



Mental Health, Spirituality and Faith

BATTLEFIELD OF THE MIND - SEMINAR



Evaluation and Needs Report

December 2008

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Foreword

Delivering Race Equality (DRE) in Mental Health care is a five-year action plan for achieving equality and tackling discrimination in mental health services in England. It is designed to tackle the mental health inequalities for all people of black and minority status.

Equality and Spirituality – Equality is about providing equity of service delivery by recognising respecting and responding to the diversity of local communities. *Such needs include religious and spiritual needs.* Spirituality means different things to different people and people express their spirituality in varied ways. Spirituality can play an important role in helping people maintain good mental health and live with or recover from mental health problems. Mental health services therefore need to respect service users' need to express their spirituality.

The rationale behind 'Battlefield of the Mind' is to develop a programme of work to enable faith and spiritual care leaders to develop mental health awareness in the communities they serve.

It is our hope that this report will provide evidence of the impending need for health and social care professionals to work collaboratively with spiritual and faith based organisations to raise awareness, provide information, advice and guidance on matters of spirituality and mental health in the Caribbean and African communities.



Jacqueline Miller
Deputy Race Equality Lead
CSIP West Midlands

Message of Support

It is recognised, from a faith perspective, that human existence encapsulates the physical and spiritual dimensions. Therefore, faith-based organisations welcome the initiative of CSIP West Midlands in recognising faith and spirituality in meeting the needs of individuals. This holistic approach enables joint advocacy and genuine partnership, working to improving patient care and addressing the welfare needs in our local communities.

**Bishop Wilton Powell, OBE
National Overseer
Church of God of Prophecy UK**

Aims

- To work in collaboration with other agencies to raise awareness, provide information, advice and guidance on mental health, spirituality and faith in the Caribbean and African Communities.
- To explore appropriate and responsive services within the community, initiating capacity building with faith communities, BME users, carers and survivors in the West Midlands
- To explore the benefits of interventions of drama, holistic therapies, meditation, carers' support, as well as increase BME service user / survivor narratives in the West Midlands CSIP Region.

Objectives

- In collaboration with CSIP West Midlands, to deliver an event - 'Battlefield of the Mind – Mental Health Spirituality and Faith', promoting positive mental health for BME users, carers and survivors through active participation and action planning.
- To facilitate the action planning and outcomes of the event.
- To follow-up the event with a final evaluation report focussing on spiritual care as integral to the needs of BME communities.

This was an assignment between June and October 2008

The approach was:

- to meet regularly with colleagues, carers and services working to support the DRE Agenda and communicate frequently by phone, teleconference and email;
- to co-facilitate two consultation meetings with the Planning Group;
- to co-ordinate an extensive communication campaign amongst African and Caribbean churches as well as BME faith networks across West Midlands.
- to plan a presentation and entertainment event to commemorate Black History Month from both a local and international perspective.

This report is based substantially on professional experience and engagement with members of the West Midlands Mental Health & Spirituality Network, local churches other faith based groups, and faith-based housing associations. This experience also includes professionals involved in the delivery and care of African/Caribbean users within local MH trusts, PCT's, local authorities and third sector BME organisations, individuals and Community Development Workers. Further detailed and evidential work will be required to implement recommendations across wider BME communities successfully.

Introduction & Context

Delivering Race Equality in Mental Health

The Government response of DRE – Delivering Race Equality in mental health is complex, and requires the co-operation of various organisations to understand the problems and deliver solutions.

The David Bennett Inquiry report made the crisis in BME (Black and Minority Ethnic) mental health a national issue and has brought to light the discrimination in mental health services. Culturally appropriate and acceptable behaviour has often been wrongly stereotyped as symptoms of abnormality or aggression. Therefore the recourse to advocacy, tribunals and appropriate care packages has been slow to positively impact this group.

Mental Health services have a key role to play and partnership with statutory organisations outside the healthcare sector, black and minority ethnic communities and service users themselves, will be needed to help achieve this.

The expectations of mental health service patients, survivors and carers are changing. They are more knowledgeable and expect to be treated as partners and equal stakeholders. In addition, they increasingly expect to have their faith and spiritual needs addressed, and choices and options available to them as an integral part of the care, recovery and personal economic development. There is considerable well-researched evidence that suggests that quality mental health services are not distributed equally, and that inequalities continue to be a major challenge. It has been reported in the 2007 Census that people from the Black Caribbean and African Communities are:

- More likely to be diagnosed with mental illness and admitted to hospital
- More likely to experience a poor outcome from treatment
- More likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health

A significant outcome of the Battlefield of the Mind Seminar has been the agreement of a range of organisations to pool their resources and explore new ways of delivering services and working together across traditional boundaries. The Horizons Community Well Being Programme provides co-ordination and expert implementation to provide spiritual support, access to emergency housing, and respite for carers, enterprise skills and employment opportunities.

