

Sisters of the Yam

Asylum



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Executive editor:

Terence McLaughlin
29 Heathbank Road
Cheadle Heath
Stockport SK3 0UP
tmclaughlin@asylumonline.net

Associate Editor:

Diane Burns
Asylum Associates
Limbrick Centre
Limbrick Road
Sheffield S6 2PE
di.burns@asylumonline.net

Founding editor:

Alec Jenner
Manor Farm, Brightholmlee Lane
Wharnccliffe Side, Sheffield S35 0DB
f.jenner@btinternet.com

Business manager:

Pete Bullimore
Asylum Associates
Limbrick Centre
Limbrick Road
Sheffield S6 2PE
tel 0114 2718210 fax 0114 2716039
pete.bullimore@asylumonline.net

Subs and admin

Asylum Associates
Limbrick Centre
Limbrick Road
Sheffield S6 2PE
subs@asylumonline.net

Design: elmano

mano@elmano.co.uk

Printed by: Rap Spiderweb Ltd

Clock Street, Hollinwood, Oldham OL9 7LY
tel 0161 9473700

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Asylum

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**AN INTERNATIONAL MAGAZINE FOR DEMOCRATIC
PSYCHIATRY, PSYCHOLOGY, EDUCATION AND
COMMUNITY DEVELOPMENT**

INCORPORATING

THE NEWSLETTER OF PSYCHOLOGY POLITICS RESISTANCE

**SISTERS OF THE YAM SPECIAL EDITION
EDITED BY ANGELA LINTON-ABULU**

FRONT COVER ANGELA AND MOLLY AGM 2004

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CONTENTS

ARE WE WHO WE SAY WE ARE - OR WHO YOU THINK WE ARE? BY PREMILA TRIVEDI	4
BELL HOOKS WHO INSPIRED, HEALED AND HELD US ACCOUNTABLE BY ANGELA LINTON-ABULU	6
TWO HOURS FIFTY FIVE MINUTES BY VERONICA DEWAN	8
ANNIE G: A PERSONAL EXPERIENCE BY ANNIE G	9
BLACK WOMEN'S MENTAL HEALTH BY CAROL JENKIN	10
THE OLD RE-INVENTED BLACK MENTAL HEALTH SYSTEM, NOTHING HAS CHANGED OR IMPROVED FOR US AS SERVICE USERS/SURVIVORS BY CAROL JENKIN	11
IN LOVING MEMORY BY VERONICA DEWAN	12
WHAT BLACK WOMEN WANT FROM THE MENTAL HEALTH SERVICES BY PATRICIA CHAMBERS	14
BLACK HISTORY & BLACK IDENTITY BY ISABEL ADONIS	16
A SISTERS OF THE YAM INTERVIEW WITH ANGELA LINTON-ABULU	20
A SOUTH END PRESS INTERVIEW WITH BELL HOOKS	22
MAKING BLACK DOLLS, MAKING NEW LIFE - CONSTRUCTING AN IDENTITY BY ISABEL ADONIS	24
CHRISTINE CUDJOE SURVIVOR	26
IMPROVEMENTS FOR MENTAL HEALTH TREATMENT BY MARY CAMPBELL	28
PLEASE LISTEN BY JUNE C GORDON	29
BLACK WOMEN'S MENTAL HEALTH PROJECT NEW CAMPAIGN SHEILA'S PLEDGE 2005/2006	30
POETRY	32
BLACK WOMEN'S MENTAL HEALTH PROJECT	34



This special edition of Sisters of the Yam came about after I was put in touch with Terence McLaughlin by Rose Snow after the Survivors Workers Conference report *Stronger than Ever* was printed.

Sisters of the Yam is the name used by Black Women's Mental Health Project as their national newsletter taken from the name of Bell Hooks' groundbreaking book of the same title, *Sisters of the Yam: Black Women and Self Recovery*. We were also encouraged by the setting up of Yam Support Groups and Self Help Projects in the USA. It was with this in mind that we wanted to re-launch with this special edition calling together known Black Women Service Users and Survivors to take this opportunity to speak for themselves. As you read throughout these papers Black Women want to talk, they also want to be taken seriously. Veronica Dewan, Annie G, Christine Cudjoe and June Gordon between them have a wealth of experience of how they were being treated by professionals in the Mental Health System. Most if not all these articles are relevant to those that provides services for and to Black Women.

We therefore would welcome your feedback and constructive criticism. A lot of work has gone into these contributions such as *Before Black History and Black Identity* by Isabel Adonis and her *Badge of Shame* are excellent bits of work. This also includes Patricia Chambers' *What Black Women Want from Mental Health Services* and Carol Jenkins' essays on *Black Women's Mental Health System* and Premila Trivedi's *Are We Who We Say We Are or Who You Think We Are*, very timely pieces of writing. I will let my two articles/essays speak for themselves. Many of the women in this edition including Mary Campbell and Mariyam Maule have never met, but all are known to the Black Women's Mental Health Project.

All the women have agreed that this in itself is groundbreaking as we have organised ourselves in getting this done at this time. We all hope that when you read this you will understand our limits and limitations as this was new for many of us. It is our hope that we continue to encourage black women service users and survivors to use all avenues available to them to speak for themselves and become active today for a better tomorrow.

SISTERS OF THE YAM

How amazing! A whole Asylum written by Black women. But who are we - the Black women who have contributed to this issue? How do we choose to describe ourselves, and, dear Reader, how do you choose to perceive us?

The words we use to describe ourselves are not simple static descriptors of our physical being, but say much about the values and beliefs we hold, our view of own selves and how we see ourselves in relation to others and, perhaps most importantly, how we would like to be perceived. Words are therefore a brilliant way of clarifying who we are. So why do so many people manage to avoid the words I choose to describe myself and instead assign words to me according to how they see me and, from that viewpoint, make conclusions about whom I am?

For example:

- * The academic researcher who refers to me as non-white, immediately conveying that he recognizes white as the norm and sees me outside that 'normality.'
- * The consultant psychiatrist who insists I am not Black because I am not of African origin, completely ignoring my own (political) interpretation of Black and why that term is so important for me.
- * The mental health service manager who sees me only as Asian and, in service planning meetings, disregards anything I have to say about issues other than 'Asian issues' and the fact that I may have valid views on those issues too.
- * The CPN who sees me as Indian and does her liberal best to educate herself about the lives of Indian women but never actually spends much time listening to me, who I say I am and my life experiences.
- * The OT who identifies with me as Gujarati and uses (what she sees as) our similarity to hide our differences and therefore never identifies my needs.
- * The hospital Chaplain who sees me as Hindu and tries to interpret everything in my life in terms of my Hinduism, compounding my confusion about my religious faith.
- * The feminist psychologist who describes me as a woman of colour in order to place me in her political framework, never questioning whether and how I see myself fitting (or not fitting) into her structures.
- * The MH survivor who insists he sees me as a person and not a skin colour, thereby discounting a large part of me which has repeatedly aroused negative responses from others and in many ways shaped the course of my life.

So by listening to the words other people use about us, it is fairly easy to identify their attitudes and views on how they see me and my differences. In choosing to use their own words, they dismiss the way I choose to describe myself and (reminiscent of slavery?) assign me an identity that works better for them and does not disturb their sense of self. Thus are power relations structured.

Are we who
we say we are
- or who you
think we are?

BY PREMILA TRIVEDI



Dalal (2003) has elaborated on this with particular regard to the words black and white. He states that within the English language the clear associations between white and positivity and black and negativity have developed within the context of power relations and are not natural in any sense :

"emotions that are disapproved of start becoming coloured black at about the same time that the European imperialist adventure is taking place..... and white and black have been honed into powerful deviceswhich are used to lever things into territories of good or bad" (Dalal, 2003).

Thus language has thus become colour-coded and reflects power relations. For some who recognize this and find it uncomfortable, there may be a tendency to avoid the word Black and instead use words like 'coloured'. Alternatively, people may re-label the word black in a positive way, eg by linking it with words conveying strength and purpose (eg Black Power). However, this may cause anxiety and fear and there may be attempts to dismiss such links, as A Sivanandum describes :

"The liberal ... points out that Black Power itself is an offensive sympathy-losing phrase..... (because) ..the connotations of Black created by the white man himself are so frightening, so evil, so primordial that to associate with it power as well is to invoke the nightmare world of divine retribution, of Judgement day".

Thus the words people choose not to use also convey power relations and maybe explains why, even in this day and age, many people do not feel comfortable with the word Black when applied to people and try to counter it.

So where does that leave us as Black women? As passive, mute victims constantly being defined and boxed up by others or (as in this issue) strong and determined women who are using their personal and creative powers to firmly state who they are, how they wish to be perceived and a challenging of power relations. Unfortunately, in the context of mental health services, that very strength, determination and commitment can get us labelled eg as challenging, psychotic, schizophrenic and/or personality disordered. But rather than pathologizing us, the services should be seeing Black women's endurance, resilience, strength and belief in themselves in the positive light it demands, and enable us to define ourselves in our own words without putting their words on us.

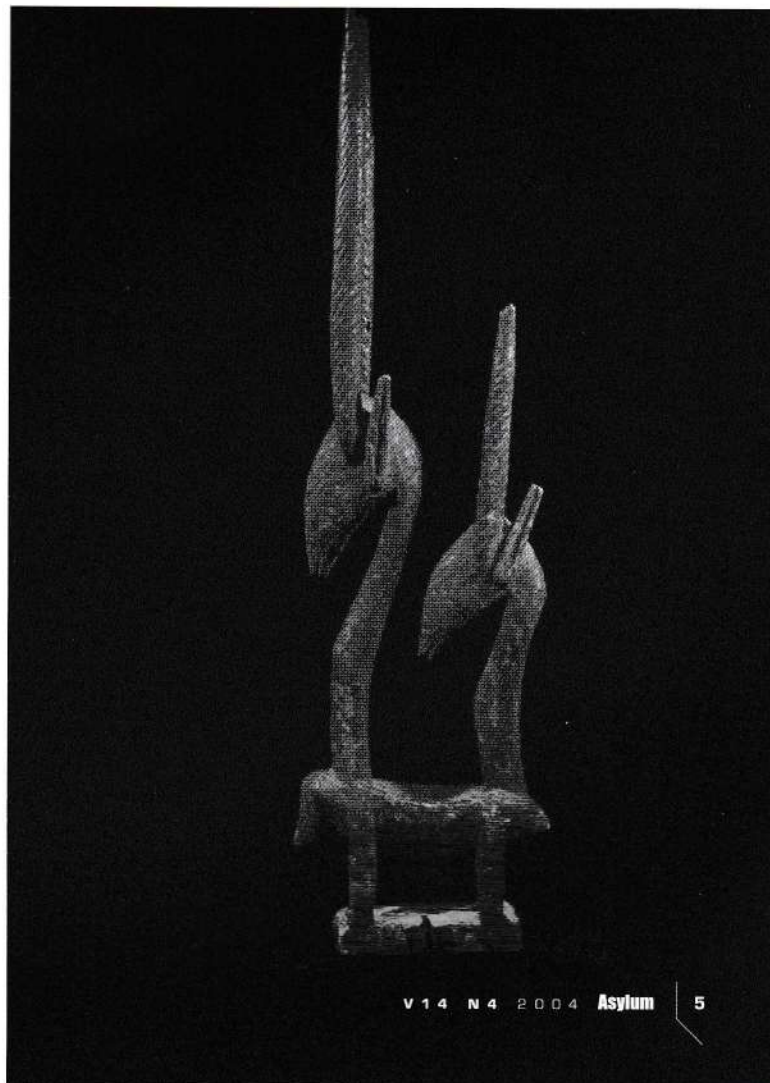
I'm not sure the day will come in my lifetime when this will happen, but for now I just ask that we as Black women are listened to and our terminology for ourselves accepted. Importantly, such terminology may vary depending on the context, so we may use different terms at different times. But this is an additional means of clarification, not an attempt to confuse or be difficult. Thus every Black woman has the right to define themselves exactly as they want. For me, I am

- * Black when I am mindful of my experiences of discrimination and oppression on the basis of my skin colour and am in solidarity with others who have shared similar, better or worse experiences
- * Asian as a kind of short hand to acknowledge my difference from African Caribbean women

- * Indian when I want to identify the roots and heritage that run deep within me even though I have only ever visited India once
- * Gujerati when I want to stress the cultural background against which I have been raised, but which I do not necessarily maintain or ascribe to
- * Hindu when I need to show how spirituality has shaped my thinking and being but also caused me confusion which I want recognized.

Non-white, coloured and colour-blind are words I never use, and even woman of colour does not feel quite right for me.

So what am I trying to say? Simply that we Black women are not a homogeneous bunch. We are shaped by our 'race', culture and ethnicity certainly but also by other factors in our life such as class, gender, sexuality, education, disability and faith. And that complex diversity is the very thing that should make us (as a group) so powerful and strong. How we choose to describe ourselves as individuals at any moment in time (in terms of our race, culture, gender, class etc) is critically important and has usually evolved from much personal heart-searching as well as intellectual thought. So please don't dismiss the words and terms we use when we talk to you, and accept we may use different terms at different times. If you curb your enthusiasm to put your perception on us and instead listen carefully to us, you'll find out so much more about us and you may even start to see us more as strong and courageous and less as scary and challenging.



