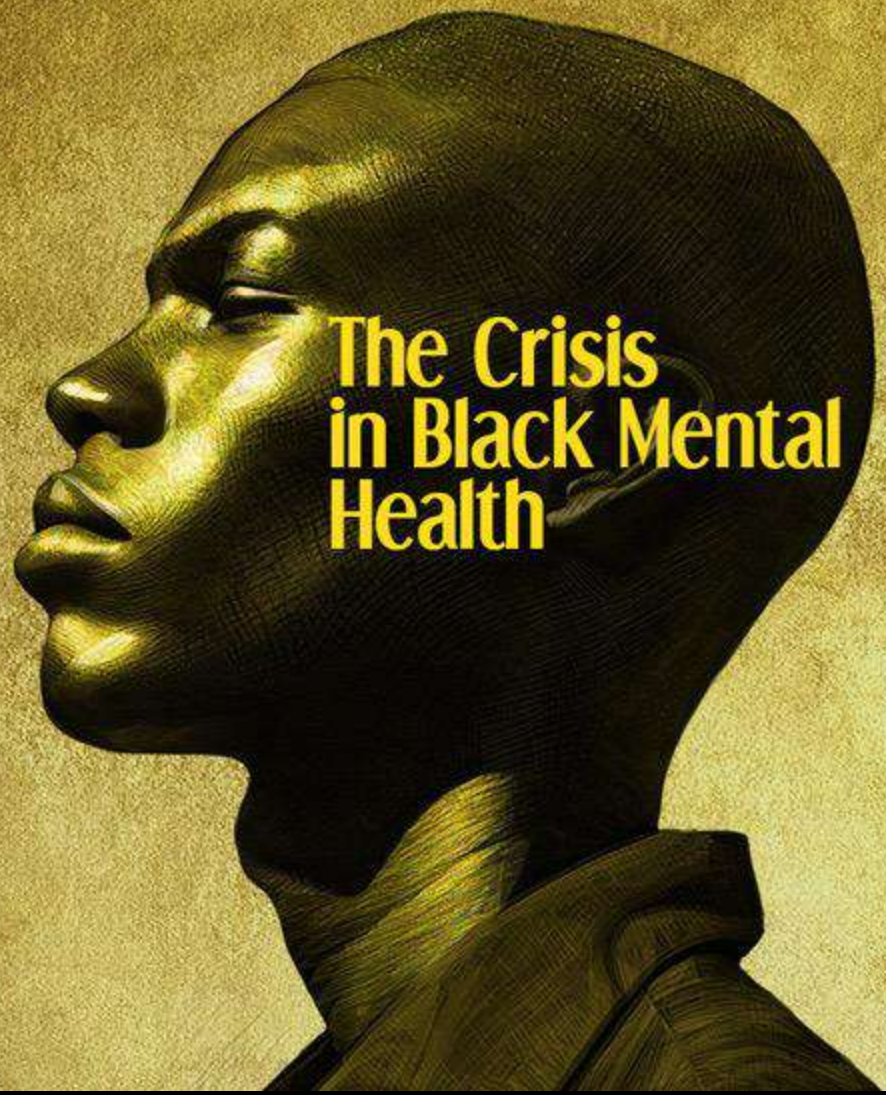
Black Man's Burden

FROM SILENCE TO STRENGTH

A community-led Conference tackling the real pressures facing Black communities today.

Wed May 27 2026

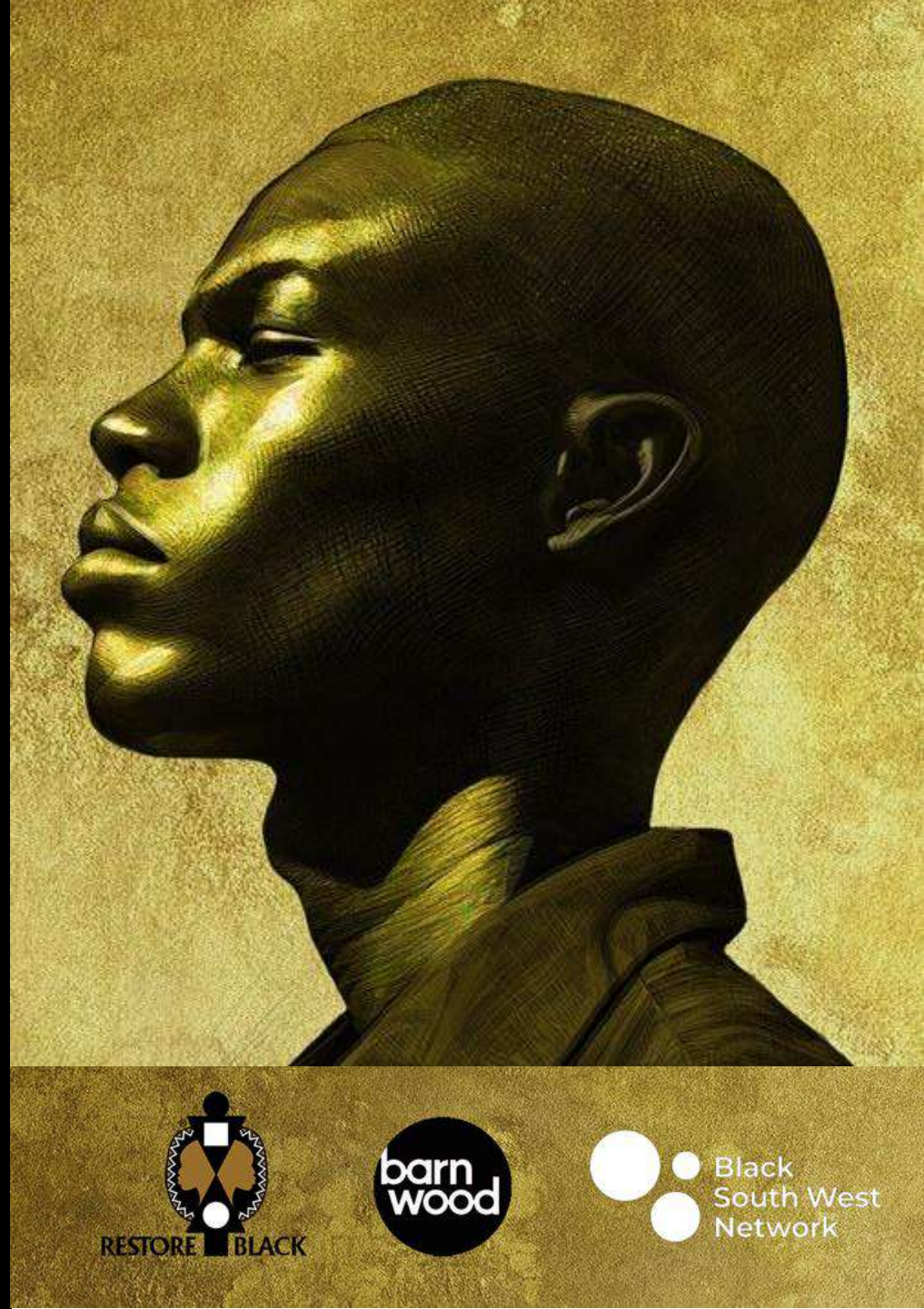


RESTORE BLACK

barn wood

Black South West Network

You are Welcome



How are you feeling about today?

Laying the Foundation: Why a Black Mental Health Conference: How We Got Here

With Audrey James, Restore Black

Black men's experience of mental health services

Chris Dzikiti, Interim Chief Inspector of Mental Health

Our vision, our purpose

Why does CQC exist and what impact will we have?

Our vision

Everyone receives safe, effective and compassionate care.

Our purpose

We regulate health and adult social care, we work together with the public, systems and providers of care to protect people, and to promote and improve quality of care.

