

Chapter 11

Place and race: sanctuary, asylum and community belonging

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He who is reluctant to recognise me opposes me. (Fanon, 1967: 218)

This chapter describes the history and mission of Mary Seacole House, an alternative community mental health resource centre in Liverpool. We draw on the findings of a recent participatory action research project involving the members of Mary Seacole House to illustrate important matters of identity associated with space and place. Although these have arisen in a particular place that, arguably, has some unique characteristics, we believe there are more general lessons for wider considerations of the uneasy relationship between race¹ and psychiatry. We focus on individual and collective experiences of racism and mental health for people attending Mary Seacole House and explore how these are bound up with wider struggles in the local black community.

The fractious relationship between race and psychiatry

Worse physical and mental health outcomes are associated with both place and ethnicity (Walker, Williams & Egede, 2016), and racism is implicated in some of this (Paradies et al, 2015). Historically, there has been a consistent pattern of disadvantage and anomalies in the delivery of care and treatment in the mental health sector, and this has been reflected in a number of critical reviews (for example, Care Quality Commission, 2018) and the most recent appraisal of UK

1. Race is not a satisfactory term as it is a social construction based on negative ethnic characteristics. However, we are using it in this context as a means to articulate differentiation, in order to analyse this difference.

mental health law (Department of Health and Social Care, 2018). People from ethnic minority groups, especially black men, are substantially over-represented in various diagnostic categories and disproportionately subject to compulsion and coercion in the mental health services. They are more likely to receive high doses of medication, more likely to be placed under section and detained at higher levels of security, more likely to come to psychiatric services via the police or the courts, more likely to be held in seclusion, and less likely to be treated in primary care or receive talking therapies (Bhui et al, 2015; Gajwani et al, 2016; Morgan et al, 2004; Raleigh et al, 2007). Specific policies have been introduced in an attempt to address these inequities, prompted by some high-profile examples of racism in mental health services and deaths of black men in hospital and in police custody (Department of Health, 2005), reflecting wider public sector policy such as the Macpherson (1999) report dealing with institutional racism. There have also been some broader health policies aimed at promoting recovery, autonomy and respect for users' voices in mental health services (see Mental Health Taskforce, 2016). Nevertheless, black communities have not achieved self-determination in mental health provision or had their voice heard in meaningful ways (Department of Health, 2005; Department of Health and Social Care, 2018). Further, the service user/survivor movement itself has faced criticism for a lack of ethnic diversity within its ranks (Wallcraft, Read & Sweeney, 2003).

Black community-organised alternatives

In reaction to these circumstances, alternative mental health support and lobbying initiatives such as the Black Spaces project have emerged to support black service users' needs and ensure their voices and the voice of their communities are heard (BME Voices, 2018; Christie & Hill, 2003; Wright & Hutnik, 2004). A number of alternative approaches to service provision and advocacy have been developed organically by and for black communities in several cities, including the innovative Bradford transcultural psychiatry centre, and other notable initiatives in London (Hackney and Brixton), Liverpool and Manchester (Francis, 1991; Fernando, 2005; Christie & Hill, 2003). For a period, Mind, the national mental health charity, published *Diverse Minds*, a magazine focused on highlighting racial disadvantages within the mental health system and celebrating alternatives. Nevertheless, many of these positive developments have been undermined by budgetary constraints and have had to navigate the fine line between working alongside mainstream services and being co-opted. In this respect, Fernando has criticised the lack of clarity over what constitutes best practice in multicultural mental health care in the UK (Fernando, 2005). A notable UK government initiative, Delivering

Race Equality, responded to the various identified inequities in the system, using a community development framework (NIMHE, 2003; Department of Health, 2005). Despite this, however, it has been argued that, by focusing on changing practice and attitudes within core mainstream services, **it missed an opportunity** to galvanise alternative provision in the community and voluntary sector (Fernando, 2010; Bhui, Ascoli & Nuamh, 2012).

Mary Seacole House was established in Liverpool in the 1990s by concerted community campaigning, amid broader struggles within the city focused on race. Therefore, its very existence points up acknowledged anomalies in the mental health system and represents the physical, emotional and historical legacy of the activism of its founders (GCMHG, 2018; Gifford, Brown & Bundy, 1989). The site of Mary Seacole House, near the epicentre of the 1981 Toxteth **riots,² on** Upper Parliament Street, has substantial psychogeographical echoes for the community (Christian, 2008; Boland, 2010) and for black mental health system survivors (Torkington, 2009). It reverberates with the struggles against racism and racist oppressions within the mental health system, and with the Black community's assertion of control over community mental health, which, in turn, has been damaged by these racisms (Torkington, 1991; Torkington, 2009; Gajwani et al, 2016; Singh et al, 2007).

Mary Seacole House was one of many BAME³ organisations in Liverpool, as elsewhere in the UK, that were borne out of these struggles. These struggles were either as a direct consequence of the BAME community finding themselves in conflict with the state through community members challenging, rioting and in physical confrontation with the police (Gifford, Brown & Bundy, 1989; Torkington, 1991; Zak-Williams, 1997), or through specific issues that BAME community activists and/or service users identified as discriminatory in the treatment they received from public services (Gifford, Brown & Bundy, 1989; Ben-Tovim et al, 1986a; Torkington, 1991). This could be in education, immigration, housing, policing, social services or – in the case of Mary Seacole House – mental health services (Gifford, Brown & Bundy, 1989; Torkington, 1991). All of these experiences of the state and/or agencies were framed though racism, in one or more of its various forms (Gifford, Brown & Bundy, 1989; Ben-Tovim, 1986a).

