A Fulfilling Life, What Matters to Me

The Experience of Lambeth's Black African and Black Caribbean Male Service Users with a Severe Mental Illness

healthwatch Lambeth

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About Healthwatch Lambeth

We are the independent champion for people who use health and social care in Lambeth. We have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care.

Our purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. We focus on ensuring that people's worries and concerns about current services are addressed and work to get services right for the future.

- We listen to people, especially the most vulnerable, to understand their experiences and what matters most to them.
- We gather service users' experiences through surveys, focus groups and face-to-face discussions.
- We act by carrying out Enter and View visits to talk to patients, service users, carers, and staff.
- We empower and inform people to get the most from their health and social care services and encourage other organisations to do the same.
- We influence those who have the power to change services so that they better meet people's needs, now and into the future.

Acknowledgments

We would like to thank the Black African and Black Caribbean men with a Serious Mental Illness who took the time to share their stories with us. We are grateful to Ken Floyde, a Black male service user who offered guidance on conducting interviews in a sensitive way.

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Executive Summary

In 2024, Healthwatch Lambeth undertook a research project talking to 30 Black men with a Severe Mental Illness (SMI) about their experiences of using mental health services. The aim was to understand any barriers to seeking help and the support they needed to stay well and lead a fulfilling life. Highlighting their personal narratives will help guide local services in designing and implementing more inclusive care and community support services.

Key Findings

Delays in seeking help: Stigma, distrust, and cultural expectations around displaying strength and resilience contributed to delays in accessing support. When men did engage, they often felt unsupported or dismissed.

Inconsistent access to care: Many men reported difficulties with navigating the mental health system, facing long wait times, a lack of ongoing support and challenges with accessing crisis support services.

Experiences of care: Men had positive experiences when they felt listened to and included in decisions about their care. However, many described a lack of personalised support, with men feeling processed and having experiences that pointed to prejudice, racial bias, and unfair treatment. Many men felt that mental health services were difficult to access, unwelcoming, and mainly focused on medication rather than talking therapies or personalised support.

Hospital Care: Hospital care was often described by men as impersonal, coercive, and lacking cultural sensitivity. Men were concerned about staffing and described a poorly managed discharge process.

Holistic recovery support: Men saw the journey to recovery as more than symptom management —it involved regaining control, improving access to healthcare including the need for more information about diagnosis, out of hours support, receiving personalised and respectful care (being treated as 'experts by experience'), accessing ongoing support in the community through peer groups and safe spaces, and obtaining stable housing, employment, and financial security.

Key Recommendations

We recognise the hard work of healthcare professionals and community support staff to provide care to all mental health service users. However, our conversations with Black men show, there is room for improvement. Key recommendations are summarised below, with more detail on each provided at the end of the report.

These recommendations are a step toward improving the mental health care system for Black men, and it is crucial to highlight the need for systemic change. National and local initiatives, such as the NHS Long Term Plan and the Advancing Mental Health Equalities Strategy, emphasise the importance of enhancing

access to culturally appropriate care and addressing systemic inequalities. They serve as guides to ensure that care is not only equitable but also sensitive to the unique cultural contexts of Black men.

- Improve cultural competency: Deliver ongoing training for healthcare staff on active listening, collaborative decision-making, and culturally sensitive care. Consider regular reflective practice and using service user feedback to improve experiences.
- Strengthen primary care support: Provide direct telephone access to mental health nurses and improve appointment booking options, including face-to-face consultations.
- Improve secondary care access: Enable self-referrals to Living Well Centres, ensure continuity with psychiatrists and therapists, and enhance hospital discharge plans to be personalised, include accessible information, and involve men and their families in the process.
- Implement and monitor PCREF progress: Embed the framework across all services and ensure measurable improvements in equitable access and fair treatment.
- Promote community support: Establish safe spaces and fund peer support groups for early intervention and mental health discussions.
- Increase mental health awareness: Launch campaigns, make information widely available, and train employers and healthcare providers on mental health and available services.
- Support employment and skills: Develop mentoring and apprenticeship programmes, train employers on mental health awareness, and provide financial support for job transitions.

In addition to implementing these recommendations, ongoing evaluation and monitoring of them is essential to measuring progress and making necessary adjustments. This ensures that the changes are not only implemented but also effective in reducing disparities and improving the overall mental health outcomes for Black men in Lambeth.

Introduction

Healthwatch Lambeth carried out this qualitative project to better understand the lived experiences of Black men in Lambeth with Severe Mental Illness (SMI). The project was designed to deepen understanding of the support required by Lambeth's Black African and Black Caribbean male service users to achieve recovery, stay well and live fulfilling lives. It draws on their personal stories to highlight key themes related to access to care, barriers to seeking help and what they need in terms of support. The findings contribute to national and local discussions about health inequalities affecting Black men and the need for culturally appropriate services and responsive community-based support.

Background

Black Men's Mental Health

It is well documented that racial disparities exist within mental health, both in the prevalence of mental health conditions and in access to treatment.[1] In particular, Black men experience higher rates of severe mental illness (SMI), such as schizophrenia, compared to other ethnic groups.[2] The 2017 Race Disparity Audit found that 3% of Black men had experienced a psychotic disorder in the past year, the highest of any group (10).[3]

In Lambeth, the SMI rate is higher amongst the Black African and Black Caribbean population at 3.1%, compared with 1.4% in Lambeth's White ethnic population. Additionally, local evidence suggests that the rate is particularly high in patients of Somali origin.[4]

Whilst increased rates of SMI within Black men are well documented, the underlying mechanisms for this are under-researched and poorly understood. [5] Lived experience of racism, whether individual, structural, direct, or indirect, is thought to play a large role in the high prevalence of SMI within this group.[5,31] Higher risk of poor mental health amongst this group is also likely due to exposure to unfavourable social, economic, and environmental circumstances.[31]