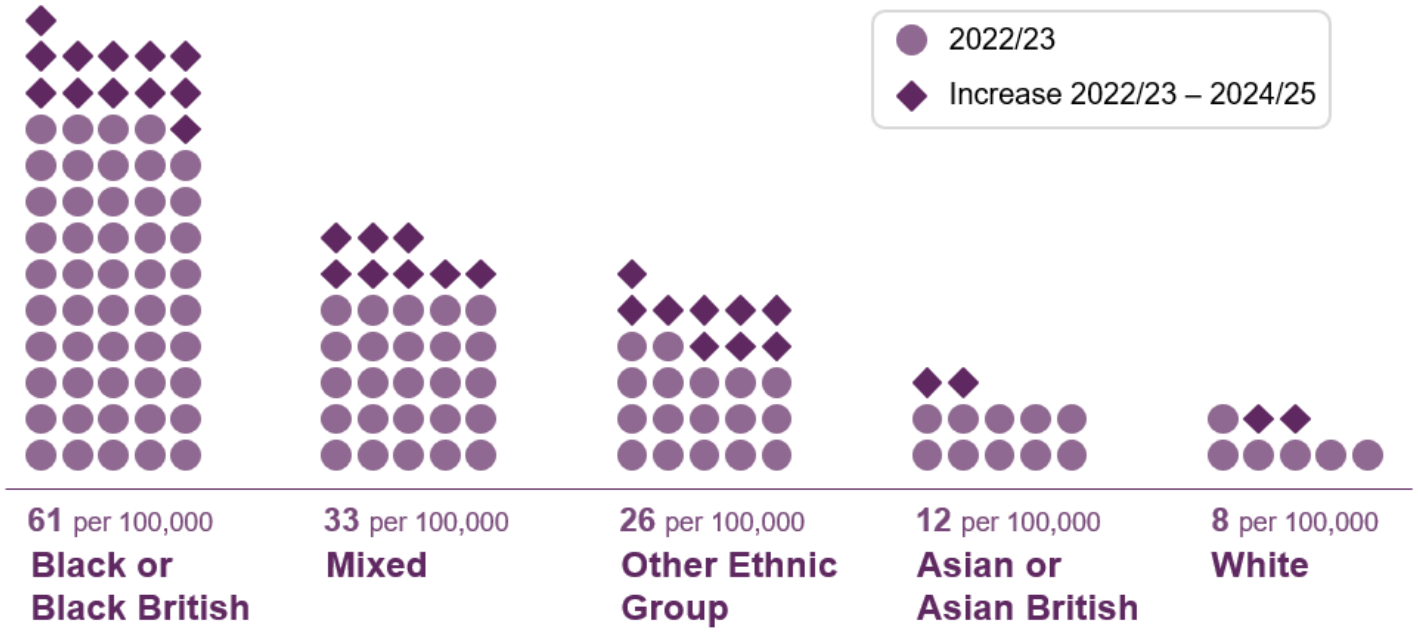
The Mental Health Act Reforms: A pivotal moment for equity

- The Mental Health Act 1983 (amended 2025) received Royal Assent in December 2025, marking one of the most significant reforms in mental health law in decades.
- For CQC, these reforms matter because they directly address:
  - **Rising rates of detention and entrenched racial disparities**, especially among Black communities.
  - **Strengthening patient voice, autonomy and rights**, aligning with our regulatory principles of choice, least restriction and therapeutic benefit.
  - **Reducing inappropriate detention**, including limits on how the Act can be used for autistic people and those with learning disabilities.

- These reforms set a new baseline for what good, equitable mental health care must look like, but legislation alone is not enough.
- It must be followed by investment, culture change and practice transformation.

Systematic inequalities

- Evidence shows persistent inequities, with Black people detained under the MHA at up to four times the rate of White people, and Black or Black British people over eight times more likely to be placed on a Community Treatment Order.
- CQC's monitoring shows repeated and prolonged detentions of Black men.
- Limited opportunities for effective therapeutic engagement during detention.
- Persistent inequities in the use of the MHA and Community Treatment Orders.



People subject to community treatment orders (standardised per 100,000 population) by ethnicity, 2022/23 to 2024/25

Barriers to access, stigma and distrust

Recent CQC-commissioned evidence highlights:

- Delayed help seeking among Black men, often linked to stigma, fear, and historical mistrust of services.
- Experiences of coercive or disrespectful care, shaping perceptions of risk and increasing reluctance to access support earlier.
- Fragmented pathways and poorer continuity of care once people do enter the system.

If people can’t or won’t access services early because they fear discrimination or detention, then the system is not safe, effective, or responsive.

Source: State of Care 2024/25 - rapid review carried out by Queen Mary University (QMU) and University College London (UCL)

Mental Health Units (use of force) Act, aka Seni's Law

- Introduced after the death of a young Black man following restraint at Bethlem Hospital
- Aims to increase **transparency, accountability, and reduction of force** in mental health units

Key Requirements

- Police must use body-worn cameras when supporting in units
- Providers must demonstrate how they reduce use of force
- Proactive care planning with patients, families, and advocates to minimise restraint
- Co-production of policies with communities, including groups representing protected characteristics
- Ongoing data review and policy improvement, including scrutiny of use of force on Black men

Mental Health Units (use of force) Act, aka Seni's Law

Accountability & Implementation

- Appoint a '**responsible person**' to oversee compliance
- Publish:
  - Use of force policy
  - Patient rights information
- Provide **RRN-compliant staff training**
- Record and report use of force (MHSDS)
- Investigate **serious incidents and deaths** appropriately

CQC Expectations

- Embedded across key domains:
  - **Safe** – involvement in care, learning culture, staffing
  - **Responsive** – person-centred care, information sharing
  - **Well-led** – governance and accurate reporting
- Focus on **patient voice and continuous improvement**

Driving positive change // give feedback

- Draft mental health assessment framework open for feedback until **12 June.**

PCREF: A critical tool for anti racist practice

The **Patient and Carer Race Equality Framework (PCREF)** remains central to the NHS's ambition to eliminate racial disparities.

PCREF is a mechanism that:

- Supports trusts to become actively anti-racist organisations, not passively non-discriminatory.
- Provides locally tailored data, co-produced standards, and accountability.
- Offers a structured way to reduce detention disparities and improve Black service users' experiences.

However, implementation challenges persist.

Promoting positive cultures and person-centred care

- Services must foster cultures of trust, respect, and recovery.
- People's rights must be understood, upheld, and fully explained.
- Care must recognise the whole person, including cultural identity, trauma history, and lived experience.

Yet CQC still sees too many examples where people feel unheard, unsafe, or treated as a set of risks rather than individuals.

This gap between policy and lived experience is where anti-racist practice must become everyday practice.

The voices of lived experience

- Our regulatory work—through assessments, inspections, and statutory duties—shows that Black peoples lived experience is essential to designing mental health services that are safe and equitable.
- There is a need to coproduce services at all levels.
- Trust must be rebuilt between providers and communities.
- Lived experience should continue to inform regulation and shape the improvements CQC requires from providers.
- If you are interested in our Expert by Experience programme, please contact Choice Support.

Choice Support

https://www.cqc.org.uk/about-us/jobs/experts-experience

CQC's role in driving health inequalities

- Our strategic role is to ensure that mental health services are;
  - Equitable
  - Trauma-informed
  - Culturally responsive
  - Trust-building

As the system transitions into the new MHA era, CQC will monitor implementation, amplify patient voice and hold providers to account that we can deliver meaningful change – not just new legislation.

Any questions?

- We welcome any additional feedback through our consultation survey, which you can access at: www.cqc.org.uk/assessment-framework-feedback
- The period for sharing feedback online and through in-person events will close on **12 June**.