2. In 1981, the local black community took to the streets to riot against oppressive and racist policing behaviour, particularly towards young people. The riots were also a response to the local authority's racist and institutionally exclusive practice of economic and political marginalisation of the black community in Liverpool. See Zak-Williams (1997), Christian (2008), or Boland (2010) for a more detailed discussion.

3. BAME is an acronym for Black, Asian and Minority Ethnic. It is one of several iterations that is an attempt to be representative of the minority ethnic population in the UK. However, what it includes and the order of the naming by definition excludes and prioritises specific groups. It is, though, a more inclusive term than just using 'black'. See Modood (1994) for a detailed discussion.

Notably, in 1984 the Liverpool Black Sisters and other community activists began a campaign to challenge the local council, health authority and local mental health officials regarding the racism that Black survivors of the mental health system experienced. They established a Health and Race action research project to provide evidence of this discriminatory treatment, and meetings were held with public sector officials to argue for provision specifically appropriate for the local black community (Torkington, 1991; Torkington, 2009). This led to the establishment of the Granby Community Mental Health Group (GCMHG), which demanded that the local council and health services provide drop-in and respite facilities for the Black community in the Liverpool 8 area:

... where black people could feel free to discuss their personal anxieties, problems and crises in an unstructured and non-judgemental atmosphere, a space where they could safely express their frustration and anger about the racism they experience in all aspects of their lives. (Torkington, 2009: 16)

After protracted, tense and at times emotional negotiations with the local council and health services, Granby Community Health Group established charitable status and secured the resources to lease a three-storey, Georgian building at 91 Upper Parliament Street, in the heart of Liverpool 8, and to employ five staff.⁴ Mary Seacole House and its sister organisation the Advocacy Project,⁵ were opened in 1991, providing day care, drop-in and advocacy services for the black community and a safe haven for BAME service users.

Over the years, Mary Seacole House has developed and grown in response to the demand by BAME service users for emotional and practical support. This has included support in the community for individuals, families and carers; companionship; health and wellbeing services and advice and consultancy. In response to demand and an increasingly diverse ethnic population in Liverpool, an Asian carers' support group has also been established there. In addition, a peer advocacy support group has been set up and service users have been trained to help fellow users in their struggles within and against the mental health system (Torkington, 2009; GCMHG, 2018). It is now (in 2019) the only BAME voluntary welfare agency in Liverpool that still operates and provides a

4. It is important to acknowledge the three black women who led the struggle to establish Granby Community Mental Health Group and subsequently Mary Seacole House and the Advocacy Project and ensured it continued as a successful black mental health provision for the local community. They are Protasia Torkington, Yvonne Asige-Rooney and Leonie Nash.

5. Many years later, the Advocacy Project was merged with Mary Seacole House for strategic and financial reasons. However, both of these projects are still in operation.

service for the local community. This is because the other BAME agencies that emerged as a consequence of the 1981 riots have closed down, often because of lack of funding (GCMHG, 2018).

That Mary Seacole House has survived and continues to provide this service to the BAME community in a hostile political and economic environment is a testament to its importance for that community and the local statutory health and welfare services.

The saliency of race, place and space

Urban geographers are developing new thinking about the social and relational dimensions of city living, moving beyond disciplinary interests in spatiality to create new scholarship in geographies of mental health (Parr, 1997, 2000; Wolch & Philo, 2000). For example, by building on scrutiny of aggregates of interpersonal relationships, an interplay between people and the material fabric of cities can be discerned. Through this lens, the cityscape, streets, parks and other spaces can be viewed in terms of their potential for supporting communal, social or political action (Amin, 2008), including health-related action and activism.

Positive affinities for the places we call home have been shown to be associated with positive health, wellbeing and quality-of-life outcomes, and these, in turn, have been linked with access to social capital and levels of civic/community engagement (Harris et al, 1995; Mesch & Manor, 1998; Brown, Reed & Harris, 2002; Ziersch et al, 2005; Tartaglia, 2013). Attachments to place correlate with better mental health, including within ethnic minority communities, and can buffer against effects of adverse social and physical environments (Becares & Nazroo, 2013; Marcheshci et al, 2015). In contrast, antipathies to place are associated with negative outcomes (Stokols & Shumaker, 1982). Furthermore, communities with strong place attachment, while beneficial for their members, can be exclusionary of outsiders, newcomers and those perceived to be different (Fried, 2000).

Our identities are not fixed; rather, they are perpetually reproduced in response to prevailing systems of representation (Hall, 1998). Much has been made of the ways in which people's attachment to place can constitute an important and valued part of their identity. Any useful consideration of the importance of place for residents of a neighbourhood or city might distinguish between simple affinities for a place (Low & Altman, 1992) and the influence of place on identity (Proshansky, Fabian & Kaminoff, 1983). Similarly, affinities for place can be separated into those that are about the physical environment and those prompted by the relational interactions taking place within it (Bernardo & Palma-Oliveira, 2005).

