This issue of Network features Black and Minority Ethnics (BME) groups and activities and articles by BME service users and survivors. Facilitating and strengthening the leadership of people from BME communities is a key focus for NSUN. We aim to take a supportive role and work in partnership with BME groups and organisations. When NSUN first formed, we worked in partnership with Catch-A-Fiya, the national BME user/survivor network, then hosted by the Afiya Trust.

For Dominic Makuvachuma, co-chair of NSUN, who was then Development Manager for Catch-a-Fiya, the spirit of this was unforgettable. NSUN continued to support Catch-a-Fiya for a while after their money ran out.

In collaboration with Catch-A-Fiya, NSUN commissioned a piece of work that examined the involvement of user/survivors from BME communities in shaping mental health policy and practice and in the survivor movement more broadly. This work is reported in the publication Dancing to Our Own Tunes by Jayasree Kalathil, recently reprinted by NSUN. The charter and guidelines from Dancing to Our Own Tunes continue to influence NSUN’s work and policies to this day.

Service users and survivors from racialised communities often experience ‘involvement’ as tokenistic, or by proxy: through the involvement of community ‘leaders’, the BME voluntary sector, through professionals or family members. User/survivor groups and individuals from racialised communities often work in isolation and with limited resources. They are often marginalised within the predominantly white user/survivor movement. For Dominic, it is as if BME service users and survivors are ‘homeless’.

NSUN wants to see BME service users and survivors taking the lead and participating in meaningful involvement. This needs resources and commitment from both ourselves and our partners. We are still working on it, but we are hopeful of new developments in 2016. As Dominic says: ‘Let’s be part of the change that we want to see happen’.
Race hitting the headlines?

The Mental Health Task Force report was launched with much fanfare this month and BBC’s ‘In the Mind’ has been exploring what they called ‘one of the great issues of our time.’ Meanwhile, a young black woman, Sarah Reed, died in prison, her death epitomising the combined failure of systems of care at the intersection of mental health and racialisation.

The links between racialisation and inadequate support from mental health services are well-established and, despite drawbacks in approaches, we saw some progress during the lifetime of the Delivering Race Equality (DRE) programme which aimed to address institutional racism within NHS following another death, of David Bennett. Post-DRE, however, the race equality agenda has fallen off the radar. Cuts to funding have seen the demise of many BME charities to address our negative experiences has not yielded much. It is time to address these issues as part of the broader struggle to challenge multiple disadvantages and structural failures. Sarah Reed’s death teaches us that.

Jayasree Kalathil
Survivor Research

with its focus on intersections of inequalities has simultaneously diluted the focus on institutional racism. The hard-won progress in infrastructure and policy on race equality in mental health is under threat.

The Task Force report has liberally discussed the problems and concerns of people from BME communities. However, there is little in terms of concrete recommendations for addressing race equality. BME user/survivors have long argued that racialisation within services cannot be addressed in isolation and need linking up with broader rights-based work addressing poverty, unemployment, institutional whiteness in educational systems, citizenship etc. Looking to mental health services and mainstream charities to address our negative experiences has not yielded much. It is time to address these issues as part of the broader struggle to challenge multiple disadvantages and structural failures. Sarah Reed’s death teaches us that.

Jayasree Kalathil
Survivor Research

BME service user manifesto

Kindred Minds is a Black and Minority Ethnic mental health service user led group. We aim to enhance the well-being and promote the rights of people from our communities affected by mental distress in Southwark and neighbouring boroughs in London.

Over the next year and a half we are writing a BME mental health service user manifesto with funding from Trust for London. The manifesto will highlight our aspirations and key demands around the policy and practice which affects our mental health and wellbeing.

The manifesto has a broader social change and rights based agenda. So as well as addressing the need for urgent change within the mental health system on issues such as over use of compulsory treatment and detention and lack of access to talking therapies, the manifesto will also focus on community development, poverty alleviation, peer support, benefits, housing, education and policing.

In writing the manifesto we want to link up community campaigns and projects, and create a focal point from which we can take united action to influence the policies and practices affecting our mental health and wellbeing.

We also seek to identify and work with key movers and shakers in positions of power who are in a position to put the changes we want to see into practice.

Over the first 6 months of the 2 year project, we have been talking with BME service users about their views including at a hugely inspiring Black History Month Event in Southwark last October which was part funded with generous support from NSUN and Southwark Council and ongoing organisational assistance from Southwark Association for Mental Health.

