

Black Mental Health UK

BMH UK submission to the United Nations Committee on the Elimination of
Racial Discrimination CERD 90th Session

BMH UK CIVIL SOCIETY REPORT

By Matilda MacAttram

The Perspective of Black People of African Descent

BMH UK

Black Mental Health UK

www.blackmentalhealth.org.uk

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**Black Mental Health UK (BMH UK) submission to the United Nations Committee on the
Elimination of Racial Discrimination CERD 90th session
With regard to the UK's Government 21st and 23rd Periodic Reports**

Civil Society report

Black Briton, the African Caribbean Experience in the UK

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Introduction

This civil society report is from the perspective of black people of African Descent that are from the UK's African Caribbean communities, in response to the UK Government's 21st to 23rd periodic reports to the United Nations Committee on the Elimination of Racial Discrimination (CERD) and on the situation of racism in the England.

This document has been drafted by the human rights campaigns group, Black Mental Health UK¹ (BMH UK) and is informed by a number of round table meetings and community engagements event that have held on the issues of mental health, policing, deaths in custody and the criminal justice and system and Black Briton that our organisation has held over the past 24 months.

These events were attended by professionals, academics, students and activists from this community as well as representatives from the few remaining black led community agencies that deliver culturally sensitive support services to people from the UK's African Caribbean communities across England², all these events were also attended by both carers and service users who have been detained under the Mental Health Act.

BMH UK welcome the opportunity of making this written submission to the Committee in advance of its examination of the UK's compliance with the International Convention on the Elimination of all forms of Racial Discrimination (ICERD) in August 2016.

The UK has established a robust domestic human rights framework in the form of the Equalities Act, which prohibits discrimination of racial and minority groups³.

BMH UK note, that the enjoyment of the rights and freedoms set out the Equalities Act as well as in the ICERD and other human rights instruments ratified by the UK, are for the most part denied black Britons from the UK's African Caribbean communities, particularly those who are subject to detention under the Mental Health Act^{4 5 6 7 8}.

¹ www.blackmentalhealth.org.uk

² BMH UK community consultation meetings on mental health, policing and the justice system held over the past 24 months attended by 71 black led organisations working with the UK's African Caribbean Communities. London (30 organisations represented), [Luton](#) (17), [Lewisham](#), [Central London](#), [London](#)(3), Wolverhampton (19), Brent (7)

³ [Legislation.gov.uk](http://www.legislation.gov.uk) [The Equalities Act 2010](#). [Legislation.gov.uk](http://www.legislation.gov.uk)
http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

⁴ Womack S. The Telegraph Newspaper. ['Patients death 'reveals festering NHS racism'](#). 2004. The Telegraph.
<http://www.telegraph.co.uk/news/uknews/1454134/Patients-death-reveals-festering-NHS-racism.html>

⁵ Goodchild S. The Independent Newspaper. [Psychiatric use of force 'is racist'](#). 2004 The Independent Newspaper.
<http://www.independent.co.uk/life-style/health-and-families/health-news/psychiatric-use-of-force-is-racist-69339.html>

⁶ Taylor R. The Daily Mail Newspaper [Health Trust shamed for dangerously restraining its patients: Body faces being put in special measures after using technique that can be fatal](#). 2015 The Daily Mail Newspaper

Introduction continued.....

Given the historical and general negative experiences of people from the UK's African Caribbean communities that use mental health services, BMH UK seek to work with CERD and the UK Government in order to ensure that the rights and protections afforded in this Convention can be made a reality for this group who are detained in psychiatric settings and the wider communities of black people of African descent living in the UK.

This report seeks to make the Committee aware of areas in particular that the UK Government may be in breach of various articles of ICERD. BMH UK welcome the publication of the UK's Government's 21st to 23rd periodic reports in March 2015.

Since then, there has been a general election of a new Conservative government in May 2015. Subsequent to this in July 2016, the UK voted to leave the European Union, and this was followed by the appointment of a new Conservative Prime Minister. These changes have come with a renewed commitment for a 'fairer Britain'. Since May last year new policies, legislation and reviews have also been initiated looking racial inequalities and underrepresentation of BME communities, in employment, universities the police and the armed forces.

There is also a review looking at racial bias and BME representation in the criminal justice system. The litany of high profile inquiries that have been ordered by the Government to address racial injustice over a number of decades that has not led to any improvement in the treatment of black people living in the UK has led to inquiry fatigue^{9 10}. The issue of inquiry abuse of black Briton¹¹ and other forms of state violence against black people of African descent¹² will be address in this document.

BMH UK view it important to note however that the absence of any recognition of Anti-black/African-phobic racism by the State, will mean that any changes from the that come out of the work mentioned above will in no way ameliorate the racial discrimination faced by black people of African Descent living in the UK.

<http://www.dailymail.co.uk/news/article-2938904/Health-trust-shamed-dangerously-restraining-patients-Body-faces-special-measures-using-technique-fatal.html>

⁷ BBC. [Report urges 'NHS racism' curbs](http://news.bbc.co.uk/1/hi/uk/3481511.stm). 2004 BBC. <http://news.bbc.co.uk/1/hi/uk/3481511.stm>

⁸ Black Mental Health UK (BMH UK). [The 2007 Mental Health Act: A matter of life and death for black Briton](http://www.blackmentalhealth.org.uk/index.php/expert-opinion-mainmenu-127/257-the-2007-mental-health-act-a-matter-of-life-or-death-for-black-briton). 2008. BMH UK. <http://www.blackmentalhealth.org.uk/index.php/expert-opinion-mainmenu-127/257-the-2007-mental-health-act-a-matter-of-life-or-death-for-black-briton>

⁹ Black Mental Health UK (2016) [Commitment to race needed to allay death inquiry concern](#).

¹⁰ Disability News Service (2015) [Campaigners dismiss 'yet another' mental health deaths review](#)

¹¹ Black Mental Health UK (2016) [Need to allay the fears of inquiry abuse of black Briton](#).

¹² Black Mental Health UK (2016) [BMH UK present paper on state violence against black Briton to United Nations](#)

Anti-black/African-phobic racism

Although black people of African descent are one of the oldest visible minority communities living in the UK, this group continue to be subject to the most acute forms of racism and discrimination both at an institutional and individual level. This is reflected in the social and economic marginalisation faced by this group that continues to get worse with each generation, and also in the levels of state violence that they are subject to without recourse or redress.

BMH UK have made this submission as part of our work in highlighting the need for the UK Government and all domestic and international human rights agencies to formally acknowledge and commit to addressing the **injustice of the anti-black/African-phobic racism, faced by black skinned melanated people of African descent**, particularly when it is sanctioned by the State.

About Black Mental Health UK

Black Mental Health UK (BMH UK) is the only community based, black led, human rights campaigns group that works at a domestic and international policy level to address the injustice in the way that the Mental Health Act is used against people from the UK's African Caribbean communities.

Our primary focus is to end to the highly coercive practices that black people from the UK's African Caribbean communities are subject to, when detained within psychiatric services and all other custodial settings. We also work to address the disproportionate over-representation of this group in these places.

Our activities include research, public policy, campaigns and events; ranging from small community round table meeting to national conferences.

Also a publisher, we use our website, magazine and social media outlets to educate and empower the communities most affected but least informed about these issues. Our work has changed the public debate around people of African descent and mental illness and the injustices that this group face.

Background - Mental Health and Black Briton

The Mental Health Act has been drafted within a human rights framework, with a guiding principle of least restriction and maximising independence¹³ for those subject to detention under this Act. This means that the least coercive practices should be employed when caring for those who are held within psychiatric services or in need of mental health care.

However, these protections are not afforded to the communities that BMH UK has been set up to serve¹⁴. High levels of coercion rather than care typify the black African Caribbean patient experience^{15 16 17}: and mental health providers have historically relied heavily on the police when dealing with this group¹⁸, both while they are detained in secure psychiatric settings and while on release and living in the community¹⁹.

Although there isn't a higher prevalence of mental illness amongst this group, either of common mental disorder or of psychosis^{20 21}, people from the UK's African Caribbean communities are disproportionately over represented among those subject to detention under the Mental Health Act²².

¹³ Department of Health. Gov.uk [Code of practice: Mental Health Act 1983](https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983). Department of Health 2015. Gov.uk. <https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>

¹⁴ Carvel J. The Guardian Newspaper. [Mental Health Bill discriminates](http://www.theguardian.com/society/2007/jun/19/mentalhealth.equality). 2007 The Guardian Newspaper <http://www.theguardian.com/society/2007/jun/19/mentalhealth.equality>

¹⁵ MacAttram M. The Guardian Newspaper [Black mental health is still suffering](http://www.theguardian.com/commentisfree/2011/apr/05/black-mental-health-count-me-in-census). 2011. The Guardian Newspaper <http://www.theguardian.com/commentisfree/2011/apr/05/black-mental-health-count-me-in-census>

¹⁶ MacAttram M. The Voice Newspaper 'Skin colour should not determine quality of our healthcare' The Voice Newspaper. 2015 <http://www.voice-online.co.uk/article/skin-colour-should-not-determine-quality-our-healthcare>

¹⁷ Black Mental Health UK (BMH UK) (2008) [.The 2007 Mental Health Act: A matter of life and death for black Briton](#)

¹⁸ The Voice Newspaper ['Is the policing and mental health review misleading us?'](http://www.voice-online.co.uk/category/category/opinion) 2013. The Voice Newspaper <http://www.voice-online.co.uk/category/category/opinion>

¹⁹ MacAttram. The Guardian Newspaper What it is like to be black mentally ill in Briton. The Guardian Newspaper 2015. <http://www.theguardian.com/commentisfree/2015/feb/11/theresa-may-black-mentally-ill-britain-human-nhs>

²⁰ Weich S and McManus S 'Common mental disorders' in Sproston K and Nazroo J (eds), Ethnic Minority Psychiatric Illness Rates in the Community (EMPIRIC) – Quantitative Report, Norwich: The Stationery Office, 2002

²¹ Nazroo J and King M, 'Psychosis – symptoms and estimated rates' in Sproston K and Nazroo J (eds), Ethnic Minority Psychiatric Illness Rates in the Community (EMPIRIC) – Quantitative Report, Norwich: The Stationery Office, 2002

²² Care Quality Commission (CQC) Mental Health Act 2013/14. CQC 2015

Background -Mental Health and back Briton cont.....

This over representation which is associated with excessive sectioning, has resulted in mental health services in general being experienced as racist by black people in the UK²³.

Black people are 50% more likely to be referred to the psychiatric services via the police than their white counterparts^{24 25}.

Once in this system, high levels of coercion meted out to this group^{26 27}, and they are much less likely to be offered non-pharmacological forms of help, such as spiritual, social, cultural and psychological and social support, but rather be subject to seclusion and over-medication²⁸.

The high levels of coercion that black people who have been detained under the Mental Health Act face, both while in hospital²⁹ and while living in the community raises serious human rights concerns³⁰.

However fear of reprisal has meant that those subject to these unacceptable levels of coercion when in psychiatric hospitals, are prevented from speaking out publicly about these injustices.

Psychiatric services are designed and commissioned in such a way that the mental health needs of black people are met, all too often, with a forensic rather than clinical or therapeutic response, both while detained in hospital and while in the community. This heavy reliance on the police, which is often used to supplement staff shortages both among

²³ Suman Fernando. 2010. [Open Letter to Anne Cook, Division of Clinical Psychology \(DCP\) of the British Psychological Association \(BPA\)](http://wwwsumanfernando.com). wwwsumanfernando.com

²⁴ Care Quality Commission (CQC) (2014) [Monitoring of the Mental Health Act in 2012/13](http://www.cqc.org.uk/sites/default/files/monitoring_the_mha_2013-14_report_web_0303.pdf). CQC http://www.cqc.org.uk/sites/default/files/monitoring_the_mha_2013-14_report_web_0303.pdf

²⁵ MacAttram M. The Guardian ['Better mental health care for black patients could save lives'](http://www.theguardian.com/healthcare-network/2013/jun/27/better-mental-healthcare-black-patients) 2013. The Guardian <http://www.theguardian.com/healthcare-network/2013/jun/27/better-mental-healthcare-black-patients>

²⁶ Ethnic Now. [BMH UK's director Matilda MacAttram to give evidence to parliamentary inquiry on policing and mental health](http://www.ethnicnow.com/government-politics/ministerial-meeting-black-mental-health-uk-south-london-and-maudsley-nhs-trust-on-treatment-of-black-patients/). 2014 Ethnic Now.

