March/April 2013

The MENTAL HEALTH HUMAN RIGHTS SOCIAL JUSTICE

SOLUTION

Black Mental HealthUK Online Magazine

Care & Support Minister Norman Lamb MP

committed to working with communities

Prostate Cancer UK

consultation service could save a loved one's life

Wolverhampton Heritage Centre

Activists buy Enoch Powell's former Conservative Club

Mental Health & Police Commission

Widespread concern!

Lawyer of the Year

Leslie Thomas

Committed to Combating Injustice!

This edition of The Solution (TS) magazine has been published for the months of March and April 2013.

Care and Support Minister Norman Lamb MPs endorsement of this edition is a testament to BMH UK's efforts to keep the issue of the unequal treatment of people from the UK's African Caribbean communities that come in to contact with mental health services on the Governments mental health agenda.

Our cover feature on award winning barrister, Leslie Thomas charts some of most high profile death-in-custody cases, which have also been landmarks in black Briton's history, ahead of the Smiley Culture and Mark Duggan inquest that he will be taking on this year. Social activist's acquisition of the former Conservative club where Enoch Powell is believed to have penned his 'River's of Blood' speech shows how community leaders are healing the wounds of history. Our campaigns page gives the lowdown on some of the most critical issues affecting mental health service users and the wider community.

Our must read news section has the latest on the Met's Independent Commission on policing and mental health, plans to roll out Tasers across London's capital and the recent little known change in Mental Health Law, which was rushed through parliament recently.

Food writer Chris Del La Rosa shares classic Caribbean recipes and Charmaine Simpson from Black History Study's sheds light on '15 things you didn't know about the history of black people in London'.

We hope you enjoy this edition of TS magazine published by human rights campaigns group Black Mental Health UK.

M MacAffrim

Consultations – policy changes in mental healthcare

Department seeks views on NICE standards to improve quality of social care
Care and Support Minister Norman Lamb, has launched a 12 week consultation to establish a full set of NICE quality standards and guidance for social care. You can respond to the consultation on line or download a full copy of the NICE consultation document.If you have any questions about the consultation you can e-mail the social care team at rebecca.lawther@dh.gsi.gov.uk. Consultation ends on 26 April 2013.

Community Remedy consultation
The Home Office is running a consultation seeking views on proposals to introduce legislation to allow police and crime commissioners (or the relevant local policing body) to give victims of low-level crime (such as low-level criminal damage and low-value thefts) and antisocial behaviour a say in the punishment of the offender. This would be used when low level crimes and antisocial behaviours were dealt with out of court - either as part of an informal community resolution or a more formal conditional caution. Send comments by completing our online form at this link here www.homeofficesurveys.homeoffice.gov.uk/v.asp?i=65591ewsbm Consultation closes on 7 March 2013.

Direct payments for healthcare consultation
A public consultation on changes to the regulations for direct payments for healthcare has been published by the Department of Health. Direct payments are where money is given directly to an individual for the management of their NHS care. They are currently only lawful within DH-approved pilot sites. The Government's intention is to roll out personal health budgets more widely, including extending the use of direct payments, by updating the regulations so that they can be offered across the country. For more information click this link here: http://www.dh.gov.uk/health/2013/03/direct-payments-consultation/

Consultation closes 26 April 2013

The Solution, Designed by: Liam Curtis (l.j.curtis@salford.ac.uk)

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Welcome

This has been a significant year for mental health and for the recognition of its importance – across Government and for the NHS and social care. Within this is a continued commitment to ensure that the needs of all communities are considered and met and equality issues addressed.

The implementation framework for the mental health strategy, published in July last year, sets out clear roles and responsibilities for a range of organisations to improve mental health and well-being. This includes the Department of Health's role in tackling health inequalities and ensuring equality in mental health services.

One particular inequality of which I am acutely aware is that faced by people from African Caribbean communities in respect of their mental health. Still too many are accessing services at point of crisis, too many are dissatisfied with services, and too many are suffering poorer outcomes.

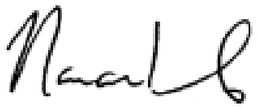
I am determined that DH will retain responsibility, working with partners and stakeholders, including Black Mental Health UK, to improve outcomes for this and other disadvantaged groups.

The Health and Social Care Act 2012 creates equal status for mental and physical health – with the aim to achieve "parity of esteem". The new Department of Health mandate to the NHS Commissioning Board - which sets out the Government's priorities for the NHS - clearly asks them to make this ambition a reality. One of the eight key objectives of the mandate is "putting mental health on an equal footing with physical health - this means everyone who needs mental health services having timely access to the best available treatment".

So parity of esteem needs to extends not only to mental health services but also to the range of individuals and groups that need to use them. The mandate acknowledges there are still too many longstanding and unjustifiable inequalities across services, in the quality of care and in health outcomes for patients. The Government has made sure that the NHS Commissioning Board is under specific legal duties in relation to tackling health inequalities and advancing equality. The Government will hold the Board to account for how it will discharge those duties.

Finally, I recognise that there are concerns about incidents in recent years where someone with a mental health condition has either died or been seriously injured after police contact.

I particularly commend the efforts of many grieving families who have worked tirelessly and with great dignity to bring these matters to light, and acknowledge the need for the widest possible national learning from them.



Norman Lamb MP,
Minister of State for Care and Support

Johanthan Andel the latest in a litany of deaths of black men in custody

By Matilda MacAttram, Director of Black Mental Health UK

For people from the UK's African Caribbean communities, deaths in custody and mental health care are sadly inextricably linked.

While by no means an exclusively black issue, the cases of Kingsley Burell-Brown, Sean Rigg, Olaseni Lewis, Alvan Thompson, Fitz Hicks, Mikey Powell, Roger Sylvester and now Johnathan Andel is evidence that deaths in custody and particularly within the mental health system is hitting black Briton hardest. 24-year-old Johnathan Adel lost his life while in the care of Mental Health Services just three weeks into 2013. This case is just the latest in a long line of healthy young black men who have died while in the care of mental health services, leaving yet another shattered family seeking answers for his death.

Joseph (r), Jacqueline Sinclair, Johanathan's Mother and Michelle Fullerton(L) - Johnathan Andel's family

Their decision to take on the David and Goliath type battle facing any family who decides to uncover exactly how their loved one has died while in the care of the state has denied them any opportunity to begin the grieving process; but without such answers it is difficult to see how closure on such a traumatic incident can be achieved. People from the UK's African Caribbean communities continue to be over represented within the most secure parts of the mental health system, where a significant number of these fatalities occur. It is now common knowledge that black people are subject to detention under the Mental Health Act in far greater numbers than their white counterparts, even though there isn't a higher prevalence of mental illness within this group.

Compulsion and coercion typify the black patient experience. This is borne out by figures from a series of reports by the Care Quality Commission on ethnicity and mental health, which shows that black patients are 29% more likely to be forcibly restrained, 50% more likely to be placed in seclusion and given far more likely to be labelled as psychotic and given much higher doses of antipsychotic medication than their white counterparts.

The treatment of this patient group when in this system is undeniably a factor in the disturbing numbers of preventable deaths which occur in mental health settings. People detained under the Mental Health Act account for 60% of those who lose their lives in the care of the state. But while fatalities in this sector far outnumber that of any other custodial setting, unlike deaths in police or prison custody, where an inquest is based on the investigation conducted by an independent body, no such equivalent independent mechanism exists for mental health. It is questionable how it is possible for a mental health trust to be independent when investigating a death or serious incident, which may have been caused or contributed to by the failures of its own staff and systems. In a submission to the Home Affairs Select Committee during its investigation into the IPCC (Independent Police Complaints Commission) in 2012, BMH UK called for an independent body to investigate the deaths of people detained under the Mental Health Act.

While this will never bring back a loved, it would help grieving families to being the process of getting closure on such incidents. An independent body could also play a part in ensuring that statutory health providers actually learn the lessons from such tragedies in order to prevent them from occurring again. With the death of Johnathan Andel coming so fast on the heels of high profile Sean Rigg inquest verdict, it would appear that nothing has really changed to improve the treatment and care of black patients in the care of mental health services.

Olaseni Lewis Master's Graduate

2013 is set to see the inquests of a number of high profile black deaths in custody cases. As well as Mark Duggan and Smiley Culture, the inquest into the disturbing case of masters graduate Olaseni Lewis is due to begin this spring. Lewis like Andel was a voluntary patient. The 23-year-old died after he was restrained by 11 police officers who were called onto the ward by staff at the South London and Maudsley NHS Trust back in 2010. It will be almost three years before the Lewis family find out exactly how Olaseni lost his life, no family should have to wait this long and sends a clear message on the value that society has been put on the lives of those who die in this system. This in itself is an injustice which needs to change.

An exclusive interview with lawyer of the year
Barrister Leslie Thomas

With an almost unparalleled track record for advocating on behalf of families who have lost loved ones at the hands of the state and particularly mental health service users, barrister Leslie Thomas legal career has seen him take on cases which have also been significant landmarks in black Briton's history.

Thomas has spent the last 20 years in court rooms up and down the country advocating for grieving families looking for justice and seeking a change in the way the system treats some of societies most vulnerable and marginalised groups. Voted Legal Aid Barrister of the year in 2012, he is been described by his peers as a man who 'has done more for families of those who die in custody or at the hands of the police than any other single lawyer.' From Ibrahim Sey and Roger Sylvester to Christopher Alder and Sean Rigg, Thomas has battled for justice for relatives of these families, often facing David and Goliath odds making it clear his commitment to be a 'voice to power' for society's most voiceless groups.

Clearly in his zone in the courtroom, Thomas shares with BMH UK's The Solution Magazine about his journey to law, being awarded barrister of the year by his peers, why mental health matters to him and what the future holds.

Reflecting on his journey to the bar Thomas says: 'it was a dream of mine from a very early age, of about 13 or 14. I always wanted to be the person who spoke up in court on behalf of people. I didn't appreciate the distinction between a solicitor and a barristers, I just wanted to be the lawyer who spoke in court.'

After finishing his A levels at a comprehensive school in Battersea, South London, Thomas applied to Kingston University to study law. 'I was really fortunate, because despite the fact that I didn't have great A level grades Kingston gave me an interview and I got into University based that. I suppose it was at University I saw the merit of education because I went from strength to strength. By the end of Kingston I ended up coming second in my year. For someone who scraped into University it was a significant change.'

The early years

Thomas when straight from University to practice law, but it took a while for him to find his niche. He recalls: 'my professor at law school got me a placement or pupilage in a commercial chambers. I was there for nine months even though I was supposed to be there for a year, as my heart was not in it. My Pupil Master went around representing large faceless agencies like ICI, which gave me really good training, but I wanted to represent the small person. That is what I have always wanted to do.'

Although the demands of his pupilage took up a significant amount of his time, from the outset of his career Thomas has always given back to the community. 'Back then I did voluntary work for places like the Clapham and Brixton Law Centre's. I also worked for an organisation in Brixton that supported people from the African Caribbean community who used mental health services, called the Brixton Circle Project. It had the Fanon Day Centre and a housing support service. I was on the management committee for about five or six years and that is what really opened my eyes to the sheer numbers of people who use mental health services from within our communities. I was also a volunteer for Lawyers for Liberty, so nearly every evening I was doing voluntary work and in the day I was representing large faceless organisations.'

> **"Done more for families of those who die in custody or at the hands of the police than any other single lawyer."**

Vision becomes reality

There was a sudden turn in Thomas legal career after a conversation with Lord Tony Gifford back in the late 1980's. 'I was at a party and he asked me what I was doing, so I told him and he asked me to come to an interview. Lord Gifford was head at a small set of chambers, which was forward thinking; it allowed parent leave and even paid their pupils. I wasn't being paid as a pupil and looking back on it, which was 25 years ago, I really don't know how I did it all. But he was way ahead of the pack doing human rights work, which was called civil liberties at the-time,' Thomas said. This move changed the area of law Thomas worked in and the vision that he held as a teenager at 13 started to become a reality.

'I joined his chambers and my feet never touched the ground, I was at Wellington Street for a year and it was amazing,' Thomas recalls.

'It was during the poll tax cases, and time of the miscarriage of justice cases of the Guildford Four and Broad Water Farm. It opened my eyes because before this I didn't realise that law could be so exciting – it was a marvellous experience' he adds.

However the role came to an end when Lord Tony Gifford decided to leave the country.' Wellington street didn't last long as Gifford decided to represent people in Jamaica on death row, so the set split and some set up and formed the new Doughty Street Chambers, but I decided that wasn't for me and so went to Garden Court Chambers and have been there ever since and have never looked back.'

