**Written Evidence Submitted by [Insert Organisation Name]**

**Subject: The Mental Health Bill [HL] 2025 — Statutory Implementation of the Patient and Carer Race Equality Framework (PCREF)**

**Executive Summary**

* This submission supports the inclusion of the Patient and Carer Race Equality Framework (PCREF) within the Mental Health Bill [HL] 2025.
* PCREF provides a structured, co-produced mechanism for eliminating racial inequalities in mental health services.
* Statutory implementation is necessary to ensure consistency, accountability, and long-term impact.

*Further summary points relevant to your organisation’s perspective can be inserted here.*

# About Us

[Brief overview of your organisation, its mission, and relevance to the Mental Health Bill and/or race equity in mental health.]

# Rationale for Statutory PCREF

[Insert key arguments or insights from your organisation’s experience, practice, research, or partnerships. Below are placeholders:]

* + [Optional: Reference to local or national racial disparities in mental health.]
	+ [Optional: Examples of PCREF impact or implementation in your area.]
	+ [Optional: Summary of community or service user input.]

# Legislative Recommendations

We urge the Committee to consider the following amendments to the Mental Health Bill [HL] 2025:

1. Introduce a statutory duty on NHS mental health providers to implement PCREF in full.
2. Require local co-production and community governance of PCREF implementation.
3. Link PCREF delivery to regulatory and commissioning oversight (e.g. via CQC, ICBs).
4. Ensure annual, transparent reporting on progress and impact.

*Your organisation may wish to propose additional or alternative provisions here.*

# Conclusion

We believe that without statutory PCREF, efforts to address racial inequality in mental health will remain fragmented and insufficient. Legislation is needed to embed equity as a non-negotiable principle of mental health care.

# Submitted by:

Name: [Insert Name] Role: [Insert Role]

Organisation: [Insert Organisation Name] Contact: [Insert Email / Phone]

Date: [Insert Date]