We continue to link up with organisations from a diverse range of BME communities, and groups for BME people who are multiply discriminated against because of gender, sexual orientation and gender identity or refugee and asylum seeker status.

Now is a vital time to doing this work because of the devastating effect of continued cuts to benefits and services, which are disproportionally affecting poorer people in inner city areas, where our communities are concentrated. This is on top of the ongoing need to challenge institutionalised racism in many areas of life.

So if you are a BME service user or ally of BME service users, either in London or in another part of the country, we’d love to hear from you.

For further information please contact Faza Griffiths, Kindred Minds Manifesto Lead: kindredmindslondon@gmail.com

m: 07737 647 445

New study reveals state of mental health crisis

The Health & Social Care Information Centre (HSCIC) has published a major new study, surveying over 5,000 adults in England. The study includes a full chapter on the prevalence of mental health problems in the population, reflecting on lifetime experience, as well as on current conditions and treatment.

Full story - www.hscic.gov.uk

Influence change in the use of restraint in mental health services

NSUN and Mind have produced guidance for people who want to change the practice of restraint in mental health services and end the use of force, particularly on adult mental health wards.


Pay to be halved for CQC Experts by Experience

Service users and family carers involved by the Care Quality Commission in the inspections of care homes and hospitals face having their pay halved from £17 per hour to £8.25 (or £9.40 in London). Two of three regional contracts to recruit people to the CQC’s Experts by Experience programme have been awarded to Remploy, which is owned by the U.S. firm Maximus. Many service users have expressed their anger about this via social media and other routes. Our anonymous blogger, who is a member of the CQC Experts by Experience group, gives their views here.

North West

The Ethnic Health Forum, Manchester

Twenty years on and the Ethnic Health Forum (EHF) is still grappling with the same issues around mental health support in Manchester. EHF’s approach to tackling these issues stems from the experience of its staff who are survivors and have worked in the sector for almost 20 years. Our approach is holistic, aiming to ensure the “service user” is welcomed and given the space to share their struggles. These may include “mental health issues” but they are not explicitly spoken about due to cultural attitudes and language nuances.

Currently we provide a limited service to those who are newly arrived in the country through offering a job search, skills training, counselling, welfare rights advice, Mental Health Support Group, and English classes. We are piloting a complementary therapy service by offering massage and acupuncture to the local community. We are also active in the city through networks like the BME Network where we share and advocate about issues which affect many excluded groups.

We are currently providing these services ourselves as volunteers, with one part time member of staff and through collaborating with other Third Sector organisations. Funding to survive is absolutely essential if we are to remain here beyond 12 months.

Yorks & Humber

Roshani

Roshani (Urdu for “Light”) is a partnership with Healthy Minds Calderdale & WAC (Women’s Activity Centre). It has been working within the Asian community to increase awareness of mental health issues and challenge stigma. Funded by Comic Relief and CFC (Health Connections), Roshani has been running for 9 months, and is already having an impact.

Roshani is already having an impact. Almost 400 people have become involved so far, most of whom say they feel more knowledgeable and confident about mental health, including how to maintain their own emotional health and wellbeing.

Next steps in mind for Roshani include: involving more people, developing peer support groups, producing guidance and training for services on how they can respond better to people from BME backgrounds. We also want to expand our work to other BME communities.

To find out more about Roshani, contact Neelam on 01422 345 154 or 07947 110 403 or servicemanager@healthyminds Calderdale.co.uk.

North East

Personal Reflections from Mental Health Focus Groups with People from Black and Minority Ethnic Communities

My colleague Safia Ahmed and I recently had the honour of carrying out focus group sessions with people in Newcastle helped by partner organisations: African Community Advice Centre North East; Angelou Centre; RCHP Migrant Support Project and Wah Hong.

Rather than present feedback on proposed changes to mental health services, I want to summarise some of the tough issues people shared:

- People with long term mental health conditions talked about how it feels like nobody cares when a mental health service being used closes or the entry criteria change.
- Carers talked about the poor state of mental health services in their home country and that it takes time to understand how different it is here.
- Former asylum seekers shared that increasing hostility and destitution results in people’s mental health getting worse over time.
- Mothers talked about the fear of being honest about the extent of mental health needs to health and social care professionals, in case they were judged unfit to care for their children.

It is important to also say that several people talked about accessing good support from mental health professionals and from the community based projects mentioned above. That said, I found myself reflecting yet again how all we need to feel a sense of belonging, acceptance and freedom to express how we really feel with those who are there to help. If we can’t put these in place, then how on earth do we go on to help people achieve recovery?

