ASPIRE FOR HIGHER MENTAL HEALTH OF BLACK CANADIANS FUND

YOUTH MENTAL WELLNESS PROGRAM

INTERIM EVALUATION REPORT

Cohort 1

September 2022

In collaboration with the
Youth Research and Evaluation eXchange

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1/ THE YOUTH MENTAL WELLNESS PROGRAM

The Mental Health of Black Canadians Fund is an initiative funded by the Public Health Agency of Canada to partner with community-based organizations in Black communities to generate new evidence on culturally focused intervention programs that address mental health and its determinants for Black Canadians. The Aspire for Higher (A4H) Youth Mental Wellness program is an initiative funded through this program.

A4H has partnered with Brock University, a diversity consultant, school boards, the Black Youth School Success Initiative, and YouthREX to support the development, implementation, and evaluation of the Youth Mental Wellness program. This program aims to provide a safe space for Black youth to learn about mental health through an anti-Black racism lens. The intervention is an evidence-based, culturally relevant, and appropriate curriculum developed by A4H as an after-school program.

Program Description

The target population for the Youth Mental Wellness program is Black boys between the ages of 12 and 14 years in Brampton, Ontario, and program facilitators who are Black men between the ages of 18 and 34 years.

The program aims to achieve the following objectives:

- Black youth and facilitators develop skills to identify, develop, and strengthen coping mechanisms.
- Black youth and facilitators gain knowledge about anti-Black racism issues in Canada.
- Black youth and facilitators improve mental wellness by understanding how to apply coping mechanisms when experiencing anti-Black racism in the future.
- Safe spaces are created for Black youth and facilitators to discuss mental health to reduce stigma around mental health in the Black community.
- Black youth and facilitators are given opportunities for self-expression.
- Black youth and facilitators participate in physical activity.

For a more detailed description about the A4H Youth Mental Wellness program, the context for the program, and the curriculum development, please see the A4H Youth Mental Wellness program evaluation plan.

At this time, one cohort of the program has been implemented. The program took place online over the course of 12 weeks. In this first cohort, youth only received the "classroom" component of the program. The sessions were run by a Black male facilitator who was trained to deliver the curriculum.

The Impact of COVID-19

The Covid-19 pandemic has resulted in numerous challenges to youth programming. The A4H Youth Mental Wellness program was no exception. The program was intended to consist of an in-person mental wellness program followed by basketball training. Due to pandemic restrictions, however, the first cohort of the program was delivered online via Zoom, thus removing the basketball component and only including the mental wellness portion of the program. To increase interest in participation, youth participants were provided with a one-time honorarium as an incentive.

2/ EVALUATION APPROACH & METHODOLOGY

Evaluation Approach

The evaluation for the Youth Mental Wellness program was guided by YouthREX's Evaluation Framework for Youth Wellbeing that was specifically developed for community-based youth programs in Ontario. The framework is made up of seven steps within three phases and views evaluation through three lenses that are uniquely suited to the organizational, social and political realities in which community-based youth programs are located.

The first phase of this framework is the *Discovery Phase* that examines the organization's evaluation capacity and resources, and where a more in-depth understanding of the program is obtained. In the present evaluation, included in this phase was a review of pertinent literature and consultations with the program management. This resulted in the development of an Evidence Brief (Five Practices to Promote Mental Health Among Black Youth in Team Sports) and program logic model (See Appendix A). This logic model clarifies all the components and intended outcomes of the program so the evaluation can focus on the most central and important questions and ensure that all stakeholders involved in designing the evaluation fully understand the program.

The second phase is the *Action Phase*, which focuses on evaluation planning, evaluation data collection, and analysis of evaluation data. The evaluation strategy that has been developed in collaboration with A4H for the Youth Mental Wellness program includes a process evaluation and an outcome evaluation.

The process evaluation of the A4H Youth Mental Wellness program focused on the program implementation and operation. It focused on answering the questions of who the program has reached and how participants are receiving the program components, as well as satisfaction with the program. Table 1 outlines the process evaluation questions and the corresponding sources of data included in the evaluation of the first cohort of the Youth Mental Wellness program.

Table 1. Process Evaluation Questions and Cohort 1 Sources of Data

PROCESS EVALUATION QUESTIONS	EVALUATION SOURCE
Who are the participants being reached by the program? ● Is the program reaching its target population? ● What are the participants' demographics?	Program Documentation Pre-Survey Post-Survey
How are the program components being implemented? ● Are program components being implemented as planned?	Program Consultations
To what extent are program participants satisfied with the program?	Post-Survey Focus Group Interview
What adaptations can be implemented to improve the program? ● What challenges have been identified and how have these been addressed? ● What lessons have been learned throughout program implementation?	Post-Survey Focus Group Interview

The outcome evaluation explored the changes and benefits that participants have experienced because of their involvement in the program. Table 2 lists the outcome evaluation questions and sources of data included in the evaluation of the first cohort of the Youth Mental Wellness program.

