



Mental health and wellbeing plan: discussion paper and call for evidence

Black Equity Organisation's Consultation Response

July 2022

The Black Equity Organisation (BEO) is an independent, national Black civil rights organisation founded and launched in May 2022. Our vision is to make the UK a better, fairer country for Black people.

Evidence-based action is at the heart of what we do as an organisation. Through evidence and insight, we influence policymakers at local and national levels, use the force of the law to ensure serious action is taken to dismantle systemic racism, design and deliver programmes serving and empowering Black communities, provide services and information to Black communities and fight to ensure Black people have access to justice.

BEO welcomes the Government's commitment to prioritising the nation's mental health and believes it is imperative that the response to this consultation addresses the interests, experiences and rights of the Black population in England. Deep-rooted racial inequalities experienced by Black communities across the mental health system are well evidenced. The submission below sets out our views and demonstrates why and how the national mental health and wellbeing strategy needs to be more culturally relevant, strengthen and enable user-empowerment as well as be receptive to the needs and lived experiences of the Black population.

If you have any questions or require further information about this submission, please contact: info@Blackequityorg.com

Key messages

1. BEO believes that a multifaceted, cross-Governmental and whole system approach should be an integral part of the Government's health and wellbeing strategy.
2. It is also essential that the Government tackles the social determinants of health and wellbeing: health, housing, education, employment, criminal justice and environmental and green space factors.
3. For an effective mental health and wellbeing strategy, the Government needs to be preventative, supporting pregnant mothers at risk of mental health and wellbeing issues and providing support for children in early education at an early stage.
4. Black communities need to be offered and have consistent access to culturally competent mental health and wellbeing information and services. This includes integrating cultural awareness and lived experiences of Black communities into the design and delivery of wellbeing and mental health services. It also includes increasing the number of Black practitioners in senior leadership positions in the NHS to foster trust and confidence among Black communities.
5. Wellbeing and mental health services should also make it a priority to encourage, empower and invest in partnerships between Black-led organisations across the mental health and wellbeing landscape. This would offer a wellbeing pathway to Black communities that is rooted in collaboration.
6. More than half of the UK's Black children live in poverty.¹ Child poverty has negative consequences for children's wellbeing, mental health resilience and future life prospects, including employment and earning opportunities.² BEO urges the Government to restore child poverty reduction targets, prioritise policies addressing the causes of child poverty, scrap the two-child limit for child benefit and lift the benefit cap – all of which will significantly reduce the number of children in poverty.
7. BEO urges the Government to review policies and practices that result in the disproportionate exclusion of Black children from schools and the disproportionate referrals to Pupil Referral Units (PRU), Alternative Provision (AP) schools, secure training centres and youth custody. The Government should also commit to implementing in full Sir Simon Wessely's independent review (2018) of the Mental Health Act.³
8. Greater investment is required in Black-led initiatives that support and centre the mental health needs of Black mothers. Case studies of effective and targeted services aimed at Black mothers and young children are included in this consultation response in the Appendix.

¹ Andrew Sparrow, The Guardian, *More than half of UK's black children live in poverty, analysis shows*, 2 January 2022: <https://www.theguardian.com/world/2022/jan/02/more-than-half-of-uks-black-children-live-in-poverty-analysis-shows>

² Department for Education, *Child poverty strategy 2014 to 2017*, 26 June 2014: <https://www.gov.uk/government/publications/child-poverty-strategy-2014-to-2017>

³ Independent Review, *Modernising the Mental Health Act – final report from the independent review*, 6 December 2018: <https://www.gov.uk/government/publications/modernising-the-mental-health-act-final-report-from-the-independent-review>

9. The Government should invest more in online/digital mental health services for young people. Early research suggests that this could particularly benefit Black and Ethnic Minority children who experience greater barriers to accessing Children and Adolescent Mental Health Services (CAMHS) services. Case Study B in the Appendix illustrates how culturally responsive, innovative and prompt support for Black young people can make a big difference.
10. To tackle the mental health impacts of racism and to actively improve the outcomes and support offered to young Black people, the Government must prioritise and embed co-production approaches in its handling, response and monitoring of mental health care among Black communities.
11. More research should be conducted on the benefits of faith-based wellbeing services as it may offer *some* Black groups a safe, tailored and trusted space which takes into account their lived experiences and also provides them with a sense of belonging and community.
12. To address inequalities in mental health care and treatment experienced by the Black population, the Government must support services to meaningfully recognise and embed culturally competent approaches. These approaches should not consider a one-size-fits-all approach when attempting to tailor culturally appropriate services and delivery. It should also be stressed that cultural competence is not merely about diversity in numbers. Mental healthcare systems should committedly treat cultural competence as an ongoing process of learning to weave it across approaches to diagnosis and treatment of mental health.
13. All mental health services, including statutory services, third sector providers and private sector services, must recognise that the Black population is not a monolithic group and commit to treating Black people as individuals. Black people hold intersectional identities; their perception of and willingness to seek support for their mental health may differ and be influenced not just by race, but also by ethnicity, age, gender, sexuality, disability, class, immigration status, religion, language and so forth. Instead of grouping Black communities together, which encourages harmful stereotypes, services should seek to provide tailored interventions that consider the different dynamics across the Black population.
14. Black-led organisations should be provided with information and support on the NHS tendering process. Where services are intended to support Black communities or to target issues disproportionately affecting Black communities, bids from Black-led organisations should be encouraged and supported. Information about market warming/engagement events should be disseminated through the Integrated Care System (ICS) framework.
15. BEO strongly advocates for a discretionary fund to help people from traditionally disempowered communities obtain legal advice early to empower families in advocating on behalf of their loved ones affected by mental health issues. BEO welcomes the move to revise, strengthen and clarify the mental health detention criteria to ensure that, in the future, detention only takes place when it is appropriate. Equally, there needs to be tangible support for service users to seek redress when unnecessary detention takes place.
16. BEO recommends that Place-Based Partnerships be embedded into the Integrated Care Boards (ICB) constitution.