Kate Mukungu

HAREF, www.haref.org.uk

Health and Race Equality Forum based in Newcastle-upon-Tyne.

London

Ward Visiting Peer Support

Based at Sound Minds, Canerows was founded by mental health service users to improve mental health care, particularly for people from BME backgrounds. The Ward Visiting Service provides weekly visits to local mental health wards, offering support to inpatients and consulting with them about ways that being in hospital could be improved.

Ward Visitors and Canerows Peer Workers are themselves people who have experience of being in hospital and who have been through our accredited training for the role. Canerows and Plaits also runs regular consultation meetings and social and arts events and meets with local providers.

For further information or to find out about becoming a ward visitor, email Canerows: canerows@soundminds.co.uk or call: 020 7207 1786 http://www.canerows.co.uk/
They diagnosed me a schizophrenic when I was really Gemini

As a mental health survivor, from the misdiagnosis of schizophrenia and manic depression in Maudsley Hospital in November 1977, I continue to challenge the Eurocentric unconscious whiteness that operates inside the models of mental health over this forty year period. A period in which I have travelled as a survivor through four breakdowns, a mental health specialist career, a teacher of mental health practitioners and a researcher. I have travelled towards the collaborative research and ethical challenges of working with the Mental Health Foundation, NSUN, Professor Fulford and a range of other organisations in addressing race as a concept and an ethical consideration.

I continued to write ‘They diagnosed me a schizophrenic when I was really a Gemini’ and ‘Drapetomania and modern slavery in sport’ to discuss the conceptual challenges for a truly equitable partnership for co-production in terms of a reflective value approach that addresses discrimination in mental health services. This follows on from writing a chapter for a book, a descriptive analysis of the brutalisation of black men in the mental health system. This includes features of modern slavery, with the need to make values, actions, and behaviours visible in relation to a need for an Afro-centric approach to explain the drama of working within past and current classificatory systems. I am privileged to be a co-organiser of the ‘Making Whiteness value centred’ conference at Oxford University in October alongside the ‘Equality and Diversities’ charter for positive mental health’ conference in the same month. They aim to examine the self and institutional analysis of the diagnosis of being a ‘survivor’ a ‘service user’ a ‘BAME’, to develop a research approach that enables a partnership evaluation of how the construction of these terms polarises the opportunity to examine the impact of what happens or could happen in co-production.

I am currently unemployed, sacked for challenging institutional whiteness in the teaching of Access students. This represents a small cost to ensure that my two sons of African heritage are saved from a system that continues to reduce the black man with a mental illness. I am privileged to work with a community of practitioners and researchers who are beginning to see the benefits of talking openly about remapping race and the epistemology of race and other equality strands as the central drivers for research into well-being and mental health.

I am also a member of the Black and Asian Coaches Association (BACA), working to promote opportunities for Black and Asian people in the game of football. BACA aims to prevent modern drapetomania, modern slavery and promote good mental health in relation to the Sporting Charter for Mental Health.

Colin King

Mental Health Peer Support award

EKTA (based at Mind in Harrow) recently won the Marsh Award for Mental Health Peer Support. EKTA (which means ‘unity’ in Hindi) offers mental health peer support to members of the local South Asian community. The award recognises excellence in peer support and was presented to them at Peerfest 15 on the 10th of December.

EKTA is a peer-led group run by members of the community, for the community. EKTA responds to the culturally specific mental health needs of the South Asian community. They tackle stigma and discrimination, provide information in community languages, aiming to break down the barriers that prevent people from getting help. Members are given a ‘safe space’ to talk about the issues they face as well as the opportunity to take part in monthly activities, share skills, gain information and have a voice in local mental health service provision.

If you are interested in getting involved in EKTA, please contact the Mind in Harrow office on: 0208 426 0929 or email: info@mindinharrow.org.uk.

Impact of the budget on BME Communities

According to the Runnymede Trust, the 2015 budget will have greater negative impact on BME communities, with minority ethnic Britons around twice as likely to lose out as white Britons from George Osborne’s plans. Black and minority ethnic (BME) people are over-represented in several categories which are negatively impacted by the 2015 summer budget.

BME households are already more likely to be living in poverty than white British families. Cuts to tax credits are five times more likely to adversely affect some BME communities: they are more often associated with part-time working and Bangladeshi/Pakistani men are amongst those more likely to work part-time.

