I want to start my presentation by saying thank you to the Working Group of Experts on People of African Descent (WGEPAD) as the work that you do is incredible, you have a global remit which comes with many demands, and yet every chair that has led this group for as long as I have known of this mechanism has given Black Mental Health UK their time, by email, by phone and also in person. I also want to thank the secretariat for the excellent work that they do and for putting on this event, it is very significant for the organisation that I lead, Black Mental Health UK (BMH UK), but I think it is also very significant for civil society more widely and what I hope will come out if this is greater engagement and partnership working in the way that we engage with the WGEPAD, so that the voice of CSO's is even more powerful when it comes to setting the agenda for this work.

As the chair of this session Madame Mireille Fanon-Mendès-France said when she introduced me that I run an organisation called Black Mental Health UK and I personally think that the issue of mental health as it relates to black people of African descent to be a very significant one, and that is why I set up the organisation a decade ago.

II. Background - mass incarceration

People who are detained in custodial and locked settings are the most voiceless of voiceless groups because they are hidden away in 'care' of the state. Sadly as far as the United Kingdom (UK) goes there is a disproportionate number of black skinned melanated people of African descent not only detained under the Mental Health Act but across all custodial settings.
This raises a number of human rights concerns, not least because it is in these places that we see the numbers of ‘preventable’ fatalities keep rising.

I sat until just recently on a committee of experts that was tasked by the UK Government to look at this issue and provide independent advice to ministers of state, with a view to them taking this advice on board and implementing changes, in order to see the death rate come down.

One of the most disturbing things about my experience of sitting on that committee for three years is that even though there is now a government commitment across all state departments responsible for custodial settings, ie: the police; mental health services; the prison system; immigration detention centres and youth justice, we have seen the deaths of people detained in these places continue to rise year on year.

Now the reason that this is relevant to black people of African descent is because there is a disproportionate number of black skinned melanted people who are held in these places, even though this group have lower offending rates than their white counterparts, they are given much harsher and longer prison sentences\(^1\).

BMH UK are keenly aware that there are a significant number of innocent black British people from African Caribbean communities with the UK's prison system, many on remand for long periods of time who then do not go on to be convicted for any crime\(^2\)\(^3\).

We are very cognisant of the US prison industrial complex and the mass incarceration of a number of generations of black African American's, what we are not aware of is that if you are black British person of African descent you are more likely to be in the prison system in Britain if you are an African American in living in the United States.

What is also concerning about this phenomena is that in the UK black children of African descent from 13 to 18 years of age, children sometimes as young as 12 are detained in children's prison termed 'secure centres', in higher numbers than their adult counterparts\(^4\).

In the UK my organisation, BMH UK has held civil society meetings in parliament for the community, which I have chaired, on the criminal justice system and black Britain, where
people who work and know people in these systems have said that they are sure that the UK Government is building penal institutions of education, STC - Secure Training Colleges, based on the black birth rates of people of African descent. They are of the view that the mass incarceration of black British people of African descent significantly contributes to data which shows that the UK has the largest prison population in Western Europe\(^5\).

III. State violence

BMH UK is aware that as a civil society organisation fighting for the human rights of black people of African descent who are detained by the state, we work in an arena where powerful vested interest resistant to seeing fair and equal treatment for this group dominate this sector: But the time for justice is now and we continue to work at both at a government and grass roots level to address human rights concerns for the black communities that we have been set up to serve.

Quite recently our organisation was engaged with a yearlong piece of work with the former Home Secretary The Rt Hon Theresa May, who is now prime minister, following our campaign to end the high levels of state violence against vulnerable black people from the UK's African Caribbean communities who use mental health services.

As part of this work in 2014 BMH UK and the UK Government's Home Office jointly held the first National summit on policing and mental health, with a specific on the black British African Caribbean experience\(^6\). While we still face resistance in our pursuit of justice in this arena, this work with the Home Office made the issue of the human rights violations that our organisation has been campaigning against for many years one of national concern.

I also welcome and commend the work that Ricardo Sunga III did before he stepped down as chair of the WGEPAD, speaking out on the issue of policing and mental health and how pertinent this issue is for black people of African descent.

It is important to understand the context of the issue of policing and mental health, because wherever you see policing connected with mental health for black people, in reality it is not policing and mental health, it is 'coercion and mental health'. It often leads to the brutalising and criminalisation of innocent black people, this is an important point because what we see
in the UK is that the forensic response, the policing response is the norm not only when dealing with black skinned melanated people while they live in the community, but also more disturbingly when people from this group are detained on locked secure psychiatric wards.

BMH UK are aware of far too many black people of African descent whose behaviour is subject to racist stereotyping by both police and clinical staff on mental health wards. It is important to note that even though this group are disproportionately subject to detention under the Mental Health Act, African Caribbean’s in the UK do not have a higher prevalence of mental illness than any other ethnic group.

IV. Mental Health Act a tool of state oppression

On an almost daily basis black people of African Descent living in the UK are faced with state agencies like the police and mental health services pathologising their cultural norms and medicalising their social issues. We know of cases where black people of African descent who are detained in psychiatric settings who say that they are not unwell or refute the diagnosis that they have been labelled with, who are 'punished' with debilitating high doses of medication, and also often restrained by teams of nurses as well as the police then subsequently labelled as 'treatment resistant' by clinical staff.

Medication is used as a tool of coercion when it comes to black people of African Descent and the issue of the overmedication and polypharmacy against this group is a human rights concern that urgently need to be addressed.

At this point I just want to pause to say that the black lives matters movement in the USA has done incredible work ensuring that the black skinned melanated people of African descent who are living with the injustice of the extrajudicial killings of African American’s by the US police are the same people who have led the movement speaking out about these crimes. The work you have done in putting this issue not only on the national agenda for the United States but also on international human rights agenda is to be commended.

The importance of black skinned melanated people not only leading but also being in complete control of our movements for justice is paramount, particularly in light of how historically those from other group have appropriated our struggles and manoeuvred
themselves into positions leadership as the spokesperson for their own self interests and self promotion at the expense of black people of African descent.

As I conclude, the levels of state violence faced by black skinned melanated people of African descent in the UK is equally grave as that of our brothers and sisters in America. The police are greatly feared and viewed as experienced as race soldiers by the demographic that BMH UK has been set up to serve. The Mental Health Act is used as a tool of oppression against black skinned melanated people of African descent from the UK's African Caribbean communities. The use of Taser firearms against this group, both while they are held in locked hospital wards⁷, as well as when they are in the community illustrates the levels of state duress that they are subject to without recourse or redress.

I thank the UN WGEAP for this invitation to make this presentation at this CSO meeting today about BMH UK’s work to end to the attacks and human rights abuses faced by people of African descent living in the UK who are forced to use psychiatric services.

The points I have raised are among the issues that I hope the UN WGEAP will take up during the International Decade for People of African Descent and BMH UK look forward to working with you in the future.

Thank you

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