A More Effective Service for Black Men With an SMI

The perspectives of clinical and non-clinical professionals in Lambeth

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.

Acknowledgments

We would like to thank all the clinical and non-clinical Professionals who participated in our online survey and shared their insights on how health and social care systems can better support them to provide better care to Black men with a Serious Mental Illness (SMI).

Introduction

This report presents the perspectives of professionals who support Black men living with Serious Mental Illness (SMI) in Lambeth. It complements the voices of service users and carers to show what is working well, where challenges persist, and how care can be made more inclusive and responsive.

Background

Black African and Caribbean men in Lambeth are disproportionately affected by Serious Mental Illness (SMI). The rate of SMI is 3.1% in these populations, more than double the rate amongst the White population at 1.4%. Additionally, local evidence suggests that the rate is particularly high in patients of Somali origin.[1]

Black men are also more likely to encounter mental health services through the criminal justice system, with evidence showing that they are 40% more likely than White individuals to access care in this way.[2] They are also four times more likely to be detained under the Mental Health Act than their White counterparts.[3]

This report is part of Healthwatch Lambeth's project exploring the experiences of Black men with SMI in Lambeth and those of the people who support them. Alongside this report, Healthwatch Lambeth has also published:

- A Fulfilling Life – What Matters to Me (2025), capturing the voices and lived experiences of Black men with SMI.
- Time for Our Ethnic Voices (2025), sharing the views of unpaid carers who support men with SMI.

Together, these three reports offer a more comprehensive understanding of what needs to change to deliver fairer, more effective mental health support in Lambeth for this group. This report focuses on the perspectives of clinical and non-clinical professionals, exploring how local health and care systems can better support them to deliver high-quality, culturally competent care for Black men with SMI.

Project Aim and Objectives

This project aimed to understand the experiences of professionals working with Black men with SMI in Lambeth and to explore what helps and hinders their ability to provide effective and inclusive support.

Our qualitative enquiry sought to:

- Explore what professionals feel works well in delivering care.
- Identify the main challenges faced in supporting Black men with SMI.
- Gather professionals' views on the support they need from the wider system.
- Complement the perspectives of service users and carers, ensuring that any recommendations are rooted in the lived realities of those receiving, providing, and supporting care.

Methodology

Data Collection and Analysis

The project used a short, open-ended survey to let participants share their experiences anonymously in their own words. This approach provided richer insights than fixed answers and was especially helpful for professionals who couldn't attend interviews or group discussions but were still keen to contribute their views. We asked professionals to share aspects of their work, including:

- Areas of practice that were working well in the delivery of care and support.
- Challenges experienced in providing care, including specific barriers when supporting Black men with a severe mental illness (SMI).
- Views on what could help improve care and strengthen support for professionals working with Black men with an SMI.

Two Healthwatch Lambeth team members independently reviewed the open-ended responses, identified initial themes, and collaboratively refined the final themes.

Strengths and Limitations

Strengths

- Hearing from professionals alongside Black men and carers gives a more rounded understanding of what helps or hinders good mental health care for Black men with SMI.
- The findings reinforce what Black men and carers have told us, and therefore, they add weight and credibility to the overall conclusions and implications for service improvements.
- Engaging with professionals through an open-ended survey allowed them to share their experience anonymously and to speak candidly about examples of good practice and challenges.
- The online survey was an efficient and accessible way to gather professionals' perspectives, allowing them to share their views at a time that suited them.

Limitations

- Scheduling individual interviews was challenging due to demanding workloads and limited professionals' availability. As a result, the sample does not represent all professionals supporting Black men with SMI in Lambeth and does not cover the full spectrum of clinical and non-clinical Professionals intended for engagement.
- The open-ended survey allowed for thoughtful written responses but lacked the depth achievable through one-to-one interviews.

Profile of Participants

Eleven professionals took part in this project. One third were from General Practice (including GPs and a care coordinator), one was from a hospital setting, and the remainder represented a broad range of roles across health, care, and community settings. This included frontline support Professionals working in residential or supported living services, peer support and service management, voluntary and community sector colleagues, senior leadership commissioning perspectives, and an informal support helper.

Findings

Feedback from professionals across Lambeth highlights both the strengths in current practice and barriers that prevent Black men with SMI from receiving the care they need.