It was at Garden Court that Thomas took on his first death in custody case. 'It was back in 1991 that I did my first inquest and that was a real eye opener' he said. 'The case was in outside London in South East England where someone had died as a result of police restraint.'

Uneven playing field

Looking back on this case he speaks candidly about this experience. 'I was always taught that we are in a gentleman' profession with a clear etiquette when it comes to how one conducts business. But it was nothing of the sort – it was cut-throat. There were five barristers who represented different police interests, for example, the chief constable and the individual officers involved. All their barristers had bundles of documents and the paperwork they needed for his case, but I wasn't given anything at all. It was a real shock to me and this was in the days of no disclosures.'

He continues: 'the coroner in this case was really rude to me, like I was the enemy when all I was doing was representing the family. At the time I didn't know anything about positional asphyxia and when I left that court I decided that I would never allow myself to be placed in that kind of position ever again.' 'Back then there was no public funding for Inquests, when you turned up you had no documents, you had a hostile court and I was doing these cases for free, while those representing the state were being paid by the state. It wasn't until the Human Rights Act of 2000 that the Government starting providing funding routinely for families at Inquests,' Thomas added.

Thomas has come a long way since his first Inquest, taking on some of the most high profile cases death in custody cases during his career. His reputation as a fearless advocate has meant that he is highly sought after by people seeking justice in cases of abuses by the State.

'One of the biggest cases I did involved the death of Wayne Douglass, which sparked the second Brixton Riots after he was restrained by police officers at Brixton in 1995' 'I also represented Joy Gardner's mother in the High Court and represented mental health service user, Ibrahim Sey, which was the first case of a death in custody following the use of CS spray. In 2000 I represented the family of Christopher Alder where I secured an unlawful killing verdict. More recently I represented the Rigg family and the Azelle Rodney's family.'

Undeterred

Thomas will also be lead barrister for what is likely to be two historic cases later this year, that are of major significance to the community and the nation as a whole. 'The next big thing is that I am representing both Mark Duggan and Smiley Culture's families at their Inquests this year so the work is varied and interesting,' he adds. While interesting and varied the many cases he has worked on have also touched him personally. 'The impact that this work has had has been quite profound I would say. I don't think you can do this work and not be touched by the pain and grief.

Thomas has paid a personal price for taking on such powerful systems and while he remains undeterred he points out: 'I am now 25 year call I was called in 1998. Most people would have taken silk and become a QC by now, but what I do is not popular. I look at that and I know it hasn't pushed my career, there has been a cost at the professional

level I think – if you are going in front of them and being a thorn in their side you are unlikely to get recommended by them for promotion. But the way I have overcome any obstacle I have faced is by not giving up and working hard.'

THE POWER OF THE BLACK VOTE

- THE BLACK VOTE CAN DECIDE ALMOST 100 SEATS IN A GENERAL ELECTION
- BLACK PEOPLE IN THE UK HAVE A COMBINED DISPOSABLE INCOME OF £32bn

WHY MUST WE ACT?

- FOR PARLIAMENT TO BE REPRESENTATIVE WE NEED TO DOUBLE THE CURRENT BLACK MPs FROM 27 TO 65
- AFRICANS IN THE UK ARE THE LEAST LIKELY TO BE REGISTERED TO VOTE AND ALL BLACK COMMUNITIES ARE UNDER-REGISTERED

REGISTER FOR CHANGE, REGISTER TO VOTE

www.obv.org.uk #BlackVote info@obv.org.uk

STAND UP TO BE COUNTED

Who is eligible to vote and how to register

WHO?

- Anyone aged 16 or over can register to vote (but cannot vote until you are 18)
- Resident in the UK
- A British citizen or a qualifying Commonwealth, EU or Irish Republic citizen
- Not subject to any legal incapacity to vote.

HOW?

- Simply fill in the form online, available at www.aboutmyvote.co.uk
- All you need to give are your basic details (Name, D.O.B and address) and to sign the declaration
- Or fill in the form overleaf and OBV will send you a registration form.

Make a difference to your community and register today.

Your future is in your hands

Please fill this form to receive information about Operation Black Vote and as the first step to making sure that you are registered to vote.

Surname: _____

First name: _____

Address: _____

_____ Postcode: _____

E-mail address: _____

What is your age? _____

What is your ethnic origin? _____

Please return to OBV, 18a Victoria Park Square, London, E2 9PB

REGISTER FOR CHANGE, REGISTER TO VOTE.

ABOUT OPERATION BLACK VOTE

Operation Black Vote is a non-party political organization that aims to address the Black democratic deficit. OBV's goal is for a fair, just and inclusive democracy - one that offers rights to all and demands responsibility from all sections of society. Our vision is of a talented, energetic & creative Black community that will improve British democracy and British society. It aims to make that vision real throug political education, political participation and political representation.

W: www.obv.org.uk T:#BlackVote E: info@obv.org.uk Ph: 0208 9835426

Does spiritualising mental illness help or hinder? Conference 13th March 2013

Mental illness is not uncommon, data from the Department of Health shows that one in four people will be affected by this condition in their lifetime. Yet many people suffer in silence for fear of being stigmatised or shunned by family, friends and society in general. Juney Muhammad asks does spiritualising mental illness help or hinder? Do we dare to talk about this taboo subject?

South London and Maudsley NHS Foundation Trust

People from different cultures and faith communities across the world have differing beliefs about the causes and treatment of mental illness. Some will not seek NHS treatment because they believe it is caused by witchcraft or 'evil' spirits, others because they see it as fate or karma which is beyond their control. There are also those who believe mental illness is due to personal transgressions, or retribution for sins of the fathers/ancestors, which are manifesting as generational curses and is therefore something to be endured.

These beliefs are often viewed negatively by the media and statutory services. Perhaps because where people have relied on their faith rather than medication or statutory services for help, only the tragic stories of fatalities or abuse make the headlines. This can lead to further demonising and stigmatising of religious communities. Some consider such views as a reason behind the fear of mental illness or associating with those who have this condition.

Data shows that African Caribbean people living in the UK have lower rates of common mental disorders than other ethnic groups but are more likely to be diagnosed with severe mental illness.

However, most of the research in this area has been based on service use statistics and some research suggests that the actual numbers of African Caribbean people with schizophrenia is may be much lower than originally thought. African Caribbean people are also more likely to enter the mental health services via the courts or the police, rather than from primary care, which is the main route to treatment for most people. Black people are also disproportionately more likely to be detained under the Mental Health Act and more likely to receive medication, rather than be offered talking treatments. This may be because African Caribbean people are reluctant to engage with services, and so are much more ill when they do. This lack of engagement is often linked to fear of injustices people feel they might face.

General fear and stigma associated with mental illness also often lies behind a family member or loved one's decision to exclude or isolate those affected and treat them as though they don't exist. Some families hide the fact that a relative is ill and therefore suffer in silence for years. It's like an open secret that is known but not spoken of.

With very little public education work in this area people generally do not know how to recognise early warning signs and symptoms when someone they know is becoming unwell and a lack of accessible information means that people do not know where to go to for help.

There is an important role for the community to play in addressing this very serious issue. To transform feelings of powerlessness and reluctance to engage, to those of empowerment and faith that we can make a difference.

Health care providers have a statutory duty to improve the treatment of this patient group while in their care and South London and Maudsley NHS Foundation Trust (SLaM) has made links with both local and faith communities to increased mental health literacy as well as improve communication and understanding between mental health services and BME communities. More and more people are attending the workshops that we run, these include: Training in Spiritual and Pastoral Care in Mental Health, Mental Health Awareness (MHA), Mental Health First Aid (MHFA), and more recently Time to Change national campaign. Through this work I have seen families benefiting by becoming more involved and more informed about this health condition.

The aim is to support the community and services to engage with each other positively and see a change in the way young black men experiencing mental illness are treated. With the right help and information they can take steps to prevent mental illness and be aware of the practical ways to access a range of services early before things get out of control and end up in crisis. I would like to encourage people from the community to help this make this change and become a part of a different narrative that helps to 'heal our broken village'.

Community Faith Leader graduates from 4th Sept - 12 Sept 2012 Course in Spiritual

We invite you to:
SLaM's latest conference, that brings together people of faith, local communities, mental health service users and professionals. The event considers the questions: Does spiritualising mental illness help or hinder? Do we dare to talk about this taboo subject? Speakers will include psychiatrists, faith leaders, campaigners, people with experience of mental illness, young people, health professionals and a local theatre group.

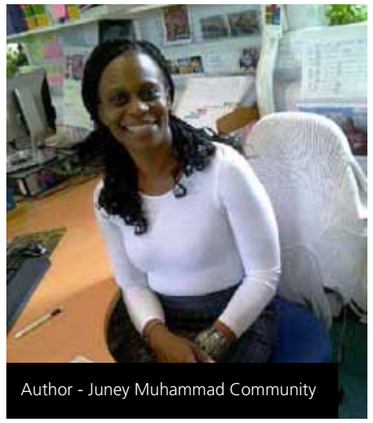
Why we are holding this conference?
- To raise awareness of mental health and wellbeing in order to support people in our faith groups and local communities with mental illness with a view to reducing shame, stigma and discrimination.
- To understand and promote spiritual effective practice.

Priest wearing a cross

- To work compassionately and appropriately with hurting communities
- To facilitate a frank, non-judgmental conversation from a place where the communities legitimate fears and concerns about accessing mental health services can be voiced.
- To educate and empower faith leaders and local people to have greater confidence to differentiate between spirituality and signs of mental illness.
- To encourage positive self-help strategies that provide support, promote wellbeing and help prevent the onset of mental illness
- To recognise and spot signs of mental illness and how to access appropriate professional help and information when necessary.

Please come along and get involved, we believe that you can make a difference: Bring a member from your faith group, your neighbour friend, sister, mum, dad or colleague to our conference. Ask does the community service in your area know about mental illness or how to help local people? Invite them along as well!

We welcome you to look at how we move forward together to reduce the risk and impact of mental illness and strive towards healthier, happier flourishing Communities.



Author - Juney Muhammad Community

Information Box
South London and Maudsley NHS Foundation Trust Mental Health Conference

Date: Wednesday 13th March 2013
Venue: Christ Ladder Ministries 777-789 Old Kent Road 2nd Floor (opposite ToysRus on top of Carphone Warehouse SE15 1NZ

Time: 2.00pm – 8.00pm

About the author
Juney Muhammad is the Mental Health Promotion Team Community Development Service Manager at South London and Maudsley NHS Foundation Trust.

For more information she can be contacted at e: Juney.muhammad@slam.nhs.uk

FAITH AND MENTAL HEALTH CONFERENCE

Does spiritualising mental illness help or hinder?
Or is it about the proverb 'Belief Kill and Belief Cure'

DATE **WEDNESDAY 13 MARCH 2013**

TIME **2 pm – 8 pm**

VENUE **Kingston House** (above Carphone Warehouse, opposite Toys 'R' Us)
2nd Floor,777 – 787 Old Kent Road
London SE15 1NZ

For further information only contact: **juney.muhammad@slam.nhs.uk** Phone: **07950 241 859**
Please register your attendance with carolyn.swan@slam.nhs.uk

FREE ADMISSION,
Lift Access, Light refreshments (no pork)

time to change
let's end mental health discrimination

South London and Maudsley NHS
NHS Foundation Trust

NHS Lambeth

NHS Southwark
Improving the health and wellbeing of Southwark

GUEST SPEAKERS & CONTRIBUTORS

Graduates from the Spiritual & Pastoral Care Course in Mental Health:
Pastor Olu
Evangelist John Maforikan
Prophetess Mary Omolabi
Rev Elva Sulivan
Pastor Shirely Roberts
Rev Cameron Langlands- Spiritual and Pastoral Care Team
Matilda McAttram – Black Mental Health UK
Insight into understanding cultural norms and values

ACTIVITIES

Rev Douglas – Holy Apostles Theatre Ministry - "I'm a Believer get me out of here"
Family Health ISIS – Ubuntu Social Living Networks – youth perspective on understanding Mental Illness & recognising signs and symptoms
Debate: Is spirituality & faith more effective than psychiatry or vice versa

HEALTH PROFESSIONALS

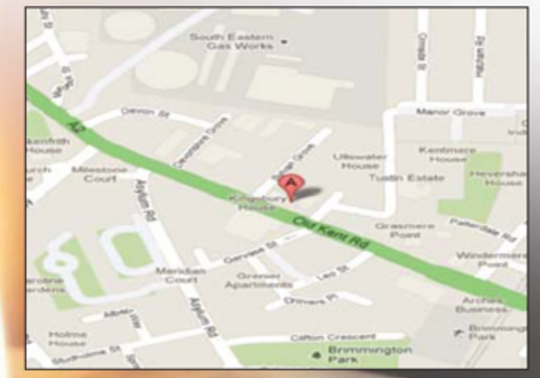
Dr Dele Olajide- Working with communities
Dr Deji Ayonrinde- Chair Debate
Dr Jerson Pereira- What is mental illness and how do you get it
Dr Jonathan Campion – Prevalence of mental illness
Dr Sadie King, The Tavistock Centre – Traditional Healers

ACKNOWLEDGEMENTS

Rev Josiah Anyinsah, Imani Harrison, Professor Jerome Carson, Steven Badger
Dr Louisa Codjoe , Carmine Da Rosa, Julie Odele, Caroline Benker, Angela MacDonald

All are welcome!

