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Mind the Gap: A history of Mind and the impact of the 1960s Civil Rights Movement on its development

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Figure 1: Current Mind motto: http://www.mind.org.uk/ [Accessed 10/04/2016]

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ABBREVIATION LIST

NAMH: The National Association for Mental Health

NCCL: The National Council for Civil Liberties

SANE: Schizophrenia, A National Emergency

SSO: Survivors Speak Out

INTRODUCTION

'The art of voluntary work is to be in tune with the times and to know how to play the tune in the right key'.[1]

In 1946, three inter-war voluntary groups, the Central Association for Mental Welfare, the National Council for Mental Hygiene, and the Child Guidance Council merged to form the National Association for Mental Health (NAMH). Their unification followed a recommendation from the 1939 report of the Feversham Committee, *The Voluntary Mental Health Services.* NAMH went on to become Mind, the leading mental health charity in England and Wales, which has played a prominent role in transforming the entire approach to mental health in the UK.[2] The charity has been a key agent within the mental health field, active in campaigning and lobbying nationally on mental health sufferers' behalf, and with mental health issues currently affecting one in four, the work of Mind is relevant, important, and deserving of historical attention.

The development of Mind from NAMH is of particular interest. A 1969 article in *Hospital World* proclaimed it had 'developed from a polite, reassuring body, uttering words of comfort to all those involved with mental health, to an organisation firmly on the side of the patient, not at all scared of speaking its mind'.[3] This dissertation seeks to investigate Mind's evolution from a group of 'polite' philanthropists, into a bottom-up, active, lobbying group and the impact on this evolution of the 1960s civil rights movement. This paper's opening quote comes from a reflective article by Mary Applebey, NAMH's Director from 1954-1971. It echoes this dissertation's central argument: that the Association, 'in tune with its times' evolved into Mind as a consequence of changes in the social context in which it operated and, in particular, changes in that social context arising from the impact of the civil rights movement.

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[1] M. Applebey, 'Thirty years on', *MIND OUT* 20 (January/February 1977), 10.
[2] NB- Terminology will be used appropriate to the period being referred to: NAMH (1946-72), MIND (1972-90s), and Mind (1990s-current).
[3] Quoted in K. Darton, 'A History of Mind Factsheet' (2012), 6.

Mind's history and evolution will be read against the backdrop of social change that occurred internationally during the 1960s. The decade saw a number of scandals concerning mental hospitals in Britain and the rise of a charged critique of psychiatry. Public allegations resulted in formal inquiries of both Ely Hospital (1969) and Farleigh Hospital (1971). A discourse had been building in the academic sphere highlighting the dehumanising nature of 'total institutions' in which Erving Goffman, Russell Barton, and Wing and Brown were influential.[4] Further doubt over the legitimacy of psychiatry arose with the 'anti-psychiatry' movement, an attack on psychiatry by psychiatrists themselves, including David Cooper, Ronald Laing and Thomas Szasz.[5] Furthermore, the Scientologists who viewed psychiatry as 'a system of murder, sexual perversion and monstrous cruelty and NAMH as a criminally motivated "psychiatric front group"' attacked NAMH directly when attempting a takeover in 1969.[6] A court case resolved the matter in the Association's favour, although Mind's official history recognised that this 'encounter may have contributed to [its] shift in emphasis' in the 1970s.[7] The rise of Scientology and the anti-psychiatry movement were elements of a wider period of social and intellectual change, described by Mathew Thomson as 'a melting pot of movements and ideas... in the closely interconnected world of the counterculture'.[8] It is this paper's contention that the entire period of social evolution, but most specifically the civil rights movement, influenced Mind's direction and approach in the 1970s.

The civil rights movement that commenced in the late 1950s saw the first major challenge to a post-war consensus. Organised by and for black Americans, it nonetheless sought to attain such basic values as respect and equal rights for all, and was a catalyst for further social movements globally as vulnerable groups

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[4] See J. Martin, *Hospitals in Trouble* (Oxford, 1984); E. Goffman, *Asylums* (New York, 1961); R. Barton, *Institutional Neurosis* (London, 1959); J. Wing and G. Brown, *Institutionalism and Schizophrenia* (Cambridge, 1970).

[5] D. Cooper, *Psychiatry and Anti-Psychiatry* (London, 1967); R. Laing, *The Politics of Experience and The Bird of Paradise* (Harmondsworth, 1967); T. Szasz, *The Myth of Mental Illness* (New York, 1961).

[6] C. Rolph, *Believe What You Like: What Happened Between the Scientologists and the National Association for Mental Health* (London, 1973), 138.

[7] Darton, 'A History of Mind Factsheet', 6.

[8] M. Thomson, *Psychological Subjects: Identity, Culture, and Health in Twentieth-Century Britain* (Oxford, 2006), 272.

embraced the newfound culture of fighting for their rights. This dissertation hopes to fill a historiographical lacuna: while much literature concentrates on the profound effect of the civil rights movements upon other social movements (e.g. women's movements, gay movements and anti-war movements) little is written about the influence of the civil rights movement upon psychiatry.[9] Scholarship also neglects the historical importance of social movements and social movement organisations on the field of psychiatry more generally. A handful of sociological studies including Rogers and Pilgrim's account of the Mental Health Users' Movement and Nick Crossley's *Contesting Psychiatry* are exceptions that have explored social movements in mental health.[10] However, while these findings have helped inform this paper's direction, they concentrate on the emergence of such groups as a *sociological* phenomenon rather than providing an historical analysis.

Although Mind remains under-researched given its status within the mental health field, historians Ann Claytor and Johnathan Toms have given the organisation some historical attention: Claytor analyses Mind within her study on the emergence of anti-psychiatry, and Toms does so whilst exploring the mental hygiene movement.[11] Nevertheless, this study is unique for it is dedicated in its entirety to the history of Mind. It will analyse the historical causes and implications of its transformation and will do so by critically examining Mind against the background of social change of the 1960s.

Literature concerning charitable organisations in Britain has focused on the influences on voluntary agencies and their changing role over time. Marilyn Taylor has proposed that the Government, as both a 'significant funder' and 'regulator', 'makes a significant contribution to the climate of opinion that

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[9] See J. Freeman and V. Johnson (eds.), *Waves of Protest* (Lanham, 1999) and J. Clements, 'Participatory Democracy: The Bridge from Civil Rights to Women's Rights', *American Political Science Association* (Philadelphia, 2003), 5-24.

[10] A. Rogers and D. Pilgrim, 'Pulling down churches: Accounting for the British mental health users movement, *Sociology of Health and Illness* 13:2, (1991) 129-148; N. Crossley, *Contesting Psychiatry: Social Movements in Mental Health* (2006).

[11] A. Claytor, *A Changing Faith? A History of Developments in Radical Critiques of Psychiatry since the 1960s* (Sheffield, 1993); J. Toms, *Mental Hygiene and Psychiatry in Modern Britain* (Basingstoke, 2013).

surrounds the work of voluntary agencies'.[12] The Government has certainly influenced Mind, particularly in the era of NAMH when the funding it provided constituted a far higher proportion of its income than in more recent years. However, by 1978, MIND was commenting that 'though we receive money from central government, we reserve the right to criticise its policies'.[13] This change reflects the impact of public opinion in an era of changing attitudes. As Naomi Connelly has highlighted, and as will be argued in this dissertation, a major cause of change in the voluntary sector in Britain has been 'a greater public awareness of and concern with... equal opportunities'.[14]

Mind is an interesting case study, particularly when considered in the context of the studies (by historians including Peter Hall and David Hammack) on the influence of 1960s radicalism and social movements upon voluntary organisations. Hall asserts that 'the logic and methods of [the civil rights movement] were embraced' by charities, resulting in 'advocacy-oriented social movement activity'.[15] Similarly, Hammack credits the civil rights movement as a principal factor accountable for the 'remarkable expansion of the non-profit sector since 1960'.[16] Whilst centred on American society, Hammack argues this of 'both sides of the Atlantic'.[17] These hypotheses will thus be applied to the case study of Mind as a British charity to argue that the civil rights movement was instrumental in instigating the transition from NAMH to Mind, and in informing the organisations' approaches to work.

Charles Murdock questioned in 1972 'whether the concept of civil rights is sufficiently broad to cover the rights for which the advocates of [the mentally ill] are contending', and whilst a difference certainly exists between the two situations, this dissertation will argue that the key principles of the civil rights

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[12] M. Taylor, 'Partnership: Insiders and Outsiders' in D. Billis and M. Harris (eds.), *Voluntary Agencies: Challenges of Organisation and Management* (London, 1996), 15.

