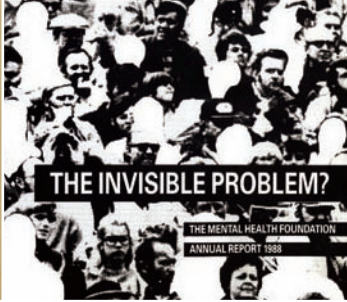




ANNUAL REVIEW
07/08



THE INVISIBLE PROBLEM?

THE MENTAL HEALTH FOUNDATION
ANNUAL REPORT 1988

The Mental Health Foundation

Fellowships, grants and supported projects
1954-1976



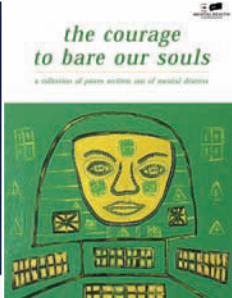
The Fundamental Facts
The
facts



Cool down
Anger and how to deal with it



THE ECONOMIC CONSEQUENCES OF AUTISM IN THE UK



the courage to bare our souls
A collection of poems written out of mental distress



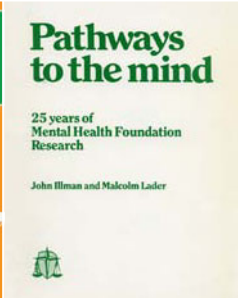
A Bright Future for All
Promoting mental health in education



STRATEGIES for living



All About Bulimia Nervosa



Pathways to the mind

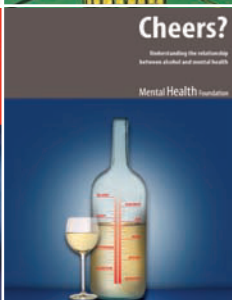
25 years of Mental Health Foundation Research

John Ilman and Malcolm Lader



Truth Hurts

Fact or fiction?



Cheers?

Understanding the relationship between alcohol and mental health

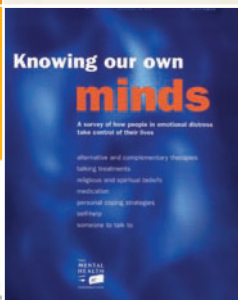


60 YEARS OF PIONEERING

A brief history of the Mental Health Foundation



a year in the life ...

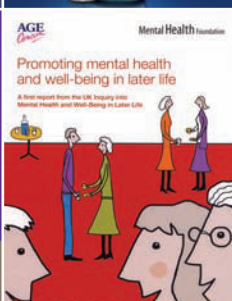


Knowing our own minds

A survey of how people in emotional distress take control of their lives

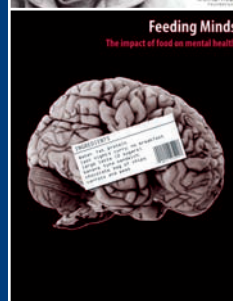


Ignorance - Prejudice - Discrimination - Stigma



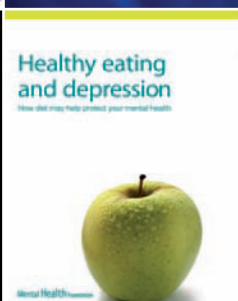
Promoting mental health and well-being in later life

A first report from the UK inquiry into Mental Health and Well-Being in Later Life