17. In order to improve support for Black people facing mental health crises, the Government must look to break the vicious cycle of police officers being the first responders. The recently published Police Race Action Plan acknowledged that the police force holds a 'difficult' relationship with Black communities.⁴ In addition, The Police and Crime Commissioner must monitor and challenge the use of tasers by police officers responding to Black people in mental health crisis situations.
18. The Government must commit to consistently recording suicide statistics broken down by ethnicity and gender (and other protected characteristics if possible) to identify racial disparities faced by Black communities and design targeted initiatives to address the problem.
19. We support the Government's stated commitment to transform mental health services. The Government has pledged at least £2.3 billion each year by 2023/24 as part of the NHS Long Term Plan.⁵ This will make a positive difference, however, additional funding is required and the extent to which Black people benefit from this investment will depend on how that money is targeted within the system and whether and how systemic racism within the NHS is addressed.
20. The Government should ensure that the school curriculum includes educating children and young people about mental health and wellbeing. This will help them better understand their mental health and wellbeing and the most appropriate ways to access tailored support.

⁴ NPCC, College of Policing, *Police Race Action Plan: Improving Policing for Black People*, 24 May 2022: <https://cdn.prgloo.com/media/3618aba8b25b4a2494ad20d9b793eb25.pdf>

⁵ NHS, *NHS Long Term Plan, Chapter 3, January 2019*: <https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/better-care-for-major-health-conditions/adult-mental-health-services/>

Chapter 1: How can we all promote positive mental wellbeing?

1. BEO believes that promoting positive wellbeing requires a multifaceted, whole system approach equipping members of society with essential coping and resilience tools from an early age.
2. Black communities need to be offered and have consistent access to culturally competent information and services around mental health and wellbeing. Cultural biases impact the diagnosis and treatment of Black patients. Consequently, Black people are less likely to seek support from traditional mental health services.⁶ Cultural competence and Black-led organisations should be included in the design, delivery and commissioning of wellbeing and mental health services, which should also include increasing the number of Black practitioners working in these areas to foster relationships of trust and confidence.⁷
3. Wellbeing and mental health services should also make it a priority to encourage, empower and invest in partnerships between Black-led organisations across the mental health and wellbeing landscape. This would offer a wellbeing pathway to Black communities that is rooted in collaboration. It would strengthen the visibility of tried and tested best practice used by services that Black communities can rely on, such as the Black, African and Asian Therapy Network⁸ and Black Thrive⁹.
4. Other initiatives to empower and support Black people to feel in control and have autonomy over their mental health and treatment decisions include services such as those run by Coffee Afrik CIC,¹⁰ particularly the Somali Digital, peer to peer support group which employs community-centred care and empowerment approaches to mental health.

⁶ NHS Race and Health Observatory, *Ethnic Inequalities in Healthcare: A Rapid Evidence Review*, 14 February 2022: <https://www.nhsrho.org/publications/ethnic-inequalities-in-healthcare-a-rapid-evidence-review/>

⁷ Race Equality Foundation, *Racial Disparities in Mental Health: Literature and Evidence Review*, 2019: <https://raceequalityfoundation.org.uk/health-care/mental-health-report-published/>

⁸ Black, African and Asian Therapy Network: <https://www.baatn.org.uk/>

⁹ Black Thrive: <https://blackthrive.org/about-us/>

¹⁰ Coffee Afrik: <https://www.coffeeafrique.co.uk/about>

Chapter 2: How can we all prevent the onset of mental ill-health?

5. Wellbeing is determined by 'social, economic and environmental conditions',¹¹ which means that the Government must address the determinants of poor health and wellbeing, namely health, housing, education, employment, criminal justice and environmental and green space factors.
6. BEO believes that early, preventative and school-based interventions are key to promoting positive mental wellbeing and preventing mental health crises among children and young people. Discussions around mental health and wellbeing should continue to form a wider part of the school curriculum. As part of this strategy, the Government should consider making Relationships, Health and Sex Education¹² compulsory in sixth forms, 16-19 academies and further education colleges. Within this framework, emphasis should be placed on mental wellbeing and understanding how mental health can manifest differently across distinct cultures and identities. This will help children and young people better understand their mental health and wellbeing and the most appropriate ways to access tailored support.

Social inequality

7. Research has shown a strong link between poor social, economic and environmental conditions and poor mental health outcomes (including schizophrenia, depression, anxiety and substance addiction).¹³ Black groups are particularly at risk given the multiple and often cumulative disadvantages they face, including experiencing structural racism in key areas of life and socio-economic disadvantages. BEO is firmly of the view that the white paper should include proposals to dismantle the structural inequalities that Black people face, particularly in the areas of unemployment, access to funding and housing.
8. There is ample evidence which shows that experiencing poverty can drive mental health problems. Recent data shows that adult, child and pensioner poverty remain prevalent in Black communities. Specifically, 46% of families (900,000 people) where the head of the household was Black/African/Caribbean/Black British were found to live in poverty in 2020.¹⁴ Black and Ethnic Minority families were also found to be between two and three times more likely to be in *persistent* poverty compared to their White counterparts. Poverty rates for Black and Ethnic Minority children were found to be very stark before and after accounting for housing costs. In particular, 32% of children in households where the head of the household was from a Black ethnic group were found to live in poverty before housing costs, increasing to 48% after housing costs.¹⁵

¹¹ World Health Organisation, *Promoting wellbeing*: <https://www.who.int/activities/promoting-well-being>

¹² Mentally Healthy Schools, *Mental health on the curriculum in England*: <https://www.mentallyhealthyschools.org.uk/whole-school-approach/england/mental-health-on-the-curriculum-in-england/>

¹³ Joseph Rowntree Foundation, *Psychological Perspectives on Poverty*, 2015: <https://www.jrf.org.uk/report/psychological-perspectives-poverty>

¹⁴ Social Metrics Commission, *Measuring poverty 2020, 2020*: <https://socialmetricscommission.org.uk/wp-content/uploads/2020/06/Measuring-Poverty-2020-Web.pdf>

¹⁵ Gov.uk, *People in low income households*, 16 June 2022: <https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/pay-and-income/people-in-low-income-households/latest#things-you-need-to-know>

9. It is essential to address the causes of child poverty and work towards eradicating child poverty. Child poverty increases the risk of adverse childhood outcomes,¹⁶ which has long-lasting effects throughout one's lifetime and can lead to poorer wellbeing and mental health. Child poverty has been rising sharply since 2012, yet there are no longer any child poverty reduction targets or policy priorities related to eliminating child poverty. BEO believes that an effective mental health and wellbeing strategy should reinstate child poverty reduction targets and policy priorities addressing growing child poverty.
10. Accessing private talking therapies (which have long waiting lists due to overwhelming public demand) is a luxury for those on low incomes, let alone those living in poverty. The Government should strongly consider providing grants to Black-led organisations that provide free access to talking therapies such as Black Minds Matter UK.¹⁷