Liverpool, for example, projects a strong local identity, which reflects historical patterns of work and cultural expression in the city and a strong sense of exceptionalism (Belchem, 2006). Latterly, this has become bound up with efforts to brand the city through its status as the 2008 European Capital of Culture, which was in turn fed by the fame of musicians such as the Beatles and its two local football teams. Commentators such as Boland (2008a, 2008b) draw attention to distinctly social and spatial imaginings of the Liverpool identity that encompass scouse self-perceptions and externally generated views of Liverpudlians. Hence, a strong sense of local self-regard sits in uneasy juxtaposition to pejorative media stereotypes of, for example, disadvantage and criminality. A valued scouse identity reflects a humorous, edgy, working-class character replete with urban pride and rebelliousness. This has historically played out in collective resistance to various injustices visited on the city or its citizens by external forces perceived as malign, such as the government or employers (see Beynon, 1984; Taaffe & Mulhearn, 1988), and evident in community responses to the Hillsborough tragedy and its long aftermath (Scraton, 2013).

The city has one of the longest established black populations in the UK and high proportions of people of dual heritage (Law & Henfry, 1981; Ben-Tovim et al, 1986b; Liverpool Black Caucus, 1986; Small, 1991). Thus, a focus on Liverpool the place – a city where the politics of race and racial disadvantage pivot on a relatively unique set of historical and spatially distributed economic and social relations and where adoption of scouse identity reflects these divisions – offers opportunities to explore racialised experiences of mental distress and care and support services in relation to place, space and identity. Complex inter-relationships between identities and affinities for place, at both city and neighbourhood levels, have their foundation in a historical backdrop of exclusions and disadvantage and patterns of spatial division in the geography of the city. These remarked-upon socio-historical underpinnings have been undoubtedly influential in patterning health and mental health disadvantage (Torkington, 1991).

Liverpool 8

Liverpool 8 is the district of the city where ethnic minorities are most obviously concentrated an area roughly defined by the boundaries of Abercromby and Granby wards, and usually simply referred to as Toxteth. In one sense, Liverpool 8 epitomises an imagined community (Boland, 2010). A sense of belonging to ‘The Community’ does not insist on knowing everyone in the community; most important is a strong common bond. This certainly involves attachments to the place and community that is Liverpool 8, and notable places within Liverpool 8 boundaries, such as Mary Seacole House.

Liverpool's black community can be considered to be engaged in a continual struggle against racism, discrimination and multiple social exclusions within the city, with Liverpool 8 being lauded as the 'socio-geographic heart of Liverpool's black communities' (Lashua 2015: 45). With implied criticism, Liverpool 8 is forever linked in public consciousness to the 1981 riots there, and can be viewed negatively by inhabitants in other areas of the city and region (Gifford, Brown & Bundy, 1989; Ben-Tovim, 1997). Such exclusionary representations have been exacerbated by tendencies to discount the wider importance of the black community to the city, including the substantial cultural, social and economic contributions it makes to the city 'brand' through activities such as the music scene.

Thus, black Liverpool residents experience a strong sense of outsider status in their own city; they are daily marginalised from key aspects of city life, including opportunities for rewarding employment and participation in decision-making processes (Zack-Williams, 1997). This has been so much the case that local commentators have previously concluded that:

Despite its permanency, the black community of Liverpool 8 can be viewed as one of the most historically deprived in Britain, and more or less constitutes an internal colony with lack of control over its own resources and destiny. (Zack-Williams, 1997: 54)



Faced with exclusion elsewhere in the city, the people of Liverpool 8 have, to some extent, been forced over the years to rely on their own resources and resourcefulness. For example, in response to informal racist door policies operated by mainstream night clubs in the city centre, a number of Liverpool 8 social clubs were developed by and for people with diverse cultural heritage community identities (Small, 1991). Subsequent changes in housing stock ownership and waves of privatisation contributed to further impoverishment of the area and decline of many of the clubs, and a degree of dispersal of residents and communities (Lashua, 2015). Consequent economic disadvantages and disconnection from centres of power clearly contributed to the conditions that drove the aforementioned riots (Ben-Tovim, 1986a; Gifford, Brown & Bundy, 1989). Shortcomings of representation have arguably altered little in the intervening decades. This democratic deficit can also be seen in the relative marginalisation of the black voice within mental health services, despite popular focus on user involvement and co-production. For such reasons, Mary Seacole House has hosted a crucial independent advocacy service from its inception.

Liverpool black residents, faced with these identified patterns of discrimination and exclusion, have an uneasy relationship with notions of

Liverpool exceptionalism and scouse identity. With reference to geography and accent, they are certainly scouse. But the performance of black scouse identity involves other heritage, cultural and place affinities, notably to Liverpool 8 (Boland, 2010).