²⁷ Ethnic Now. [Ministerial meeting: Black Mental Health UK and South London and Maudsley NHS Trust on treatment of black patients](http://www.ethnicnow.com/government-politics/ministerial-meeting-black-mental-health-uk-south-london-and-maudsley-nhs-trust-on-treatment-of-black-patients/). 2014. Ethnic Now. <http://www.ethnicnow.com/government-politics/ministerial-meeting-black-mental-health-uk-south-london-and-maudsley-nhs-trust-on-treatment-of-black-patients/>

²⁸ Ibid

²⁹ MacAttram M. The Voice Newspaper 'Questions raised over police riot squad on mental health ward'. The Voice Newspaper 2012. http://www.voice-online.co.uk/article/questions-over-police-riot-squad-mental-health-ward?quicktabs_nodesblock=0

³⁰ Gallagher P. The Independent Newspaper. Campaigners accuse Met Police and mental health trust of racist cover-up' The Independent 2015. <http://www.independent.co.uk/news/uk/crime/campaigners-accuse-met-police-and-mental-health-trust-of-racist-cover-up-10237504.html>

Background -Mental Health and back Briton cont....

clinical inpatient teams and community based crisis care teams, has led to a number of high profile tragic cases³¹.

The UK Parliament's Home Affairs Select Committee's (HASC) report on their inquiry on policing and mental has highlighted their concerns about the over reliance on police resources to plug this care gap³².

This joint Home Office and Department of Health review of sections 135 and 136 of the Mental Health Act 1983 acknowledged that 'in particular Black African Caribbean men – are disproportionately over-represented in S136 detentions compared to the general population'³³.

It is important for CERD to be aware of this issue as there is a long standing urgent need for the UK Government to counteract and pro-actively acknowledge the tendency of many British institutions particularly mental health³⁴ services and the police^{35 36 37} to be institutionally racist.

Report Structure

The report first gathers our key recommendations for actions the Government should take to promote race equality and address and eliminate the anti-black/African -phobic racism faced by people of African Descent living in the UK in accordance with the Convention. It then details our principal concerns under each article of ICERD.

BMH UK would like to extend our thanks to all the individuals that have attended our public meetings and community engagement events on a range of human rights and social justice issues over the past 24 months as this has contributed to work of this report.

This report should be viewed as a response of the black communities of African descent from UK's African Caribbean communities and has been drafted after extensive engagement with a wide range of stakeholders including those who mental health services and the black professionals that support them.

³¹ BBC Democracy Live. [1 July Home Affairs Committee. Policing and Mental Health. Oral evidence by Matilda MacAttram, Black Mental Health UK](http://www.bbc.co.uk/democracylive/house-of-commons-28109450). 2014. BBC Democracy Live. <http://www.bbc.co.uk/democracylive/house-of-commons-28109450>

³² Parliament UK (2015) Home Affairs Select Committee (HASC) report into policing and mental health. Parliament UK

³³ Dept of Health, Home Office (2014) [Review of the Operation of Sections 135 and 136 of the Mental Health Act 1983](#)

³⁴ Norfolk, Suffolk and Cambridgeshire Strategic Health Authority,(2003) Independent inquiry into the death of David Bennett, December 2003

³⁵ Home Office (1999) The Stephen Lawrence Inquiry Report

³⁶ Muir H. The Guardian (2016) [Metropolitan police still institutionally racist, say black and asian officers](#).

³⁷ Halliday J. The Guardian (2016) [Met chief admits instructional racism claims have 'some justification'](#)

List of Abbreviations

BMH UK - Black Mental Health UK	EHRC – Equality and Human Rights Commission
BNF - British National Formulary	EIA – Equality Impact Assessment
BPS - British Psychological Society	EMAG – Ethnic Minority Achievement Grant
BME – Black and Minority Ethnic	EMBES – Ethnic Minority British Election Survey
CAT - Convention Against Torture and Other Cruel, Inhuman Degrading Treatment or Punishment	EU – European Union
CCGs – Clinical Commissioning Groups	HASC - Home Affairs Select Committee
CED - Conductive Electrical Device	HE – Higher Education
CEO – Chief Executive Officer	HMIC – Her Majesty’s Inspectorate of Constabulary
CERD – Committee on the Elimination of Racial Discrimination	HMIP – Her Majesty’s Inspectorate of Prisons
CJS - Criminal Justice System	HO - Home Office
CPT - Committee for the Prevention of Torture	IAPT- Improving Access to Psychological Therapies
CPS – Crown Prosecution Service	ICERD – International Convention on the Elimination of all forms of Racial Discrimination
CQC- Care Quality Commission	INAPP - Interim National African People's Parliament
CRE – Commission for Racial Equality	IPCC - Independent Police Complaints Commission
CSC - Close Supervision Centre	MHT - Mental Health Tribunals
DDPA - Durban Declaration and Programme of Action	MP – Member of Parliament
DCP - Division of Clinical Psychology	MSP – Member of the Scottish Parliament
DH - Department of Health	NGO – Non Governmental Organisation
DLA – Discrimination Law Association	NOMS - National Offender Management Service
DWP – Department for Work and Pensions	NPM - National Preventive Mechanism
EBacc – English Baccalaureate	NUT – National Union of Teachers
EEA – European Economic Area	Ofcom – Office of Communications
	Ofsted –Office for Standards in Education, Children's Services and Skills

List of Abbreviations cont....

OHCHR- Office of the High Commission of Human Rights

ONS – Office of National Statistics

PAD - People of African Descent

PPG - Pupil Premium Grant

PPO - Prisons and Probations Ombudsman

PSED – Public Sector Equality Duty

RC - Responsible Clinician

SMI- Serious Mental Illness

TSG-Territorial Support Group

UN - United Nations

UNGA- United Nations General Assembly

UNHRC - United Nations Human Rights Council

UNCRC – United Nations Convention on the Rights of the Child

YJB - Youth Justice Board

List Recommendations

Article 1

1 - Article 1

Government approach to tackling racial inequalities

- The Government should formally acknowledge and commit to combat and eliminate the Anti-black/African-phobic racism facing black people of African descent living in the UK
- The Government should commit to establishing and implementing a strategy for the elimination of racial discrimination, with a particular focus on anti-black/African-phobic racism because it has remained unaddressed for so long.
- Government should commit to ensuring all policy areas are included in a new strategy to eliminate racial discrimination, particularly in relation to health and criminal justice. This work should involve partnership and consultation with civil society NGOs from the UK's African Caribbean communities, with measurable targets and objectives agreed with Civil Society so that progress can be clearly audited over time.

Article 2

Anti-black/African-phobic-racism

- Government to establish a National Action Plan against anti-black/African-phobic racism faced by black people of African descent.
- Government should reform of all areas of state policy, its agencies and their practices to address institutional anti-black/African-phobic racism.
- Government commit to developing and implementing targeted interventions with measurable goal in the areas of criminal justice, health, education, housing and employment to address anti-black/African-phobic racism.
- Government to establish national program to raise awareness and empower individuals and communities affected by anti-black/African-phobic racism.
- Government set up cross-Government working group on anti-black/African-phobic racism, and resource work to record incidents of anti-black/African-phobic racism and support victims. This work should be done in collaboration with black led African civil society agencies.
- Government should recognise the importance of working with of black people of African descent and black African civil society organisations in this area of anti-discrimination work.
- The Government should develop resources to support all public authorities, health providers and educational institutions in combating anti-black/African-phobic racism and how to address the particular needs of black people of African Descent. This work should be done in collaboration with black led civil society NGO's.

Incorporating the Convention into UK law

- The Government should ensure that the rights and obligations contained in ICERD are fully incorporated into UK law.
- The Government should introduce legislation requiring UK courts to consider provisions of ICERD whenever such provisions may be relevant to any question arising in any proceedings.

Article 5

Criminal Justice

Blanket criminalisation of black Briton - stereotyping

- Government commit to a national review of the negative constructs, signifying radicalised stereotypes that endure and underpin policing and prosecution strategies in relation to serious youth violence in England and Wales.
- Government should commit to addressing the racial inequalities in psychiatry and mental health service provision and commission research beyond the bio-medical model.
- Government should commit to allocating long term ring fenced funding directed at the needs of black people from the UK's African Caribbean communities, that are staffed and run by black civil society.
- Government should commit to addressing the lack of cultural sensitivity and institutionalised racism in the diagnostic models of psychiatry and the discriminatory processes in mental health services in the extra 12 million allocated for liaison and diversion services.
- Government should commit to and ensure partnership working black civil society in the delivery of culturally, therapeutic mental health care for black people of African descent that are detained medium and secure psychiatric settings.
- Government should commit to ensuring that black civil society agency are involved in delivery and support mental health assessment those in custody in the allocation of the [extra 12 million for liaison and diversion services](#) to protect black people in custody from racist stereotypes and institutional bias within these systems.

Racial disparities in the criminal justice system

- Government commit to address the discriminatory practice that the National Preventative Mechanism noted in it's submission to the UN Human Rights council of the disproportionate strip searching of black people of African descent when they are taken into police custody.
- Government should order mandatory recording of strip search in police custody and submit this to HMIC and EHRC for review and report on this annually in accordance with s95 1991 Criminal Justice Act.

Sentencing

- Government should commit to ensuring the integrity of the judiciary and establish a taskforce to address the anti-black/African-phobic racism reflected in the differential sentencing of black people of African descent. This work should be done in collaboration with black civil society.
- Government should collate and monitor sentencing of judges, magistrates and mental health tribunal judges and publish national auditing sentencing patterns annually. Data should include information on protected characteristics and offence brought before the court.
- Government should commit to addressing the racism and racial discrimination faced by black people detained in police custody highlighted in the findings from the HIMCs inspection in a report *The Welfare of Vulnerable People in Police Custody 2015* in a national race equality strategy, with a particular focus on addressing anti-black/African phobic racism.
- Government should require that race equality monitoring is integrated as a priority in the governance framework or all inspectorates (HMIC, HMIP and CQC), and ensure the collection and annual publication of race equality data, in the areas of access to independent legal advocates, use of forces, and rates of detention from all three inspectorates annually.

Prison system

Discrimination in use of punishment and segregation

- The Government should ban the routine and unlawful practice extended segregation of prisons beyond 72 hours that is disproportionately used against black prisoners of African descent in line with the Supreme Court ruling [2015] UKSC 54.
- Government should require mandatory data recording the number of prisoners with protected characteristics that are held in segregation, including the period of time and the reason for being placed there. This data should be held centrally and published annually.
- Government should implement a national strategy to address the disproportionate numbers of black people of African descent in prison custody that placed in segregation for longer than the lawful time limit.
- Government should conduct a national review on the disproportionate charging and punishment that black people of African descent are subject to across the prison estate.
- Government reviews of discriminatory practices within the prison system should be conducted in collaboration with black led civil society agencies that are paid for their time and expertise in doing this work.
- Government should require that race, and the treatment of black people of African descent be made a priority in the development of national standards in the collation and publication of custody data by the Home Office.

Disturbances within prison settings

- Government should ensure that there is transparency around the management of serious incidents and disturbances in prison, and order independent investigations whenever there is an incident, the report made public through the PPO website.
- Government should audit, monitor and publish data annually on number of serious incidents which details frequency and use of Electrical discharge weapons (Taser) against people held in prison in line recommendations of the UN CAT fifth periodic report to the UK on the need for strict monitoring and supervision of their use. Protected characteristics of those subject to Taser should be included in this report.

Policing and mental health

- The Government should introduce a statutory bar to prevent the use of Taser or any other Conductive Electrical Device (CED) or other police firearm to be deployed against detained patients in psychiatric setting in line with CAT's fifth periodic review that that it's use is in admissible in places where there is a 'deprivation of liberty' in line with UN CAT Committee recommendations made in 213
- The Government should require all police forces to record every attendance to a psychiatric ward, and to collate and publicly share data regarding details of what use of force was used, this data should be submitted to the IPCC for review and report on this annually in accordance with S95 1991 Criminal Justice Act.
- The Government should order systematic collection and publication of use of segregation of patients detained under the Mental Health Act including details of ethnicity, age and length of time the patients has been in the care of statutory mental health services.
- Government should introduce a statutory requirement that requires that police to inform the Home Secretary within a week every time police attend a secure psychiatric ward with details of number of reasons for attendance, officers involved, use of force deployed and ethnicity and age of ethnicity of patient. This information should also be made public when it is sent to the Home Office.
- Government to publish annual statistics on police attendance on psychiatric ward including details on ethnicity, age and gender of patient involved in the incident and types of weaponry used by the police.
- Government should commission an independent national review of the institutional racism within the police service and statutory mental health services. The work should be in collaboration with civil society from the UK's African Caribbean communities and they should be appropriately remunerated for the expertise that they contribute to this work.
- This review should have a specific focus on the use of coercion and force to establish where the most serious human rights concerns over the use of force against those subject to the Mental Health Act. This work should be in collaboration with black led civil society agencies from the UK's African Caribbean communities that have an expertise in this area.