Education

11. Research conducted in 2019 highlights the disproportionate school exclusion rates in Black communities, revealing that young Black Caribbean boys are nearly four times more likely to receive a permanent school exclusion and twice as likely to receive a fixed-period exclusion than the school population as a whole,¹⁸ making them the most excluded group apart from Gypsy and Traveller children.
12. Across particular regions, such as London, the Institute of Race Relations¹⁹ has found that Black pupils (and particularly young Black Caribbean boys) not only face disproportionate school exclusion rates but are also increasingly likely to be sent to PRU and AP schools. This is particularly problematic given the concerns raised in the Timpson Review of School Exclusion about the significant variation in quality of education and outcomes in AP schools, with just 4.5% of children in AP schools achieving a good pass in the English and maths GCSEs in 2016/17.²⁰ The greater use of PRU for Black children is also problematic given the well-known 'PRU to prison pipeline', which risks criminalising Black (and Gypsy, Roma and Traveller) children who are disproportionately excluded from schools.
13. Research conducted in 2017 shows that school exclusions can amplify psychological distress among children and young people, causing a range of mental health conditions such as depression, anxiety and behavioural disturbance.²¹

¹⁶ Louise Marryat, John Frank, *Factors associated with adverse childhood experiences in Scottish children: A prospective cohort study*, November 2019: <https://discovery.dundee.ac.uk/en/publications/factors-associated-with-adverse-childhood-experiences-in-scottish/>;

University of Liverpool, *Study shows an additional 10,000 children have entered care due to child poverty*, 2 June 2022: <https://news.liverpool.ac.uk/2022/06/02/study-shows-an-additional-10000-children-have-entered-care-due-to-child-poverty/>

¹⁷ Black Minds Matter UK: <https://www.Blackmindsmatteruk.com/>

¹⁸ Feyisa Demie, *The experience of Black Caribbean pupils in school exclusion in England*, 24 April 2019: <https://www.tandfonline.com/doi/abs/10.1080/00131911.2019.1590316?journalCode=cedr20>

¹⁹ Institute of Race Relations, *How Black Working-Class Youth Are Criminalised And Excluded In The English School System*, September 2020: <https://irr.org.uk/wp-content/uploads/2020/09/How-Black-Working-Class-Youth-are-Criminalised-and-Excluded-in-the-English-School-System.pdf> ,

²⁰ Edward Timpson, *Timpson Review of School Exclusion*, May 2019: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/807862/Timpson_review.pdf

²¹ Ford et al, *The relationship between exclusion from school and mental health: a secondary analysis of the British Child and Adolescent Mental Health Surveys 2004 and 2007*, 25 August 2017:

14. BEO urges the Government to review policies and practices that result in the disproportionate exclusion of Black children from schools and disproportionate referrals to PRU, AP schools, secure training centres and youth custody. The Government should also commit to implementing in full Sir Simon Wessely's independent review (2018) of the Mental Health Act.

Environmental inequality

15. The living and environmental conditions that people are exposed to largely influence their wellbeing. Shelter reported that as many as one in five people facing poor housing conditions or problems have consequently faced a negative impact on their wellbeing and mental health.²² Research shows that 16% of people from Black African backgrounds and 7% of people from Black Caribbean backgrounds live in overcrowded housing as compared to 2% of White British people.²³ Additionally, 19.8% of Black people live in the most income-deprived 10% of neighbourhoods compared to 8.7% of people from White British backgrounds.²⁴ Housing improvement policies, including policies to improve accessible and affordable housing, should prioritise the needs of Black and Ethnic Minority communities who are disproportionately likelier to be living in homes that are overcrowded and in poor condition.
16. We support the Department for Levelling Up, Housing and Communities' commitment to providing safe and secure housing and improving housing conditions.
17. We urge the Government to continue its focus on improving the private rented sector. Black Caribbean and Black African households are significantly less likely to own their own homes compared to their White counterparts. We support the Government's commitment in its White Paper²⁵ to extend a legally binding Decent Homes Standard in the Private Rented Sector to improve conditions in the private rented sector, as well as its commitment to remove section 21 'no fault evictions'.²⁶

<https://www.cambridge.org/core/journals/psychological-medicine/article/abs/relationship-between-exclusion-from-school-and-mental-health-a-secondary-analysis-of-the-british-child-and-adolescent-mental-health-surveys-2004-and-2007/C01898F768A7C47FB9A1F2F894B22A85>

²² Shelter, *The Impact of Housing Problems on Mental Health*, April 2017:

https://assets.ctfassets.net/6sxvmndnnpn0s/59MBno13nAzVDGZeSijJkX/3c2b8e75becb0e3f10057f696c95c284/Housing_and_mental_health_-_detailed_report.pdf

²³ <https://www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/overcrowded-households/latest> (across 2016-2019)

²⁴ Gov.uk, *People Living in deprived Neighbourhoods*, 2020: <https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/people-living-in-deprived-neighbourhoods/latest#most-deprived-10-of-neighbourhoods-by-type-of-deprivation-and-ethnicity>

²⁵ Department for Levelling Up, Housing and Communities, *A fairer private rented sector*, 16 June 2022: <https://www.gov.uk/government/publications/a-fairer-private-rented-sector/a-fairer-private-rented-sector>

²⁶ Department for Levelling Up, Housing and Communities, *Levelling up the United Kingdom*, February 2022: <https://www.gov.uk/Government/publications/levelling-up-the-united-kingdom>

Chapter 3: How can we all intervene earlier when people need support with their mental health?

18. BEO strongly encourages the Government to invest in and promote early interventions that:
- a. are led directly by, or in partnership with, Black-led grassroots organisations and mental health professionals;
 - b. are rooted in ensuring that trauma informed care and cultural competence are ongoing processes of reflection and action;
 - c. are tailored towards tackling the systemic challenges faced by Black communities in their mental health and wellbeing; and
 - d. actively listen, centre and learn from Black lived experiences of mental health and mental illness, ensuring that these voices are captured with care and depth, across a variety of activities.
19. The Appendix includes four case studies which focus on improving the mental health and wellbeing needs of Black mothers and Black children and young people. BEO encourages the Government and mental health services to invest in more interventions like these and scale them more widely. Notably these case studies highlight initiatives which:
- a. offer peer support to Black mothers surrounding their mental health to improve their wellbeing and indirectly support the wellbeing of their children;
 - b. empower Black children and young people's wellbeing through innovative interventions;
 - c. empower Black children and young people to feel in control of their mental health and to influence change via co-production; and
 - d. tackle cultural stigma through the community support offered by faith-based mental health interventions.