Table 2. Outcome Evaluation Questions and Cohort 1 Sources of Data

Outcome Evaluation Questions	Evaluation Source
What changes have participants experienced after their involvement with the program? ● Do participants experience improved knowledge, attitudes, and skills related to mental wellness? ● Do participants experience improved mental health and wellbeing?	Pre-Survey Post-Survey Focus Group Interview

The last phase of the evaluation framework, the *Legacy Phase*, involves the communication of the findings, both internally and externally, to contribute to the evidence in terms of program improvements and lessons learned, not just for the existing program but for other similar programs as well.

Evaluation Methodology: Cohort 1 Data Collection Tools and Methods

Eighteen youth, divided into two groups, were registered in the online 12-week program that met once each week either or Tuesdays or Thursdays. For youth to be eligible to participate in the evaluation, parent consent was required. Even with parent consent, youth participation in the evaluation was still completely voluntary.

At the time of the pre-survey, 12 parents had provided consent for their children to participate and, therefore, 12 program participants were invited to complete the pre-survey. An additional attempt to increase parental consent was made near the end of the program, which resulted in two more parental consent forms being completed. This resulted in 14 program participants being invited to complete the post-survey. Lastly, parental consent to participate in the focus group was obtained for 10 of the program participants, who were subsequently invited to attend the focus group. All forms and surveys were distributed electronically via email and the focus group occurred virtually via Zoom.

The A4H Youth Mental Wellness Cohort 1 program evaluation utilized a multi-method approach:

Program Documentation. Program documentation was reviewed to help answer questions pertaining to the process evaluation. Such documents included the Participant Information Form and attendance records. Twelve youth completed the Participant Information Form.

Pre-Survey. The pre-survey, through a brief set of close-ended questions, provided an understanding of youth participants' self-assessment of their mental health at the beginning of the program. Of the 12 participants with parent consent, five youth completed the pre-survey.

Post Survey. The post survey, through a combination of open- and closed-ended questions, assessed youth satisfaction with the program as well as the anticipated outcomes identified in the program logic model. It collected participant demographics and program feedback, including how regularly they participated in sessions, whether they were satisfied with the program, and the benefits gained through their involvement with the program. Open-ended questions were used to learn what youth participants liked the most about the program, suggestions for program improvement, and what they have learned in the program that extends to their daily lives. Of the 14 participants with parent consent, seven youth completed the post-survey at the end of the program.

Focus Group Interview. The focus group interview explored participant perceptions of the program, the impacts of the program, and suggestions to improve the program. Of the 10 participants with parental consent, two participated in the focus group after the program was completed.

For the complete program evaluation approach and methodology, please see the A4H Youth Mental Wellness program evaluation plan.

Ethical Issues

YouthREX's evaluation protocol for youth programs was reviewed and cleared by the York University's Human Research Participants Review Committee. The evaluation of this initiative adhered to all the standards and regulations in this protocol including informed

consent, no implied coercion for participation, anonymity, and confidentiality. Any identifying information was removed from all records, including transcripts, to protect anonymity of the participants throughout the evaluation process. For data specific to the evaluation, all participant data has been stored on YouthREX's secure server and only members of the evaluation team have access to the data files.

3/ EVALUATION RESULTS: COHORT 1

> ***I liked that I got to learn about new mental health coping strategies and also how to deal with anti-black racism***
>
> (Post-Survey Participant)

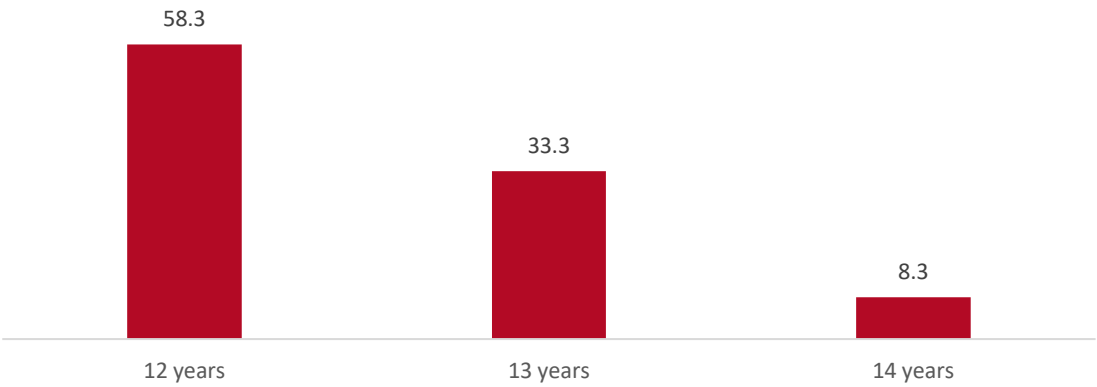
The following reviews the findings from the first cohort of the A4H Youth Mental Wellness program evaluation. After the Cohort 1 program participants are described, the findings will be discussed for the process evaluation and the outcome evaluation.