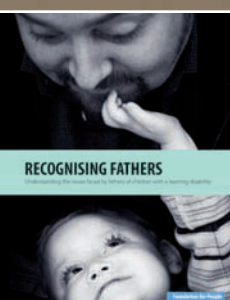
Feeding Minds

The impact of food on mental health

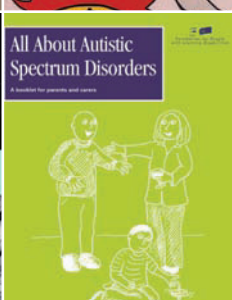


Healthy eating and depression

How diet may help protect your mental health

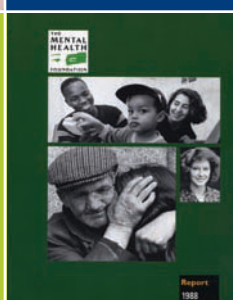


RECOGNISING FATHERS



All About Autistic Spectrum Disorders

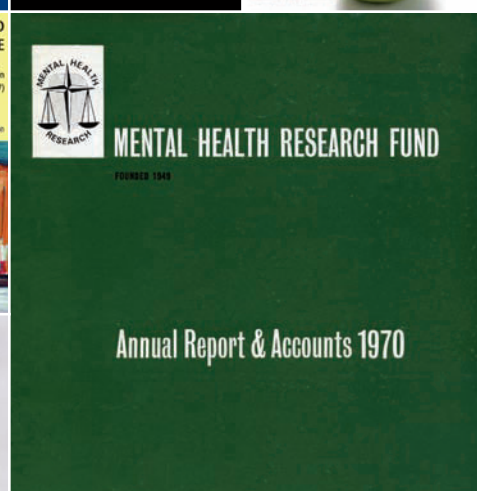
A handbook for parents and carers



ARTS, CREATIVITY AND MENTAL HEALTH INITIATIVE

Participatory Arts Self Evaluation Approach Project Report (2007)

Mental Health Foundation



MENTAL HEALTH RESEARCH FUND

FOUNDED 1948

Annual Report & Accounts 1970



CHOOSING MENTAL HEALTH

A policy agenda for mental health and public health



Putting Mental Health On The Map

The Mental Health Foundation



Smoking & mental health

Why people smoke and how to quit

Mental Health Foundation



Mental Health Foundation

Supporting the Mental Health Foundation

We couldn't have achieved as much as we have in the last 60 years without the generous support of the thousands of people who worked with us or kindly donated money.

If you share our vision of working for a mentally healthy world where people are free from the suffering caused by mental illness, please contact us.

Visit our websites: www.mentalhealth.org.uk
www.learningdisabilities.org.uk

Call us: 0207 803 1100 (London)
0141 572 0125 (Glasgow)

Email us: info@mhf.org.uk
info@fpld.org.uk

Write to: Mental Health Foundation
9th Floor, Sea Containers House
20 Upper Ground
London SE1 9QB

Mental Health Foundation
Merchants House
30 George Square
Glasgow G2 1EG



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Foreword

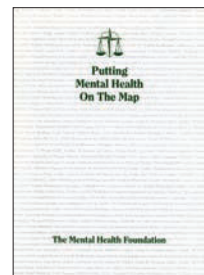
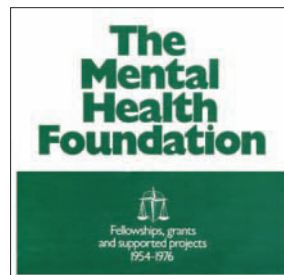
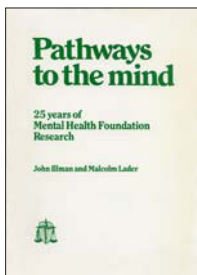
I am delighted to introduce this celebratory record of the achievements of the Mental Health Foundation. Since 1949 the Foundation has undertaken pioneering and varied research on mental health, helping us to improve the lives of people with mental illness. From the outset the organisation has embraced an inclusive, multi-disciplinary approach to its work, bringing together academics, practitioners and most important, people with direct experience of mental ill-health. It has guarded its independence and has not been afraid to challenge accepted wisdom. The Foundation's work has been highly influential in changing the way that mental health and learning disabilities are viewed in the United Kingdom.

I have seen the work of the Foundation over many years and have a great deal of respect for the dedication and professionalism of its staff and the high quality reports they produce. As a result, the Foundation has come to occupy a valuable place in the mental health field - it manages to combine a strong service user perspective with an ability to comment in an objective and measured way. This is a difficult thing to achieve and any organisation that manages it acquires a credibility that others - including government departments - can only envy.

The Foundation's staff, trustees, volunteers and supporters past and present have made a huge contribution to what we know about mental health and learning disabilities and how we provide care. The Mental Health Foundation has had a distinguished past and - despite all the progress in services over the last decade - the need for it in the years to come is just as great as ever.