What Works Well in Providing Good Care

Building trusting and respectful relationships

Clinical and non-clinical Professionals emphasised that trust and respect were key foundations for providing effective support. In doing so, they highlighted the importance of empathy, active listening and recognising the person as an individual, giving them space for self-expression without fear of being triggered or judged.

> "It is important to be able to listen to them, having empathy and being mindful that they have a serious mental illness… Also trying to be as supportive as possible, as everyone is an individual and has a different diagnosis, so having a level of understanding about this helps." (Support worker)
>
> "Important to actively listen and provide the sort of space where men feel safe to express themselves." (Office-based staff member)

Equally important was to connect with the person in a way that would validate their feelings, avoid triggers, and encourage them to be more active in the community. Again, this approach would be adopted with all service users regardless of background.

> "Being able to support Black men efficiently and smoothly without any triggers and talk to them about their needs and worries. It's about prompting them to do more in the community to better themselves." (Support worker)

Effective follow-up to keep men connected to care

Strong internal communication and consistent follow-up with patients were seen as vital. For example, good communication between nurses, reception Professionals and care coordinators and simple measures like sending SMS text reminders to reduce the possibility of men slipping through the net.

"The GP surgery now have protocols in place that ensure nurses inform the reception team or a care coordinator when a schizophrenic patient does not attend their injection appointment (so it can be rebooked). Another thing that has worked well for these patients is manually creating text reminders that will remind patients on the morning of their appointment, in addition to the standard text reminders that all patients get." (Care Coordinator)

A GP told us about the effort made in encouraging Black male service users with SMI to visit the surgery to discuss treatments and receive advice.

"Whenever I call a patient to book them in (or if I send a reminder text message), I always mention to them that coming to the surgery for their review is an opportunity to get help, answer questions, offer advice and (if needed) discuss treatments too. This aims to ensure the surgery is doing their best to care for their health and wellbeing." (GP)

A single point of contact within a GP practice

Having a single point of contact in a GP Practice was seen as a very helpful way of getting to know and understand Black men's needs and their communication patterns. This would enable better continuity of care, prevent misinterpretation of frustration as "aggression," and build trust over time.

"Where possible and appropriate, allocating the patient a single point of contact at the Practice has been helpful because that individual will learn the patient's style of communication, which means a patient is less likely to be misunderstood or wrongly interpreted as 'difficult' or 'aggressive' when they are just frustrated due to a health barrier." (Care Coordinator)

Families and carers as partners

Family members were described as playing a key role. Professionals explained that for some Black men, their carers were proactive in contacting the GP services when they had concerns or noticed early signs of poor mental ill-health and/or relapse in their loved one. This was seen as enabling timely GP support and helping to prevent crises.

"For some patients, having a proactive and supportive family or family member has been very important. There have been patients whose family members are keenly aware of mental health relapse/flare-up behaviours and symptoms, and they will contact the GP surgery directly, expressing concerns for their loved one." (GP)

Holistic approach and social inclusion

Professionals from local organisations emphasised that Black men with SMI do not recover in isolation but through a combination of other factors, such as establishing a structured daily routine, learning new skills, developing a sense of belonging and through meaningful social connections. This was seen as essential to mental health recovery.

"Our service provides a structured day for all attendees, and each person can agree to between 4 and 9 sessions per week, providing up to 22.5 hours of training and support each week. In addition, we offer a free lunch every day and a small allowance to further encourage an active life. Service Users can take part in any of our small businesses, Printing, Catering and Cleaning, and/or take part in IT sessions where we aim to support them to become digitally able using computers and mobile phones." (Southside Rehabilitation Association)

Professionals highlighted that opportunities for vocational skills building and paid work helped to restore dignity, self-confidence and worth, and a sense of agency. This was seen as helping to build trust in a group environment and enabling Black men to feel understood.

"They [Black men] feel validated, respected, and understood. Being involved in training projects helps them support each other and improve their self-confidence so they feel safe enough to go on a vocational journey and achieve their self-defined goals. Building trusting relationships with Black men is at the heart of our social inclusion work." (Lambeth Vocational Services)

Opportunities to build social connections and peer relationships were seen as vital to people's recovery and wellbeing. Professionals highlighted the value of group settings in helping individuals connect with others who share similar experiences, fostering mutual encouragement and understanding. Belonging to a group provided a sense of community, hope, and shared purpose.