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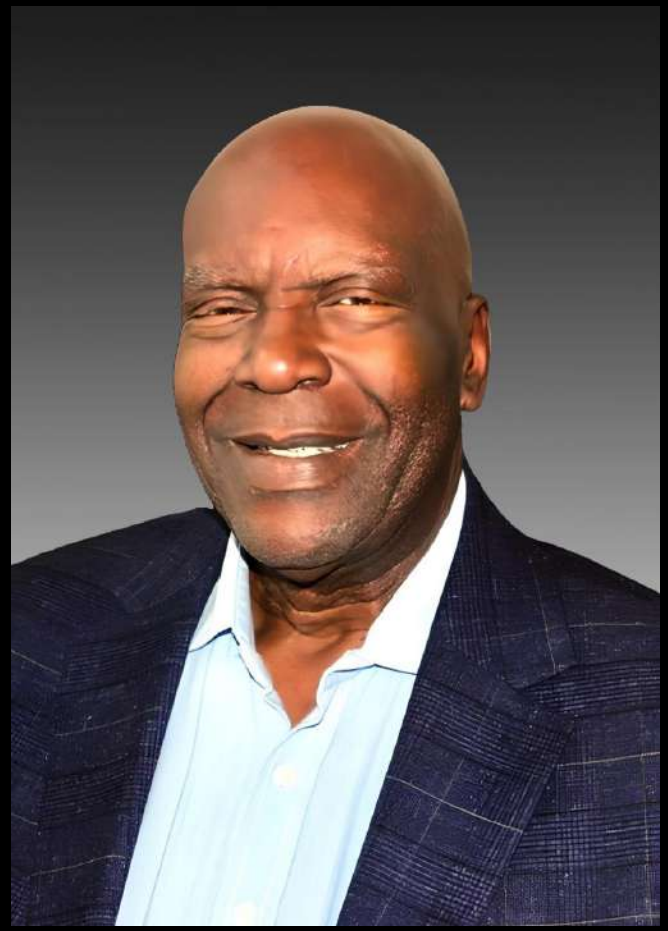


The Intersections of Addiction and Racism: How social inequality and historical oppression increased the Black body's vulnerability to addiction