Identity and attachments within Mary Seacole House

Our qualitative study explored 25 participants' experiences of membership of Mary Seacole House (Wainwright, McKeown & Kinney, in review). It was conducted as part of a bigger participatory project concerned with shaping future directions for the service. Participants were 11 women and 14 men of a range of ethnicities. Part of the study focused on participants' thoughts about Mary Seacole House as a singular space within the geographical place of Liverpool 8, and this is the aspect we are concerned with here. It should be noted that the people who use services offered by Mary Seacole House call themselves 'members'. The commonly used term 'service users' was rejected on grounds that it implies a transactional distance between staff and people who 'use' services, and so (ironically) is disempowering.

Attachment and belonging

First, the Mary Seacole House members variously spoke of their sense of attachment to Liverpool 8 and why this was the case. Many identified explicitly with, and took pride in, their local community, combining these affinities with references to heritage and ethnicity, and clearly emphasising place as a crucial factor:

Roots, because I've got family now who, brothers... who were born in Liverpool, actually live in Liverpool. (Black/dual heritage man)

We like our area, it's got the most beautiful architecture, people come here to film... we don't want concrete jungles and all that crap. (Black/dual heritage woman)

This attachment to the place that is Liverpool 8 was connected with knowledge and experiences of historical and contemporary struggles, framed by race and racial disadvantage. For these people, the locality represented a territory that had been defended and fought over across generations:

Well, it's the police isn't it? Whose son, grandson? It is commonplace for our kids to be held by the police. (Black/dual heritage woman)

The sense of belonging to Liverpool 8 was ambivalently tempered by, and

enmeshed with, experiences of racism, discrimination and exclusions within the city as a whole. Pride in place was wrapped up with feelings of resistance, staying in power, and survival:

So I've got family... I've got a black family, I've got history, I've lived round here for literally hundreds of years... my great-great-grandmother's buried in Smithdown Road Cemetery with... Yeah, yeah, you know what I mean, and so when, when you talk about Mary Seacole, to me it's just a replacement. (Black woman 3)

Attachments to place could be expressed with an air of nostalgia, sometimes tinged with a sense of loss that the area had changed over time:

Where they all live and they go out the front door, go to work, come back from work, go back into the house and you don't see your neighbours or know your neighbours. It's slowly becoming that way in Toxteth. (Black/dual heritage man)

Some sensed a change in the 'Black community' as a degree of social mobility allowed an advantaged few to move out of Liverpool 8, leaving behind the most vulnerable and disadvantaged.

Recognition and belonging

Second, participants voiced their appreciation for Mary Seacole House in terms of it being a place and space where they could experience recognition and belonging. The building itself and its décor were felt to be welcoming, with a unique character that enabled a set of social relations conducive to acceptance and wellbeing. This view was often expressed in ways that made clear the contrast with the participants' experiences of mainstream mental health care services.

People felt they belonged in Mary Seacole House, whereas they were more likely to describe feeling alienated in mental health wards. The space offered familiarity and a centredness within the locality, which itself reflected the heritage and culture of their locality. This affinity was typically expressed with regard to a sense that Mary Seacole House represented the diversity of the area, both in terms of the staff demographic and the culture, which was seen as connecting with the 'everyday' life experiences of members. This notion of *everyday life* encompassed key social factors in people's lives locally, such as race and racism, class and poverty. There was also recognition that ethnic and cultural difference was the norm in Mary Seacole House and that the staff

knew and understood the life circumstances of the members, including their experiences of racism.

Such acknowledgement was felt to be sorely lacking in other places outside of Liverpool 8 and Mary Seacole House, and especially in mainstream mental health settings. Mary Seacole House staff were described as reflecting and embodying this difference in their own ethnic identity and their understanding of and connection to the Liverpool 8 area themselves. For members, the Mary Seacole House space assumed more salience than its simple physical location; it also constituted a range of relational factors transacted within a milieu of mutual recognition, which they contrasted with negative experiences typically encountered in other, more clinical places.

No, didn't fancy it at all, didn't know anything about day centres, no, don't fancy that like... to be truthful for me, the most important thing, the reason I kept coming here was because it was a mix of people, of black and white, because, you know, as I see it, mental illness, it doesn't discriminate. (Black/dual heritage man)

In some cases, participants remarked that they might have been at school with some of the staff, placing emphasis on and valuing this interconnectedness within the community. They also appreciated that they were treated as people, as members of the community, rather than clinical cases, and that their struggles against exclusionary institutions, including NHS services, were recognised and empathised with.

This sense of affirmation, recognition and belonging was intimately bound up with a sense of belonging to the local black community, as well as recognising that the staff also organically belonged there, deepening their capacity for empathic support. Shared understandings of the commonplace aspects of the struggles that Liverpool 8 community residents and members of Mary Seacole House experienced could be taken for granted, as could a shared identity between members and staff.