Bell Hooks

WHO INSPIRED, HEALED AND HELD US ACCOUNTABLE

BY ANGELA-LINTON-ABULU

In March 1999 I was invited to give a speech at the Mental Health Foundation second Big Alternative Conference. My theme was "Women like Me" Black Women and Mental Health. I would like to return to the issues raised and see what changes has happened since 1999 in terms of us being at a disadvantage and discriminated against.

Firstly I would still argue that as black women service users and survivors of the mental health system here in Britain we are still at a disadvantage. We are not always consulted as a group or have the means to represent ourselves and participate collectively as a group. We are however used continually as a "means" to help "others" get our funding and resources on the chance that "they do for us".

When will these leading funders begin to ask the questions the rest of us are burning to ask, such as when and whom did you consult, how and who will you include and how and when will they (Service users/ Survivors) "recover" or a least live in dignified manner, through the funding and resources we give you on "their behalf".

Most professionals are in positions which means they are become better informed than us, they know what the agenda is and what if any changes are coming about. In the mental health system rarely do they not know what is of interest to funders and national bodies like the Department of Health. These professionals also have their own networks and associations and have conferences and meetings etc. I include black mental health professionals here as in the last few years many of them have benefited from such networks gaining a foothold and space for themselves in the arena of black mental health and for those of minority ethnic communities.

The issues for "Women like me" in the work of the Black Women's Mental Health Project have not changed. After all these years we still offer simple services which can be seen as befriending, sisterhood and community support. Many of the women who use our services and make contact with us have a lot in common, but one thing stand out their needs are not being met. As black women they rarely get choices about treatments and care. Most are on medication which is usually psychotic

drugs and for some the dosage can be high. Nevertheless, overall they are expected to take this long term if not for the rest of their lives. Very few hear and talk about recovery. Most believe their doctors know best. Even fewer are involved with or have a say in their treatment and care. Even less received support from family and community long term. The stigma of mental ill health still exists and has an impact in how "Someone" will be treated by their family and community while experiencing mental and emotional distress.

I would go further and say this disadvantage leaves us as black women service users and survivors not having a space; on the platform, no access to the decision-making process, being heard, have the means to represent ourselves and participate in a fair and equal way. However, the case is we are more than likely to be pushed about and left to "burn out" in the limited spaces that exist.

Due to the above I still believe that psychological "dis-ease" and emotional distress experienced by "Women like me" in this society leaves us severely traumatized causing us to suffer different degrees of mental and emotional distress. When this occurs it can contribute to us having crises, relapses and severe illness. To readdress this we would need to be ready to look at different and new ideas for treating and caring for the person, individually and holistically. For years I have used my own coping strategies and daily routines as a way of managing my own mental and emotional distress. I have had to be clear and at times focus at what helps me and what does not. However, this is not always the case if I have stresses, challenges, personal issues which attack my wellbeing and healing process then I have to re-adjust myself, take time out and do whatever is necessary to aid my recovery and most of all listen to what I need within myself to get better. I have never been one hundred percent. My life experience is such that I will and have experienced mental and emotional distress most of my life and for the rest of my life I believe I can live with it positively to some degree.

Secondly, I also still believe and would argue that as black women service users and survivors we are discriminated against in the mental health system. In its services, treatments and care we as black women still have no real readdress for our lack of

resources and limited access to do anything about it. Indeed we are lucky if we have ever been heard. Racism has a lot to do with this it impacts on how we are being seen and therefore treated by a mainly institutionalised system which is tied into big business.

Nevertheless, every now and then a pin drops and something happens bringing about change before re-institutionalising itself back to the norm to those who benefit rather than those who use it or need it.

For years, in conclusion, Bell Hooks and others have made the case clear on how racism works and impacts on the lives of black women - People's Mental Health. Hooks' Sisters of the Yam black women and self recovery has stood the test of time and is more relevant to those with willingness to change and work differently. Two of Bell Hooks' books Sisters of the Yam as above and Black People and Self-esteem not only deal with these and other issues they offer solutions. Nevertheless, at the heart of all Hooks' work in this area is for black women and black people themselves to find their voices, speak for themselves and take action.

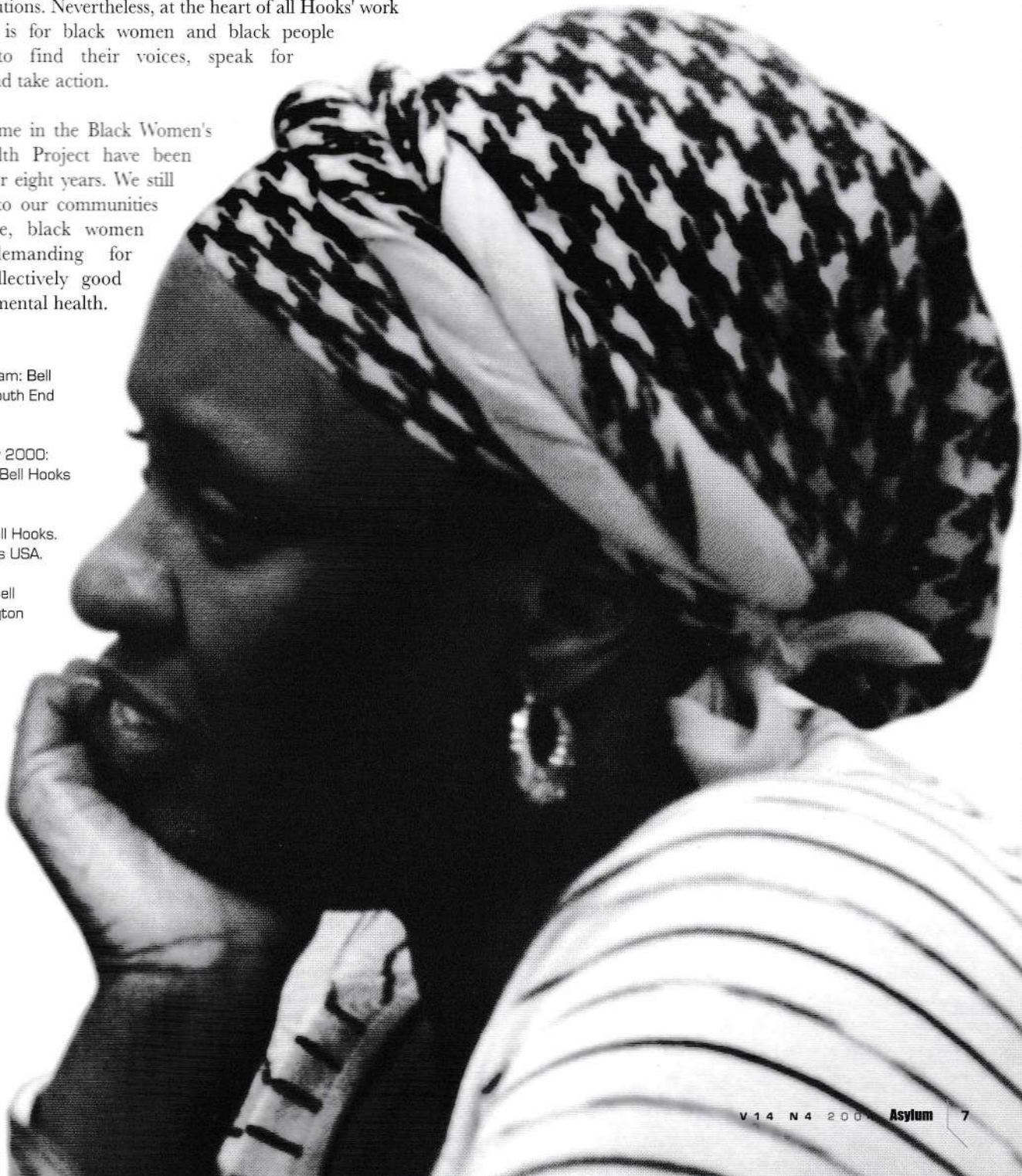
Women like me in the Black Women's Mental Health Project have been active for over eight years. We still bring home to our communities what we are, black women survivors demanding for ourselves collectively good practices in mental health.

Sisters of the Yam: Bell Hooks 1993. South End Press USA.

Feminist Theory 2000: Second Edition. Bell Hooks Pluto Press.

Talking Back: Bell Hooks. South End Press USA.

Rock My Soul: Bell Hooks. Washington Square Press.



TWO HOURS FIFTY FIVE MINUTES

BY VERONICA DEWAN

When we are fragile we enter the psychiatric system, when we most need to be treated with compassion, when we need hope and strength to pull us out of despair, why is it so hard for us to remember any acts of kindness?

Between 1990 and 1996 I had several admissions to a psychiatric ward, my crises followed from completing my first year at university as a mature student, working at nights while doing a full time degree, meeting my birth parents, ending a long relationship with a manipulative male lover and beginning to recognise how much damage had been caused by my adoption. As a woman of Indian and Irish heritage, I had been born and brought up in rural England by White parents.

It has been a tough lesson, learning that care means little more than containment, that treatment means heavy medication. Yet I have worked hard to remember the times I was shown respect, the ways in which my dignity was upheld, to recall who would listen, who would validate my insights. The institution of psychiatry is people, there are people who have helped me and I need to remember them, I still believe in the goodness of humanity.

There was the Mauritian nursing assistant who shared her home cooked curry with me when I was first admitted to the ward and it was after midnight. Whenever I returned to that ward she would treat me with kindness. And there was the Polish charge nurse who took me to the playing field beside the hospital and encouraged me to scream. She said she wanted to help me release my anger after hearing me speak about the childhood abuse. The Bajan nursing assistant who held my hand while I cried and shook after I was sexually assaulted by another patient, would often take me for gentle walks around the hospital. And an Irish charge nurse, she was the one who once reached me when I was in the deepest despair, by hugging me.

I have to remember these people because so many terrible things happen when we are in hospital and it takes years to recover from the effects of being personally and collectively ignored, humiliated, misunderstood and misdiagnosed by representatives of the institution of psychiatry. There was the French psychiatrist who disagreed with my English consultant that the only treatment appropriate to me would be medication for life. She was the fourth psychiatrist I had seen in two weeks. She told me

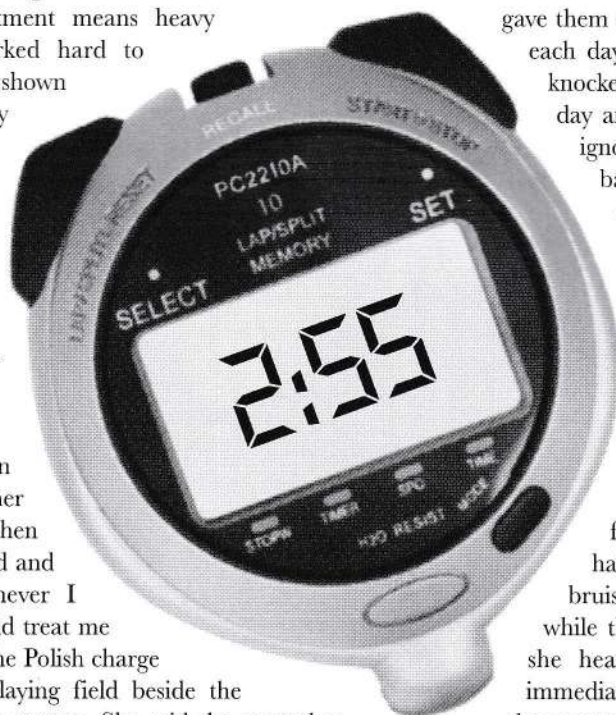
she had witnessed how badly her 'mixed race' sons were treated in this country, their father was Indian, and she was insistent that I needed talking treatment. It was the final day of her six month contract at that hospital and she immediately persuaded the consultant to refer me to psychotherapy. I realise now how lucky I was to meet her in time otherwise I may not have survived.

It was the anniversary of my Indian biological father's death. If I wasn't in hospital I would have visited a chapel that was one of the last places I saw him alive. It had been a difficult relationship, when I was born he denied paternity and as a result I was adopted. As an adult I searched for and found him, even worked for him. He had a serious problem with alcohol and he died six years after we met. I took responsibility to tell the nursing staff

that this anniversary would be a difficult day for me, I gave them notice of this several days in advance and each day leading up to the anniversary. When I knocked at the door of the nurses' station that day and asked to be taken to the chapel I was ignored. My Irish primary nurse kept her back to me as she wrote at her desk, her colleagues chatting between themselves and not acknowledging me. My primary nurse spoke without turning around, 'Why are you so demanding? Can't you see we're short staffed? Go back to your room.' I felt humiliation and hurt swelling up inside, and I turned and headed for the door. I was after all an informal patient and had the right to leave at any time. As I reached the stairs four nurses pounced on me, tufts of my hair were pulled out and my arm was bruised and twisted. I was held under Section while the English duty psychiatrist came. When she heard what had happened she took me immediately to the chapel, she was clearly angry at the unnecessary use of force. When I was ready to return to the ward, she said 'Take as long as you need.'

Back on the ward a Nigerian nurse who was repeatedly racially abused by patients asked me to try to understand how difficult it was for the staff to meet my demands.

The nurse who hugged me took ten minutes of her time. The nurse who encouraged me to scream spent one hour taking me to the field and back, the nursing assistant who shared her food took an hour to heat it, eat it and have a conversation with me, the psychiatrist who understood the experience of 'mixed race' people took fifteen minutes to assess me, the psychiatrist who took me to the chapel took half an hour. Having spent about eight months in total over a period of six years on the psychiatric ward of a general hospital, it would need several hundred pages to record the neglect and mistreatment I received and witnessed.