[13] 'MIND Annual Report 1978-79', 4.

[14] N. Connelly, *Between Apathy and Outrage: Voluntary Organisations in Multiracial Britain* (Oxford, 1990), 50.

[15] P. Hall, 'A Historical Overview of Philanthropy, Voluntary Associations, and Non-profit Organisations' in W. Powell and R. Steinberg (eds.), *The Non-profit Sector: A Research Handbook* (New Haven, 2006), 53.

[16] D. Hammack, 'Growth, transformation, and quiet revolution in the non-profit sector', *Non-profit and Voluntary Sector Quarterly* 30:2 (2001), 165-7.

[17] Hammack, 'Growth, transformation, and quiet revolution', 158.

movement have clearly influenced the mental health field.[18] Caroline Swift and Gloria Levin have written on the importance of empowerment as an 'emerging mental health technology', an ideology appropriated most prominently by the civil rights movement.[19] Similarly, Judi Chamberlin, activist in the psychiatric survivors' movement and author of the pioneering text *On Our Own,* has highlighted the user movement's principles of consciousness raising, collective identity, and self-determination, which were borrowed from the civil rights movement.[20] The concept of basic legal rights, a fundamental aim of the civil rights movement, was also a goal for mental health patients. It is therefore the central argument of this thesis that the principles of the civil rights movement were fundamental in informing the transformation of the moderate 'do-good' NAMH into the liberal activist organisation that Mind became. Influenced somewhat by the hospital scandals, Scientology and anti-psychiatry, but more considerably by the success of the civil rights movement and its call for equality for all, Mind became a lobbying group concerned with mental patients' rights.

This paper's findings are based upon a systematic and comprehensive analysis of the Mind archives, which, having only recently been catalogued at the Wellcome Collection, comprise previously unseen material. Attention has been paid to the charity's Annual Reports, from its birth as NAMH, through to the early-1990s, when Mind's new persona was established. These provide an overview of the charity's work and shed light on the organisation's 'official' voice. Nevertheless, there are limitations in relying on Annual Reports. Firstly, a whole year's work is condensed into a small booklet, which, while providing a valuable overview, lacks in-depth detail. Furthermore, as the organisation's official Report, controversial issues may not be explicitly acknowledged. To overcome these limitations, the Reports have been read alongside Mind's journals: *Mental Health* (1946-1971), *Mind and Mental Health* (1972-1973), *Mind Out* (1973-1983), and finally *Open Mind* (1983-1999). Published more frequently than the Reports,

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[18] C. Murdock, 'Civil Rights of the Mentally Retarded: Some Critical Issues', *Notre Dame Lawyer* 48:1 (October 1972), 134.

[19] C. Swift and G. Levin, 'Empowerment: An Emerging Mental Health Technology', *Journal of Primary Prevention* 8:1 (September 1987), 72.

[20] J. Chamberlin, *On Our Own: Patient Controlled Alternatives to the Mental Health System* (NYC, 1978).

these provide greater detail, and with contributions from committee members, the public, and other interested persons, they shed light on both accepted and controversial views of the organisation.

This analysis will look exclusively at the work of Mind on a national scale. It will be divided into three sections to highlight the principal ways in which Mind took on a civil rights stance and sought to transform the field of mental health: by campaigning to raise awareness and challenge stigma, by intervening in the legal field, and by aligning with the service user movement. Firstly, Mind's shift to a campaigning stance in the 1970s will be analysed to show that there was a turning point in their approach to raising awareness with a newfound focus upon challenging stigma. Mind's intervention in the legal field will then be addressed to argue that, with the appointment of an American civil rights lawyer, there was a clear shift to a civil rights based stance where Mind began to actively lobby for justice, and finally, by focusing on Mind's alignment with the service user movement, it will be shown that Mind embraced and encouraged the sixties culture that saw individuals fighting for their own rights.

CHAPTER 1: A Changing Face - Campaigning to raise awareness and challenge stigma

> *'The mentally ill are not… divorced from our world and our experience: they are "we" and we are "they"'.*[21]

The launch of the MIND campaign in 1971 signalled a turning point in the work of NAMH as a new era of campaigning to raise awareness and challenge stigma began. This dissertation contends that this is a reflection of the influence of the 1960s, as an era of social change and consciousness raising, upon the Association's outlook and approach.

Since its birth in 1946, NAMH stressed the importance of public education and awareness, arranging educational lecture tours. In 1952, the Association proposed that 'the most encouraging sign' of the year had 'been the increased awareness of mental health problems in the national press', indicating that awareness raising had been important since the early years.[22] Furthermore, the first Mental Health Flag Day in 1954 was acknowledged by Chairman Lord Feversham 'as a remarkable trend in the increasing public recognition of the magnitude of the problem', stressing the 'vital importance of informed public opinion'.[23] Following radio and television appeals, 1954 also saw the Association establish a new Public Information Service. However, the purpose of this, as stated by Feversham, was 'to help the public to appreciate the difficulties under which the under-developed mental health services [were] labouring'.[24] This intent to educate on the difficulties of the *services* stands in stark contrast to MIND's later aim, highlighted in the Annual Report of 1970/71, to educate the public 'so as to create an atmosphere of greater understanding and tolerance *towards mental disorder* in all its forms'.[25] Whilst on the surface, it appears that in its early years NAMH was, like the later MIND, concerned with raising awareness and educating the public, upon closer analysis, there is evidence of a shift in intent and method of this education. MIND became concerned with both

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[21] 'MIND Manifesto 1971', 1.
[22] 'NAMH Annual Report 1951-52', 23.
[23] 'NAMH Annual Report 1954-55', 4.
[24] 'NAMH Annual Report 1954-55', 5.
[25] 'NAMH Annual Report 1970-71', 9.

raising awareness of the occurrence of mental illness, 'the greatest social evil in Britain', and challenging the stigma attached to the label 'mentally ill'.[26] The campaigning style that MIND adopted also differed strikingly from their paternalistic, educational approach of the previous decades.

Chamberlin has suggested that a guiding principle of the psychiatric-user movement, previously used by movements of the 1960s, was consciousness-raising.[27] MIND's inaugural 'MIND campaign' clearly demonstrated its transformation into a campaigning group. Launched in 1971 to celebrate the Association's twenty-fifth anniversary, the campaign had seven main objectives including improving services, fundraising, and sponsoring research. The most important aims, 'to create concern... challenge apathy and neglect' and 'to overcome ignorance', centred upon raising awareness and challenging stigma.[28] In this sense, MIND was subscribing to the consciousness-raising principle typical of the social movements of the 1960s. The poignant quote that opened this chapter encapsulates MIND's alignment with the ethos of equality that epitomised the social movements of the 1960s; 'they are "we" and we are "they"' echoes the fight for equal-rights that spanned nations and social groups throughout the sixties.

The success of the MIND campaign resulted in a permanent change in the organisation, with the adoption of MIND as NAMH's new name, representing a wider change for the organisation. Under the name MIND, NAMH became engaged in protesting for change as an energetically charged political campaign group. This change can be seen in the Association's journal: what used to be *Mental Health* became *MIND OUT* in 1973. The opening issue described NAMH's transition into MIND as the organisation '*became* an on-going campaign', and remarked that *MIND OUT* would be covering subjects 'like controversial treatment methods' and 'patients' rights'.[29] NAMH also employed different language to speak of the mentally ill. Analysing the Association's terminology in

[26] 'NAMH Annual Report 1970-71', 3.
[27] J. Chamberlin, 'The Ex-Patients' Movement: Where We've Been and Where We're Going' *The Journal of Mind and Behaviour* 11:3-4 (1990), 326.
[28] 'NAMH Annual Report 1970-71', 1.
[29] *MIND OUT* 1 (Spring 1973), 2.

the 'Aims and Objectives' sections within Annual Reports reveals a shift over time. The table in Appendix 1 shows that MIND gradually replaced NAMH's favoured terms 'mentally subnormal and defective' with 'mentally ill' and 'users'. This change was in line with MIND's new persona and alliance with the mentally ill; the derogatory terms that branded mental patients as 'subnormal' and 'defective' were gradually replaced with the more normative categorisation of being 'ill'.

