

# Written Evidence Submitted by Thrive LDN

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

### **Executive Summary**

- This submission supports the inclusion of the Patient and Carer Race Equality Framework (PCREF) within the Mental Health Bill [HL] 2025.
- PCREF provides a structured, co-produced mechanism for eliminating racial inequalities in mental health services.
- Statutory implementation is necessary to ensure consistency, accountability, and longterm impact.
- The systemic nature of racism and oppression limit Londoners equal opportunity for good mental health and wellbeing. This is enacted through structures and social norms which are currently upheld by the Mental Health Act. PCREF creates a mechanism to dismantle racial inequalities, creating a precedent to name and confront racism and commit to dismantling the ideas, assumptions, biases, and behaviours shaped by its systems and structures.

#### 1. About Us

- Thrive LDN is a citywide public mental health partnership, working towards the shared mission of a city where every individual has equal opportunity for good mental health and wellbeing. Thrive LDN strives for equitable, sustainable, and long-term change to the public mental health landscape. As a partnership, Thrive LDN brings together organisations from across sectors, creating an infrastructure for prevention, where public mental health is a collective responsibility and a common goal.
- Thrive LDN is committed to driving health and racial equity. The launch of the Patient and Carer Race Equality Framework (PCREF) has created strategic opportunities at both regional and sub-regional levels, fostering consensus on reducing racial inequalities, discrimination, and oppression. PCREF is a key enabler for our collaboration with the London Anti-Racism Collaboration for Health (LARCH) and ongoing programme of work addressing racial inequalities in mental health shaped by London Mayoral Mandates to reduce health inequalities.

#### 2. Rationale for Statutory PCREF

- Mental health is strongly impacted by life circumstances, societal conditions, and historical inequities that shape social advantage and disadvantage. The social determinants of mental health<sup>1</sup> overlap and interact with existing inequalities and inequities in society, which positions some people at a higher risk to poor mental health outcomes than others<sup>2</sup>.
- The impact of structural racism and discrimination on mental health and wellbeing is clear. People from racialised and minoritised backgrounds in the UK and across London are disproportionately likely to be impacted by social circumstances. Of London's 8.8

<sup>&</sup>lt;sup>1</sup> See https://www.parliament.uk/globalassets/documents/fair-society-healthy-lives-full-report.pdf

<sup>&</sup>lt;sup>2</sup> <u>https://www.centreformentalhealth.org.uk/publications/mental-health-inequalities-factsheet/</u>

million population, 46% are from racialised backgrounds and 41% were not born in the UK. $^3$ 

- Research shows that racism leads to poor mental health (including depression, anxiety, and psychological distress) and poor physical health<sup>4</sup>. Experiences of racial discrimination precede poor health, correlate with changes in mental health, and chronic exposure to everyday racism is linked with poor sleep, heart disease and heightened stress levels.<sup>5</sup>
- Furthermore, experiencing racism in different settings across the life course has a cumulative effect on health. Despite this evidence, ethnically and culturally diverse groups still face barriers to accessing services with their experiences likely to be worse than for the rest of the population.<sup>6</sup>
- Evidence also illustrates how inequities persist in experiences for mental health during interactions with health and social care systems. For instance, Black people in the UK are more likely to experience police involvement in their first contact with mental health services<sup>7</sup> and are eight times more likely than White British people to be given a community treatment order after being treated in hospital under the mental health act.<sup>8</sup> This shows the reality of differential treatment based on systems of oppression such as racism which further exacerbates inequalities.
- Indeed, the structural barriers to accessing mental health support play a significant role in exacerbating existing inequalities. Resources and advice often implemented serve the White British population as opposed to catering for demographic groups which have experienced systemic racism and discrimination. NHS data shows that people from racialised and ethnic minority groups are more likely to experience compulsory detention than their white counterparts.<sup>9</sup> This suggests that mental health care takes a restrictive nature, rather than a supportive one, towards racialised and ethnic minority people. In particular, data also shows that the highest rates of detention are among those who defined as 'other Black background' with 764.4 detentions per 100,000 of the population.<sup>10</sup>

#### 3. Legislative Recommendations

We urge the Committee to consider the following amendments to the Mental Health Bill [HL] 2025:

- 1. Introduce a statutory duty on NHS mental health providers to implement PCREF in full.
- 2. Require local co-production and community governance of PCREF implementation.
- 3. Link PCREF delivery to regulatory and commissioning oversight (e.g. via CQC, ICBs).
- 4. Ensure annual, transparent reporting on progress and impact.

#### 4. Conclusion

<sup>&</sup>lt;sup>3</sup> Trust for London, London's geography and population

<sup>&</sup>lt;sup>4</sup> Racism as a Determinant of Health: A Systematic Review and Meta-Analysis

<sup>&</sup>lt;sup>5</sup> <u>Cumulative Effect of Racial Discrimination on the Mental Health of Ethnic Minorities in the United Kingdom</u>. Am J Public Health. 2016 July; 106(7): 1294–1300.

<sup>&</sup>lt;sup>6</sup> https://www.england.nhs.uk/mental-health/advancing-mental-health-equalities/pcref/

<sup>&</sup>lt;sup>7</sup> Bignall et al 2019 cited in <u>https://www.centreformentalhealth.org.uk/publications/mental-health-inequalities-factsheet/</u>

<sup>&</sup>lt;sup>8</sup> NHS Digital 2019 cited in <u>https://www.centreformentalhealth.org.uk/publications/mental-health-inequalities-</u> factsheet/

<sup>&</sup>lt;sup>9</sup> <u>https://researchbriefings.files.parliament.uk/documents/POST-PN-0671/POST-PN-0671.pdf</u>

<sup>&</sup>lt;sup>10</sup> https://researchbriefings.files.parliament.uk/documents/POST-PN-0671/POST-PN-0671.pdf

• We believe that without statutory PCREF, efforts to address racial inequality in mental health will remain fragmented and insufficient. Legislation is needed to embed equity as a non-negotiable principle of mental health care.

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