With Charles Brown

Addiction

The Disease Model

Attachment Model

Genetic Model

Medical Model

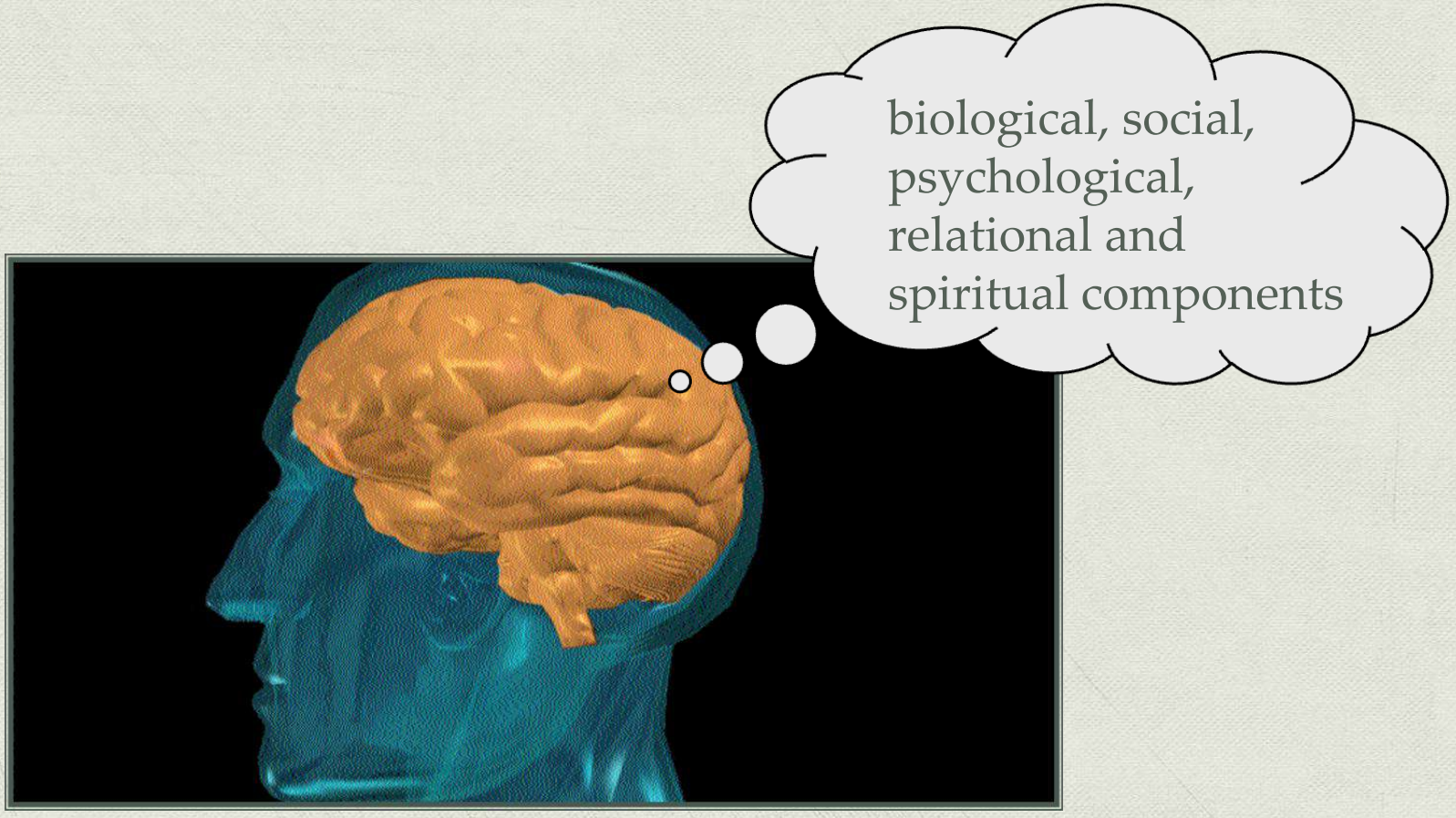
Adaption Model

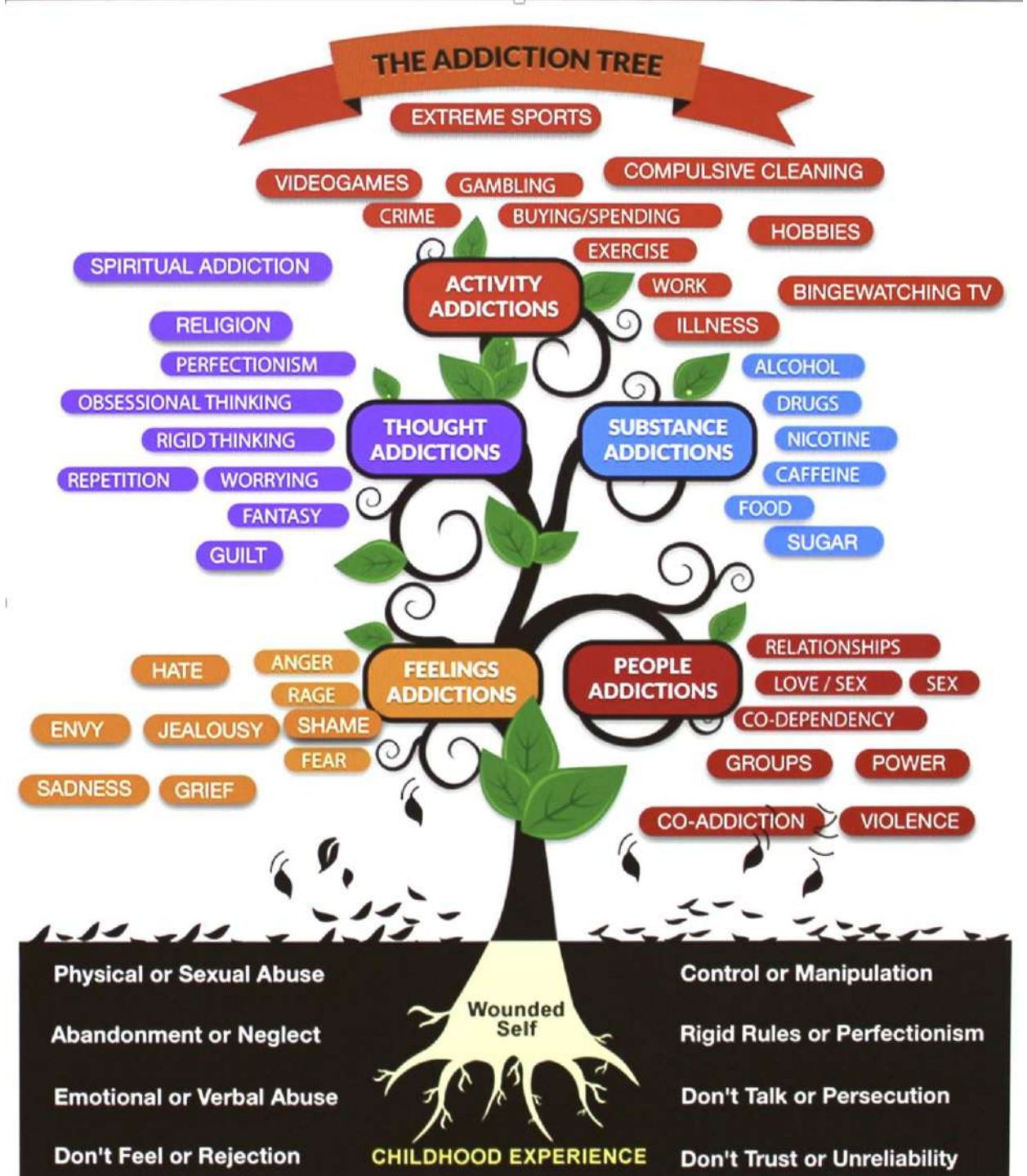
Personality Model

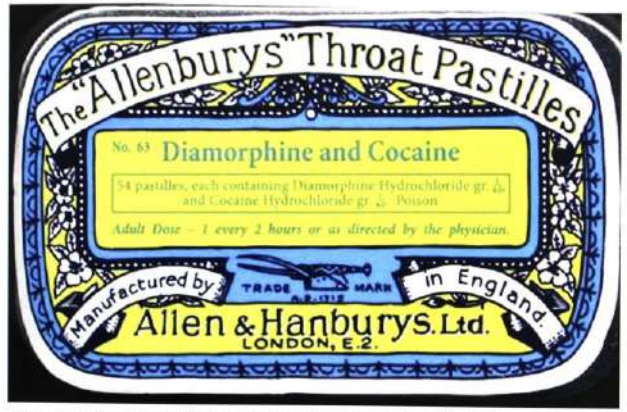
Psycho-behavioural Model

Moral Model

Addiction Is Complicated




THE ADDICTION TREE
EXTREME SPORTS
VIDEOGAMES
GAMBLING
COMPULSIVE CLEANING
CRIME
BUYING/SPENDING
HOBBIES
EXERCISE
SPIRITUAL ADDICTION
ACTIVITY ADDICTIONS
WORK
BINGEWATCHING TV
RELIGION
ILLNESS
PERFECTIONISM
ALCOHOL
OBSESSIONAL THINKING
DRUGS
THOUGHT ADDICTIONS
SUBSTANCE ADDICTIONS
RIGID THINKING
NICOTINE
REPETITION
WORRYING
CAFFEINE
FANTASY
FOOD
GUILT
SUGAR
HATE
ANGER
FEELINGS ADDICTIONS
PEOPLE ADDICTIONS
RELATIONSHIPS
RAGE
LOVE / SEX
SEX
ENVY
JEALOUSY
SHAME
CO-DEPENDENCY
FEAR
GROUPS
POWER
SADNESS
GRIEF
CO-ADDICTION
VIOLENCE
Physical or Sexual Abuse
Control or Manipulation
Wounded Self
Abandonment or Neglect
Rigid Rules or Perfectionism
Emotional or Verbal Abuse
Don't Talk or Persecution
Don't Feel or Rejection
CHILDHOOD EXPERIENCE
Don't Trust or Unreliability



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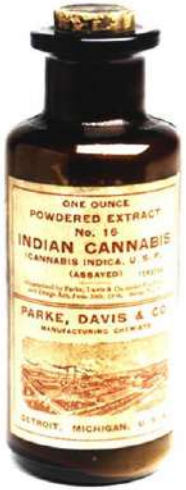
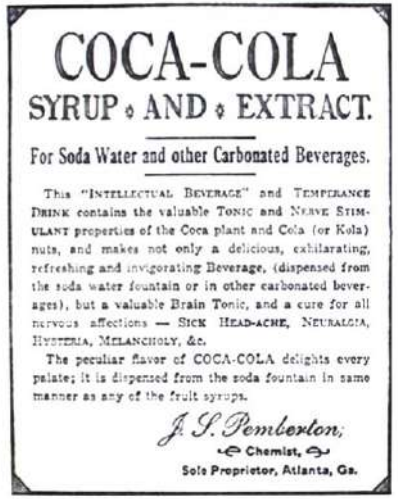
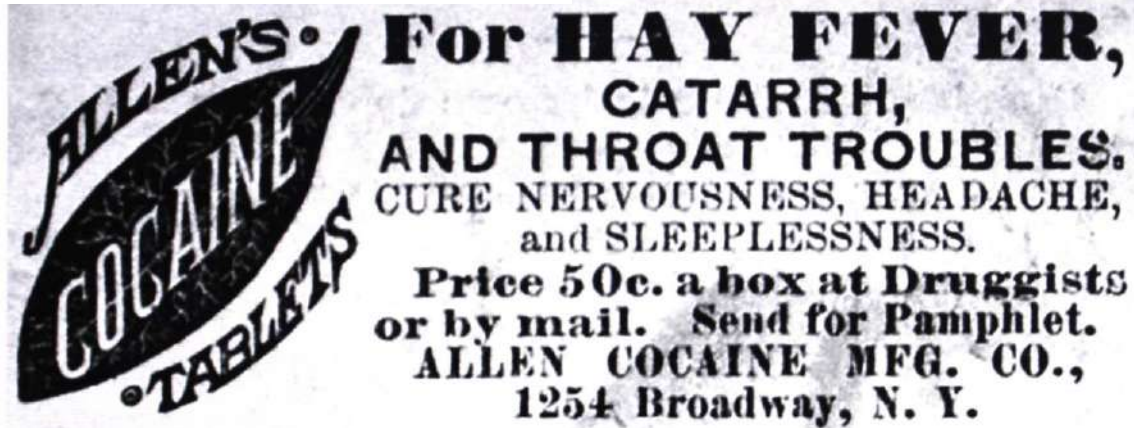


Indian and American Cannabis. This was also used for pain relief, but it doubled as a tonic for coughing, sleeplessness, and loss of appetite.