Program Participants

Program documentation was the main source of data to describe who was involved in the program. Twelve youth completed the Participant Information Form at the beginning of the program session. While there was some variation across data collection sources, participant characteristics were, in general, similarly represented on the Participant Information Form, the pre-survey, and the post-survey (see Appendix B).

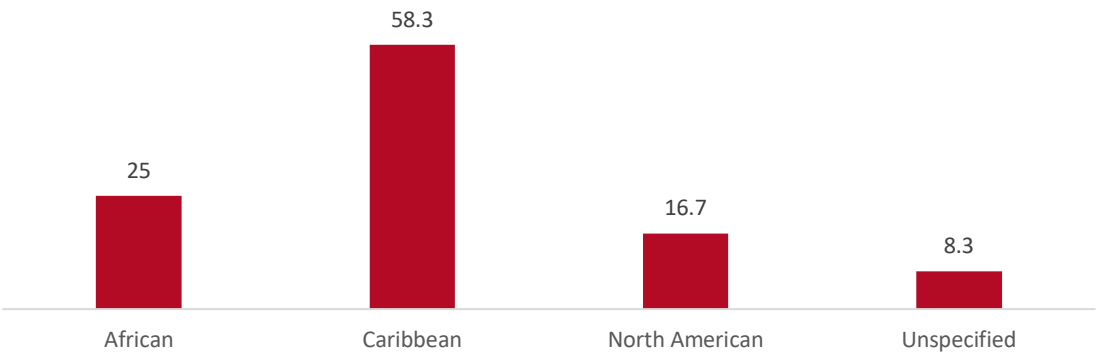
In this first cohort of the Youth Mental Wellness program, the participant age ranged from 12 to 14 years and thus, was within the program's target age. As can be seen in Figure 1, most of the youth participants were either 12 or 13 years old at the start of the program.

Figure 1. Percentage of Participants by Age (*n* = 12)



All participants (*n* = 12, 100%) identified as Black – choosing either or multiple options of African, Caribbean, or North American, with one participant not specifying (see Figure 2). Three participants reported being multi-racial, identifying as White and South Asian in addition to Black.

Figure 2. Percentage of Participants by Black Cultural Identification (*n* = 12) *



**This question allowed for multiple responses; as such, percentages can exceed 100%.*

All participants identified as boys, the target gender for the Youth Mental Wellness program. One participant also identified as *cisgender* and another identified as *questioning or exploring*.

All participants (*n* = 12, 100%) reported being born in Canada. Most respondents (*n* = 8, 66.7%) reported having at least one parent born outside of Canada and all participants (*n* = 12, 100%) reported having at least one grandparent born outside of Canada.

Process Evaluation Findings

For the first cohort of the A4H Youth Mental Wellness program, data contributing to the process evaluation included program attendance, reasons for program participation, program satisfaction, and suggestions for improving the program. The complete data can be found in Appendix C, with a summary of the findings presented below.

Program Attendance and Reason for Participating

According to program attendance records, of the 18 registered program participants, two participants never attended the program and another two participants only attended one session of the program. Excluding the two registrants who never attended, the number of sessions attended by program participants ranged from 1 to 12. Attendance was somewhat consistent, with 13 participants attending more than half of the program sessions. On average, youth in the first cohort of the Youth Mental Wellness program attended 7.3 sessions.

Based on self-reported attendance on the post-survey, participants who completed this component of the evaluation were those who attended quite regularly. All but one respondent reported attending program sessions *often* (*n* = 4, 57.1%) or *always* (*n* = 2, 28.6%).

Multiple data sources provided information about the reasons that drew youth to the A4H Youth Mental Wellness program. For example, a number of youth on the Participant Information Form reporting joining the program due to their love of basketball. Other responses included wanting to meet new people, learn new things, improve oneself, and having an interest in the content of the program.

The qualitative data from the post-survey and focus group revealed that participants expressed that monetary compensation was an important factor that led youth to join and

continue to participate as frequently as they did. However, with increased program exposure, participants also expressed that their interest in the program grew, which resulted in attending more frequently.

> ***I went because it was kinda interesting in all honesty I was at first in it for the money but after a few sessions it was pretty interesting.***
>
> (Post-Survey Participant)

Satisfaction and Program Atmosphere

The post-survey asked participants questions that assessed their satisfaction with the program and with the program atmosphere. Overall, participants expressed satisfaction with both aspects. All youth participants *agreed* or *strongly agreed* that they were satisfied with the program, and all but one participant reported that they would recommend the program to others (see Appendix C).

Mean responses for the satisfaction-related items on the post-survey are shown in Figure 3. Means can range from 1 to 5, with higher means indicating more positive responses. As can be seen in Figure 3, participants didn't endorse statements related to feeling safe discussing sensitive topics and the personal relevance of the program to the same extent as they did the other satisfaction-related questions.