Members, their families and Mary Seacole House staff share a connection in terms of race, place and history, yet, although race is important in this identification, all ethnicities, including white people, are welcomed in Mary Seacole House. This partly reflects the large numbers of people with dual heritage and in mixed relationships in Liverpool 8. Thus, white scousers who join the black community, through relationships or in solidarity with the struggle against racism in the area, become authentically part of the community of Liverpool 8:

I've lived in this area all my life, don't know nowhere else, I've always lived with people of different colours, different nationalities... different religions, and this centre reflects that for me... And there's such mixtures of people, if they ever get round to telling you. (Black/dual heritage man)

Support and protection

Third, the participants described Mary Seacole House as a supportive and protective space, a port in a storm, and this could include providing sanctuary from oppressive or stigmatising aspects of the community, punitive aspects of mainstream services, and the more obvious discriminations and exclusions already mentioned:

I've never been to another day centre but I've heard of a few, like, and I don't believe they act in the same way as Mary Seacole. It's unique, Mary Seacole House. (Black man)

In contrast to the trauma and pain of mental distress and upsetting encounters with the mental health system, members felt safe and secure at Mary Seacole House and in their relationships with staff, who they experienced as prepared to listen, provide support and be friendly. This could be a welcome contrast to more difficult, less understanding relationships with some family and neighbours in times of distress:

There's no judgement passed on you here, there's no stigma... when I was labelled, when I was diagnosed with schizophrenia, all of a sudden that word seems to strike terror into people, you find so-called friends disappear into the woodwork. (Black woman)

Mary Seacole House members felt respected and treated as equals by peers and staff alike, and distinctions between the two could be somewhat blurred in their descriptions of friendship and mutual recognition. As explained above, terminology such as *service users*, coined in the mainstream to acknowledge discrepant power differentials, was wholeheartedly rejected within Mary Seacole House, because it was experienced as disempowering, by differentiating staff who provided services from the people who used them. Thus, as explained above, in Mary Seacole House, the chosen term is 'member', which carries a more substantial sense of equality, grounded in shared biography, mutuality of support, acknowledgement of race, belonging, and appreciation of how these factors connect with place and space.

Shared experience

Fourth, there was an acknowledgement that mental distress does not discriminate, and a common understanding among members that they all shared the pain of mental distress, desperation and loneliness in their lives. For many, disruptions in family relationships could to some extent be redeemed by finding common ground with peers. The indiscriminate impact of mental distress was counteracted within Mary Seacole House by staff and other members' efforts to inculcate an atmosphere based on values of cultural diversity and inclusivity:

I've lived in this area 60-odd years, all my life, don't know nowhere else, I've always lived with people of different colours, different nationalities, different religions, and this centre reflects that for me. (Black/dual heritage man)

The sense of community created in Mary Seacole House was felt to generate the supportive quality of the space and help members face the debilitating challenges in their lives.

Materialities and mundanities of a supportive place

Arguably, this appreciation among members of the importance of place and space in the support provided at Mary Seacole House highlights a broader point about the importance of such matters in the provision of all mental health care. The building itself, its location, the layout of its rooms, the furniture and the artwork produced by members on its walls both give the place a distinctive character that is part of its appreciation and connect with and reinforce the relational aspects of the space – the mutual recognition and sense of belonging (Torkington, 2009). This hints at the ways in which the very fabric of a place can underpin its purpose and be part of the achievement of its ends.

Such material and mundane aspects of a place, often taken for granted, have been remarked upon elsewhere as a crucial part of the experience of mental health care and support, including support offered by peers (Brownlie & Spandler, 2018). The consistent negative experiences of black people in mainstream mental health services and wider society makes the case for literally building into other services some of the characteristics of mutual recognition and reciprocal support found in Mary Seacole House. In a context of widespread stigmatising and exclusionary communities, Pinfold (2000: 210) argues for the creation of 'safe spaces' built 'for, and with, mental health service users and their "unorthodox normalities"'. Arguably, alternative black

services need to be more available (BME Voices, 2018; Francis, 1991) and some of their character should be reproduced across the board in mainstream services. In this sense, exemplar alternatives such as Mary Seacole House operate to prefigure services that could be imagined elsewhere.

When members expressed their connections and affinities with the streets of Liverpool 8, they identified Mary Seacole House at the heart of this. They also associated this alternative service with resistance to the anomalous treatment of black people in the mental health system. For the members, a politics of the personal collides with notions of race, place and space in an appreciation of the sanctuary provided by this initiative created by and for the community (Pinfold, 2000; Small, 1991). Within this space is the psychosocial reassurance of a safety where members can securely identify as black survivors of the mental health system.

Identity and belonging

There is much debate among BAME welfare agencies about whether services users experience a service that is better and more appropriate to their cultural and ethnic needs when the service providers are of the same ethnicity. The central tenet of the argument is that BAME organisations, because of the commonality of experience of the staff, particularly regarding racism, provide an ethos and environment that is much more effective and life-enhancing (Wainwright & Ridley, 2012). This suggests that BAME staff are viewed by service users as *insiders*, because they have a shared ethnicity, cultural experience and/or identify with the struggles against racism (Merton, 1972; Obasi, 2014).

However, this analysis is not without contradiction. For instance, BAME is a homogenising term that places all people of colour together, irrespective of ethnicity, nationality and cultural and political identity – to list just some of many, varying and contested signifiers (Modood, 1994; Anthias, 2010). Ethnic and/or political groupings that use race as a totem with which to identify themselves contain such diverse experiences that, in some contexts, they may themselves represent an *outsider* identity (Modood, 1994; Obasi, 2014). These differences may be constituted through biography, class, gender, sexuality and space (Crenshaw, 2019; hooks, 1984; Obasi, 2014), even before differences of generation and geography are considered. Furthermore, it is possible to be both *insiders* and *outsiders* at the same time, or at different times in different places, different spaces and changing racisms (Merton, 1972; Hall, 1996). This kaleidoscope of difference premised on race, racism and ethnicity constantly leaves the *insider* status of the BAME service open to challenge as being oversimplistic (Hall, 1992; 1996).