This initiative is designed to provide additional resources to the wider DRE spirituality strategy and BME faith networks, thereby increasing public/patient involvement in their work and consultation process.

Mental Health and Spirituality

Spirituality involves a dimension of human experience that psychiatrists are increasingly interested in, because of its potential benefits to mental health.

In healthcare, spirituality is identified with experiencing a deep-seated sense of meaning and purpose in life, together with a sense of belonging. It is about acceptance, integration and wholeness.

Components of spiritual health care

Surveys of mental health patients have shown the need for:

- Regular quiet time (for prayer, reflection or meditation);
- Appropriate study of religious and/or spiritual material;
- Engaging in supportive friendships with others sharing similar spiritual and/or religious aims and aspirations.

(source: Royal College of Psychiatry)

There are improved outcomes for service users when there has been a focus on the spiritual dimension including:

- Improved self-control, self-esteem and confidence;
- Faster and easier recovery, achieved through both promoting the healthy grieving of loss and maximising personal potential;
- improved relationships – with self, others and with God/creation/nature;
- A new sense of meaning, resulting in reawakening of hope and peace of mind, enabling people to accept and live with problems not yet resolved.

People need a time, a place, and privacy in which to pray and worship, the opportunity to explore spiritual and religious matters, and encouragement in deepening their faith.

Key Findings

The Battlefield of the Mind Seminar highlighted a number of key issues to be addressed by Churches and Faith-based organisations, NHS Mental Health Services, Local Authority Social Services and Community/Voluntary Groups. There are a number of key challenges relating to communication, information, advice and effective signposting to ensure timely access to the best local mental health services.

- Mixed race communities (African Caribbean/white) are on the increase in the mental health system. How can the churches help this community?
- What will be the next steps in mental health in terms of addressing the spiritual care needs of people you look after?
- How are the churches going to help people who are suffering with mental health problems?
- How do you address the stigma associated with mental breakdowns in the black community?
- How can mental health professionals be taught to include spirituality in their assessments?
- What is the difference between mental health well-being and spiritual well being?
- How to teach spirituality in a university to student nurses?
- What advice is given about recognising and dealing with the first signs of a mental health problem (early warning signs)?
- Mental illness is the end of the journey. What do you propose to do for the community to stop people getting to the point of mental ill health?
- How do you train faith personnel who work in mental health establishments?
- The hospitals have a large intake of young black men in the system. How can we educate our young men and women about the risk of cannabis use increasing mental health issues?

Summary

The purpose of this evaluation has three strands:

- **To assess the impact of the seminar;**
- **To obtain feedback; and**
- **To set an agenda for future direction.**

Although the time scale has been short, the activities have highlighted elements of learning that create long term potential for changing attitudes towards collaboration for service improvement. We have grouped the benefits under three headings, chosen to reflect process issues and current practice.

- **To assess the impact of the seminar.**
- More awareness raised in some of the smaller churches.
- Linking the initiatives of learning from the individuals who have created excellent ideas
- How to work and live with enduring mental health.
- More action from faith communities to provide and facilitate good care within their communities
- The most helpful part of the event was being able to hear the views of the service users. ***It was a positive account and gave the impression that sufferers can make a full recovery whilst others are still on their recovery journey.***
- I was very impressed with the service user presentations from Vera Gilbert and Reverend Paul Grey. ***They were insightful presentations of their experiences which clearly outlined their recovery.*** More debates involving the churches. They are a major gatekeeper. The words of Bishop Llewellyn Graham and some of the others were really positive
- ***Churches should give practical support to individuals and the community***
- **To obtain feedback.**
- It was a very thought provoking and positive day.
- I would like to see mental health promotions in schools and in the media.
- More conferences and media coverage to reach a wider audience.
- More publicity on different types of mental illness.
- More person-centred services that give opportunity for communities to work together with people in need.
- More discussion panels like the one we had today.
- Another opportunity at this time next year of having a similar event to motivate, inform and mark achievement.
- It would be good to progress to an interfaith dialogue/initiative to see how we can learn from the varying spiritual perspectives; traditional and new. Sharing good practice.