Professor Louis Appleby
National Director for Mental Health
Department of Health



1949

The birth of the Mental Health Research Fund

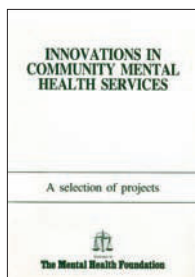
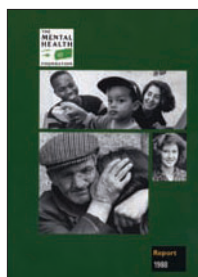
In January 1949, Dr Derek Richter, a neurochemist with a particular interest in mental health, vented his frustration at the scarcity of funding for the field. "I am getting tired of this perpetual fight to get small sums for research," he wrote, "when our colleagues working on cancer and TB are almost embarrassed by the money being thrust at them." Richter, director of research at the Whitchurch hospital in Cardiff, had an idea for how things could be changed. "Obviously," he declared, "there should be a Mental Health Research Fund."

Richter enlisted the help of Ian Henderson, a well-connected stockbroker, and the first meeting of the Mental Health Research Fund ('MHRF') took place at the Royal Society of Medicine on July 18th the same year. Henderson took the job of chairman, while Sir Geoffrey Vickers VC, the distinguished war hero, lawyer, and systems scientist, became chairman of the research committee.

Fundraising began in earnest, with the aim of securing money to award grants. Meanwhile, the embryonic organisation set itself the task of bringing together experts practising a variety of approaches. This bore fruit in 1952, when the first MHRF conference took place in Oxford. The research committee was also a multi-disciplinary affair, aiming to give a voice to all academic fields concerned with mental health.

"That research in mental health is needed is abundantly clear from the high incidence of mental illness in the community and from the growing population of our mental hospitals... we hope the Fund will be able to offer grants to approved research projects, and wish to remind your readers that its outlook is... not wedded to any particular approach to this many-sided subject."

Letter to the British Medical Journal, April 18 1953.

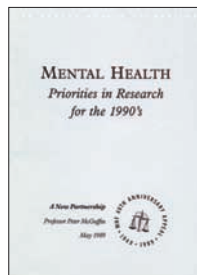
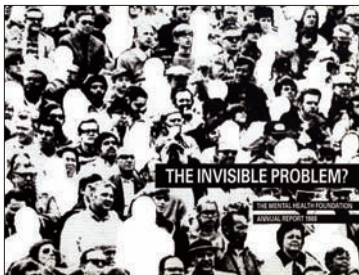


Mental health in 1949

Before the Second World War, people deemed 'mentally defective' might have expected a long stay in a Victorian asylum, hidden away from the rest of society. However, the creation of the National Health Service saw the beginnings of a more open-minded approach. Progress was slow, with mental health in-patient numbers peaking at about 140,000 in 1954. The subject remained largely taboo, and there was little impetus for further research and development work, which was "held back", according to the MHRF "by the popular idea that insanity is incurable."

1952 Mental Health Research Fund conference

The conference was held at Magdalen College, Oxford, bringing together a range of experts who, according to one commentator, "were scarcely on speaking terms with their colleagues." Neuroanatomists, pharmacologists, biochemists, psychoanalysts, animal behaviour experts, physiologists and endocrinologists were all in attendance, enabling cross-fertilisation of ideas in a way that had never previously been attempted. The conference pioneered an integrative approach that remains at the heart of the Mental Health Foundation's work today.



1955

The Mental Health Research Fund years

In 1955, the Fund began awarding grants for research. Among the first initiatives to be supported were studies into 'patterns of response of the autonomic nervous system to psychological stresses and stimuli', with £4,100 awarded to Dr JD Montagu at Runwell Hospital in Essex, and 'the genetics of the psychoses which arise late in life', for which £8,000 was given to Dr DW Kay of the Department of Psychological Medicine at the Royal Victoria Infirmary. In 1960, the Fund expanded its awards to cover prizes and travelling fellowships for exceptional psychiatry students and set aside funds to establish new university posts.

Public resources for mental health research remained hard to come by. However, the MHRF rose to the challenge of developing expertise in academic psychiatry, and many soon-to-be renowned professors had their careers kick-started by grants from the Fund.

The Fund also started to concern itself not just with securing and distributing money, but with influencing government policy, marking the beginnings of its 'turning research work into mental health policy and practice' model. "Our aim is not only to add to the total sum of research," explained chairman Ian Henderson, "but also to serve as an advisory body concerned with developing the field on a much wider scale."

