

EXECUTIVE SUMMARY

WHAT NEEDS TO BE REMEMBERED

Remembering What's Forgotten Feedback Report

*Summary of original report produced by Joy Francis, Project Manager and Co-founder,
Remembering What's Forgotten Executive Director. September 2025*

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1. Origins and Purpose

Mental health inequalities affecting Black and South Asian communities are long-standing, well-documented and deeply entrenched. Disproportionate rates of detention, delayed access to support, misdiagnosis, criminalisation and poorer outcomes persist despite repeated strategies, reviews and transformation programmes. These patterns are often framed as complex or intractable, yet the lived experience evidence consistently points to systemic design failures rather than individual or cultural deficits.

Traditional engagement and consultation models have contributed to this failure. Communities are repeatedly asked to share experiences without seeing meaningful change, leading to consultation fatigue, disengagement and mistrust. Knowledge is extracted, reports are written, and things remain the same. Over time, this has eroded confidence not only in services, but in the sincerity of leadership commitments to racial justice.

Remembering What's Forgotten situates itself within this context as an intentional disruption. Rather than seeking incremental improvement within existing structures, the programme asks a more fundamental question: what becomes possible when power, history and humanity are centred differently? The work recognises that without addressing structural racism and leadership accountability, no amount of service redesign will deliver equity [Homepage - Remembering Whats Forgotten](#)

This executive summary distils critical learning from Remembering What's Forgotten (RWF) an 18-month, citywide, creative and community-led programme addressing mental health inequalities affecting Black and South Asian men in Leeds. It outlines:

- The systemic issues highlighted by communities
- What the programme achieved
- Key risks and opportunities for the system
- Strategic actions senior leaders should consider

The aim is to support evidence-informed, culturally responsive and community-centred decision-making.

The RWF programme was co-produced by Synergi-Leeds, Words of Colour, Leeds City Council partners, and community organisations to address these longstanding gaps through narrative capture, creative methodologies and public engagement.

2. What the Programme Delivered

Major Outputs

- **20 podcasts** capturing 50 years of community-led mental health work
- **20 filmed interviews** with system, political, creative and community leaders
- **Photovoice project** with 10 Black and South Asian men (100% retention)
- **Three co-produced focus groups** (men, carers, community leaders)
- **Lived Experience Poet-in-Residence** (UK first) producing ‘*bruddahood*’ an audiovisual poetry collection and manifesto.
- **Two Curator Internships** for young people exploring mental health, heritage and racial justice
- **Hybrid exhibitions** (Leeds Playhouse in-person; digital platform with thousands of users)
- **Emergent peer-support networks**, including a carers WhatsApp group and interest in continuing men’s groups

Engagement Achievements

- High trust built with historically disaffected communities
- High participation from groups often labelled “hard to reach”
- Demand from participants and the public for continued activity
- International engagement with the digital exhibition platform

4. Themes Senior Leaders Need to Note

A. Racism and Allyship

- Strong community consensus that **racism remains systematically unaddressed**.
- Communities have low tolerance for “fear of discussing race” among leaders.
- Intercultural tensions also influence access and experience.

B. Black and South Asian men *want to engage*

- Persistent myths about disengagement are disproven.
- Men want to talk — but lack trusted, culturally-safe spaces and face long waits for therapy.

C. The critical but invisible role of Black and South Asian women

- Black women carry disproportionate emotional labour as carers, advocates and informal mental health workers.
- Their experiences are systematically under-recognised.

D. LGBTQ+ and neurodiversity gaps

- Very limited support for Black and South Asian LGBTQ+ young people.

- Rapidly evolving language around neurodivergence not mirrored in statutory services.

E. Leadership deficiencies

- Widespread dissatisfaction with current leadership structures.
- Communities want leadership that is:
 - Culturally competent
 - Humble and accountable
 - Representative of local demographics
 - Willing to take risks and break from status quo

F. Archival and knowledge-loss risks

- Leeds lacks basic archives documenting Black and South Asian mental health histories.
- Loss of knowledge contributes to repeated mistakes and weakening trust.

G. Nature, connection and belonging

- Access to green spaces and safe outdoor connection is vital for self-regulation and recovery.

5. Implications for the System

1. Current approaches will not close the inequality gap

- Without culturally appropriate, creative, preventative and community-led models, disproportionality will persist.

2. Leadership and workforce approaches require reform

- The current model is perceived as outdated, hierarchical and disconnected from lived realities.

3. Failure to act risks further mistrust

- Communities engaged deeply during this project; they expect follow-through. A lack of visible action would exacerbate mistrust.

4. There is a unique window of opportunity

- Momentum is high but time limited
- Engagement now can prevent widening inequalities, especially in the context of austerity.

6. Opportunities for Senior Leaders

A. Strengthen and expand Synergi-Leeds

- Develop a dedicated online presence, materials and public engagement strategy.
- Leverage the RWF platform to reinvigorate the city's commitment to racial equity.

B. Use RWF content for training and workforce development

The narratives, films, podcasts and photovoice materials offer a high-impact resource for:

- Anti-racism training
- Leadership development
- Clinical education
- Cultural competency sessions

C. Invest in community-led and creative health approaches

Examples:

- Renewed partnerships with Heritage Corner, Thackray Museum, New Writing North
- Creative Health interventions aligned with the National Centre for Creative Health
- Embedding poetry, storytelling and artistic methods within prevention pathways

D. Develop an archival strategy

A collaborative initiative with community custodians, museums and heritage partners to:

- Preserve oral histories
- Document community activism
- Capture lived experience at scale

E. Leadership restructuring and talent development

- Reverse mentoring
- Targeted leadership programmes for Black and South Asian staff
- Shared power and co-commissioning with lived experience leaders
- Recruitment that values cultural competence and community trust-building

F. Annual “Remembering What’s Forgotten” Summit

A yearly accountability event to:

- Report progress
- Share new community narratives
- Highlight system commitments
- Maintain visibility and momentum

7. Recommended Immediate Actions (Next 6–12 months)

1. Commission RWF as a formal component of the Patient and Carer Race Equality Framework (PCREF).

2. Fund and sustain the Poet-in-Residence and Curator Internship programmes.

3. Create a multi-agency RWF Steering Group
(including community partners, LA, ICB, NHS Trusts and heritage bodies).

4. Develop a citywide digital directory of services supporting Black and South Asian men.

5. Invest in community-based, culturally safe men’s groups using creative, non-clinical spaces.

6. Build a Leeds Black & South Asian Mental Health Archive
in partnership with museums, universities and community custodians.

7. Adopt a new leadership standard for mental health equality
including:

- Lived experience representation
- Accountability mechanisms
- Anti-racist leadership expectations

8. Risks if No Action Is Taken

- **Loss of trust** in statutory services
- **Worsening mental health outcomes** for Black and South Asian communities
- **Repetition of historical mistakes** due to lack of institutional memory
- **Negative impact on reputation** of NHS and Local Authority partners
- **Failure to meet national policy expectations** (PCREF, NHS Race & Health Observatory recommendations)

9. Conclusion

Remembering What's Forgotten has provided Leeds with a rich foundation of knowledge, lived experience, creative practice and community trust. The project has opened a critically important window — but it will close if not acted upon. Senior leadership now has an opportunity to turn these insights into meaningful, sustained change.

The message from communities is clear:

They showed up. They told their stories. Now they want action.