

Written Evidence Submitted by [Black Equity Organisation (BEO)]

Subject: The Mental Health Bill [HL] 2025 — Statutory Implementation of the Patient and Carer Race Equality Framework (PCREF)

Executive Summary

- This submission strongly supports the inclusion of the **Patient and Carer Race Equality Framework (PCREF)** within the Mental Health Bill [HL] 2025.
 - PCREF is the **only co-produced, nationally tested framework** built to address systemic racial inequality in mental health.
 - Statutory implementation is critical to ensure **accountability, consistency, and meaningful change** in mental health outcomes for Black communities.
 - We also recommend the **mandatory use of Equality Impact Assessments (EIAs)** across NHS policy and decision-making, with full integration into clinical and commissioning governance.
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1. About Us

The **Black Equity Organisation (BEO)** is a national, Black-led civil rights organisation established to dismantle systemic racism and promote economic, social, and political equity for Black communities in the UK. We work across law, health, education, and policy reform to ensure structural change that reflects and responds to the lived experiences of Black people.

Since its inception in 2021, BEO has sought to dismantle systemic racism, drive generational change, and advocate for the better lived experiences of Black people across the country. Over the past few years, we have made significant strides towards these goals through strategic programmes addressing key challenges facing Black communities.

In 2024, against the backdrop of the first political transition in nearly 15 years, BEO launched **Black Britain's Mandate**, a set of policy demands designed to ensure better lived experiences for Black communities across the UK. Developed with Black voices and communities at its core – including through a poll of up 1000 Black British people, community workshops across the UK, and cutting edge research from our partners - the Mandate reflects the diverse experiences of Black communities.

One of the areas in the mandate was Health, Wellness and Social Care.

Good health in Black communities cannot be divorced from the need to build wealth and address disadvantage and discrimination. Crucial to tackling systemic and entrenched healthcare inequalities is the need to tackle the social determinants of health disparities and to view the improvement of Black health through a public health lens which places duties on all public bodies to do their part to address systemic racism, which so often is the cause of ill health within black populations.

It is of significant concern that across many areas of health and wellbeing, Black people face some of the worst health outcomes of any ethnic group. This was brought into sharp relief during Covid-19, but racial inequities in mental health, maternal health and healthy diets

remain pressing issues. Black people have the lowest mental health treatment rate of all ethnic groups.¹

Racial inequities in access to health and care services, and equity in treatment are of particular concern in relation to maternity services: 42% of Black women reported that they felt discriminated during maternity care² and Black women are 3.7 times more likely to die during or in the first year after pregnancy than white women.³

Historic trauma from medical racism and/or discrimination in treatment and access to appropriate health services can have an enormous detrimental impact on trust between Black communities and health services.⁴

The government have promised to tackle health inequalities as part of their mission to fit an NHS fit for the future. Racial inequities in health and care services continue to lead to poorer and devastating outcomes for Black people.

Our policy demand in the Health, Wellness and Social Care :

All NHS Trusts, integrated care boards, maternity and mental health services should embed the NHS England's first ever anti-racism and accountability framework (the Patient and Carer Race Equality Framework) into their services by March 2025

Separately, BEO has set up a **Mental Wellness Fund**, developed in partnership with Black Minds Matter, to support Black individuals facing discrimination to access culturally relevant therapy. This initiative is rooted in the recognition that health disparities and mental trauma from racism are deeply interconnected and often exacerbated during legal disputes and institutional failures.

"Every day, I hear from individuals who not only carry the heavy burden of trauma because of racism and discrimination, but have that burden compounded again and again by the stress of fighting the injustice they have encountered. This fund will enable individuals to seek culturally appropriate mental health support whilst navigating the difficulty of being involved in a legal challenge about racism ." BEO's Director of Legal Services and Policy.

2. Rationale for Statutory PCREF

A. Racial disparities in mental health must be systemically addressed

- Black people are **over four times more likely to be detained** under the Mental Health Act (NHS Digital, 2023), and **eleven times more likely** to be placed on Community Treatment Orders (CTOs) (CQC, 2022/23).
- These disparities reflect **structural racism**, not clinical need.
- Black individuals are **more likely to be subjected to coercive treatment**, medicated without consent, and diverted into forensic care, while being **less likely to receive early interventions or talking therapies**.

¹ Mind (2023) Facts and Figures about racism and mental health

² UK Parliament (2024) Black Maternal Health

³ House of Lords (2023) Maternal Mortality Rates in the Black Community

⁴ <https://www.bma.org.uk/media/5746/bma-racism-in-medicine-survey-report-15-june-2022.pdf>

B. COVID-19 and Maternal Health Have Exposed Longstanding Failures

- The COVID-19 pandemic exposed severe racial health inequalities that predate the crisis.
- In maternity care, **42% of Black women** reported experiencing discrimination, and they remain **3.7 times more likely to die** during or after pregnancy than white women.
- Mental health disparities have also deepened, with Black people having **the lowest treatment rates** of any ethnic group.

C. PCREF offers a real-world and community co-produced framework

- PCREF has been **tested across multiple NHS trusts** and supported by NHS England. It is grounded in four pillars:
 1. **Race Equity Action Plans (REAPs)** co-developed with local communities;
 2. **Named board-level leads** for race equity;
 3. **Mandatory ethnicity-disaggregated data collection and publication**;
 4. **Community-led monitoring and escalation mechanisms** embedded in governance.

D. The Current bill fails to deliver on the Wessely Review

- The Mental Health Bill [HL] 2025 **fails to address the racial disparities** that were a core reason for the Independent Review.
- It does not require PCREF, delays addressing CTO overuse, and lacks enforceable commitments to racial equity.
- These omissions risk **entrenching, not resolving**, institutional discrimination.

3. Legislative Recommendations

We urge the committee to strengthen the Mental Health Bill [HL] 2025 by incorporating the following statutory provisions:

1. Statutory Implementation of PCREF

- Mandate that all NHS mental health providers **fully implement PCREF**, with:
 - Legally binding **Race Equity Action Plans**;
 - Appointment of **named race equity leads** at board level;
 - Annual publication of disaggregated data on treatment, detention, and outcomes.

2. Community Governance and Escalation

- Require **community-led oversight** of PCREF delivery, embedded into governance structures.
- Establish formal escalation routes for communities where equity is not being achieved.

3. Regulatory Alignment

- Link PCREF implementation to performance assessment by the **Care Quality Commission (CQC)** and **Integrated Care Boards (ICBs)**.

- Align with existing statutory duties under:
 - The **Equality Act 2010**,
 - The **Human Rights Act 1998**, and
 - **Seni's Law** (Use of Force Act 2018)

4. Mandatory Equality Impact Assessments (EIAs)

- Introduce a statutory requirement for all NHS Trusts and ICBs to undertake **Equality Impact Assessments (EIAs)** for:
 - All major policy, budgetary, and service decisions;
 - Any redesign of mental health pathways;
 - Changes affecting access to maternity, mental health, and community care.
 - EIAs must include:
 - Disaggregated data,
 - Community consultation,
 - Publication of findings and action plans.
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4. Conclusion

The inclusion of PCREF in the Mental Health Bill is **not optional** if we are to seriously address over 40 years of evidence about racial injustice in mental health. The government has committed to ending health inequalities and building an NHS fit for the future. That future must include enforceable safeguards against racism and structural discrimination.

We urge the Committee to legislate fairly and embed anti-racism as obligation.

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