Empowering Black children and young people through innovative mental health support

20. Traditional mental health services delivered to young people via CAMHS are in high demand. Recent NHS data shows that in March 2022, 90,789 young people were referred to CAMHS.²⁷ Due to the high demand of youth mental health support, many young people are struggling to obtain high quality and prompt support. Many eligible patients have shared that they are having to wait up to 82 days for support.²⁸
21. Worryingly research by the Race Health Observatory reveals that Black children are ten times more likely than their White British counterparts to access CAMHS via social services rather than through their GPs.²⁹

²⁷ NHS Digital, *Mental Health Services Monthly Statistics 2019-22*, June 2022: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics>.

²⁸ Local Government Association, *Children and young people's emotional wellbeing and mental health – facts and figures*, January 2022: <https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs/child-and-adolescent-mental-health-and#:~:text=190%2C271%20%E2%80%9318-year-olds%20were%20referred%20to%20children%20and%20young,health%20services%20ranges%20from%208%20to%2082%20days>

²⁹ NHS, Race and Health Observatory, *Ethnic Inequalities in Healthcare: A Rapid Evidence Review*, February 2022: https://www.nhsrho.org/wp-content/uploads/2022/02/RHO-Rapid-Review-Final-Report_v.7.pdf

22. A YMCA study in 2020 revealed that 95% of young Black people reported hearing and witnessing the use of racist language at school and 78% of young Black people reported the same in the workplace.³⁰ Significantly, young Black people in the YMCA study stated that everyday racism had a huge impact on their mental health:

‘Experiencing institutional racism as a young Black person in the UK feels like being attacked from all directions, from everything you belong to. In all areas of your life, and for reasons outside of your control, you feel like you’re constantly losing.’

23. Further research shows that the Covid-19 pandemic has disproportionately affected the mental wellbeing of young Black men.³¹

24. Co-production in mental health and wellbeing services is an approach where people with lived experience of mental health problems are directly involved in influencing and shaping research, policy and practice in mental health and social care.³² Co-production is founded on the principle that people who access and use services have valuable knowledge and expertise. It is about developing more equal partnerships between people who use services and people who design and deliver them.

25. To tackle the mental health impacts of racism and to actively improve the outcomes and support offered to young Black people, the Government must prioritise and embed co-production approaches in its handling, response and monitoring of mental health care among Black communities.

26. A 2017 report found that a significant number of Black, Asian and Minority Ethnic children (about 18%) were accessing and using the Kooth digital platform³³. During the height of the pandemic, data collected by Kooth and reported by the Guardian³⁴ revealed that their digital support service had increased in use among Black, Asian and Minority Ethnic young people by 11.4% during March, April and May 2020 compared with an increase of just 3% among White young people the same age. This suggests that greater investment in online CAMHS support will benefit Black children among others.

Tackling cultural stigma through the community support offered by faith-based mental health interventions

27. The types of interventions that Black communities are exposed to are disproportionately restrictive. They are characterised by higher doses of medication, longer durations of stay

³⁰ YMCA, *Young and Black*, October 2020: <https://www.ymca.org.uk/wp-content/uploads/2020/10/ymca-young-and-black.pdf>

³¹ Centre for Mental Health, *Young Black men’s lives blighted by Covid-19*, says Centre for Mental Health, March 2021: <https://www.centreformentalhealth.org.uk/news/young-black-mens-lives-blighted-covid-19-says-centre-mental-health>

³² Involve, *Co-production*: <https://www.involve.org.uk/resources/methods/co-production>

³³ XenZone, *Education Policy Institute Report Shows Therapy Working in a Digital Age*, November 2017: <https://xenzone.com/education-policy-institute-report-shows-therapy-working-digital-age/>,

³⁴ Dennis Campbell, *The Guardian*, *Covid-19 affects BAME youth mental health more than white peers – study*, June 2020: <https://www.theguardian.com/society/2020/jun/21/covid-19-hits-bame-youth-mental-health-worse-than-white-peers-study>

across in-patient mental health settings, slower periods of recovery and less frequent psychological interventions. Traditional services in mental health reinforce stigma and stereotypes, only serving to add to the systemic racism and structural injustice faced by Black people in the wider society.

28. Faith-based interventions may offer *some* Black groups a safe, tailored and trusted space to support their wellbeing. Research conducted by Theos,³⁵ has shown that regular participation in group religious activity is conducive to positive wellbeing. Regular and frequent religious service attendance seemed to have the biggest impact on wellbeing. Lower levels of attendance and other types of group participation, such as volunteering, also have some positive effect. Research conducted by Faith Action,³⁶ also suggests that religious interventions offer and strengthen social capital, particularly social networks, social support, involvement in healthy behaviours and a sense of meaning.

³⁵ Theos, Religion and Wellbeing, Assessing the Evidence, 2016: <https://www.theosthinktank.co.uk/cmsfiles/archive/files/Reports/Executive%20Religion%20and%20well-being%20combined%201.pdf>

³⁶ Local Government Association and Faith Action, *Working with faith groups to promote health and wellbeing*, 2014: <https://www.local.gov.uk/sites/default/files/documents/working-faith-groups-prom-6ff.pdf>

Chapter 4: How can we improve the quality and effectiveness of treatment for mental health conditions?

29. For Black people, the initial pathways towards seeking support for their mental health exposes them to incidents of racism, criminalisation and harsh treatment, as highlighted in the NHS Race Health Observatory review.³⁷ Figures collated in January 2021 found that Black people are four times more likely to be detained under the 1983 Mental Health Act³⁸ than their White counterparts and that they are also excessively subjected to Community Treatment Orders.³⁹ The initial route into mental health support and treatment is disproportionately influenced by the actions and decisions of the criminal justice system, rather than being shaped by the consent or decisions of Black people themselves. This denies Black people the power to make informed decisions about their mental health and treatment plan. Research conducted by Barnett et al (2018) found that decisions to detain Black African and Caribbean people are often based on 'stereotyped assumptions', not backed up by empirical evidence, and based on processes and decisions which are inherently biased against Black people.⁴⁰
30. Black and Ethnic Minority patients are more likely to be physically restrained in hospital settings instead of experiencing outpatient and holistic mental health care.⁴¹ Sir Simon Wessely's Independent Review into the Mental Health Act highlighted that sometimes the care and treatment provided by mental health staff to Black patients is tainted by racism. Participants in this review reported facing unnecessary use of force, unjustified suspicion, lack of effort from staff in communicating, overuse of sectioning, over-reliance on psychotropic medication and a lack of access to evidence based psychological care. One participant of this research shared that the treatment they had witnessed was "disrespectful, inhumane and inappropriate", whilst other participants shared that persistent 'narratives' of 'dangerousness' were relied on by mostly 'White' staff.
31. To address inequalities in mental health care and treatment experienced by the Black population, the Government must support services to meaningfully recognise and embed culturally competent approaches. Research by Bhui et al (2007)⁴² discovered that cultural competence was not consistently interpreted or applied across mental health services. Some clinicians could 'narrowly' interpret cultural competence to mean better knowledge of the cultural beliefs and practices of a community, without paying attention to how culture modifies