Accessing formal support from the healthcare system for mental health issues can be challenging, as it is experienced as an unfamiliar and unapproachable system that can often be discriminatory towards Black men.[6] Alternative means of support, from family or community leaders, can be leaned upon and be a positive means of engaging with mental health support. However, this can mean that formal support is only accessed at a point of crisis, through the criminal justice system or by being detained under the Mental Health Act. [7] Black men are 40% more likely to access mental health services through the criminal justice system than White individuals,[8] and Black patients are four times more likely to be detained under the Mental Health Act than their white counterparts.[9]

Need for Systemic Change

National and local initiatives aim to address racial disparities in mental health. The NHS Long Term Plan and Advancing Mental Health Equalities Strategy emphasise improving access to culturally appropriate care and tackling systemic inequalities.[10]

The Patient and Carer Race Equality Framework (PCREF) has also been introduced as a strategic response in England to address these disparities. The PCREF is part of a broader effort to ensure that mental health providers deliver culturally competent and equitable services. It aims to enhance accountability, improve outcomes and foster meaningful input from patients and carers to improve services. [11] The Black Mental Health Manifesto outlines key recommendations for addressing the structural drivers of poor mental health and illness within Black communities.[12]

In Lambeth, mental health and well-being is a priority, aiming to address these disparities through initiatives like the Lambeth Living Well Network Alliance, which focuses on community-based, culturally responsive care to reduce crisis interventions.[13]

The South London and Maudsley NHS Trust also has an action plan to tackle racism in mental health, aiming to be a more responsive and equitable organisation with continued support for implementing PCREF.[14]

Understanding Recovery: Black Men's Experiences

People with Severe Mental Illness (SMI) can still lead meaningful lives, even if they continue to experience symptoms. Recovery means different things to different people. Some define it as 'clinical recovery,' which focuses on reducing symptoms and returning to normal functioning. [15] Others see recovery as a personal journey—living a fulfilling life and staying in control despite mental health challenges. In this view, recovery does not mean being completely cured, and symptoms do not stop people from functioning in society.[16-17]

The CHIME (connectedness, hope, identity, meaning and empowerment) framework has been widely used to understand personal recovery, highlighting the importance of social connections, maintaining hope, developing a positive sense of identity, finding meaning in life, and feeling empowered in decision-making.[18-20] Although many mental health services in England follow recovery-based approaches[21], research shows a gap between policy and practice.[22]

Additionally, most research on recovery is Eurocentric [23], with little focus on what recovery means for Black men. Using an intersectional approach helps us understand how social factors lead to unequal health outcomes.[24] A study on Black African and Caribbean men's views on recovery identified seven key themes: recovering from social suffering, leading a normal life, (re)gaining control, hope, (re)gaining identity, reduced medical involvement, and recovery as a healing journey. Black men often see recovery as a social journey rather than a medical process, focusing on overcoming challenges linked to race, masculinity, and mental distress.[25]

However, Black men may experience stalled recovery due to factors like stigma, reluctance to seek help, and poor past experiences with services. These issues can lead to disengagement from mental health support, isolation, and difficulty in making progress towards recovery.[26]

Project Aims and Rationale

The project aims to understand the support that Lambeth's Black African and Black Caribbean male service users with Severe Mental Illness need to stay well and lead a fulfilling life. Understanding Black men's experiences and highlighting personal narratives will help guide local services in designing and implementing more culturally appropriate and inclusive community support services. These narratives are largely missing or limited in the existing research and wider discourse.

Our qualitative enquiry sought to:

- Capture the experiences of men living with SMI in accessing mental health services and support in Lambeth.
- Understand what factors discourage or promote seeking help to prevent a mental health crisis.
- Explore how Black men understand the concept of recovery and what would support them to stay well and lead a fulfilling life.

This project builds on previous research carried out by Black Thrive and South London and Maudsley NHS Foundation Trust on Black men's well-being. Their report found that a lack of safe spaces for Black men, systemic barriers such as organisational structures and medicalised narratives of help-seeking, and identity were key barriers to accessing mental health support for Black men in Lambeth.[27]

Methodology

Research Design

The project adopted an exploratory qualitative design using focus groups and individual semi-structured interviews with Black men to explore the lived experiences of Black men with SMI.

The design was chosen to provide participants with a space to share their personal stories, explore sensitive issues related to mental health and uncover barriers to accessing care.[28]

Additionally, an online survey was offered to enhance accessibility, enabling individuals to share in ways that would be more comfortable for them.

Interview Topics

We produced a flexible topic guide drawing on the themes that emerged from our literature review:

- Experiences of mental health services
- Experiences of reaching a crisis
- Barriers to seeking help
- What would make them ask for support before reaching a crisis point
- What would help them to get well and stay well
- Support needed to lead a more fulfilling life

The questions were tested with a Black male service user who provided useful feedback on the language used and the appropriate length of interviews.

Recruiting Participants

Black men were recruited through several local organisations providing services for individuals with severe mental health conditions. These included:

- Streatham Living Well Centre
- Mosaic Clubhouse
- Lambeth Vocational Services (South London and Maudsley NHS Foundation Trust)
- Southside Rehabilitation Association
- Certitude – Supported Living
- Carers' Hub Lambeth
- Herne Hill Medical Practice

These organisations helped promote the study and shared information with potential participants. To be eligible to take part, participants had to be over the age of 18 years, identify as Black (African or Caribbean) and have a lived experience of SMI and hospital care.

Interviews

In total, 30 Black male service users with SMI participated through six focus groups, nine individual interviews and one online survey response. We reached the saturation point towards the later stages of our data collection, as we had gathered enough information to understand the key issues, and interviews were no longer providing any new ideas or insights.[29]

Interviews were conducted in comfortable, familiar community settings. These were Certitude Supported Living locations, Mosaic Clubhouse and Southside Rehabilitation Association.

The interview process prioritised building rapport and ensuring that men felt safe sharing their stories. Sensitive language was used, and men were encouraged to set boundaries for what they chose to disclose. Support staff were available if needed, and men were allowed to break during interviews if they chose.