Public opinion was a key factor in the transformation of NAMH. Although the Association was reliant upon the Government for funds (which, as Taylor has highlighted, is typical of British charities), the organisation also depended on public donations to continue its work. As Figure 2 demonstrates, a large proportion of MIND's total income has been voluntary in recent decades. While voluntary income figures are only available from 1976 onwards, reports confirm that donations were a constant feature since the Association's birth. However, in its early years, NAMH relied far more heavily on the state for funding. The Account Sheet for 1961/2 (see Appendix 2) reveals that public money (grants from the Ministry of Health and subscriptions from local authorities and hospital boards) totalled £26,408 whereas public donations and member subscriptions came to just £5,157. It is thus unsurprising, given its reliance upon the Government, that at that time in its history, the Association was inclined to side with the establishment.

A shortage of funds in the 1960s, which saw NAMH in 'dire financial straits' according to the Annual Report of 1969-70, was the result of broader social change.[30] The Association sought to increase voluntary income. Following a decade of great change, the paternalistic stance of traditional charities, such as NAMH, clashed with modern democratic ideologies. Tom Buchanan has highlighted how the National Council for Civil Liberties (NCCL) had slumped into 'a "slow decline", both in terms of membership and financial resources, which reached a "nadir" in the early 1960s', but it successfully revived by responding to

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[30] 'NAMH Annual Report 1969-70', 1.

'the changed climate of the later 1960s'.[31] Crossley corroborates this, suggesting that NCCL successfully 'framed its critique within the newly emerging discourse of civil rights'.[32] Likewise, NAMH responded to their own decline in the form of the MIND campaign and their subsequent reinvention as MIND as a reaction to shifting public opinion and the new campaigning environment of the 1960s. While, as Figure 2 demonstrates, income only truly began to soar towards the end of the twentieth century, MIND's profile grew significantly during the 1970s, as membership numbers in Figure 7 (p25) demonstrate.
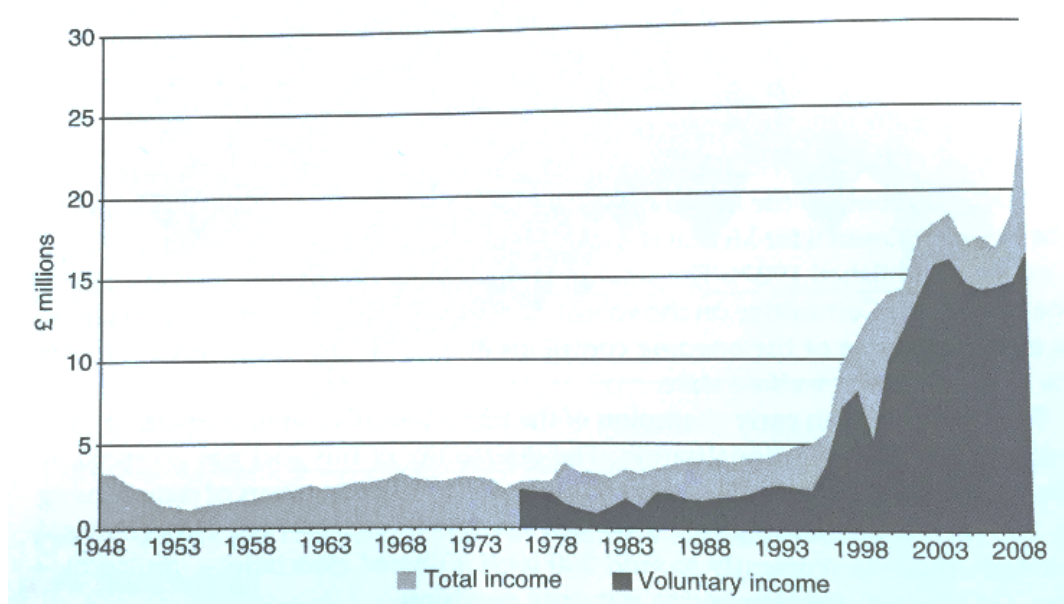

Figure 2: *Voluntary and total income of Mind, 1948-2008 (adjusted for inflation, 2009)*
N.B: Voluntary income figures are only available from 1976 onwards[33]

A prominent feature of the MIND campaign was its attempt to remove the stigma associated with mental illness. By using pictures of 'normal' looking people, and informing the public that 'your family may be the next in need', the campaign engaged with society on a personal level, framing mental illness as a concern for the whole nation.[34] The first issue of *MIND OUT* warned that mental health '*does* concern you whether you want it to or not'.[35] Figure 3, a poster used during the MIND campaign, illustrates MIND's aim to highlight how mental health can affect anybody within society. A young, seemingly happy boy is the face of the poster.

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[31] T. Buchanan in N. Crowson et al., *NGOs in Contemporary Britain* (Basingstoke, 2009), 120.
[32] Crossley, *Contesting Psychiatry,* 83.
[33] M. Hilton et al., *A Historical Guide to NGOs in Britain*, (Basingstoke, 2012), 166.
[34] 'MIND Manifesto 1971', 4.
[35] *MIND OUT* 1 (Spring 1973), 2.

This image contrasts with the stereotype, informed by exaggerated cultural representations, that the nation would have held of the mentally ill. One portrayal of the insane that starkly contrasts with MIND's is the character of Norman Bates in Alfred Hitchcock's 1960 film, *Psycho.* Although American, the film was released in Britain in the same year and was well received, described as a 'masterpiece' by *The Observer* and 'grisly but exciting' by *The Guardian.*[36] As Figure 4 displays, the psychopathic murderous character, a sufferer of catatonic schizophrenia, is depicted as a chilling menace, with staring-eyes and an unnerving grimace. Although the public would have appreciated that Hitchcock's depiction of insanity was fictitious, it is reasonable to assume that this widely popularised film would have influenced public conceptions of the mentally ill. It was this stigmatisation that MIND aimed to condemn, as they did in protesting against the advertisement for *Schizo,* the 1976 film which is reminiscent of *Pscyho* in its depiction of schizophrenia. They criticised the negative 'publicity which gives an entirely false definition of a very common illness'.[37] In tackling such stigmatisation through the MIND campaign, NAMH changed their own face, and that of the mental patient.

Figure 3: MIND Campaign poster[38]

[36] K. Tynan, 'A Sea of Cold Sweat' *The Observer* (London, 18/12/1960), 18; 'At the Cinema', *The Guardian* (London, 1/09/1960), 15.
[37] *MIND OUT* 21 (March/April 1977), 19.
[38] MIND Campaign Poster (1971).

Figure 4: Alfred Hitchcock's Norman Bates in Psycho (1960)[39]

A further, more explicit demonstration of MIND challenging stigma occurred in 1988-9, when the organisation clashed with another voluntary group, Schizophrenia: A National Emergency (SANE). In the 1980s MIND was concerned by the 'hostile stereotyped images of "schizophrenics"' used by SANE to generate concern about the 'national emergency'.[40] SANE's publicity campaign of 1988, produced various poster advertisements depicting schizophrenia as 'the delusions of a disturbed mind'.[41] Figure 5 is one example. Forgiving the poor quality, one can identify the close-up image of a woman's face with a vacant expression. Superimposed over the photograph read the words: 'SHE THINKS YOU WANT TO KILL HER. YOU THINK SHE WANTS TO KILL YOU. THEY THINK SHE'LL GO AWAY.' Another poster featured a similarly expressionless man, reminiscent somewhat of Hitchcock's Bates, overlaid with the words: 'HE THINKS HE'S JESUS. YOU THINK HE'S A KILLER. THEY THINK HE'S FINE'.