Supported by South London & Maudsley NHS Foundation Trust, NHS Southwark, NHS Lambeth



Getting here: Nb. Venue Nearer to New cross end of Old Kent Road, above Carphone Warehouse and opposite ToysRus
Buses: 21, 53, 172, 453, 78, 63, 363, P12,381
Stations are: South Bermondsey, New Cross Gate, and Elephant & Castle
Limited free local parking on nearby side streets within 5 to 10 minutes walk

UN General Assembly mark 2013 as the start of the Decade for People of African Descent

The United Nations General Assembly has declared that 2013 will mark the start of the United Nations (UN) Decade for People of African Descent (DPAD), which will run from 2013-2023. Agreed at the Human Rights Council during the 66th session of the UN General Assembly back in September 2012, the decision comes after the proposal was made by Prof Verene Shepherd, Chairperson of the United Nations Working Group (UNWG) of Experts on People of African Descent.

Speaking to the Human Rights Council, Prof Shepherd brought to the international delegates attention findings by the UNWG that despite the diversity of situations among people of African descent, there were several common issues that must be addressed. 'These were manifested in their grouping among the poorest of the poor in many countries, often inhabiting the regions with the most precarious infrastructure and being more exposed to crime and violence, low levels of participation and political underrepresentation.' papers published by the UN on this meeting state.

Prof Verene Shepherd - Chair UN Working Group on people of African Descent

The UNWG chair proposed a Decade for People of African Descent and the draft programme of action as an important step towards the implementation of existing commitments and the fulfilment of the goals of the Durban Declaration and Programme of Action and the Convention on the Elimination of all Forms of Racial Discrimination.

> 'The Decade would move States along to address discrimination against people of African descent, especially where discord existed between policy and practice.'

Prof Shepherd, said that there was a general agreement in the Working Group that the International Year of People of African Descent had not achieved its laudable objectives, and that was why it proposed the International Decade for People of African Descent. Prof. Shepherd agreed with comments from delegates that no State was free from discrimination and welcomed efforts by UN member states to address discrimination. 'Hopefully, the Decade would move States along to address discrimination against people of African descent, especially where discord existed between policy and practice,' she added.

The chair of the UNWGAD welcomed the adoption of special measures such as affirmative action by member states like the US as essential to remedy the situation of people of African descent and address structural inequalities. She also assured the council that the Decade would not be contrary to the existing international law and instruments; quite the contrary, it would boost the efforts.

Prof Shepherd stressed that there was indeed a hierarchy of discrimination, linked to historical wrongs, slavery and legacy of slave trade; 'this was uncomfortable to admit for some States, but was necessary in order to end discrimination as set out in the Durban Declaration and Programme of Action.'

The suggested themes for the decade are: 'Recognition, Justice & Development', with a program of co-ordinated events at a national and international level including: a national education campaign, international conventions, a national plan for justice and self determination, and the promotion and organisation of a co-alition of African descent organisations.

2013-2023
INTERNATIONAL DECADE FOR PEOPLE OF AFRICAN DESCENT

UN International decade for people of African Descent 2013 - 2023

UNITED NATIONS HUMAN RIGHTS
OFFICE OF THE HIGH COMMISSIONER

United Nations Human Rights

2011
INTERNATIONAL YEAR FOR PEOPLE OF AFRICAN DESCENT

Prostate cancer: A one-to-one consultation service

Did you know...?

Two out of three adults do not know what the prostate gland does. So why does this matter? Prostate cancer is the most common cancer in men in the UK; over 40,000 men are diagnosed with prostate cancer every year. African Caribbean men are three times more likely to develop prostate cancer in the UK, compared to white men of the same age.

What are we offering?

As part of our commitment to men we are piloting a new service until November 2013, across the UK. We are offering awareness sessions in a range of community settings to address signs, symptoms, risk factors, myths and information on testing to reach men who are at higher risk or more likely to experience worse outcomes. In addition we will offer access to one-to-one consultations with a Prostate Cancer UK Specialist Nurse. We are offering to come to your group to deliver prostate cancer awareness sessions and one-to-one consultations. The awareness sessions will alert your group to signs and symptoms of prostate cancer, risk factors and some of the myths about the disease and pro's and con's of testing.

The one-to-one consultations can be done on the day, allowing men to ask questions about their own health in confidence and receive answers there and then. We are really keen to talk to African Caribbean men, to let them know they have a much higher risk of developing prostate cancer.

Why are we doing this?

Because men deserve better! We all know that men can be reluctant to see their GP and we want to try new ways to reach them with the health information that they need. We know from our research that some men are more likely to engage with their health when information is provided in their local community.

Holding the consultations on site at the same time as the awareness session will enable us to reach men while they are interested and have questions fresh in their minds. Also, the informal setting is less daunting than a visit to the GP.

What will the one-to-one consultation involve?

Men will be able to talk in confidence face to face with the Prostate Cancer UK Specialist Nurse. During the consultation, men will receive a personal consultation card that will record the recommended actions discussed (if any). We want to support and empower men to take action, should they need to. Approximately six weeks after the consultation men will receive a call from the specialist nurse to discuss if they have taken any action, and to understand and address any inaction.

Meeting your needs

So that we can meet the needs of men, we are offering a flexible service and we can discuss ways in which the sessions can be adjusted to suit the needs of your group. For example, you may just want to have one-to-one consultations within your venue that you advertise in advance so that men can book themselves in.

We can also provide support to men who have already been diagnosed with prostate cancer by providing education and specialist support tailored to their different needs. We can arrange to do this at any point in their cancer journey.

We can also support you in promoting the event in local newsletters and community media so that we can reach out to as many men as possible within your local community.

So what do you need to do next...?

Contact Manveet Patel to find out further details or book a slot!

Manveet Patel 0208 563 3913 or
manveet.patel@prostatecanceruk.org

Prostate Cancer UK is a registered charity in England and Wales (1005541) and in Scotland (SC039332). Registered company number 2653887.

PROSTATE CANCER UK

Giving voice to the voiceless

We Are Still Here

By Angela Corrina

Rejection - You have tried your best, and, you have done your worst

We have been forgotten and we have been forsaken
By the community, by society, and by the health services
We have been over-medicated and over-hospitalised
and finally, we have been left by the wayside of the world

But, we are still here..., we are still here!

We may be the unwanted and unheard souls of humanity
But, we are still here
Because we are also, the children of the light

Though we may be cast aside into the shadows
And labelled all the cruel names under the sun
by an uncaring and misinformed society

We are still here - to shine in the face of contempt
As the sons and daughters of creation
Who journey under a different sky
Even though, sometimes, we wear the clouds on our shoulders

We are still here for we are cherished by the universe
that brings us comfort when doors are closed to our presence
And promises us that we still have the fire of life within our souls
that fuels our dreams for a life fulfilled

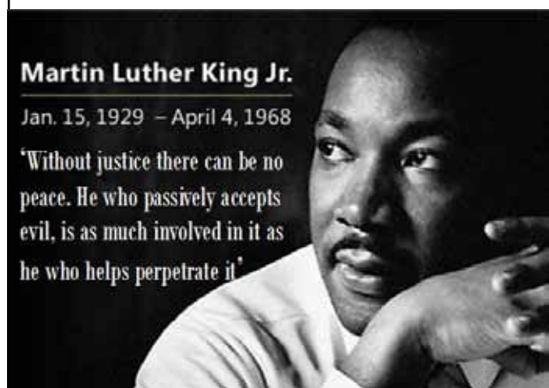
We are still here because, in spite of all the rejection we have faced
We know that we are always accepted by the love of God

And so, we are still here - look around and see us
We are still here..., we are still here...

No Justice, No Peace

By Lorraine Bennett

What if Rosa had stood when asked to give up her seat,
Hadn't fought her corner-had pandered to defeat?
What if Dr Martin had chose not to share his dream
had listened to the negative & turned the other cheek
what if Nelson Mandela hadn't been willing to fight
to give up his freedom for what he knew was right.
What if we all ignored the pain in a mother's eyes
chose to believe the media to buy into the lies.
What if your child was taken, slain behind closed doors
& when you asked for answers, your pleas were all ignored?
What if your child's memory was tarnished for all to see
by the very ones who took him & they were left to walk free
What if we all stood by & refused to march or fight
couldn't find the strength to stand by what we know is right?
What if it were you? Would you want me to march in your name?
Want me to search for answers, find out who's to blame?
So when you ask me why I march-what can possibly be achieved?
I don't ask what if or why. I answer: 'No Justice: No Peace!'
By Lorraine Bennett



Mental health services users make for 60% of deaths in custody new data shows

The latest report by the Ministerial Independent Advisory Panel on Death in Custody shows that those detained under the Mental Health Act account for 60% of all deaths in state custody.

This 30 page report includes a detailed statistical analysis of all recorded deaths in state custody between 1 January 2000 and 31 December 2011. Chaired by Lord Toby Harris, this independent panel has been tasked by the Government to shape government policy in this area through the provision of independent advice and expertise to the Ministerial Board on Deaths in Custody with a view to seeing the numbers of preventable fatalities come down.
Race equality experts have voiced concern over figures in this document which shows that people from the UK's African Caribbean communities continue to be over represented in these deaths.

Fourteen people (15%) categorised as black lost their lives while detained under the Mental Health Act in 2011, with three people (1%) of those recorded as mixed race. With black people accounting for just 2.9% of the national population, these figures again reflect the over representation of black people who are dying in this system. Figures also show that black people account for 11% of recorded deaths in police custody in 2011, 6% of those who lost their lives in YOI's and account for 6% all recorded deaths in state custody in the last 12 months. This report marks the second year that the IAP has collated and published all recorded deaths in state custody, which have been broken down by ethnicity, gender, age, cause of death, custodial settings and presented together in one single format.
As well as detailing a breakdown of all recorded deaths of patients who have died whilst in hospital under the Mental Health Act, this latest report also includes data on fatalities that have occurred in: prisons; Young Offender Institutions (YOIs); Police custody, Immigration Removal Centres;Approved Premises; Young Offender Institutions (YOIs); Secure Children's Homes (SCHs);Secure Training Centres (STCs).

This report shows that the number of recorded deaths state custody has fallen from 533 in 2010 to 515 in 2011; however this comes as cold comfort to the hundreds of families left grieving for the loss of a loved one who has died at the hand of the state.

'Independent' Policing & Mental Health Commission dogged by controversy

The announcement of a new Policing and Mental health Commission in the wake of the damning Sean Rigg inquest verdict has been slammed as nothing more than a cosmetic exercise from many quarters of the community.

The comments come after it has come to light that key agencies like INQUEST and Black Mental Health UK that have a track record in this area have been excluded from sitting as panellists on this commission.
The Metropolitan Police Service (MPS) announced it has commissioned an independent review into how it responds to people with mental health conditions in August, after publicly apologising for the death of Sean Rigg. The 40-year-old musician and songwriter lost his life after he was restrained by a team of police officers while in urgent need of mental health care back in 2008.

The inquest verdict into his death was highly critical of both South London and Maudsley NHS Trust (SLAM) and the police and concluded that their actions had more than minimally contributed to his death. People from the UK's African Caribbean communities 50% more likely to be referred to the mental health services via the police when in urgent need of mental health care than their white counterparts, Data from the Independent Police Complaints Commission (IPCC) shows that mental health service users account for 50% of those who lose their lives in police custody, and black men are over represented among these figures. The exclusion of those have been working on these issues for a number of years from the Met's new commission and led to fears that that these figures may go up.

Lord Adebowale chair of the commission has sidelined these concerns stating 'this is not a commission into deaths in custody'. Adebowale was also chair of the five year Delivering Race Equality (DRE)programme after the tragic deaths of David 'Rocky' Bennett in 1998.