Mental health 1955 - 1970's

The slow trend towards breaking taboos continued, with old asylums reducing in size, greater transfer of treatment to hospital psychiatric units and expanded provision of services outside hospitals. This was accompanied by increased public visibility for people experiencing mental health problems, with some positive media coverage, outspoken advocacy groups, and the first surveys of mental health patients' opinions about their care.

MHRF grant-making

The remit of the research committee was broad, encompassing "the central problem of the working of the brain and mind, in health and disease," as well as "clinical and sociological investigations". Indeed, it aimed to "consider every line of approach". This was a wide-ranging manifesto at a time when little research on mental health was being carried out at all.



Professor James Tanner was honorary secretary of the Research Committee for over 25 years, from 1951-1977. Now 88, he is retired and lives in Devon.

How did you get first involved with the Fund?

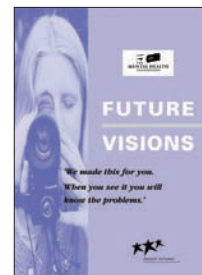
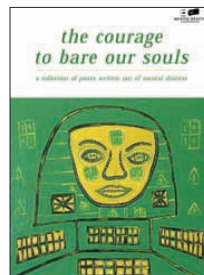
I had a house job at the wartime Maudsley hospital, looking after soldiers who'd had nervous breakdowns. I can't remember how I was recruited to the MHRF, but I remember being pleased to be asked, as I was very junior and flattered that people thought I might be useful. I did one half-day a week, though I had a full-time secretary. My work for the Fund was a sideline - from 1956, my main job was as professor of Child Health and Growth at the Institute of Child Health at Great Ormond Street.

How did the research committee operate?

We had four meetings a year – consisting of about twelve people who were carefully chosen to represent the full range of the psychiatric approach, from psychoanalysis to neuroanatomy and biochemical interventions, to conditioned responses, social pressures and so on. We recruited people who normally would be pretty solid enemies and they weren't – and that was because of Sir Geoffrey Vickers. He was a solicitor and an international negotiator for the German war debt, and one of the very few living holders of the Victoria Cross. He was also one of the most fair-minded men I have ever met in my life - he made sure every member of the committee always had their say. So we went right across the field - that was our distinguishing characteristic and we took great pride in it. I think it would be called a holistic approach now, and I'm delighted to know that's still going on.

Looking back, what do you think were the Fund's major achievements?

I think the great benefit was in training future leaders. We were aiming to do for psychiatry what the Medical Research Council was doing for basic biology, physiology or tropical diseases. People weren't interested in psychiatry - it wasn't considered science - so we set up as a complementary body. We'd take a young man and give him independence and a fellowship and he would do a piece of research that would often lead to a career lasting his professional life. If you looked through a list of the professors of psychiatry in Oxford or the Institute of Psychiatry, I'm sure you'd be able to connect many of them (to the Fund).



1972

Becoming the Mental Health Foundation

In the 1970s, the Mental Health Research Fund allocated £87,000 in research grants - double that of a decade earlier - and this rapid expansion was soon accompanied by structural change. In 1972 the Fund merged with The Mental Health Trust, which raised money for innovative projects to help people with mental health problems. A new general projects committee was formed to ensure this community-based work continued.

A year later, in 1973, the re-vamped organisation was given a new name – The Mental Health Foundation. The change reflected a growing level of sophistication – from its beginnings as a small grant-making body, the Foundation now had separate structures for fundraising, grant-making and policy-making.

Later in the 1970s, funding pressures linked with the poorly-performing economy mounted, prompting a review of priorities. Another landmark conference was convened in Oxford, this time at Balliol College, in September 1979. The event was entitled 'Priorities In Psychiatric Research', and speakers were asked to advise on which areas of research showed the most promise.