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[39] A. Hitchcock, *Psycho* (1960), Author's screenshot.
[40] 'MIND Annual Report 1988/89', 10.
[41] M. Davidson, *The Consumerist Manifesto: Advertising in Post-Modern Times* (London, 2013), 86.
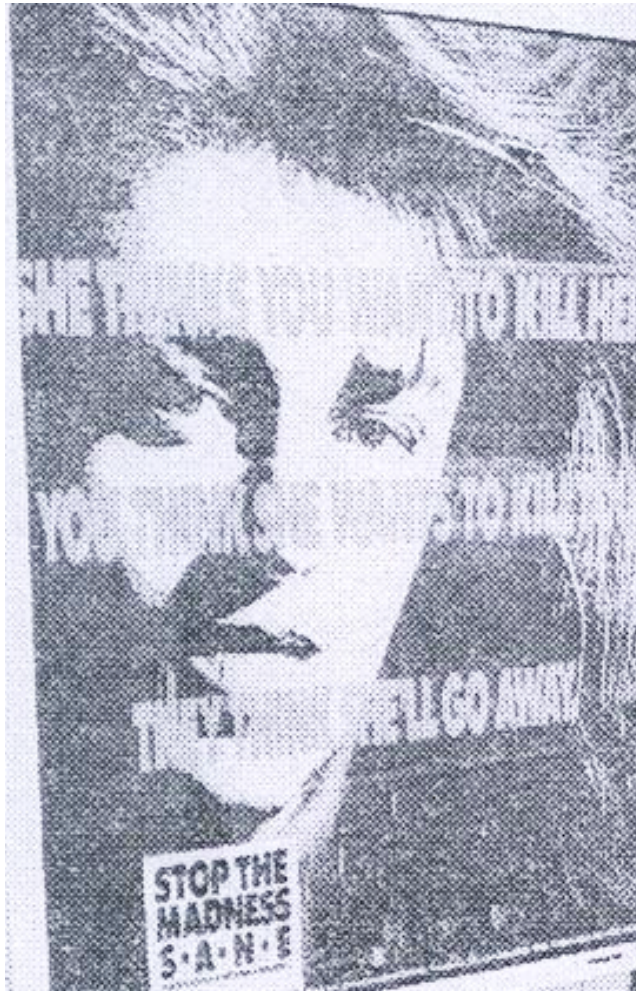
Figure 5: Poster from SANE's campaign, 'Stop the Madness'[42]

The posters were displayed at railway, tube, and bus stations, much to the frustration of MIND who complained to the Advertising Standards Authority (ASA) and British Rail. While British Rail removed the posters, the ASA, despite acknowledging their potential to cause offence, maintained that some schizophrenics exhibit 'behaviour of the kind depicted' so a distorted picture was not being presented.[43] MIND's own outlook on the matter was reiterated in *Open Mind:*

> Are we teetering on the edge of a new authoritarian age of
> incarceration – particularly for people with serious mental
> health problems?... If [public transport travellers] half closed

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[42] From A. Roberts, 'Mental Health History Timeline' (Middlesex University, 1981-), http://studymore.org.uk/mhhtim.htm [Accessed 18/04/16]
[43] *Open Mind* 38 (April/May 1989), 8.

their eyes, what key words stood out? Killer. Voices. Lies. Nothing. Jesus. Madness. Their conclusion might well be that not only did 'those people' inhabit some completely different world but also that 'those people' pose a particularly awful menace, the true dimensions of which can only be alluded to in public.[44]

Not only was MIND opposed to the stereotyped images used by SANE, SANE's belief in the medical model of schizophrenia and the hospitalisation of the mentally ill also contradicted MIND's rights-based approach and propagation of the benefits of care in the community. This can be seen in MIND's counter-campaign of 1989. Different wording was applied to the same staring-eyed, hollow looking man who 'thought he was Jesus'. Figure 6 depicts MIND's poster, with the text reading 'THEY SAY I SHOULD BE SHUT AWAY. THEY SAY THEY KNOW WHAT'S GOOD FOR ME. I HAVE NO SAY!' This emphasised MIND's antagonism towards SANE's promotion of hospital care, suggesting this need to 'be shut away' was evidence of oppression of the mentally ill, who 'have no say'. While the content of MIND's interaction with SANE highlights their defence of patients' rights, MIND's reaction also demonstrates the organisation's charged character, which stood in stark contrast to the activities of the earlier NAMH. As a contemporary remarked on the eve of NAMH's transition, the Association 'decided to alter its approach from relatively unobtrusive social work to abrasive stirring up of public opinion'.[45] MIND's conflict with SANE demonstrates this newfound energy and commitment to raise awareness and rouse opinion that they inherited from the preceding social movements of the 1960s.

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[44] *Open Mind* 38 (April/May 1989), 3.
[45] D. Wilson, 'The troubled minds', *The Observer* (London, 14/2/1971), 9.
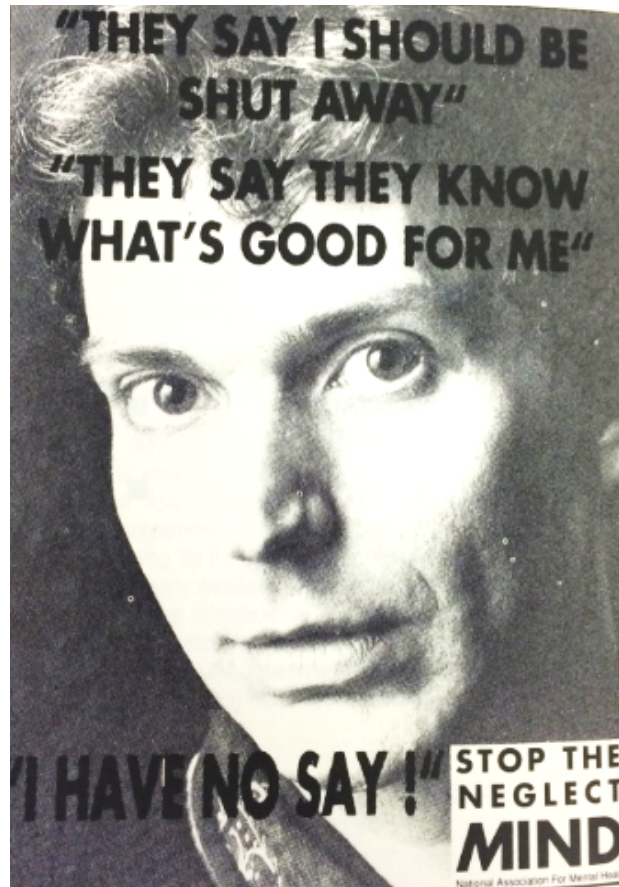
Figure 6: *Poster from MIND's counter-campaign, 'Stop the Neglect'*[46]

Due to the changing climate of public opinion in the 1960s, and in an attempt to garner support and financial backing from the public, NAMH underwent a comprehensive transformation, evolving from a polite 'do-good' organisation into an active campaigning group. Central to this transformation was the desire to raise awareness and challenge stigma, two values inherited from the social movements that prevailed in the 1960s. Through the MIND campaign, NAMH sought to change the face of the mental health patient, who had been stereotyped and publicly outcast by society as socially deviant. In doing so, the Association also changed its own 'face'.

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[46] 'MIND Annual Report 1988/9', 10.

CHAPTER 2: A Civil Rights based approach – Intervention in the legal field

> *'MIND has developed a lusty appetite for legal reform and the issue of patients' civil rights…'*[47]

NAMH's adoption of a civil rights based approach following its rebirth as MIND can be seen in the organisation's intervention in the legal field. As highlighted in the chapter's opening quote by Anthony Clare (then Medical Adviser of MIND), the Association developed a 'lusty appetite for legal reform' in the years following its rebrand. This newfound outlook was motivated by the successful assertion of legal rights by the civil rights movement: The American Civil Rights Act of 1964, which outlawed discrimination based on race, colour, religion, sex, or national origin, was one of the crowning legislative achievements of the movement, and encouraged similar triumphs in the mental health field.

Before its transformation into MIND, patients' rights were not a priority of NAMH; the Association was inclined to ally with psychiatrists over patients, particularly in the years preceding the 1959 Mental Health Act. When the formation of the Percy Commission (whose purpose was to assess the extent to which people with mental disorders could be treated as voluntary patients) was discussed by NAMH in *Mental Health*, it was argued that patients did not need protecting from doctors and psychiatrists. While the old legislation was 'designed to prevent victimisation by unscrupulous doctors', NAMH maintained that this 'is surely unnecessary today'.[48] Furthermore, when giving evidence to the Percy Commission, the Association emphasised the need to ensure the rights of the public to be free of any possible dangers posed by the mentally ill rather than patients' rights. This was reiterated in the Parliamentary contributions of the Association's Chairman, Lord Feversham, who stressed the importance of 'protection of the community'.[49]

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[47] A. Clare, *MIND OUT* 48 (April 1981), 17.
[48] *Mental Health* 13:2 (1954) 50.
[49] C. Feversham, 'The Law Relating to Mental Illness', *House of Lords Debates* 207 (19/02/1958), 817.

The 1950s saw NCCL launch a public campaign highlighting concerns about the treatment and rights of mental health patients. This was unique for its time and somewhat surprisingly, given MIND's later civil rights based approach, NAMH's response was negative. Minutes taken at an AGM document the Association's belief that NCCL 'wholly ignores the immense *benefits* conferred on defectives' by mental institutions.[50] To the Association at this time, the rights of mental health patients were not a prime concern. Yet, within twenty years, the Association had fully embraced a civil rights based approach. It is this paper's contention that this is a result of the Association embracing the change in public opinion instigated by the wider civil rights movements of the 1960s.