The DRE five year programme was launched to ensure the reduction in the numbers of people from the UKs African Caribbean community detained under the Mental Health Act. However during this programme detention rates under the Mental Health Act actually doubled for black people while falling for every other group.
It is expected that the Commission's recommendations will be made public in the spring of 2013

BMH UK alerts UN Working group alerted to black people's treatment by mental health services

The United Nations Working Group (UNWG) of Experts on People of African Descent has prioritised mental health as one of their work streams on the back of fact finding visit to the UK earlier year.

The international delegation's five day visit focused on gathering first-hand information on the situation of people of African descent in the UK.

BMH UK's director Matilda MacAttram was invited to speak to the UN delegation about black deaths in custody. During this seminar MacAttram highlighted concerns about the unequal and often coercive treatment that black patients detained under the Mental Health Act are subject to. She also briefed the delegation on data which shows that people detained under the Mental Health Act account for 60% of those who lose their lives in custody.

On the back on this the UNWG have called on British authorities to uphold commitments as signatories to the Universal Declaration of Human Rights (UDHR) to building a more inclusive society. The chair of this working group has also stated the a public inquiry is needed into black deaths in custody.

'We call on the Government to commission independent public inquiries into black deaths in custody and institutions identifying the links between their experiences in the justice system and mental health care system,' Prof Verene Shepherd current chair of the UNWG of independent experts stated after this visit. The UNWG also visited Liverpool during this mission to this mission and acknowledged the efforts made by the Government through policy and some practices to create an inclusive and equal society. The Working Group will present a detailed mission report with its observations and recommendations to the UN Human Rights Council in September 2013.

Stigma causing doctors to hide their mental health needs

A report published by the General Medical Council (GMC) shows a staggering 98% of doctors assessed for underlying health concerns over the past five years have been diagnosed with mental health, substance misuse or alcohol problems.

However experts say that this is just the tip of the iceberg. A survey of 25,000 doctors in Birmingham also shows that several thousand doctors who have psychiatric problems are unable to seek help because of fear and confidentiality.

Findings from the Institute of Psychiatry have also revealed that doctors who have been on long term sick leave find it hard to return to work because they are overwhelmed with feelings of shame and failure, and fear the disapproval of colleagues.

Published in the British Medical Journal this research paper entitled: 'Shame! Self-stigmatisation as an obstacle to sick doctors returning to work,' calls for cultural change, starting in medical school, to allow doctors to recognise their own vulnerabilities and cope better with ill health, both their own and their colleagues. 'The doctors we interviewed were brutally honest about how they managed their difficulties, and the problems they faced.

There is a huge discrepancy in the way doctors address their own health problems, compared to those of their patients,'Dr Max Henderson, Senior Lecturer in Epidemiological & Occupational Psychiatry from King's Institute of Psychiatry and lead author of the paper said. 'There is maybe a feeling amongst doctors, that illness shouldn't happen to them – that they should somehow be invincible. The stigma attached to illness, especially mental illness, is a huge obstacle in many returning to work.

There need to be significant changes from medical school onwards to help doctors recognise their vulnerabilities so they can more easily cope when they become unwell,' Henderson added.

BMH UK wins Ebony Business Award

Human rights campaigns group Black Mental Health UK (BMH UK) was among the winners of theEbony Business & Recognition Award (EbrAwards) for its outstanding work in the area of health, care and wellbeing.

Honouring the work led by BMH UK's director Matilda MacAttam the campaigns group won the award during a black tie affair attended by hundreds of black business owners across the capital at The Regent Banqueting Hall in, Finchley Central in London.
Black Mental Health UK is the only agency working in the area of public policy with a focus on the treatment and care of people from Britain's African Caribbean communities. BMH UK was voted the winner out of nine other black led organisations working in the area of health care and wellbeing. Selected by the public who voted online for this year's winners, the award ceremony honoured winners across 18 separate categories including, Health Care and Wellbeing, Education, Training, Youth Services and Superstar Entrepreneurs. 'Winning this year's Ebr Award is a great honour, especially when you know that it was achieved by the public vote. Matilda MacAttram founder and director of Black Mental Health UK said.

Concerns over patient welfare as inadequate staffing on wards comes to light

Disturbing new data shows that 13 out of 32 mental health trusts are failing to meet official Department of Health rules on staffing levels.

This has raised fears over the wellbeing and treatment of vulnerable patients, particularly in high secure wards where communication with the outside world is often restricted. People from the UK's African Caribbean communities are at least 44% more likely to be detained under the Mental Health Act than their white counterparts, despite the fact there isn't a higher prevalence of mental illness amongst this group. This means that black people are more likely to end up on locked wards where data obtained by the charity MIND under the Freedom of Information Act shows that services are woefully understaffed. Figures published by the charity show that four in ten or 41% of Mental Health Trusts working at staffing levels well below the benchmarks established.

'We are deeply concerned that some crisis care services appear to be struggling to support people with mental health problems when they need help the most.

Good services can make a huge difference to whether someone recovers from the crisis, yet Mind often hears from people who have been turned away because they 'aren't suicidal enough' or who have been made to wait around for hours just to be seen by someone who can help them,' Paul Farmer Chief Executive of Mind said.

Civil liberties groups to be consulted over 'arming' London's police with Tasers

Civil liberties groups and mental health representatives will be consulted about a decision to further extend the use of Tasers in a number of boroughs across in London's capital.

A move to arm up to 6,500 police officers with tasers, an eight-fold increase, is currently being implemented – however widespread concerns about the strategy amongst politicians at the London' City Hall has led the police and crime committee to launch a review into how the decision was reached.

During their review, the committee will hear from campaign group Black Mental Health UK to consider Tasers' historically disproportionate use against those with mental health issues and from ethnic minority backgrounds and particularly the capital's African Caribbean communities.

The committee will also hear representations from civil liberties group Amnesty UK in relation to concerns about "arming" police officers. 'BMH UK are concerned that the stun guns, which can give people electric shocks through metal barbs fired at up to 50,000 volts, can potentially trigger heart conditions among vulnerable groups such as mental health service users,' a spokesman for BMH UK told The Solution Magazine.

Mortality rate of those with serious mental illness three times higher than the rest of the poputlion

New data showing people who come in contact with mental health that are labelled with severe mental illness, have a mortality rate three times higher than the general population has caused widespread concerns among activists and health professionals from the community.

Published by the Health and Social Care Information Centre (HSCIC), these new figures, have been calculated by linking mortality data to the Mental Health Minimum Dataset (MHMDS), which details statistics about NHS services that are provided to over a million people who have been diagnosed with a serious mental health condition.

'The mental health indicator breaks new ground by linking data from the Mental Health Minimum Data set with deaths data from the Office of National Statistics to reveal the extent to which people with a serious mental health condition are more likely to die than those in the general population,' Tim Straughan chief executive of the Health and Social Care Information Centre chief executive.

The figures show around 13 in every 1,000 people aged between 18 and 74 with a serious mental health condition died in the financial year 2009/10, compared to about four in 1,000 of the general population between these ages.

Equality experts have pointed to the need for the HSCIC needs to include an ethnic breakdown, particularly in light of the over representation of people from the UK's African Caribbean communities who are subject to detention under the Mental Health Act.

Retrospective mental health legislation heads off legal challenges

New retrospective Mental Health legislation has been given Royal Assent after it was rushed through parliament in a matter of days.

The new Mental Health (Approval Functions) Act, was introduced after it came to light that since 2002, doctors have been sending people to mental institutions including the notorious high secure hospitals such as Rampton and Ashworth were some of the country's most dangerous prisoners are held, without actually having the legal authority to do so.

Health Secretary Jeremy Hunt's told the House of Commons in October 2012 that that 5,000 people have been wrongly sectioned under the Mental Health Act over the past 10 years. In a move that has completely sidelined service users or their families from any say in the matter of 5000 unlawful sections under the Mental Health Act, this emergency legislation was rushed through parliament in a bid to head off the potential flood of legal challenges once these failings came to light. Doctors who assess patients and make recommendations for their detention are required by law to be 'approved' to do so by the Secretary of State. Since 2002, the Secretary of State has delegated the approval function to Strategic Health Authorities (SHAs). However for the past ten years, the health authorities in the regions of North East, Yorkshire and The Humber, West Midlands and East Midlands failed to complete the required validation process and so doctors working for SHA did not have the right approval to detain or send 5000 patients to psychiatric hospitals.

In a statement to parliament Hunt announced that he would be taking the highly unusual step of introducing retrospective legislation to close what he described as the 'legal loophole' and 'save the taxpayer from the risk of costly legal action'. This new legislation which effectively legitimises 5000 unlawful detention under the Mental Health also takes away the opportunity to even complain about this most serious of errors, health campaigners point out. Concerns have been raised over the years about the need review mental health legislation to address many of the inequalities faced by black people, howerever there has been consistent resistance to looking at introducing changes to the law. The speed with which the controversial new Mental Health (Approval Functions) Bill has sailed through parliament, is evidence of power of many vested interests at play in this sector. http://services.parliament.uk/bills/2012-13/mentalhealthapprovalfunctions.html

Ethnic minority mental health services users being denied access to advocacy

Data showing that ethnic minority patients are not getting access to effective advocacy had caused alarm among health activist.

Entitled 'The right to be heard: Review of the quality of Independent Mental Health Advocate (IMHA) Services in England', this report highlights 'significant unmet need,' of advocates among ethnic minority communities detained in the system. Findings from this report shows that those who have the greatest need for an advocate, like black mental health service users have the worst access and are least likely to use these services.

'Our data on uptake by BME (black and minority ethnic) individuals indicates considerable variation, although not all sites provided this information. Even in the sites where access for BME communities was consistent with demographic data, the local perception was of significant unmet need,' this report says. Any person treated under the Act, whether in hospital or within the community, has the right to access an Independent Mental Health Advocate (IMHA). This is a specific role created under the Mental Health Act 2007, which is an additional safeguard to ensure the person's rights are observed and they are treated fairly and in accordance with their human rights when detained or compulsorily treated.
The core purpose of the IMHA role is to protect the rights of people detained under the MH Act 1983. This new 292 page document details many concerns that have been highlighted in a number of reports over the years over the treatment and care of black patients.

'People from African and Caribbean communities are two to six times more likely to occupy a bed in hospital and have higher rates of detention under the MH Act. They more likely to be readmitted within a year of their first involuntary admission, more likely to be placed in seclusion, and also more likely to stay in hospital longer. (There is a) picture of poor outcomes and negative experiences of people from Black Caribbean and Black African communities,' this reports states

Recommendations from this report include the implementation of a system which ensures that mental health advocates are automatically allocated to service users who are detained under the Mental Health Act.

Chris De La Rosa - chef, food writer and owner of Caribbean Pot.com

Tantalising your Tastebuds

The truth be told I hardly ever cook anything that does not contain meat but the three fabulous recipes that I am sharing with you in this edition of BMH UK's The Solution's magazine are a vegetarian's dream – not to say that meat lovers cannot enjoy these delicious dishes as well.
Each one of these recipes has long history in the Caribbean, and I am using methods that have been passed down through my family with the addition of a few of my very own special De La Rosa culinary secrets that are guaranteed to tantalise your taste buds.

These three signature dishes of Ital Soup, Casava Pone and Sorrell are not only healthy but also celebrate the best in the flavours and foods that have been enjoyed across the Caribbean for generations.

Chris De La rosa

All recipes are published with the permission of CaribbeanPot.com . Del Media. Chris De La Rosa.

Ital soup a vegetarian's delight

This delicious light soup can make for an excellent starter or main meal. Although I have little experience cooking Ital food (no salt, no meat is usually not for me), I've had several requests from friend of mine who's a practicing Rastafarian. With a little research I came up with this tasty and light ital soup. In this recipe you will notice that I didn't use any form of salt. Feel free to add salt to your taste if it's not part of your dietary restriction.