Figure 3. Mean Responses for Satisfaction-Related Items on the Post-Survey (*n* = 7)

The focus group data also revealed that the participants involved were also satisfied with the program facilitator and the facilitation of the program. The relationship with the facilitator was described as positive and comfortable as he was already known to them from their previous involvement with the organization. The facilitator was seen as a mentor to the youth of the program and focus group participants described how they were able to talk about things even beyond the program content as he was perceived as someone who understood them and demonstrated care and concern for them.

> ***I already knew him from there. So it was already a good relationship. And now that he told me more about the other stuff. I know, he's looking out for my best interests, you know, so that's pretty nice, too***
>
> (Focus Group Participant)
>
> ***I was comfortable sharing like my feelings and thoughts because like knowing him from before, so yeah***
>
> (Focus Group Participant)

Moreover, based on the qualitative data from the post-survey and the focus group, participants enjoyed the program games and the opportunity to connect with peers through mental health and Black history components of the program. In particular, the scenario-based discussions around their friendships were said to be relatable and helpful for resisting peer pressure to smoke while around friends. Although these discussions brought greater awareness to substance abuse and new strategies to handle various scenarios, others found the discussions to be most challenging because their contributions may have required critical thinking and reflection, and therefore required greater time to process.

> ***He would ask us some questions. Like, for example, he would say What would you do if your friend did this? Yeah, those are nice, because then I could share my own thoughts on what I would do in that scenario.***
>
> (Focus Group Participant)
>
> ***I think the most challenging thing about the program for me was on was more like the questions, because when we're doing the questions, I have to think a lot more about what I'm about to say. They really made me think. I mean, like there's so many different ways you could handle some scenario so I just have to think about it more now. It's the most challenging thing***
>
> (Focus Group Participant)

Suggestions For Program Improvement

Although participants reported a positive experience in the program overall, they offered some suggestions for improvement. Discussions around weed and smoking and its impacts on mental wellness and relationships with others was one area that participants would like to explore further. It was also suggested that the facilitator should make the sessions more entertaining as it was noticed that some participants were not as engaged or paying attention. Additionally, participants suggested that the program could include shorter sessions, take place in-person, and take place in a gym, so more games could be played and

include basketball components and so there would be the opportunity to meet the other participants.

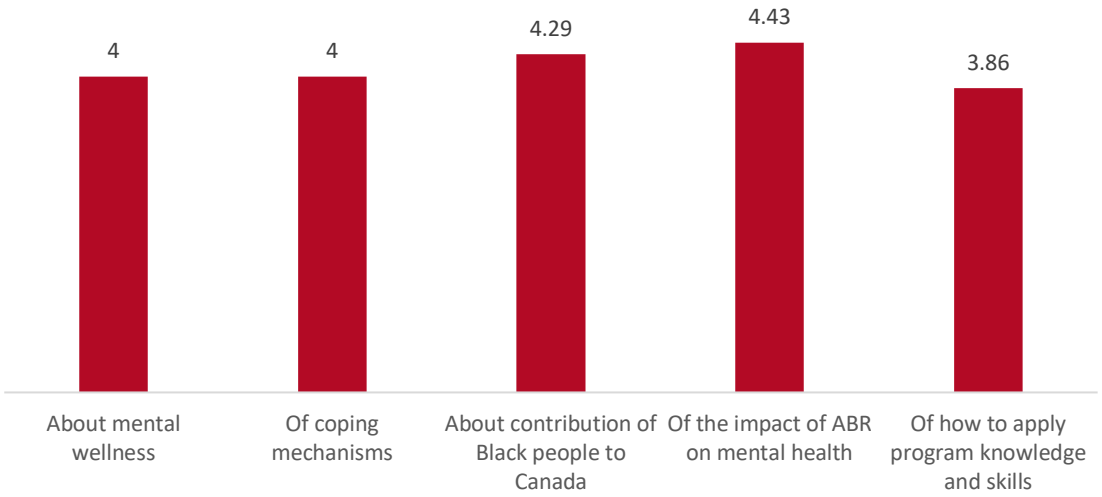
Outcome Evaluation Findings

The outcome evaluation examined changes in participants that were perceived to result from their involvement of the program. Improved knowledge, awareness, the application of this knowledge and awareness, and attitudes were among the outcomes measured. Self-reported mental health ratings were also examined. Some questions were asked both on the pre-survey and the post-survey to allow for comparisons across time. Complete results related to the outcome evaluation can be found in Appendix D.

Knowledge, Awareness and Application

Overall, participants reported gaining knowledge and awareness due to their participation in the A4H Youth Mental Wellness program. The means for the knowledge, awareness and application items from the post-survey are shown in Figure 4. Mean responses can range from 1 to 5, with higher means representing stronger endorsement of the items.