Although the social movements of the 1960s were the principal influence upon MIND's new persona, the transformation relied on key individuals to spearhead this change. The appointment in 1974 of NCCL's Tony Smythe as MIND's Director marked a turning point in the organisation's attitude to the civil rights of mental health patients. A tribute to Smythe in *MIND OUT* following his resignation commended his 'commitment to securing the rights and dignity of patients'.[51] The mental health field progressed tremendously while Smythe was MIND's Director: the era witnessed both the radical transformation of MIND's own outlook and approach, and Government paying greater attention to mental health issues: reforming legislation and granting patients the right to vote. Smythe established a multi-disciplinary working party to review the 1959 Mental Health Act, resulting in agreement that a permanent Legal and Welfare Rights Officer was required. American civil-liberties lawyer, Larry Gostin, was employed in this capacity and was also a key proponent of change. Gostin was at the forefront of MIND's campaign to highlight the shortcomings of the 1959 Mental Health Act and in 1975, MIND's publication of *A Human Condition*, the first of Gostin's two-volume critique of the Act, laid out comprehensive demands for reform.

A Human Condition called to re-embrace legalism. However, as Gostin himself asserted, this was a 'new legalism' differing from that based on segregation

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[50] 'NAMH Minutes of the Fifth AGM', (09/01/1952).
[51] *MIND OUT* 55 (November 1981), 2.

embodied in the 1890 Lunacy Act.[52] Two key principles underpinned it: the 'ideology of entitlement', (that patients should have enforceable rights to required health services); and the 'least restrictive alternative', (that they have a right to expect to be cared for in the least restrictive alternative setting).[53] Gostin challenged the assumption that compulsory detention allowed for compulsory treatment, proposing that in cases lacking consent, a multidisciplinary committee should review available options before deciding whether treatment would be given.[54] He stressed that treatment involving 'surgery, electro-convulsive therapy or experimental drugs shall not be given without approval'.[55]

Gostin's proposals were acted upon in the 1982 Mental Health (Amendment) Act (consolidated in the 1983 Mental Health Act), which made notable advances in the mental health field. These included: significantly increasing opportunities for tribunal review; providing patients appearing before Mental Health Review Tribunals with an entitlement to public funding for legal representation; establishing detailed regulation of consent, treatment and second opinions; launching a special health authority (the Mental Health Act Commission) which held a protective function over detained patients, and ensuring no voluntary patient lost the right to vote. *A Human Condition* was highly influential in achieving these triumphs. As Clive Unsworth has argued, the reforms in the 1983 Mental Health Act are 'in considerable part attributable to proposals advanced by Gostin'. Gostin too has acknowledged that approximately two-thirds of the provisions of the Act derived from proposals he advanced on behalf of MIND.[56]

MIND's role in shaping this legislation was only one way in which the organisation intervened in the legal field. MIND organised training conferences, published a manual for representatives, and the Legal and Welfare Rights Service defended patients and ex-patients in numerous cases. MIND won multiple

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[52] L. Gostin, 'Contemporary Social Historical Perspectives on Mental Health Reform', *Journal of Law and Society* 10:1 (1983), 47.

[53] L. Gostin, 'The ideology of entitlement' in P. Bean (ed.), *Mental Illness: Changes and Trends* (New York, 1983), 49-50.

[54] L. Gostin, *A Human Condition,* Vol. 1 (London, 1975), 123-130.

[55] Gostin, *A Human Condition* 1, 152.

[56] C. Unsworth, *The Politics of Mental Health Legislation* (Oxford, 1987), 317; Gostin, 'Contemporary Social Historical Perspectives', 67.

ground-breaking rulings on the rights of the mentally ill in court. This included a victory at Warrington County Court in 1976, which gave 'potentially thousands' of patients in mental hospitals the right to vote.[57] The ruling set a strong precedent that MIND sought to consolidate by encouraging local health authorities to submit 'resident' patients' names to the electoral register. Gostin also brought cases before the European Court of Human Rights. One of the organisation's greatest legal achievements was a test case brought to the European Court of Human Rights in 1981. The Court came to two unanimous conclusions in its decision on the case of *X vs. the United Kingdom* [(1981) 4 EHRR]: that the Government was in breach of Article 5(2) of the European Convention on Human Rights for not providing the patient with reasons for his detention, and Article 5(4) for not providing a right to a periodic review in court. The ruling had far-reaching implications that changed the landscape of mental health in Britain; it prevented the Home Secretary from making decisions relating to the detention and recall of restricted patients, and entitled patients access to court on a periodic basis.[58]

Through MIND's intervention in the legal field, it is clear that by prioritising the rights of patients, they embraced the key principles of the 1960s civil rights movement. Kathleen Jones has argued that, with their new civil rights based approach and legal stance, MIND 'rejected the duchesses-and-twin-set image, alienated some of its professional supporters, and introduced new techniques of lobbying and media publicity'.[59] It is unquestionable that MIND radicalised their image and assumed a new lobbying stance, and that they did so at the cost of professional support is testament to their dedication to their new outlook, driven by patients' rights. Certainly, some psychiatrists opposed MIND's change of direction, particularly their new legal approach, which was considered an attack on psychiatrists' professional authority. Martin Roth and Denis Hill are two psychiatrists who were vice-presidents of MIND, and resigned in protest in 1980. 'Believing that MIND can no longer be supported as an instrument of its original aim, I have resigned' Roth stated, and similarly, the change from the 'previously,

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[57] *MIND OUT* 21 (March/April 1977), 5.
[58] 'MIND Annual Report 1980-81', 10.
[59] K. Jones, *Asylums and After,* (London, 1993) 200.

much respected NAMH' into the more confrontational MIND led Hill to 'resign in protest'. [60] Even Christopher Mayhew, MIND's presidential figurehead, endeavoured to distance MIND from the recommendations of *A Human Condition* in 1975 and subsequently resigned.[61]

Nevertheless, MIND's change was in response to a wider shift in public opinion that occurred as a result of the climate of the 1960s, and membership numbers suggest that the transformation was *overall* a welcome one. Figure 7 demonstrates that total membership of MIND steadily increased until 1970 when there was a rapid expansion that saw members almost double from 1970 to 1973 (the duration of the MIND campaign). Although immediately following this, membership fell, one can assume that this was caused by the resignation of disgruntled psychiatrists, for numbers rose rapidly again. Though not all of MIND's members agreed with its adoption of a civil rights based stance, MIND's outlook was in line with the general publics' attitudes, which is evident as membership climaxed in the 1970s, when MIND's new 'face' was fully formed.
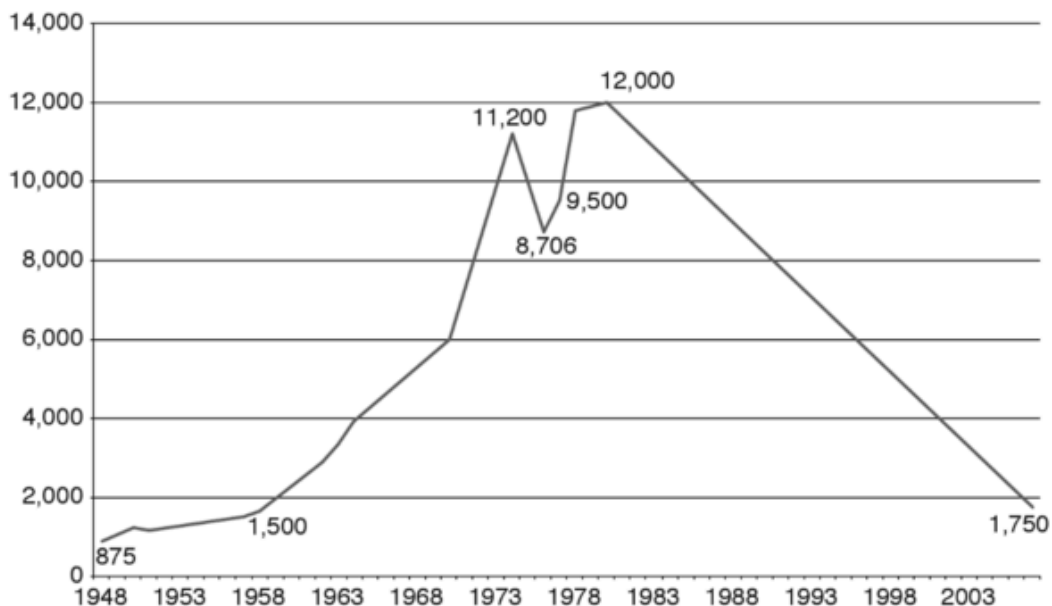

Figure 7: *Number of members belonging to Mind, 1948-2007[62]*

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[60] M. Roth, 'MIND and its policies', *The Times* (London, 13/09/1980), 13; D. Hill, 'Attack on MIND official' *The Times* (London, 27/05/1980), 15.
[61] C. Mayhew, 'Mental Health' *The Times* (London, 7/11/75), 15.
[62] Hilton et al., *Historical Guide to NGOs*, 166.

