'MIND'—AN ASSESSMENT

by Tony Smythe, Director, MIND

The genesis of the National Association for Mental Health can probably be traced back to the formation of the Central Association for Mental Welfare in 1913. Thereafter, the voluntary contribution grew and flourished. Yet the development was somewhat piecemeal. According to a Board of Control statement: in the 1930s 'the want of unified direction and a comprehensive central body able to deal with the problem as a whole has made the mental hygiene movement relatively ineffective in this country . . . the present multiplicity of voluntary organizations should be coordinated if the importance of mental hygiene is to be adequately realized'. The Feversham Committee on the Voluntary Mental Health Services in 1939 came to the same conclusion: 'there should be a fusion of leading voluntary mental health societies'. The hopes were realized when the NAMH was forged by the amalgamation of the Central Association, the National Council for Mental Hygiene, and the Child Guidance Council.

Early reports of the NAMH show how little the basic objects and activities have changed. Its function was to be a 'clearing house' for all who were interested and active in mental health work. The need to change public attitudes, to vet legislation and to contribute to the formation of social policy was recognized from the outset. But the emphasis was on provision of services, and this continued during the crucial period when professional and statutory services were being restructured and developed in the post-war atmosphere of accelerated social change. Always the pioneering element was at the forefront. Both in the provision of services and the development of training programmes the NAMH was often in a position to give a lead for subsequent developments in the statutory sector. At a time of great optimism the NAMH provided an important meeting point for all the professionals and volunteers who had a vision of what ought to be done both nationally and internationally. Its annual conference grew into a traditional event which has been described as the 'Parliament of Mental Health'. Again, it played an important role in the creation of the World Federation of Mental Health. In the transitional period that followed the great legislative watershed of 1948, the NAMH developed an expertise which enabled it to make an important contribution to the deliberations of the Percy Commission in the 'fifties, leading to the next great watershed—the Mental Health Act of 1959.

History, even a potted version, is an important aid to understanding any institution. For the NAMH it is particularly important because it underlines a solid record of achievement and serves as a reminder that superficial changes have not led to significant deviations from the intended course. In 1971, the launching of the three-year MIND Campaign, directed by David Ennals, was a vigorous and reasonably successful attempt to achieve the kind of public visibility both for the organization and mental health problems that is of crucial importance in establishing a proper basis for raising funds, mobilizing voluntary and professional support, and overcoming some of the inertia which has been a feature of the mental health services in recent years.

One narrow consequence was that the NAMH, which in the aftermath of the Campaign became MIND, had to be seen as a body which worked *with* psychiatrists rather than *for* them. For those who would say this was always the case I would merely observe that, at a recent meeting between MIND and a Royal College group, one member looked back nostalgically to the days when the NAMH was regarded as part of the psychiatric 'establishment'. Such subtle changes are not easy to manage without the creation of misunderstandings. One such occurred when a national newspaper suggested, that psychiatrists were resigning from MIND in droves. In fact honorary medical advisers are attached to our staffed offices in London, Leeds, and Cardiff, there are no less than six psychiatrists in our 24-person Council of Management, and individual members of the profession play an active role in the work of some 130 mental health associations up and down the country. Every voluntary organization working within areas where professional expertise is of primary importance has to develop a close and cooperative relationship with the professions concerned while reserving the right to goad, to criticize, and to differ.

It would be helpful to assume that, however much opinions and practices do differ, fundamentally mental health workers, patients and their families all share a number of basic interests. Futhermore, any discussion of particular services in or out of hospital is bedevilled by the need to generalize and the fateful consequences of doing so. There are, for example, hospitals which through lack of funds, under-staffing, overcrowding or sheer professional or administrative incompetence are appallingly deficient in their ability to carry out any therapeutic task.

https://doi.org/10.1192/S0007125076307557 Published online by Cambridge University Press

If anyone, particularly a voluntary organization or the press, chooses to say so, this is apt to be construed as an attack on the whole hospital service. In such circumstances MIND has a peculiarly difficult task when striving to provide a meeting ground for all whose interests are at stake. It would be easier to represent the interests of patients *or* mental health workers *or* patients' families. Instead we try to represent an uneasy coalition of interests and views, thereby imposing on ourselves considerable restrictions in terms of making policy or arriving at clearly defined objectives. Whatever we do or say will be regarded by some as too bold and by others as too feeble.

Working within such restraints, a programme of activities and campaigns is constantly evolving within a changing system of priorities. At the same time we continue to offer a varied training and education programme, largely directed towards professionals, regular and occasional publications, and we are also starting to build a research programme, as far as our funds allow. Hard information based on experience or research must precede any policy initiative. In terms of providing supportive services we are moving away from direct involvement in the provision of residential care, such as schools and community homes, towards a very small number of demonstration projects, such as our hostel for educationally deprived school leavers and our school for emotionally deprived children, both with built-in evaluation systems. The central aim is not so much to meet need as to assess what needs exist and the extent to which they are not being met by the statutory services.