Research grants of the 1970s

In the book 'Pathways To The Mind' then Mental Health Foundation trustee Malcolm Lader highlighted key pieces of research funded in the 1970s. His selections included:

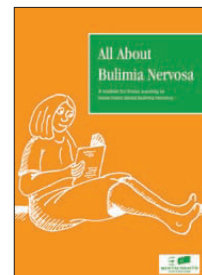
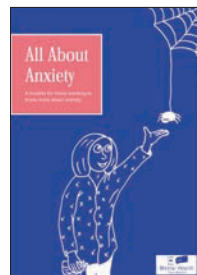
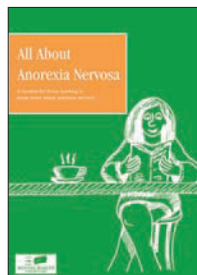
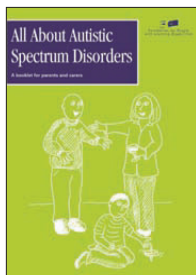
- The Biochemistry of Affective Disorder (1970)
- Protein Status In Mental Handicap (1971)
- The Action of Antidepressant Drugs (1972)
- Rehabilitation of the Chronically Mentally Ill (1974)
- Head Injuries and Mental Impairment (1974)
- Biochemical Mechanisms of Alcohol Tolerance (1976)
- Mother-Child Bonding and Personality Development (1976)
- Acupuncture Analgesia (1976)
- Neuroleptic Drugs and Dopamine (1977)
- Stress and Appendicitis (1978)

Mental health: The 1970s

The economic crises led to cuts in health expenditure, and while the government reiterated its policy of community care, the financial squeeze meant little progress was made - many former patients were effectively abandoned when they were discharged. Some were radicalised, and mental patients' unions were formed, paving the way for the later development of service-user groups.

The shift towards clinical research

Despite the MHRF's attempts to be broadminded, research in the early years had tended to be dominated by biological psychiatry and the 'basic sciences', in which work – though important – was mainly laboratory-based, and thus somewhat removed from the day-to-day experience of people with mental health problems. As a result of the 1979 conference, the Foundation shifted its focus towards clinical research, such as "treatment and service evaluation". While continuing to support laboratory work, the Foundation was making a further move towards engaging directly with and learning from people who experienced mental health problems.



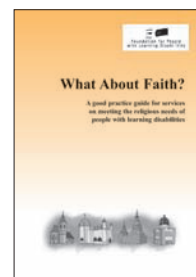
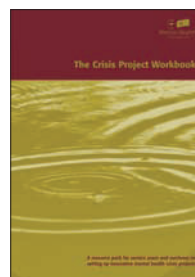
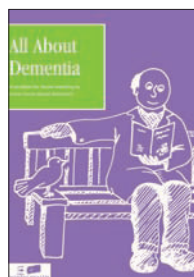
1980

Building the evidence

The 1980s was another sustained period of growth, with over £1.5m a year allocated to the research committee by the end of the decade. Evidence was emerging about the connections between physical and mental health, the cost to industry of mental health problems, the extent of 'hidden psychiatric illness' in the general public, the impact of stigma, and the relationship between mental health and brain biochemistry. More was known about conditions such as dementia and what was then called 'mental handicap'.

One of the original goals of the MHRF – developing mental health research as a viable academic career – had been achieved, there now being 49 psychiatry professorships in UK universities and medical schools, compared to just 2 in 1949. The Foundation was also developing its support for community care and rehabilitation schemes, via projects focused on employment, housing and self-help.

However, successes had to be put into context. Despite the continuing heavy burden of mental illness, funding for mental health charities amounted to only a fraction of that raised for cancer, foreign aid or animal welfare. According to the Foundation: "Mental illness remains the most neglected area of public health, despite being the most widely suffered of all the disease groups." And while understanding of mental health problems had improved, there was "no apparent fall in the incidence of mental disorder", although there was "evidence of real progress...in coping with it".

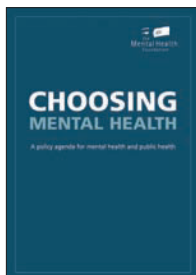


Mental health in the 1980s

Despite the promise of 'care in the community', there was concern that community services were inadequate to cope. Nevertheless, long-term progress could be acknowledged. As the Foundation's 40th anniversary literature put it: "Forty years ago, mental illness was synonymous with madness...and people referred to sufferers as lunatics, idiots and defectives...the last decade has seen the growth of public awareness... it is no longer acceptable or indeed possible to consign the mentally ill for long periods in isolation in institutions."