Addiction as an Adaptive Response

Not a Disorder

WHY RACIAL TRAUMA IS MISUNDERSTOOD IN ADDICTION

It's not simply about what's happened

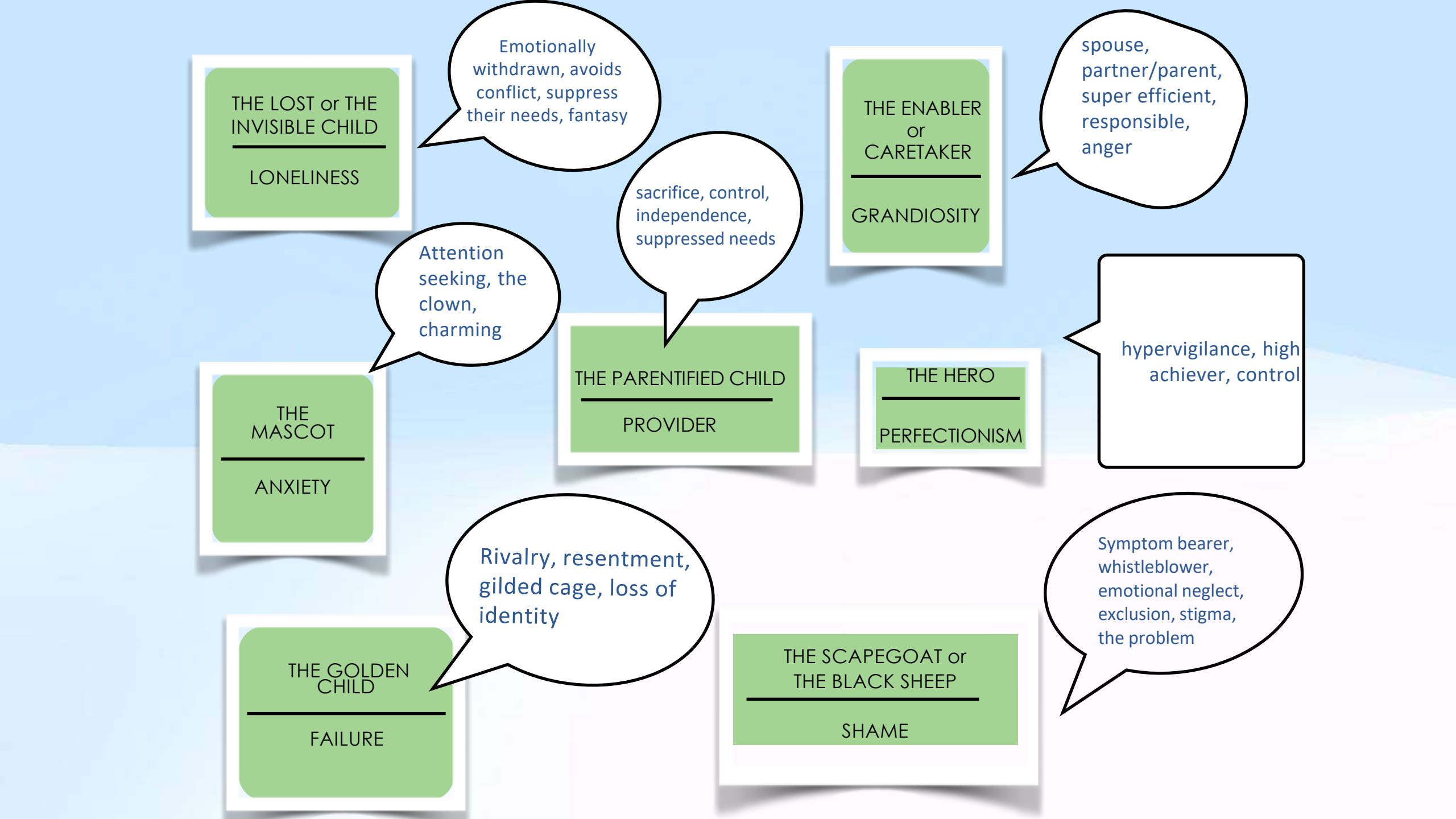
It's about how the individual adapted to it

Addiction often functions as regulation

- Managing Internal Pressure
- Avoiding Overwhelm
- Creating Temporary Relief

When those patterns are addressed at the level they were formed at…

The behaviour no longer needs to repeat itself


THE LOST or THE INVISIBLE CHILD
LONELINESS
Emotionally withdrawn, avoids conflict, suppress their needs, fantasy
THE ENABLER or CARETAKER
GRANDIOSITY
spouse, partner/parent, super efficient, responsible, anger
sacrifice, control, independence, suppressed needs
Attention seeking, the clown, charming
THE PARENTIFIED CHILD
PROVIDER
THE MASCOT
ANXIETY
THE HERO
PERFECTIONISM
hypervigilance, high achiever, control
Rivalry, resentment, gilded cage, loss of identity
THE GOLDEN CHILD
FAILURE
THE SCAPEGOAT or THE BLACK SHEEP
SHAME
Symptom bearer, whistleblower, emotional neglect, exclusion, stigma, the problem

The Healing Journey

- How am I handling the addiction of my loved one?
- What issues does their addiction stir in me or bring up from my past?
- What are my fears, and how am I handling them?
- What is my attachment style?
- Emotional Detachment
- How are my relationships?

A Call to Action for Systemic Change

- Decolonising drug policy
- Inequality linked to substance use
- Decriminalise: remove criminal and administrative penalties
- Decarcerate: reduce prison population commit to harm reduction
- Improve access to treatment

A Call to Action from the Black Community

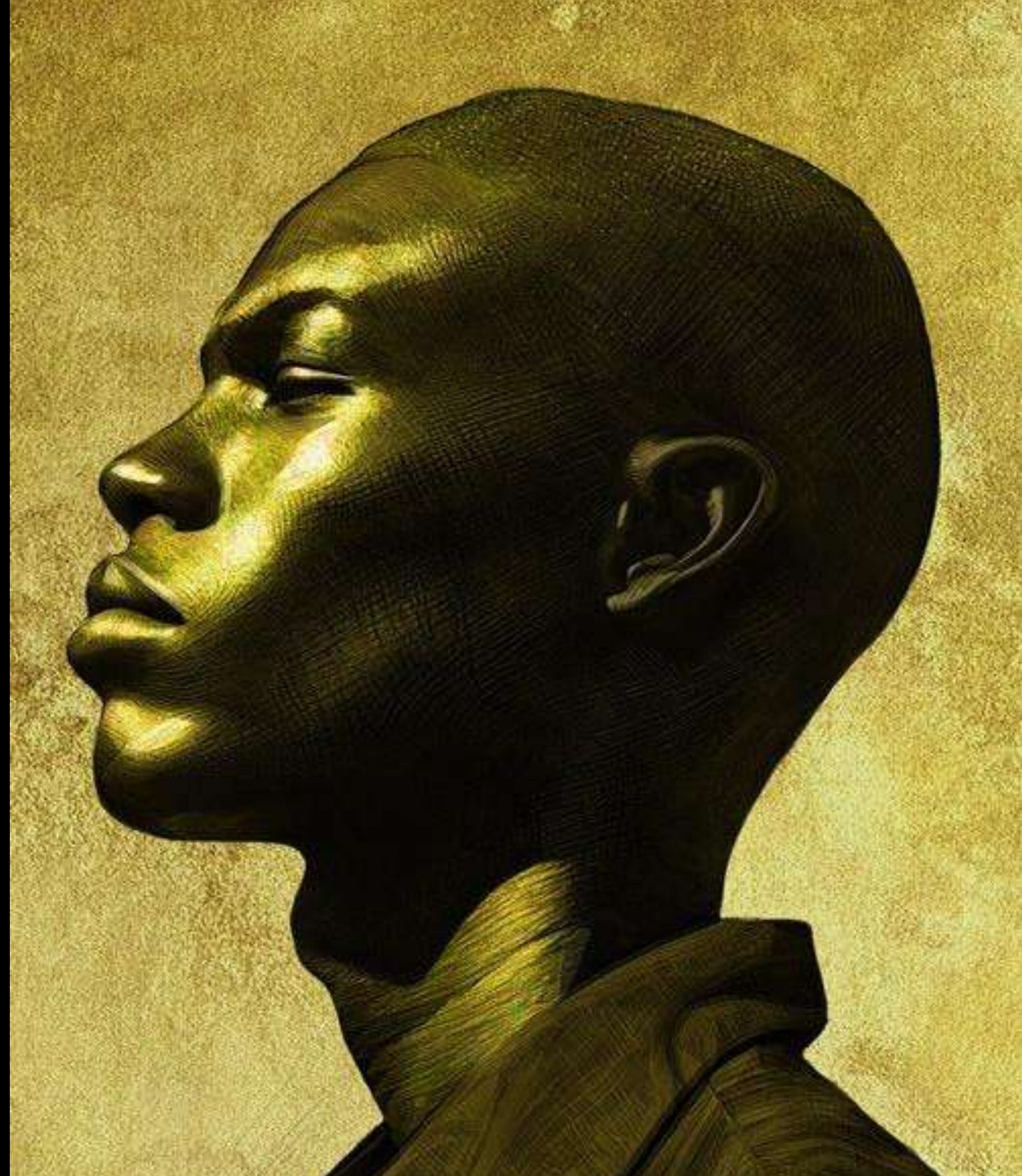
- Culturally competent addiction treatment
- Representation and trust in recovery spaces
- Community-led initiatives and outreach
- Recognition of a unique history, culture & set of challenges
- Peer-led initiatives
- Increase holistic based interventions