Summary cont'd

- **To set an agenda for future direction.**
- More faith organisations getting involved in mental health services. Awareness of spirituality to mental health professionals.
- A program of this and other health issues being rolled out to the different regions at regional conventions.
- More mental health awareness seminars.
- A roll out of this type of seminar to the churches and organisations within the community to educate and create the necessary awareness.
- More effort made by the church community to help e.g. visits, talks and monetary support.
- More information on how faith organisations can help.
- Understanding the stages of how the spiritual model begins with the process of working with clients.
- Anti-stigmatisation marketing and education programmes to change attitudes and beliefs as a precursor to changing behaviour e.g. community development programmes.
- ***These kinds of events should be open to students embarking on social/medical psychotherapy careers so they can learn what is going on in their communities and get involved.***
- ***Health professionals being trained on spirituality. Spirituality to be included in curriculum for staff and spiritual assessments carried out for service users.***
- ***A similar event addressing mental health amongst young people aged 13-19.***
- Follow up workshops around this issue looking at practical solutions like the voluntary sector - how we contact them. Looking at existing projects and how they work.
- More spiritual involvement in mental health service and teaching professions.
- Introduction to spirituality in all mental health services.
- ***During training, implementing spirituality as part of assessment and addressing issues relating to spirit and how to express this universally.***

Recommendations:

This assessment is an overview highlighting three significant areas where immediate action should be considered.

The findings are summarised under three headings:

1. **Awareness:** *communication and engaging stakeholders*
2. **Understanding:** *BME communities working together and sharing experience*
3. **Social Action:** *evidence-based and effective implementation*

1. Awareness: *communication and engaging stakeholders*

There should be a long term and wide-reaching communications campaign from a service-user/survivor perspective, underpinned by the support and access to information needs of carers and families.

It is also proposed that this work can be offered via pathways as consultation findings:

- 1.1 To cultivate a learning environment where it is expected that all health and social care professional and vocational training is inclusive of race and Spirituality Awareness Training as a key component.
- 1.2 Spirituality awareness to be included as essential training for qualified and trained health and social care staff – in particular in-patient care and community care.
- 1.3 The need to host a Mental Health, Spirituality and Faith event addressing mental health amongst young African Caribbean people aged 13-19.

Recommendations cont'd:

2. Understanding: *BME communities working together and sharing experience*

This is an ideal opportunity to review the efficiency, effectiveness and performance of the current provision. Faith-based BME organizations should be encouraged to mobilize their resources to promote the inclusion of spirituality as an integral part of the patient and public involvement process. This will improve the potential for a collective approach to building relationships with Primary Care Trusts, GP's, Mental Health NHS Trusts, Mental Health Foundation Trusts, local LINKs and Health Unions (RCN, Unison).

It is also proposed that this work can be offered via pathways as consultation findings:

- 2.1. Building capacity with faith organisations, in particular the 'black led churches' getting involved in mental health services, via existing chaplaincy and spirituality links
- 2.2 A program of mental health, spirituality and faith, and other health issues being rolled out to the different events at regional faith community forums.

3 Social Action: *evidence-based and effective implementation.*

Horizons Community Well Being is designed to support health, housing and social care professionals within faith-based settings - (churches, housing associations and community organisations). The support is to be delivered through knowledge sharing and professional collaboration to build the capacity of service led initiatives, networks and programmes. There is the expectation that inequalities will be reduced, and individuals and community organizations will have acquired the skills to embrace the challenges of historical disadvantage, particularly amongst BME communities.

It is also proposed that this work can be offered via pathways as consultation findings:

- 3.1 An action plan that will look at partnership working with the faith community – adopting a community engagement model. Engaging in follow -up workshops looking at practical solutions; supporting existing projects and their successful narratives of recovery within the Black African Caribbean Community.