³⁷ NHS, Race and Health Observatory, *Ethnic Inequalities in Healthcare: A Rapid Evidence Review*, February 2022: https://www.nhsrho.org/wp-content/uploads/2022/02/RHO-Rapid-Review-Final-Report_v.7.pdf

³⁸ Gov.uk, *Detentions under the Mental Health Act, 2018-2021*: <https://www.ethnicity-facts-figures.service.gov.uk/health/mental-health/detentions-under-the-mental-health-act/latest#by-ethnicity-5-ethnic-groups>

³⁹ NHS, Race and Health Observatory, *Ethnic Inequalities in Healthcare: A Rapid Evidence Review*, February 2022: https://www.nhsrho.org/wp-content/uploads/2022/02/RHO-Rapid-Review-Final-Report_v.7.pdf

⁴⁰ Barnett et al, *Compulsory community treatment to reduce readmission to hospital and increase engagement with community care in people with mental illness: a systematic review and meta-analysis*, 1 November 2018: <https://pubmed.ncbi.nlm.nih.gov/30391280/>

⁴¹ Independent Review, *Modernising the Mental Health Act – final report from the independent review*, 6 December 2018: <https://www.gov.uk/government/publications/modernising-the-mental-health-act-final-report-from-the-independent-review>

⁴² Bhui et al, *Cultural competence in mental health care: a review of model evaluations*, 31 January 2007: <https://pubmed.ncbi.nlm.nih.gov/17266765/>

illness perceptions, illness behaviour and the appropriateness of specific interventions. Some practitioners erroneously reduced cultural competence to representation, believing that the emergence of a greater racial and ethnic mix of the workforce would strengthen the workforce's representation of the local population. However, there was insufficient consideration of training practices among mental health professionals which followed patterns and could still cause gaps in addressing and understanding mental health concerns in the local population. Also, despite having a diverse workforce, it was recognised that it was still possible for mental health staff belonging to the same ethnic group of a patient to have completely different cultural experiences and expectations due to their social class, religion, cultural beliefs, languages and perceptions about illness and recovery.

32. Mental health practitioners must prioritise building their knowledge of cultural beliefs and differences and how they impact patients' expression of mental distress, the symptoms they encounter and the treatment they seek. All mental health services, including statutory services, third sector providers and private sector services, must recognise that the Black population is not a monolithic group and commit to treating Black people as individuals. Black people hold intersectional identities; their perception of and willingness to seek support for their mental health may differ and be influenced not just by race, but also by ethnicity, age, gender, sexuality, disability, class, immigration status, religion, language and so forth. Instead of grouping Black communities together, which encourages harmful stereotypes, services should seek to provide tailored interventions that consider the different dynamics across the Black population.
33. As part of the Independent Review of the Mental Health Act⁴³, participants shared that it was 'integral' for mental health practitioners to acknowledge the existence of cultural differences between Black community groups. One participant from Manchester shared: "*[t]hey don't realise that the Africans and Jamaicans, sometimes don't get on... and when you talk to them as a Jamaican and they might be from maybe, some part of Africa, they give you a hard time. Harder than the White man*". Some participants referred to this tendency as 'hidden racism'. Specific attention needs to be given to how the needs of different ethnicities within Black communities can be addressed. For example, the Government must invest in support for Black Somali communities, who deal with racism, islamophobia, poverty, and other forms of prejudice as a result of their position in wider society.
34. Research indicates that physical and mental health treatment styles and decisions vary in cultures. There are some cultures which involve traditional healers across their healthcare systems⁴⁴ or which seek support through the community and through coping mechanisms and belief systems that spirituality offers⁴⁵. Among the Black communities, studies in the USA have

⁴³ Independent Review, *Modernising the Mental Health Act – final report from the independent review*, 6 December 2018: <https://www.gov.uk/government/publications/modernising-the-mental-health-act-final-report-from-the-independent-review>

⁴⁴ Nortje et al, Effectiveness of traditional healers in treating mental disorders: A systematic review, February 2016: https://www.researchgate.net/publication/293017265_Effectiveness_of_traditional_healers_in_treating_mental_disorders_A_systematic_review#:~:text=A%20systematic%20review%20by%20Nortje%2C%20Oladeji%2C%20Gureje%20%26,suggest%20traditional%20healers%20can%20provide%20effective%20psychosocial%20intervention

⁴⁵ Weber and Pargament, *The role of religion and spirituality in mental health*, September 2014: <https://pubmed.ncbi.nlm.nih.gov/25046080/>

shown that Black African groups are inclined to depend more on spirituality to help them cope with mental illness and everyday difficulties.⁴⁶ There is a high reliance on informal care such as spirituality, traditional healers, family and friends among the Black communities. This indicates that Black service users may prefer to use mental health interventions that are community-driven, flexible and provide informal sources of support rather than traditional mental health services. Such interventions have been referenced and emphasised as key sources of support across many key pieces of research.⁴⁷

35. To improve the quality and effectiveness of mental health treatment, mental health practitioners must be provided training in cultural competence. Mental health systems must respect and recognise that existing interventions need to engage with and draw from the cultural beliefs, needs and practices of Black communities, and not just represent traditional notions and practices of mental health. The importance of embedding culturally informed approaches and services was underlined across Memon's research study in 2016,⁴⁸ which has also been cited and supported by the Race Equality Foundation. That research made the following recommendations:

- a. cultural matching should be promoted; patients should be matched with someone from their own culture, who holds cultural understanding and can support them in engaging with their mental health and treatment;
- b. mental health systems must establish bespoke training on awareness of cultural differences, stigma, cultural sensitivity and the diverse needs of service users;
- c. mental health systems should empower communities to engage better with their own mental health and health practitioners;
- d. systems must recognise and look to address gaps in service provision; and
- e. systems should cultivate partnerships with, and learn from the good practice, of culturally appropriate interventions.