As a black woman living in a white society, it's hard enough. I did not realize until I became ill in my early years how stigmatized and mistreated, and that showed of ignorance was so apparent. My journey began when my cry for help started at my local G.P's office, because I showed no signs of physical illness, he showed no knowledge of mental illness even when I explained my suicidal thoughts and lack of sleep I was actually crying out for help and support but instead I was given sleeping tablets and sent home because I was wasting his time. I later became part of the mental health conveyor belt system.

I had to overcome a great deal of personal and emotional feelings. A black woman in a white institution and the stigma I had to face was just the beginning. I believed that because of the deficiency in the understanding and knowledge of black culture this sometimes resulted in generalising and stereotyping. For example the views of ignorance of African / Caribbean women are of an aggressive and difficult nature. African /Caribbean women are seen strong and able to withstand stress and trauma.

Asian women are seen passive and don't want to make an effort and as my G.P treated me at my first port of call for support there seemed to be no point in negotiating or discussing treatment because they did not understand. I found that in order to survive I had to conform and even that I had complications. When I expressed myself constructively it was seen as being aggressive I was unable to show any emotions as it threatened my position I was compromised in more ways than one.

When I entered the institution my colour and culture had disappeared I was removed from society and my cultural upbringing. I felt I had three prejudices against me. My illness which hospitalised me, my culture and my colour and in all that time I had to fight to retain the latter two. I have since been out of the system for many years now, and I don't think a lot has really changed women are still struggling to find a voice. For years now I have worked effortlessly to help improve and support women I also believe there should be more specialist services for black women.

Annie. G ©
A survivor.

ANNIE G:

A PERSONAL EXPERIENCE



BLACK WOMEN'S MENTAL HEALTH

BY CAROL JENKIN

Who defines and labels us anyway?

Twenty-two years ago after having had my first child and nine later being notified that I was expecting another - my life took on another dimension and meaning. It shook and it rattled. This is where I thought my mental health problems began. Suffering post-natal anti-natal any depression going - Carol's got it - is what I used to say to people, when asked. But looking back and analysing, my life before this life-changing event, I seemed to have been suffering a mild form of depression through most of my young life. This depression comes in the form of lack of self-confidence, withdrawal, and enormous self-doubt. Some of these were self governed, but on the whole most being laid upon me by normal everyday social structures such as schools and their professionals. The negativity put upon me affected me for so many years. Until I was strong and able to shake them off.

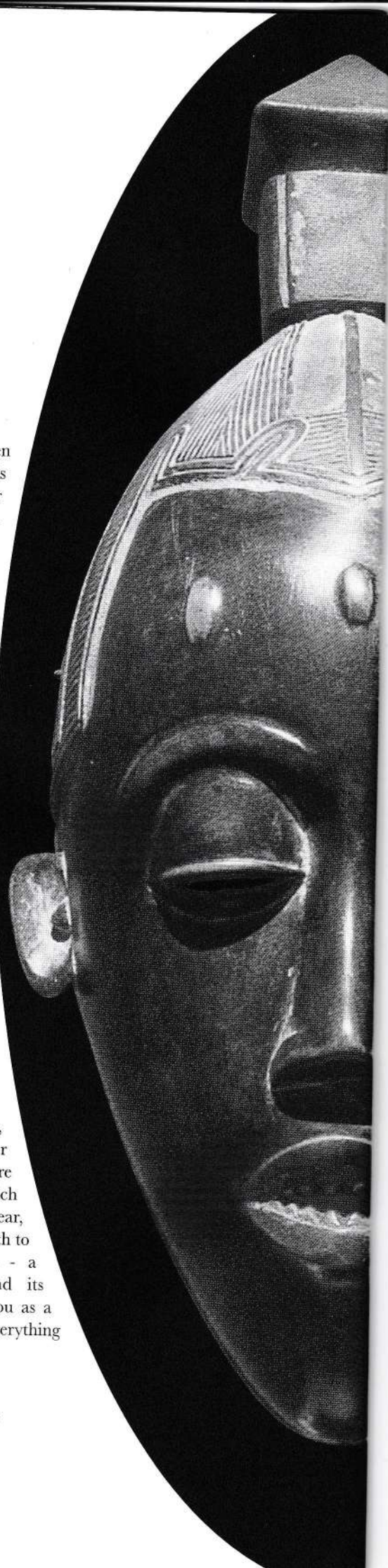
As a Black woman, with three children it fills me with dread and concerns that my children might suffer with any form of mental problems and that they are doomed to a life of hell and negativity, brought about by a mental health system that labels, brands and treats people with so much lack of respect. It is even worse when you are a minority of any sort. Your needs are dismissed, marginalised and even ignored. As a person who has had a mental health problem regardless of what I have said, done or achieved since having coming through a long period of mental health problems - I am continually treated by those working in the mental health field, in any capacity, as being incapable, useless, and inadequate and in some cases ignorant.

Any kind of views, perspective or concerns are viewed as irrelevant - or in the worse case scenario viewed as good, and then stolen and rolled out as a professional vision, with no reflection on where it has originated from. It is sad thing to say that we as users/survivors are perceived as useless for the rest of our lives and that you cannot after having a mental health problem be seen to be able to move on, think rationally or contribute to anything (even your future direction is controlled or conditioned for you). Your past strengths, education, career and knowledge is deemed unusable.

So the lives of our children who dare have this condition are set in other people's perceptions and views of a particular condition. I can see why society fears the thought of mental health, why people don't seek help, or don't want to be associated in anyway to this so called condition. Children will be the future sufferers with the stress that is placed on them now in schools, within society, homes and social expectations - to be labelled negatively for the rest of their lives - they stand at the entrance to a system that will not respect you in any form or way. I believe as a survivor that if tackled early these problem can be reduced or stopped from progressing further.

As a mother, youth worker, trainer and teacher I see our children being put under more and continual stress which grows day by day year by year, bringing with this stress a path to a negative mental health - a mental health system and its professionals that devalue you as a person, your rights and everything that you hold dear to you.

Carol Jenkin ©
A survivor, Co-ordinator of Buddies,
Befriending Scheme Bradford.



THE OLD RE-INVENTED BLACK MENTAL HEALTH SYSTEM, NOTHING HAS CHANGED OR IMPROVED FOR US AS SERVICE USERS/SURVIVORS.

BY CAROL JENKIN

Since my article that was widely published in 1999, the area of black mental health is still heavily dominated and led by black professionals. In fact it seems to have got extremely worse.

The present Government have since their election given strategies and policies that have given users, carers and communities some arenas for involvement and consultation. Yet what seems to be seen within these processes is the continual domination and control by professionals within these particular fields of health. The consultation and improvement processes are being driven and governed by professional agenda's, directions etc... The contribution of those who have used, witnessed the problem or have come through them seems to be disregarded and sidelined (as unimportant) regardless of their value within the debate. Attendance at these consultations and events are carefully hand picked and thought about. They are picked for their contribution (lack of interventions) in what is to be voiced or put forward. Not again, I can hear people say when they are reading this article. But yet, as a survivor I can see nothing about this domination being challenged or changed.

This control and power still remains prevalent with the Black professionals and the negative effect of this continual behaviour is being reflected on those who are on the end of the issues concerned (service users, carers and communities). The negative effects felt by myself and others are feelings of continually being usurped. Our views, experiences, perceptions knowledge are squashed, challenged and in most cases stolen and portrayed as professional ideas. The negative affect on the clientele concerned is ignored by all concerned, regardless of where the negativity emanates from (whether this is the system itself, the label, diagnoses or the professionals encountered). On a ground level involvement is blocked from many

tactical and strategic sources. Service user and survivor involvement slows already planned changes and interventions, so why positively encourage user participation. The tactic readily used and has been witnessed is to treat those involved as unintelligent, and don't know what is being discussed and when they do catch on to what is taking place they get users, carers and the community to fight amongst themselves. So money's the agenda and it is spent the way it was originally planned and directed. As Black service users and survivors we are target for everyone's interpretations and made the service victims.

* The mental health system plays with us.

* The Black professionals exclude and vet us.

Mental health services use us as their targets, if we are to take control of our conditions and health (develop a support group) then God help-us. We as survivors and role models are either left to pick up the cost of the services neglect or - as has been personally witnessed - they promise you support and dangle a small pot of funding under your nose, then make you do a lot of work to get it. When they have placed you in a safe zone, they then pull it from underneath you with little or no explanation as to why they have done this or have taken the necessary action. They can freely do this to you, as there is no protective body that is interested or you can go to for support when this victimisation happens. I thought with the emergence of NIHME and the commitment to Users, Carers and the Community consultations, there would be some positive change. Yet again, it the professionals that dominate NIHME agenda, they propel their tainted agenda's and ideas for improvements. Users like myself are used attentively and not given positive reimbursement for our time or contributions. Money is not being spent to encourage Black or other group debates, facilitation or participation to find out what improvement that those using the services would want to see or need. Change is generated from a respectable professional stance and is put to the people on the ground what is to be done to? By? (Forced to agree) What mistakes are done now will be picked up and paid for in the future with no accountability and responsibility being taken by those wasting public funds unnecessarily. Consultation must be positive, mean something and not be tokenistic. Safe space must be created for positive contribution to be given. Contribution must be valued and reimbursed.

Carol Jenkin ©

A survivor, Co-ordinator of Buddies, Befriending Scheme Bradford.

in loving

BY VERONICA DEWAN ©

The messages remained on my answer phone for months after Jayshree and Nikki died.

I recall that Christmas evening 1996 when we celebrated being together, how happy we were to have been discharged from the local psychiatric unit in time for Christmas. Nikki came with a carton of milk and a quiche, Jayshree with a bottle of white wine and a Dundee cake. I lit the candles and we sat around on the carpet toasting each other's futures.

My enduring memory of Nikki was of seeing her for the first time on the ward as I dragged myself along the corridor to breakfast one morning. There was a queue for the drugs trolley and Nikki was supporting a patient who would not take his tablets. The nurse was shouting and Nikki was telling her he had the right to refuse because he wasn't sectioned. He said he was fed up with the side effects giving him constipation and a dry mouth. Others in the queue were listening and started to assert their views. It was a good start to the day. Later I borrowed the book from the nurses' station that doctors refer to when prescribing our drugs - the British National Formulary - and Nikki and I sat down together and ploughed through the long list of adverse effects of the drugs we were taking. Our friendship grew quickly as they often do in hospital. She was a British Asian married to an English man, they had a young son. She was deeply concerned about how he was perceived in her community being a mixed race child.

Nikki had spent the first month at another hospital, the Priory in Southgate, under an extra contractual referral because there were no beds available locally. After a month she was transferred back to the local NHS psychiatric unit and after the apparent luxury of the private clinic she was shocked at the dilapidated state of the ward. At the clinic her days had been organised with groups and activities, whereas now she had to put up with one television in a very smoky room, and little in the way of positive input. Soon she set to work and became an advocate for her fellow patients, Nikki could see the power dynamics at work, and

had no hesitation in demanding respect from nurses and doctors in whose care we had been placed and who ignored or misinterpreted our distress.

Together we set up an informal peer support group on the ward 'Standing Tall' and even though we initially met resistance from staff, we were successful in keeping the group going for a few months. It was in response to the community ward meetings which were run in a way that dismissed our requests and suggestions for improvements. In our new group we were able to listen to each other, share information about our care or lack of it, take matters that concerned us to the ward manager, the unit manager, the chief executive if necessary. We extended the support group to the community knowing how vulnerable we were during those first few weeks back home, often so difficult that we could find ourselves back in hospital. With financial and practical support and encouragement from members of Connections, our local user/survivor group, we would meet weekly for a couple of hours, Nikki and I taking responsibility for sharing facilitation of the group.

Jayshree joined the community group. She had been a student of horticulture at the local college. The medication she was taking made her skin break out in spots and she was ridiculed by other students. Her self confidence was very low and she missed Bristol, the city where she was brought up, missed her friends from childhood. We shared a love of poetry and she showed me poems she had had published. She also loved going to ballet and opera evenings with friends she had made in Connections. She was an active member of the user group, involved in managing the development worker, and attending endless meetings that arose from mental health professionals persistently dismissing our experiences of mental health services. Once she represented Connections at a Health and Social Services Strategic Planning meeting and refused to go back. 'They were so intimidating, mostly white men and two white women. I was the only Black person there. When I finally got up enough courage to speak, no-one listened to me. I'll never do that again.'

memory



Jayshree was re-housed on the edge of the borough, far from her friends and family, and felt lonely and isolated. I remember us meeting up for lunch, going together to choose flooring for her kitchen. Then we went to a mental health employment project and she made an appointment to get some advice. She was frustrated that she had not been in paid work for a long time. The worker cancelled the appointment a few days later and didn't rearrange a meeting.

Autumn 1997. Jayshree called to say that she had heard about my diagnosis of multiple sclerosis from Nikki, and if I wanted to call she was there for me. I didn't ring back; I was still in shock at the time. Two months later I was on a train on the way to the Mind conference in Scarborough. That's when Nikki told me Jayshree had stepped out in front of a train and died. I still had Jayshree's voice on my answer phone. I remember another friend taking me to the ward and I spoke with a nurse who was upset that Jayshree had taken her life. Then she said that Jayshree's problem was being part of an Asian family. Although in a way I had predicted this response, nonetheless to hear that narrow and prejudiced view of Jayshree's life was offensive and it let psychiatry off the hook completely.