"There is also a strong sense of teamwork and camaraderie. People offer each other support and insights about moving forward." (Lambeth Vocational Services)

The Challenges in Providing Good Care to Black Men with an SMI

Whilst professionals described many good examples of good practice, they also told us about the significant challenges they face in supporting Black male service users living with an SMI. Their feedback highlights how wider issues, mistrust and systemic issues can make recovery more difficult for the men and pose challenges for the professionals who support them.

Supporting service users at difficult times

Some professionals told us that it can be challenging to support a service user experiencing acute distress, for example, when they are angry due to difficulties they are experiencing (e.g. poverty, discrimination, mental illness or going through a crisis and/or relapse). This understandable frustration could sometimes be directed toward professionals or the environmental people engaged. However, listening to and understanding their circumstances, validating their feelings, helps reduce the intensity of the situation and supports men to find ways of dealing with their issues.

"Sometimes people can get very angry about what is happening to them, e.g. being in poverty, living deprived lives, experiencing discrimination, and sometimes feeling oppressed and helpless. The welfare benefits system is very stressful, and people get pressured to undertake work capability assessments or have their benefits sanctioned. This is a valid and understandable response. However, this justifiable anger can get projected onto staff and the environments where people attend, e.g. stuff can get broken in the heat of the moment. Most of the time, though, when people feel validated, heard, and understood, the anger diminishes, and people feel calmer and figure out positive things to do to help themselves." (Service manager)

Professionals acknowledged that getting support from a multi-disciplinary team within the mental health system also helps to manage challenging situations.

"When an individual is in a different state of mind, it becomes more challenging to help them, but this can be managed with the support of the other multi-disciplinary teams who work within the mental health system." (Support Worker)

Difficulty in accessing mental health services

Access to timely and appropriate mental health services remained a persistent challenge. GPs reported on the challenges Black men faced in accessing services, such as Talking Therapies. They called for the need to work more cooperatively with other clinical Professionals including nurses and pharmacists, especially when service users have multiple health issues and highlighted the importance of ensuring that clinical Professionals had cultural competency training.

"When I get to see people, they may have accumulated multiple problems that need sorting. We need to encourage better access to other clinicians, such as the pharmacist, the nurse, the health care assistant, the Physicians Associates. All these professionals need to have cultural competency training. If we know that Black men with a Serious Mental Illness have poorer outcomes, then we must allow them BETTER access, not worse." (GP)

"I would say I struggle more with accessing Talking Therapies or PTSD services for this group." (GP)

Distrust in the health system

Professionals told us that distrust among some Black men towards health services can make it harder to arrange or sustain engagement with care. They described seeing more declined or missed GP appointments, which in turn leads to poorer access to both physical and mental health support.

"Sometimes a patient may distrust professionals. My colleagues report that SMI reviews are often one of the hardest routine health reviews to get patients in. GPs usually see declined appointments." (Care Coordinator)

One professional described how fear of being sectioned against their will can cause significant distress and discourage men from seeking help when unwell. Poor acknowledgement of institutional racism and limited discussion about medication side effects were seen as widening inequalities in access and outcomes.

"The inequity is heartbreaking. The fact that Back men are more likely to be sectioned is extremely problematic in terms of the men engaging with psychiatric treatment and for professionals treating them who do not acknowledge the institutional racism faced by their patients. Being picked up by the Police because you're not well can be as distressing as being picked up by the Police because they think you've done something criminal, or just as part of stop and search processes. Psychiatric treatments are based on psychotropic medication, which is challenging for people who have been detained against their will. It can feel like another way of restricting movement and expression." (Mental Health Service Commissioner)

These reflections expose the dual challenge faced by professionals who try to build trust in a system that many men see as unequal and unsafe.

Data and information gaps

Professionals also spoke about the difficulty in maintaining accurate, up-to-date information. Out-of-date contact details, missing next of kin information and incomplete ethnicity coding were frequent barriers to follow-up.

"We need easy access to the list of names in our practices and access to good quality ethnicity searches." (GP)

"Out-of-date contact information/address and lack of next of kin data makes it difficult to reach patients." (Care Coordinator)

Shortage of funding for community services

Professionals, especially those working in the voluntary sector, highlighted that their efforts to support Black men were constrained by limited resources and reliance on short-term funding streams.