⁴⁶ Broman, C. L. (1996) *Mental health in black America* (pp. 117–129)., Thousand Oaks,, CA. Sage.

⁴⁷ Woodward et al, *Use of Professional and Informal Support by Black Men With Mental Disorders*, July 2011: <https://journals.sagepub.com/doi/abs/10.1177/1049731510388668>

⁴⁸ Memon et al, *Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England*, 16 November 2016: <https://pubmed.ncbi.nlm.nih.gov/27852712/>

Chapter 5: How can we all support people living with mental health conditions to live well

Commissioning processes and decisions

36. Racial discrimination in mainstream mental health services and evidence of services failing to meet the needs of particular Black and Ethnic Minority groups in their delivery need to be accounted for in commissioning budgets.
37. In respect of commissioning, Black-led organisations should be provided with information and support on the NHS tendering process. Where services are intended to support Black communities or to target issues disproportionately affecting Black communities, bids from Black-led organisations should be encouraged and supported. Information about market warming and engagement events should be disseminated through the ICS framework. Legislative backing for such an approach could take the form of an amendment to section 6 of the Health and Care Act 2022 which already makes some minor amendments to the National Health Service Act 2006 regarding the duties as to reducing inequalities. In the same way section 193 of the Equality Act 2010 enables charities to restrict the provision of benefits to persons who share a protected characteristic if it is a proportionate means of achieving a legitimate aim, or for the purpose of preventing or compensating for a disadvantage linked to the protected characteristic, some commissioning contracts could include stipulations about the ethnic makeup of the bidding organisation or make funding dependent on the demographic of the service users of the bidding organisation. Crucially, Black-led organisations in receipt of NHS contracts should be supported to retain their autonomy and individual identity throughout the process.

Families and Independent Mental Health Advocates (IMHA)

38. Family members, who are often well versed on their loved ones' mental illness, can offer unique insight and support in the decision-making processes of mental health institutions and care settings. The well-documented lack of trust that the Black communities have towards mental health professionals is partly due to the side-lining of families in clinical decision making. The importance of families and IMHAs in providing support and informing decision making in mental health settings cannot be underestimated, especially for the Black communities where mental health professionals lack sufficient cultural awareness to alter their approach according to the different Black individuals they encounter.
39. BEO welcomes the new Patient and Carer Race Equality Framework (PCREF) and the commitment to launching a pilot programme of culturally appropriate advocates so that patients from all ethnic backgrounds can be supported to voice their individual needs. Although the competencies and standards in the PCREF will not be imposed nationally, failures to fulfil obligations under the Equality Act 2010 should be monitored by an independent body such as the Equality and Human Rights Commission to encourage a real cultural shift. Too often Black people have been detained without their rights being upheld with such failings only coming to light after a chain of failings led to catastrophic outcomes. BEO is in favour of expanding the role of IMHAs to include the power to challenge a particular treatment where they have reason to believe that it is not in the patient's best interests and the power to appeal to tribunal on a patient's behalf.

Access to information around legal rights and mechanisms of holding mental health staff, services, commissioners and regulators to account

40. The avenues for scrutiny of decisions made by mental health professionals are limited and/or unduly costly for patients to pursue. This presents a particular challenge for members of Black communities such as Black men,, who are more likely to be discriminated against and experience unlawful detention and who are also the group in society most likely to be unemployed and therefore lack the funds to pursue legal challenges. Currently four avenues are available:

- a. make a complaint to the Care Quality Commission (CQC);
- b. complain to the Parliamentary and Health Service Ombudsman or the Independent Sector Complaints Adjudication Service;
- c. complain to the regulator; and
- d. commence legal proceedings.

41. All of these mechanisms have some features which could be improved to service users:

- a. The CQC review process presents a challenge in that service users must exhaust internal complaints procedures first. But members of Black communities often report not being listened to, delays in handling complaints and general dissatisfaction with outcomes from internal investigations.
- b. The Ombudsman cannot look at complaints about care or treatment received under the Mental Health Act.
- c. The regulators have several tools available to impose appropriate sanctions on mental health professionals who fall short of the required professional standards, such as warnings, restrictions, suspension and revocation of medical licences. However, imposing such sanctions is a lengthy process which relies on a referral having been made to the Medical Practitioners Tribunal Service.
- d. In terms of legal advice for issues arising in medical settings such as negligence and false imprisonment, the access to such legal advice is costly. Some individuals rely on legal expenses as part of home/car insurance products, but this is not widely available, especially for individuals in society who face systematic economic disadvantage.

42. BEO strongly advocates for a discretionary fund to help people from traditionally disempowered communities obtain legal advice early to empower families in advocating on behalf of their loved ones in mental health settings. This financial backing should come from funding allocated to ICB's to tackle disparities for particular groups in society. BEO welcomes the move to revise, strengthen and clarify the mental health detention criteria to ensure that, in the future, detention only takes place when it is appropriate. Equally, there needs to be very real support for service users to seek redress when unnecessary detention takes place.

Developing and commissioning services in co-design and co-production with Black service users, ensuring they can access space to influence and drive decision-making

43. The newly formed ICB should be used as a vehicle for targeted intervention to invest in Black communities. BEO recommends that place-based partnerships be embedded into the ICB constitution. The plan for ICBs to take on delegated commissioning arrangements in April

2023 is a welcome opportunity to invest directly into local initiatives with proven track records of positive impact.

Chapter 6: How can we all improve support for people in crisis?