Ingredients
1 cup pumpkin (cubed)
1/2 teaspoon black pepper
1 scotch bonnet pepper
1 cup dried split peas
8-10 cups water
1 onion
3 cloves garlic
3 eddoes
1 medium sweet potato
2 potato
2 spring onions
6 sprigs fresh thyme
2 tablespoon oregano (fresh is best)
2-3 cups callaloo bush
1 carrot
1/2 cup celery

1. We've got to create the base for this lovely ital soup and since the dried split peas will take much longer to cook than the other ingredients, we need to cook them first.
2. Wash the split peas then put it in your soup pot (huge) and pour in the 8 cups of water. Also chop the spring onions, garlic, onion and celery. As the peas come to a boil add these flavourful ingredients. Reduce to simmer and let cook until the peas and tender (about 45 minutes).
3. Place the scotch bonnet pepper in the pot whole as we want to flavour and not the raw heat. At the end of cooking you can remove it from the pot. However if you like the heat, you can certainly burst it open to release the Caribbean sunshine.
4. When the peas are tender and starting to dissolve, it's time to add the other ingredients. So peel, cube and wash the plantain, eddoes, potato, sweet potato, carrot and pumpkin, then add them to the pot.
5. Now pour in the coconut milk and don't forget to add the thyme, black pepper and oregano. Make sure you have enough liquid in the pot to cover everything. You can add more water or coconut milk if more liquid is required. Bring to a boil and reduce to a gentle simmer.
6. Trim the stems off the okra and cut then into 1 inch pieces and add to the pot. When cubing the vegetables try to keep them uniform in size so they cook evenly (cut them in big pieces so they hold their shape as they cook).
7. After 25 minutes everything should be almost cooked all the way through, so it's time to wash and trim the callaloo bush and add it to the pot. Basically all you have to do is remove the leaves off the stem, wash and roll like a cigar and chop into 1/2 inch strips.
8. Allow it to cook for a further 7-10 minutes so the callaloo bush adds additional flavour and the soup thickens up. If you're adding salt, now would be a good time (adjust accordingly).
9. NOTE: This soup will thicken up quite a bit as it cools, so make sure you leave a fair amount of broth to compensate.
10.Now is a good time to remove the scotch bonnet pepper and if you added the thyme with the sprigs, do remember to fish them out as well.

Casava Pone

I'm very excited to share this tasty cassava pone recipe with you. There are as many islands in the Caribbean, as there are recipes for making Pone, as this dish is lovingly referred to at times. In this recipe I've tried my best to cover all the basics to give you a mouth watering slice of cassava pone, but you can certainly personalize it as you get better at it.

Ingredients
3 cups grated sweet cassava
1 cup grated coconut
1 cup grated pumpkin
1 cup brown sugar
1 teaspoon ground cinnamon
½ teaspoon nutmeg
2 tablespoon melted butter
1 cup evaporated milk
1/2 cup coconut milk
1 teaspoon baking powder
1 teaspoon vanilla essence
1 teaspoon grated ginger
½ cup raisins

1. The first step is to peel, wash and grate the cassava and pumpkin. The skin on both the pumpkin and cassava will be a bit tough so you'll need a sharp paring knife or potato peeler.
2. Grate both items, which will take a bit of labour and do watch out for your fingers when the pieces get small as you grate away. At that point I usually use a piece of paper towel to hold onto the small pieces so I have a better grip. If you're not in the Caribbean or somewhere tropical where cassava is grown, you may notice that its skin may be waxy. I believe the cassava is dipped in wax to help prolong its shelf life when it's exported so don't be alarmed. I've been told that you can find already peel cassava in the frozen section of the grocery store, which works well for this recipe. But I can't confirm the results as I've never personally used frozen cassava.
3. Now it's just a matter of assembling everything into a thick batter. Start off with a large bowl (you'll need a wooden spoon or whisk) and add in the coconut milk, sugar and spice. Give that a good whisk to break down the sugar. Then add everything else and mix well. In the mean-time pre-heat your oven to 350F.
4. The next step is to grease a baking pan/dish (I used a ceramic pie dish), you can use cooking spray or a light coat of butter as I did. Now pour in the batter into the baking dish and place on the middle rack of your now hot oven.
5. Every oven differs when it comes to maintaining its heat and distribution; you're aiming for one hour of baking. However if you find that the middle of the cassava pone is still wet or not as firm or golden brown as the edges, do allow it to bake for 10-20 minutes more. I ended up leaving mine for an extra 15 minutes if memory serves me right. I did the tooth-pick test, where you stick a toothpick into the middle of the pone and if it comes out clean it means it's fully cooked.
6. It's very important (and you'll need to ignore the temptation) that you allow the cassava pone to fully cool before slicing. Your entire house will be blanketed with the lovely aroma of baking goodness.

Refreshing spiced Caribbean sorrel drink

My memories of sorrel are those of much joy

My mom and dad would always plant sorrel between their corn and pigeon peas in the garden and come the later part of the year is when the flowers would be in full bloom and ready for harvesting the flowers of the plant is what we'd used for making the sorrel drink.

In the recipe below I'll be using dried sorrel which is commonly available in most West Indian markets as I couldn't source fresh sorrel petals. This will also serve to prove that sorrel does not have to be a drink enjoyed around Christmas time as the dried sorrel works just as great as the fresh stuff and is available all year long.

Before we get to the recipe I must mention that if you use less water and no sugar (as mentioned in the recipe) you can make concentrated syrup, which can be bottled and kept in the fridge for quite a while. Then all you do when you're ready for a refreshing glass of sorrel is to pour some out, add sugar and water and you're good to go.

Ingredients
2 cups dried sorrel
8 cups water
1 teaspoon grated ginger
1 stick cinnamon
1 to 2 cups sugar (depending on taste)
4 cloves

This is a very simple recipe, which does need a bit of time and patience since the sorrel must steep to release all its wonderful flavours.

1. Bring the water to a boil in a large pot, and then add all the ingredients to the pot. Bring back to a boil and reduce the heat to a rolling boil.
2. Allow this to boil for about 5 minutes, then turn off the heat, cover the pot and allow this to steep for at least 4 hours (overnight would be best).
3. Next up, strain the contents into a juice jug and add more sugar as needed (see note above).
4. You can store this in the fridge for about a week. If you don't finish it before then.

* You can certainly add more cinnamon and cloves if you want to give it a more 'spiced' flavour and if memory serves me correctly, I believe my dad would also put some dried orange peel when boiling. I add my sugar when the water is hot so it dissolves faster… just my way of doing things. If you want a grown-up version you can always add a shot or two of dark rum or vodka to your glass.

Source: Caribbean Pot.com

MENTAL HEALTH HUMAN RIGHTS SOCIAL JUSTICE

CAMPAIGNS PAGE

This column brings you updates on the latest campaigns on the major issues affecting the community from health, social care and human rights to race equality and social justice. This listing details some of the most pressing issues as well as how you can get involved.

1. Jeremy Hunt: Bring back the mental health inpatient survey

The Broadmoor scandal shows how important it is for us to protect vulnerable people on mental health wards. Please sign up to this petition and urge the Health Secretary to reintroduce the inpatient survey for mental health patients – without these important checks abuses will go on unmonitored. **www.change.org/en-GB/petitions/jeremy-hunt-bring-back-the-mental-health-inpatient-survey-3**

2. Stephen Lawrence Charitable Trust launches SL20 Campaign

The mother of murdered teenager Stephen Lawrence has begun a campaign to mark the 20th anniversary of his death. Doreen Lawrence said she wants to ensure no other family has to go through what she endured. The SL20 campaign will include a number of events throughout the year including talking to new police commissioners and a memorial service at St Martin in the Fields on 22 April – the date Stephen was killed in Eltham in 1993. Click here for more information **www.stephenlawrence.org.uk/sl20-campaign-launches-celebrating-the-20-year-legacy-of-stephen-lawrence/**

3. Illegal drugs – Time for better laws

Release is running a campaign to engage the public around the issue of drug policy. The failure of the current system is clear, it is time to stop criminalising 10,000s of people in the UK every year The disproportionate policing and prosecution of drug offences impacts on BME communities, particularly people from the UK's African Caribbean communities, the young and those living in deprivation. To support this campaign Release are asking people to email a copy of their report entitled the new International Drug Policy Consortium (IDPC) Drug Policy Guide to their MP by clicking on this link here http://www.release.org.uk/decriminalisation-campaign/take-action

4. Kettling Police Powers

Kettling the Powers of the Police is a campaign aiming to take on 'the worst of the worst' of police powers and practices. This initiative has been developed by the Network for Police Monitoring in collaboration with protest, community and legal groups. The campaign statement calls for an end to the abuse of police powers, the unrestrained use of surveillance and unending expansion of public order and protest laws. Please sign up to support this campaign, or to contribute your stories or experiences, e-mail info@networkforpolicemonitoring.org.uk. For more information click here **http://networkforpolicemonitoring.org.uk/?page_id=392**

5.Stop drug companies putting profits before lives

This petition is calling on UK's Medicines and Healthcare products Regulation Agency and EU's European Medicines Agency to put safety first. A push from thousands of people right now will add to pressure from the media and force regulators to act faster and more decisively against dangerous drugs. Campaigners behind this petition say the public need to know that they are their loved ones are safe and that drug companies put patients before profits. For more information click here https://secure.avaaz.org/en/petition/Stop_Drug_Companies_Killing_for_Profits?utm_medium=email&utm_source=Mind+-+CharityEmail&utm_campaign=1571420_August+campaigner+bulletin&dm_i=CZC,XOIK,4KQ60X,2TDUR,1

6. Stop the Housing Benefit attack (commonly known as the 'Bedroom Tax')

The Welfare reform Bill due to come into force in April, 2013 includes Housing Benefit reforms (commonly known as the 'Bedroom Tax') that will affect almost every family across the country. This petition calls on the government to reconsider the legislation commonly known as 'the Bedroom Tax' because it will hurt the most vulnerable and undermine social cohesion and not help the housing shortage. To find out more click here http://www.avaaz.org/en/petition/Paul_Higgins/

7. Campaign against police stop and search powers

Black people are 37 times more likely than white people to be stopped and searched under Section 60 by police in England and Wales the Stop and Talk Campaign say. While Stop and Search powers have been used to intimidate activists and curtail public protest, their implications for young people – and particularly people from the UK's African Caribbean communities are felt much more severely. For more information about the campaign, or to add your voice to those who are demanding a better and fairer engagement between police and young people, go to **www.stopandtalk.co.uk**

8. Justice for Seni - no more deaths in custody

Olaseni Lewis, known as Seni to his family and friends, died on the 4th of September 2010 after being restrained by up to 11 policemen whilst he was seeking help as a vulnerable voluntary patient at the Bethlem Royal Hospital, run by South London and Maudsley NHS Trust. His family have been campaigning for three years to find the truth surrounding Seni's death. The inquest into this case is due to start in spring 2013. For more information visit http://www.justiceforseni.com/

JENGBA

Campaigning against the criminalisation of the innocent

By Gloria Morrison, JENGbA - Joint Enterprise Not Guilty By Association

Joint Enterprise: Not Guilty by Association (JENGbA) is a grassroots campaign supporting families and prisoners who have been convicted under Joint Enterprise law.
Joint Enterprise is an archaic British common law that means any person on the periphery of an offence can be charged along with the person who commits the actual crime. This means evidence as flimsy as a phone call or appearing in a music video is enough to convict someone for something as serious as murder.

The Crown Prosecution Services (CPS) and Police claim that this is a useful law with which to target 'gangs' but from JENGba experience which we have seen firsthand, this law is not about gangs; Joint Enterprise has been used to target women, children, family members and those most marginalised in our society. It is likely to come as no surprise to BMH UK's The Solution magazine readers that this law is mainly targeting working class and black and ethnic minority communities. What the general public is not aware of is that offences under this law carry mandatory sentencing; so that people are going to prison for life for crimes they did not commit.

Joint Enterprise
Not Guilty by Association

Joint Enterprise is also known as 'common purpose', which is the murder charge that was levelled at the South African Miners when their colleagues were shot dead by the police when they picketed last year over wages and poor working conditions. This law was used throughout the years of the anti apartheid movement in South Africa. It is now being used in the UK to imprison children, young people and adults for crimes they too did not commit. Visit please www.jointenterprise.co to find out more and support our campaign.

A mothers account

Read a mother's firsthand account of how the JENGbA law decimated the lives of one family.
"When I thought all hope was lost, then came JENGBA. It was a cold and windy evening on Thursday 13th December and all I wanted to do was go home after five hours of teaching geography to opinionated secondary school students, rather than travel up to Westminster in central London to attend a film screening organised by JENGbA.

I wanted to be in the personal space of my bedroom. It made me feel close to my eldest son who was on Remand on the charges of Section 18 Wounding with Intent and Violent Disorder with Joint Enterprise. We had been told by his solicitor that he would be looking at a possibility of 3 years for the Violent Disorder and up to 15 years for the Section 18 Wounding.