Interview recruitment poster.

All participants gave verbal and written consent before the interviews began. Those who agreed to be audio-recorded reconfirmed their consent at the start. Men were assured that they could withdraw from the project at any time without giving a reason.

All participants received a gift voucher as a token of appreciation for their time and contribution.

Data Analysis

Interviews were transcribed using Microsoft software and checked for accuracy. Two Healthwatch staff members independently read and analysed the anonymised data. Inductive thematic analysis was used to identify patterns and themes, which were refined through several meetings to ensure consistency.

Strengths and Limitations

Strengths

- Using an exploratory qualitative design, which gave Black men with SMI the space to share their experiences in their own words in comfortable and familiar settings.
- Using a flexible approach to data collection and testing the questions in the interview guide with a Black service user with SMI.
- Using sensitive interviewing techniques and respecting personal boundaries.
- Working with well-known and trusted local organisations supporting people with SMI who helped with recruitment.

Limitations

- As the lead for the project was a White woman, there may have been barriers to trust and openness about discussing sensitive topics. However, this was addressed by using an inclusive and sensitive research design.
- We were unable to engage with Somali men, who experience higher rates of SMI compared to other Black men.
- During our recruitment, some Black men were hesitant to share experiences due to distrust in mental health services and the belief that speaking out would not lead to change.

Profile of Participants

The men who participated had a variety of severe mental health conditions, including Bipolar Disorder, PTSD, Paranoid Schizophrenia, Personality Disorder, and Severe Depression. The majority had experience with hospital care and made specific reference to Lambeth Hospital services. Some were under GP care or received support from the North Living Well Centre, and approximately ten men lived in supported accommodation.

All participants with an SMI identified as Black men. Ten men preferred not to disclose the details of their heritage. Of those who provided this information 50% (n=10) identified as Black African and 50% (n=10) identified as Black Caribbean, respectively. Most men were aged between 18 and 49 years (see Table 1).

Table 1 Profile of participants

Characteristics	Black men (n)
Age	
18-24	5
25-49	24
50-64	1
80+	
Ethnic Group	
Black/Black British African	10
Black/Black British Caribbean	9
Mixed/multiple: Black African and Black Caribbean	1

NB: We were unable to collect information from 10 people who participated in the study.

Findings

In this section, we present the experiences and perspectives of Black men with an SMI.

Experiences of Care

The Black men with an SMI we spoke to had varied experiences with mental health care services.

- All had received treatment in hospital, though they didn't always remember specific details about which ward and when they had been admitted.
- Seven men were in the care of their GP and commented on the important role they played in accessing mental health support, but while some men found their care helpful, others struggled with accessibility.
- Community mental health services, including the North Living Well Centre, provided ongoing support to two men with both positive and negative experiences, while the other two received their medication from the Lambeth Early Onset (LEO) Unit.
- Ten men lived in supported accommodation provided by Certitude. They generally felt positive about their living arrangements but also shared some concerns.

Their stories of using the above services are organised into themes, illustrating the complex tapestry of individual experiences.

Communication With Staff

Communication with staff was a central theme in men's accounts of their care. Some men expressed strong appreciation of staff that they perceived as attentive and understanding. They praised staff for spotting the signs of poor mental health and being trustworthy and easy to talk to. This was especially true for supported accommodation staff, as the men were able to build long-term relationships with them.

"[Supported accommodation] staff know your symptoms, sometimes even before you notice you are off. They know what to watch for, they ask you certain things, such as are you sustaining your eating habits? Do you feel generally calm? If the pattern changed, they would ask you how you were coping…You can come downstairs and talk to them because they are always willing to listen."

"Supported accommodation staff know you in and out, so you form a relationship. …they can pick up the signs."

Similarly, some men reported positive relationships with their GPs, especially with those with whom they had a longstanding history.

"My GP is very good, as I've known her since I was a little boy, so very familiar with her. I feel she looks after me, and genuine and supportive, and help is available without having to wait for too long."

Some men described positive interactions with Community Mental Health staff who they felt genuinely listened to them and fostered a sense of collaboration.

"The Community Mental Health team is helpful. They told me to write down what I want to know if I ask. The Care Coordinator should tell us what help they can give so we can work with them a bit better."

One participant expressed feeling listened to by hospital staff, believing that they had a genuine interest in his well-being, were trustworthy and communicated with him in a non-judgemental way.

"I think most [hospital staff] listened to me and, to be honest, I could see that by looking at them straight in their face that they were OK and that they weren't lying to me, they weren't trying to mock me, and they were supportive. I felt like these people had my best interests at heart...I didn't feel I was being judged. I felt I walked out with a breath of fresh air."

At the same time, he also expressed feeling that whilst some staff took time to listen when he was upset, their interactions were impersonal.

"They [hospital staff] would let me speak, but you could see they didn't really care too much. Probably something's going on in their life, but overall, I could live with it compared to what I have gone through."

Lack of Personalised Care

In contrast, other men were less positive, describing feeling processed and like they were being a nuisance in their interactions with hospital staff.

"I was admitted to the Luther King Ward. Some staff listened to me when I was upset, they talked to me to calm me down. Others, I feel, did not care about the job, e.g. you felt like a number, just keeping notes, no care, no interaction. I felt you were disturbing them. If you wanted a drink or the phone, you felt you were not a priority or inconveniencing them."

There was also frustration with rushed interactions, with some men feeling that consultants were not interested in discussing their personal trauma.

"From day one [in hospital], there was no consideration or understanding of my trauma or what I was going through. I was diagnosed with bipolar, but they never discussed with me why I got there. Consultants didn't ask you about the cause of my coming to hospital before giving medications. They didn't make the effort of getting to know me and my trauma personally."

A lack of continuity of care also played into this. One man expressed frustration at not having a regular GP, which left him feeling dismissed and not heard during appointments.