Yet, despite these theoretical, political and lived complexities of the insider–outsider binary, Mary Seacole House members were clearly appreciative of the *sense of belonging* engendered in a space they identified as part of the black community. For them, Mary Seacole House provided more than an ordinary mental health service. Vulnerable and disadvantaged members were better able to relate to staff drawn from their community, with a shared ethnic, cultural and spatial background. The mutual recognition when staff and members looked and sounded alike generated levels of trust and comfort (Wainwright & Ridley, 2012; Ridley & Wainwright, 2010). The support received from Mary Seacole House staff and peers was dependent on this mutual recognition, which was itself built on shared experiences of Liverpool 8, the place, including the negative impact of racism. In this way, identity and belonging assist in forming resilience to the negative psychosocial effects of racism (Christie & Hill, 2003; Wainwright & Ridley, 2012).

Mary Seacole House members share two intersecting experiences: racism and mental distress (Crenshaw, 2019; Nayak & Robbins, 2018). While prejudice and discrimination have resulted in repeated cycles of pain and exclusion, mental distress does not discriminate. Whatever the person's ethnicity or other intersectional characteristics, all members experience a degree of stigma or distancing from (some of) their friends, family or the wider community (Nayak & Robbins, 2018).

They may experience broadly based prejudice on the grounds of ethnic difference and the particular prejudice towards residents of Liverpool 8 from many in the rest of the city. Overlain on this place-specific disadvantage are the many intersecting and contradictory exclusions arising from the confluence of societal racism, the specific discrimination experienced by survivors of the mental health system and other invitations to discrimination and othering furnished by intersecting identities attached to gender, sexuality, class or disability (Nayak & Robbins, 2018). Exclusions and discriminations associated with place are contradictory because their place-centric nature opens up possibilities to imagine place-focused solutions. The establishment of Mary Seacole House stands as an example of this. As *Black Spaces* argues, a place that offers empathic responses forged in a visceral understanding of the racism experienced by black survivors is likely to be appreciated on those terms (Christie & Hill, 2003). Only in such a place are survivors likely to experience the sense of belonging that shapes feelings of solace and sanctuary.

Conclusion

This chapter has attempted to identify what it is about place and space that can make a project like Mary Seacole House so particularly healing and holding

for its members as a community mental health centre. We have argued that an essential feature is its location in Liverpool 8, within a long-standing black community that is geographically, politically and socially wrapped around it. Mary Seacole House provides a place where members can feel they belong precisely because it is rooted in the cultural fabric of Liverpool 8's multi-ethnic community (Boland, 2008b; Lashua, 2015). In turn, the relational spaces it offers provide valued respite from the alienation found too often in mainstream care settings, as well as in the wider city and its environs.

The need for better alternatives located deliberately in place and space is as urgent now as it has ever been. In these turbulent global times, austerity measures threaten the few alternative mental health services we have. Moreover, with new influxes of asylum seekers and refugees, race is again at the forefront of critical perspectives on mental health care. More widely within our society, we are hearing a toxic rhetoric espousing exclusionary, place-resonant binaries (Rajan-Rankin, 2015). Places such as Mary Seacole House embody the true meaning of refuge and asylum in more ways than one.

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References

- Amin A (2008). Collective culture and urban public space. City: analysis of urban trends. *Culture, Theory, Policy, Action* 12(1): 5–24.
- Anthias F (2010). Nation and post-nation: nationalism, transnationalism and intersections of belonging. In: Collins PH, Solomos J (eds). *The Sage Handbook of Race and Ethnic Studies*. London: Sage (pp221–248).
- Becares L, Nazroo J (2013). Social capital, ethnic density and mental health among ethnic minority people in England: a mixed-methods study. *Ethnicity & Health* 18: 544–562.
- Belchem J (2006). *Merseypride: essays in Liverpool exceptionalism*. Oxford: Oxford University Press.
- Ben-Tovim G (1997). Why 'positive action' is politically correct. In: Modood T, Werbner P (eds). *The Politics of Multiculturalism in the New Europe. Racism Identity and Community*. London: Zed Books (pp209–223).
- Ben-Tovim G, Gabriel J, Law I, Stredder K (1986a). A political analysis of local struggles for racial equality. In: Rex J, Mason D (eds). *Theories of Race and Ethnic Relations*. Cambridge: Cambridge University Press (pp131–152).
- Ben-Tovim G, Gabel J, Law I, Stredder K (1986b). *The Local Politics of Race*. London: Macmillan.