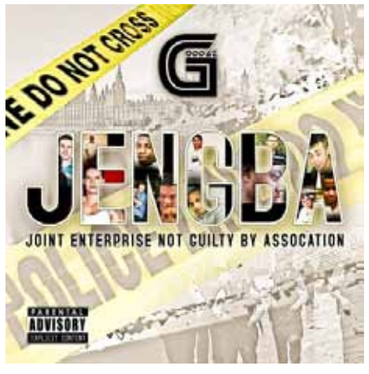
On the night of the film screening I was also in the midst of a heated dispute with my solicitors who had previously persuaded my son to plead guilty to Violent Disorder and was now advising him to do the same for Section 18 wounding. even though there had been no medical documents and no unedited CCTV provided. The police had removed my son's car and clothing on the night of the incident and they had not found any weapon or DNA to link him to the stabbing, yet his solicitor was insisting on him pleading guilty in order to "not get double figure sentence". The trial was set for 7th January 2013. I was so scared and on many occasions believed that his solicitor was doing the job of the Crown Prosecution Service (CPS) not a defence solicitor.

I have 3 other children but at the time I could not focus on them. It was a sad day, when my younger son, told me that what I was doing was "having an impact on all of them and that they had also lost their older brother". It had become common for me to sit on the stairs at home and just weep. My older daughter felt the need to come home every weekend from university just to keep an eye on me.

This all started in July 2012, my 22 year old son had gone clubbing in central London to celebrate his girlfriend's 21st birthday. The night ended with a group unknown older men deciding to argue with him and his girlfriend outside the club. The argument was broken up by the police and the older men were asked to go. Instead of going home, they waited and attacked my son on the way to his car.
His half-brother and his friends were in cabs driving by and saw the attack. They got out stopping the fight, but things got out of hand and the fight ended with one of the older men being stabbed.

No-one knows how the knife came into the fight or who brought it. My son and seven others were arrested in the days following the fight and held on Remand. Their bail applications were refused because the CPS had found YouTube videos of the some of his co-defendants from more than six years ago when they were in their teens rapping and making juvenile signs, so they were branded a gang and were going to be trialled as such.

I managed to make it to the screening and watched the 60 minute documentary in central London, opposite the Houses of Parliament about a teenager named Sodiq who is serving a 30 year life sentence at Feltham's Youth Offender Institute after he along with six other boys were accused of murder. He was the only one to be convicted and as I listened to this story I felt sick for his family. I also listened to the guest speakers and I could not believe what I was hearing. I was shocked that Joint Enterprise was actually something that was not very unusual.



The next day, I knew I had to get rid of my son's solicitor. He wanted to write to the court to enter the early guilty plea and have my son produced before the judge so that he can agree. My son and I were against this decision, and his solicitor became very annoyed. He did not want to give my son, the rights of 'presumed innocent until proven guilty'.

JENGbA gave us hope

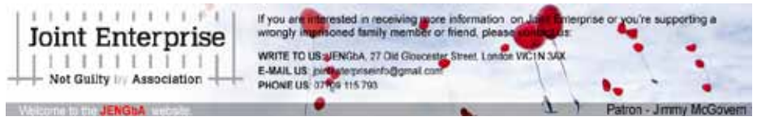
After the early morning call from my son, pleading for me to help him, I decided to call JENGBA, and spoke to Gloria on Saturday 15th December. My son felt that his solicitor was making him plead guilty for something that he did not do and did not know about. I told him about JENGbA and he said "Mummy, please call them, maybe they can get me a new solicitor."
I was shocked when Gloria answered the phone because it was a Saturday. The trial was going to start in the first working week of January. I did not honestly feel that anything could be done in that short space of time but we talked anyway. Things happened very fast after that conversation and for the first time in many months, we had hope again. Following several more phone calls a new solicitor and a new barrister said that they were willing to take on the case.

By Thursday 20th December, one week after hearing about JENGBA, I met the new team of lawyers at the Old Bailey. I could not believe the pace and energy that they applied to helping my son. That was the first night since 16th July 2012 that I did not pace around the house whilst everyone else slept. By the time the case went to trial, this new set of lawyers had met with my son every day and got to know him as a person. They kept the family informed of all the meetings and prepared us for the trial. The new team prepared the case so well that the CPS could not use the YouTube videos or the alleged gang stories. Also original CCTVs showed that the victim had got out of his car carrying a screw driver.

On Wednesday, 6th February 2013, the Judge dismissed the charge of Section 18 Wounding and Joint Enterprise. I recall that I was in my classroom and overwhelmed with emotion when I heard the news. My younger son turned 16 last week (13th February) so I feel it is only right to end with his quote: "JENGBA gave us hope when all was lost".

By Mavis

This article was originally published by permission of JENGbA
jengba.blogspot.co.uk
Sodiq film link http://nftsfilm-tv.ac.uk/news/%E2%80%98sodiq%E2%80%99-screens-parliament



The Heritage Centre: Community leaders make history and heal the past

By Staff writer

Social entrepreneurs have clubbed together and purchased a former Conservative members club where, the infamous far right Tory MP, Enoch Powell is believed to have penned his 'Rivers of Blood's speech, and turned into a cultural heritage centre for the community.

The team of activist with a long track record in serving the community includes: Junior Hemans, Cllr Sandra Samuels, Karl Samuels, Alicia Spence and Bishop Llewellyn Graham, Sam Duru and Earl Laird. The seven clubbed together and established a company called the Cultural Resource Centre (CRC) and pooled their own resources to buy the property and secured the deed and keys the end of last year.
Turning the legacy of the former Wolverhampton Conservative club on it's head, the directors of CRC, have renamed the building the Cultural Heritage Centre, and the team have now begun the work to transform the two story building into a resource for the African Caribbean community of Wolverhampton.

This acquisition that has come on the back of a seven years of battle to secure stable a resource to serve the very pressing needs of almost every generation of black people in this part of Wolverhampton.

> "We call it the Heritage Centre for the next generation to come and build on"

The group's former building in Clarence Street was bulldozed by Wolverhampton City Council back in 2012. The community resource was forced to shut down after they had all their funding cut. Moves the by the local authority led to a series of protest outside Woverhampton Civic Centre last year, over the shoddy treatment that the community had received.

'I was involved in the former resource centre,' Alicia Spence, services director of the mental health agency, the African Caribbean Community Initiative and one of the directors of CRC said. 'We did approach the council to see what support they could provide to keep the work of the previous organisation going because it was a resource that is needed. We ran after school classes to help children with their homework; there was a Saturday school, we'd hold community events. It was also a place where people could hold receptions for

Left: CRC directors L to R Junior Hmans, Cllr Sandra Samuels, Karl Samuels, Alicia Spence, Bishop Llewellyn Graham.
Right: Wolverhampton's New Heritage Centre - a place for the African Caribbean community

christenings and funerals. But in the end the former cultural centre was bulldozed so we decided we wanted to do for self. We completed a business plan, went to the bank and were able to secure the funds to purchase this new building,' Spence said.

The two-storey club includes two function rooms, which can each accommodate up to 150 people, and a lounge bar, which will be open daily.

'By calling it The Heritage Centre we want this to be a legacy and our aim is for the community to buy it back from us and eventually own it as a community asset for future generations in years to come ,' CRC chair Junior Hermans said.
To buy the building, the directors formed a separate organisation called Ujamaa, which is Swahili for 'co-operative economics.

'My personal ethos is putting your money where your mouth is. There has to be a paradigm shift and we have to demonstrate that we can do

> 'Ujamaa, which is Swahili for co-operative economics'

things and we have something self sustaining. This is the legacy that we want to leave. We call it The Heritage Centre for the next generation to come and build on,' CRC director Bishop Llewellyn Graham said.

Conservative club has is of major significance, as 40 years ago the building was a no go area for black people.

'The people from the community that they have lived there for some years remember that they could not walk on the side of the road that the club was on because they were so intimidated,' Spence told BMH UK's The Solution Magazine. 'There was a woman who was a pregnant and her waters had broken outside the club so she ran into the building to ask to use to the phone, but she was told to get out – that is how hostile they were back then,' Spence said.

Artisans and craftsmen from the community contributing

Socialising at the Heritage Centre

'Buying this building is an achievement and shows that as people we can do for self,' Spence added.

Plans for the new building include conferences, weddings, funerals and community events, along with basketball, boxing, karate and fitness classes. Since the Heritage Centre was purchased, artisans and craftsmen from the community have been giving their labour and time for free to help renovate the building.

Directors of CRC are planning a series of fund raising initiatives with the aim of having the community buying the building and eventually owning it as a community asset for future generations in years to come to enjoy.
Note: Enoch Powell was Conservative MP for Wolverhampton South West from 1950 to 1974. He is famed for inciting race hatetred with his infamous Rivers of Blood speech, which made in Birmingham in 1968, warning against immigration from the British Commonwealth.

Enoch Powell, Heritage Centre cultural events

Enoch Powell, Conservative MP for Wolverhampton South

15 Things You Did Not Know

about the History of Black People in London before 1948

The presence of Africans in England dates back to at least the Roman period when African soldiers who served as part of the Roman army were stationed at Hadrian's Wall during the 2nd century AD.

By Charmaine Simpson

Septimus Severus, the first African emperor of the Roman Empire, who was born in Libya, spent his last three years in Britain before he died in York in 211AD.
Black people who travelled from all over Europe and Africa have lived, worked and in London over the centuries and made many significant contributions which have largely been erased over time.

Author Charmaine Simpson - Black History Studies director

In this feature, we at Black History Studies share with you 15 little known facts that uncover the hidden histories of people of African and Caribbean descent whose groundbreaking achievements are also part of the significant contributions they have made to London.

The earliest known record of a Black person living in London is of "**Cornelius a Blackamoor**" whose burial on 2nd March 1593 was recorded in the parish register at St Margaret's Church in Lee.

Olaudah Equiano (1745 –1797) was one of the most prominent Africans involved in the British movement towards the abolition of the enslavement of Africans. He was a prominent member of the 'Sons of Africa', a group of 12 Black men who campaigned for abolition. In 1789, he wrote his autobiography

'The Interesting Narrative of the Life of Olaudah Equiano, or Gustavus Vassa, the African' which depicted the horrors of slavery and helped influence British lawmakers to abolish transatlantic enslavement through the Slave Trade Act of 1807. However, no enslaved people were freed by the Act – so the struggle continued.

Ignatius Sancho (c1729-1780), the composer, actor, writer and businessman was the first Black person known to have voted in Britain in 1774 and 1780. Sancho was also the first African prose writer whose work was published in England.

William Cuffay (1788 - 1870) was a Black tailor who lived in London. He was one of the leaders and martyrs of the Chartist movement, the first mass political movement of the British working class.

In 1773, **Phillis Wheatley (1753-1784)** is the first African-American woman to have her book published 'Poems on Various Subjects, Religious and Moral'. The book was published in London with the help of the Countess of Huntingdon.

Mary Prince (1788 - c.1833) was the first Black woman to write and publish an autobiography 'The History of Mary Prince: A West Indian Slave,' an account of the horrors of life on the plantations enslavement, published in Britain c.1831. Mary Prince was also the first woman to present an anti-slavery petition to Parliament.

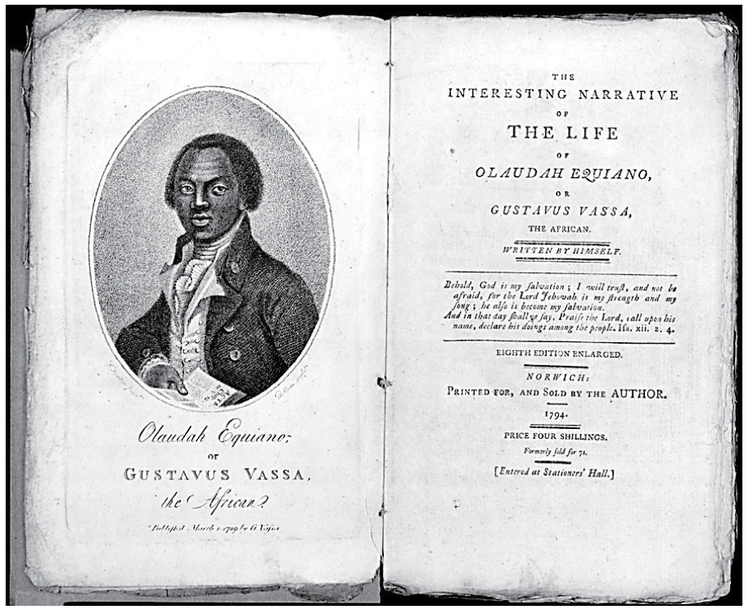
J.S Celestine Edwards (1858-1894) was the first Black man to edit a White-owned newspaper Lux (1892-1895), the weekly Christian Evidence Newspaper. He was also the editor of its monthly journal 'Fraternity (1893-1897)' which reached a circulation of more than 7000.