"The problem I have with the GP is that it's different doctors. I've been with my doctors for probably over 10 years, and I've never actually talked to them about the voices [I hear]. They don't even want to hear that. You've got a doctor, and you can't even talk to them about voices that you're hearing."

Short-Staffing and Safety

A recurring theme in the Black men's stories was the strain caused by staffing shortages in hospital. Black men commented on the difficulty of being cared for safely due to low staff-to-patient ratios. In their accounts, they felt that staff were often "outnumbered" and could not monitor all patients.

"[Hospital staff] were alright, but they were outnumbered in terms of the ratio of staff/patients, and there was no way they could monitor the amount of people on the ward effectively. I found it strange for me, somebody who was suicidal, not checked up in the room for hours."

This was exacerbated by some patients displaying challenging or unstable behaviour and the lax monitoring of drugs and alcohol that could be "smuggled" onto the ward.

"They detain you [in hospital] in order to keep you safe, but I felt I was in more danger there because I'm around a whole bunch of people who potentially have underlying issues, and it was easy for things to be smuggled in like drugs, alcohol, weapons. I was a little concerned for the staff to a degree, because sometimes you had one staff doing the rounds, and there was a lot of us angry and unstable."

Perceived Prejudice, Racial Bias, and Unequal Treatment

Several men reported experiences that pointed to racial bias whilst they were in hospital. They described some Black patients being restrained and heavily sedated. In their accounts, they attributed this to cultural stereotypes where Black men were perceived as "strong" and "aggressive."

"I saw Black patients being restrained, quickly put on heavy drugs to sedate them…you felt like an animal. This is because you are [perceived] as big and strong, so needing a strong dose."

This issue was further compounded by their perception of differential treatment based on ethnicity. In this context, Black staff were perceived as being harsher with Black patients compared to a gentler approach with White patients.

"Black staff tend to be rough with Black patients, physically more aggressive with Black patients and verbally abusive. With White patients, they were more gentle and used a soft hand. Some of them [staff] feel they can get away with it because some Black people don't have many visitors. I think Black staff have an inferiority complex and self-hatred. I've seen a lot of this."

Black men also perceived a negative long-term impact of witnessing differential care on their well-being and recovery.

"I was at the Luther King Ward four years ago, and the treatment was abysmal. Luckily for me, I was coping while I was there, but when I could see what was going on with other Black patients, [how they were treated], it was clear that their experience was going to make them worse before getting better, that's if they even got better at all."

In their accounts, the men emphasised the need for fair and unbiased care from all professionals.

"They [all professionals] should act the same way whether you are Black, White, Asian or from different country, and not discriminate."

Medication

As touched on above, medication was a key concern for the Black men. Many felt that medical professionals only dispensed medication and did not engage in deeper conversations about their mental health. In some cases, interviewees disengaged from services because of this.

"[Hospital staff] were very quick at making a judgment before giving you medication."

"I feel that the GP only dispenses medication. They don't ask you how you feel. It's been on my shoulders to find ways to keep well. In medical reviews, it's just checking your physical health, e.g. medical, blood pressure, but no emphasis on your mental health. They don't talk to you about Talking Therapies."

"I rarely use the GP, so I don't really know what they can do apart from medication."

A few men reported receiving clear and detailed information about the physical effects of their medication.

"[In hospital], doctors told me about the medication. They asked me what my problems were and about what meds I was getting. They probably told me about the side effects or that if I had any issues with them, I should let staff know."

However, the majority felt inadequately informed and dehumanised by the process, which they characterised as dismissive and coercive.

"As for medication, I felt like a guinea pig at times because of the side effects of medication. They just give them to you. I felt like a zombie, not myself, drugged up. They forcefully inject you if you don't take them."

"I don't think the consultant made an effort to consider the negative effect of medication or involving me in the decision or consultation about alternatives like meditation, talking therapies or other. You just have to take them and that's it. No discussion."

Some men felt it was often hard to find the right balance of medication, leaving them feeling either numb or experiencing severe lows. At their lowest, some even skipped their medication, which only made things worse. More support around this was considered helpful.

"Sometimes when I'm very low, I don't take my medication, and it makes things even worse."

Reintegration and the Hospital Discharge Process

Many men reported that hospital discharge was poorly managed and focused primarily on medication. Some felt that they either did not have a discharge plan or were not involved in creating a plan that would enable them to stay well, regain their independence, and reintegrate into society with adequate follow-up support.

"They discharge you with medication. They might ask you what you want to do. Are you going to take medication? There's no plan to reintegrate in society or how to get well or stay well or help to focus on my ambitions, rebuilding my life, being productive in society, being happy and functional, being independent."

"There was no plan…they put me back in the community against my will without follow-up, and it was so many months before someone caught up with me. Anything could have happened within that time."

"They would inform me of my rights, but there wasn't enough information regarding a clear plan to prevent me from being readmitted, or guidance on how to manage life in the community once I left the hospital."

Families were often not given the opportunity to contribute to the discharge process or given information on how they could help their relative readjust.

"My sister was not involved. Staff would not involve my family in what they could do for me. No plan for me on how to be reintegrated in society, which could be scary."

Being helped to rebuild their life was key, especially after a period in a structured environment like a hospital.

"When you're in hospital, you're in a bubble, you have a structure…you become institutionalised, so you become dependent on the bubble but that's not the real world."

Recognising crises

During interviews, several men recalled times when they felt unwell and sought help. Their narratives highlight difficulties in recognising worsening symptoms, their reliance on others for support, and sometimes resorting to extreme measures to obtain support when their distress was ignored.

Reliance on external support

Service users shared how hard it was to notice when their mental health was declining, often needing family, key workers, or care coordinators to guide them to support.

"I was unwell when I was homeless and was not talking to my family. A key worker took me to Maudsley Hospital, where they diagnosed me as paranoid schizophrenic and gave me medication."

In many crisis situations, help came through visits to Accident and Emergency at hospitals such as King's College Hospital, South London and Maudsley NHS Trust (SLAM), and St George's Hospital in Wandsworth. These visits were often arranged by family members, members of the public, or the police.

