Health Equity
Evidence Centre

Improving mental health care for Black men

From my personal journey and as an advocate for Black mental health, I want to highlight the critical importance of engaging with Black men in mental health services. We must be central to conversations about our care and the systems that serve us.

Member of the Black men's Health Taskforce

Black men face stark inequalities in mental health — from higher rates of diagnosis and detention to poorer access and outcomes. This brief highlights what needs to change to make care safer, fairer and more effective. Based on evidence and lived experience, it identifies changes in organisational culture, mental health service design and delivery, and sets out five clear priorities for action.

Introduction

Black men in England face stark and persistent inequalities in mental health. They are five times more likely to be diagnosed with schizophrenia than White men, yet less likely to receive help early, including through primary care. Instead, they are more likely to come into contact with mental health services through crisis care or the criminal justice system (Figure 1).

Too often, mental health services are not places of support for Black men who, instead of receiving good care, experience stigmatisation and trauma. Services are frequently designed without structural and institutional racism being effectively addressed and without considering the specific needs and contexts of Black men. Consequently, patterns of inequality persist across access, experience, diagnosis, and treatment.

Figure 1: Inequalities in mental health care

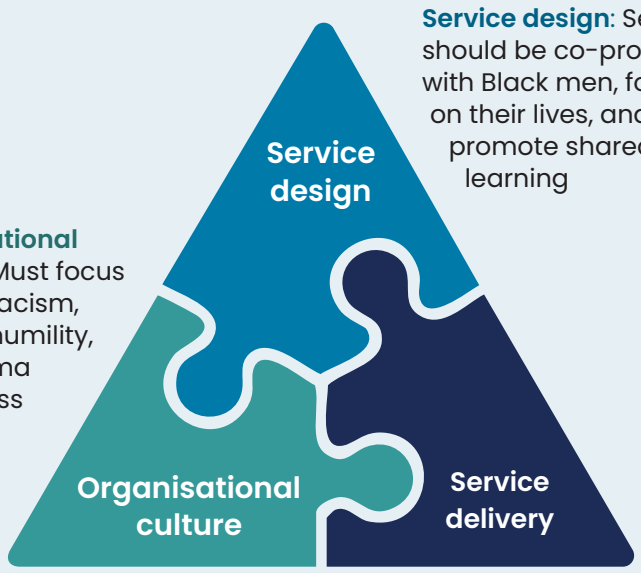
Compared to White men, Black men are:

5 times more likely to be diagnosed with schizophrenia

3 times more likely to be detained under the Mental Health Act

8 times more likely to be placed on a Community Treatment Order

This brief sets out what good mental health care looks like for Black men and what stops it from being delivered. It draws on a rapid evidence review, interviews with individuals who use, work in, or advocate for mental health services, and insights from the Black men's Health Taskforce, a group comprising men with lived experience of mental health issues and services. The findings point to three key areas where change is needed to make mental health services safer, fairer and more effective for Black men: organisational culture, service design, and service delivery.



Service design: Services should be co-produced with Black men, focus on their lives, and promote shared learning

Organisational culture: Must focus on anti-racism, cultural humility, and stigma awareness

Service delivery: Mental health care should be community-based, person-centred, trauma-informed, and communicated respectfully

What needs to change

Organisational culture must focus on anti-racism, cultural humility, and stigma awareness

Anti-racism in care

The research identified persistent structural and institutional racism and cultural bias in mental health care. These contribute to increased risk of misdiagnosis of severe mental illness, shape how risk is assessed, and influence treatment decisions. As a result, trust in services is undermined, making individuals less likely to engage with care early and consistently and more likely to be hospitalised after an avoidable crisis.

> *I recall being treated with ambivalence during my interactions with healthcare professionals, often feeling as though my concerns were minimised or misunderstood because of my race.*
>
> Member of the Black men's Health Taskforce

To deliver better care, services must embed anti-racism in all areas, from diagnosis and treatment to staff training and organisational strategy. This includes co-developing training with Black communities and addressing racism wherever it appears in the system.