Fundraising

The Mental Health Foundation depends on raising funds for its work. Right from the early days of the MHRF, when, as James Tanner remembers, securing funding might involve "twisting the arms of some of the big-shots in the City", money-raising strategies have been varied and diverse. Over the decades, its increasingly broad-based revenue sources – ranging from big business supporters to sponsored runners in the London Marathon, attendees at its carol service, legacies, individual donations, lottery fund grants and statutory partnerships – have enabled the Foundation to survive and prosper.



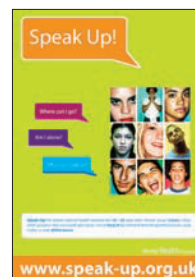
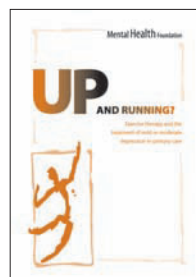
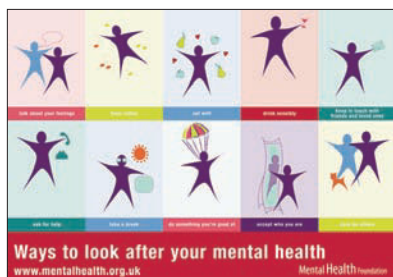
Research grant awards 1979-88

During this period, the Foundation awarded research funding for a wide range of topics, including:

- alcohol & drug abuse
- bereavement
- diet and depression
- early childhood autism
- eating disorders
- 'infancy blues'
- pharmacological approaches to schizophrenia
- psychiatric aspects of HIV/AIDS
- psychosomatic illness
- suicide
- tranquilliser dependence

"Since 1949, the Foundation has...contributed to the revolution in molecular biology and genetics, psychopharmacology and to the treatment and care of the mentally ill and the mentally handicapped. It has paved the way for the training of young doctors and fellow professionals in psychiatry and related disciplines. The measure of the Foundation's achievement is that for millions of ordinary people the fear, stigma and suffering associated with mental illness is now a thing of the past."

Sir David Plaistow, chairman and chief executive of Vickers plc, in the introduction to Mental Health: Priorities in Research For the 1990s: A New Partnership (1989)



1990

Knowing our own minds

Instead of just responding to funding applications, the Foundation now began identifying areas for development, and putting together its own research and service plans. For the first time in 1990, more money was spent on general projects than research, while a business programme was launched to tackle mental health problems at work. Several new committees were formed: on 'policy', 'substance abuse', 'mental handicap', and 'the mentally disordered offender'. The new challenge was to develop the Foundation as "an authoritative centre of knowledge and expertise that sets out to influence and bring about change".

The 1990s saw the Foundation's first major inquiries, into Community Care and the Mental Health of Children and Young People. It also continued to fund key external research, and was instrumental in the development of the therapy evaluation tool CORE, which has since been used to assess the treatment of hundreds of thousands of people in more than 250 services.

With the development of its service-user-led work, kick-started by the Knowing Our Own Minds report and followed up with the Strategies for Living programme, the Foundation also facilitated a leap in assertiveness among mental health service users, who, according to chief executive June McKerrow, "must gain as much control and choice as possible".

The creation of the Foundation for People with Learning Disabilities

The field of learning disabilities shares many similarities with that of mental health - including a history of institutional care (and neglect), discrimination and stigma. However, this has sometimes led to unhelpful blurring of the areas in which they are different. After 50 years of funding learning disabilities-related work under the auspices of first the Mental Health Research Fund and then the Mental Health Foundation, in 1999 it was decided to take this work forward under a new brand - the Foundation for People with Learning Disabilities. The team doubled in size with the transfer-in of the learning disabilities team from King's College London in 2003, and the FPLD currently has 11 staff, plus a team of associates. The Foundation for People with Learning Disabilities works directly with people with learning disabilities, their families and services, as well as carrying out research and development work. It uses the learning from this to influence national and local policy. It also runs active electronic forums connecting over 5,000 people across the UK. The Foundation helps to set its own agenda, although it continues to be part of the Mental Health Foundation.