"[When I felt unwell in the past], I was not eating properly, not sleeping well, being manic, aggressive, confrontational and being a danger to myself and other people. I hallucinated and had mood swings, feeling overly energetic or very low. What did I do? I was not able to realise I was unwell. A family member or members of the public would call the police."

Desperate measures

Without the support of others, some men even turned to self-harm as a desperate way to be taken seriously by medical services and receive medical attention, demonstrating the intensity of distress and the difficulties experienced when feeling unwell.

"I went to A&E through the Police. They were not taking my situation seriously, so I started cutting myself. Then I was taken to King's Hospital and then St George's in Tooting."

"I was self-harming and went to King's College emergency department, who referred me to Mosaic and the Sanctuary."

Barriers to seeking help to prevent a crisis

Men described several factors that discouraged them from seeking help and impacted their mental symptoms. Their accounts were deeply intertwined with cultural expectations, their past interactions with healthcare services, and systemic issues, including trust and accessibility of services.

Identity, cultural expectations, and masculinity

Black men placed a significant emphasis on how identity and cultural expectations defined their responses to mental health problems and help-seeking behaviour.

There was a strong emphasis on masculinity, which often discouraged them from expressing vulnerability and reinforced the belief that they must handle problems alone. In their narratives, they frequently highlighted that a lot of Black men are stereotyped as being *"hyper-masculine"* and *"tend not to express their emotions."* The expectation to remain emotionally stoic could make seeking help feel like an admission of weakness.

"I feel Black men, especially, we tend not to express any emotions at all—sadness, guilt—because society doesn't allow us to do so. Depression within the Black community is ignored."

Many also described how societal and familial norms discourage discussions around mental health. Dismissal of mental distress from an early age contributed to a reluctance to acknowledge and seek help for mental health issues later in life. This added to the societal pressure to conform to cultural stereotypes and a hyper-masculine identity.

"Some people can cry. For me, it's showing weakness. I'd have to be suffering a lot before I do. Boys didn't cry when we were growing up. You needed to be strong. It was the same at school."

"Parents say to a child: 'What have you got to be sad about? You don't work, you don't pay bills.' As an adult, you are expected to be a typical masculine male. Why do we need to be like that? Media portrays us like hyper masculine men, so there is a pressure to conform to stereotypes."

How cultural expectations and gender roles affect personal relationships was also a major point of discussion.

"Women expect us to display a dominant persona, always taking charge, always being the leader. This creates a lot of pressure to be in a certain way that doesn't suit us."

"A lot of Black men don't even consider mental health. They want to bottle things up because they don't want to look like a weak man to their spouse, to their kids, to their parents."

The role of past care experiences

Previous negative encounters with mental health services were a significant barrier to seeking help to prevent a crisis in the future. Many men described situations where they felt unheard, dismissed, or mistreated by professionals, which contributed to a lack of trust in the healthcare system.

"If I felt suicidal, I wouldn't tell anyone, I won't go to anyone for help. I was abused by Lambeth services when I was a child, and now that I'm older, I feel I'm being abused by the services."

This quote illustrates the deep-rooted distrust resulting from historical mistreatment. Such experiences can make it difficult for individuals to reach out, even when in crisis.

Lack of trust in healthcare services

The combination of men's past experiences of prejudice and racial bias contributed to lingering mistrust of health services. For one man, past traumas created a lasting fear of reaching out during a crisis.

"I don't know who I can trust to help me in a mental health crisis. I feel like I cannot trust anyone and would be left to suffer or to commit suicide. It is very scary!"

This mistrust was further exacerbated when interactions with healthcare professionals were seen as dismissive of their problems unless they were visibly distressed. This reinforced harmful stereotypes and discouraged help-seeking behaviour.

"When some of us go to the doctor, we are ignored. Our problems are ignored unless we display anger. Then people perceive us as aggressive."

The impersonal nature of crisis support added another layer of mistrust.

"The worst thing is that, if you're in a crisis and you call for help, you're talking to a stranger who doesn't know you, and they just stereotype you as schizophrenic."

Accessibility of services

Beyond cultural and trust-related factors, many men described the difficulties and frustrations of accessing support services. Inconsistent out-of-hours support, unreliable crisis lines, digital booking barriers, and delays in receiving care were all significant obstacles to preventing a crisis.

Out of hours support

The men expressed frustration at the difficulties of obtaining consistent support, especially outside of working hours. For some, emergency support was perceived as inefficient and unreliable.

"At nighttime, I feel more vulnerable because of my experience of mental illness, and I'm not able to escape it...there is no staff around me at the Community Mental Health Team based in Kennington (LEO team). I called the Crisis Line, but they couldn't help. They are not reliable."

"Staff [at the SLAM 24-hour crisis line] don't pick up the phone, or I have to leave a message, and calls are not returned."

Some men living in supported accommodation reported similar concerns about the limited availability of staff after hours. This led to feelings of vulnerability at night, when a crisis might occur.

"Staff in [my supported accommodation] are only there until 6pm, so at night I feel more vulnerable. Last time I had a mental health crisis, it happened at night, so I get worried."

Remote care and digital exclusion

Some men faced practical challenges accessing care at the GP surgery. Some men struggled with the poor availability of face-to-face appointments, which they felt would provide them with the opportunity to describe their symptoms and communicate their concerns more effectively.

"The best way to have a GP appointment is to be face-to-face so I can show you what I'm talking about, explain to you what I'm talking about. Just over the phone is not enough."

"I don't want to be pushed to use an app because I want to be able to speak to somebody [at the GP] face-to-face."

The increasing reliance on digital applications as the route to appointment booking created additional barriers for those who were less familiar with technology.

"Booking GP appointments online is another thing I struggle with. I'm not very good on the computer or on the phone. You start pressing all these buttons and, before you know, the phone is on fire!"

"Not everyone has the Internet or knows how to use it."