I introduced Nikki to the Ealing Patients Council. We went to their Christmas Party. We had a great time. Two years later she became the user involvement development worker in Ealing. She called to tell me how glad she was to have given up her job at the bank, that she now had real purpose in her life. When we met in Manchester in 2001 at the Survivor Workers Conference she was thriving, feeling confident and hopeful about her new post as a user involvement worker in Harrow.

March 2003 and I am at a commemoration service in Harrow Civic Centre. I heard the news last week from our mutual friend Jan Wallcraft. Nikki was in a private psychiatric clinic, she had been out shopping that afternoon, came back, went to bed and was later found dead, the cause of death uncertain, but some rumours about her prescribed medication. The room is packed, a stream of people flowing to the front to commemorate the life of

this deeply courageous woman, who has inspired and motivated, who has offered hope and encouragement, and shown love and compassion to people diagnosed like Nikki with a mental illness. There is singing and poetry, prayers and tributes in Gujarati and English, testimonies from the Asian women's group that Nikki set up at the local day centre, tributes from colleagues working in voluntary and statutory mental health services.

I hadn't spoken to Nikki for nearly a year, not since my birthday party. I still have the beautiful friendship cards she sent me. In one she wrote 'I have read up about MS in an alternative therapies book, to help me to understand your problems better. I want you to know if there is anything I can help with now or in the future, I am there for you!!!' One day she called and left a message, but I wasn't in good shape and didn't call her back. Her voice stayed on my answer phone for ages, I couldn't erase it. Her phone number is still in my address book, I can't put a line through it.

I often go past the college where Jayshree studied. My father now lives up the road; my mother is buried in the cemetery behind the college. Sometimes I want to scream at the students even though they are not to blame, other times I want to ring up the college and suggest I run a mental health awareness class. I haven't done either of those things yet.

Jayshree and Nikki had a vision of a better mental health service, the one they were let down by, the one in which they saw numerous human rights abuses and the one that they wanted to change. I was honoured to know these two passionate activists in the user/survivor movement. My two Asian friends have names, families, ancestors; each woman was unique, each with her own hopes and dreams. Their spirits light my way.

IN LOVING MEMORY
NIKKI DAKIN AND JAYSHREE SHAH
REST IN PEACE

What Black Women Want from the Mental Health Services

BY PATRICIA CHAMBERS ©

I happen to be a black women who lives under the label of being mentally ill and when I was asked to write this piece I thought to myself it's going to be very short. What can the services give me?. They can't give me a good brother to keep me company, share my life and be a companion, it can't give me children, it can't give me a job, it can't rid the Motherland of AIDS. I was in intense thought for weeks. Then the thought came to me, I thought I know what I'd like the mental health services to do for me I'd like them to seriously tackle stigma in mental health. The dis-respect that I and others (male and female) get when we're brave enough to publicly declare or reveal that we suffer from mental distress and are debatably labelled mentally ill. It wasn't something that I planned for myself or included in my itinerary for my journey through life so should I be ashamed of something that I had NO control over and that ANYONE can have and that they say 'you wouldn't wish on your worst enemy.' Something that has banished me to life long poverty and broken dreams. It usually happens when you're young and just starting out in life, around your mid-twenties even early thirties is still an age where affliction causes great devastation

The powers that be need to tell it like it is for people with mental health problems, stories of courage and strength and determination not just letting the image of violence and murder dominate the minds of the general public. I'm not saying that it doesn't happen but that all you hear about in the main stream media, yes they have to highlight danger but tell the other side as well. The single mother who brings her children up on her own, the young women that goes back to employment, the ones that learn a new skill or go back to education or get it together enough to join a group or day centre. These are news worthy stories as well and would highlight the truth for the majority.

Positive stories and images about mental health would encourage funding, well known for being the Cinderella of the NHS. The mentality that- there is very little that can be done and throw away the key- once someone is labelled, needs to be stopped. In

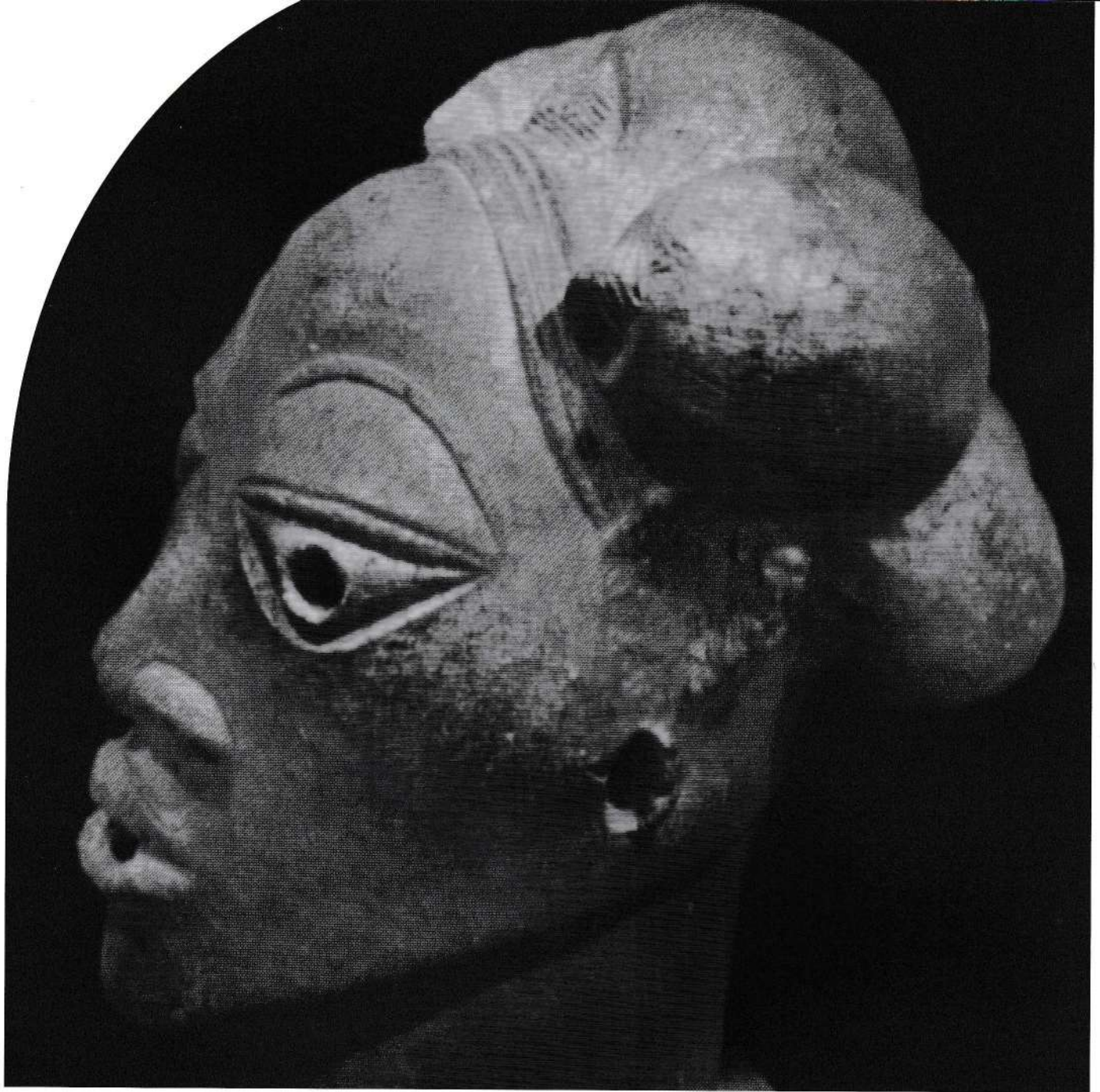
my experience given the right kind of support someone could get back to a normal life and the definition of normal needs to be redefined, am I abnormal because I can't do the nine- to- five.?

A more positive image would mean that people would be less afraid to admit when something was going wrong and get help early and most probably the problem wouldn't be as bad or devastating as it often is. It's the fear that stops people asking for help, what will people say about me, how will I be treated (and we know the answer to that), how will people I know treat me and be treated for associating with me. The fear of what the stigma will do not only to themselves but friends and family.

A more positive image could mean that I wouldn't lose that job, a more positive could mean that that man might stay, or ask you out and the possible resulting children could help out with the crisis in the Motherland. A more positive image would mean less of an us and them attitude that surrounds the area of mental health, a more positive attitude could mean that that suicide was avoided. A more positive image could mean that my battle with self to accept what has happen to me and find coping strategies, is a battle that I'll win.

To achieve this more positive image people need to be inducted and educated on mental health and given the true picture this will take a concerted effort, which should come primarily from the government, the media, and people who work and are associated with mental health. The young could be educated on it at schools and colleges where impressions, beliefs and ideas are born and developed and feed. The message could then be reinforced through training at work for all levels of employee from the porter to the chief executive. This message should be given consistently throughout life so that people know about mental distress and are not afraid of it either for themselves or for others. People are usually not afraid of what they know.

I also want the spirituality of what has happened to me to be investigated, am I touched, who says that it's not a spiritual thing



that has happened to me as well as anything else that it might be and certified insane or not I feel spiritual and I believe that they said John the Baptist was mad and Rasputin. Many people talk about ESP (extrasensory perception). Who's to say that voices aren't God, aliens or extraterrestrials trying to get through and using me as a medium. I want verification either way.

We also need (and I'm told this umpteen times) crèches especially for single mothers with mental health problems. They are saying quite loudly that they need help with the children so they can attend that day centre or group and get some time to themselves to recharge and be the best that they can be to their children given the family difficulties. When are they going to be listened to.

We need funding for our black organisation and structures and not just temporary funding, we need meaningful and long term funding, funding that will maintain success and see projects through to the end if there is one. Funding that does more than just talk the talk on inclusion.

We need better networking amongst ourselves and real support to do this as finance to attend that conference or seminar is often a substantial problem and that's not surprising as we are all on benefits. Our carers need to be properly recognised for the unsung heroes and sheroes that they are. We need a kinder and more explanatory first admission system that recognises the whole 'mentally ill experience' for the frightening and unforgettable thing that it is.

Finally but not least, actions are better than words. We've heard the talk now try a little movement on these action plans, NSF recommendations and inclusion policies etc that are being banded about and see how rewarding the area of mental health can be for everyone not just those of us who have been touched.

Patricia Chambers ©

A Black Women Survivor has been in the system for over 15 years, very active on minority and use involvement issues.

Black History

Black Identity

BY ISABEL ADONIS

'Mental Health' is a relational term. My mental health is a function of how much my speech and behaviour is comprehensible to another. Historically, the concept arises out of the white, male culture of European medicine, and for these reasons it is important that health professionals be as diverse as the community that they serve; what may seem like symptoms of paranoia to a white person can appear as normal common sense to a person of colour for example. For those of us outside the mainstream culture, the achievement of this understanding is essential to our own well-being and our ability to function in society; this leads one to an exploration of identity through culture and history.

I am mixed race. There is no mixed race nation, no special language or flag, no national identity. Many years ago I had a very powerful dream in which I was the carved wooden figurehead on the front of a galleon making its way into uncharted lands. The scene was misty: this wooden hulk was making its way up the Orinoco. This dream awakened in me a need to be part of something, to find out more about where I had come from.

I lived in the small Welsh town of Bethesda which had once been home of the world's largest slate quarry, originally developed from the proceeds of Jamaican slave plantations. My mother was a white Welsh woman, my father a black man from Guyana. He had left my mother when I was a teenager and had never lived in Wales. I didn't know any black people and yet I didn't feel accepted as Welsh. My skin-colour meant that to the community I was a black person -a foreigner. I suffered the humiliation and the degradation of being different. As a black woman I suffered every kind of stereotyped response. When people treat you differently to what you think you are, it is very confusing. Communication is difficult if not just impossible; they are always talking to someone else. If my black father had been with me then I might have had the emotional support I needed to face this continuous opposition.

So I set out on my own to be black, find my blackness and to find a black identity to which I could belong. I felt myself to be living in that town for a purpose. I was not treated as Welsh, nor was I from a black community, but around me in the very geography was my story. It seemed to be carved out of the rock itself. I went



to the local university library and I found the Pennant papers (The Pennants were the owners of the quarry, most of the land in the area, and also plantations in Jamaica). I held original documents in my hand. It was an awesome experience to read the names of real people who had been slaves. I spoke to historians and to one of the descendants of the slave owning family but I didn't find much interest from others in my quest. There was no emotional response. My journey took me to Liverpool to explore the Welsh involvement in slavery. My father's family name was Williams, and I dreamed of being able to make a Welsh connection on my father's side, and connect my white heritage with the black.

Nothing seemed to satisfy, but I was educating myself. I began to have not a land of origin, but a ground of understanding. I was drawing a mental map with a historical context where I could place myself. It was as if I had to create my own culture out of nothing very much. I began in a small way to understand prejudice and stereotypical images. I understood at least where other people were coming from. I did my best to talk to people as I went along, but there was no black community for me to go too

and I often felt very isolated. I found out as much as I could about my father's family in Guyana but this was difficult since I didn't really know him or the country of my supposed origin.