- Bernardo F, Palma-Oliveira JM (2005). Place change and identity processes. *Medio Ambiente y Comportamiento Humano* 6: 71–87.
- Beynon H (1984). *Working for Ford*. Harmondsworth: Penguin.
- Bhui K, Ascoli M, Nuamh O (2012). The place of race and racism in cultural competence: what can we learn from the English experience about the narratives of evidence and argument? *Transcultural psychiatry* 49(2): 185–205.
- Bhui K, Ullrich S, Kallis C, Coid JW (2015). Criminal justice pathways to psychiatric care for psychosis. *The British Journal of Psychiatry* 207(6): 523–529.
- BME Voices (2018). *BME Voices Talk Mental Health is on a mission*. [Online.] www.bmevoices.co.uk/about/ (accessed 21 August 2019).
- Boland P (2010). Sonic geography, place and race in the formation of local identity: Liverpool and Scousers. *Geografiska Annaler: Series B. Human Geography* 92(1): 1–22.
- Boland P (2008a). ‘Capital of Culture – you must be having a laugh’. Challenging the official rhetoric of Liverpool as the 2008 European cultural capital. *Social and Cultural Geography* 11(7): 627–645.
- Boland P (2008b). The construction of images of people and place: labelling Liverpool and stereotyping Scousers. *Cities* 25: 355–369. doi:10.1016/j.cities.2008.09.003
- Brown GG, Reed P, Harris CC (2002). Testing a place-based theory for environmental evaluation: an Alaska case study. *Applied Geography* 22(1): 49–76.
- Brownlie J, Spandler H (2018). Materialities of mundane care and the art of holding one’s own. *Sociology of Health & Illness* 40(2): 256–269.
- Care Quality Commission (2018). *Monitoring the Mental Health Act: 2016 to 2017. The eighth annual report by the Care Quality Commission on the use of the Mental Health Act 1983*. Newcastle: CQC.
- Christian M (2008). The Fletcher report 1930: a historical case study of contested black mixed heritage Britishness. *Journal of History and Sociology* 21: 213–241.
- Christie Y, Hill N (2003). *Black Spaces Project*. London: The Mental Health Foundation.
- Crenshaw K (2019). *On Intersectionality: essential writings*. New York, NY: New Press.
- Department of Health (2005). *Delivering race equality in mental health care: an action plan for reform inside and outside services, and; The government’s response to the independent inquiry into the death of David Bennett*. London: Department of Health.
- Department of Health and Social Care (2018). *Modernising the Mental Health Act – final report from the independent review*. London: Department of Health & Social Care.
- Fanon F (1967). *Black Skin, White Masks*. New York, NY: Grove Press.
- Fernando S (2010). *Mental Health Race and Culture* (3rd ed). Basingstoke: Palgrave Macmillan.
- Fernando S (2005). Multicultural mental health services: projects for minority ethnic communities in England. *Transcultural Psychiatry* 42: 420–436.
- Francis E (1991). *Racism and Mental Health. Some causes for concern for Social Work*. Chapter 10 in *Setting the Context for Change: anti-racist social work education*. London: CCETSW
- Fried M (2000). Continuities and discontinuities of place. *Journal of Environmental Psychology* 20(3): 193–205.
- Gajwani R, Parsons H, Birchwood M, Singh SP (2016). Ethnicity and detention: are Black And Minority Ethnic (BAME) groups disproportionately detained under the Mental Health Act 2007? *Social Psychiatry and Psychiatric Epidemiology* 51(5): 703–711.
- GCMHG (2018). *Annual Report 2017/18*. Liverpool: Mary Seacole House.
- Gifford AM, Brown W, Bundy R (1989). *Loosen the Shackles*. London: Karia Press.

- Hall S (1998). Cultural identity and diaspora. In: Rutherford J (ed). *Identity: community, culture, difference* (2nd ed). London: Lawrence & Wishart (pp222–237).
- Hall S (1996). Introduction: who needs identity. In: Hall S, du Gay P (eds). *Questions of Cultural Identity*. London: Sage (pp1–17).
- Hall S (1992). New ethnicities. In: Donald J, Rattansi A (eds). *Race Culture and Difference*. London: Sage (pp252–259).
- Harris PB, Werner CM, Brown BB, Ingebritsen D (1995). Relocation and privacy regulation: a cross-cultural analysis. *Journal of Environmental Psychology* 15(4): 311–320.
- hooks b (1984). *Feminist Theory: from margin to center*. Boston, Ma: South End Press.
- Lashua B (2015). Mapping the politics of ‘race’, place and memory in Liverpool’s popular music heritage. In: Cohen S, Knifton R, Leonard M, Roberts L (eds). *Sites of Popular Music Heritage: memories, histories, places*. London: Routledge (pp45–61).
- Law I, Henfrey J (1981). *A History of Race and Racism in Liverpool, 1660-1950*. Liverpool: Merseyside Community Relations Council.
- Liverpool Black Caucus (1986). *The racial politics of Militant in Liverpool: the black community’s struggle for participation in local politics 1980-1986*. Liverpool: Merseyside Area Profile Group and Runnymede Trust.
- Low SM, Altman I (1992). Place attachment: a conceptual inquiry. In: Altman I, Low SM (eds). *Place Attachment*. New York, NY: Plenum Press (pp1–12).
- Macpherson W (1999). *The Stephen Lawrence Inquiry: report of an inquiry by Sir William Macpherson of Cluny*. Cm 4262-I. London: Home Office.
- Marcheschi E, Laike T, Brunt D, Hansson L, Johansson M (2015). Quality of life and place attachment among people with severe mental illness. *Journal of Environmental Psychology* 41: 145–154.
- Mental Health Taskforce (2016). *The Five-Year Forward View for Mental Health*. London: Department of Health.
- Merton R (1972). Insiders and outsiders: a chapter in sociology of knowledge. *American Journal of Sociology* 78(1): 9–47.
- Mesch GS, Manor O (1998). Social ties, environmental perception, and local attachment. *Environment and Behavior* 30(4): 504–519.
- Modood T (1994). Political blackness and British Asians. *Sociology* 28(4): 859–876.
- Morgan C, Mallett R, Hutchinson G, Leff J (2004). Negative pathways to psychiatric care and ethnicity: the bridge between social science and psychiatry. *Social Science and Medicine* 58(4): 739–752.
- Nayak S, Robbins R (2018). *Intersectionality in Social Work: activism and practice in context*. London: Routledge.
- NIMHE (2003). *Inside Outside: improving mental health services for black and minority ethnic communities in England*. London: NIMHE.
- Obasi C (2014). Negotiating the insider/outsider continua: a black female hearing perspective on research with deaf women and black women. *Qualitative Research* 14(1): 61–78.
- Paradies Y, Ben J, Denson N, Elias A, Priest N, Pieterse A, Gupta A, Kelaher M, Gee G (2015). Racism as a determinant of health: a systematic review and meta-analysis. *PloS One* 10(9): 10(9): e0138511. <https://doi.org/10.1371/journal.pone.0138511>.
- Parr H (2000). Interpreting the ‘hidden social geographies’ of mental health: ethnographies of inclusion and exclusion in semi-institutional places. *Health and Place* 6(3): 225–237.
- Parr H (1997). Mental health, public space, and the city: questions of individual and collective access. *Environment and Planning D: Society & Space* 15: 435–454.