Bureaucracy and navigating the system

Difficulties in accessing care due to bureaucratic hurdles also served as a barrier. One man described the overwhelming challenge and delays of reconnecting with mental health services at the North Living Well centre:

"I missed appointments [at the Living Well Centre], so they wrote me off after a while. I asked for that support back, but they said that I have to go to the GP and get the GP to get me back to them. It was just too much for me to do. By the time I go through the GP thing, I could probably try to take my life by then."

The procedures required to re-engage with services, therefore, added to the burden of seeking help, with potentially life-threatening consequences.

Treatment delays

The men talked about prolonged delays in accessing mental health support. Some therapies were perceived to have long waiting lists and to require multiple GP visits, repeated referrals for short-term support, and, sometimes, visits to emergency services.

"Services don't seem to be joined up, and you have to go through hoops, e.g. being referred by GP first. That makes me withdraw."

A common concern was that mental health services seemed to be designed to deal with immediate crises rather than long-term well-being. Men spoke about being given short-term therapy with little follow-up, which sometimes left them feeling abandoned.

"It just feels like all they want is to get you off the books."

Men also reported that they were sometimes told they were not "unwell enough," leading to longer waits for talking therapies.

Supporting recovery and leading a fulfilling life

The men we spoke to viewed recovery and living a fulfilling life as a holistic journey. Their stories highlight how the need for clear communication, more choice, safe spaces, community support, and a range of socio-economic improvements can help create an environment in which staying well is both possible and lasting.

Understanding diagnoses

A recurring theme throughout the interviews was the men's struggle to understand their mental health diagnoses. Many men described receiving a diagnosis without sufficient explanation of their condition or how it might evolve.

"I want to understand my illness, my diagnosis better. Just to get straight answers… I was told [by a psychiatrist 15 years ago] that I'm a paranoid schizophrenic, but I don't really understand what that is. I want to know if anything's changed. Is it the same diagnosis as it was before?"

Many men expressed being unsure of their condition and how best to manage it. Coupled with the frustration of poor access to psychiatrists, inconsistent follow-ups and lack of holistic support, these experiences highlighted the need for more comprehensive, accessible information and ongoing dialogue about diagnosis and treatment options.

"I've been trying to get an appointment with my psychiatrist, but he doesn't want to speak to me. I want to know exactly what my illness is and what I can do about it, what can best help and who can best help me. He doesn't want to see me, so I feel frustrated."

Agency - having a voice, having choice

Closely linked to understanding their diagnosis, the men expressed a strong desire for greater agency and choice in treatment decisions. Several men expressed frustration at being offered a single option—often medication with distressing side effects—with little discussion about alternatives.

"I've been trying to change my medication, but Clozapine is the only medication they've got to offer to me. It makes me constipated and make me drool at the mouth. I do care about the way I look. I'm sure there's more drugs out there that I can try!"

"When I first got ill and started taking medication, I was given the impression [by the doctors at Springfield hospital] that there's various types of medications I could try. I still hear voices, but want to try some other medication. I can't believe there's only one choice. It's a cover-up again, not being honest or telling me the truth. That's how I feel."

This was reinforced by the feeling that professionals did not always involve service users in decision-making and that alternative treatments such as talking therapies were never fully discussed.

"I don't think my consultant made an effort to consider the negative effect of medication or involve me in the decision about alternatives like other medication or talking therapies. You just have to take them and that's it. No discussion. They should open their mind on alternatives. There should be a more equal exchange…"

"When you are diagnosed with a mental health condition, there should be more emphasis on how to stay healthy, nutrition, therapy and more funding for therapy, understanding trauma and how to heal from it."

These experiences not only exacerbate a trust in mental health services but also strip men of the dignity and respect they deserve.

Being valued as "experts by experience"

Men placed significant importance on the need to feel respected and treated with dignity to enable recovery. Several men recounted interactions with mental health professionals that were marked by a lack of understanding and compassion. One man became emotional as he recounted a situation where he felt his interactions with staff led to feelings of extreme distress and suicidal thoughts.

"What would help me get well is a little help and support from the staff. I came down for my medication, and [a staff member] said, 'You're going to take it in front of me.' … I got defensive because of their manners… At times, I get angry, then I start falling in depression, and all I want to do is try to commit suicide."

The men also highlighted the need for cultural competence and responsive care in mental health services. Some men felt that professionals often dismissed their concerns or failed to listen to their prior experiences. In this context, men want to be treated as *'experts by experience.'*

"I would ask for help if services would cater for Black people, listening to our problems and respecting that we have expertise on what's going on with us."

Personalised care and timely support

To stay well and lead a fulfilling life, the men called for mental health care that was more responsive, continuous, and tailored to individual needs, ensuring timely and effective support for everyone.

Some men called for long-term, one-to-one psychological support rather than brief, impersonal care. One man explains, “What would help is having access to long-term 1-2-1 psychological support.” Another man suggested, “It would be good to have access to long-term (rather than 12 weeks) psychological support as I need trauma therapy.”

There was also a call for improving waiting times. Although assessments were often quick, the wait for therapy could stretch for months, hindering recovery.

“What would help would be improving the waiting time for therapy. The waiting time for the assessment is relatively short, but then there is a long wait [months] to start the actual therapy.”

To improve access, some men suggested a nationwide early detection line and regular, confidential check-ins with a GP to ensure timely support when needed.

“If you don’t have a diagnosis and become unwell for the first time, there should be a nationwide system whereby if you call the GP, you can press 1 if you have a mental health issue or 2 or 3 for something else…”

“If you have a diagnosis, someone from the GP could contact you in confidence every 15 days so you could tell them what your symptoms are.”

Trusted support and community connections

Another factor needed to stay well and prevent a crisis was having strong and trustworthy community support. Many men felt that having someone they could trust, who genuinely cared about their well-being and who listened without judgment, could make all the difference. This could be a close friend, family member, care coordinator, support worker, or even their GP.