Health

Mental health and black people of African descent

- Government to acknowledge term BME has failed to address the anti-black/African-phobic racism faced by black people of African descent that come in contact with mental health service and commit to work with black led community based agencies to reframe this discourse and design policies that address anti-black/African-phobic racism.
- Government should commit to reducing the disproportionate use of the Mental Health Act against black people of African descent and the over representation of this group within medium and high secure psychiatric settings.
- Government should commit to reducing the disproportionate numbers of black people of African descent that are referred to mental health services via the police and should allocate resources for black led community based 'places of safety' for those arrested by the police as part of the [£15million capital funding announced by the DH and Ho in May 2016 for preventing vulnerable people being held in police cells](#).
- Government to commit to commissioning and resourcing **community based and run**, culturally sensitive, early intervention psychological mental health support service, not based on the medical model, to meet the needs of black people of African descent using mental health services.
- Government to acknowledge that the bio medical model of mental health care that dominates the UK mental health system is dangerous, damaging and oppressive for black people of African descent, and that investment needs to be made in delivering holistic African centred social model of mental distress delivery by people from this community.

Overmedication - Use of antipsychotic drugs as a method of punishment/control

- The Government should make the BNF limits on the levels of anti-psychotic drugs that may be prescribed legally binding on all medical practitioners.
- Government should introduce reforms in the Mental Health Act which establish statutory protection of patients against over-medicating and polypharmacy.
- Government should require mandatory data recording the number of prisoners with protected characteristics that are prescribed anti-psychotic medication. This data should be held centrally and published annually.
- Government should require mandatory data collection and annual publication that provides an authoritative national view on prescriptions and amounts medication administered to detained patients, including information on protected characteristics and length of detention under the Mental Health Act. There should be a statutory duty to publish this data annually.

Cancer, mental health and black people of African descent

- Government should acknowledge the inherent and deep mistrust black communities of African descent have of statutory mental health services in the implementation of its national strategies to improve the physical health of people with mental health problems and work collaboratively with black led community based African Caribbean agencies in the implementation of this work
- The Government should ensure that all national initiatives, including NHS England's target that by 2020/21 280,000 more people living with severe mental health problems should have their physical health needs met is accomplished in collaboration with the black led community based civil society agencies from the UK's African Caribbean communities.
- Government should resource black led community based African Caribbean services to provide community based culturally appropriate psychological therapies for black people of African descent at the point of need.
- Government should require mandatory data recording the number of patients subject to detention under the Mental Health Act with protected characteristics that offered psychological talking therapies instead of medication. This data should be held centrally and published annually.

Electronic Discharge Weapons (EDW)/Taser use against detained patients

- The Government should introduce a statutory bar to prevent the use of Taser or any other Conductive Electrical Device (CED) or other police firearm to be deployed against detained patients in psychiatric setting in line with CAT's fifth periodic review that that it's use is inadmissible in places where there is a 'deprivation of liberty'.
- In the run up to the ban the UK government should require both Independent Police Complaints Commission, and the statutory health regulator to CQC to publish quarterly data details of the number of times in the past 12 months that Taser has been deployed in detained psychiatric settings and also details of the ethnicity of the patients involved.

Police presence on mental health wards

- The Government should require all police forces to record every attendance to a psychiatric ward, and to collate and publicly share data regarding details of what use of force was used, this data should be submitted to the IPCC for review and report on this annually in accordance with S95 1991 Criminal Justice Act.
- Government should introduce a statutory requirement that requires that police to inform the Home Secretary within a week every time police attend a secure psychiatric ward with details of number of reasons for attendance, officers involved, use of force deployed and ethnicity and age of ethnicity of patient.
- Government to publish annual statistics on police attendance on psychiatric ward including details on ethnicity, age and gender of patient involved in the incident and types of weaponry used by the police.

Police and mental health services - racism, discrimination and intolerance

- Government should commission an independent national review of the institutional racism within the police service and statutory mental health services. The work should be in collaboration with civil society from the UK's African Caribbean communities and they should be remunerated for the expertise that they contribute to this work.
- This review should have a specific focus on the use of coercion and force to establish where the most serious human rights concerns are over the use of force against those subject to the Mental Health Act. This work should be in collaboration with civil society agencies from the UK's African Caribbean communities that have an expertise in this area.

Article 6

Access to Justice

- Government should ensure patients detained under the Mental Health Act have access to a Mental Health Tribunal within the time limits set by law and require mandatory data recording of the number of Tribunal hearings that are cancelled due to the absence of the Responsible Clinician. This data should be held centrally and published annually
- Government should take positive action ensure membership of MHT panels reflect the demographic of the community operate, and a programme should be put in place to target and recruit judges and lay members from the minority communities disproportionately over represented amongst the detained patient population. This work should be done in collaboration with black led community based civil society agencies from the UK's African Caribbean communities.
- Government to take steps to ensure that there is an automatic right to an independent legal advocate for anyone who is detained compulsorily under the Mental Health Act at the time when sectioning is being considered in order to ensure the protection of the human rights of those deprived of their liberty in line with the protections afforded to those detained in other custodial settings.
- Government should ensure that independent legal advocates are appropriately trained in cultural diversity and in ensure that there proportionate numbers of people from diverse communities with adequate training within these roles.
- Government should end the practice which allows ward managers and other staff member on an inpatient clinical team to train as Independent Mental Health Advocates because the inherent conflict of interest.

Sentencing

- Government should commit to ensuring the integrity of the judiciary and establish a taskforce to address the anti-black/African-phobic racism reflected in the differential sentencing of black people of African descent. This work should be done in collaboration with black civil society.
- Government should collate and monitor sentencing of judges and magistrates and publish a national auditing sentencing patterns annually. Data should include information on protected characteristics and offence brought before the court.

Disturbances within prison settings

- Government should ensure that there is transparency around the management of serious incidents and disturbances in prison, and ensure an independent investigation is conducted in every incident, the report made public through the PPO website.

Education

- Government Equalities Office should work together with DfE should work together with the Government Equalities Office and the EHRC to produce best practice guidance for schools and other public educational bodies in interpreting their duties under the Equality Act 2010 with regard to exclusions with a particular focus on addressing anti-black/African-phobic racism faced by black children.
- Government should ensure that there is an assessment of how schools are implementing these duties should form part of the criteria by which Ofsted inspectors judge schools.
- The Government should increase the powers of parents and appeal panel boards to hold schools to account for exclusions.
- Government should ensure that Ofsted should explicitly refer to exclusions in its guidance on inspecting equalities. In the Ofsted document entitled Inspecting Equalities it should indicate that schools are expected to collect and analyse data on their use of sanctions and punishments according to ethnicity, gender, SEN and income (as measured by eligibility for the PPG)

International Decade for People of African Descent - UK response

- The UK Government should ensure that the funding that the Arts and Humanities Research Council extend the call for applications to black led civil society agencies, so that these resources that have been made available for the International Decade for People of African Descent do not exclude black British researchers outside of academia.
- Government set up an additional fund for black led civil society agencies UN Decade on people of African Descent to conduct work on the Decade to combat anti-black/African-phobic racism affecting and other injustices facing this group.

Trust Fund for Action to Combat Racism and Racial Discrimination African Descent

- The OHCHR reopen the account of the Trust Fund for Action to Combat Racism and Racial Discrimination in resolution 68/151 for the purpose of the Decade and DDPA implementation.
- All voluntary contributions for the Decade after the closing of the Trust Fund that have been placed in the main bank account of the OHCHR it has been named as a "project" or "fund" relating to the Decade should be returned to the reopened the Trust Fund for Action to Combat Racism and Racial Discrimination.
- Funding for people of African Descent to be made available to attend sessions of the Human Rights Council, Universal Periodic Reviews (UPR) and treaty bodies, working group sessions taking place in Geneva and New York through the reopened Trust Fund for Action to Combat Racism and Racial Discrimination
- Information about the availability of funds for Civil Society work on the International Decade for People of African Descent to attend meeting should be publicised in a timely manner to enable PAD's so that they are interested able to apply for assistance and make the necessary arrangements to be able to attend UN meeting and contribute to this human right work.

1 – Article 1

Government approach to tackling racial inequalities

In Paragraph 1 under Articles 2 and 3 the Government in its report to Committee states:

The UK continues to have a very strong legal framework, and effective remedies, for the protection of human rights and for combating discrimination, complemented by the UK ratification and implementation of international human rights instruments both at UN.

BMH UK note that the UK has extensive legal framework for protecting human rights and combating discrimination, however there is now an established body of evidence to show that protections do not extend to black people of African Descent living in the UK.

Current domestic human rights and race equality legislation and its implementation fail to protect Britons black communities which has resulted in this group being among the most economically and socially marginalised within the UK.

There is an urgent need to establish within the UK's current legal framework effective remedies to address the anti-black/African Phobic racist discrimination that black people of African descent living in the UK face in every area of public and private life.

Although the UK has ratified the UN Convention for the Elimination of Racial Discrimination, BMH UK is concerned that Britain has not ratified Article 14 of ICERD in order to enhance access to justice for victims of racial discrimination in the United Kingdom and ensure parity with existing treaties.

In paragraph 15 of its report to the Committee BMH UK note that the UK's "approach to tackling the challenges posed by racial inequality and discrimination in England is [...] not based on singling out individual ethnic groups, but instead on promoting socio-economic Integration with support from our Equality and Social Mobility Strategies."³⁸

This 'colour blind' approach has served to in effect to increase racial inequalities and in particular has led to communities from the UK's African Caribbean communities being far worse off.

In this shadow report we will set out examples of how the Government approach of choosing not to acknowledge the well documented different experiences and needs of racial groups has in fact had a discriminatory effect on black communities of African descent.

This approach by Government is illustrated in the recent publications of *'Improving the physical health of people with mental health problems'*³⁹, the government commissioned

³⁸ Committee on the Elimination of Racial Discrimination (2015) 'Consideration of reports submitted by States parties under article 9 of the Convention.' Twenty-first to twenty-third periodic reports of States parties due in 2014 United Kingdom of Great Britain and Northern Ireland, Para 15. <http://daccess-ods.un.org/TMP/2394764.12534714.html>

³⁹ BMH UK News (2016) Concern over omission of race in new physical health screening guidance.

document '*More than shelter: Supported accommodation and mental health*',⁴⁰ and the '*Carlile Inquiry into the use of restraint, solitary confinement and strip search on children*'⁴¹, which the Government's Youth Justice Board officially responded to on the day of its publication⁴².

The exclusion of any reference to people from the UK's African Caribbean communities in these documents raises grave concerns, as it is well documented that this group are disproportionately over represented among the detained psychiatric patient population, and that they are also more likely to suffer homelessness after coming in contact with mental health services. It is also well documented that the mass incarceration rates of black Britons is greatest amongst this community's children^{43 44}.

The complete absence of any consultation with black led agencies with and expertise in these area in the production of these documents has been widely viewed within Britons black communities as part of a strategy to see the injustices faced by black people in these systems remain unaddressed.

Recommendation:

- The Government should formally acknowledge and commit to combat and eliminate the Anti-black/African-phobic racism facing black people of African descent living in the UK
- The Government should to commit to establishing and implementing a strategy for the elimination of racial discrimination, with a particular focus on anti-black/African-phobic racism because it has remained unaddressed for so long.
- Government should commit to ensuring all policy areas are included in a new strategy to eliminate racial discrimination, particularly in relation to health and criminal justice. This work should involve partnership and consultation with civil society NGOs from the UK's African Caribbean communities, with measurable targets and objectives agreed with Civil Society so that progress can be clearly audited over time.

⁴⁰ BMH UK News (2016) Review of provision of supported housing for those with mental health needs sidelines race.

⁴¹ Howard League for Penal Reform (2016) [The Carlile Inquiry 10 years on. The use of restraint, solitary confinement and strip-searching on children](http://howardleague.org/wp-content/uploads/2016/06/Carlile-Inquiry-10-years-on.pdf). <http://howardleague.org/wp-content/uploads/2016/06/Carlile-Inquiry-10-years-on.pdf>

⁴² Gov.uk. (2016) [YJB responds to The Howard League's report, 'The Carlile Inquiry 10 years on', published today](#).