Figure 4. Mean Ratings of Knowledge, Awareness, and Application Items (*n* = 7)



As can be seen, participants reported becoming more knowledgeable about mental wellness and coping mechanisms to support their mental health. Furthermore, participants

reported being more aware of the contribution of Black people in Canada, as well as how anti-Black racism impacts mental health. Being able to apply the knowledge and skills gained in the program in one's day-to-day life was not endorsed as strongly as the other knowledge and awareness items.

The qualitative data further revealed that the participant's self-awareness of their mental health improved as they gained new strategies to deal with anxiety, depression, and to navigate anti-Black racism, as well as gaining time management skills.

> ***I've learned that as a black male it is harder for us to succeed in life so we need to do better and try harder than most people***
>
> (Youth participant post-survey)
>
> ***I've learned to manage my time better so I can get my work done faster and more efficiently. I've also learned how to cope with my mental health and to deal with anxiety and depression.***
>
> (Youth participant post-survey)

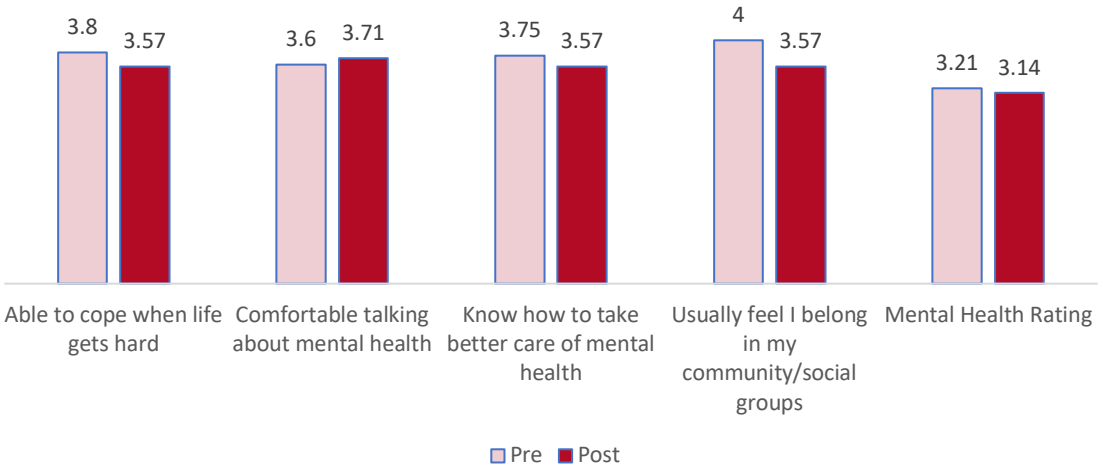
Mental Health

Several mental health-related items were asked on both the pre-survey and post-survey. Items on the pre-survey captured participant feelings before receiving the program, whereas these items were rephrased on the post-survey to capture their perceptions of the program impact on these items. Current mental health ratings were also taken at both points in time. Lastly, perceptions about the impact of the program on one's mental health status was also examined.

As shown in Figure 5, when examining the means for these mental health outcomes, it appears that there was not much change between the pre-survey and post-survey. (Means can range from 1 to 5, with higher means indicating greater endorsement of the item.) Unfortunately, given the small sample size, it is not possible to examine whether any changes evident are significantly different. However, almost all participants (n = 6, 85.7%) reported that, as a result of the Youth Mental Wellness program, their mental health was *a*

bit better. No participants reported their mental health becoming worse because of their involvement in the program (see Appendix D).

Figure 5. Mean Ratings for Mental Health-Related Items on the Pre-Survey (*n* = 5) and Post-Survey (*n* = 7)



4 / PROGRAM LEGACY: LESSONS LEARNED

Evaluation of community-based youth programs is better focused on improving the program rather than just proving the worth of the program. The evaluation approach for the A4H Youth Mental Wellness program aims to develop insights and findings that A4H can learn from to improve the initiative. These learnings are described below.

Impact of the Inability to Implement the Program as Designed
The A4H Youth Mental Wellness program launched in Winter 2022 and was impacted by the Covid-19 pandemic. While conceptualized as a program that aims to improve mental and physical wellbeing through a curriculum focusing on coping mechanisms and anti-Black racism in combination with basketball, the uncertainty resulting from the pandemic forced A4H to make the decision to move the first cohort of the program online. This resulted in the elimination of the basketball component.

One of the prominent reasons cited for joining the program was the participants' love of basketball. Moreover, the suggestions to improve the program were often related to the program's virtual mode of delivery. It is likely, then, that the participants' experiences of the program would have been affected both by the absence of basketball as well as by the online involvement. A future cohort of the program will be afforded the opportunity to participate in-person and will experience the program as it was intended, including the basketball portion.

Reaching and Engaging the Target Population
The data from the first cohort of the A4H Youth Mental Wellness program evaluation demonstrated that the program did reach its target population of Black boys between the ages of 12 and 14 years. Although the program registered 18 participants, only 13 of these attended with any regularity, with four participants never attending or only attending for one session. Indeed, the monetary compensation did provide the incentive to others to continue to attend the program. Understanding the experiences of those in future cohorts, particularly those who are participating in-person, will help in drawing conclusions about participant engagement and whether program content and program facilitation is related to this.