The 'Africa Times and Orient Review' is the first political journal produced by and for Black people ever published in Britain. **Duse Mohamed Ali,** an Egyptian Nationalist and Pan Africanist Journalist founded The African Times and Orient Review in London in July 1912. It was printed in Fleet Street in London. Marcus Garvey was a staff writer at the newspaper.

Una Maud - (1905-1965) First black female broadcaster at the BBC

In 1931, **Dr Harold Moody (1882-1947)** founded the League of Coloured Peoples (LCP) in 1931, the first Black pressure group and the largest British Pan-African organisation in the 1930s and 1940s.

Una Marson (1905-1965) was the first Black female broadcaster at the BBC from 1939 to 1946. Una Marson, born in Jamaica in 1905, was a poet, publisher and activist for racial and sexual equality. She was a secretary to the League of Coloured Peoples as well as many other organisations including the Women's International League for Peace.



Olaudah Equiano (1745 -1797)

Henry Sylvester Williams (1869-1911) helped to found the African-Association, which lobbied for human rights in the colonies and was instrumental in holding the first Pan-African Conference in London (1900).

John Richard Archer (1863-1932) became London's first Black Mayor on 10th November 1913 aged fifty years old when he was elected mayor of Battersea.

Amy Ashwood Garvey (1897- 1969) was a playwright, lecturer and Pan-Africanist who founded the Nigerian Progress Union in London in 1924. She became an important figure in the anti-racist movement in England. In 1959, she chaired an enquiry into race relations following the racially motivated murder of Kelso Cochrane in London. In the wake of the Notting Hill riots in 1958, she co-founded the Association for the Advancement of Coloured People

The West African Student Union (WASU) was one of the most important political organisations in Britain from the 1920s until the 1960s. Members included Kwame Nkrumah, Nnamdi Azikiwe, Fela Anikulapo Kuti and Joseph Appiah who played an important role agitating for an end to colonial rule in Britain's West African colonies.

Elisabeth Welch (1904-2003) was one of the first Black people to have her own BBC radio series in 1935, Soft Lights and Sweet Music, which made her a household name in Britain.
If you want to learn more about Black History and Black Studies, please go to **www.blackhistorystudies.com**

Dusé Mohamed Ali (Bey Effendi), (November 21, 1866 - June 25, 1945)

Pastors who Mentor

Pastors who Mentor' is a new initiative by charity Mighty Men of Valour to make the ministry of pastor in the church more relevant to the everyday lives of those they are aiming to serve.

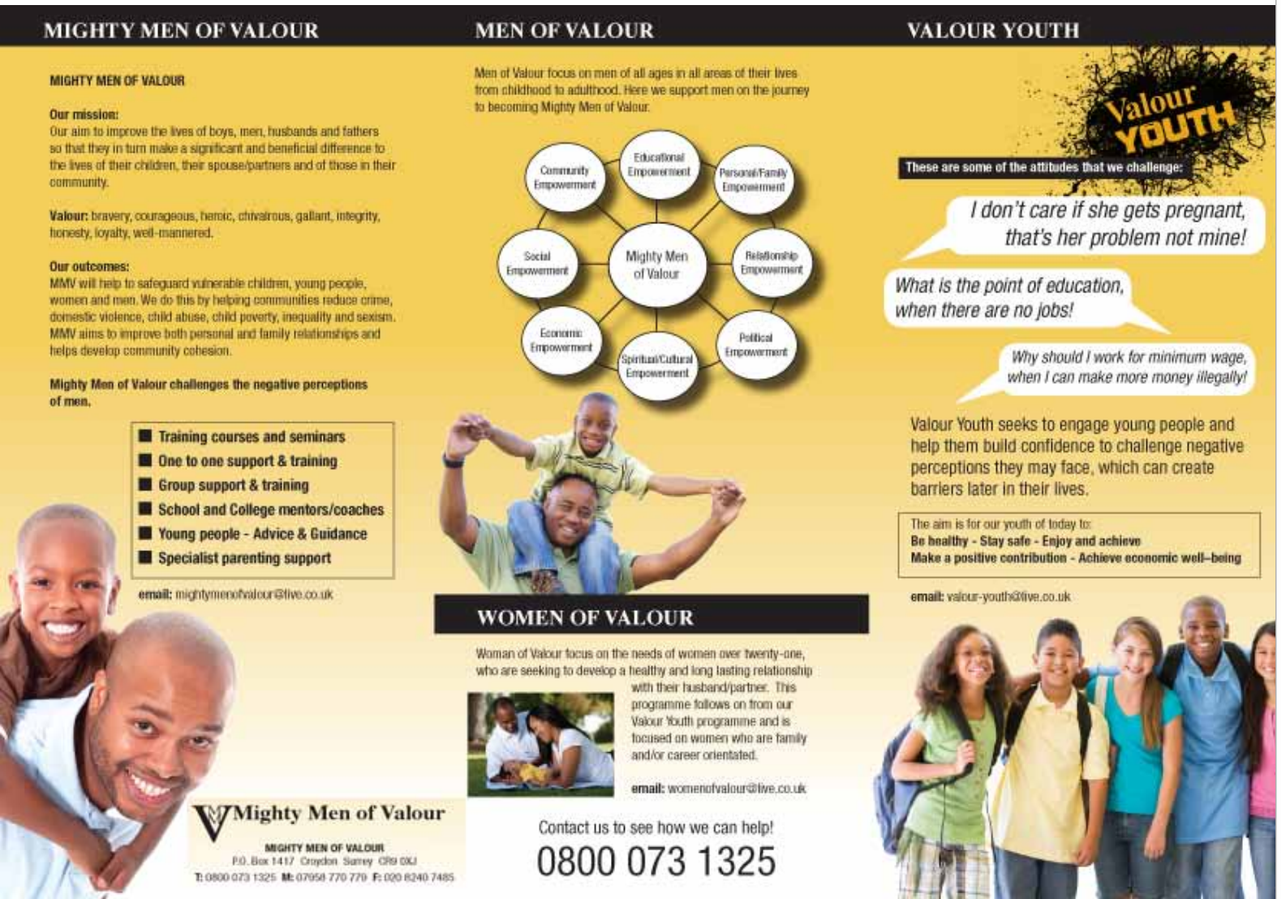
Flying in the face of some of the stereotypes that in some cases are accurately associated with the church, the Pastors who Mentor initiative is about meeting men exactly where they are, without judgement and regardless of faith or belief and walking alongside them and offering support within clear boundaries. Pastors who Mentor is about and being there to help bring out the best in people's lives. Mentoring in many organisations has almost become the norm, we know in medicine doctors often mentor younger clinicians, and the same goes for the business world or the music industry. This is no different, as the scripture says in Proverbs. 19.20 "Without counsel, plans go awry, But in the multitude of counsellors they are established." Pastor's who mentor are about exactly that, men bringing out the best in other men, because we at Mighty Men of Valour know that there is no one who can say that they have reached a point in their lives when they have learnt it all.

Encouragement at difficult times

Everyone needs someone in their lives to help them at some point and give a different perspective on things. We also will all need encouragement at at difficult times and this is what we have successfully achieved for a number of men since we launched last year. 'Pastors who Mentor' really is a back to basics programme, which dates back over four thousand years to the days of Abraham, Moses and Jesus. The concept is not new but the name has changed. The word Mentoring could be broken down to two words: 'Men' and 'Tutoring' or in other words men who tutor other men. This is a biblical concept that is also referred to in church circles as discipleship. For people of Christian faith the inspiration of how Jesus Christ discipled men is a powerful model to follow. Mighty Men of Valour are promoting this and believe that that all men and in particular young men both in and out of church could benefit from this. Our concept is simply to mentor one young man at a time, regardless of faith and not driven by a covert agenda of evangelism but to support another person who may be in need.

'Pastors who Mentor' is a discipleship programme which every man in every church can be a part of. It is where men can really support other men who are not in the church and where there is no ulterior motive . The bible speaks about "Iron sharpening Iron" but when this happens, sparks may fly, but both parties should benefit from the friendship. Frederick Clarke is founder and director of the charity Mighty Men of Valour (MMV) and also the programme lead for the Pastors who Mentor programme.

For more information on 'Pastors who Mentor' contact Mighty Men of Valour at mightymenofvalour@live.co.uk or 07958 770 779



BARAC PUBLIC MEETING CELEBRATING THE LIFE OF DR MARTIN LUTHER KING, LAUNCHING THE 2013 MLK50 EQUALITY IN OUR LIFETIME CAMPAIGN

Due to limited places please book in advance by emailing:

barac.info@gmail.com

with 'MLK50' in the subject box & names attending in the main body of the email

Twitter: @BARACUK
Web:
www.blackactivistsrisingagainstcuts.blogspot.com
Facebook: 'black activists rising against cuts'

2013 marks the 50th anniversary of the March on Washington for Jobs & Freedom & Dr King's iconic '*I have a dream*' speech.

An evening of reflection, poetry & an exploration of radical approaches to tackling racism, asking the question from Dr King's dream; 'How long will it take to achieve race equality in the UK?'

Joint Chairs, Zita Holbourne & Lee Jasper BARAC UK

Speakers include: Cordell Pillay, Race 4 Justice, Bell Ribeiro-Addy, Society of Black Lawyers, George Galloway MP, Khi Rafe, Mary Seacole Campaign, Donna Guthrie, Race Activist, Greg Morris, BMITC

VENUE: Houses of Parliament, Committee Room 10, St Stephen's Entrance (allow at least 15 minutes to clear security)

DATE: March 11 2013 **TIME**: 6pm to 8pm

BARAC
Black activists rising against cuts

Paul Grey's 'Making Melodies'

Are Soothing Sounds To The Soul...

The multi talented mental health activist Rev Paul Grey is well known in the sector for his inspirational oratory skills, when speaking out against many of the injustices faced by black patients who come in contact with mental health services.

The launch of a new musical track entitled: 'Trusting God', while marking a departure from his normal line of work, looks set to provide the much needed kind of music therapy that the mental health sector could benefit from. Music therapy has long been acknowledged as an effective way of improving health and aiding recovery, and there is an established body of clinical and evidence based data to show that music helps manage stress and assist in physical rehabilitation.

Talking about his new single, which is due out this spring Paul Grey says: "Trusting God' is as much about the person behind the track as the message it conveys.'

He adds: 'this singles is the first to be re-leased from my first album entitled 'Making Melodies', which is due to be out before the end of the year.'

Reflecting on the journey that brought him to a place he says: I write poetry and have had my written work published in magazines but this is the first time I have written music and taken it to the studio,' and adds: 'I got back into music after the loss of two of my brothers back in 2010 and 2011 one after the other.'

'I needed a way of dealing with this as it is alot to lose two of your siblings like that. As a minister a along with my family members also had to bury both of them, so we conducted one funeral in Norway and one in London.

It was a very hard time for me and I remember I would get up really early, go downstairs and just turn on the keyboard and create music. As I was doing this I would sing straight into my mobile phone and record each song. It was like therapy to me, just singing into my mobile phone.'

Not only did Grey have to deal with the sudden bereavement of two siblings but also financial pressures. 'There was so much going on at the time' he recalls. 'Financial issues, burying two brothers and trying to get over that.

I remember it was emotionally draining and physically crippling- it was a lot and hard to find motivation to do anything.

I was also trying to pastor a church and manage my own personal relationships at the time as well.' 'Music became my thing, just praising God.'

During this time things became increasingly challenging and Paul used his gift of music as a way of helping him manage increasingly stressful situations. 'When a bill collectors came round or threatening letter would come through the door I could only explain what was going on - not that they cared. Then turn to all my focus and energy to my music and that is where the lyrics 'when parasites were eating my flesh and bailiffs were knocking at my door', comes from.'

'I found that a lot of the challenges I was facing were actually psychological, and music became the point of focus for me, the melodies were what I held onto. Making melodies and praising God will all my heart, soul, my life and time.'

He adds: 'bailiffs were sending letters and knocking on the door. When you go through things in life there needs to be something to sustain you, to hold onto if you are going to make it.'

'It has been therapy for both my heart and mind and the response to people listening to the new track on YouTube has been phenomenal.'

'I was walking in the park in Birmingham and called up Ruben King, who owns a music studio. I went down there and all I remember is putting down a track. I would go once and not have to re-record anything because it was coming right from the heart. It has been therapy for both my heart and mind and the response to people listening to the new track on YouTube has been phenomenal.'