⁴³ The Commentator (2013) [UK Church asks British PM why so many black are in jail](#).

⁴⁴ Black Women In Europe (2015) [BMH UK community round table at the House of Lords: Social Justice, Human Rights, Mental Health Care & the The UK African Caribbean black British Diaspora](#).

2 – Article 2

2.1 Incorporating the Convention into UK law

In paragraph 10 of its concluding observations, the Committee stated:

The Committee requests the State party to reconsider its position so that the Convention can more readily be invoked in the domestic courts of the State party.

While the UK is a signatory to ICERD, this treaty has not yet been completely incorporated into UK domestic law, nor does the right of individual petition arise from any breach of their terms of ICERD by the UK. UK courts will consider UN Conventions including ICERD, but they are not bound by them unless there is a specific statutory requirement to do so. This does not exist in relation to ICERD.

Recommendation

- The Government should ensure that the rights and obligations contained in ICERD are fully incorporated into UK law.
- The Government should introduce legislation requiring UK courts to consider provisions of ICERD whenever such provisions may be relevant to any question arising in any proceedings.

2.2 African-phobic/anti-black racism

The concept of African-phobic/anti-black racism is still not widely understood and the phenomena of hatred and fear of black people of African descent is currently conflated with other issues in the equalities agenda such as sexuality and religion.

In order for the racism, xenophobia and intolerance against black people living in the UK to be properly addressed there is a need for the formal recognition of **African-phobic/anti-black racism** by the British Government.

The absence of a formally recognised term that describes this form of racism has increased the invisibility of the discrimination and unequal treatment of black Britons of African descent.

The UK government's agenda and anti racist movement that has been set up to address discrimination of those with 'protected characteristics', however this has not served to protect the UK's African Diaspora, who continue to face anti-black/African-phobic racism on a daily basis.

In the UK, the discrimination faced by black people from the UK's African Caribbean communities has been conflated with other issues within the Equalities agenda. This has meant that the discrimination faced by black people has been consistently sidelined by other interests that dominate this sector's agenda.

The absence of recognised terminology to describe the racism, discrimination and xenophobia that black people of African Descent face has meant that the UK government and policy function as though it does not exist. In this way inequalities faced by this group are masked in policy documents under the Black and ethnic minority (BME) banner and subsequently never properly addressed and so the inequalities that this group face get worse.

This is an injustice and BMH UK request that CERD I make recommendations for the UK's Government for formally recognise African-phobic/anti black racism and that black people of African Descent are a vulnerable community.

Recommendations

- Government to establish a National Action Plan against anti-black/African-phobic racism faced by black people of African descent.
- Criminal legislation that recognises bias of anti-black/African-phobic racism
- Reform of all areas of state policy, its agencies and their practices to address institutional anti-black/African-phobic racism.
- Government commit to developing and implementing targeted interventions with measurable goal in the areas of criminal justice, health, education, housing and employment to address anti-black/African-phobic racism.
- Government to establish national program to raise awareness and empower individuals and communities affected by anti-black/African-phobic racism.
- Government set up cross-Government working group on anti-black/African-phobic racism, working and resource work to record incidents of anti-black/African-phobic racism and support victims.
- Government to recognise the importance of working with of black people of African descent with knowledge and a background on this issue and black African civil society organisations in this area of anti-discrimination work.
- The Government should develop resources to support all public authorities, health providers and educational institutions in combating anti-black/African-phobic racism and how to address the particular needs of black people of African Descent. This work should be done in collaboration with black led civil society NGO's.

3 – Article 5

3.1. Criminal justice

Blanket criminalisation of black Briton - stereotyping

The stereotyping of young black people of African descent has effectively resulted in blanket criminalising of communities through use of the term gang.

Too often groups of Black men are seen as 'gangs', criminalised and then dealt with on this basis, by the police, in schools, in their communities and on the streets⁴⁵.

Responding to youth violence through the 'gang' construct is deeply flawed and likely to be unsuccessful. The perpetration of violence is not aligned to 'race' or ethnicity in ways that are imagined by the current strategies deployed to identify, police and prosecute violent individuals⁴⁶.

This system is now viewed as criminal by significant sections of Britons black communities.

'One of the concerns that we have been picking up in the INAPP, is the way in which the system is I agree criminal but the criminalisation of our communities. We are concerned about the institutionalised stereotypes that have seeped into the discourse around gangs that is actually criminalising a whole section of young people of African Descent.' INAPP delegate at BMH UK community consultation round table⁴⁷.

There are dangerous associations of a series of negative constructs, signifying radicalised stereotypes that endure and underpin contemporary policing and prosecution strategies in relation to serious youth violence in England and Wales.

The net effect of criminal justice policies which are designed to 'disrupt' and 'end' the gang, is the disproportionate punishment of young people from minority ethnic (particularly black) groups while failing to adequately curtail levels of serious youth violence across England and Wales⁴⁸.

The 'gang' label legitimises the over-policing of Black people and communities and acts as an inhibitor to the reconciliation of other, more acute, socio-economic problems⁴⁹.

There is deep concern that resources are for black people from the UK's African Caribbean communities are only being allocated through the criminal justice system. The Government's

⁴⁵ Alexander, C. (2008), 'Re-Thinking "Gangs"', report, available online at www.blackeducation.info/upload/docs/RethinkingGangs-2008.pdf

⁴⁶ Williams P. Centre for Crime and Justice Studies. (2016) Dangerous Associations: Joint enterprise, gangs and racism. An analysis of the process of criminalisation of Black, Asian and minority ethnic individuals.

⁴⁷ Black Mental Health UK (BMH UK) 2015 [BMH UK Community Consultation Submission to the Harris Review into 'self-inflicted' deaths in NOMS Custody of 18-24 year olds](#)

⁴⁸ Williams P. Centre for Crime and Justice Studies. (2016) Dangerous Associations: Joint enterprise, gangs and racism. An analysis of the process of criminalisation of Black, Asian and minority ethnic individuals.

⁴⁹ Williams P. Sage Journals. Race & Class. (2016) [Criminalising the Other: Challenging the race-gang nexus](#).

announcement that an extra £12 million to be spent over the next two years to expand services that make mental health assessments available to those who have been arrested⁵⁰ is viewed as another example of this.

It is important to note that the absence of cultural sensitivity and institutional racism within the diagnostic models used in psychiatry⁵¹ and the institutional racism within the police⁵² and mental health services⁵³, will mean that black people entering into custody who are subject to mental health assessments when in police custody, will be subject to further discriminatory processes of the mental health assessments made during this process.

Recommendation

- Government commit to a national review of the negative constructs, signifying radicalised stereotypes that endure and underpin policing and prosecution strategies in relation to serious youth violence in England and Wales
- Government should commit to addressing the racial inequalities in psychiatry and mental health service provision and commission research beyond the bio-medical model and commit to allocating long term ring fenced funding directed at the needs of black people from the UK's African Caribbean communities, that are staffed and run by black civil society.
- Government should commit to addressing the lack of cultural sensitivity and institutionalised racism in the diagnostic models of psychiatry and the discriminatory processes in mental health services in the extra 12 million allocated for liaison and diversion services.
- Government should commit to and ensure partnership working black civil society in the delivery of culturally, therapeutic mental health care for black people of African descent that are detained in custody in the allocation of the extra 12 million for liaison and diversion services.

⁵⁰ Gov.uk. Department of Health (2016) [Increased mental health services for those arrested. An extra £12 million will be spent to expand services that make mental health assessments to those arrested.](#)

⁵¹ Fernando S. (2010) Ethnic research - whose benefit?

⁵² Home Office (1999) The Stephen Lawrence Inquiry Report

⁵³ Norfolk, Suffolk and Cambridgeshire Strategic Health Authority,(2003) Independent inquiry into the death of David Bennett, December 2003

3.2 Racial disparities in the criminal justice system

In January 2014, the Home Secretary commissioned Her Majesty's Inspectorate of Constabulary (HMIC) to conduct a thematic inspection on the welfare of vulnerable people in police custody⁵⁴. HMIC published its findings from this inspection in a report *The Welfare of Vulnerable People in Police Custody* in March 2015⁵⁵.

Data collected from police forces in the inspection showed that a disproportionate number of people from African-Caribbean groups (compared to numbers in the general population) were in custody. While three percent of the overall inspected forces' population were from African-Caribbean backgrounds, they represented nine percent of the custody throughput. The overall percentages varied between forces, but disproportionality was present in all cases.

3.3 Strip search in police custody

Similarly, while making up nine percent of the total number of people detained in police custody, 17 percent of those strip-searched in the forces inspected were of African-Caribbean ethnic background. This disparity was true in all but one of the forces able to provide data. In its submission to United Nations Human Rights Committee's Seventh Periodic Review of the UK the NPM said that they consider that police forces are at considerable risk of discriminatory strip-searching practices.⁵⁶

The NPM also note that during inspections, HMIC and HMIP inspectors did not observe any difference in the treatment of ethnic minority and white detainees held in custody. However, views gathered through focus groups and interviews indicated that people from African-Caribbean backgrounds felt they were discriminated against by the police. They cited examples of rudeness, disrespect or an over-use of force, which they attributed to racism.

It is concerning to note that professionals working for government inspectorates did 'not observed' the differential and often discriminatory treatment that black people of African descent are subject to, and this is a factor across all custodial and detained setting.

This failure to observe or be aware of the discriminatory practices against black people within detained settings poses a significant concern.

The UN Committee against Torture report following their 2013 periodic review of the UK's raised concerns over the independence of the UK's NPM and recommended that the State party end the practice of seconding individuals working in places of deprivation of liberty to National Preventive Mechanism bodies^{57 58}.

⁵⁴ Under section 54(3) of the Police Act 1996

⁵⁵ HMIC (2014) *The welfare of vulnerable people in police custody*

<http://www.justiceinspectorates.gov.uk/hmic/publication/the-welfare-of-vulnerable-people-in-police-custody/>

⁵⁶ NPM (2015) Submission to the UN Human Rights Committee's Seventh Periodic Review of the United Kingdom at the Committee's 114th session. <https://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2014/07/UK-NPM-Submission-to-the-UN-Human-Rights-Committee-FINAL.pdf>

⁵⁷ National Preventative Mechanism Fifth Annual Report 2013-14

An unremunerated independent Chair has been appointed to the NPM in May 2016, the secretariat support for this unpaid role continues to lie within the inspectorates which again raises serious questions about independence. Government should extend membership of the UK's NPM members include black led civil society agencies with an expertise in both race equality and human rights, in order to ensure that the inequalities and discriminatory treatment faced by black people over represented in these settings 'not observed' by professionals working in this system do not continue to remain unreported and unaddressed and adequate remuneration should be made for expertise and time.

Recommendations

- Government commit to address the discriminatory practice that the National Preventative Mechanism noted in it's submission to the UN Human Rights council of the disproportionate strip searching of black people of African descent when they are taken into police custody.
- Government should order mandatory recording of strip search in police custody and submit this to HMIC and EHRC for review and report on this annually in accordance with s95 1991 Criminal Justice Act.

3. 4 Sentencing

There is a body of data which shows that people from the UK's African Caribbean communities face harsher sentencing than their white counterparts⁵⁹.

Studies have shown that black offenders were 44% more likely than white offenders to be sentenced to prison for driving offences, 38% more likely to be imprisoned for public disorder or possess on of a weapon and 27% more likely for drugs possession⁶⁰.

Ministry of Justice data also shows that black people are more likely to be charged and sent to prison than white people - and to receive longer custodial sentences. This data also shows that black people are less likely to receive an out of court disposal for an indictable offence and more likely to be proceeded against at magistrates' courts than all other ethnic groups. The most common sentence outcome for white and mixed ethnic group offenders is a community sentence, while the most common outcome for black or other offenders was immediate custody.

The average custodial sentence length for indictable offences was higher in for offenders from a black and minority ethnic group compared with those from a white group.

⁵⁸ Committee against Torture. Observations on fifth periodic report of the United Kingdom. May 2013 <https://www.justice.gov.uk/downloads/human-rights/cat-concluding-observations-may-2013.pdf>

⁵⁹ The Independent 2013 [Courts are biased against blacks with white offenders handed more lenient sentences says official report](#). The Independent.