Thank you for listening

Break

Breaking Barriers: Leadership, Policing, and Black Mental Health

With Dr Leroy Logan




BBC

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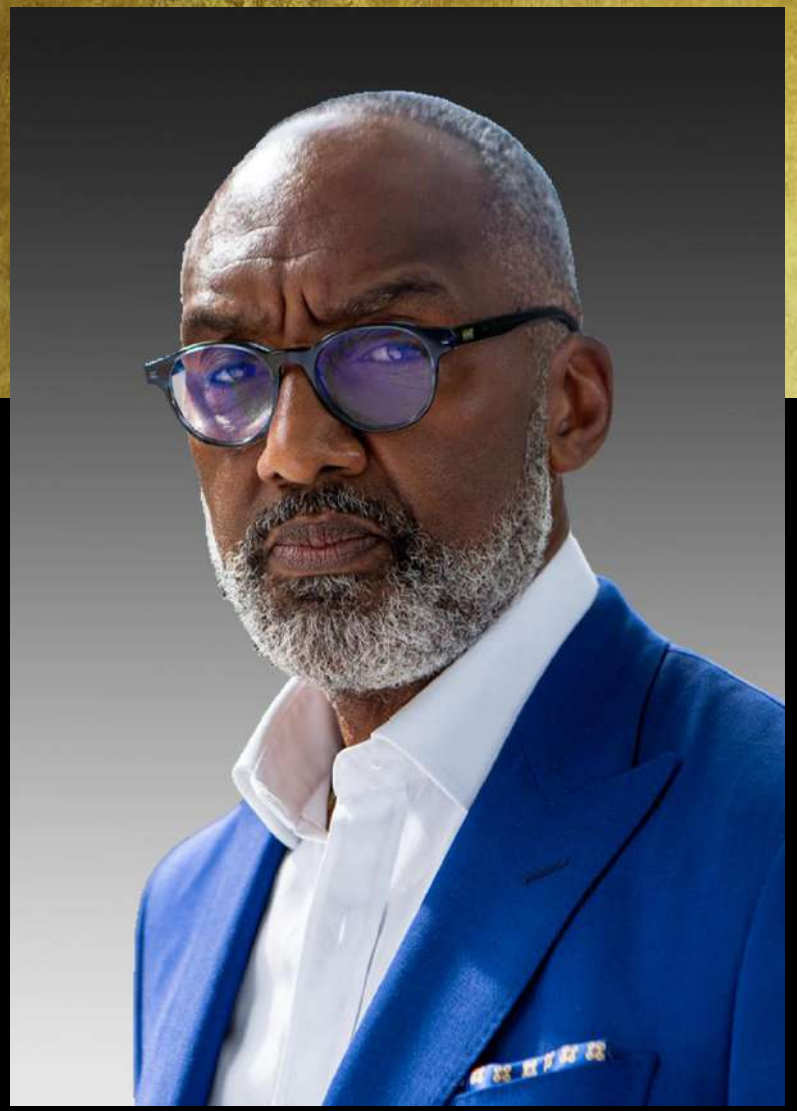
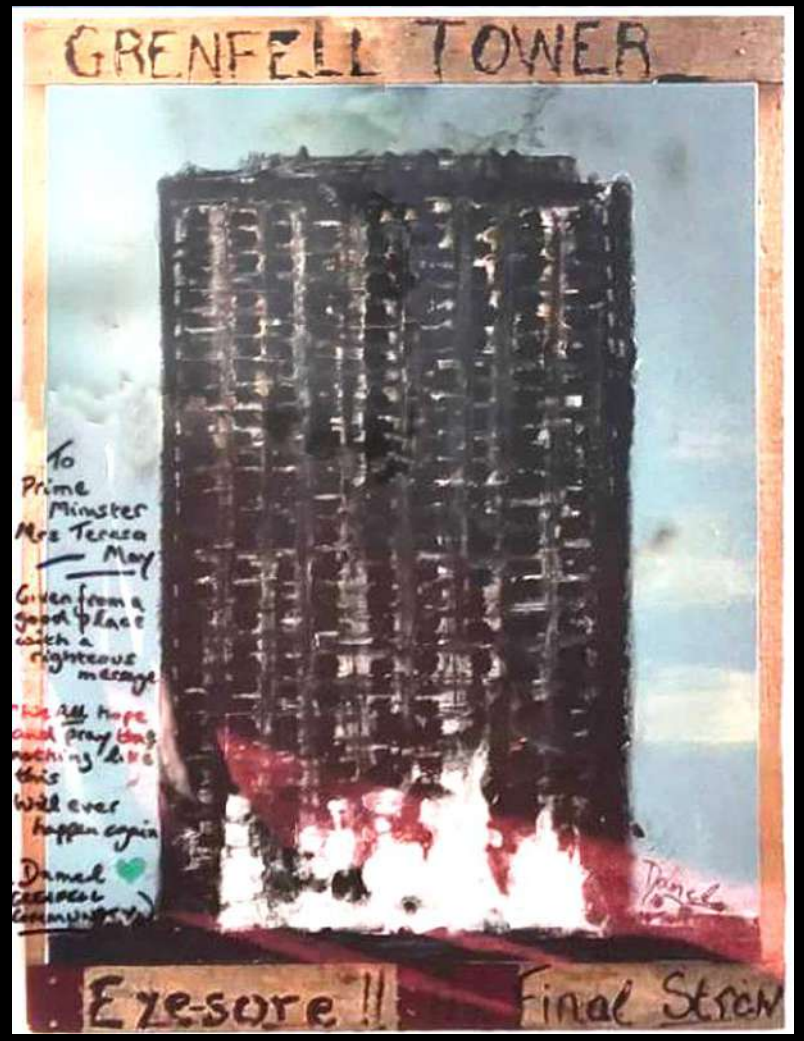