High Levels of Satisfaction
Despite the significant modification made to the program to offer it online, program participants did report a positive experience with the program and the atmosphere within the program. Participants, on average, provided a 4/5 satisfaction rating, with almost all

participants endorsing the statement that they would recommend the program to others. Overall, participants felt comfortable discussing thoughts and opinions with others in the program and felt accepted and a sense of belonging in the program. Participants involved in the evaluation also discussed feelings of comfort with the program facilitator. However, this was attributed to the fact that he was already known to some participants, which may not be the case with other facilitators of the program. Nonetheless, the facilitator for the first cohort was described as expressing genuine concern and care for the youth involved in the program.

Feeling safe discussing sensitive topics in the group and the personal relevance of the program were not as strongly endorsed as other satisfaction-related components. It should be noted, however, that it was neutral responses, rather than negative responses, that resulted in lower ratings in these areas. With participants joining the program due to their interest in basketball, and with many suggestions for program improvement being related to the online program delivery, it is plausible, and even quite likely, that having the opportunity to participate in-person and subsequently in the basketball component, would have resulted in higher program satisfaction ratings.

Benefits Obtained

Overall, the evaluation revealed that participants are experiencing positive impacts because of their participation in the A4H Youth Mental Wellness program. Participants did report improved knowledge and awareness in the areas of mental health, coping mechanisms to support mental wellness, anti-Black racism and its impact upon mental health, and Black Canadian history – all desired outcomes of the Youth Mental Wellness program. Furthermore, almost all participants perceived the program to have had a positive impact on their mental health, even if only *a bit*.

Although it wasn't possible to conduct statistical analyses on the data to determine whether there were in fact any differences from the beginning of the program to the end of the program, there did not appear to be much change between the two time periods in terms of the following:

- current mental health,
- participant's ability to cope in difficult situations,
- caring for one's mental and emotional health,
- comfort level in discussing one's mental health, or
- sense of belonging in one's community and social groups.

At this point in time, it is impossible to determine the reason for this apparent lack of change between the pre-survey and post-survey. It is possible that the program dosage was not enough to impact change within the time period, or that program effects take longer to appear. It is also possible that the questions asked at the two time periods are not a good indication of program impact. For example, does involvement in one program result in *usually* feeling like you belong in your community or social groups? Given the content and aim of the program, it might not be plausible that the program would lead to general feelings of belonging outside the program. However, it is also possible that this apparent lack of change between the pre-survey and post-survey does indicate a lack of program impact in these areas. As the evaluation continues, the hope is to be able to provide some clarification.

Evaluation Challenges

The evaluation of the A4H Youth Mental Wellness program encountered some challenges as well, mostly in relation to evaluation participant recruitment. The short time between receiving notification of the approval of the evaluation plan and the launch of the program meant that parent consent for their child's participation in the evaluation was occurring after the program began. Obtaining parent consent requires time, particularly when it is being sought via email. Distribution of the pre-survey occurred as parent consent was received, which meant that participants had already been involved in the program, exposed to its content, before receiving and completing the pre-survey. This could have impacted how participants responded to questions of the pre-survey.

With another request for parent consent near the end of the program, nearly three-quarters of program participant parents eventually provided consent for their sons to participate. Given the small number of youth registered in the program, this reduced the sample of youth who were able to be included in the evaluation. Invitations to participate in the pre-survey, the post-survey, and the focus groups were all done via email given the online programming, and due to the fact that some participants had parent consent while others did not. It is possible that this method of recruitment contributed to the low participation rate in each component of the evaluation. Low participation rates in the evaluation impacts the conclusions that can be drawn from the data.

Next Steps

Looking forward, A4H intends to offer two additional cohorts of the program during the Fall of 2022. One of these cohorts will be offered in-person, and subsequently, will include

the basketball component of the program. It is expected that the number of participants for this in-person cohort will be larger, with the hope of registering 60 youth, thereby increasing the number of youth reached by the program. This also means that there will be a greater number of youth from which to recruit for the program evaluation. The third cohort will be offered virtually and will follow the format of the first cohort. It is anticipated that 20 youth will participate in the second virtual offering.

The evaluation of the A4H Youth Mental Wellness program will continue. In addition to the components implemented during the first cohort, interviews will also be conducted with program staff and facilitators. With the larger upcoming cohorts, additional facilitators will be involved, allowing for a greater number of perspectives about the program implementation and program impact.

Consideration should be given into the use of the pre-survey. In addition to the pre-survey, participants are also asked to complete the Participant Information Form, required program documentation. Perhaps it is too much to ask youth to complete two forms so close to one another as, ideally, both would be completed prior to the start of the program. It is possible to revise the post-survey to have a retrospective focus to obtain perceptions at two points in time (i.e., before the program and at the end of the program).

