

Written Evidence Submission by Muslim Mind Collaborative (MMC)

To the Joint Committee on the Draft Mental Health Bill (2025)

Subject: Statutory Implementation of the Patient and Carer Race Equality Framework (PCREF)

Submitted by: Muslim Mind Collaborative (MMC)

1. About Us

The Muslim Mind Collaborative (MMC) is a UK-wide coalition of over 70 organisations committed to improving the mental health and wellbeing of Muslim communities. We advocate for culturally and faith-sensitive services, underpinned by data and lived experience, and co-create solutions with statutory services, institutions and community organisations on advancing **faith equity** in mental health systems.

2. The Urgent Case for Statutory PCREF

Systemic Disparities in Mental Health Access and Outcomes

Muslims make up 6.5% of the UK population (Census 2021) and face deeply entrenched mental health inequalities. Muslim individuals are:

- More likely to be referred to secondary care and detained under the Mental Health Act, often through the criminal justice system, not therapeutic pathways.
- Far less likely to complete treatment in NHS Talking Therapies (only 2.6% completed treatment in 2021–22).
- Among the youngest, most deprived, and most racialised demographics, Muslims are vulnerable to compounded mental distress, especially due to Islamophobia, anti-Muslim hate, housing insecurity, and systemic exclusion.

Despite these realities, disaggregated data by race, faith, and service outcomes is patchy or nonexistent across most NHS Trusts. This creates disparities and makes improvement unmeasurable.

3. Why Voluntary PCREF Implementation Has Failed

PCREF, introduced by NHS England to reduce racial inequality in mental health care, is still non-statutory and inconsistently applied:

- Many NHS Trusts treat PCREF as aspirational, not enforceable, leading to variable uptake, no penalties for inaction, and limited accountability.
- Community organisations, like ours, are routinely excluded from governance and oversight of PCREF delivery.
- No standardised data is collected or reported on Muslim patients' pathways, outcomes, or access.

Even where PCREF is being piloted, without legislative weight, its principles are not embedded into leadership structures or commissioning cycles.

4. The Cost of Inaction for Muslim Communities

Muslims in Britain, especially youth, who comprise 48.3% of the Muslim population, face escalating mental health risks:

- 1 in 6 Muslims reported experiencing Islamophobic abuse in the week following the August 2024 riots.
- 92% feel less safe in their neighbourhoods post-riots (Muslim Census, 2024).
- Prevent referrals disproportionately target Muslim children, with only 108 of 1,500 referrals in 2015–16 requiring support, yet children may remain on databases for years, fostering deep distrust in statutory services.
- Young Muslims report suicidal thoughts (19%), yet experience low CAMHS access due to stigma, underfunding, and lack of culturally competent and faith-sensitive support.

Racialised Muslim service users are doubly harmed, first by the trauma of racism and Islamophobia, and then by mental health systems ill-equipped to understand or treat their pain.

5. What Statutory PCREF Would Achieve

To close this equity gap, MMC strongly supports making PCREF statutory within the Mental Health Bill. We recommend legislation requiring:

- Mandatory data collection by all Trusts, including religion, race, diagnosis, detention, and outcomes, to improve **faith equity** in service delivery.
- Independent community involvement in designing and monitoring Trust-level action plans.
- Board-level accountability, with penalties for non-compliance enforced by the CQC.
- Clear publication of progress reports, showing reductions in detention rates and increases in faith-sensitive, culturally appropriate care.
- Alignment with the Equality Act 2010, Mental Health Act reform, Seni's Law, and recommendations from MMC's **Faith Equity in Mental Health Advisory Group** for a rights-based approach.

Embedding PCREF in statute will ensure that services can no longer sideline racial and religious equity. Muslim communities must not remain invisible in data or in policy.

6. Recommendations

We urge the Committee and Parliament to:

1. Embed PCREF as a statutory requirement in the Mental Health Bill and extend this duty to all NHS Trusts, VCSEs, and ICSs.
2. Ensure data disaggregation by faith and ethnicity, with religion/faith made a protected category in NHS digital infrastructure.
3. Fund culturally and **faith-sensitive services**, especially those delivered by minoritised communities themselves.
4. Prioritise equity in mental health commissioning, with ring-fenced budgets for racially minoritised and **faith-based providers**.
5. Mandate Islamophobia and anti-racism training across all mental health services and incorporate lived experience governance models, as suggested by the **Faith Equity in Mental Health Advisory Group**.

7. Conclusion

Muslim communities face radicalised trauma, socio-economic inequality, and systemic neglect in mental health. Voluntary frameworks have failed. Only statutory implementation of PCREF can ensure lasting accountability, data transparency, and truly inclusive care that addresses the harms of Islamophobia, anti-Muslim hate, and racial inequity. MMC calls on Parliament to enshrine PCREF into law—not as an add-on, but as an essential foundation for **faith equity** and justice in mental health care.

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For more detailed insights and data, please refer to our full policy paper: [Mental Health in UK Muslim Communities: A Call to Action](#)