- Pinfold V (2000). 'Building up safe havens ...all around the world': users' experiences of living in the community with mental health problems. *Health and Place* 6(3): 201–212.
- Proshansky HM, Fabian AK, Kaminoff R (1983). Place identity: physical world socialization of the self. *Journal of Environmental Psychology* 3(1): 57–83.
- Rajan-Rankin S (2015). Anti-racist social work in a 'post-race society'? Interrogating the amorphous 'other'. *Critical and Radical Social Work* 3(2): 207–220.
- Raleigh V, Irons R, Hawe E, Scobie S, Cook A, Reeves R, Petruckevitch A, Harrison J (2007). Ethnic variations in the experiences of mental health service users in England. Results of a national patient survey programme. *British Journal of Psychiatry* 191: 304–312.
- Ridley J, Wainwright J with Davda P (2010). *'Black' families for 'black' children? An evaluation of action for children's practice in ethnically matching black, Asian and dual heritage children for adoption*. London: Action For Children.
- Scruton P (2013). The legacy of Hillsborough: liberating truth, challenging power. *Race & Class* 55(2): 1–27.
- Singh SP, Greenwood NAN, White S, Churchill R (2007). Ethnicity and the Mental Health Act 1983: systematic review. *The British Journal of Psychiatry* 191(2): 99–105.
- Small S (1991). Racialised relations in Liverpool: a contemporary anomaly. *Journal of Ethnic and Migration Studies* 17(4): 511–537.
- Stokols D, Shumaker SA (1982). The psychological context of residential mobility and well-being. *Journal of Social Issues* 38(3): 149–171.
- Taaffe P, Mulhearn T (1988). *Liverpool: a city that dared to fight*. London: Fortress.
- Tartaglia S (2013). Different predictors of quality of life in urban environments. *Social Indicators Research* 11(3): 1045–1053.
- Torkington NPK (ed) (2009). *Their Untold Stories*. Liverpool: Other Publications.
- Torkington NPK (1991). *The Racial Politics of Health: a Liverpool profile*. Liverpool: University of Liverpool.
- Wainwright J, McKeown M, Kinney M (in review). 'In these streets': the saliency of place in an alternative black mental health resource centre. *International Journal of Human Rights in Healthcare*.
- Wainwright J, Ridley J, (2012). Matching, ethnicity and identity: reflections on the practice and realities of ethnic matching in adoption. *Adoption and Fostering* 36(3): 50–61.
- Walker RJ, Williams JS, Egede LE (2016). Influence of race, ethnicity and social determinants of health on diabetes outcomes. *The American Journal of the Medical Sciences* 351(4): 366–373.
- Wallcraft J, Read J, Sweeny A (2003). *On Our Own Terms: users and survivors of mental health services working together for support and change*. London: The Sainsbury Centre for Mental Health.
- Wolch J, Philo C (2000). From distributions of deviance to definitions of difference: past and future mental health geographies. *Health and Place* 6(3): 137–157.
- Wright S, Hutnik N (2004). *Black Spaces Project*. London: Mental Health Foundation.
- Zack-Williams AB (1997). African diaspora conditioning: the case of Liverpool. *Journal of Black Studies* 27(4): 528–542.
- Ziersch AM, Baum FE, MacDougall C, Putland C (2005). Neighbourhood life and social capital: the implications for health. *Social Science & Medicine* 60(1): 71–86.