> "The main challenge [we face] is lack of funding. We no longer have a contract with Lambeth to provide our service, but we are still working with Lambeth residents and regularly receiving referrals. We never turn people away, and we do not operate a waiting list. We feel if people approach us for help, we need to be able to support them straight away and engage them whilst they are interested and willing to join. This lack of funding also puts a lot of pressure on professionals (Southside Rehabilitation Association)

The support professionals need to improve care

Across accounts from care coordinators, GPs, support workers and a commissioner, professionals highlighted that the greatest barriers to effective care for Black men with SMI stem from an inflexible system shaped by limited cultural competence. Their reflections point to changes needed within services to create fairer, more responsive mental health support and to enable professionals to provide equitable care.

Delivering more patient-centred family/carer inclusive care

The need for mental health services to shift away from the current medical model of care towards care that places service users and families at the centre of decision-making and considers their preferences was raised.

> "Providers having more of a culture of openness and trust with a more social approach to support and treatment. Treatment and support plans that work with individuals and their family and carers from the beginning and all the way through contact with services. Be more flexible about medication and work out the right medication and dosage based on individual preferences and tolerances, not a formulary." (Commissioner)

Strengthening communication, collaboration, and support

One of the most consistent messages from frontline professionals was the need for improved communication and coordination between GP practices, community services, and Community Mental Health Teams (CMHTs).

As professionals outlined earlier in this report, limited information sharing made it difficult to know whether service users were receiving support elsewhere or had disengaged from care altogether. They explained that GPs often have limited access to information held by CMHTs, such as care coordinator details,

clinic letters, and recent contact notes. This lack of visibility was viewed as a major barrier to supporting service users.

"Have better access to Community Mental Health services information/clinic letters. GP Surgeries used to use a system called Local Care Record, that had a tab for Community Mental Health records (e.g. from South London and Maudsley). When this service was replaced with the London Care Record, there is no longer a summary stating the contact number/address/email address that these teams have for the patients. [The old system] also used to state the name/contact number/email address for their mental health care coordinator, as well as showing the write-ups from any interactions that had with patient at home or in the community. Having access to something like that would make it quicker and easier for GPs to check if our non-responder patients are engaging with their mental health practitioners." (Care Co-ordinator)

Better information sharing was also seen as essential to help Support Workers and Care coordinators remind service users of upcoming appointments or follow-up calls, especially for medication or nurse visits.

"Having access to/being aware of patients' upcoming appointments at the GP surgery would mean that somebody with better access to these vulnerable patients can remind them to expect telephone calls or remind them of their nurse appointments for injections." (Care Coordinator)

Several professionals also called for greater collaboration and support from CMHTs and external agencies to help them manage cases more effectively.

"Having more support from the mental health team would be a great help to us on the frontline. Without their full support, it becomes almost impossible to help the individuals in need." (Support Worker)

Having access to cultural competency training

Professionals emphasised the importance of ongoing mandatory cultural competence training. This was seen as key in providing appropriate care and improving outcomes for Black men with SMI and, in general, for all ethnic minority service users. All health and social care professionals should receive training in this.

"Have easy access to cultural competency training, make it mandatory!" (GP)

Tackling stigma and normalising conversations about mental health

A recurring theme was the need to make conversations about mental health feel normal and safe within Black communities. Professionals emphasised that more work was needed to encourage Black men to talk about their emotions, sharing the factors that lead to poor mental health. In this context, community groups were seen as playing an important role in normalising discussions on mental health, particularly in the spaces where men may live and connect with others.

More research was also seen as key to understanding the reasons behind Black African and Caribbean men's SMI.

"We need a cultural change to normalise Black men speaking with the GP about mental health issues. Especially if this message of normalisation is supported by the different spaces and organisations in which different Black communities may socialise, learn, work, live and relax. Also, the system would have a better understanding as to why Black men of African and Caribbean descent suffer from serious mental illness." (Support Worker)

Understanding Black male identity and their role in their community

Several professionals highlighted the importance of understanding what it means to be a Black man in Lambeth — how identity, culture, and community expectations affect wellbeing and access to support. They stressed the need for open conversations about the realities of being a Black man today, including the effects of stereotypes, cultural pressures, and inequality.

"We need to discuss what it is to be a Black male today in Lambeth. We need to hear their lived experience. Look at barber shops, church leaders, community elders on how to spread the idea of reaching out for support." (Peer Support Worker)

They also stressed that understanding Black male identity involves recognising how expectations shape what it means to be a successful Black man in Afro-Caribbean communities, and how taboos around mental health can influence men's aspirations.