Given the extremely low interest in participation in the focus group (20%), consideration should also be given to whether this is a component to keep in the evaluation. Moreover, fewer parents consented to their child's participation in this evaluation component. However, with only two youth participating, it is not possible to say whether the focus group provided the in-depth understanding of the youth experience beyond the data provided by the post-survey.

After two years of living through a global pandemic, the mental health of many has been impacted. In fact, recent data[1] revealed that two-thirds of Black youth who responded to a survey of youth in Ontario reported their mental health had become a little or a lot worse since the Covid-19 pandemic, making the Aspire for Higher Youth Mental Wellness program a timely intervention to support the wellbeing of Black youth.

[1] *Preliminary findings from the Ontario Youth Sector Compass project, YouthREX, 2022, unpublished data.*

5/ APPENDICES

Appendix A: Aspire for Higher Youth Mental Wellness Program Logic Model

PRIORITIES: The A4H Youth Mental Wellness program aims to provide a safe space for Black youth to learn about mental health through an anti-Black racism lens.

INPUTS	→	OUTPUTS		OUTCOMES		
		Activities	Participation	Short -Term (1 – 3 months)	Intermediate (3 -12 months)	Long-Term (Over 1 year
Funding • Public Health Agency of Canada **Partners** • Brock University (Academic Partner) • Diversity Consultant • Black Youth School Success Initiative (BYSSI) • YouthREX (Evaluation Partner) **Staff** • Program Director • Program Coordinator • Program Facilitators		***12-week after-school program for Black youth on mental wellness though an anti-Black racism lens.*** **Mental Wellness Curriculum** (1 hour per session) ○ Evidence-based and culturally appropriate mental wellness curriculum ○ Curriculum covers mental health coping mechanisms, anti-Black racism issues and applying coping mechanism when experiencing anti-Black racism. ○ Black history and Black Excellence mini lessons **Basketball Curriculum** (1 hour per session) Only offered for in-person program offerings ○ Fundamentals of movement ○ Basketball IQ ○ Training to compete **Facilitator Training Program (40 hours)** ○ Uses the Teach the Teacher model & Diversity Framework ○ Mental Wellness Curriculum (same as above) ○ Facilitating sensitive conversations	**Online:** January 2022, twice a week for 1 hour over a 12-week period (24 sessions in total) **In-person:** Spring/Fall 2022, twice a week for 2 hours over a 12-week period (24 sessions in total) **Youth participants:** • 145 Black youth ages 12-14 years • Cohort 1: 25 youth involved in virtual wellness curriculum and receive $200 honorarium for program completion (no basketball component) • Cohorts 2 and 3: 60 youth involved in In-person mental wellness curriculum followed by basketball sessions. **Facilitators:** • Black male basketball coaches, ages 18-34 • 5 facilitators for online cohort (Cohort 1) • 10 facilitators for in-person cohorts (Cohorts 2 and 3)	**Increased trust and rapport between youth and facilitators** **Increased feelings of belonging and having a safe space** **Increased physical activity** **Improved basketball knowledge, confidence and skills** **Increased opportunities for self-expression and sharing youth voices** **Improved knowledge (**Youth and Facilitators) • Mental wellness practices • Coping mechanisms • Anti-Black racism issues • Coping mechanisms when experiencing anti-Black racism • Black history and successes **Increase in knowledge of effective coaching practices** (Facilitators)	**Increased application of mental wellness knowledge and skills** • Mental wellness practices (e.g., mindfulness, journaling, etc.) • Coping mechanisms • Coping mechanisms when experiencing anti-Black racism **Improved sense of cultural identity** **Improved basketball IQ** • Critical thinking • Collaboration • Coachability **Improved mental wellness** • Reduced feelings of stress, anxiety and depression • Continued physical activity **Reduced feelings of stigma related to mental health** **Increased employability** (Facilitators) **Increased implementation of effective coaching practices** (Facilitators)	**Improved transfer of life skills** • Critical thinking • Goal setting • Collaboration • Conflict resolution • Leadership **Improved health and wellbeing of participants**

Appendix B: Program Participant Characteristics

Frequency of Participant Characteristics

Participant Characteristics	N (%)		
	Information Form (*n* = 12)	Pre-Survey (*n* = 5)	Post-Survey (*n* = 7)
Age			
12 years	7 (58.3)	3 (60.0)	2 (28.6)
13 years	4 (33.3)	1 (20.0)	4 (57.1)
14 years	1 (8.3)	1 (20.0)	1 (14.3)
Race / Ethnicity*			
Black – African	3 (25.0)		2 (28.6)
Black – Caribbean	7 (58.3)	3 (60.0)	5 (71.4)
Black – North American	2 (16.7)	2 (40.0)	2 (28.6)
Black *(not specified)*	1 (8.3)	-	-
White	2 (16.7)	-	2 (28.6)
Central Asian	-	-	1 (14.3)
South Asian	1 (8.3)	-	1 (14.3)
Other: Jewish	-	-	1 (14.3)
Gender Identity*			
Boy	12 (100)	4 (100)	6 (85.7)
Cis	1 (8.3)	-	1 (14.3)
Questioning or exploring	1 (8.3)	-	-
Born in Canada**			
Yes	12 (100)		
No	-		
Parents Born outside of Canada**			
Yes	8 (66.7)		
No	4 (33.3)		
Grandparents born outside of Canada**			
Yes	12 (100)		
No	-		