⁶⁰ The Guardian. 2010 [Black people more likely to face drug arrest](#). The Guardian

Following conviction, 26% of white people were jailed, compared with 31% of black people. On average white offenders received 19.9 months in custody and black defendants 23.4 months⁶¹.

Recommendation

- Government should commit to ensuring the integrity of the judiciary and establish a taskforce to address the anti-black/African-phobic racism reflected in the differential sentencing of black people of African descent. This work should be done in collaboration with black civil society.
- Government should collate and monitor sentencing of judges and magistrates and publish a national auditing sentencing patterns annually. Data should include information on protected characteristics and offence brought before the court.

3.5 Prison population mass incarceration of black Briton

The government report entitled: Race and the Criminal Justice System, shows that 'members of the black communities are seven times more likely than their white counterparts to be stopped and searched, three and a half times more likely to be arrested, and five times more likely to be in prison'⁶². There are now some prisons that are virtually all by people black⁶³, populated only by people from the UK's African Caribbean communities^{64 65}.

The proportion of people from this group aged 18-20 years old within the prison estate is 17.3%, which over all is significantly higher than the 3%⁶⁶ of the national population that this group represent, and over all black prisoners account for (50%) the largest ethnic minority with the prison system⁶⁷. In 2013/14 black and mixed race children accounted almost a third at 28% of the children's prison population, and like their adult counterpart are subject to much harsher sentencing than white children⁶⁸

⁶¹ The Law Gazette 2015 [MoJ data shows black offenders more likely to be jailed](#). The Law Gazette.

⁶² Equalities and Human Rights Commission (EHRC) Research Report. 2010 [Differential treatment the youth justice system](#). EHRC.

⁶³ The Guardian. 2010. [More black people jailed in England and Wales proportionately than the US](#)

⁶⁴ The Voice 2013. Church [leaders ask PM why prisons are 'almost entirely black'](#). The Voice

⁶⁵ Black Mental Health UK (BMH UK) 2015 [BMH UK Community Consultation Submission to the Harris Review into 'self-inflicted' deaths in NOMS Custody of 18-24 year olds](#).

⁶⁶ Office for National Statistics (ONS) 2011. [Census 2011](#). ONS

⁶⁷ The Prison Reform Trust . [Projects and research – Race](#). The Prison Reform Trust

⁶⁸ Youth Justice Board (YJB) (2015) [Youth Justice Annual Statistics 2013-14](#).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/399379/youth-justice-annual-stats-13-14.pdf

Data published by the Equality and Human Rights Commission (EHRC) indicates that there is now a greater disproportionality in the number of black people in prison in the UK than in the United States⁶⁹ with black people now seven times more likely to be imprisoned than white people per head of population in England and Wales⁷⁰.

3.6 Prison pipeline of school exclusion

There is a widely acknowledged link between exclusion from the school system and prison. The Children's Commissioner's exclusion inquiry published in 2012 reveals entrenched discrimination and 'illegal' exclusions.

Entitled 'They never give up on you', this report showed that Black Caribbean pupils were almost four times more likely to be permanently excluded and black boys were eleven times more likely to be permanently excluded than white girls of the same age in similar schools. The same boys were thirty-seven times more likely to be permanently excluded than Indian girls, who had the lowest rate of exclusion⁷¹.

This data also showed that a black African-Caribbean boy with special needs and eligible for free school meals you is 168 times more likely to be permanently excluded from a state-funded school than a White girl without special needs from a middle class family.

Discriminatory practice in schools found in this report included: exclusion of children for hairstyles that are overwhelmingly worn by Black boys (for example corn rows);

School rules that take little or no account, in diverse communities, of linguistic, cultural or ethnic differences in, for example, intergenerational respect and how it is to be shown by children in ways that are not always the same as they are in White English society⁷²;

Recommendation

- Government Equalities Office should work together with DfE should work together with the Government Equalities Office and the EHRC to produce best practice guidance for schools and other public educational bodies in interpreting their duties under the Equality Act 2010 with regard to exclusions with a particular focus on addressing anti-black/African-phobic racism faced by black children.
- Government should ensure that there is an assessment of how schools are implementing these duties should form part of the criteria by which Ofsted inspectors judge schools.

⁶⁹ The Equality and Human Rights Commission, 2010. [How Fair is Britain? Equality, Human Rights and Good Relations in 2010](#). The First Triennial Review.

⁷⁰ The Guardian. 2010 [More black people jailed in England and Wales proportionately than the US](#). The Guardian.

⁷¹ Children's Commissioner (2012) ['They never give up on you'. Office of the Children's Commissioner School Exclusions Inquiry](#).

⁷² The Children's Commissioner (2013) [They go the extra mile -Reducing inequality in school exclusions](#).

- The Government should increase the powers of parents and appeal panel boards to hold schools to account for exclusions.
- Government should ensure that Ofsted should explicitly refer to exclusions in its guidance on inspecting equalities. In the Ofsted document entitled Inspecting Equalities it should indicate that schools are expected to collect and analyse data on their use of sanctions and punishments according to ethnicity, gender, SEN and income (as measured by eligibility for the PPG)

3.7 Prison system - Discrimination in use of punishment and segregation

National Offender Management Service (NOMS) data on prison discipline procedures is the part of an extensive body of evidence that shows the of disproportionate charging and punishments for black prisoners including extended periods of cellular confinement (Seclusion)⁷³. In the three-month period January to March 2014, NOMS data shows that, Black and Black British prisoners accounted for 12% of the total prison population, and 15.5% of the segregated population even though this group account for just 3% of the national population. Black/Black British prisoners are more likely than other groups to have been segregated for periods in excess of 84 days⁷⁴.

The disproportionate use of segregation across all custodial settings against black people of African descent continues to remain a grave human rights concern.

In July 2015, the Supreme Court ruled in the case of R (on the application of Bourgass and another) v Secretary of State for Justice that the delegation of ministerial responsibilities to extend segregation in England and Wales beyond 72 hours was unlawful in two cases of long-term segregation. [2015] UKSC 54⁷⁵

Recommendation

- The Government should ban the routine and unlawful practice extended segregation of prisons beyond 72 hours that is disproportionately used against black prisoners of African descent in line with the Supreme Court ruling [2015] UKSC 54.
- Government should require mandatory data recording the number of prisoners with protected characteristics that are held in segregation, including the period of time and the reason for being placed there. This data should be held centrally and published annually.
- Government should implement a national strategy to address the disproportionate numbers of black people of African descent in prison custody that placed in segregation for longer than the lawful time limit.

⁷³ NOMS (2011) [Prison Service Order 42/2011: Prisoner Discipline Procedures](#).

⁷⁴ The Prison Reform Trust (2015) [Deep Custody: Segregation Units and Close Supervision Centres in England and Wales](#) http://www.prisonreformtrust.org.uk/Portals/0/Documents/deep_custody_111215.pdf

⁷⁵ The Supreme Court - Judgement (2015) [R \(Bourgass\) v Secretary of State for Justice \[2015\] UKSC 54](#) <https://www.supremecourt.uk/cases/docs/uksc-2013-0230-judgment.pdf>

- Government should conduct a national review on the disproportionate charging and punishment that black people of African descent are subject to across the prison estate.
- Government reviews of discriminatory practices within the prison system should be conducted in collaboration with black led civil society agencies that are paid for their time and expertise in doing this work.
- Government should require that race, and the treatment of black people of African descent be made a priority in the development of national standards in the collation and publication of custody data by the Home Office.

3.8 Disturbances within prison settings

The number of occasions Prison Service Gold Command, the national group convened during serious incidents and disturbances, has been opened over the last three years has increased by 153% since 2011-12. In 2013-14 it opened on 81 occasions.

There has also been a 14% rise in serious prisoner-on-prisoner assaults between 2010 and 2013, and the number of deaths in custody last year was the highest on record⁷⁶.

Recommendation

- Government should ensure that there is transparency around the management of serious incidents and disturbances in prison, and ensure an independent investigation is conducted in every incident, the report made public through the PPO website.

4 Article .5.

4.1 Health - Mental health and black people of African descent

There is a need for the Government to counteract and pro-actively acknowledge the tendency of many British institutions particularly mental health⁷⁷ services and the police⁷⁸ to be institutionally racist.

The failure of services psychiatric in their treatment of black people from the UK's African Caribbean communities is evident mostly disproportionate rates of sectioning under the Mental Health Act and the inappropriate - often damaging 'care'⁷⁹.

It is well documented that people from BME communities and African Caribbean's in particular fare worse under the mental health system. African Caribbean men are five times more likely

⁷⁶ Prison Reform Trust (2016) [Prison: The Facts Bromley Briefings Summer 2016](#).

⁷⁷ Norfolk, Suffolk and Cambridgeshire Strategic Health Authority,(2003) Independent inquiry into the death of David Bennett, December 2003

⁷⁸ Home Office (1999) The Stephen Lawrence Inquiry Report

⁷⁹ Glasby J. (2015) Palgrave Macmillan. Mental Health Policy and Practice. Interagency Working in Health and Social Care.

to be detained on locked wards and are six times more likely to be sectioned under the Mental Health Act 1983 despite having similar rates of mental ill health as other ethnic groups^{80 81}.

There is a history of misunderstanding and discrimination when it comes to the use of compulsory powers against African Caribbean's⁸². This has resulted in the deaths of a number of African Caribbean service users, tragically highlighted by the death of David Bennett in the mental health system, and a number of other physically healthy black men^{83 84}.

BMH UK note in the UK's State report to CERD that paragraph 184 states

We know that rates of psychosis, for example, are higher in some BME communities and that they have to date been less likely to use psychological therapies.

It is important for the CERD committee to be aware of the fact that there isn't a higher prevalence of mental illness amongst black people of African descent living in the UK, either of common mental disorder or of psychosis^{85 86}. Rather 'high incidence of labelling black people with psychosis or schizophrenia in the UK is a phenomenon arising from culturally inappropriate ways of assessing people for 'mental illness' coupled with institutional racism within mental health services (including the practice of psychiatry). However very little research apart from the medical-type traditional diagnosis-based studies have been funded in the UK. Power structures in the way research money is allocated does not allow much else⁸⁷.

Black people are much less likely to be offered non-pharmacological forms of help, such as spiritual, social, cultural and psychological and social support, but rather be subject to restraint, seclusion and over-medication⁸⁸, even though when this group present to their GPs at a very early stage, therapeutic support is requested⁸⁹.

Also Paragraph 185 says

185. The Department of Health has no evidence that BME patients are more likely than other patients to be restrained when taking into account age, sex and other

⁸⁰ Office of the Deputy Prime Minister, (2004) Mental Health and Social Exclusion Report

⁸¹ Mental Health Act Commission. Count Me In Census 2006, (2007) Results of a national census of inpatients in mental health hospitals and facilities in England and Wales. Mental Health Act Commission

⁸² Sainsbury Centre for Mental Health (2002) Breaking the Circles of Fear, SCHM

⁸³ Black Mental Health UK (2013) Resurrection of discredited AESOP research in the wake of deaths in custody.

⁸⁴ Black Mental Health UK (2013) BMH UK launch campaign against deaths in custody.

⁸⁵ Weich S and McManus S 'Common mental disorders' in Sproston K and Nazroo J (eds), Ethnic Minority Psychiatric Illness Rates in the Community (EMPIRIC) – Quantitative Report, Norwich: The Stationery Office, 2002

⁸⁶ Nazroo J and King M, 'Psychosis – symptoms and estimated rates' in Sproston K and Nazroo J (eds), Ethnic Minority Psychiatric Illness Rates in the Community (EMPIRIC) – Quantitative Report, Norwich: The Stationery Office, 2002

⁸⁷ Fernando S. (2010) Ethnic research- whose benefit.

⁸⁸ Ibid

⁸⁹ Rethink, (2006) Behind Closed Doors: The Current State and Future Vision of Acute Mental Health care in the UK, Rethink. <http://www.dentokanireland.org/portals/0/Behind-Closed-Doors-Report.pdf>

criteria. But over-representation and increased likelihood to enter mental health service via the police or criminal justice system means that restraint is a particular concern for BME Groups.

The problems of misdiagnosis, overmedication, coercive treatment and often violent methods of restraint against black people lie within the statutory sector are well known⁹⁰. The 'Count Me In' census reports provide evidence of ethnic differences, with control and restraint among Black Caribbean men at higher than the average rate for all inpatients. In 2008 data shows that black patients had a higher than average restraint rate of 29%⁹¹.

There is also evidence of police involvement in restraint against black patients detained on psychiatric wards^{92 93}. Such unethical practices raise grave human rights concerns but currently go unmonitored either by the Independent Police Complaints Commission or the Care Quality Commission.