This chapter has highlighted how, with its transition to MIND, NAMH's approach shifted to one akin to the civil rights movement of the 1960s, concerned with solidifying civil rights for mental health patients in law. Larry Gostin, who brought his American civil rights stance to Britain, spearheaded MIND's legal venture, and, in achieving revolutionary rulings, successfully changed the field of mental health. By intervening in the legal arena, MIND demonstrated their commitment to patients' rights above all else. NAMH's initial priority had been to align with the psychiatrist, whereas MIND was not afraid to lose professional support in favour of achieving civil rights and public approval. Intervention in the legal field allowed them to do this, and subsequently allowed them to transform the landscape of mental health in Britain.

CHAPTER 3: Giving patients a voice - Mind and the Service User Movement

> *'MIND exists to give a voice and a forum to the neglected and the under-privileged...'*[63]

This final chapter traces MIND's alignment with the mental health service user movement. Referred to simply as the 'service user/survivor movement', it is a group of individuals who either access mental health services (users), or accessed mental health services (survivors) and who fight for improved services and equal rights for mental health patients. Through MIND's alignment with the movement, the organisation began to present a critique of psychiatry.

There is contention over the user movement's origin: a 2006 article by David and Joshua Rissmiller was controversially received.[64] The Rissmiller's proposal that the movement grew out of anti-psychiatry was severely rejected by internal members of the movement. David Oaks, Director of MindFreedom International, criticised the article for imposing 'false labels and a skewed history on activists for human rights in mental health', arguing instead that 'we credit the civil rights movement and our own experiences of psychiatric abuse as the original sources of our inspiration'.[65] Peter Campbell, a founding member and the first secretary of Survivors Speak Out (SSO) likewise argues that the influence of the civil rights movement upon psychiatric patients was natural: 'the movement... towards increasing civil rights for disadvantaged groups had to touch eventually on those diagnosed as having a mental illness', and by the 1980s, there were 'substantial numbers of people who had been brought up in a civil rights climate' to instigate such a movement.[66] In a similar vein, Chamberlin has proposed that, 'influenced by the black, women's and gay liberation movements', the ex-patient movement

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[63] *MIND OUT* 5 (April 1974), 3.
[64] D. Rissmiller and J. Rissmiller, 'Evolution of the Antipsychiatry Movement into Mental Health Consumerism' *Psychiatric Services* 57:6 (2006), 863-866.
[65] D. Oaks, 'The Evolution of the Consumer Movement', *Psychiatric Services* 57:8 (2006), 1212.
[66] P. Campbell, 'The history of the user movement in the United Kingdom' in T. Heller et al (eds.) *Mental Health Matters: A Reader* (London, 1996), 219.

was driven by 'self-definition and self-determination'. [67] Alongside consciousness-raising and legal-rights, another guiding principle borrowed from the civil rights movement was the exclusion of non-patients. One current network of mental health patients that has certainly been influenced by these principles is Mad Pride. Its 'direct action' approach, with 'defiant displays of ostentatious madness; riots; sabotage; and medication strikes' has undeniable similarities with the action that characterised 1960s movements.[68] Links have been drawn by the network, as they have exclaimed, 'we the mad community demand equality, simple! As women, gay and black communities had to fight for that right so will we!'[69]

MIND's role was influential in stimulating this service user movement. Most simply, by confronting the stigma associated with mental illness, MIND created an environment that encouraged growing numbers of people to 'come out' and discuss their mental illness freely. A more direct link has been proposed, however. Campbell, while acknowledging early protest against the mental health system, locates the 'real flowering of service user action' in the 1980s, emphasising MIND's joint conference with the World Federation for Mental Health.[70] The 1985 conference hosted delegates from the Dutch users' movement who influenced British service users. MIND's own annual conference of 1985 was also significant. Advertisements for the event highlighted that 'for many people… using mental health services brings a change in status. People become "patients" or "clients", surrendering control of decisions and determination of their daily way of life'.[71] The conference, titled 'From patients to people', gave service users a chance to be heard. The official history of SSO, as one of the first user organisations, even credits the MIND conference for its foundation, stating that the annual conference 'made possible' its establishment by providing a

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[67] Chamberlin, 'The Ex-Patients' Movement', 325.

[68] T. Curtis et al. (eds.), *Mad Pride: A Celebration of Mad Culture* (2004), 7.

[69] 'About Mad Pride' http://www.madprideireland.ie/about/ [Accessed 23/03/2016]

[70] P. Campbell, 'From Little Acorns: The mental health service user movement', in A. Bell and P. Lindley (eds.) *Beyond the Water Towers* (London, 2005), 74.

[71] 'Advertisement for MIND Annual Conference 1985'.

platform for likeminded service users to meet and interact.[72] However, there is evidence of MIND giving a voice to the service user that predates the 1980s.

MIND used *MIND OUT* as a forum for those whose views, they acknowledged, 'are so rarely heard'.[73] In June 1974, MIND announced its intention to devote the October edition *solely* to the views of the service users. The newly appointed Tony Smythe suggested that, while MIND effectively represented the interests of professional groups within mental health, the organisation could evolve to act as a bridge 'between users and professionals'.[74] The October publication aimed to do just that. There was an unprecedented response, with hundreds of letters sent in from patients, ex-patients, and relatives alike. *MIND OUT* acknowledged that whilst one individual experience cannot be generalised, it is imperative to hear different experiences of patients, and although 'psychiatrists will [not] like being criticised by their patients… criticism is a necessary function of this particular relationship'.[75] In the editorial, *MIND OUT* stated that despite asking 'for both good and bad experiences of the mental health services', somewhat unsurprisingly, 'the bad experiences were by far in the majority'.[76] The edition was divided into topics raised by the contributions, including compulsory treatment, drugs, and psychotherapy, and the consensus amongst patients tended to be that the 'whole process' of the mental health services was, as one ex-patient vocalised, 'a humiliating experience stripping one of identity rather than equipping one for living'.[77]

The artwork accompanying the text is of interest as it was also the creation of service users. All images are of a similar ilk and differ starkly, in their monochrome state, to the characteristically bright pages of a standard *MIND OUT* edition. The illustrations corroborate the oppressive nature of psychiatry that is presented in the users' views throughout the edition. As Figures 8 and 9

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[72]   A.   Roberts,   'History   of   Survivors   Speak   Out',   (2010), https://www.studymore.org.uk/ssohist.doc [Accessed 18/04/2106]
[73] *MIND OUT* 3 (Autumn 1973), 3.
[74] 'MIND Council of Management Minutes', 04/10/1974.
[75] *MIND OUT* 7, (October 1974), 2.
[76] MIND OUT 7, (October 1974), 2.
[77] *MIND OUT* 7, (October 1974), 12.

demonstrate, the depictions portrayed psychiatric individuals reaching out for help whilst simultaneously being shut away by society and oppressed by psychiatry. Although these images were not *created* by MIND and thus cannot be said to directly reflect MIND's outlook, they were *chosen* by MIND, and this alone tells us that MIND was, in line with the service user's view, presenting a controversial critique of psychiatry.
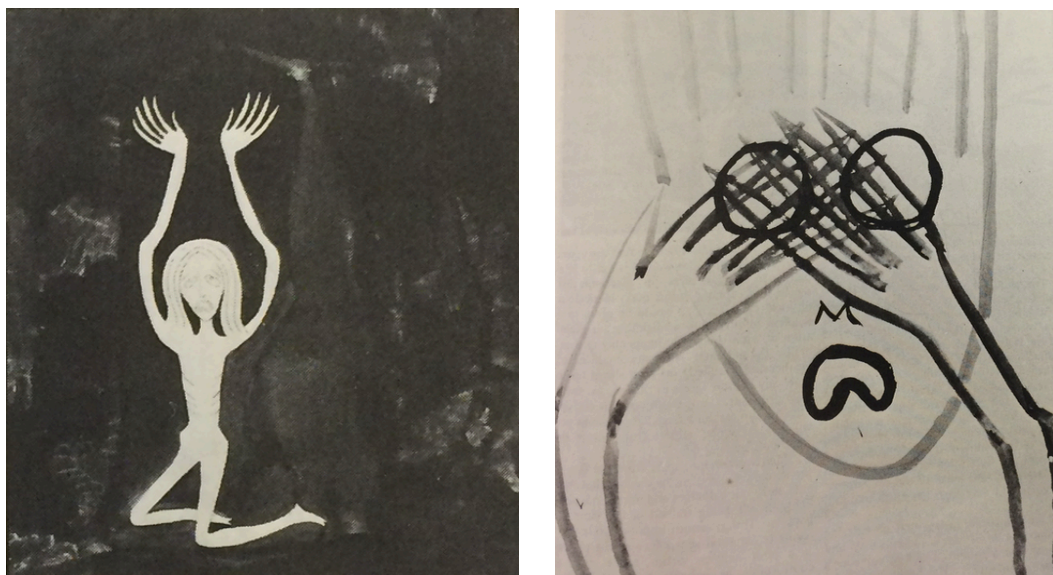
Figures 8 and 9: Two images featured in MIND OUT's 1974 user edition[78]