"Understand the role of the male in Afro-Caribbean society or community and cultural expectation of what makes a marvellous, great Black man in the community, their taboos around mental health and their aspirations, e.g. job opportunities." (Peer Support Worker)

More funding for resources

Finally, professionals also highlighted the need for greater investment in mental health services. They spoke about the importance of funding to expand capacity, recruit more diverse Professionals and peer support workers, and commission independent researchers to evaluate and strengthen good practice. Additional funding would also help improve facilities and increase the range of activities available to service users.

> "Having enough resources to expand our successful projects, hire more peer supporters, particularly people from minority ethnic backgrounds. Having enough resources to hire independent researchers to undertake evaluations of what we do." (Service Manager)
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> "More funding would allow us to improve our facilities, increase our professional numbers and enable us to provide a wider variety of activities for our service users." (CEO)
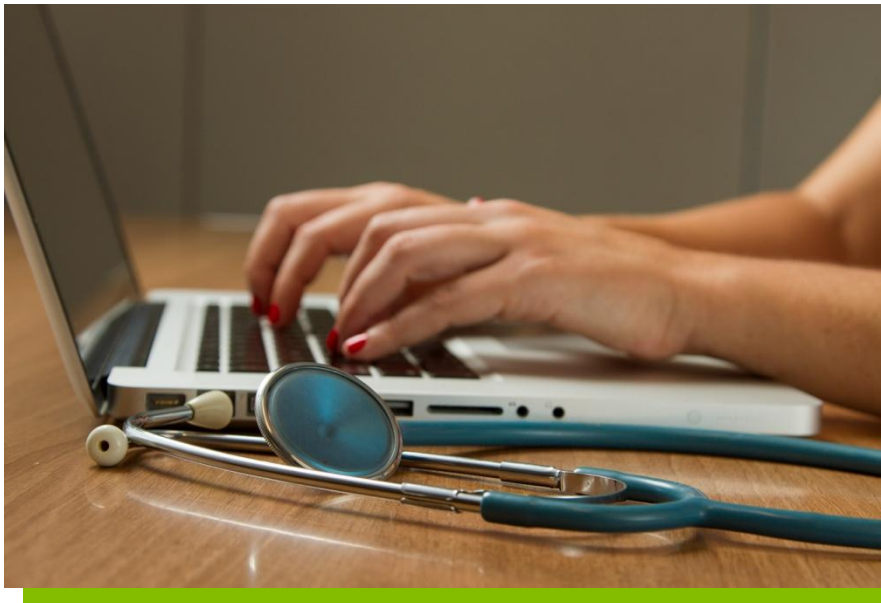
Conclusions and Implications for Service Development

This report highlights that improving care for Black African and Caribbean men living with Severe Mental Illness (SMI) in Lambeth requires meaningful change.

Feedback from professionals across Lambeth reinforces what Black men with SMI and carers have told us. Professionals described how person-centred communication, characterised by showing empathy and providing both continuity and cultural understanding enable men to feel heard, respected, and engaged with their care. When these are missing, mistrust and disengagement increase. They also acknowledged that deep-rooted distrust, shaped by inequality and stigma, continues to affect access to care.

Professionals also emphasised that recovery is not achieved through medication alone but through approaches and initiatives that recognise the importance of social connections, relationships and providing a sense of identity and belonging. Opportunities for skills building, employment, and community participation were seen as vital to restoring hope and confidence. Their insight shows that recovery goes beyond treatment—it is also social, cultural, and relational.

At the same time, professionals highlighted the challenges that make it harder to provide fair and effective care. These include limited access to specialist and talking therapies, a lack of joined-up working, poor information sharing across services, professional shortages, and a lack of sustained funding for community services. Gaps in data, especially around ethnicity contact details, further limited their ability to identify and follow up those most at risk of disengaging from services.

To address these issues, professionals called for:

- Improved communication, collaboration, coordination, and support across services to ensure that professionals and support services can work together to maintain continuity and follow up.
- Culturally competent and person-centred care characterised by listening, empathy and respect and an understanding of how racism, inequality, cultural identity and what it means to be a 'Black man' shape experiences and outcomes.
- Investment in community-based and peer-led models that expand local projects, provide structured daily activities, vocational training, safe spaces to build trust and belonging, and opportunities to tackle stigma and normalise conversations around mental health.
- Stable funding and capacity building to retain or to recruit skilled Professionals, provide training and evaluate effective practice.

In conclusion, transforming care for Black men with SMI means tackling systemic barriers and building on proven approaches.

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