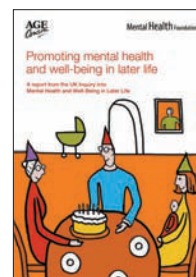
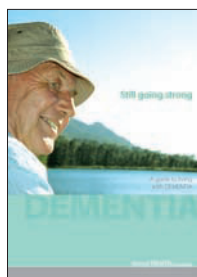
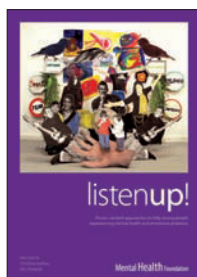
Foundation for People
with Learning Disabilities

Mental health in the 1990s

The extent of mental health problems in the UK was now clear – statistics showed that one in four people experience mental ill health each year. However, funding issues had not gone away – indeed, the proportion of NHS expenditure on mental health had fallen from 15% in 1958 to 11% in 1993, and while £72 a day was spent on the care of the each mentally ill person in hospital, an equivalent of just 29p was spent in the community. Stigma hadn't gone away either, with media coverage of the issues lopsidedly focusing on the 'danger' posed by people with mental health problems.

Developing the Foundation's own voice

The 1990s saw the Mental Health Foundation blossom as a mental health publisher. The launch of the first Fundamental Facts (1991) brought key statistics together in one place for the first time, providing an invaluable tool for those working in and writing about the field. User-led initiatives resulted in the highly influential *Knowing Our Own Minds* (1997), which was the basis for a subsequent programme of work, *Strategies for Living* – both aimed to capitalise on service users' innate expert knowledge of what helps them. Meanwhile, *Bright Futures* (1999) was the result of a three year programme of work on the mental health of children and young people.





Alison Faulkner was an in-house researcher at the Mental Health Foundation. She was instrumental in developing its service-user programmes and went on to become Head of Service User Initiatives.

Where did the idea for the *Knowing Our Own Minds* report come from?

When I first arrived at the Foundation in to 1994, June Mckerrow (the then chief executive) said: "Let's do some research that is user-patient led". I was well connected with service users so got together different people from user organisations such as Speak Out and the UK Advocacy Network as well as Mind Link and the Brent user group, who had done so much work involving members of the whole community. We also had people from the African-Caribbean Mental Health Association. We designed the questionnaire by committee and I did all the work in-between.

Why do you think *Knowing Our Own Minds* was important?

The Foundation was making a transition away from being a committee-led organisation funding doctors, so it was a way of trying to change the emphasis and say: "It's all very well what research says about what's effective but what do we find helpful, what do we think about these different treatments and therapies?" There wasn't much research asking people their opinions about services and treatments. I think it was ground breaking because it really was designed by us.

How did the *Strategies for Living* program follow-on from that?

Our aim was to document and disseminate people's own ways and strategies for managing mental distress, primarily through user-led research. The core piece of work was the Strategies for Living report, but we also then invited applications from service users to do their own research. I think that was the most innovative and exciting part, because we were giving people training in skills and understanding research. I think it had a huge impact - I was at a conference recently and an occupational therapist came up to me and said " Oh gosh, you're the person who did Strategies for Living!" She almost wanted my autograph!



2000

Mental health in the information age

The Foundation was now beginning to emphasise its role in promoting good mental health, highlighting its relevance to everyone and not just those experiencing problems. This widening scope coincided with the rapid development of information technology. A new website was launched in 2000, proudly described as the 'most comprehensive European resource on mental health'. Already receiving 300 calls a week from the public at the end 1999, the Foundation was soon receiving millions of website visits – some 3m in 2007/8 - while its publications were downloaded 750,000 times the same year. In 2005, the British Library included the site in its project to archive the most important websites in the UK.

In 2001, the annual awareness-raising drive Mental Health Action week (which grew out of a multi-charity fundraising effort originally called Mental Health Flag Day) was focused around a theme for the first time – friendship and mental health – and future topics would receive extensive media coverage. The 2005 report – *Up and Running?* – which revealed the benefits of exercise in treating depression, was backed by a sustained campaign, encouraging numerous organisations to develop exercise programmes, leading to a fourfold increase in the number of GP referrals for the treatment.

These campaigns have their roots in the user-led work that the Foundation is known for. They reach out to people who haven't yet used mental health services but know they may need them some day, and to those who want to look after their own mental health. Consumer-focused campaigns like *Up & Running*, *Feeding Minds* (the Foundation's diet and mental health campaign) and most recently, *Boiling Point*, a campaign about problem anger, are designed to reach beyond those who are already involved in the mental health world. This ties in with the Foundation's principal organisational objective - mainstreaming mental health. Key to this is making sure everyone is concerned about mental health, whether they have experienced mental illness or not. This is also a critical step towards tackling stigma – confronting the 'otherness' that many people attach to the subject of mental health and mental illness.