Grenfell Tower Eye-sore!! Bearing Witness a Journey through Trauma and Recovery

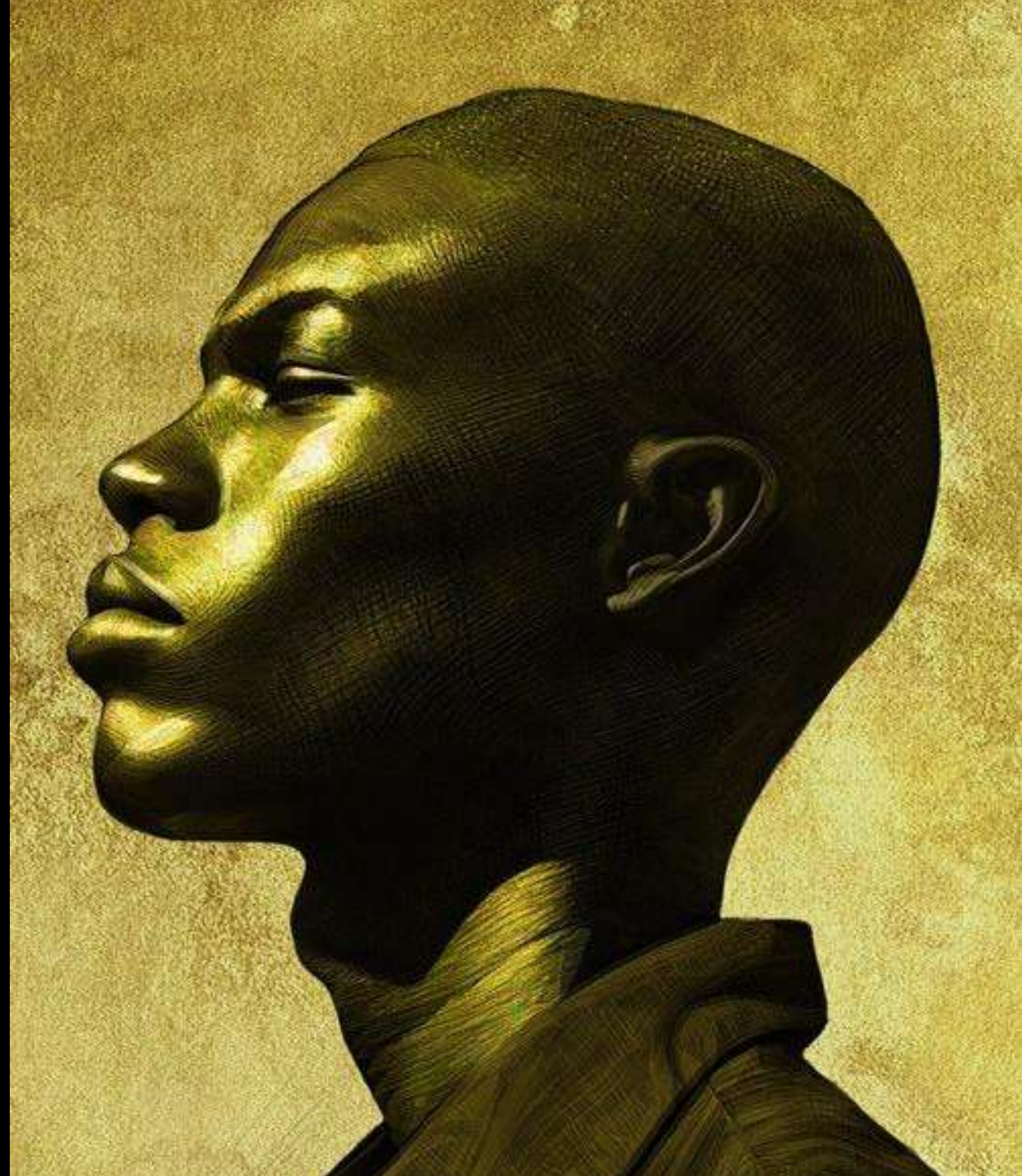
Audrey James in conversation with Damel Carayol

Lunch

Share how you're feeling

Unpacking the Burden: Black Mental Health, Power & Possibility

Panel discussion



‘What Does Repair Look Like in Practice?’

A Conversation with The Better Org, Barnwood Trust and The Music Works

In Conversation

Malaki Patterson, CEO
The Music Works

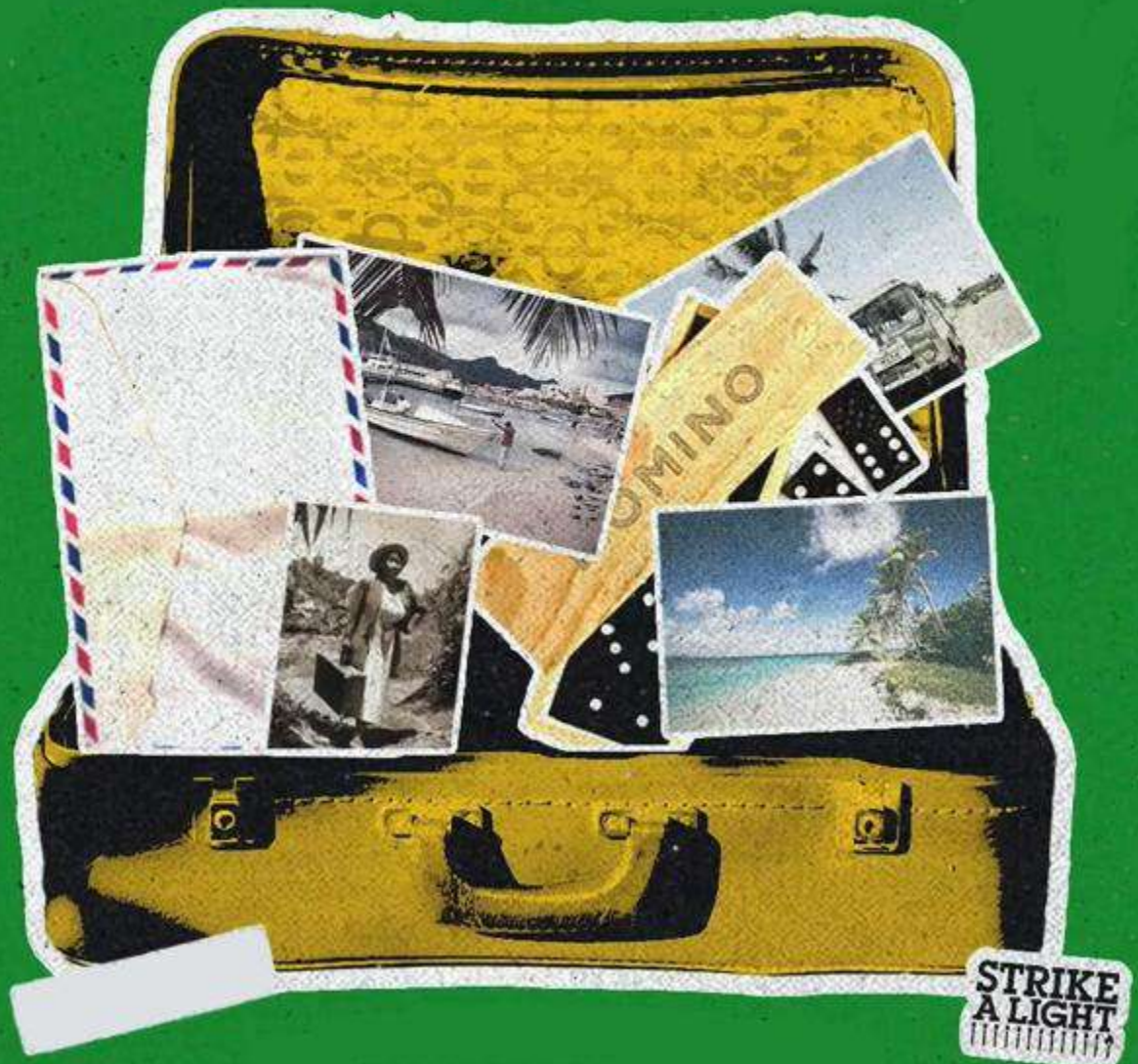
Matt Little,
CEO
Barnwood Trust

Tina Ajuonuma,
Founder and CEO
The Better Org

Reflecting on History and Healing: Windrush Experiences & Black Therapy Groups in Gloucester