Culturally humble care

The review also identified a lack of culturally informed approaches as a barrier to effective care. Worldviews, spiritual beliefs and cultural values shape how distress is expressed and understood and may not align with Western diagnostic frameworks. As a result, Black men's behaviour or disease presentation can be misinterpreted, leading to misdiagnosis and non-relatable care plans or undesirable outcomes.

Providing effective care requires more than recognising cultural differences. The evidence highlights the importance of cultural humility — an approach that acknowledges professionals cannot be entirely competent in someone else's culture and must take time to understand each individual's identity and experiences. Embedding cultural humility into practice is key to making services feel safer and more responsive for Black men.

> *Being aware, … feeling confident in the knowledge that the therapist I'm speaking to has been through cultural awareness training… I think it comes back to this one issue, which is around feeling that these folks are culturally competent.*
>
> Interviewee

Tackling stigma within Black communities and health care services

Stigma is a major barrier to seeking support. In some Black communities, misconceptions and cultural taboos around mental health, combined with traditional views of masculinity, create pressure for Black men to appear emotionally restrained and self-reliant. This makes it harder for men to acknowledge mental health problems and seek help.

Within mental health care services, the same racist and sexist stereotypes in combination can contribute to further stigmatisation of Black men in distress who are portrayed as dangerous, aggressive and uncontrollable. Such views among mental health professionals drive the excessive use of coercion, restrictive measures and medication instead of other treatment options, which not only traumatise Black men but also feed further into Black communities' mistrust towards services.

> *Stigma around mental health services and fear of dying in services, prevents communities from encouraging loved ones to access services.*
>
> Service user

Good care must offer support in non-stigmatising ways and proactively address intersectional stigma — the combined impact of racism, mental health stigma, and patriarchal gendered expectations — in services and communities.

Services should be co-produced with Black men, focus on their lives, and promote shared learning between providers, people who use services, and their communities

Co-production and co-owned

Co-production with Black men and their communities is a cornerstone of effective mental health care. It ensures that services reflect lived experiences and priorities, making care more relevant, responsive, and equitable. This means involving Black men not just in shaping policies and services at a strategic level, but also in decisions about their own care.

However, co-production is often limited to short-term pilots or consultation exercises. There is a need for long-term investment and infrastructure so that Black people can meaningfully shape training, service models, and care planning.

> *We must be central to conversations about our care and the systems that serve us. It is not enough to treat us as passive recipients of care. We must be involved in every aspect of service design and delivery.*
>
> Member of Black men's Taskforce

Relevant to Black men's experience

Services are more likely to be effective when they reflect the realities of Black men. This includes adapting service objectives, content, and materials to ensure that care is culturally and socially meaningful. When services do not recognise these realities, they risk appearing inaccessible or unhelpful.

Facilitating shared learning among providers and recipients of care

Shared learning is key to improving how services work with Black communities. This includes helping communities understand mental health and available support, and helping professionals understand Black communities' histories, identities, and how racism affects mental wellbeing and experiences of care.

Mental health care should be community-based, person-centred, trauma-informed, and communicated respectfully

Services delivered in the community

Community-based approaches improve access, engagement, and early mental health support. When services are offered in trusted, familiar settings, such as barber shops or community centres, they become more approachable and aligned with Black men's lived experiences. These settings help reduce stigma around mental health and seeking support and build trust.

Community organisations, when meaningfully connected to GP services, can play a role in supporting the design and delivery of primary mental health care to include holistic services, such as housing, employment and financial support.

> *Satellite clinics that support the surgery in the villages once a week… If you can't get to the surgery or you just need some advice, or you just want someone to talk to, or you know you're worried about something, 'just come and talk to us.'*
>
> Family member

Person-centred and trauma-informed

Good care recognises the impact of racism and discrimination and responds to each person's needs in emotionally safe, culturally relevant ways. Holistic care that goes beyond diagnosis is essential for meeting the complex needs of Black men. These approaches see the person in full, acknowledge structural barriers, and offer flexibility in how care is delivered and reviewed.