Paragraph 188. Refers to the Ministerial Working Group on Equality in Mental Health is supporting the Mental Health Equality work-stream of the Mental Health Strategy programme. This will help ensure that equality issues directly inform strategy implementation.

This Ministerial Working Group on Equality in Mental Health was disbanded two years ago; that there have been no meetings with the few stakeholders advocating for black people of African Descent who have an expertise in mental health policy and the Department of Health since its closure.

Past government's commitment to combatting racial inequalities in mental health were through the five year Delivering Race Programme established in the wake of the Bennett Inquiry report into the tragic death of a 39-year-old black man of African descent, who died after he was restrained by seven nurses for up to half an hour. The DRE programme was tasked with addressing variations in the access to and experiences of mental health services by people from different ethnic groups. This approach from problematic from the start, as it focused on addressing all BME groups experience of mental health services, not the inequalities faced by people from the UK's African Caribbean communities, even though the reason for this

⁹⁰ MacAttram M, Chouhan K, Greater London Authority (GLA), (2005) Towards a Blueprint for Action: Building Capacity in the Black and Minority Ethnic Voluntary Community Sector Providing Mental Health Services, London: GLA

⁹¹ Healthcare Commission (2008). Count me in 2008. Results of the 2008 national census of inpatients in mental health and learning disability services in England and Wales. Healthcare Commission, London.

⁹² Gallagher P. The Independent. (2015) [Campaigners accuse Met Police and mental health trust of racist cover-up](http://www.independent.co.uk/news/uk/crime/campaigners-accuse-met-police-and-mental-health-trust-of-racist-cover-up-10237504.html). <http://www.independent.co.uk/news/uk/crime/campaigners-accuse-met-police-and-mental-health-trust-of-racist-cover-up-10237504.html>

⁹³ UK Parliament. Home Affairs Select Committee. (2012) [BMH UK written evidence to HASC inquiry into the Independent Police Complaints Commission](http://www.publications.parliament.uk/pa/cm201213/cmselect/cmhaff/494/494we06.htm)(IPCC) <http://www.publications.parliament.uk/pa/cm201213/cmselect/cmhaff/494/494we06.htm>

work was because of the preventable death of a physically healthy black man at the hands of those paid to care for him.

This five year programme erroneously placed the onus for change on the voluntary sector when the problems of misdiagnosis, overmedication, coercive treatment and often violent methods of restraint lie within the statutory sector⁹⁴.

This five year programmed called for black and minority ethnic communities, including voluntary and community services, to be more effective and sustainably involved in planning, designing, commissioning and delivering services. This was not possible without adequate long term funding. Because of the anti-black/African-phobic racism faced by black people of African descent living in the UK, very few black led services supporting the those from the UK's African Caribbean communities received financial support during this programme. Indeed and all but but two black led community based mental health services were forced to closed down. During this same period detention rates of black people of African descent doubled, while they reduced for every other ethnic group⁹⁵.

There is an urgent need to bring to end the punitive way that Mental Health Act has been used against black people in the UK.

Recommendations

- Government to acknowledge term BME has failed to address the anti-black/African-phobic racism faced by black people of African descent that come in contact with mental health service and commit to work with black led community based agencies to reframe this discourse and design policies that address this from or racism.
- Government should commit to reducing the disproportionate use of the Mental Health Act against black people of African descent and the over representation of this group within medium and high secure psychiatric settings.
- Government should commit to reducing the disproportionate numbers of black people of African descent that are referred to mental health services via the police and should allocate resources for black led community based 'places of safety' for those arrested by the police as part of the £15million announced by the DH and Ho in May 2016 for preventing vulnerable people being held in police cells.
- Government to commit to commissioning and resourcing community base early intervention culturally appropriate psychological mental health support service, not based on the medical model, to meet the needs of black people of African descent using mental health services.

⁹⁴ MacAttram M, Chouhan K, Greater London Authority (GLA), (2005) Towards a Blueprint for Action: Building Capacity in the Black and Minority Ethnic Voluntary Community Sector Providing Mental Health Services, London: GLA

⁹⁵ Commission for Healthcare Audit and Inspection (2010) Count Me In, Results of a national census of inpatients in mentalhealth hospitals and facilities in England and Wales.
http://www.cqc.org.uk/sites/default/files/media/documents/count_me_in_2010_final_tagged.pdf

- Government to acknowledge that the bio medical model of mental health care that dominates the UK mental health system is dangerous, damaging and oppressive for people of African descent, and that investment needs to be made in delivering holistic African centred social model of mental distress delivery by people from this community.

4.2 Overmedication - Use of antipsychotic drugs as a method of punishment/control

Black patients from the UK's African Caribbean communities detained in psychiatric services are routinely given higher doses of anti-psychotic medication than their white counterparts and are less likely to be offered psychotherapy as the primary form of treatment⁹⁶.

They are also more likely to be forcibly medicated, often with debilitating high doses of antipsychotic medication.

There is concern that medication is being administered inappropriately, at excessive levels, and sometimes without adequate medical authorisation, to those detained under the Mental Health Act, contrary to guidelines set by the British National Formulary (BNF).

The BNF sets limits on the levels of drugs that may be prescribed, though these are not legally binding on medical personnel⁹⁷. Evidence presented to the House of Lords Committee on Human Rights stated that the BNF recommended levels are routinely exceeded in the treatment of detained patients, for purposes of restraint or correction, and in some cases to compensate for staff shortages.

Concerns have also been expressed about the simultaneous prescription of several different drugs (polypharmacy) at high doses and about the higher doses of medication administered to African-Caribbean men. There are known dangers associated with excessive medication being used in such a way as they "increase the risk of adverse side effects which may be disabling or life threatening"⁹⁸

Evidence presented to the House of Lords Human Rights Committee noted that there is a "clear pattern of African-Caribbean male patients in secure psychiatric settings who have died having been given emergency sedative medication which exceed British National Formulary levels or due to polypharmacy. Expert evidence presented to the inquiry into the death of David Bennett raised similar concerns about the over-medication of black patients"⁹⁹

The Schizophrenia Commission 2013 said: 'Major concerns remain about the lack of efficacy and side effects of antipsychotic drugs.'

We are very concerned by what we have heard about continuing poor prescribing practice and feel strongly that further steps must be taken to eradicate this. Sadly, some psychiatrists seem to know little about the pharmacology and interactions of the drugs they prescribe. This lack of

⁹⁶ Mental Health Act Commission for Healthcare Audit and Inspection (2005) Count Me In, Results of a national census of inpatients in mental health hospitals and facilities in England and Wales

⁹⁷ House of Lords. (2004) Joint Committee On Human Rights - Third Report, Session 2004-05, <http://www.publications.parliament.uk/pa/jt200405/jtselect/jtrights/15/1502.htm> House of Lords.

⁹⁸ Ibid

⁹⁹ Norfolk, Suffolk and Cambridgeshire Strategic Health Authority,(2003) Independent inquiry into the death of David Bennett, December 2003

awareness has negative consequences for the person taking any medication prescribed to them'.¹⁰⁰

Recommendation

- The Government should make the BNF limits on the levels of anti-psychotic drugs that may be prescribed legally binding on all medical practitioners.
- Government should introduce reforms in the Mental Health Act which establish statutory protection of patients against over-medicating and polypharmacy.
- Government should require mandatory data recording the number of prisoners with protected characteristics that are prescribed anti-psychotic medication. This data should be held centrally and published annually.
- Government should require mandatory data collection and annual publication that provides an authoritative national view on prescriptions and amounts medication administered to detained patients, including information on protected characteristics and length of detention under the Mental Health Act. There should be a statutory duty to publish this data annually.

4.3 Cancer, mental health and black people of African descent

There is a marked health gap between people detained in mental health settings, labelled with a severe mental health condition and the general population, with a large African Caribbean patient population over represented within this group^{101 102 103}.

Life expectancy of patients living with a diagnosis of severe mental illness' is reduced by as much as 30 years¹⁰⁴

There is a body of evidence which shows that there is an increased incidence of cancer in people labelled with a condition of severe mental illness (SMI), and data also indicates that adults with SMI are far less likely than the general population to receive screening for a range of cancers. The issue of universal late presentation for a variety of health conditions continues to remain a concern for people from the UK's African Caribbean communities, who often receive help from services very late or when a physical health condition is irreversible.

There is a higher risk of cancer in patients with SMI¹⁰⁵, cancer is the second leading cause of death among people who have been given a diagnosis of schizophrenia^{106 107}. Black people

¹⁰⁰ Rethink. (2012) The Abandoned Illness. A report by the Schizophrenia Commission. Rethink

¹⁰¹Samuels Z. Black Mental Health UK (BMH UK) 2015. [Mental health detentions hit all time high amid human rights concerns against its use against black Britons.](#)

¹⁰² The Voice Newspaper (2013) [Rise in black people detained under the Mental Health Act.](#)

¹⁰³ Dunning J. Community Care (2011) [Ethnic minorities still over-represented in mental healthcare.](#)

¹⁰⁴ National Library of Medicine National Institutes of Health. World Psychiatry 2011. [Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care](#)
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3048500/>

¹⁰⁵ Brooks.M. Medscape. (2012) Higher risk of cancer noted in patients with mental illness. Medscape.
<http://www.medscape.org/viewarticle/769374>

from the UK's African Caribbean communities who come into contact with mental health services are routinely given a diagnosis of schizophrenia¹⁰⁸.

Evidence suggests that this is an area where the 'inverse care law'¹⁰⁹ applies and those in greatest need are least likely to receive beneficial services. It has been estimated that approximately one-third of cancer deaths could be prevented with early detection. Screening is one method by which some cancers can be detected early¹¹⁰.

The often traumatic experience that people from this group have when entering or using psychiatric services acts as a barrier to any further voluntary engagement with mental health services¹¹¹, or indeed any other forms of health care as health services or NHS is largely viewed by this group as one homogenous whole.

In May this year the Department of Health's published a resource for mental health nurses to provide tailored physical healthcare for people with mental health problems. Entitled: *'Improving the physical health of people with mental health problems, Action for mental health nurses'*¹¹². This document will form the basis of the Government's national strategy for improving the physical health of those living with a mental illness.

There is an established body of data that also shows that mainstream mental health services are experienced as inhumane, unhelpful and inappropriate, and black people, have repeatedly stated that they are not treated with respect and their voices are not heard^{113 114}. Also finding from a number of reports shows that there is great mistrust of mental health staff and the

¹⁰⁶ Eric Tran MD, Frédéric Rouillon MD, Jean-Yves Loze MD, Françoise Casadebaig PhD, Alain Philippe PhD, Fabien Vitry MD, Frédéric Limosin MD, PhD. Cancer mortality in patients with schizophrenia, An 11-year prospective cohort study (2009) Cancer. Wiley online library. <http://onlinelibrary.wiley.com/doi/10.1002/cncr.24383/full>

¹⁰⁷ Black Mental Health UK (BMH UK) May 2011 Links between cancer and mental health leads to call for regular health checks for in-patients. BMH UK <http://www.blackmentalhealth.org.uk/index.php/2011/988-links-between-cancer-and-mental-health-leads-to-calls-for-regular-health-checks-for-all-in-patients>

¹⁰⁸ The Guardian. APRIL 2012. Black and minority ethnic mental health patients 'marginalised' under coalition. O'hara M. The Guardian. <http://www.guardian.co.uk/society/2012/apr/17/bme-mental-health-patients-marginalised?INTCMP=SRCH>

¹⁰⁹ Hart JT,. 1971 The inverse care law. Lancet Feb. <http://www.juliantudorhart.org/papers/Paper11.pdf>

¹¹⁰ World Health Organization. Cancer Control: Knowledge Into Action. WHO Guide for Effective programmes: Early Detection. <http://www.who.int/cancer/modules/en/index.html> (accessed 12 January 2011).

