slade, M. (2014). Resource-oriented therapeutic models in psychiatry: Conceptual review. *British Journal of Psychiatry*, 204(4), 256–261. <https://doi.org/10.1192/bjp.bp.113.135038>
- Reid, G. (2017). A fairytale narrative for community sport? Exploring the politics of sport social enterprise. *International Journal of Sport Policy and Politics*, 9(4), 597–611.
- Sabirova, G., & Zinoviev, A. (2016). Urban local sport clubs, migrant children and youth in Russia. *Community Development Journal*, 51(4), 482–498.
- Sandu, R. D. (2019). What is the profile of workers who build effective relationships with young people facing severe and multiple disadvantages? *Journal of Community Psychology*, 48(2), 351–368.
- Shearn, K., Allmark, P., Piercy, H., & Hirst, J. (2017). Building realist program theory for large complex and messy interventions. *International Journal of Qualitative Methods*, 16(1), Article 1609406917741796.
- Sheikh, A., Payne-Cook, C., Lisk, S., Carter, B., & Brown, J. S. (2025). Why do young men not seek help for affective mental health issues? A systematic review of perceived barriers and facilitators among adolescent boys and young men. *European Child & Adolescent Psychiatry*, 34(2), 565–583.
- Shermill, I., Mugford, M., Vale, L., & Grant, A. (2014). Estimating sample size and power for priority setting in health screening evaluations. *Health Economics*, 23(9), 1065–1081. <https://doi.org/10.1002/hec.2973>
- Snell, J. (2021). Thriving not just surviving: What works to improve the mental health of boys and young men Comic Relief. Report\_-\_Thriving\_Not\_Just\_Surviving\_Final\_Report\_130521.pdf.
- Tanner, L. M., Wildman, J. M., Stoniute, A., Still, M., Bernard, K., Green, R., ... Sowden, S. (2023). Non-pharmaceutical primary care interventions to improve mental health in deprived populations: A systematic review. *British Journal of General Practice*, 73(729), e242–e248.
- Thomas, J., Brunton, J., Ghouze, Z., & O'Mara-Eves, A. (2021). *EPPI-reviewer: Advanced software for systematic reviews, maps and evidence synthesis*. UCL Institute of Education: EPPI-Centre.
- Thomson, A., Harris, E., Peters-Corbett, A., Koppel, K., & Creswell, C. (2023). Barriers and facilitators of community-based implementation of evidence-based interventions in the UK, for children and young people's mental health promotion, prevention and treatment: Rapid scoping review. PMID: 37485912; PMCID: PMC10375901, Jul 24 *BJPsych Open*, 9(4), e132.
- Turner, S., Fulop, A., & Woodcock, K. A. (2024). Loneliness: Adolescents' perspectives on what causes it, and ways youth services can prevent it. *Children and Youth Services Review*, 157, Article 107442.
- United Nations Children's Fund (UNICEF). (2021). The State of the World's Children 2021: On my mind - promoting, protecting and caring for children's mental health. Unicef: New York. Available at: <https://www.unicef.org/media/114636/file/SOWC-2021-full-report-English.pdf>. Last accessed: 07/03/2022.
- Walseth, K. (2016). Sport within Muslim organizations in Norway: Ethnic segregated activities as arena for integration. *Leisure Studies*, 35(1), 78–99.
- Wong, G., Greenhalgh, T., Westhorp, G., Buckingham, J., & Pawson, R. (2013). RAMESES publication standards: Realist syntheses. *BMC medicine*, 11, 1–14.
- Wong, E. C., Collins, R. L., Breslau, J., Burnam, M. A., Cefalu, M., & Roth, E. A. (2018). Differential association of stigma with perceived need and mental health service use. *The Journal of nervous and mental disease*, 206(6), 461–468.
- World Health Organization. (2022). *World mental health report: Transforming mental health for all*. World Health Organization. <https://www.who.int/publications/i/item/9789240049338>.
- Wren-Lewis, S., & Alexandrova, A. (2021, December). Mental health without well-being. In *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine* (Vol. 46, No. 6, pp. 684-703). US: Oxford University Press.

#### Further reading

- Ministry of Housing, Communities and Local Government. (2019). The English indices of deprivation 2019 (IoD2019). London: MHCLG. <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>.