I turned to black literature and I studied the writings of the great black scholars. I read Ralph Ellison's *Invisible Man*, Richard Wright's *Black Boy*. I read James Baldwin and slave-narratives. My father had been a writer and I read his work too. The more I studied the more fascinated I became. I started to make notes and write myself. It was through this literature that I found a relationship of mutual understanding - other people had felt as I felt and experienced similar problems; I found that I was not alone - that I was not mad. It was out of this that I was able to start to talk and write with some hope of being understood by others.

If my father had not happened to be black, I would not have suffered any crisis of identity; it is the visibility to others of my supposed 'foreignness' that gives rise to the problem. The fact that the very seeing of this difference is also unmentionable in polite society renders the problem insoluble. I thought I was

Welsh; everyone around me could see that I was not, but none could say so. Thus my identity was always being undermined, but never openly challenged.

This illustrates the relational nature of mental health. Black history and black identity are necessary to my mental well-being, not because of any internal psychological factor which makes that particular culture more appropriate to me, nor because I have any special affinity with it, but precisely because it explains the psychology of white people, and the peculiar ways that they behave towards me.

There is great comfort in being something - being Welsh or being Black, it seems to fill an inner emptiness. Identification joins me to us, the sheep, and separates me from them, the goats. There is little comfort in being merely human, I want the distinction and simultaneously the togetherness of the special group. This internal conflict is reflected in the interminable conflicts of nationalities, ethnicities, ideologies, classes etc, which afflict humanity. My conflict, your conflict, is the world's conflict; our mental health is the mental health of the world, and communication, mutual understanding, is the key to improvement.

There is prejudice, discrimination and inequality; there is racism, institutional and personal, covert and overt. It occurs in the NHS, in mental health and throughout society. Race is inside us and all around us. We are very unlikely to develop an effective policy to respond to this situation without understanding the root of the problem - which is psychological.

And we will never understand it while we see it entirely 'out there' in other people. But this very thought is 'other-isation' - projection analysts call it - which makes the separation between 'us', who are non judgemental, tolerant, fair-minded, civilised, educated, democratic, all things nice, and 'them' who are all things nasty.

We all like to think we are one of the good guys, and we tend to behave as if it were true, in the vain hope that it will thereby become true. And out of shame, because we know in our hearts it is not true, we need other people to support us, and so make a deal, a conspiracy, that what is bad is not 'us' but 'them'.

Everyone is somebody's other, and the struggle for power is a struggle to impose my phantasy over yours. Sometimes, too often, it is a struggle to the death, because the position of defeated other is unbearable torment. Your phantasy is my nightmare and we come to live in mutual fear and hatred - at least I do; not you of course - you're one of the good guys.

When I suffered one such defeat at the hands of this white dominated society, I was fortunate enough to come across an insightful, sympathetic and most importantly - influential psychologist, who helped obtain, through the NHS the help of a black counsellor in private practice (there being no-one available in the service).

I see it as absolutely vital that black and ethnic minority people who suffer mental distress should have the support of this

therapeutic 'us-ness' to ameliorate the distress of imposed otherness. There must be a full diversity of psychologists, mental health nurses, support workers and counsellors as a therapeutic necessity. It is more important in mental health than anywhere else in society.

But this is only the first step. Nothing will really change until we give up our phantasies of good guys and bad guys and start to see ourselves as we are.

Race is not a black and white issue. The root of the problem lies in the not identity of our inner selves, that which through shame we cannot express, the emptiness which all our identifications are constructed to cover. The pain of self discovery is excruciating; but pain leads to consciousness, and with consciousness we have the possibility of true communication and psychological freedom.

The Badge of Shame

...there is only one thing worse than not being alive, and that's shame.

William Faulkner

Before me sat a white woman looking at a book proposal I was preparing to send to a publisher. I noticed her go momentarily red with embarrassment.

'You've put My story of race here and A story of race here,' she said, pointing to my work. She looked up at me for an answer but I didn't have one.

'You can't have the personal as part of the title. I know about these things. Good rhetoric is made up of three elements, ethos, pragma and pathos. I'm an ethnic minority too. What about me in the story?'

Then she returned to her reading and noticed what I had put as a title to my book - A Black/White Identity. 'They'll change that title!' she exclaimed.

After she had gone I could only surmise that she had been embarrassed because I was writing about race in my proposal. I had often noticed people embarrassed in my presence but this time it seemed significant. Perhaps it was because I felt closer to this woman. She was someone I felt I could talk to. I noticed her face and I noticed her move psychologically to cover up and hide herself. She appeared to quickly redirect her shame towards me because she couldn't deal with it herself. At the moment of shame she had moved into thought, into knowledge, into language itself to deal with this painful bodily function. Her method of rhetoric created a perfect model to cover up what she had really felt, and what might have passed over as something about nothing created a space for me to think about, not just her shame, but mine.

That night I had a dream about being arrested for writing indecent words like race and white and black, and I stood in the dock naked. I felt shame moving like poison through my veins. I felt like I was dying and it was terrifying. I awoke with the

realisation that shame was at the very core of racism and probably most other forms of distress. This slippery shame was all the time passed from white people to black people, from men to women; and most of it probably unnoticed as if it were communicated through body language. Perhaps this is what black people know about white folks instinctively; the feeling they have when they know it is racism, and which white folks call paranoia. Shame it seems can be transmitted from one body to the next in a much more powerful oppression than words alone.

The manifestation of shame is that people immediately must hide themselves, the feeling is not expressed in the usual way, the way feelings are usually expressed, but rather as hiding. Shame arises in the mind from the image that we carry of ourselves. Who we think we are. In the Garden of Eden Adam and Eve eat of the tree of knowledge and lose their innocence, they become ashamed of their bodies as thought is awakened to nature. Thought separates itself from the body creating a false self which hides by hiding the body.

When white folks first saw negroes in Africa they were very keen to call them black, so making a bold distinction in relation to their whiteness and keeping them separate from the pure image they held of themselves. They were also overwhelmed by their nakedness and concluded that they, black people had no shame. If the black man is naked he has no brain, he is not human, he has no morality and no clothes!

**And entering [a river], we see
A number of blacke soules,
Whose likeliness seem'd men to be,
But all as blacke as coles.
Their Captain comes to me
As naked as my naile,
Not having witte or honestie
To cover once his taile.¹**

Shame is the death of image, the death of the self, but if the self will not die then shame must be projected. White people are reluctant to allow black people their humanity, apart from racial identity through categorisation, which must inevitably pass through a sanitising model of whiteness.

When my colleague reads *My Story of Race* it challenges her image of herself. She likes to think that she, like me, is an ethnic minority (she is German) but this small word changes all that and she finds herself an other and exposed as an embodied mind.

¹Racism: edited by Martin Bulmer and John Solomos.

Isabel Adonis is a writer artist and educator and a mum. She's interested in issues around the psychology of oppression, culture, race and identity. She has four children that she educated at home. She makes black dolls to express these themes. With her partner she helped to put together a new multicultural journal called Timbuktu. She lives in North Wales where she likes to swim in the sea in summer.

www.themeetingpool.uk.com





a Sisters of the Yam interview with

ANGELA LINTON-ABULU

PROJECT CO-ORDINATOR FOR THE BLACK WOMEN'S MENTAL HEALTH PROJECT.

Sisters of Yam: Why and what has kept you at the Black Women's Mental Health Project?

Angela: I have been with the project almost from its beginnings. I am still as passionate, committed and inspired as I was right from the start. Working together, as Users and Survivors we, were able to raise the issues of Black Women's Mental Health. We have also challenged those who take over our limited spaces, our voices and speak for us.

We helped other women by providing support services to encourage women to help themselves. Even though we had limited funding and resources. This has not stopped us being resourceful, finding ways to manage our resources to offer practical help and support.

We have also been able to represent our views and at times participate, even if it's just to speak out.

As a survivor I feel I have still got work to do. Nevertheless, we as an organisation are known by Black women locally, nationally and even internationally.

S of Yam Is it not true you have been a lone worker/voice at the Project?

Angela: It has at times been difficult to get "women like me" involved in large numbers long term. Most are happy with our aims and objectives, but they always don't see them as their own, most want to return to work or study and just use the services we provide. They don't want to be seen "rocking the boat" luckily I have been blessed, we have always had some kind of ongoing support from members, trustees, volunteers, students and local women. We would not have been able to do what we do or indeed carry on without them. Yes as a lone voice at times, I have had to take the lead and run with it, but my hope is that some days I will pass that lead on, bring in new blood, fresh ideals and dare I say it the next generation.

S of Yam: Who and what has inspired you? What shaped your understanding on Black Women's Mental Health?

Angela: I have been inspired by all the women I have had contact with through the Black Women's Mental Health Project. Women that have used the services, women that have worked along side with me. Without them we would not have a project. All the above keeps me going on and on.

My understanding of Black Women's Mental Health has been shaped by my own personal experience of mental and emotional distress and by Bell Hooks' whose writing shaped my understanding. I also see as my mentor Trisha Goddard even though we have never met.

Bell Hooks shaped my thinking on this area many years ago, Hooks took the lead on Black Women's Mental Health and Race from a feminist perspective even though she wrote about Black women in the United States of America. What Hooks, has argued has a lot of relevance to Black women in Britain, most of Hooks work explains in easy to understand language what is happening to and in the lives of Black women and what needs to be done to bring about change.

I see Trisha Goddard as a role model and mentor. Her shows helped me in many ways, such as, gaining new skills, knowledge and information on the main difficulties of mental and emotional distress. Her representation, people skills are brilliant and by using her own personal attitude to her own experiences of mental and emotional distress including the willingness to share openly is in a word awesome. Just like me she has also developed her own coping strategy and daily routines and has gone on to help others to do the same. Because I see her as a mentor I never seen myself as a lone worker or unsupported, through her and her shows, I have a better understanding of people as Human beings how we see and treat ourselves and how others see and treat us. For a long time her shows were part of my daily routines and self-evaluation.

S of Yam: What National Mental Health Policy have you agreed with and what have you not?

Angela: In the last few years I have seen many new policy documents come and go or end up sitting on the shelf. However, I have agreed with the National Service Framework for Mental Health I was at first uplifted by its aims and objectives. I believe then it provided for me and included me and "women like me". It positively acknowledges service users and survivors, and survivor workers including services run by service users and survivors. However, it did not make clear how the above would happen and who was accountable etc. to bring these changes about.

I remember going to the launch and to as many meeting consultations I could get myself to. I wanted a good understanding of the policy making process from start to finish. I still believe it underpins changes in the mental health system even though little has changed to show for it.

The one I most disagree with is the new draft mental health act. It is the most recent mental health document that I feel worried and concerned about if it becomes law the way it is. Such as compulsory treatment no one should be forced to have treatment against their will or consent in a democratic society with a Human Rights Act. I am also concerned at the new powers given to doctors and the police in dealing with mental health patients.

As a group we have already had dealings with the police who used heavy tactics in returning a person back to hospital. This was a very distressing unpleasant situation for all concerned. The most disturbing part of the bill is to detain patients indefinitely with any right of redress.

S of Yam: How do you keep a work and life balance?

Angela: Most of the time, I do work I enjoy. There's really never two days the same, different issues, faces and challenges. I am personally very proud of my own achievements and of those at the project. I keep well by using my own coping strategies and routines daily and keep a check on my work load. I come from a large dysfunctional family who at times can be supportive. As a mother and grandmother, and a lone parent I have my duties etc.

My grandson always brings a smile to my face and warms my heart just by us spending time together. Things like being paid at last and being able to take holidays and looking after my wellbeing always helps me keep well. In the future I would like to be in a position to do research in this area as a survivor and document our experiences as there is little if any that has been done.

Draft Mental Health Act Bill: Mind's publication on the Mental Health Bill Speak your Mind or Lose your Voice.

Bell Hooks: Sisters of the Yam. 1993 South End Press USA.

Trisha: Trisha Goddard.

MISSING PERSONS APPEAL



MISSING PERSONS APPEAL THE BLACK WOMENS MENTAL HEALTH PROJECT WOULD LIKE TO REPORT THREE MISSING PERSONS. TWO SOCIAL WORKERS AND A CPN. THEY HAVE BEEN MISSING FOR OVER EIGHT YEARS... THEREFORE WE INVITED YOU TO CELEBRATE WITH US IN MARCH 2006 OUR 10 YEARS ANNIVERSARY. ALL WILL BE WELCOMED FOR MORE INFORMATION CONTACT US ON:

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IDEALS AND DONATIONS WELCOMED

A SOUTH END PRESS INTERVIEW WITH

Bell Hooks

SOUTH END PRESS: Your work on radical black feminism has been an inspiration for many young feminists of color, and you yourself were in your early 20s when you wrote your first book, *Ain't I a Woman*. What differences do you see in the political and cultural climate that young progressive activists face today, compared to when you were formulating your own politics?

BELL HOOKS: One of the major differences I see in the political climate today is that there is less collective support for coming to critical consciousness—in communities, in institutions, among friends. For example, when I was coming to feminist consciousness—as one aspect of my political consciousness—at Stanford University, there was a tremendous buzz about feminism throughout the campus. Women were organizing in the dorms, women were resisting biased curriculum, all of those things. So, it really offered a kind of overall support for coming to consciousness, whereas what so frequently happens now in academic settings is that people feel much more that they don't have this kind of collective support.