THE GRIP

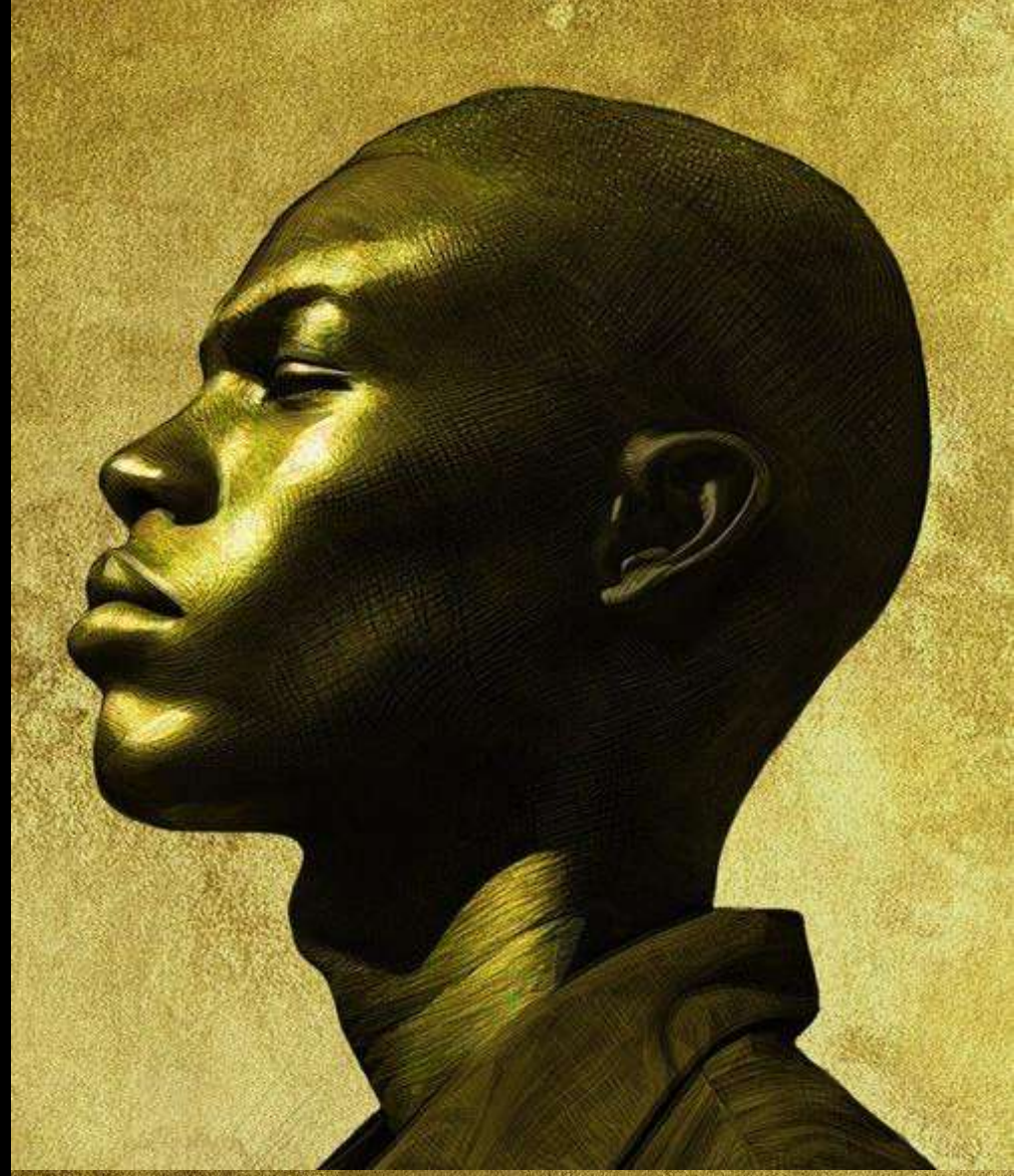
Philippa Smith




THE
GRIP

Final Reflections

Clarion Call



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Thank you to
Celestine
Walcott-Gordon

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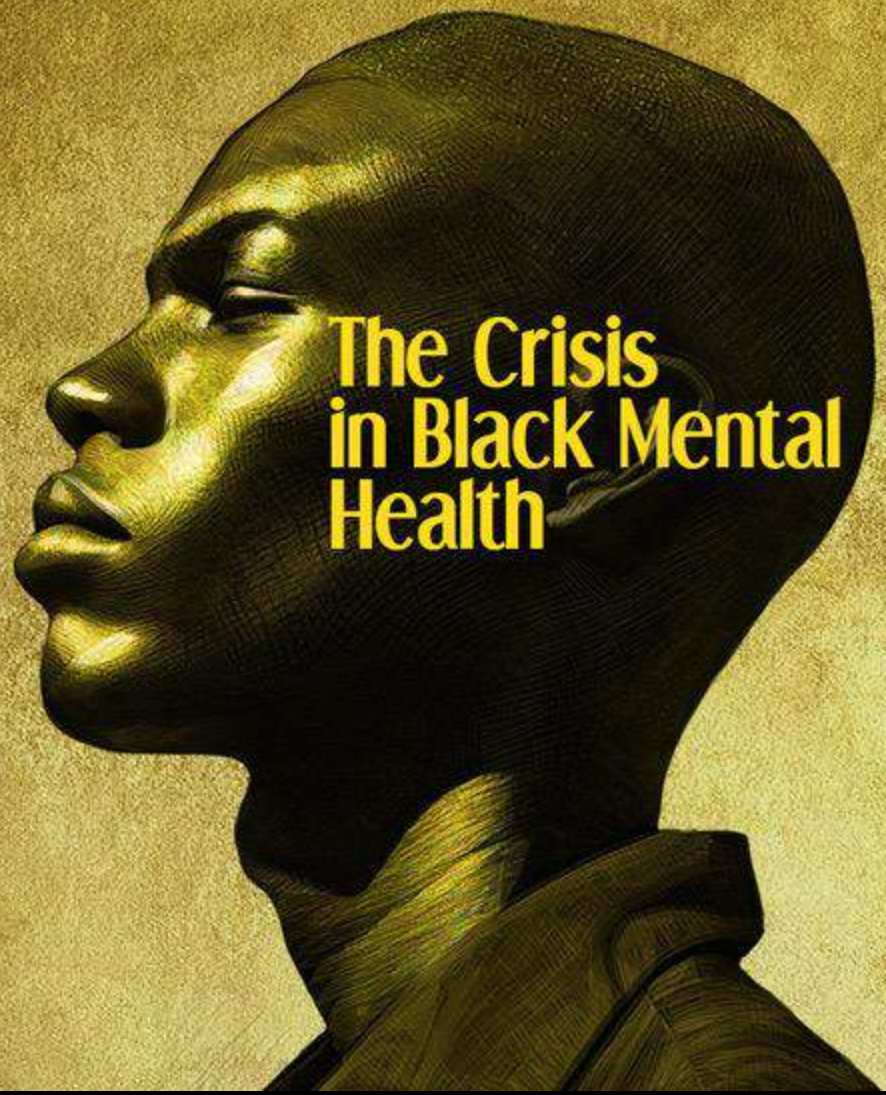

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