Appendix A

Final Programme

- 10.00** **Registration**
Welcome & opening remarks:
- 10.30** Jacqueline Miller CSIP West Midlands
Rudi Page, CEO, RAFFA
- Keynote Speaker:**
- 10.45** Rev Paul Grey New Testament Church of God - Outreaching to the Spirit
- Speaker:**
- 11.15** Bishop Llewellyn Graham Nehemiah Housing UCHA
Good Practice Model - Faith in the Community
- 11.45** BREAK
- Black History Facts:**
- 12.00** Remembering: Joseph Sturge (1837), Birmingham-based Quaker and Anti-Slavery campaigner in Montserrat, West Indies
- 12.30** LUNCH
- 13.30** Mental Health Spirituality & Faith:
Recovery of the Mind and the Whole Person
Facilitated by: Pastor Sandra Thomas
- Service User Presentation: Vera Gilbert
- Panel Members
- Dr Chris Oyede, Worcestershire Mental Health Trust & Renewal Christian Fellowship, Alicia Spence, ACCI, African Caribbean Community Initiative, Wolverhampton , Egnita Kellyman-Brewster, Carer Pastor Pearl Thomas, The Good Neighbour Centre, Balsall Heath, Rameri Moukam, Pattigift African Caribbean Counselling Services Llewellyn Graham, CEO, Nehemiah UCHA and Vera Gilbert, Service User
- 14.30** **Next Steps “ Collaboration in the Community**
Facilitated by: Rudi Page, CEO, RAFFA
- Celebration of Black History:
- Witness, Local Gospel Singer,
- 15.00** Glory Bound Player, "World Class" Harmonica from Montserrat
- Poem by Jackie Latty
- Photos & Art from Kevin West
- 16.00** Networking & Close

Appendix B

Action Planning: Please name two actions you would implement the following day?

- Promote spirituality as a tool to aid recovery.
- I want to link with Jacqui, Alicia and Sandra.
- I want to sustain a connection with the people today and help by being part of a network that supports BME people through natural outreach channels.
- I will try to host a mental health day at the local church.
- I want to join one of the organisations and become involved.
- I would like to visit and talk more to the local users.
- To help with the church to address mental health issues.
- Make visits to different groups.
- Look at what clients bring with regard to spirituality.
- Look into spirituality awareness in mental health services.
- To increase my own knowledge of spirituality.
- Bringing about more awareness of mental health issues within my local church.
- A panel set up to help service users, their families and carers to manage their medication.
- External Afro-Caribbean body to go into hospitals to monitor care and treatment i.e. spirituality and food.
- Being more patient with sufferers.
- Try to improve my own self esteem so that I don't suffer.
- I will promote the use and practice of mindfulness and meditation for both service users, carers and their staff.
- To have more open days.
- To access whatever service is possible.
- Be more considerate of mentally ill persons. Help them where I can and direct them to help.
- Do more research personally to be more informed.
- Rethink how I use my spirituality at work.
- Work with my client's spirituality, religion and sense of self.
- Be more understanding towards sufferers of the illness.
- Meet with faith leaders in Reading and discuss how they can work together to address mental illness and issues relating to it.
- Work closely with communities and create awareness of spirituality and its importance in mental health.
- Contact pastors for input/attendance to my DRE productions.
- Finding out spiritual leads in my area.
- Make a conscious effort to improve the people's lives that I work with.
- Research more about things I have learnt about today and pass information onto service users.
- Volunteer in some small way to help others that need support and someone to listen to.
- Get involved in the black community.
- More awareness days.
- Basic training on how to deal with mental health persons.
- Introduce more faith into my approach at work.
- Seek further information and support.
- More culturally and spiritually appropriate psychological therapies catering for the different BME communities.

Appendix B cont'd

- Unified stance on mental health within the different faith groups within Birmingham and Solihull.
- Create an awareness of mental health issues.
- Make a difference to someone I know.
- Picking up the spiritual theme in the projects we develop at work.
- To involve churches in the community more.
- Spirituality as part of the education curriculum.
- Spirituality to be explored in courses related to mental illness.
- More focus on spiritual matters as part of the assessment process.
- Seek out further training.
- Go out and research more on mental health as I don't work in this field.
- I will endeavour to consider the mentally ill a lot more and bring this to the attention of my peers as this could happen to anyone.
- Find out what I can do to help those I meet.
- I will visit an inpatient who is on a section in the coming week.
- I have become more aware of people in the church with mental illness.
- The people I met today I will get an update on what they have been doing.
- To be focussed on making useful networks that engage and make a visible difference.
- To utilise faith resources locally to make more effective contact with mental health services.
- Arrange activities within my church to create more awareness of mental health issues.
- Intensify efforts with local church to become more engaged with agencies and organisations to provide more support.
- Marketing and education programmes.
- I will compile a list of organisations working in Black mental health services so that churches and faith groups know who to refer members and visitors to for help and support.

Appendix C

Personal Learning: Please name two key things you learned from the day?