"If needed, I would talk to my close male friend. It’s good to have someone close to you like a friend who’s there for me and I can talk to."

“I would tell my sister, my GP and Mosaic members and staff. Trust is important because they will not judge me, making assumptions, e.g. he’s crazy… when I’m not. I don’t want them to be judgmental and help me find the best solution before my relapse.”

The men’s stories highlight that recovery does not happen in isolation but thrives within a supportive community. Safe spaces and community groups were seen as key, as they provided opportunities to openly share experiences, "talk about anything," and build resilience through peer support. They were seen as an important way of sharing emotions and spotting the signs of poor mental health, preventing relapse, and mitigating feelings of isolation and “dealing with it alone.”

"When people come together, you feel that your purpose is helpful. It gives you a strong motivation not to fall back. It feels like with a network around, you are less likely to relapse."

"There needs to be things that bring Black people together because there's so many of us who are experiencing the same struggles, but everyone is dealing with it alone. It's good to hear from different perspectives and stories in an environment where people feel comfortable."

There was also a call for condition-specific peer support groups—such as those for schizophrenia—to help men better understand and manage their conditions.

"It would be good to go to groups where people talk about schizophrenia, to help me accept it and accept myself… there's a lot of schizophrenics in Lambeth, so we need groups."

Information about available support

Many men stressed the importance of having accurate, easily accessible information about available support services. Being aware of support was crucial to managing emotional difficulties and minimising their negative impact on those around them.

"It's a shame I was not given the information about access to the services many years ago, because I wouldn't have suffered in silence or vented my frustrations as I did. I endured unnecessary hardship and, in the process, hurt those around me."

"Had I known about Mosaic earlier, I would have sought help sooner. I simply wasn't aware, and there isn't enough advertising to make people aware of it."

Mental health education for all

Education emerged as another critical theme. There was a strong call for broader public awareness to encourage respect, reduce stigma, eradicate racism, and foster a more compassionate society.

"People in the community should be a lot nicer and kinder and treat others as they would like to be treated themselves and not be abusive or be at each other's throats, wanting to fight or show people who is in charge."

"I want the respect of my peers and to see racism off the street."

The role of parents was also highlighted, with one man suggesting that the community and family must work together in this process.

"Parents especially owe it to their kids to do everything they can to not just educate their kids about mental health but also protect their mental health as well. The system on its own is not going to protect the mental health of the Black community."

Men emphasised that broader education about mental health was an important factor in supporting them to regain self-confidence.

"I'm still trying to figure out how to become confident. I'm up and down on confidence. Sometimes I am, sometimes I'm not."

Finding purpose: employment, housing, and financial stability

Having practical support for everyday life was also seen as essential to staying well and living a fulfilling life.

Employment

Several men highlighted the need for structured pathways to help them build careers and access employment. In doing so, they described how apprenticeships and mentorships were a means to rebuild confidence and self-worth and to give back to society.

"I would like to get into counselling, become a nutritionist or herbalist so I can help other people, adding value to society."

"Having a regular day-to-day routine helps me get motivated. I enjoy interacting with customers, building my confidence, and learning new things. It helps me to get into work or training, so it's all good experience. Otherwise, I would feel isolated, feeling depressed in my flat."

In their accounts, some men also highlighted the importance of having role models from the Black community who could provide both guidance and inspiration.

"It would be nice to have a mentor, someone who has achieved the things I want to achieve, like a coach who looks like me, a Black role model."

Whilst being trained and gaining employment were seen as contributing to feelings of inclusion, some men worried that if employers were not sufficiently knowledgeable about mental health, they might face workplace discrimination.

"When you get a job, there should be more understanding of your diagnosis and your ability to perform your job. So, I don't want to feel my job is at risk every time I feel down...If the employer has faith in me and my ability in spite of my diagnosis, it would motivate me to do my best."

Housing

Insecure housing was also an important factor. Many felt that living in a safe, affordable home was a significant factor in their recovery and overall well-being.

"At present I am sofa surfing all over London... I want to live in an affordable, fit-for-purpose place, rather than having to rely on unscrupulous landlords."

"[I would like] the option of having a place in a supported living scheme as opposed to living on your own... a scheme where residents can be checked on once a week and get help with their mental health."

Financial stability

Some men raised the importance of financial assistance. They felt that while they are learning new skills or easing into work, they should not lose their benefits completely. One person explained:

"I recently applied for PIP. There should be a transition point where I still work part-time and have benefits while I'm learning, so you feel you can still claim and not lose your benefits."

Without this safety net, one man felt it would be difficult to make ends meet and lead a fulfilling life.

"I'm trying to get help with PIP at the moment. And you know, since they stopped my PIP years ago, I've been really struggling to make ends meet. So, just having more money was to help have a better life or family. I get ESA and that's less money, so there's no money to save or buy clothes or go out."

Discussion and Conclusions

Our qualitative engagement with Lambeth's Black African and Caribbean male service users with a SMI aimed to gain a deeper insight into 'what matters' to them in their recovery journey and the holistic support they need to stay well and lead a more fulfilling life. Overall, our findings illustrate the persistent racial inequalities in mental health services, demonstrating how systemic barriers, cultural expectations, and discrimination affect access to and engagement with care. These issues are not new; they have been extensively documented in the literature.[25,26]

The men we spoke to had both positive and negative experiences of care. Positive experiences occurred when care was delivered in a non-judgmental way, and men felt listened to and involved in treatment discussions. However, many men's experiences pointed to perceived prejudice, racial bias, and unequal treatment in health services, affecting their access to and engagement with care.

A key theme that emerged was their perception of mental health services as often inaccessible, unwelcoming, and focused on medication, with limited access to talking therapies and to personalised and culturally appropriate support. This has been shown in previous research into Black communities' experiences of healthcare.