44. BEO welcomes the Government's recent announcement of the £150m investment aimed at bolstering NHS mental health services and better supporting people in crisis outside of A&E, and enhancing patient safety in mental health units over the next three years.⁴⁹ For these funds to tangibly impact the Black population, the Government must target the interventions in respect of this group by increasing cultural awareness and understanding of decision makers and ensuring they monitor by disaggregating outcome data by race, gender, disability and other protected characteristics.
45. We support the Government's stated commitment to transform mental health services. The investment as part of the NHS Long Term Plan, amounting to £2.3 billion each year by 2023/24, will make a positive difference.⁵⁰ However, more funding is required and the extent to which Black people benefit from this investment will depend on how that money is targeted within the system and whether and how systemic racism within the NHS is addressed.
46. BEO also recognises that this investment in mental health services must be met with investing in funding to recruit and retain NHS staff. Data shows that 110,000 NHS vacancies remain unfilled.⁵¹ One in six (17.1%) of all posts in mental health nursing are vacant, with particular shortages in the south-east (21.7%), east of England (20.3%) and London (18.2%). At a time where the waiting list backlog across mental health services (especially children's mental health services) increases due to the pandemic, urgent action must be taken to address this.
47. Historically a punitive approach has been adopted towards Black people when trying to access mental health services. Black communities have been stereotyped as 'Big, Black and Dangerous' and this has framed the response from institutions, meaning that undue force has been used to restrain and detain Black men especially, in some cases leading to life-changing injuries or even death. Black people are disproportionately detained under the Mental Health Act and this diminishes trust from the community because the outcomes are consistently worrying. The cases of Orville Blackwood, Rocky Bennett, Olaseni Lewis and most recently Kevin Clarke highlight the issue and add to the reasons why many Black people are reluctant to trust and receive mental health support.
48. To improve support for Black people facing mental health crises, the Government must look to break the vicious cycle of police officers being the first respondents. The recently published Police Race Action Plan⁵² acknowledged that the police force holds a 'difficult' relationship with Black communities. The case study of Jeraj and colleagues,⁵³ which examined Black and

⁴⁹ Department of Health and Social Care, *Better mental health support for people in crisis*, June 2022: <https://www.gov.uk/government/news/better-mental-health-support-for-people-in-crisis>

⁵⁰ NHS, *NHS Long Term Plan, Chapter 3, January 2019*: <https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/better-care-for-major-health-conditions/adult-mental-health-services/>

⁵¹ Dennis Campbell, The Guardian, *Staffing crisis deepens in NHS England with 110,000 posts unfilled*, March 2022: <https://www.theguardian.com/society/2022/mar/03/staffing-crisis-deepens-in-nhs-england-with-110000-posts-unfilled>

⁵² NPCC, College of Policing, *Police Race Action Plan: Improving Policing for Black People*, 24 May 2022: <https://cdn.prgloo.com/media/3618aba8b25b4a2494ad20d9b793eb25.pdf>

⁵³ Race Equality Foundation, *Mental health crisis services for*

Minority Ethnic peoples' experiences of crisis care in five areas across England, found that service users were dissatisfied with many aspects of the services. As part of this study, participants reported that police 'lacked empathy' when dealing with people in crisis.

49. The Police and Crime Commissioner must monitor and challenge the use of tasers by police officers responding to Black people in mental health crisis situations. According to data recorded and reported by the Independent Office for Police Conduct (IOPC) in August 2021,⁵⁴ based on cases it reviewed, 60% of Black people were subjected to taser discharges and endured them for more than five seconds, compared with just 29% of White people. This report also highlighted that between 2019-20, 15% of taser-use incidents included individuals who experienced mental health issues. The recent case of Oladeji Adeyemi Omishore,⁵⁵ a young Black man in mental distress who was accosted by police officers and fell into the River Thames after being tasered, shows that much work is to be done in this area. The charity, INQUEST, highlighted this in their response to the Critical Police Taser Review in 2021:

"The disproportionate and inappropriate use of Taser against Black people, people with mental ill health, learning disabilities and Autism, and children underscores longstanding concerns about racism and discrimination in policing.

*We don't just need more scrutiny, community oversight, or training or guidance. We need the IOPC, police chiefs and oversight bodies to hold police officers to account when they abuse their powers and to confront the reality presented by this evidence. We need strong action: stop the further rollout of Tasers to more officers now.*⁵⁶

50. Black people deserve compassionate and trauma-informed responses to any mental health crises they face. Unfortunately, instances of good practice remain the exception rather than the rule. Many participants in the Jera and colleagues' case study complained about the delays in accessing support as part of crisis services, and the hoops they had to jump through between 'care coordinators, police, social services, ambulance' to get to the right support.
51. The Government must commit to consistently recording suicide statistics broken down by race and ethnicity to identify racial disparities faced by Black and minority ethnic communities and design targeted initiatives to address the problem. Latest statistics reported in September 2021 showed that the majority of suicide deaths in the UK (75%) were men.⁵⁷ It is vital that the Government disaggregate suicide statistics to understand the challenges faced by Black and Ethnic Minority men in particular. This is because as much as 40% of Black communities access mental health support via the police or criminal justice system. There is also a high incidence of suicide following contact with these institutions.

Black and minority ethnic people, February 2014: <http://raceequalityfoundation.org.uk/wp-content/uploads/2018/10/REF-Overview-Report-Final-Version.pdf>

⁵⁴ IOPC, *Review of IOPC cases involving taser use 2015-20*, August 2021:

https://policeconduct.gov.uk/sites/default/files/Documents/research-learning/IOPC_Taser_review_2021.pdf

⁵⁵ The Voice, *Chelsea Bridge man was not holding screwdriver, police admit*, June 2022:

<https://www.voice-online.co.uk/news/uk-news/2022/06/21/chelsea-bridge-man-was-not-holding-screwdriver-police-admit/>

⁵⁶ Inquest, *Inquest and families respond to critical police taser review*, 25 August 2021:

<https://www.inquest.org.uk/iopc-police-taser-review>

⁵⁷ Office for National Statistics, *Suicides in England and Wales: 2020 registrations*, September 2021:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicideintheunitedkingdom/2020registrations>

52. The Government could play a key role in addressing the racial inequalities experienced by Black communities across the mental health system. To do so, its mental health and wellbeing plan must factor in learnings from this response. Only through an approach that centres co-production with Black communities can the persistent harm faced by Black individuals in the mental health system be tackled and transformed. Better funded, integrated and culturally relevant services will bring about the necessary change for the Black population's mental health outcomes.