Thinking about what this music has meant to him Paul says: 'When you are singing to someone higher than yourself it changes how you view a situation – music helps me to put things in perspective, it has helped me in so many ways.'

Looking back at the challenges he says: 'I have been forced to deal with disasters that were in my destiny, music has helped me so that I can rebuild and get answers to the situations around me. It enables me to make decisions from a place of clear thinking and peace of mind.'

Reflecting on his journey so far Paul says: 'there have been some major challenges in the past, I have been in mental health institutions, and was in and out of that system. Also past the seven years have been incredibly turbulent, life has been up and down like a yoyo.'

Thinking about how much he enjoys rediscovering his musical gifts Grey says: 'Its's inside and it's a wonderful gift so why hold it back anytime anywhere. I am looking for-ward to getting the new single 'Trusting God' out so people so they can hear the tunes which will rebuild minds and heal people spirits.'

'Trusting God' the single will be available I-Tunes from April 2013.

'Music has helped me so that I can rebuild and get answers to the situations around me.'

For more information email Paul at: paul@greyservice.com

Our health is our wealth

By Kolarele Sonaike, President of the 100 Black Men of London

Not long ago my father suffered from a trapped nerve in his back. At the same time, his health insurance company attempted to avoid liability for the costs of the surgery. It meant that for the short period of time that both his back and his insurance remained unresolved, my father, who I had only ever known as a strong and indestructible colossus, was reduced to a weak, agitated and uncertain mortal.

Having never seen the old man vulnerable, I was more scared for my family at that moment than at any other time that I could remember. Thankfully, it was not a serious problem in itself and was easily remedied with a quick operation.
My father recovered quickly and continues to bound around with more bounce and enthusiasm than a man of his age should be able to display – proving the truth of the motto the 100 Black Men of London has adopted, "Our Health is our Wealth".

Looking at the state of play for the black community in the UK, statistics show that there are many stark inequalities in when it comes to health & wellness:

- Rates of prostate cancer are three times higher in men from this community thantheir white counterparts
- People from the community who come in contact with mental health services experience poorer treatment and outcomes.
- Both men and women from our communities are three times more likely to develop Type 2 Diabetes.
- This community has some of the highest rates of high blood pressure and stroke.

So while it is clear that there are major health conditions that are clearly demanding targeted public health drives, the absence of any statutory initiatives, along with much needed early intervention programmes, means that people from the Briton's African Caribbean communities have markedly shorter life expectancy when living in the UK, than their white counterparts. We may never know how many lives have been wasted, cut short and undermined by this, or how much potential and promise has been destroyed by these health conditions.

Health and Wellbeing

Having just recently myself learnt about these startling inequalities, that very few outside the health professions are cognisant of we, at the 100 Black Men of London, agreed to dedicate the focus of the work we have done throughout this year to the topic of Health & Wellbeing.

Each month throughout the year we have sought to tackle a specific health & wellness topic of particular relevance to the Black community, which has seen us cover such issues as:

- Diabetes
- Prostate cancer
- Cardiovascular diseases
- Nutrition
- Sickle Cell Anaemia
- Bone Marrow & Blood Donation
- Wellness
- Breast Cancer
- Sexual Diseases
- Fitness & Active Living

Our methodology has been simple:

First, we created the 100's Guide to the topic, outlining the facts, the stats, and info about what people need to know and action they need to take in relation to the health and wellbeing. Anecdotal evidence Graduation - 100 BML members suggested that a large part of the problem

Graduation - 100 BML members

has been a simply lack of access to timely information. We have seen having a black male led community organisation, like 100 BML, taking the lead and providing a safe space where these issues can be discussed is having a positive impact. Through our work this year 100 BML have developed partnerships with key agencies working in the areas of health care that we focused on to bring in the expertise needed to properly inform our members and the people our charity supports.

In 2012 100 BML have worked with organisations including: Black Mental Health UK, Prostate Cancer UK, Sickle Cell Society, African & Caribbean Leukaemia Trust, Diabetes UK and others. Our effort has also been coordinated with the work of the International Health & Wellness Committee of the 100 Black Men of America, particular on the issue of Prostate Cancer.

A landmark of this work has been the national Health and Wellbeing conference. This included: keynote speeches, panel debates, interactive workshops, exhibition stands, sports & activities for all, with the specific objective of working out some practical solutions to the challenges we have identified throughout the year.
This conference proved to be a timely opportunity for charities, organisations, professionals, the public and most importantly people from the community more likely to be affected by these health conditions to exchange views, put forward ideas and come away with a renewed sense of purpose and direction. It also proved to be an opportunity for individuals and organisations doing similar work in a different field, to look at possibly looking at new ways of tackling some long term challenges. 100BML have recorded the events that have been held in 2012 and plan to publish a report setting out the things that we have learned through the course of on this year long initiative in 2013.

This will be the 100 Black Men of London's considered opinion of a viable strategy that can be actioned by individuals and organisations going forward to make a measurable improvement in the health & wellness experience of the UK Black community. In this coming year we will set about the task making the changes we need to see happen a reality by joining forces with many of the agencies we have partnered with in the past year. Most of all, it is a conference about hope. The work we have embarked on is about hope for today as we work out practical steps we can all take to reverse the grim statistics that speak so starkly of the health inequalities this community faces. This is about hope for tomorrow as we map out the transformational changes that need to be made through all our determined and disciplined efforts to improve the state of health & wellness of our whole community both young and old. All things are possible when we have our health. As the Kenyan Luo proverb goes "Disease and disaster come and go like rain, but health is like the sun that illuminates the entire village".

We will make it our responsibility to blow away the clouds and let the sun shine in.
For more information about the 100 Black Men of London:
Website: www.100bmol.org.uk
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Email: info@100bmol.org.uk

Kolarele Sonaike barrister - author

Higher rates of Type 2 diabetes among black Briton's research shows

By Ruth Dayspring

Research showing that British people of African and African Caribbean descent are far more likely to develop Type 2 diabetes by the age of 80, demands for a public health drive to reduce the risks of this condition among these groups.

This latest study is the first to reveal the full extent of ethnic differences in the risk of developing Type 2 diabetes and also provides some answers about the causes of the increased risk. Published in the journal Diabetes Care, the findings come from the Southall and Brent Revisited (SABRE) study, a large-scale population-based study funded by the Wellcome Trust and British Heart Foundation, which has followed nearly 5000 middle-aged Londoners of European, African and African-Caribbean and South Asian descent for more than 20 years.

'Not only does this study increase our understanding of the reasons for ethnic differences in risks of diabetes, it highlights the astonishingly high risk of diabetes in middle-aged people in our ethnic minorities and the importance of early diagnosis and careful management. Future analyses will examine methods of predicting which individuals are most risk of diabetes - the good news is that diabetes can be prevented if the warning signs are recognised early enough,' Dr Therese Tillin, from the National Heart and Lung Institute at Imperial College London said.

woman using a glucose detecting strip to monitor her blood sugar levels.

Type 2 diabetes is a long-term condition that affects approximately 2.9 million people in the UK. In total, an estimated £11.9 billion is spent each year on treating type 2 diabetes and its complications. Early diagnosis and careful management are vital to prevent complications such as heart attack, stroke and kidney disease.

Diabetes is a chronic disease, which occurs when the pancreas does not produce enough insulin, or when the body cannot effectively use the insulin it produces. This leads to an increased concentration of glucose in the blood (hyperglycaemia).

Type 1 diabetes (previously known as insulin-dependent or childhood-onset diabetes) is characterized by a lack of insulin production. Type 2 diabetes (formerly called non-insulin-dependent or adult-onset diabetes) is caused by the body's ineffective use of insulin. It often results from excess body weight and physical inactivity. Gestational diabetes is hyperglycaemia

Risk factors

It has been known for some time that people of African and African-Caribbean descent are at increased risk of developing diabetes in mid-life, but it is not known why this is or whether this extra risk continues as people get older.

By tracking the development of diabetes in the SABRE cohort, researchers at Imperial College London have revealed the extent of the problem in the UK and offer some explanations about why these differences arise.

The study reveals that by age 80, twice as many British African and African-Caribbean men and women had developed diabetes than Europeans of the same age. Approximately half of all Africans and African-Caribbean people in the UK will develop the disease by age 80, compared with only one in five of European descent.

Insulin and needle

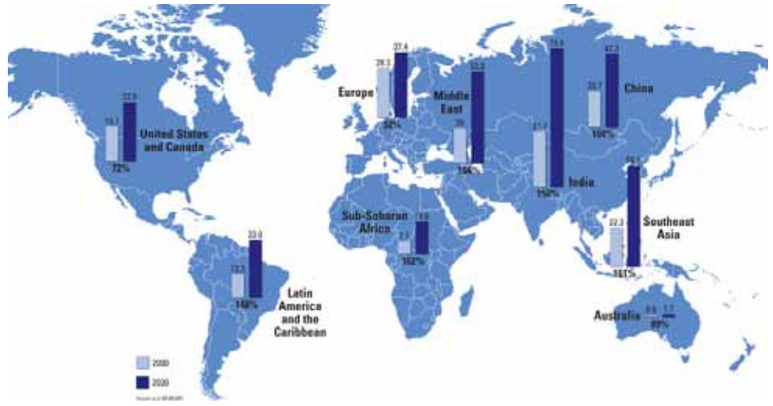
The study looked at individuals who did not already have type 2 diabetes at the start of the study, which began following participants aged 40 to 69 from 1988 onwards and recorded how many developed the disease. The team found that African, African-Caribbean and European people tend to be diagnosed at around the same age (66-67 years). In order to understand the causes of this increased diabetes risk, the researchers looked at several risk factors across the different ethnic groups. Family history of diabetes is known to be an important risk factor for all ethnic groups. However, even though over half of African and African-Caribbean men and one-third of women had a family history of diabetes, this did not explain the extra risk over their European counterparts. Also an extensive body of data shows that many people given a diagnosis of schizophrenia represent a high-risk group for diabetes. Some researchers suspect these drugs interfere with some kind of chemical process both in the brain and the body and lead to the development of something called insulin resistance.

Eating well

The onset of type 2 diabetes is frequently preceded by an increase in insulin resistance, where the body becomes insensitive to the effects of insulin on glucose metabolism, resulting in high circulating glucose. Weight gain and obesity are known factors that can underlie increases in insulin resistance.
The team found that carrying fat around the trunk or middle of the body in mid-life together with increased resistance to the effects of insulin explained why African and African-Caribbean women are more at risk of developing diabetes than British European women. However, this explained only part of the increased risk in South Asian, African and African-Caribbean men, suggesting that other factors that are as yet unknown may also play a part.

'This study suggests the higher rate of diabetes - a major risk factor for heart attacks and strokes - in some South Asian and African Caribbean women is due to increased levels of obesity, particularly the build-up of fat around the waist, and higher resistance to insulin, which helps the body process sugar.

Diabetes - blood glucose test



'This is a very encouraging discovery because it underlines the fact that controlling your weight by eating well and getting active can have a significant protective effect on your health. There's a wealth of existing evidence that keeping the weight off by eating a healthy balanced diet and being physically active will reduce your risk of heart disease and type 2 diabetes, whatever your ethnic group.' Dr Hélène Wilson, Research Advisor at the British Heart Foundation said.

Healthy diet - fruit and veg

Worldwide Prevalence of Diabetes 2000-2030

Diabetes is a global problem with devastating human, social and economic impact. Today, around 250 million people worldwide are living with Diabetes and by 2025 this total is expected to increase to over 380 million.

Worldwide Prevalence of Diabetes

SABRE

The SABRE study was set up in 1988 and it is one of the largest and longest running tri-ethnic cohorts in the UK. We plan to extend our research to examine the roles of genes and the environment at different stages of life in causing diabetes in the three ethnic groups,' Professor Nish Chaturvedi, also from the National Heart and Lung Institute at Imperial College London.

Professor Danny Altman, Head of Pathogens, Immunology and Population Health at the Wellcome Trust, said: "Chronic diseases such as diabetes are a growing threat to global health as people are not only living longer lives but also begin to develop disease at a younger age. Long-term population studies like the SABRE study are essential for helping us to understand the factors that contribute to disease and to identify the communities

sabre Southall and Brent Revisited
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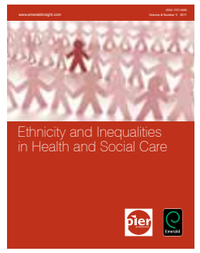

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