SEP: What do you think has contributed to that change?

BH: The institutionalization of Black Studies, Feminist Studies, all of these things led to a sense that the struggle was over for a lot of people and that one did not have to continue the personal consciousness-raising and changing of one's viewpoint.

SEP: Could you describe some of the influences on your own politicization? In your writing you have focused very much on your development as a woman, as a writer, and as a critic and political thinker. Could you describe that process?

BH: One of the issues that I continually write about is that the words we use to define political positions—whether we talk about being on the left or being feminist—do not mean that people may not have arrived at positions of resistance that could be clearly

described by that language before they come to that language. In my case, I've talked a great deal about how growing up in a very patriarchal household was the setting for my development of resistance. But it was not until the organized contemporary feminist movement that I was able to give a name to that resistance.

The movement for social justice that had most affected my life prior to the feminist movement was the '60s Civil Rights movement, the '60s Black Power movement, especially because the town that I grew up in, like many southern towns, was still very racially segregated, despite the existing laws that argued against discrimination and penalized it. I grew up in a world where we were integrating the schools for the first time, much later than integration had occurred in other parts of the United States. I remember going to school when I was 16 years old with the National Guard, with a sense that we had to sacrifice, in many ways, our comfort as Black people. Before, I had attended all-Black schools where we certainly thought we belonged, and were affirmed.

That was the beginning for me of an awakening to the incredible dilemma of racism and white supremacy in this society: to have to face as a teenager that the legal demand to end racism and segregation didn't affect our lives at all, because people continued the social mores of racial apartheid despite what the government had stated. So, I had a real sense of conservative white anarchy, that white people in the South who were racist did not care what the government was saying about desegregation. They were going to continue the discriminatory practices that had governed their lives, and they didn't care. That was a real awakening moment for me, to see that white supremacy as a political ideology governing the social mores of our lives was stronger for many white people than any injunction of the state.

I think we're seeing that kind of political anarchy, conservative anarchy, returning now as white, militaristic, racist organizations, the neo-Nazi parties, all of these kinds of white supremacist organizations, are rising up now and opposing the state.

SEP: You have also written about some of the conflicts you faced coming out of that segregated setting and coming to a college campus with a liberal attitude. Could you talk about the kinds of issues that brought up?

BH: Going to Stanford as an undergraduate and moving from the South to California really was the experience that made me think about demography and geography in the United States and the degree to which geographical location often informed one's take on issues of race, gender, and class. To move from such a provincial, conservative, fundamentalist Christian-based life in the South to this liberal area of Palo Alto, which had an old population then-it was not built up by the Silicon Valley as it is now-was a big, big shift for me.

But, again, it was a shift that produced lots of awakenings about the reality of class. Many people forget that when we had racial segregation as the total absolute norm in this society, it was impossible for Black people to live away from one another, so you didn't have some Black middle-class community or upper-class community that was completely cut off from working-class and poor Black communities. Part of what was happening, and that we're seeing the fruits of now, was that racial integration was ushering in a new division among Black people-not that Black people hadn't experienced different social standing in our all-Black communities, but the fact is that people had a much more intimate understanding of experiences across class.

“Many people forget that when we had racial segregation as the total absolute norm in this society, it was impossible for Black people to live away from one another, so you didn't have some Black middle-class community or upper-class community that was completely cut off from working-class and poor Black communities.”

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Making Black Dolls, Making New Life - constructing an identity

BY ISABEL ADONIS

I was standing at the bridge behind my home in Bethesda giving advice to a woman.

"Why don't you make dolls? I said.

And as I walked back to my house I said to myself, 'why don't I make dolls? I remembered something from my childhood. My father, then a lecturer at the University of Lagos was sitting at the table telling my mother, a white Welsh woman about the artefacts he had found. He was terribly excited. This is the real thing he said, this is not some African piece that's been made to look authentic. He produced a little black carving, or "doll" for her to look at. It was covered in mud and dried blood and didn't look much to me. At that time I was a little girl who was seen and not heard. He was the important person in the family and he was researching African sacred art. He wrote; he always wrote and I guess now that he was searching, not just to find these icons in Africa, but to also find himself, his true identity, his origins in Africa and make sense of his dislocated self. For me as a child it meant very little. It was normal for our African home, but not our Welsh home to be full of "dolls" skulls and bones of one kind or another that he had discovered and collected. He was literally searching in the earth itself for his ancestral home.

This memory of Africa had a deep resonance for me. And then there was my mother who collected bits of cloth as if they were her treasure. I remembered the heat: hot all the time from morning until night and as I mused on this reverie I decided that in that very moment that I would make dolls, since I too was on my own journey of self discovery. I too needed to find a home.

At first I made white dolls but none of them seemed right. Then my partner said, 'you must make black dolls.' And I felt a bit scared even though I knew he was right. It seemed not right to construct a black body: I felt weird and vulnerable as though some old feelings had come to life. But I knew he was right and I reluctantly did as I was told.

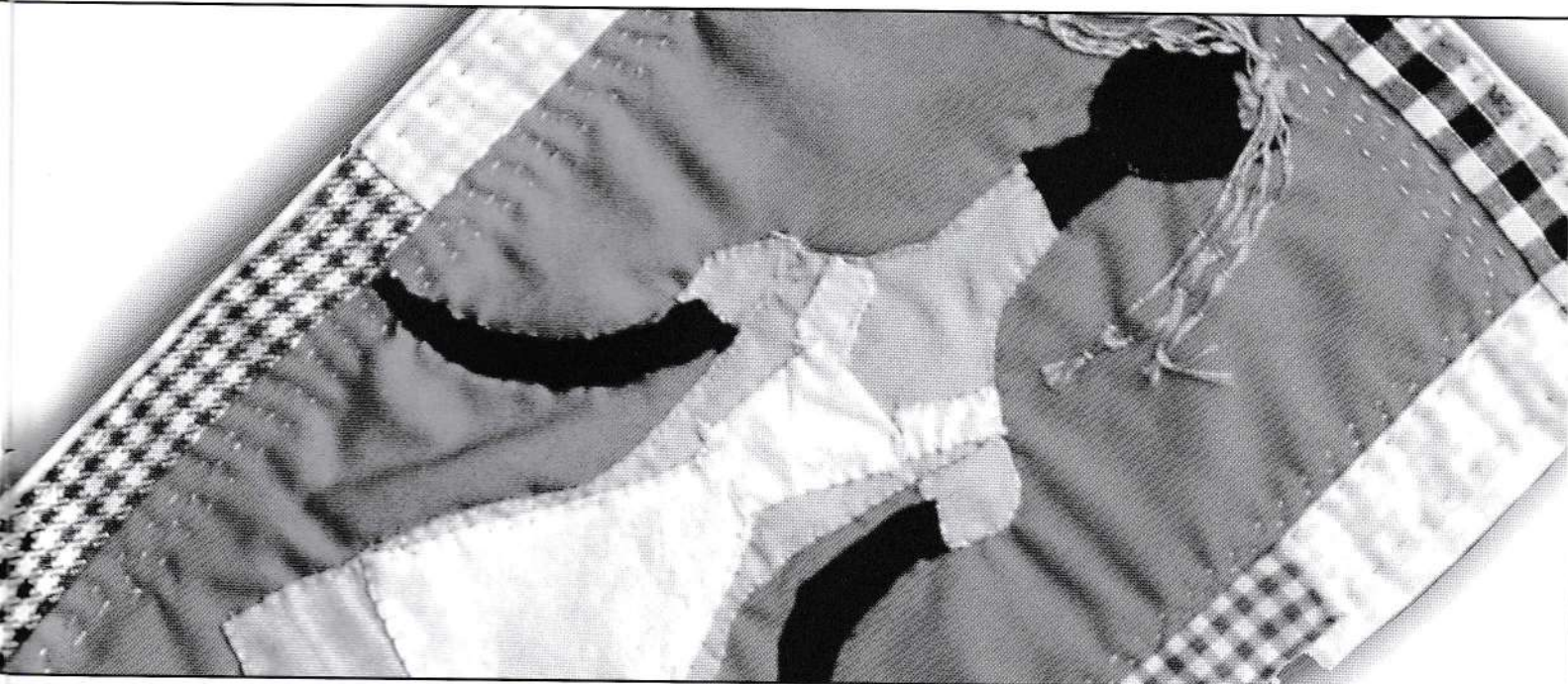
Making that first black doll was difficult. It was so much harder than I had first envisaged. Every stitch, every cut in the material

seemed to have a correspondence inside of me. I could feel my resistance and it was hard going. I stumbled and I was slow. I had so much trouble on the neck. This was the absolute worst thing for me. The doll's head came off and on, off and on, I just couldn't get it! I persevered, because I wasn't going to let this beat me. I was going to join the body to the mind!

I made a little black doll for my daughter. It was small, about 12 inches: she was black with moveable limbs. I made her a bright green dress, with a full skirt and large sleeves and I embroidered her face. Next I made one for my other daughter. It was easier to make a doll for someone else than for me. It was a long time before I decided and felt confident enough to make one for myself. My black doll was bigger, taller and I gave her a black dress, gathered at the waist. To this day she remains my favourite doll, representing the repository of joy and the well of sorrow. She stands about twenty four inches tall and she has two sticky out plaits on either side of her head. I was hopeless at doing faces, so I decided that I wasn't going to make a face: this doll would represent the inner landscape and not an outer identity.

Before going to Africa we had lived in a small flat in London. It was the early fifties and my father painted in our tiny front room which also served as a bedroom for my parents. He would stand before his easel doing his proper art - drawing, perspective and painting canvases, following in the great white male tradition, even while he was a black man from Guyana. My mother, on the other hand was a white Welsh woman. She would design and make our dresses, darn beautifully and make things from scraps. One Christmas they went to a jumble sale and bought me a doll. Even though I was only small I saw that the doll had a kind of life to it. It was a strange experience and one that would always stay with me. I had a fear and an excitement about dolls that I'm sure that many people share.

The dolls I make are a synthesis of the creative forms of my parents and in the figure of the doll I create a body of art. And a body of meaning. Making dolls for me brings together my parents, both black and white; the contradictions of white and black expression and the culture in which I was raised. Being



mixed race brings with it a myriad of contradiction. Making dolls brings together body and mind that is so often fragmented in today's society. They have no faces so that they cannot be identified -this is an Indian doll, or this is a Chinese doll. I'm working in to them an ambiguity of being this, but not being this, so that in a sense they have a self, a body but no racial or cultural marker. In an age where the multicultures are all clamouring to speak and be heard, the non identity is the only identity that binds us.

Making dolls is good. It is both therapeutic and creative. For those of us who cannot maintain two seemingly divergent cultures or identities, making dolls is a way of bringing complex personal and social issues together. Or for those who are dislocated and cannot find cultural meaning in this society this is a way to express those feelings of not fitting in. For instance in making my doll I can bring together, my mother, my father, my culture of origin in a new synthesis which although has an identity it is one of not being one. This is both a psychological and physical integration, which takes into account the inheritance of the past which is crucial to well being.

After making my first black girl doll many other dolls followed. Yemaya, from the Yoruba, Umoja, symbolises the great mother, the ruler of the seas and rivers. Yemaya's colours are blue and white, the lace representing the froth on the water. Anansi is inspired from the West African spider stories. She has many arms to show her multitude of functions. African girl demonstrates her wealth in jewellery. The Dancing Clown represents fun and laughter.

We live in a culture that is obsessed with being positive does not pride itself on being open and where expressing any negative feeling is not welcome. Yet it is in the very negative of ourselves that all the answers are to be sought. In making the doll the psychological division between what is positive and negative is blurred and the whole body of feeling can be expressed. For those people who cannot articulate their feelings, or cannot "talk" doll making is a wonderful means to express all manner of issues. The

doll is soft, like a child's toy. Some of my dolls are now hard as I'm beginning to make them stand up and take different poses. It is also a personal and homemade creation, bringing something new into the world and encapsulating identity culture story and form. The dark outlook is not skin colour, though of course it could be, but represents the inner dark landscape that is common to us all. It is the identity that we all share.

A few months after making my first doll I started to write. This doll seemed to know better than me what I should do with my life. I left little notes round the house as though I were a child trying to communicate something to someone. This was the faltering beginning of my writing career. I've been writing and making dolls ever since!

The black doll is magical and makes it possible to navigate in the darkness of our inner lives and makes it possible to journey through the roads of our mind and the secrets and the lies that we tell ourselves. She is potent and a reflection of our unrealised potential and possibility. "No matter what mess we are in it lives out a life hidden within us." The black doll is a holy presence and like the doll I had as a child has the appearance of being alive, it is a reminder of childhood, the little magical character in a story or a bedtime friend. You know your doll and she knows you. When you make a doll you put something into it that is your very own, you put your own life into it and it in turn puts its life back into you.

Dolls are important in all the cultures of the world whatever they are made of, be it wood, iron, corn or cloth. They represent a little life or life in the making and provide a transformative process for those seeking meaning or changing their lives.

"the doll is the homunculi, little life. It is the symbol of what lies buried in humans that is numinous...a small glowing facsimile of the original self."

Women Who Run With The Wolves: Clarissa Pinkola Estes.