** These questions allowed for multiple responses and, therefore, percentages can exceed 100%.*

*** These questions were only asked on the Participant Information Form.*

Appendix C: Process Evaluation Results

Self-Reported Frequency of Attendance on the Post-Survey

Frequency of Attendance	*N* (%)
Almost Never *(I only went to 1 or 2 sessions)*	-
Rarely *(I only went to a handful of sessions)*	-
Occasionally *(I attended about half the time)*	1 (14.3)
Often *(I only missed a couple of sessions)*	4 (57.1)
Always *(I attended every session of almost every session)*	2 (28.6)

Program Satisfaction: Participant Responses on the Post-Survey

Items from the Post-Survey	*N* (%)					*M* (*SD*)
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	
Overall, I was satisfied with this program.	-	-	-	6 (85.7)	1 (14.3)	**4.14** (.35)
I felt comfortable expressing my thoughts and opinions with others in this program.	-	-	1 (14.3)	4 (57.1)	2 (28.6)	**4.14** (.64)
I felt safe discussing sensitive topics with others in this program.	-	-	3 (50.0)	2 (33.3)	1 (16.7)	**3.67** (.75)
I felt accepted and a sense of belonging in this program.	-	-	2 (28.6)	3 (42.8)	2 (28.6)	**4.00** (.76)
This program was relevant to me.	-	-	2 (28.6)	4 (57.1)	1 (14.3)	**3.86** (.64)
I would recommend this program to others.	-	-	1 (14.3)	2 (28.6)	4 (57.1)	**4.43** (.73)

Appendix D: Outcome Evaluation Results

Program Outcomes: Knowledge, Awareness, and Application (*n* = 7)

Items on the Post Survey	N (%)					*M* (*SD*)
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	
I am more knowledgeable about mental wellness.	-	-	1 (14.3)	5 (71.4)	1 (14.3)	**4.00** (.53)
I am more knowledgeable about the contribution of Black people to Canada's history and society.	-	-	1 (14.3)	3 (42.8)	3 (42.8)	**4.29** (.70)
I am more aware of how experiences of anti-Black racism can affect my mental health.	-	-	2 (28.6)	3 (42.8)	2 (28.6)	**4.43** (.49)
I am more aware of coping mechanisms to manage my mental health.	-	-	2 (28.6)	3 (42.8)	2 (28.6)	**4.00** (.76)
I know how to apply the knowledge and skills I learned in the program to my day-to-day life.	-	-	2 (28.6)	4 (57.1)	1 (14.3)	**3.86** (.64)

Comparison of Responses on Pre-Surveys (*n* = 5) and Post-Surveys (*n* = 7)

Time of Assessment	*N* (%) Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	*M* (*SD*)
I am better able to cope when life gets hard.						
Pre	-	-	2 (40.0)	2 (40.0)	1 (20.0)	**3.80** (.75)
Post	-	1 (14.3)	2 (28.6)	3 (42.8)	1 (14.3)	**3.57** (.90)
I am more comfortable talking about my mental health with trusted adults and peers.						
Pre	1 (20.0)	-	-	3 (60.0)	1 (20.0)	**3.60** (1.36)
Post	-	1 (14.3)	1 (14.3)	4 (57.1)	1 (14.3)	**3.71** (.88)
I know how to take better care of my mental and emotional health.						
Pre	-	-	2 (40.0)	1 (20.0)	1 (20.0)	**3.75** (.83)
Post	1 (14.3)	-	1 (14.3)	4 (57%)	1 (14.3)	**3.57** (1.18)
I usually feel like I belong in my community or social groups.						
Pre	-	-	1 (20.0)	3 (60.0)	1 (20.0)	**4.00** (.63)
Post	-	1 (14.3)	3 (42.8)	1 (14.3)	2 (28.6)	**3.57** (1.05)

Self-Reported Mental Health Ratings at the Beginning and End of Program

	Poor	Fair	Average	Good	Excellent	*M* (*SD*)
Pre-survey	-	-	4 (80.0)	1 (20.0)	-	**3.21** (.40)
Post-survey	-	1 (14.3)	4 (57.1)	2 (28.6)	-	**3.14** (.64)

Self-Reported Program Impact on Participants' Mental Health

Program Impact on Mental Health	*N* (%)
Much worse	-
A bit worse	-
Did not impact	1 (14.3)
A bit better	6 (85.7)
Much better	-