The mixed response in the following edition confirms that this was a controversial venture. One psychiatrist expressed his 'concern at the paltry standards of the October edition', which he dismissed as consisting of 'nothing more than anecdotal alarmist accounts from disgruntled and querulent people'.[79] A woman of similar opinion warned that the issue was 'dangerously slanted', publishing complaints belonging to 'a sick mind anyway'.[80] Nevertheless, there were individuals who wrote in supporting the publication. One individual commented 'it is refreshing to hear the views and thoughts of those who do know what mental illness is really about'.[81] Though MIND did not choose to explicitly side with either camp, the October edition of *MIND OUT* provided a platform purely for service users to express their views: service users were, for

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[78] Images from *MIND OUT* 7 (October 1974), 11-12.
[79] J. Slater, 'Letters: Paltry standards', *MIND OUT* 8 (December 1974), 4.
[80] E. Ellis, 'Letters: Slanted' *MIND OUT* 8 (December 1974), 4.
[81] C. Cheeseman, 'Letters: Congratulations', *MIND OUT* 8 (December 1974), 5.

the first time, given individual agency to speak out and be heard. This marked the beginning of MIND's interaction with service users on a personal level; rather than simply representing them, MIND incorporated the mental patients into their own discourse, giving them a voice, as this chapter's opening quote (taken from a 1974 *MIND OUT*) claims.

Notwithstanding this, it was not until 1987 that MIND launched its own user group, MINDLINK. First known as the Consumer Advisory Panel, the group was formed under the umbrella of MIND, but existed independently. As Claytor has argued, although one way to ensure patients' rights are valued is to 'enshrine those rights in law', another is 'to ensure that users have direct input into the process of planning and running services, and that their voices will be heard'.[82] The establishment of MINDLINK provided a permanent forum for user members of MIND, ensuring that the user's voice was able to influence policies and services offered by the organisation. Furthermore, there was a commitment to represent users and instil them with the ability to exercise real power. 1988 saw a service user appointed as MIND's Vice Chair for the first time: Mike Lawson held the position for six years and users have been present within management teams ever since. The recent decision to terminate MINDLINK in 2011 was because Mind believed that service users should be integrated throughout the whole association, rather than congregated within one sole network.

At present, by becoming members, service users are able to influence Mind in multiple areas, with individual campaigns and projects often having their own advisers. The central governing of Mind also remains heavily influenced by service users: the organisation is currently managed by a board of sixteen trustees, the Council of Management, and as the Mind website states, 'half of [the Council] must have direct experience of mental distress'.[83] This newfound involvement of the service user in the running of Mind, which came in the 1980s, differs starkly from the original governing of the National Association. As a female psychologist employed by NAMH during the 1950s recollected, the

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[82] Claytor, *A Changing Faith?,* 282.

[83] Mind, 'Our Trustees', http://www.mind.org.uk/about-us/what-we-do/minds-annual-review-and-governance/our-trustees/ [Accessed 11/04/2016]

Association was originally staffed by a circle of middle-class women 'of a certain age', the kind who would have tea 'served with some formality by the "tea lady"'.[84] Crossley convincingly suggests that in its early state, 'the organisation embodied the status and respectability (the "good manners" and general bodily *hexis*) of the middle class woman'.[85] The personal recollection reflects this image of the organisation in its initial years, where a group of conservative 'do-gooders' gathered to make a difference. The civil rights movements of the 1960s were influential in instigating its change in persona. Mental health patients, inspired by other vulnerable individuals fighting for their rights, followed suit, actively participating in the mental health field. Mind, too, responded to the countercultural movements and ensuing intellectual change of the sixties, in allowing the service user to be heard. What began as a 'polite' group trying to make a difference became a charged organisation of service users working alongside non-service users, prioritising mental health patients' rights.

As well as aligning with service users, there was cross-fertilisation with those who had been fighting for their rights in the 1960s, as MIND devoted attention to those already vulnerable within society. One example is MIND's alignment with women. With the rise of feminist critiques of psychiatry MIND began to raise awareness of the gendered nature of the field, and Women in MIND, a policy working party devoted to women's needs, was formed in 1984.[86] The group created publications for distribution and stressed the importance of mental health as 'a crucial issue' for the Women's Movement.[87] Such publications also highlighted the bias inherent in the treatment of lesbianism within psychiatry, which, the group maintained 'although not illegal… is still treated as a psychological sickness'.[88] As well as sexism and heterosexism they stressed 'racism and economic deprivation' as factors that prevented women from taking control of their lives, explaining that 'the proportion of black and working-class

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[84] R. Husain, 'Cast your mind back', *Open Mind* 56 (1992), 15.

[85] N. Crossley, 'Transforming the mental health field: The early history of the National Association for Mental Health', *Sociology of Health and Illness* 20:4 (Oxford, 1998), 472.

[86] See N. Tomes, 'Feminist Histories of Psychiatry' in M. Micale and R. Porter (eds.) *Discovering the History of Psychiatry* (Oxford, 1994), 352-376.

[87] See MIND, *Finding Our Own Solutions: Women's experience of mental health care* (London, 1986); MIND Pamphlet 'Women in MIND' (1985).

[88] *Finding Our Own Solutions*, 51.

women' receiving electro-convulsive therapy was 'far higher than middle-class women'.[89] MIND also held the campaign 'Stress on Women' to emphasise issues unique to women, such as coping with motherhood. Within this too, attention was given to women from marginalised groups, and the need for equal opportunities was stressed.[90] Thus, the driving principles of the social movements of the 1960s: equal rights and societal acceptance for minority groups (be they women, ethnic minorities, gay, or disabled), were applied by MIND to the mental health field.

This chapter has shown that, with its transformation into MIND, NAMH prioritised and provided a platform for the voices of service users. Influenced by the social movements of the 1960s, where individuals first stood up for their rights, MIND valued patients' opinions and played an instrumental role in instigating the user movement, which has irrefutable links with the civil rights movement. After initially providing platforms for like-minded users to meet at their annual conferences and (somewhat controversially) giving space for the service user to express themselves in their magazines, MIND devoted a whole network for service users to influence the organisation. Although this has recently been terminated, the service user still plays a prominent role in the running of Mind on all levels.

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[89] MIND, *Finding Our Own Solutions*, 13.
[90] 'Stress on Women: Policy Paper on Women and Mental Health', 1992.

CONCLUSIONS

"We were certainly not created as a protest movement… but we have become one."[91]

Historical analysis of the Mind archives reveals important conclusions about a key player within the mental health field. This dissertation has shown that, in response to its social background Mind evolved from a paternalistic, 'do-good' Association into a civil rights based lobby group. The NAMH that relied on Government for financial support and sided with the medical profession developed into Mind, an organisation that fought vociferously for the rights of the mentally ill; engaging with, reflecting, and representing users' interests and views. By the late 1960s the genteel NAMH was becoming out of touch with public opinion, moribund, and in a dismal financial position. Whilst this highlighted the need for the charity to evolve, the success of the civil rights movement was the most influential factor in informing the *direction* of NAMH's evolution.

These conclusions are relevant because in the wider sphere of charity work, they deepen the understanding of the ways in which approaches to voluntary work heavily depend on the external environment in which they are operating. They also highlight the influence of the civil rights movement upon the mental health field. Whilst the influence of the movement has been explored in relation to other prominent social movements, its influence upon social movements within psychiatry (which have themselves been understudied) has, until now, been overlooked.