¹¹¹ Grey P, Makuvachuma-Walker D et al, Catch-a-Fiya Network (2008), Dancing to our own tune. Reassessing black and minority ethnic mental health service user involvement, London: Seagull Print Ltd, 2009

¹¹² Gov.uk Department of Health (DH) (2016) ['Improving the physical health of people with mental health problems, Action for mental health nurses'](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/48484/Improving_the_physical_health_of_people_with_mental_health_problems_Action_for_mental_health_nurses.pdf)

¹¹³ Keating, F. and Robertson, D. (2004) 'Fear, black people and mental illness: a vicious cycle', Health and Social Care in the Community 12(5), pp430–447 <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2524.2004.00506.x/abstract>

¹¹⁴ The Sainsbury Centre for Mental Health (SCMH) (2002) Breaking the Circles of Fear: A review of the relationship between mental health services and African and Caribbean communities London: SCMH.

diagnostic labels that they have been given by them, which acts as a significant barrier to future voluntary engagement or trust in any aspect of this area of health care. This document state this report is targeted at registered mental health nurses; directors of mental health nursing; staff working in mental health and social care services; lecturers and those who deliver professional training,

'Putting the responsibility of the physical health care in the hands of psychiatric nurses who are the ones forcibly medicating and restraining patients will not engender trust or voluntary engagement with physical health services through this route.'¹¹⁵

Recommendations

- Government should acknowledge the inherent and deep mistrust black communities of African descent have of statutory mental health services in the implementation of its national strategies to improve the physical health of people with mental health problems and work collaboratively with black led community based African Caribbean agencies in the implementation of this work
- The Government should ensure that all national initiatives, including NHS England's target that by 2020/21 280,000 more people living with severe mental health problems should have their physical health needs met is accomplished in collaboration with the black led community based civil society agencies from the UK's African Caribbean communities.
- Government should resource black led community based African Caribbean services to provide community based culturally appropriate psychological therapies for black people of African descent at the point of need.
- Government should require mandatory data recording the number of patients subject to detention under the Mental Health Act with protected characteristics that offered psychological talking therapies instead of medication. This data should be held centrally and published annually.

4.4 Electronic Discharge Weapons (EDW)/Taser use against detained patients

For too long now the issue of people who are detained under the Mental Health Act who have been subject to Taser while in the care of mental health services has been sidelined. There is no monitoring of this practice, patients have no recourse for redress and the statutory health watchdog the Care Quality Commission has certainly not afforded this group any protection from this practice¹¹⁶.

The United Nations Committee Against Torture (CAT) have stated that TaserX26 weapons, provoke extreme pain, constitute a form of torture, and that in certain cases it can also cause death; as shown by several reliable studies and by certain cases that have happened after

¹¹⁵ Black Mental Health UK (BMH UK) 2016 . Concern over omission race in new physical health screening guidance

¹¹⁶ MacAttram M. The Voice. (2015) [Taser and Black Britain: A Hidden Human Rights Abuse](http://www.voice-online.co.uk/article/taser-and-black-britain-hidden-human-rights-abuse). <http://www.voice-online.co.uk/article/taser-and-black-britain-hidden-human-rights-abuse>

practical use^{117 118}.

Article 2 prohibits torture, and requires parties to take effective measures to prevent it in any territory under its jurisdiction. The use of Taser against anyone recognised to have a mental health condition is torture and CAT states that torture cannot be justified as a means to protect public safety or prevent emergencies.

During the ongoing expansion of Taser deployment to frontline officers across the UK, mental health providers have drawn up clinical policy on the use of Taser in secure psychiatric settings. BMH UK have lobbied parliament to bring an end to this serious human rights concerns as Taser or conductive electrical devices are classed as a restricted firearm under Section 5 of the 1968 Firearms Act, and as such have no place in clinical settings.

While termed 'non-lethal' there have been at least 10 known deaths associated with the use of Taser in the past 10 years¹¹⁹. BMH UK believe this figure to be an under-estimation as some fatalities of those detained under the Mental Health Act have been classified 'natural cause' deaths, when family members have informed our organisation that this is not the case, and that they are of the view that they were preventable fatalities.

In the UN CAT concluding observations of the fifth periodic report of the UK in 2013 the Committee expressed concern that the use of electrical discharge weapons almost doubled in 2011 and that the State party intends to further extend their use in the Metropolitan Police area. In addition it is deeply concerned at instances where electrical discharge weapon were used on children and persons with disabilities. The Committee said the state its use should be inadmissible in the equipment of custodial staff in prisons or any other place of deprivation of liberty¹²⁰.

Taser has been used against patients detained in secure psychiatric settings for more than ten years now¹²¹. However the culture of cover-up that dominates these sectors and unequal power balance between those subject to such treatment by statutory providers and the police has silenced public debate around this issue^{122, 123}.

¹¹⁷ United Nations Committee Against Torture and cruel and inhumane and degrading treatment. [Committee Against Torture Concludes Thirty-ninth Session](#). Round Up. 2007. United Nations <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=7629&LangID=E>

¹¹⁸ United Nations (UN) [Committee Against Torture Thirtiyninth Session Geneva 5-23 November 2007](#). United Nations. <https://www1.umn.edu/humanrts/cat/observations/portugal2008.pdf>

¹¹⁹ Spencer M. The Justice Gap. 2014 ['Shocking Britain': the controversial roll-out of The Taser](#). Justice Gap. <http://thejusticegap.com/2014/03/shocking-britain-controversial-roll-taser/>

¹²⁰ *Concluding observations on the fifth periodic report of the United Kingdom*, adopted by the Committee at its fiftieth session (6-31 May 2013) *reports of the United Kingdom of Great Britain and Northern Ireland (CAT/C/GBR/5)* <https://www.justice.gov.uk/downloads/human-rights/cat-concluding-observations-may-2013.pdf>

¹²¹ The Mental Health Act Commission. [Coercion and consent. Monitoring the Mental Health Act 2007-2009](#). (2009) MHA Thirteenth Biennial Report 2007-2009. https://www.cqc.org.uk/sites/default/files/documents/mhac_biennial_report_0709_final.pdf

¹²² MacAttram M. The Guardian (2016) [Tasers has no place in mental health care](#).

Recommendation

- The Government should introduce a statutory bar to prevent the use of Taser or any other Conductive Electrical Device (CED) or other police firearm to be deployed against detained patients in psychiatric setting in line with CAT's fifth periodic review that that it's use is in admissible in places where there is a 'deprivation of liberty'.
- In the run up to the ban the UK government should require both police chief and the statuory health regulator to CQC to publish quarterly data details of the number of time in the past 12 months that Taser has been deployed in detained psychiatric settings and also details of the ethnicity of the patients involved.

4.5 Police presence on mental health wards

The routine practice of clinical mental health staff calling police, often in riot gear, onto hospital wards to forcibly restrain this patient group when they are in distress raises a number concerns that BMH UK are of the view need to be addressed and is of particular concerns in relation to race relations because of the disproprutnately high numbers of black people detained in psychiatric settings.

The UK parliament's Home Affairs Select Committee's (HASC) report on their inquiry on policing and mental has highlighted their concerns about the over reliance on police resources to plug the care gap in psychiatric services¹²⁴.

The use of police weaponry against those in a healthcare setting raises human right concerns¹²⁵. BMH UK have been made aware of incidents where that clinical staff allow patients to be subject to the use of Taser, batons, CS(pepper) spray, restraint belts, shields, restraint hoods as well as force such as arm locks, pressure point techniques, and hand strikes by officers called into psychiatric wards.

The TSG (Territorial Support Group) armoured riot police officers have attended wards armed with guns, dogs, CS pray and batons¹²⁶. BMH UK have been made aware of an officer going onto a ward and holding a plastic bag around a black patients head¹²⁷. These practices currently go unmonitored or investigated by the Care Quality Commission (CQC) which is the

¹²³ Black Mental Health UK (BMH UK) (2016) [Shattering the silence on the hidden human rights abuse of Taser against detained mental health patients.](#)

¹²⁴ Parliament UK (2015) Home Affairs Select Committee (HASC) report into policing and mental health. Parliament UK

¹²⁵ Simpson T. The Voice Newspaper 'Policing has no place in mental health care, says campaigner'. The Voice Newspaper 2014. <http://www.voice-online.co.uk/article/policing-has-no-place-mental-health-care-says-campaigner>

¹²⁶ Duncan N. The Voice Newspaper.2014. [Armed police on mental health wards: FOI Report Reveals.](#) The Voice Newspaper. <http://www.voice-online.co.uk/article/armed-police-mental-health-wards-foi-report-reveals>

¹²⁷ Mery D. Deployments of armed police at London's mental health unit. Gizmonaut.net 2014 http://gizmonaut.net/blog/uk/2014/04/mps_at_mhus.html

statutory health care regulator or the Independent Police Complaints Commission (IPCC), which is the public body responsible for handling complaints against the police.

In many urban areas the medium and high psychiatric wards are populated by 90%-100 % black patients from the UK's African Caribbean communities.

There is no recourse for redress for patients detained in this system who are unable to speak out for fear of reprisal.

BMH UK has lobbied the UK parliament for a ban of police presence on wards in line with protections afforded for this vulnerable group under **Article 15 and 16 . of the UN Convention for the Rights of people with Disabilities**

Article 15 Freedom from torture or cruel, inhuman or degrading treatment or punishment.

2. States Parties shall take all effective legislative, administrative, judicial or other measures to prevent persons with disabilities, on an equal basis with others, from being subjected to torture or cruel, inhuman or degrading treatment or punishment.

Article 16

Freedom from exploitation, violence and abuse

1. States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects

Recommendation

- The Government should require all police forces to record every attendance to a psychiatric ward, and to collate and publicly share data regarding details of what use of force was used, this data should be submitted to the IPCC for review and report on this annually in accordance with S95 1991 Criminal Justice Act.
- Government should introduce a statutory requirement that requires that police to inform the Home Secretary within a week every time police attend a secure psychiatric ward with details of number of reasons for attendance, officers involved, use of force deployed and ethnicity and age of ethnicity of patient.
- Government to publish annual statistics on police attendance on psychiatric ward including details on ethnicity, age and gender of patient involved in the incident and types of weaponry used by the police.

4.6 Police and the mental health services - racism, discrimination and intolerance

The discrimination and racism faced by black people of African descent was highlighted in the David Bennett inquiry report¹²⁸. Bennett was a physically healthy 39-year-old who tragically died after he was physically restrained by up to seven nurses for almost half an hour.

This inquiry report set out recommendations including the need for the acknowledgment of the institutional racism within mental health services, particularly in its treatment of black patients¹²⁹. The UK's government's response to this report was a five year Delivering Race Equality Programme, that did not acknowledge the need for a specific focus to address the discrimination faced by black people of African Descent¹³⁰. At the end of this five year programme detention rates under the Mental Health Act had doubled for black people, while falling for every other group, and the treatment for this patient group has continued to get worse¹³¹.

The [Lord Macpherson' inquiry into the murder of Stephen Lawrence](#) highlighted the institutional racism that exists within the British police service¹³², almost two decades later the Black Police Association¹³³ and even senior police chief concede that this has not changed¹³⁴.

In this submission to CERD BMH UK would like bring to CERD's attention that discriminatory practices of both the Police and mental health services of both of these institutions and the devastating impact that it is having on Britons black communities.

- Government should commission an independent national review of the institutional racism within the police service and statutory mental health services. The work should be in collaboration with civil society from the UK's African Caribbean communities and they should be paid for the expertise that they contribute to this work.
- This review should have a specific focus on the use of coercion and force to establish where the most serious human rights concerns over the use of force against those subject to the Mental Health Act. This work should be in collaboration with civil society agencies from the UK's African Caribbean communities that have an expertise in this area.

¹²⁸ Norfolk, Suffolk and Cambridgeshire Strategic Health Authority,(2004) Independent inquiry into the death of David Bennett, December 2004

¹²⁹ Norfolk, Suffolk and Cambridgeshire Strategic Health Authority. '[Independent Inquiry into the death of David Bennett](#)'. Norfolk, Suffolk and Cambridgeshire Strategic Health Authority 2004

¹³⁰ Lombard D. Community Care. 2008 Mental health: Services failing to deliver on race equality. Community Care 2008. www.communitycare.co.uk/2008/12/04/mental-health-services-failing-on-targets-to-deliver-race-equality/

¹³¹ Black Mental Health UK 2011 'Count Me In Census fuels calls for a recommitment to tackle race equality' Black Mental Health UK <http://www.blackmentalhealth.org.uk/index.php/2011/971-count-me-in-census-fuels-calls-for-a-recommitment-to-race-equality>

¹³² The Home Office, [The Stephen Lawrence Inquiry report](#) by Sir William Macpherson. February 1999. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277111/4262.pdf

¹³³ Muir H. The Guardian (2016) [Metropolitan police still institutionally racist, say black and asian officers.](#)

¹³⁴ Halliday J. The Guardian (2016) [Met chief admits instructional racism claims have 'some justification'.](#)

Article 5

5.1 International Decade for People of African Descent - UK response

There is concern that that the very people, that the UN Decade on people of African Descent was launched to empower are being excluded from accessing the resources to do the work needed to address the injustices that the Decade was launched to address. This is largely due to the complete absence of any financial resources to do the work needed during this decade being made available to black led civil society agencies that serve the community. Through the Arts and Humanities Council, the Government has made funding available for research projects on this Decade, these funds have been restricted in a manner, which makes them inaccessible to black civil society agencies from the UK's African Caribbean communities.