CHRISTINE CUDJOE

SURVIVOR

Before the birth of my second son I knew that I had to break free from the disturbed relationship with Michael. I had suffered in silence, too ashamed to tell anyone what was really going on behind closed doors. It was always my fault that I got him upset, then he would lose his temper, then he would inflict physical, mental and emotional torture.

To the outside world I was a strong independent black woman who knew what I wanted for myself and my children. I wanted to be Director of Housing by the time I was 40 years old and I wanted the best education for my boys. I got involved in community matters, from being a school governor, a committee member of Working Mothers Association, chairperson of the parent group of the Black Education Unit to name but a few. I was respected in my community as the person who could sort out your problems from welfare benefits to housing matters. I was advocating on behalf of people. In fact my greatest achievements included being invited to speak at Community Action Conference with the late Bernie Grant MP on the Housing Act 1988. Applying to the Department of Environment (DoE) for the cockroach infested Holly Street Estate to be refurbished and the DoE agreeing to demolish the estate and build houses instead. What a great day for the 1000 plus tenants who were predominately from the black and ethnic minority communities.

In April 1992 I was promoted to Acting Neighbourhood Housing Manager (A/NHM) for De Beauvoir Neighbourhood Office. I set myself up to fail in trying to carry out my new role of A/NHM and covering the vacant post of Neighbourhood Housing Officer (NHO). I did not get the support of my line manager and was continually undermined by my Neighbourhood Housing Officer. I contacted the Commission for Racial Equality, the Women's Unit and my union NALGO for guidance. There was no help in dealing with the unfair treatment at work.

I confided in my GP what was happening as I felt myself sinking into a great depression. I was offered anti-depressants and a 10 week counselling session with a black women counsellor. I told her what was happening at home and she made me see that I had to do something about it before I was seriously hurt or killed.

September 1993 I enrolled on a law degree course at Holborn School of Law but my line manager did not authorise time off without pay in lieu of studies. I resigned from the A/NHM job in November 1992 and there was no point in giving the real reasons. I set about house hunting because I knew that my line

manager wanted me out of the job. I had informally raised my concerns with the Assistant Director of Housing and was told if I pursue my complaint formally I would never work for another borough again. If only I could have spoken to the Director himself. He knew of me as I had brief him on the legal action case, regarding cockroach infestation, which made it into the law report saving the Council compensation claims. Yvonne Carr the then Neighbourhood Housing Manager (NHM) who worked tirelessly to ensure that no more legal action cases went to court and on the restructuring of the Rent Recovery Section. Yvonne was the first black person to be appointed NHM. I wanted to be like her.

I tried to keep my depression a secret but it was evident because I was very tearful and the thought of coming into work filled me with great dread. I tried to stay focus in my pursuit of finding a new home and by March 1993 I succeeded. I found a copy of a memo from my ex-line manager instructing the new A/NHM to use the sickness procedures to terminate my contract of employment. I figured that there was no point in my trying to catch up on the backlog of work that had accumulated when no one was covering my old job of NHO when I was A/NHM. A colleague of mine tried her best to help me overcome my fears but I felt overwhelmed. I collected my things and I pushed the keys to the office through the letter box in September 1993 I had failed. On the 4 November 1993 my contract was terminated.

I cried every single day for months. I plucked up the courage to go to the DSS for help and was not eligible for help with my housing cost until April 1994. I was not coping financially, mentally and emotionally. My mother had to take responsibility of taking my youngest to school. I took my boys out of school from September 1994 to January 1995 because I wanted to leave this country but I was being unrealistic. No one from education or social services department contacted me to find out why?

From January 1995 the boys were back into school. I would regularly keep my youngest son off from school to keep me company because I was scared to be on my own. My eldest had the responsibility of running the home and looking after his younger brother. I contacted the head of the primary school and asked for a social worker. The social worker visited me for six weeks then closed my file.

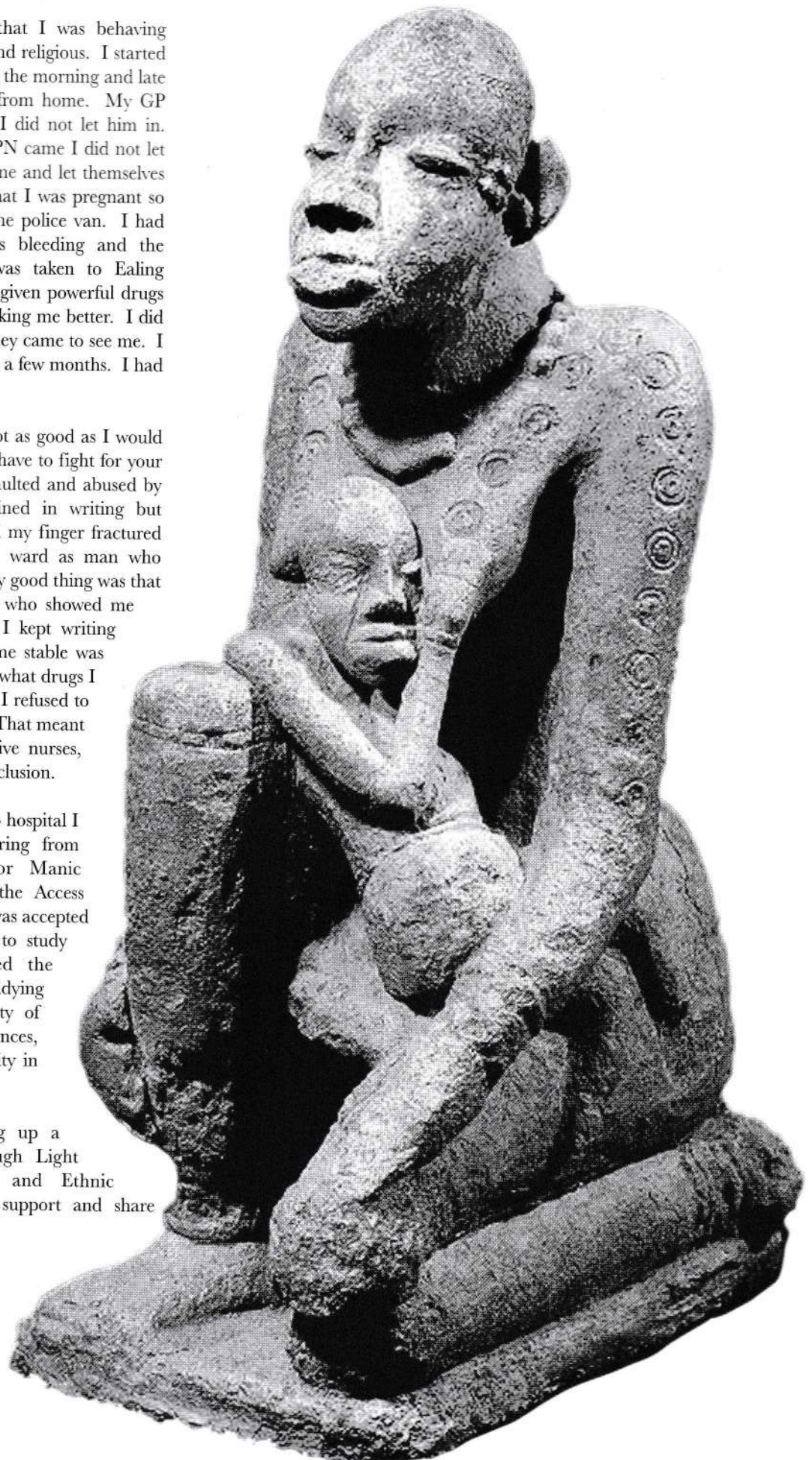
Summer of 1995 came and the crying gradually stopped. I enrolled at my local college to study for an Access Course in Science.

My family began to notice that I was behaving strangely. I became spiritual and religious. I started walking the streets very early in the morning and late at night. My boys ran away from home. My GP came to see me at home but I did not let him in. Then the social worker and CPN came I did not let them in. Finally the police came and let themselves in. I told the police women that I was pregnant so that I would not be put into the police van. I had cuts under my feet and was bleeding and the ambulance was called and was taken to Ealing Hospital. I was sectioned and given powerful drugs that made me worse before making me better. I did not know my own boys when they came to see me. I went from a size 14 to size 24 in a few months. I had a nervous break down.

My hospital experience was not as good as I would have liked it to be. You would have to fight for your own survival. I have been assaulted and abused by patient and staff. I complained in writing but nothing ever came of it. I had my finger fractured and had to stay on the same ward as man who carried out the assault. The only good thing was that there was a lot of black nurse who showed me empathy and understanding. I kept writing things down and when I became stable was able to voice my concern about what drugs I was being administered. When I refused to comply I was forcibly injected. That meant I was held down by at least five nurses, injected and then placed into seclusion.

Following further admission into hospital I was latter diagnosed as suffering from Bipolar Affected Disorder or Manic Depression? I completed the Access Course in Science in 2000 and was accepted at University College London to study Podiatric Medicine but failed the medical. I am currently studying part-time at Birkbeck University of London a Certificate in Life Sciences, with a view of going to university in September 2006.

I am also involved in setting up a support group Letting Through Light Ealing (LitTLE) for Black and Ethnic Minorities to provide mutual support and share experience of mental health.



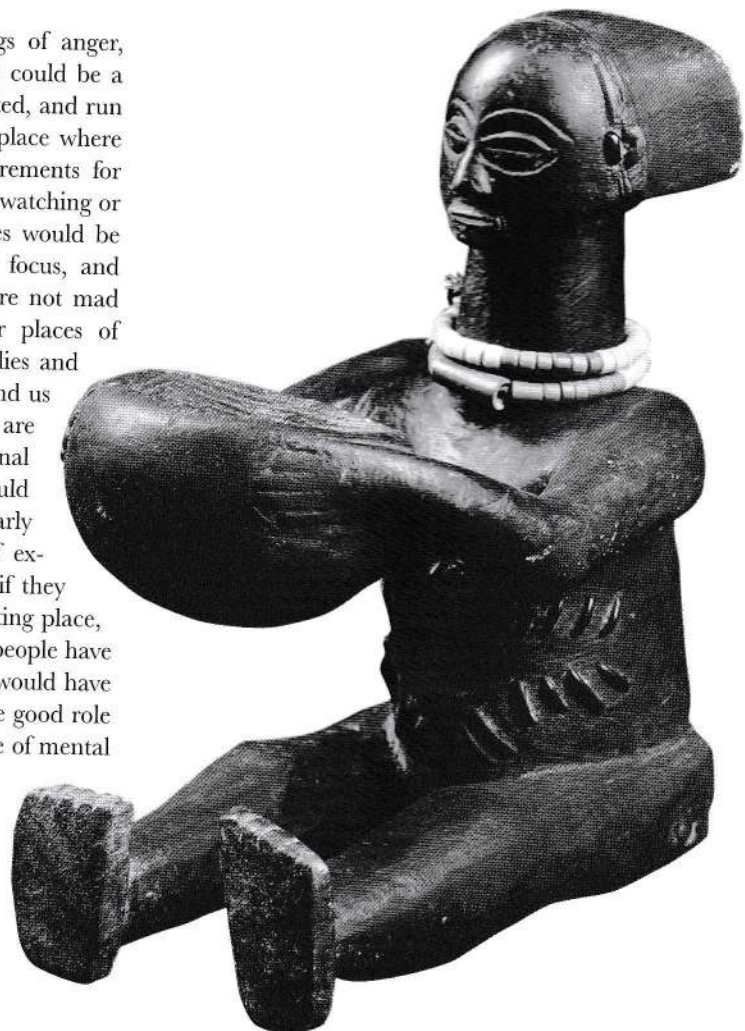


IMPROVEMENTS FOR MENTAL HEALTH TREATMENT

MARY CAMPBELL

As agreed I have compiled a list of suggestions that might help to make Mental Health Survivors life a bit more bearable and fulfilling.

Having an outlet, where one can express feelings of anger, hatred, frustration and general inadequacies. This could be a therapeutic setting i.e. a counselling group, facilitated, and run by the service users. This group would be a safe place where sharing and participating, where the main requirements for being involved. There would be nobody sitting and watching or taking notes. Gestalt and other therapy techniques would be employed, beating pillows and having objects to focus, and express angry feelings to. As the saying goes "we're not mad we're angry". A lot of people lack channels or places of expressing feelings or even being heard. Our families and friends are only there to criticise and pilfer and hand us over to the authorities. At times, our families are unwilling or do not care enough to make an occasional visit to the family they helped to incarcerate. It would therefore be of good help to have a group that regularly visits, like the BWMH does. It would be good if ex-service users could be involved in these initiatives if they feel strong enough. I must stress that a neutral meeting place, off the ward would be beneficial for all. Sometimes people have improved their lives to such an extent that nobody would have any idea they themselves were once unwell. I believe good role models and helpers usually have personal experience of mental illness themselves enabling them to be of help.





please listen

You are a member of staff helping to look after women who have become very depressed, suicidal or extremely self-harmful. It is very easy to just not bother too much about these women - after all, they are not hurting you or anybody else. You may feel "If they want to injure themselves, let them do so. I get paid to come into work every day, if there are one or two patients less each week it doesn't really matter to me AND it frees up beds for other people if some women actually succeed in doing away with themselves".

The above sounds cold and heartless, but that is exactly how a large percentage of our mental health staff thinks in this country!

