Care Quality Commission

Black men’s mental health

This is the 2023/24 edition of State of Care

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In last year’s Mental Health Act annual report, we highlighted that:

- Black or Black British people are over 3 and a half times more likely to be detained under the Mental Health Act than people in white ethnic groups.
- They are also 8 times more likely than people in white ethnic groups to be placed on a community treatment order (CTO), where supervised treatment is given in the local community.

This is a long-standing concern that needs to be addressed urgently – particularly for Black men. For this year’s State of Care report, we looked in detail at responses to the NHS Community mental health survey from Black men and men from a mixed Black ethnic background. While many men were happy with the care they received, some reported concerns around timely access to care, including a long wait for talking therapies, and a lack of follow-up care.

- Out of 106 respondents who had been in contact with NHS mental health services for the past 2 years, 13% reported waiting 3 to 6 months and 8% said they waited more than 6 months for their first appointment for treatment following assessment with the NHS mental health team.
- About a third felt the waiting time was too long and, of these, 56% said their mental health deteriorated while they were waiting.

We found that Black men had longer stays in hospital than white men:

- For every 100,000 men receiving care for their mental health in hospital, 100 Black men had stays in hospital longer than 60 days compared with 25 white men who had the lowest length of stay.

Black male respondents to the NHS Community mental health survey also raised concerns about crisis teams, with 1 in 5 saying they would not know who to contact out of office hours within the NHS if they were in a mental health crisis. Other people reported issues with accessing crisis services, with 11% saying they did not get the help they needed and 12% said they had to wait too long to get through, or got little support from them when needed.

> “Crisis team came out to check on me and to ask why I escaped - I told them why. They was here no longer than 5 minutes.”

> “The crisis team tried to refer me to the home treatment team, however after waiting about 5 hours for a call from the crisis team they told me to go to the emergency department to be assessed, in order for me for me to be referred to the home treatment team.”

Although few in number, 2 people made specific reference to their ethnicity and how this had a negative impact on the care they received. One person reported they did not feel they received the same level of care that a white person would have, as they were not offered the most appropriate treatment for their diagnosis:

> “I was diagnosed with EUPD (emotional unstable personality disorder) in 2017, I have a psychology degree and I know one of the main treatments for this condition is DBT (dialectal behaviour therapy) and CBT (cognitive behavioural therapy), so why have I never been referred to any of these for 6 years, and I vehemently believe that if I was a Caucasian person, my care would be taken more seriously, I have experienced much neglect.”

Joseph’s story

Joseph is a dual heritage man with a diagnosis of paranoid schizophrenia. As a young child, he knew something wasn’t right. He went to his GP as a teenager to seek help, thinking it might be a physical health issue – it wasn’t, but he was told to just be more active. Two stresses through his young life were his identity and racism. At university, he became interested in Black men’s mental health on his course. On a placement abroad, his health deteriorated, as he became more and more paranoid and had to return home.

Back in the UK, he experienced his first voluntary admission into hospital and started treatment on anti-psychotic medication. This caused his weight to balloon, which has been a problem ever since. Thinking this was a one-off and that he would recover, he assumed the anti-psychotic medication would end but he is still on it.

After months in hospital, he recovered and went on to university to complete his masters degree – the best years of his life. When the university asked him about his mental health, he told them he had depression – but he was ashamed of his diagnosis and felt it would impede him from doing what he loved. Stigma was a real driver of stress for him alongside his experience of being dual heritage.

Joseph's medication was changed over the years due to side effects, which continue to this day, particularly around his weight. It was many years later when he was seeing his consultant that he saw his diagnosis on a report on the desk. This was the first time he knew that his diagnosis was paranoid schizophrenia, as he had never been told.

> "I understand they didn't want to devastate me with such a diagnosis, but at the same time, you know, I needed to know the chronicity of what I was dealing with."

He got employment in statutory mental health services but found poor attitudes among staff, who had quite negative views about some people who use services. During this time, a change in his medication caused real stress, leading to a breakdown that led to him seeking support out of the area due to working locally. He described the consultant he saw as being open and honest with him, which made a big difference after experiencing years of what felt like being dismissed or misled.

He moved to a job in the care sector where he still works, and which he finds more supportive and understanding of him. He describes the mutual support and informal support structures from work, family, and friends as being more helpful to him in his whole life than anything statutory services have done.

> “There are people who have known you for long enough to know your experiences, that makes such a difference.”

Although Joseph gets annual health checks, his weight remains an issue and he has diabetes, but there is no plan to support this aspect of his health. He did have a free gym membership and he eats healthily, but this is more through support from friends than the service.

Looking back, he feels that he has had to make sense of both his dual heritage, his diagnosis and how to deal with stigma and discrimination himself.

(Interview with a member of the public)