Young people will be particularly hard hit. The younger age profile of BME communities means that they will be disproportionately affected. Youth unemployment is around double among BME people, having risen by 49% over the past 5 years compared to a 2% fall among young white people. Changes to housing benefit will particularly affect BME young people. Other areas where changes will disproportionately affect BME people are in the benefits cap, apprenticeships and large families.

The Runnymede Trust called upon the government to carry out a formal audit of the effect the budget will have on racial equality: an equalities impact assessment.


300 Voices

In December, Anjie Chhapia attended a 300 Voices Engagement Event in London. 300 Voices is a partnership. The pilot project was launched in January 2013 in partnership with Birmingham and Solihull Mental Health NHS Foundation Trust, the West Midlands Police, Birmingham City Council and young African and Caribbean men with experience of the mental health system.

300 Voices came about in response to the marked inequalities in mental health affecting African Caribbean communities, particularly young men. It aims to improve community engagement and address the mental health inequalities of young black men. The main objective of 300 Voices is to improve the experiences of young African and Caribbean men when coming into contact with the mental health system.

The engagement workshops use story-telling and dialogue, enabling people to tell their stories and share their experiences, alongside appreciative inquiry and restorative practice.

The plan for 2016-2021 is for 300 Voices to roll out to five mental health Trusts with a 3 tier structure: leadership and strategic buy-in, partnership working, community engagement (working with the power of stories) and peer support with young African and Caribbean men.

For further information, contact Mike Silvera: m.silvera@mind.org.uk

Network for Mental Health
Mental Health Task Force report

The Mental Health Taskforce report was published in February 2016: [www.england.nhs.uk/mentalhealth/taskforce/](http://www.england.nhs.uk/mentalhealth/taskforce/). It includes a summary of where NHS mental health care is now and recommendations for improvements setting out where the care and treatment of people with mental health conditions should be by 2020.

Many mental health charities have applauded the report as a major step forward and praised it for highlighting a number of unpalatable truths about current unmet needs. Examples include:

- Only 14 per cent of adults in crisis felt they were provided with the right response (CQC)
- Men of African and Caribbean heritage are up to 6.6 times more likely to be admitted as inpatients or detained under the Mental Health Act
- People with long term mental health problems are at risk of dying on average 15 to 20 years earlier than other people

While it is excellent to have these issues set out as the basis for a five year strategy for mental health, this is only a strategy for the NHS. It does not address the profound lack of spending on social care, the continuing effects of local authority spending cuts on the voluntary and community sector, and there is no discussion about the ways in which welfare reforms could be seen to have disproportionately affected those with long term mental health needs.


Final word

As I write, NSUN are facing another funding crisis and we are not alone. Since we last surveyed our group members, over 20 have disappeared many due to funding cuts. And these cuts are affecting BME groups more than most, as pointed out elsewhere in this newsletter. This year looks like being a thin one for many of us. As we are forced to work harder to survive, it will be more important than ever to build on our strengths - such as peer support and partnership working. We must also celebrate our successes, and later this year NSUN plan to be celebrating our 10 year anniversary - it is ten years since the first conference that launched the organisation: Doing it For Ourselves.

Sarah Yiannoullou
NSUN Managing director

You can follow our ‘survive’ campaign on twitter #NSUNsurvive10 and on the website.

Making A Difference - An Alliance to be proud of

Responding to the Crisis Care Concordat National objective to improve standards of care for those most in need, NSUN established Making A Difference; a resilient and influential service user and carer alliance feeding into the commissioning and delivery across the work of 8 Clinical Commissioning Groups across north west London. Led by Naomi Good, the Making A Difference Alliance of 32 leaders is as diverse as the borough communities it represents with 68% coming from BME communities.

The 4Pi National Involvement Standards and Values-based Practice provide a spring board for service user and carer led Experience Based Co-Design (EBCD). EBCD is a participatory action research method that is enabling the Alliance to instil a cultural shift towards equality of voice, power sharing and co-design of services, together in partnership with clinicians. The Alliance is unique and advises both strategically and locally through the Like Minded North West London Mental Health and Wellbeing Transformation Board. The key ongoing aims are to address unacceptable levels of variation in mental health support and to improve multi agency working. You can find out more on the NSUN website: [http://www.nsun.org.uk/membership/members-platform-mad-alliance/](http://www.nsun.org.uk/membership/members-platform-mad-alliance/)