**Aqsa Suleman, Black Equity Organisation
Adeola Fadipe, Old Square Chambers**

APPENDIX

CASE STUDY A: THE MOTHERHOOD GROUP⁵⁸

Peer support for Black mothers and parents with mental health needs

1. Maternal mental health has a direct impact on the wellbeing and development of children and young people. Policy analysis undertaken by the Education Policy Institute in 2019,⁵⁹ emphasised that maternal mental health is one of the most important determinants of a child's mental health, as maternal mental illness has been linked to wide-ranging consequences for children, including worse mental and physical health outcomes throughout childhood and adolescence.⁶⁰ Black and Ethnic Minority mothers are at greater risk of developing mental health problems, being 13% more likely to face postnatal depression and anxiety.⁶¹
2. The Motherhood Group is a Black-led social enterprise, founded in 2017, that supports the Black maternal experience through peer-to-peer support and culturally sensitive programmes. By bringing new mothers together to speak about concerns and challenges, the Motherhood Group wants to reduce the struggles of coping as a Black mother and reduce the feelings of stigma and loneliness often felt by Black mothers.
3. The Motherhood Group runs a variety of in person and digital peer support events for Black mothers across the UK. These include community-based events, workshops, peer-to-peer support and national campaigns. They organise an annual nation-wide Black Mum Festival. One of the core principles of the Black Mum Fest is peer support – to offer Black mothers the opportunity to listen into and be involved in culturally appropriate conversations, participate in honest dialogue and build trust and a strong sense of community around relatable topics. Over 300 guests registered for the 2021 Black Mum festival.⁶²
4. Over the past 18 months, the Motherhood group have also offered Black mothers experiencing mental health challenges 170 sessions of free counselling. As a result, 70% of Black mothers showed improvements in their postnatal depression scores. Bonding and confidence scores among Black mothers also improved by 40%. The positive engagement and tangible outcomes from the Motherhood Group indicate that they are a lifeline in Black communities having built trust and credibility through consistent effort.
5. The Government should seek to support such culturally relevant initiatives.

⁵⁸ The Motherhood Group: <https://www.themotherhoodgroup.com/>

⁵⁹ Education Policy Institute, *Maternal mental health: how does it impact on children and young people?*, May 2019: <https://epi.org.uk/publications-and-research/maternal-mental-health/>

⁶⁰ Satyanarayana et al, *Maternal mental health in pregnancy and child behaviour*, 2011 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3267349/>

⁶¹ Watson et al, A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe, January 2019:

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0210587>

⁶² The Motherhood Group, *Newsletters*, May 2022: <https://www.themotherhoodgroup.com/newsletter>

CASE STUDY B: PROJECT ZAZI⁶³

Empowering Black children and young people through 1-1 online mental health support

6. Project Zazi is run by Off the Record Bristol, which focuses on creating opportunities, building aspirations and empowering young Black people and young People of Colour through an exploration of their culture and identity. The project offers a mix of one-to-one support and a variety of group projects and sessions combining digital and face-to-face delivery.
7. The aim of Project Zazi is to promote holistic wellbeing through the growth and development of young People of Colour in order to create lasting change that impacts individuals for the better. The key intervention used by Zazi is the delivery of 1-1 mental health support digitally. The 1-1 online therapy services seek to provide a safe, supportive and confidential space for young Black people and young People of Colour to talk to a therapist of colour, where users can share any issues they are facing. The focus of this space is to ensure Black people and People of Colour feel seen, heard and respected. The aim of this support service is to help young people gain a deeper understanding of themselves and to feel empowered and supported across their journey of recovery and healing.
8. Project Zazi delivers online therapy using traditional meeting collaboration software and ProReal, an immersive 3D virtual reality platform which gives users access to an avatar, to create a visual representation of how they experience a situation so that they can explore different perspectives and visualise and solve problems. Project Zazi also offers online Cognitive Behavioural Therapy (CBT) services, where qualified and trainee wellbeing practitioners work with young Black people and young People of Colour to understand and explore racism, belonging and intersecting identities, which are applied to the CBT model to low mood and worries. These interventions have been well received by those young people, who have shared very positive feedback about the support they have received.
9. BEO considers online interventions to be a highly effective tool worthy of Government-backed investment. This case study illustrates how culturally responsive, innovative and prompt support for Black young people can make a big difference.

⁶³ Off the Record Bristol: <https://www.otrbristol.org.uk/what-we-do/zazi/>

CASE STUDY C: YOUNG CHANGEMAKERS PROGRAMME⁶⁴

Equipping young Black and Minority ethnic people to directly tackle mental health inequalities

10. This case study explores the benefits of co-production for young Black people through the Young Changemakers Programme, which has been developed by The Diana Award in collaboration with the Centre for Mental Health and UK Youth.
11. This programme started in September 2021 and recruited its first cohort of 15 Changemakers and eight co-producers, between 18-25 years old from Black and Minority Ethnic communities, with lived experience of mental health issues and injustices. To address some of the mental health inequalities affecting the target group, the Young Changemakers programme developed four social action strands: policy influencing, engaging frontline practitioners, changing public attitudes and peer-to-peer support. These focus areas have inspired the development of four projects led by the first cohort of Changemakers, which are:
 - a. Team Not So Micro – campaigning to include microaggression training as a mandatory part of teacher training
 - b. Team Engage – creating culturally sensitive digital resources for GPs
 - c. Team Verity – producing a podcast featuring mental health professionals and young people with lived experience
 - d. Team Change – delivering creative workshops about mental health specifically targeting young Black people.
12. Since developing these initiatives and offering support and resources to Changemakers as part of this programme, the Centre for Mental Health have also launched a joint policy briefing⁶⁵ with the participants to challenge inequalities further and centre the lived experience and social action projects of the Young Changemakers. Changemakers working on this programme have shared positive feedback. One participant shared that joining this programme showcases that ‘anyone can be capable of bringing about change’ and the work that the Young Changemakers are leading on will ‘improve mental health services for the next generation’.

⁶⁴ Centre for Mental Health, *Young Changemakers Programme*, April 2022: <https://www.centreformentalhealth.org.uk/young-changemakers-tackling-mental-health-inequalities-racialised-communities>

⁶⁵ Dotun Busari and Ashleigh Onabajo, Centre for Mental Health, *Opportunity for all? A response to the Government’s schools white paper from the Not So Micro group*, 31 March 2022: <https://www.centreformentalhealth.org.uk/blogs/opportunity-all-response-governments-schools-white-paper-not-so-micro-group>

CASE STUDY D: RUACH CITY CHURCH'S WELLBEING MINISTRY⁶⁶

Benefits of a particular faith-based service among the Black communities

13. Established in 1992, Ruach City Church is one of the largest Black Majority Led Pentecostal Christian churches in Europe. Ruach organise an E-church service and have established churches across the UK and one in the USA. Ruach host a 'Wellbeing Ministry' which they describe as a holistic service for the mind, body, soul and spirit. As part of this ministry, they offer pastoral care to leaders in the church and mental health, education and training to the wider congregation. They also offer creative therapies and counselling therapies, holding partnerships with local organisations including statutory mental health services. During the pandemic, the Ruach City Church began to offer its communities a confidential online support service and telephone support service.

⁶⁶ Ruach City Church: <https://www.ruachcitychurch.org/about>