- I believe that there is a need to identify the cause of the high incidence of mental illness in the black community.
- Paul sharing the vision of transforming self.
- Vera Gilbert passionately contributing to survival and energy.
- The experiences of service users were very profound.
- Felt challenged to get more involved.
- I learnt about Raffa. There is a lot of community work going on without publicity.
- This is not a new thing. Just a reminder to me faith can work miracles.
- How important spirituality is as an aspect in the health of the mind and also as a treatment of mental health.
- Recovery from mental health can bring strength.
- Mental health problems remain the same.
- Many problems experienced by some users.
- The body, spirit and soul are very important.
- Looking at the whole picture and saying a few kind words to the person can make all the difference.
- How spirituality is not separate from us.
- Faith groups are very important in addressing mental health issues.
- Love and compassion are more beneficial than pills.
- The importance of meeting the cultural needs of patients in institutions. 'One shoe does not fit all'.
- The power of compassion crosses the cultural divide. Also the difference a touch can make.
- The personal journey strengthens the service user and makes them the person that God created them to be.
- The spiritual foundation is central to recovery.
- Mental health services lack focus when it comes to meeting the emotional needs of individuals.
- Spiritual awakening can do a lot to support mental health sufferers.
- All human beings are spirit, soul, mind and body.
- God is the answer to all the worlds' problems.
- I learnt about how people with mental health problems are being treated.
- There are people in churches supporting people with mental health issues.
- I was pleased to learn so much. There was a lot of inspiration and networking.
- Encouragement to practice with the spiritual dimension on my clients whatever their faith or culture.
- It is important to share ones testimony to help others.
- That there is always someone who is in need of a touch or some love.
- When you are at your lowest point only God can help.
- When we make things they become scrap. God is the only creator who created things; including us that is never scrap.
- Mental health services and churches can work together collaboratively.
- I learned a lot about mental health and how it can affect the people around you.
- I learned about how sufferers of mental health feel.
- How we can stop the stigma attached to mental illness.
- Mental illness is actually a turning point and not the end of the road.
- Reaching out and having a sense of humanity can help people suffering mental health problems.
- How important holistic health care is for individuals today.

Appendix C cont'd

- That people matter. Having worked in the mental health field for a while I became disillusioned. Today brought back the spirit into my work.
- The role of spirituality in mental illness.
- I learned young black men have a higher diagnosis of schizophrenia than depression.
- Small things like positive words make a difference.
- There were some inspirational speakers: Rev Paul Gray and Vera Gilbert, but it reaffirmed what I already knew. I would have liked more practical learning.
- The importance of helping others who are dealing with mental difficulties and are feeling disconnected from society.
- To raise awareness of the help and support available to everyone.
- There is help available.
- We as people have to help ourselves.
- As black people we need to remember that the spirit, soul and body cannot exist without the other for us to survive.
- The organisation and individuals who are proactive in the Midlands who are fighting for the betterment of black people.
- First hand experiences of ex-service users.
- How important spirituality is to individuals.
- The power of words.
- The need for the community to link together for the greater good.
- A better understanding of mental health issues.
- Experience of survivors which is an important tool for help and support.
- Spirituality plays a positive role in mental health.
- We as Christians and faith believers have to do more to assist those suffering mental illness.
- Black organisations and counsellors do exist and they are working together.
- Spirituality and religion.
- Importance of spirituality to mental health.
- Role of Church/other faith organisations are vital to implement this.
- Be positive and support others but not to take control of anyone's life by making a decision for them.
- Spirituality information in relation to helping clients with mental health.
- It was good for me to see and listen to someone still suffering from mental illness.
- It was good for me to see someone who had overcome their illness by the grace of God. I was blessed and inspired by Rev Paul Gray.

- Spirituality and God is vital in mental health and doctors need to accept this fact.
- There is hope.
- It's important to talk about our faith at work- just because we live in a materialistic world doesn't mean we should keep quiet about spiritual matters.
- Mental illness can affect anybody.
- There is a lot of prejudice in society towards mental health issues.
- The church really wants to help.
- The church need to be encouraged and even given information on how to help with mental health provision.
- How to use our church resources more effectively.
- Links of spirituality to mental health.

Appendix C cont'd

- 'Madness' is an equal opportunity employer.
- How churches can become mentors in the services and support others.
- Believe in yourself.
- Respecting people with mental health issues and being more positive around them.
- Need to analyse and develop methods of intervention into the secular model of the spiritual roots.
- Demonstrate and disseminate good models of practice of spiritually based mental health support interventions.
- Enjoyed the group spirit and look forward to networking with the amazing people I have met today. It was an amazing conference.

Appendix D

Care Services Improvement Partnership

The aim to help to improve services and achieve better outcomes for children and families, adults and older people including those with mental health problems, physical or learning disabilities or people in the criminal justice system.