The 1960s was an era of immense social and political change where the rights and liberties of the individual became a *cause célèbre* to be fought for against the perceived oppression of the establishment. The civil rights movement, championing the rights of the individual against a society which was seen as demanding conformist behaviour, achieved great success in cementing freedoms

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[91] D. Ennals, *Mind and Mental Health* (Summer 1972), 29.

for vulnerable and previously un-represented social groups including homosexuals, ethnic minorities and women. The Association adopted the key methods of the movement: consciousness-raising, empowerment, and collective identity, in order to achieve the same fundamental aims: basic legal rights, acceptance, and an improved quality of life for the mentally ill. This resulted in, as the quote above highlights, (from David Ennals, MIND Campaign director) NAMH becoming a 'protest movement', in line with the social movements of the 1960s.

With its new persona, Mind sought to transform the mental health field. By raising awareness and challenging stigma, the organisation changed the face of the mental health patient from a stereotyped 'loony bag' to a normal (even apparently happy) person, and by publicising the frequency of mental ill health, created an environment in which the mentally ill felt comfortable to 'come out' and speak openly about their struggles. Mind's engagement in the legal arena, replicating the tactics of the US civil rights activists in the 1960s, led to ground-breaking achievements encapsulated in the 1983 Mental Health Act that changed the landscape of mental health, emphasising patients rights. Today Mind is an organisation which is itself fully engaged with the service-user movement. It no longer simply represents the interests of the mentally ill but gives them a voice and a platform from which that voice can be heard. It is hard to recognise that it is the same organisation which was created in 1946. It is even harder to conclude that it would have become the effective organisation it is today without the influence of the 1960s civil rights movement.

The influence of the 1960s civil rights movement on the Association, and 'the Gap' that can be seen between the NAMH of the 1950s and Mind today clearly demonstrates the truth of Appleby's assertion that voluntary organisations need 'to be in tune with the times and to know how to play the tune in the right key'.

APPENDICES

Appendix 1: *Table to show the change in terminology used by Mind to describe those suffering from mental illness in their 'Aims and Objectives' section of each annual report:*

Year of Annual Report	Terminology used in 'Aims and Objectives' section
1946-47 (NAMH)	Mentally subnormal or defective
1947-48	Mentally subnormal or defective
1948-49	Mentally subnormal or defective
1949-50	Mentally subnormal or defective
1950-51	Mentally subnormal or defective
1951-52	Mentally subnormal or defective
1952-53	Mentally subnormal or defective
1953-54	Mentally subnormal or defective
1954-55	Mentally subnormal or defective
1955-56	Mentally subnormal or defective
1956-57	Mentally subnormal or defective
1957-58	Mentally subnormal or defective
1958-59	Mentally subnormal or defective
1959-60	Mentally subnormal or defective
1960-61	Mentally subnormal or disordered
1961-62	Mentally subnormal or disordered
1962-63	Mentally subnormal or disordered
1963-64	Mentally subnormal or disordered
1964-65	Mentally subnormal or disordered
1965-66	Mentally subnormal or disordered
1966-67	Mentally subnormal or disordered
1967-68	Mentally subnormal or disordered
1968-69	Mentally subnormal or disordered
1969-70	Mentally subnormal or disordered
1970-71 (Beginning of MIND Campaign)	Mentally disordered
1971-72 (Rebranded MIND)	Mentally disordered
1972-73	Mentally disordered
1973-74	Mentally ill or handicapped
1974-75	Mentally ill or handicapped
1975-76	Mental patients
1976-77	Mental patients
1977-78	Mental patients
1978-79	Mental patients
1979-80	Mental patients
1980-81	Mentally ill or handicapped
1981-82	Mentally ill or handicapped
1982-83	Mentally ill or handicapped
1983-84	Mentally ill or handicapped

1984-85	Mentally ill or handicapped
1985-86	Mentally ill or handicapped
1986-87	Mentally ill or consumers
1987-88	Mentally ill or users
1988-89	Mentally ill or users
1989-90	Mentally ill or users
1990-91	Mentally ill or users
1991-92	Mentally ill or users

Source:
Annual Reports of NAMH: 1946-47 – 1970-71
Annual Reports of MIND: 1971-72 – 1991-92

Appendix 2: *Income and Expenditure Account of NAMH from financial year-end 31st March 1962*

THE NATIONAL ASSOCIATION FOR MENTAL HEALTH
(*INCORPORATED as a COMPANY limited by GUARANTEE and not having a SHARE CAPITAL*)

INCOME and EXPENDITURE ACCOUNT for the YEAR ended 31st MARCH, 1962

EXPENDITURE

1961 £		£ s. d.	£ s. d.
3,897	FELLOWSHIPS AND BURSARIES	3,681 10 6	
—	*Add :* Ministry of Health Grants unallocated	6,488 15 2	10,170 5 8
	CENTRAL ADMINISTRATION EXPENDITURE :—		
	SALARIES, SUPERANNUATION, INSURANCES, ETC.:—		
10,416	Administration	11,420 1 2	
8,730	Social Services and Case Work	8,989 18 5	20,409 19 7
19,146			
2,332	Rent and Rates	2,690 5 4	
1,888	Light, Heat and Cleaning	1,879 1 7	
935	Repairs and Renewals	1,194 10 5	
517	Telephone	663 6 2	
131	Insurances	113 14 6	
2,132	Postages, Stationery, etc.	2,597 19 6	
607	Travelling and Maintenance	660 18 2	
359	Bank Interest and Charges	294 7 4	
489	Accountancy	521 0 0	
70	Subscriptions to other bodies	85 7 8	
227	Sundries	711 18 1	31,822 8 4
28,833			
18,821	TRAINING AND EDUCATION (including Salaries of £13,493 16s. 8d.)		25,781 6 8
	PUBLIC INFORMATION :—		
8,883	General (including Salaries of £7,243 9s. 1d.)	8,859 13 5	
1,330	Journal	1,564 19 3	
139	Library	121 18 2	
3,481	Literature	3,390 12 3	
3,794	Christmas Cards	5,127 7 7	19,064 10 8
17,627			

INCOME

1961 £		£ s. d.	£ s. d.
	GRANTS :—		
	MINISTRY OF HEALTH :—		
6,000	Training Fellowships and Bursaries...	6,000 0 0	
15,000	General...	15,000 0 0	21,000 0 0
21,000			
	SUBSCRIPTIONS :—		
3,358	Local Authorities	4,033 14 0	
1,275	Regional Hospital Boards	1,375 0 0	
3,282	Membership Subscriptions	3,147 18 5	8,556 12 5
7,915			
	DONATIONS :—		
2,850	General	2,010 13 5	
90	L.C.C. Sunday Entertainment	—	2,010 13 5
2,940			
	INVESTMENT INCOME		1,269 2 3
1,125			
	THE MENTAL HEALTH NATIONAL APPEAL FUND	17,766 19 1	
12,803	*Less :* Allocations to N.A.M.H. Local Associations	313 1 7	17,453 17 6
12,803			
	LEGACIES :—		
—	Miss M. Thompson, deceased	1,675 1 9	
500	Mrs. N. L. Cooke-Hurle, deceased	500 0 0	
25	Miss Adeline Fox, deceased	—	
100	F. Doughty Will Trust...	—	2,175 1 9
625			
	TRAINING AND EDUCATION		23,422 8 8
14,793			
	PUBLIC INFORMATION :—		
3,004	General	2,413 9 11	
1,168	Journal	1,118 5 11	
43	Library	13 11 10	
3,957	Literature	3,952 18 8	
7,637	Christmas Cards	9,604 18 3	17,103 4 3
15,809			

Government funding highlighted in yellow, voluntary donations highlighted in red.

Source: NAMH Annual Report 1961-62

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- *MIND OUT* 1 (Spring 1973)

- *MIND OUT* 3 (Autumn 1973)

- *MIND OUT* 5 (April 1974)

- *MIND OUT* 7 (October 1974)

- *MIND OUT* 8 (December 1974)

- *MIND OUT* 20 (January/February 1977)

- *MIND OUT* 21 (March/April 1977)

- *MIND OUT* 55 (November 1981)

- *Open Mind* 38 (April/May 1989)

- *Open Mind* 56 (1992)

❖ **Annual Reports (SA/MIN/B/80/7)**

- NAMH Annual Report 1946-47

- NAMH Annual Report 1947-48

- NAMH Annual Report 1948-49

- NAMH Annual Report 1949-50

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