Rather the only resource for work for the Decade is only accessible to academics or those employed or studying at a university or institution of higher education that meets a restricted set of criteria¹³⁵. The Macpherson inquiry acknowledged the tendency for many British institutions to be institutionally racist¹³⁶. Currently in the UK less than 1% of lecturers in higher education are black people of African Descent¹³⁷.

Institutional racism and discrimination is the reason for the under representation of black people working and studying within higher education¹³⁸. Research shows that the few black scholars who are working in this system are subject to racism on campus¹³⁹.

British academic institutions have robust policy documents stating their commitment to race equality, but research shows that there is a 'significant disparity between universities' policy commitments and the experiences of BME staff, which suggests ongoing institutional barriers and discriminatory practices in the higher education sector.¹⁴⁰

In light of the historical discrimination faced by black people of African descent there is concern over the allocating of funding to agencies to lead on research where institutional racism remains a concerns will reinforce the injustices and inequalities that the Decade was launched to address.

¹³⁵ Arts and Humanities Research Council (AHRC) 2016. [UN International Decade for People of African Descent in the Research Network Scheme](http://www.ahrc.ac.uk/funding/opportunities/current/highlight-notice-un-international-decade-for-people-of-african-descent-in-the-research-networking-scheme/). <http://www.ahrc.ac.uk/funding/opportunities/current/highlight-notice-un-international-decade-for-people-of-african-descent-in-the-research-networking-scheme/>

¹³⁶ Home Office (1999) The Stephen Lawrence Inquiry Report

¹³⁷ The Conversation. (2014) [There are fewer than 100 black professors in Britain - why?](http://www.newstatesman.com/politics/2014/03/there-are-fewer-100-black-professors-britain-why) <http://www.newstatesman.com/politics/2014/03/there-are-fewer-100-black-professors-britain-why>

¹³⁸ Grove J. Times Higher Education. (2015) Black and ethnic minorities still have mountains to climb in higher education.

¹³⁹ Grove J. Times Higher Education (2014) [Black scholars still experience racism on campus](https://www.timeshighereducation.com/news/black-scholars-still-experience-racism-on-campus/2012154). <https://www.timeshighereducation.com/news/black-scholars-still-experience-racism-on-campus/2012154>.article

¹⁴⁰ Equality Challenge Unit. (2011) [The experience of black and minority ethnic staff in higher education in England](http://www.ecu.ac.uk/wp-content/uploads/external/experience-of-bme-staff-in-he-final-report.pdf). <http://www.ecu.ac.uk/wp-content/uploads/external/experience-of-bme-staff-in-he-final-report.pdf>

Recommendation

- The UK Government should ensure that the funding that the Arts and Humanities Research Council extend the call for applications to black led civil society agencies, so that these resources that have been made available for the International Decade for People of African Descent do not exclude black British researchers outside of academia.
- Government set up an additional fund for black led civil society agencies UN Decade on people of African Descent to conduct work on the Decade to combat anti-black/African-phobic racism affecting and other injustices facing this group.

6.1 UN Trust Fund for Action to Combat Racism and Racial Discrimination

For black people of African descent to be able to fully participate in the UN International Decade on People of African Descent it is important to be able to access support from the Trust Fund for Action to Combat Racism and Racial Discrimination as the work for this Decade does not qualify for support under the other UN funds.

In December 2013 the UN General Assembly requested the OHCHR (the Secretary General) to revitalise the existing Trust Fund for Action to Combat Racism and Racial Discrimination in resolution 68/151 for the purpose of the Decade and DDPA implementation.

Requests the Secretary-General to revitalize the Trust Fund prior to the twenty-fifth session of the Human Rights Council, for the purpose of ensuring the successful implementation of the activities of the International Decade for People of African Descent and enhancing the effectiveness of the comprehensive follow-up to the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance and the effective implementation of the Durban Declaration and Programme of Action¹⁴¹;

Global efforts for the total elimination of racism, racial discrimination, xenophobia and related intolerance and the comprehensive implementation of and follow-up to the Durban Declaration and Programme of Action A/RES/68/151

Adopted by the General Assembly, 18 December 2013

In its report to the General Assembly dated 21 August 2015 the OHCHR (the Secretary General) reported that the action they had taken on the request to revitalise the Trust Fund was instead to close the existing Trust Fund in 2014 as "no further activities were planned".

Instead any voluntary contributions for the Decade after the closing of the Trust Fund would go to the main bank account of the OHCHR where it would be named as a "project" or "fund" relating to the Decade. It is only in the internal book keeping of the OHCHR main account that it exist.

Other OHCHR Trust Funds have not been closed, for example "UN Voluntary Fund for Indigenous Peoples" which is providing travel support for indigenous participation in UN bodies.

¹⁴¹ United Nations General Assembly (2014) [Resolution adopted by the General Assembly on 18th December 2013. A/RES/68/151. Sixty-eighths session.](#)

Trust Fund for Action to Combat Racism and Racial Discrimination African Descent

- The OHCHR reopen the account of the Trust Fund for Action to Combat Racism and Racial Discrimination in resolution 68/151 for the purpose of the Decade and DDPA implementation.
- All voluntary contributions for the Decade after the closing of the Trust Fund that have been placed in the main bank account of the OHCHR it has been named as a "project" or "fund" relating to the Decade should be returned to the reopened the Trust Fund for Action to Combat Racism and Racial Discrimination.
- Funding for people of African Descent to be made available to attend sessions of the Human Rights Council, Universal Periodic Reviews (UPR) and treaty bodies, working group sessions taking place in Geneva and New York through the reopened Trust Fund for Action to Combat Racism and Racial Discrimination
- Information about the availability of funds for Civil Society work on the International Decade for People of African Descent to attend meeting should be publicised in a timely manner to enable PAD's so that they are interested able to apply for assistance and make the necessary arrangements to be able to attend UN meeting and contribute to this human right work.

Via e-mail

Mr. Mogens Lykkesot,
President
United Nations General Assembly
United Nations
New York, NY 10017
United States

Friday 15th April 2016

Dear President Mogens Lykkesot,

Re: International Decade for People of African Descent - Funding for Civil Society organisations to engage in the work of the Decade

We welcome you launching the Decade on People of African Descent in 2015. We also appreciate all that has been done by the Working Group of Experts on People of African Descent.

We write to you in our capacity as a consortia of Civil Society organisations that represent and advocate for people of African descent across the diaspora, further to the Civil Society meeting with the Working Group of Experts on People of African Descent (WGEPAD) at the 18th Session at the Palais des Nations in Geneva on April 14th 2016.

This letter is to bring to your attention our concern that as this Decade has been launched it appears that there has been no planning for the allocation of resources for those for whom this decade has been launched. Also we are not aware that any recommendations for the allocations of resources for the work that needs to be done by Civil Society in order to make this decade a success have been arranged.

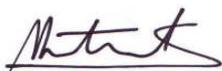
Furthermore, our concern over the information provided to us yesterday by the WGEPAD that there are in fact not funds available for Civil Society as requested in previous Working Group Sessions in the run up to the announcement of the Decade is something we believe needs to be brought to your attention in order to be addressed.

In order to ensure that the objectives of the Decade are achieved, it is important that Civil Society is sufficiently resourced.

We would be grateful for a sufficient budget to be made available in order to be able to begin the work on the numerous projects that we have prepared for the Decade and we have made this an open letter because of the significant implications this has for the Diaspora.

We look forward to hearing from you.

Yours sincerely,



Kanyana Mutombo,
General Secretary,
CRAN (Carrefour de réflexion et d'action
contre le racisme anti-Noir), Geneva



Matilda MaAttram
Director
Black Mental Health UK (BMH UK)

Signatories :

Frederick Clarke, director, Mighty Men of Valour, UK

Pastor Desmond Hall, Christians Together in Brent, UK

Pentacostal City Mission, Wilsden, UK

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Sanvi Panou, Porte parole, Vision Plurielle, France

Claude Robert, Collectif International Panafricain de libération de Mumia et des Prisonniers Politiques des USA

Chukwuma Okeke, CRCH 2011 (Coalition 2011 pour la Reconnaissance des Crimes contre l'Humanité de l'esclavage et de la colonisation)

Cc.

United Nations Secretary General - Mr Ban Ki-moon

United Nations High Commissioner for Human Rights - Mr Zeid Ra'ad Al Hussein,

United Nations Working Group on People of African Descent, Chair - Mr. Ricardo Sunga III

All ambassadors at the United Nations

All media

Appendix

6.2 - UN Trust Fund for Action to Combat Racism and Racial Discrimination

Trust Funds have been established in the UN in order to facilitate donations and fundraising in specific priority activities. A Trust Fund has established guidelines for its purpose and a bank account separate from the main UN bank account. There has to be accountability and reporting. The funds are held in "trust" for the purpose they were given. That facilitates resource mobilisation from donors.

In December 2013 the UN General Assembly requested the OHCHR (the Secretary General) to revitalise the existing Trust Fund for Action to Combat Racism and Racial Discrimination in resolution 68/151 for the purpose of the Decade and DDPA implementation.

In the Programme of Activities for the International Decade which was agreed in Geneva in May 2014 and finalised in August in New York and adopted by the General Assembly in November 2014 all actors were encouraged to contribute to the existing Trust Fund for the "successful implementation" of the Decade.

In its report to the General Assembly dated 21 August 2015 the OHCHR (the Secretary General) reported that the action they had taken on the request to revitalise the Trust Fund was instead to close the existing Trust Fund in 2014 as "no further activities were planned".

Instead any voluntary contributions for the Decade after the closing of the Trust Fund would go to the main bank account of the OHCHR where it would be named as a "project" or "fund" relating to the Decade. It is only in the internal book keeping of the OHCHR main account that it exist.

Other OHCHR Trust Funds have not been closed, for example "UN Voluntary Fund for Indigenous Peoples" which is providing travel support for indigenous participation in UN bodies.

Below the text of the UN General Assembly resolutions referred to above.

*Global efforts for the total elimination of racism, racial discrimination, xenophobia and related intolerance and the comprehensive implementation of and follow-up to the Durban Declaration and Programme of Action A/RES/68/151
Adopted by the General Assembly, 18 December 2013*

Trust Fund for the Programme for the Decade for Action to Combat Racism and Racial Discrimination

17. Recalls the establishment by the Secretary-General, in 1973, of the Trust Fund for the Programme for the Decade for Action to Combat Racism and Racial Discrimination as a funding mechanism that has been utilized for the implementation of the activities of the three Decades for Action to Combat Racism and Racial Discrimination declared by the General Assembly, and in this regard appreciates the fact that the Trust Fund has also been utilized for the subsequent programmes and operational activities transcending the three Decades;

18. Requests the Secretary-General to revitalize the Trust Fund prior to the twenty-fifth session of the Human Rights Council, for the purpose of ensuring the successful implementation of the activities of the International Decade for People of African Descent and enhancing the effectiveness of the comprehensive follow-up to the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance and the effective implementation of the Durban Declaration and Programme of Action;

19. Strongly appeals to all Governments, intergovernmental and non-governmental organizations and individuals as well as other donors in a position to do so to contribute generously to the Trust Fund for the Programme for the Decade for Action to Combat Racism and Racial Discrimination, and to that end requests the Secretary-General to continue to undertake appropriate contacts and initiatives to encourage contributions;

Programme of activities for the implementation of the International Decade for People of African Descent A/RES/69/16 Adopted by the General Assembly, 18 November 2014

29. (k) Encourage all States, intergovernmental and non-governmental organizations, private institutions and individuals, as well as other donors in a position to do so, to contribute generously to the Trust Fund for the Programme for the Decade for Action to Combat Racism and Racial Discrimination with a view to contributing to the successful implementation of the programme

Programme of activities for the implementation of the International Decade for People of African Descent Report of the Secretary-General Presented to the General Assembly, 21 August 2015

III. Trust Fund for the Programme for the Decade for Action to Combat Racism and Racial Discrimination

73.”Given that no further activities were planned under the Trust Fund, no new contributions were received after 2009 and all pending obligations were fulfilled, the Trust Fund was closed in 2014. ”

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