> *If I come to you asking for help and I'm saying I'm struggling with low mood, don't assume what could help. It might not be medication. It could be [referring me to] someone who can help me to get a job.*
>
> Health care provider

Effective support also depends on practical, responsive care. This includes multiple options for accessing help, such as online tools, family referral routes, and personalised pathways that reflect broader health and psychosocial needs.

Clear and respectful communication

Communication breakdowns are a major barrier to effective care. Many Black men and their communities lack clear, accessible information about what mental health services offer and how decisions are made. The way services are explained, or not explained, can significantly affect how people engage.

Clear, direct, and respectful communication is key — both in building trust and helping people feel included in their own care. A lack of explanation around diagnoses or treatment can reinforce feelings of being acted upon rather than listened to.

> I think some of the best interactions I've had have been when I've worked, for long periods, with people that have helped me formulate like a plan to manage and recover.
>
> Person who uses services

What good mental health care looks like

The table below summarises what needs to change in mental health services for Black men, and what good care looks like in response.

What needs to change	What good care looks like
ORGANISATIONAL CULTURE	
Systemic racism and cultural bias Coercive treatment and misdiagnosis Mistrust in services and staff	Mental health institutions embed anti-racism, cultural humility, and stigma-awareness as core principles Training, co-developed with Black men, to recognise and address inequalities and bias
SERVICE DESIGN	
Services not aligned to Black men's lived realities Co-production is often short-term Gaps in early intervention and continuity of care	Services are co-produced with Black men and communities Co-production is fully integrated into long-term care strategies Improved continuity of care and support for early-stage mental health concerns
SERVICE DELIVERY	
Mental health care is often delivered in formal and inaccessible settings Black men feel unheard or acted upon in care decisions Stigma and lack of trust hinder help-seeking	Community-based accessible care located in trusted settings Holistic, culturally appropriate models that address wider needs (e.g. housing, employment) Transparent, respectful communication that builds trust Open dialogue, actively respond to community feedback

Priorities for action

The findings point to a clear conclusion: mental health care for Black men needs a major reset. For too long, services have been unfair, unsafe, and damaging. But change is possible. The evidence shows what good care looks like: it is anti-racist, co-produced, community-based, and focuses on Black men as whole persons.

Change the culture to fight racism and improve mental health care with Black men

This means fighting racism wherever it appears in mental health services and making sure that Black men contribute to decision-making.

Train staff so they understand the needs of Black men

Many professionals working in the NHS and for the Care Quality Commission want to help but do not know how to give anti-racist, culturally safe care. Training must be long-term, designed with Black men, and based on real examples – not just tick-box exercises.

Ask the right questions

Inspectors should ask the questions that matter most to Black men. They should work closely with Black men and their communities to learn how they can spot the problems within health care services and suggest the right solutions.

Collect and use better data to make a change

We do not always know how services treat Black men because the information is often missing, messy, or ignored. CQC inspections need to use information about the race and ethnicity of patients to identify problems and poor treatment of Black men.

Stop starting from scratch – build on what works

There are already examples of great care out there, but they are often small and underfunded. Let us use what already works to improve services everywhere.

> *It is my sincere hope that the findings and the recommendations from this research will be accepted and incorporated by the Care Quality Commission. Moreover, that the Commission will ensure they are genuinely implemented, and that all mental health hospitals and NHS trusts are held accountable.*
>
> Member of the Black men's Health Taskforce

About this brief

This brief is based on research commissioned by the Care Quality Commission (CQC) to help the organisation better understand the experiences of Black men and improve care for them. It involved:

- A rapid evidence review of more than 100 studies of Black African, Caribbean and mixed heritage men and boys over 11 years old
- 23 Interviews with service users, providers, carers and advocates
- Insights from 8 Black men with lived experience of mental health services

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Disclaimer: This project was commissioned by the CQC. The views expressed are those of the author(s) and not necessarily those of CQC.

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