However, the gap between statutory provision and actual need is likely to remain large, and in any case we should try to discourage the assumption, popular in the first flush of the Welfare State, that all human needs, large and small, would eventually be attended to by the State. There is a fund of human compassion and commonsensical skill in the community which it is MIND's task to mobilize as effectively as possible, particularly through local mental health groups. MIND's major task must be to engage in practical activities around such themes as prevention, rehabilitation, after-care, and community support for families and for patients. Our local associations provide some 700 places for former long-stay patients in group homes, and we are shortly to launch a major campaign to secure more community places in both voluntary and statutory sectors. The mere provision of homes and hostels is of course of limited value unless backed by day care centres, social clubs, re-training facilities, and sheltered workshops—again these are projects in which many of our local associations are engaged. A comparatively new development at local level is the establishment of crisis centres, advice centres, and mutual support groups. In the longer term, we would try to demonstrate that former patients and their families represent a valuable resource in the provision of community services and that many mentally handicapped and mentally ill people could be drawn in to other community activities and organizations which have wider interests than the mental health field.

There can be little disagreement that the standard of services offered in hospital and in the community is at best patchy and in many circumstances dismal. At the same time, members of MIND staff are constantly impressed by the progress that is being made, in spite of all the difficulties, in individual hospitals and other units up and down the country. Behind many such examples there are usually individual members of the caring professions with the vision and the energy to beat the system and to overcome inertia in the creation of a better working and a better therapeutic environment. Accordingly, any necessary criticism must be balanced by highlighting examples of good practice. To choose but one of the many examples: the idea of Travelling Day Hospitals developed by the staff of Herrison Hospital in Dorset to cope with scattered population centres seemed directly relevant to the needs of Central Wales. Accordingly, MIND is organizing a conference there with the aid of Herrison staff.

Every year some 3,000 patients, relatives and professional workers approach us directly for information, advice, or in some cases casework assistance. This enables the professionally-trained staff concerned both to keep in touch with the problems of individuals and to assess gaps in existing services. Quite recently we have detected an increase in the number of requests for advice on rights issues, ranging from appeals against formal admission to hospital to the contesting of child care proceedings and discrimination against former patients when they are seeking employment. Given the still widespread public prejudice against the mentally ill, which flourishes anew at each sensational trial involving an abnormal offender, and given the 'we know best' attitude amongst some professionals, the focus on rights issues in an attempt to underline the mental patient's status as a citizen and not someone apart, and could be of immense value.

In so far as MIND has succeeded in becoming a 'clearing house' and a meeting point for those engaged in the field of mental health, we are better equipped to engage in and influence the important policy considerations arising out of government initiatives such as the White Paper *Better Services for the*

https://doi.org/10.1192/S0007125076307557 Published online by Cambridge University Press

Mentally Ill, the Butler Report, the Davies Committee Report, and the Children and Young Persons Acts.

At the end of the day, defects in the mental health services can only be remedied by political decisions. There will be no more money, no more training, no more research, no more community care, no more upgrading, no more District General Hospital psychiatric units, and no more backing for mental health workers unless they are demanded and fought for in Parliament, in local authorities, and in the NHS. This is why MIND services the All-Party Parliamentary Mental Health Group and is working closely with the Conservative Party's new working party on mental health and the Labour Party Mental Health Campaign. This is why we are encouraging our local associations to go in for more evaluation of existing services and themselves to be pressure groups on a local level as we are trying to be on a national level. We regard ourselves as a small but important part of what could become a mental health movement which we trust will receive the backing of all the professional associations and trade unions representing mental health workers, as well as other important bodies, such as the Community Health Councils and the wide variety of local and national organizations.

Our resources are pathetically small in seeking to develop the ambitious programme I have outlined. We would welcome the sympathy and support of the Royal College and its members and would welcome the opportunity to cooperate directly whenever this would seem helpful. Ultimately, we are very dependent on the expertise of psychiatrists and would like to be of assistance to them in securing wider and better informed public support in the developments and achievements of modern psychiatry.

CORRESPONDENCE

A MUSEUM OF PSYCHIATRY

DEAR SIR,

I imagine that few people would dispute the need for a Museum of Psychiatry, although there may be some argument as to where such a Museum should be situated. I write to support the idea that there could be no better place for its establishment than at the Bethlem Royal and Maudsley Hospitals, where, in addition to the archives and other material mentioned by Patricia Allderidge, visitors would have the opportunity to see neatly compartmentalized and relatively unspoilt moving models of the various psychiatric dogmas of the past.

RICHARD F. ROCKSTRO

State Hospital,
Carstairs Junction,
Lanark ML11 8RP, Scotland.

ASSOCIATION FOR FAMILY THERAPY

DEAR SIR,

I would like to draw the attention of your readers to the newly formed interdisciplinary Association for Family Therapy. As you will know, interest in family therapy has developed rapidly in this country during the last few years, and many have felt the need to create a forum where practitioners from the various branches of the helping professions can meet, exchange ideas and begin to refine and develop new ways of working with the family as a group.

The Association is open to all professional workers who are involved in the practice and teaching of family therapy, or who have a research interest in the subject. The steering committee of the Association is hoping to arrange an inaugural conference in the Autumn. In the meantime, anyone who would like further details, together with a membership form, should write to Miss Di Johnson, 20 Ryder Street, Pontcanna, Cardiff (Membership Secretary).

Yours sincerely,

SUE WALROND-SKINNER

https://doi.org/10.1192/S0007125076307557 Published online by Cambridge University Press