Try to imagine an emotionally/sexually abusive period - usually prolonged and very early on in life - just when you needed somebody you felt you could trust and talk to, than that person starts to "do things" in return for listening and giving you the attention you crave. You sort of "know it's not right" but you desperately want the time and space your "special friend" gives you, so you put up with it. Some women try telling their mothers - only not to be believed. Disclosing abuse to boyfriends often means you end up being treated as "used goods".

These feelings can create tumultuous feelings in women, especially as they aren't naturally aggressive to others and the loss of that close confiding relationship may be their only ever experience of being cared for.

Please could Health Authorities provide more largely female-staffed facilities for these vulnerable women? And do realise that after multiple abusive and/or needy relationships with men, most women are not going to "open up" to the first therapist who will most probably be male anyway!

Women need safe, dignified and appropriately secure accommodation for long enough so they can settle down and feel they can make their real needs known - even to the extent of realising that some of these awful relationships were self-perpetuating.

Please could you show women you care about them, not what they've done, do or may do. Don't develop "exclusive" friendships. Use everyday activities to forge normal emotions, healthy thoughts and reactions to people and life. A very underrated "therapy", that often goes unnoticed is the mutual self-help women give to each other. Time and time again women can help, advise and support fellow patients and give others the will to go on but just can't see what they, themselves, need.

So to all the health care staff who may feel they "can't be bothered" or feel discouraged: Please look a little deeper and try to understand - if only from reading this.

These women need your care and, who knows, you may learn some invaluable experiences yourself!

JUNE C GORDON

BLACK WOMEN'S MENTAL HEALTH PROJECT NEW CAMPAIGN Sheila's Pledge 2005/2006

The Black Women's Mental Health Project will be launching Sheila's pledge a campaign to give women inpatients the right to personal belongs with in 24 hours. We want to high light the issue of inpatients not have access to personal belongings included the right to basic health care needs such as clean clothes, personal hair and body care. Also, to a secure local for their personal belongings and the right to choose a women's only ward/section for the duration of their stay in hospital. We also include protection and freedom from any forms of harassment, sexual assault (including rape).

We hope Mind the Mental Health Charity will add this issue to its Ward Watch Campaign and other National Mental Health Organizations put this issue high on there agenda.

During March 2005 International Women's Day we will deliver to our local police station 100 personal packs for those that will need to be taken to a place of safety and to the mental health

hospital. We will also deliver 50 of the above to our Local Mental Health Trust for the Elderly many of whom are more likely to found confused in the street and unable to get back into their homes, etc.

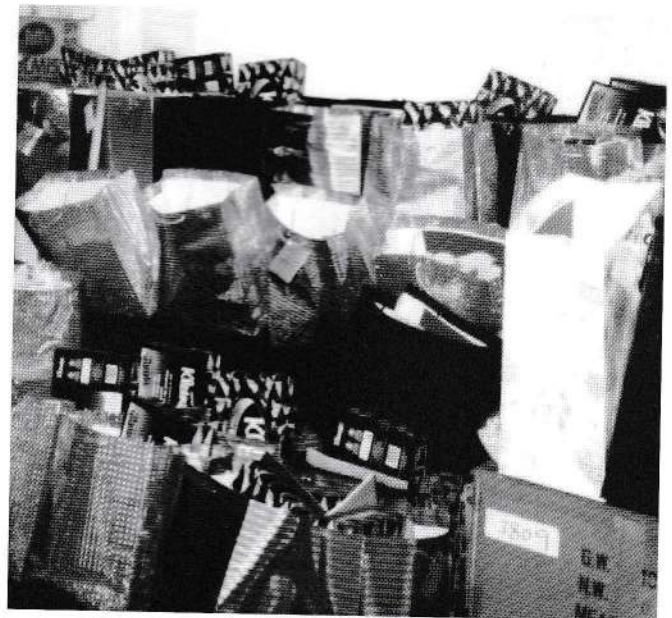
These are not the gift pack we usually deliver to inpatients, etc. These are hygiene/personal packs more of a necessity. Therefore we will have to fundraise for some of the items included in them. All donations will be very welcomed.

We hope to involve our Local MP Paul Boateng and we hope to keep this issue going for the rest of the year. If anyone has any ideas, etc around this issue please contact us as soon as possible if anyone wants to help us in anyway. They would be very welcome.

Please contact us by email: bwmhp@yahoo.com
or by phone: 020 8961 6324.



Hospital Event 2004 Angela & team



Gift bags for women inpatients at xmas 2004

Sheila's pledge is a campaign started by the Black Women's Mental Health Project during International Women Month of March 2005.

Sheila's pledge is named after a local woman mental health user /survivor who have been concerned at issues facing women patients she met during her own stay in Hospital.

Together with Sheila it was decided that the Black Women's Mental Health Project, already a visiting service to Hospitals would lead the campaign to raise the above issues and get other leading National Mental Health Organisations to take up the above on our behalf.

The BWMHP will give out 500 Personal Packs, Start a National Petitions and collect as many as possible during 2005/06 Also collect Women's Personal Stories as evidences.

We therefore pledge that:

- 1** All women inpatients have the right of access to their own personal belonging (including personal care items) within 24 hours of being admitted to Hospital.
- 2** All women inpatients have a right to a secure locker for their personal belonging (including their clothes) of which they can gain access to at any time during their stay.
- 3** All women inpatients have the right to choose a women's only ward/section for the duration of their stay in Hospital.
- 4** All women inpatients have the right to a peace of mind. They are protected and free from any forms of harassment, sexual assault (including rape).



Mind Award 1999



BWMHP Members 1999

Sheila Bramson has kindly given her permission for these poems to be printed in our special edition of Sisters of the Yam. Sheila founded the Rainbow Women's Group for women over fifty in Brent in 1993. It is now run by Brent Mind.

EBONY AND IVORY II

Ebony and Ivory the piano keys
 Together they harmonise
 Separately they please.
 So it is with people
 Together, side by side
 With truth in their hearts
 And filled with much pride.
 Why is it that
 It takes great pain
 To bring people together again?

SHEILA BRAMSON

MY FRIEND

Take my eyes my friend,
 take my eyes,
 for yours are dimmed to the open skies.

Take my ears my friend,
 take my ears,
 for your world is silent to music and tears.

Take my heart my friend,
 take my heart,
 that warmth and joy may play its part.

Take my being my good friend,
 take my very soul,
 that our children may remember us
 and happiness be our goal.

SHEILA BRAMSON 1994

TAKE MY HAND GENTLY

Take my hand gently,
 I will lead you through
 The darkness and turmoil
 To the end of the tunnel.

Together we will take
 One step forward,
 face the fear and pain,
 Wipe away the sweat,
 Feel the hairs on the back
 of the neck stand up.

But we are determined;
 We stumble on
 Through the blackness,
 To where the droplets
 of dappled light
 Bring us through
 The hurt and agony
 Until we can say
 There is tomorrow.

SHEILA BRAMSON, JAN 05



IN EXILE

Eight years spent in silent exile
 Incarcerated in an archetypal asylum
 Locked behind strong steel doors, trapped
 Hidden from the view of the world, incommunicado
 Freedom of speech, negated, nullified, punitively pathologised
 At first I was shocked and very scared, I cried
 I wish I could have died

Enshrouded in deep dark secrecy
 A rationale of mind imperialism
 A daily realism, systematically enslaved
 A small cupboard in my basic room is my grave.

Behaviour controlled, monitored hourly, a form of conditioning
 De-humanised, nothing more than experimental human cargo
 Endurance tested to maximum extremes
 Aspirations squandered, dreams stolen, unsafe
 Cigarettes; my lifeline went missing
 Grand theft in the night

Rights rationed at great expense
 Privileges withdrawn at every opportunity
 Manacled by a liquid provision
 Restrained by over six people, cruelly injected, rejected, neglected
 So infected by the over arching social malaise

Persecuted for my so called bizarre beliefs and actions
 Abused, a prisoner of conscience, ignored
 A nurse follows me everywhere but looks totally bored

"Close observation " they call it
 They even go into the bathroom and toilet

Depleted, defeated by the entangled web of deceit
 Iniquitous motives administered by a draconian regime
 Oppressive tools cultured and re-enforced
 The mental health system is fundamentally flawed

Existing in acute deprivation and squalor
 Surroundings inescapable with impregnable derision
 Exposure to fresh air, respect, compassion and dignity not given
 I was effectively living in a prison
 Doctors dictate everything and hate to be corrected
 And therefore I cannot forgive them

Eight long years
 A sense of hopelessness overtakes my weary spirit
 But a strong determination drives me on
 That one day I will be free of the chains that bind me
 There will be no white flag hanging around my neck
 And my only decree
 That finally
 I will be given my liberty back
 I will be free
 And no longer living a life
 Of melancholic misery and torture
 In Exile

MARIYAM MAULE
 27-01-05 2005

SHE DIED WITHOUT

An Inner London bus pass
 Dated twenty-sixth of March

In money: nine pounds forty-one
 Plus keys, perfume and a plastic comb

A used scrunched-up paper tissue
 And a new small anti-rape whistle

Despite her mascara, lipstick and powder
 She had a pure, innocent look about her

These few small items, the body's only effects
 Now listed after she broke her neck

Suicide? A history of mental illness?
 Or did she fall through dizziness?

Why today of all days? - her birthday
 Deliberate, mishap? - it's hard to say

Birth and death: 29 years have passed
 Life's last, long shadows have been passed

JUNE GORDON
 APRIL 2002

THE HIDDEN ME

My misery is hidden by a great big smile
 I've lost all feelings deep inside
 I feel vacant and vastly hopeless
 But I actually grin and look my best
 Would it make people hear my plea
 If I slit my throat and bleed and bleed?
 I really would like to choke myself to death
 Or fatally pierce my heart through my breast
 I don't know why I feel so tense
 But it would help if I hurt myself
 The awful pain of my self-injury
 Is what I hope would make you SEE!

BY JUNE C GORDON

BLACK WOMEN'S MENTAL HEALTH PROJECT

Mission Statement

Our mission is to get Black Women's voices heard and their Mental Health needs and concerns addressed.
This includes sexism and racism.

Our Aim

Our aim is to enable Black Women who have experienced mental illness and emotional distress to speak for themselves regarding the care and services they need to regain their own means of coping. As we believe this is the only way to lift Black Women's self confidence and wellbeing.

Our Commitment

We are committed to a framework of service users, survivors and towards being client centred.

Our Vision

Our vision is to enable, support and encourage all Black Women who define themselves as being Black in this society, in demanding for themselves collectively, good practices in mental health.

The Service

This service is available to all Black Women who have experienced mental illness and emotional distress, and any other circumstances that they may have difficulty coping with on their own.

This service is run by Black Women workers/volunteers who have mental health experience.

We Provide

Space, confidentiality and ongoing support and encouragement towards helping women regain their sense of well-being.
We are working towards being culturally respectful to the needs of all women who contact us.

Non English speaking languages will be catered for on request.

Other services available are Advice & information on issues concerning:

- Women concerns
- Mental health
- Benefits
- Counselling referral
- Statutory & voluntary agencies
- Home & Hospital visits
- Advice & information
- Newsletters

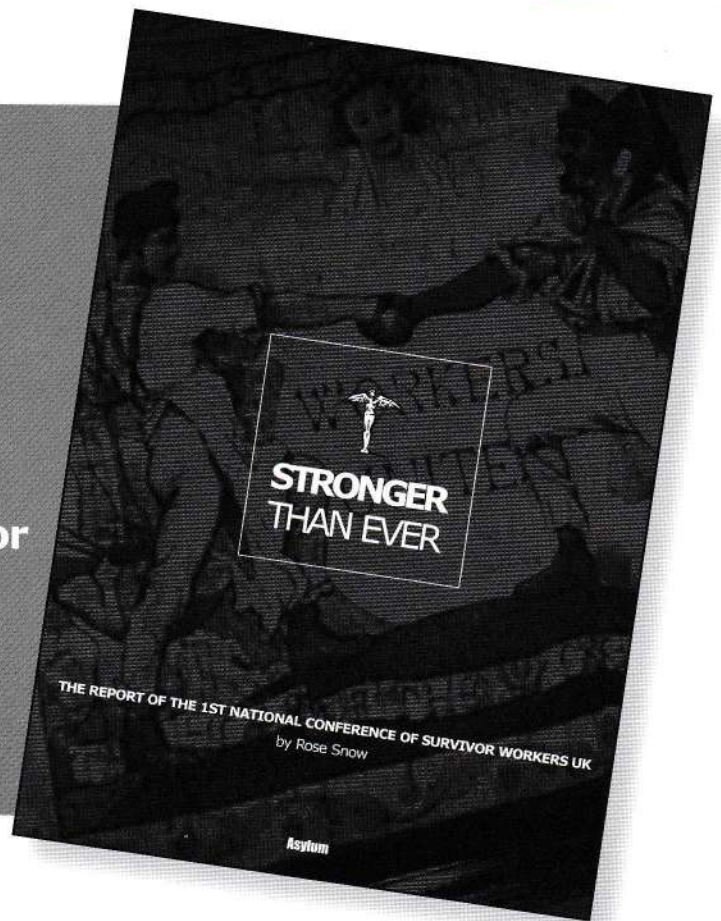
contact: Angela linton-Abulu
Black Women's Mental Health Project
Park Royal Business Centre, Unit 27, 9-17 Park Royal Road, London NW10 7LQ
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