The West Midlands Regional Development Centre (RDC) provides the regional delivery to four nationally co-ordinated programmes:

- Children and Families
- National Institute of Mental Health (NIMHE)
- Offender Health and Social Care
- Social Care

The RDC supports and develops:

- Local capacity and capability
- Policy implementation and
- Policy Development

Aimed at reducing health and social care inequalities across the West Midlands.

Delivering Race Equality (DRE)

The DRE Programme is an innovative five-year action plan set up in 2005 by the Department of Health. Located within the Care Services Improvement Partnership, it is designed to reduce inequalities in how people from black and minority ethnic communities access, experience and achieve outcomes from mental health services. The DRE Programme includes people of Irish or Mediterranean origin and East European migrants as well as refugees and asylum seekers and works across all age groups.

RAFFA Development Agency

RAFFA Local Renewal is responsible for the management of Horizons Community Health Advisory Group and Horizons Regeneration Initiative. These programmes are structured to support the spiritual, mental and physical needs of individuals within their local communities.

Horizons Community Health Advisory Group aims to address issues of professional stigma and community discrimination whilst encouraging healthier lifestyle choices (particularly for sufferers of cancer, disability, HIV/AIDS, mental health and sickle cell).

Horizons Regeneration Initiative is a catalyst for change and has the capability to mobilise both human and financial resources for the provision of holistic services. It brings together educational, enterprise, health, housing and vocational skills opportunities to enhance community development and forge closer relationships with local and international communities.

Rev Paul Grey, Keynote Speaker

Paul Grey was born in North London. A licensed exhorter with one of the UK's largest black majority churches, the New Testament Church of God, he is also a successful businessman (I & I, Inspire and Influence), designer, plumber, journalist, public speaker, musician, mentor, husband and father. With such credentials, Paul has achieved both the unexpected and what he was made to believe was unachievable.

At just 19 Paul found himself within the grip of the mental health system. Trapped in a 10-year cycle of sectioning, long stays in secure psychiatric wards and punitive medication, despite the odds Paul managed to extricate himself from a decade of debilitating treatment. Paul has conquered not only the diagnostic labels pinned on him by the very psychiatrist charged with his care, but also the stereotypes forced on many black young men seeking help from mental health services.

Paul has charted his personal story, from crisis to complete restoration. He has a powerful story of often painful emotions experienced when seeking help, using mental health services and finally breaking free to fulfil his destiny and help countless others to do the same.

Ref: Change Starts from Within

Key Partners

Church of God of Prophecy UK

The Church of God of Prophecy Trust is a part of a worldwide organisation that operates in one hundred and twenty three countries.

New Testament Church of God

The NTCG has been established in the UK for over 50 years. Since its inception it has grown to be one of the largest Churches of its kind.

Nehemiah UCHA

Nehemiah UCHA is a progressive housing association formed by the merger of Nehemiah Housing Association and United Churches Housing Association. The new organisation has a portfolio of over 1000 properties serving the multicultural African Caribbean, Asian and European communities within the West Midlands.

The Good Neighbourhood Centre

A partnerships project that aims to develop a community centre to provide counselling and support for people from African Caribbean communities suffering from stress and experiencing mental ill health.

PHOTO GALLERY



Battlefield of the Mind – Planning Group June – October 08



Keynote Speaker
Reverend Paul Grey
(Minister & MH Survivor)
New Testament Church of God



Full engagement from the Black and African Organisations (133 delegates)
Saturday 4th October 2008



Panel Members – Facilitated by Sandra Thomas Head of Pastoral and Spiritual Care Birmingham and Solihull foundation Trust

Key Faith leaders from 'Black Led' Churches – Church of God of Prophecy and New Testament Church of God



Full participation from BME communities

Partnership Working with CSIP and RAFFA



Reports:

www.dh.gov.uk - Department of Health

www.csip.org.uk- Care Services Improvement Partnership

www.actiondre.org - National DRE Website

www.nimhe.org.uk - National Institute of Mental Health in England

www.kingsfund.org.uk - The Kings Fund

www.blackmentalhealth.org.uk - Black Mental Health UK

Faith-Based Organisations as service providers

www.nehemiah-ucha.co.uk Nehemiah UCHA

www.raffa.org.uk RAFFA Development Agency

<http://www.communities.gov.uk/documents/corporate/pdf/143816.pdf>

Review of evidence base on Faith Communities

www.neighbourhood.gov.uk/displaypagedoc.asp?id=1317 the extent of faith community involvement in the New Deal for Communities (NDC)