Our findings also highlight that Black men often delay seeking help due to a combination of stigma, distrust in healthcare services, and cultural expectations to be strong and resilient, which discourage expressions of vulnerability. When Black men do engage, many report feeling unsupported, dismissed, or subjected to or witnessing racial bias. Hospital care was frequently perceived as coercive, impersonal, and lacking cultural sensitivity, reinforcing the perception that services are not designed to meet their needs. Men's experiences of crises and challenges with accessing support when needed contribute to poorer long-term outcomes and further alienate Black men from seeking timely intervention.

Our study shows that Black men view recovery holistically rather than being driven by symptom management, drawing on some elements of the CHIME framework (connectedness, home, identity, meaning and empowerment)[17]. Black men viewed recovery, staying well and leading a fulfilling life as a need to regain control, rebuild their lives, and overcome system-level barriers to accessing mental health care and other social factors, such as housing and employment.

Recovery was therefore seen as addressing overall well-being, including having a voice in their care, access to social connections, safe spaces to share experiences, awareness of support services available, and stable housing, employment, and financial security. Addressing these requires a broad approach that looks beyond medical treatment to tackle wider social factors affecting health. Our findings support existing evidence that advances understanding of conceptualising mental health recovery for Black African and Caribbean men.[25]

Our findings align with national policies that emphasise the urgent need to improve access to appropriate mental health support for people from Black, Asian, and minority ethnic communities. Policies such as the NHS Long Term Plan[10] and the NHS's Patient and Carer Race Equality Framework (PCREF)[11] highlight the importance of culturally competent care, increased accountability, and greater engagement with Black communities. This study suggests that these initiatives have yet to be embedded in practice and could yield significant, tangible improvements for Black male service users in Lambeth.

In conclusion, our study into Black men's experiences highlights the urgent need for systemic change to ensure Black men in Lambeth have equitable access to mental health support. Services must shift from crisis-driven care to a proactive, culturally competent, and holistic approach. Active engagement, co-designed interventions, and trust-building with Black service users are essential to delivering inclusive, effective care and reducing racial disparities. Lambeth borough's priorities of mental well-being, equity and community-led support are in line with the recommendations presented below. Local initiatives such as the Lambeth Living Well Network Alliance and Black Thrive reflect a commitment to more equitable and culturally competent support, which this report reinforces.

Recommendations to Improve Mental Health Support for Black Men with an SMI

1. Improve communication, relationships, and cultural competency

- Deliver ongoing training for professionals in primary and secondary care on:
    - Active listening and non-judgmental communication, to ensure that service users feel heard and respected.
    - Collaborative decision-making, recognising that Black men are 'experts by experience.'
    - Cultural competency developed in collaboration with Black men with lived experience of SMI, to ensure services provide culturally sensitive care by being culturally appropriate and inclusive and incorporating an understanding of trauma, racial discrimination, and the role of unconscious bias.
- Introduce a system of regular (Quae) reflective practice focusing on how staff interactions, beliefs and biases can impact experiences of care.
- Engage with service users to provide feedback on patient-centred care approaches and co-produce guidance for mental health professionals.
- Evaluate the impact of training and implementing PCREF priorities through service user feedback initiatives, to assess whether Black male service users feel respected and involved in their care.
- Review complaints and service user feedback to support the assessment of services and provision of training.

2. Strengthen mental health support in primary care

To ensure Black male service users have consistent, proactive, and accessible support within primary care, GP practices in Lambeth should:

- Offer direct telephone access to a mental health nurse, ensuring regular check-ins for Black men with SMI to identify early signs of deterioration and provide community-based support to reduce hospital admissions.
- Offer more opportunities to book appointments by telephone and ensure Black men with SMI have the option of a face-to-face consultation if they prefer.

3. Enhance access to secondary care support

- Consider establishing a self-referral pathway to Living Well Centres for Black men with SMI, ensuring timely access to talking therapies without requiring a GP referral.
- Ensure all SMI service users are assigned a consistent psychiatrist or therapist, improving trust and engagement in their care.
- Ensure all mental health discharge plans are personalised:
    - Are developed in collaboration with service users and their families/carers,
    - Include information on advocacy, prescribed medication, and on-going psychological and community support.
    - Are provided in accessible formats.
- Increase availability and reliability of crisis support services ensuring timely response for service users who access these.
- Continue to assess the progress of implementing the Patient and Carer Race Equality Framework
- Lambeth mental health services should implement and demonstrate measurable progress in implementing the Patient and Carer Race Equality Framework (PCREF), to ensure that Black male service users receive equitable access and experience fair treatment. This includes monitoring progress at test sites as part of South London and Maudsley NHS services

4. Promote community-based prevention and support

- Establish safe community spaces and peer groups, for Black men to talk about mental health for example condition specific groups, seek support from their peers without feeling judged, and obtain guidance on where to get professional help, and to promote early intervention and recognition of the signs of deterioration.
- Provide funding to peer support groups so Black men with a SMI can receive immediate access to a person they can talk to, discuss life challenges, and find out where to go to get help at an early stage.

5. Increase awareness of Mental Health Services

- Launch a Lambeth-wide mental health public awareness campaign, focusing on mental health education for parents, children, and Black, Asian and minority ethnic communities, promoting early help-seeking and reducing stigma.
- Involve Black male service users in the design and communication of awareness campaigns.
- Ensure mental health service information is widely available in the community, for example, in churches, barbers, libraries, GPs, Citizens Advice, sports clubs, underground stations, hospitals, and voluntary sector organisations.
- Share mental health education with employers to support all employees experiencing poor mental health and/or an SMI, reducing stigmatisation, and ensuring that all employees are treated equally.
- Train care coordinators, GPs, and social prescribers to provide clear information on available mental health services and community activities.

6. Support Black Men with SMI into Employment and Skills Development

- Discuss mentoring and apprenticeship programmes with Black men with SMI as a way of acquiring and developing skills and confidence to pursue career goals.
- Work with local employers to provide mental health awareness training, reducing stigma in the workplace and ensuring Black employees with SMI receive appropriate support.
- Consider the financial support that Black men with an SMI still need when transitioning to work

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