The Foundation also held wide-ranging inquiries into self-harm among young people, and mental health and well-being in later life, as well as publishing major reports on diet, spirituality, and stigma. Policy work continued through advising on the Mental Capacity Bill and pressing for changes in the new Mental Health Act, as well as lobbying for more talking treatments, while the in-house research team worked on areas as diverse as homelessness and mental health and the usefulness of arts therapies. The patient and public involvement team was instrumental in developing a country-wide network of service users, and, in 2005, the Foundation returned to its roots by setting up a new grants programme to fund innovative research.

Mental health in the 2000s

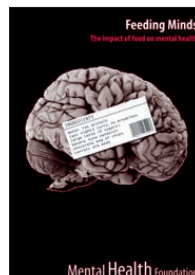
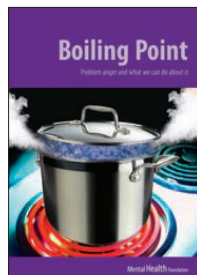
With the publication of the National Service Framework in 1999, mental health was rising up the public agenda. Concerns over the effectiveness and safety of drug treatments, and the influence of user-led initiatives led to growing interest and investment in non-medical approaches and a focus on empowering self-help strategies. However, funding levels were still no match for the scale of the problem, and stigma was ever-present - in some research it was even found to have hardened.

Mental Health Foundation independence

With three-quarters of its revenue coming from voluntary donations, the Foundation is able to listen to all the voices in the mental health field, and then make up its own mind, take strong stands, and pursue pioneering work. It can tackle unpopular or overlooked issues, and stand up and speak for people who usually don't get heard.

"The fact that we work innovatively across the inter-connected spectrum of severe mental illness, public mental health and happiness and well-being for the full human lifespan gives us a unique position in Britain. Furthermore, our willingness to embrace both medical and non-medical approaches gives us a greater influence in mental health services, with users and with the general public."

2006-7 Mental Health Foundation Annual Review.

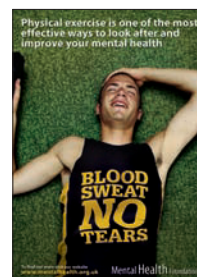
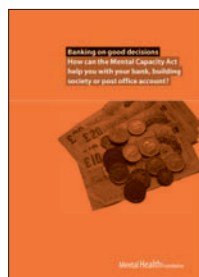


The Mental Health Foundation in Scotland

With a Scottish government setting mental health policy, the Foundation's Glasgow office has developed a unique and influential role.

Scotland has earned a reputation for having one of the world's most advanced set of mental health improvement policies, and the Foundation has played a pivotal role in developing the country's approach to well-being. The Mental Health Foundation's office in Scotland opened in 1974, and like its London counterpart focused on grant-giving. However, since devolution in 1999, health and social inclusion policies have been set by the Scottish government, and through its Glasgow office the Foundation has carved out a vital role in influencing policy and developing initiatives.

According to Member of the Scottish Parliament Adam Ingram: "The Foundation has been an invaluable help on specific issues, and in particular during the passage of the Mental Health (Care and Treatment) Act. Its guidance and professionalism helped shape and form the Act as it is today." The Foundation in Scotland's activities currently include hosting the annual Scottish Mental Health Arts & Film Festival, developing a Scottish service user organization (VoX (Voices of Experience)) and helping older people through The Mental Health in Later Life Service Improvement Project.





Professor Lord Richard Layard is programme director of the mental health group at the LSE's centre for economic performance, of which he was founder-director. He is also the author of the book *Happiness: Lessons From A New Science*.

What has been your experience of working with the Mental Health Foundation?

When my group at the LSE produced the Depression Report in 2006, Andrew McCulloch, together with the chief executives of Rethink and the Sainsbury Centre, said that they would be willing to express joint support for it. Then they produced their own report called *We Need to Talk*, and I think those two documents together really helped to create the political climate in which ministers felt they had to treat depression and anxiety in the same way as physical illness. The Mental Health Foundation were really helpful in coming along and pushing for serious implementation of that.

How has the perception of mental health issues changed?

I think the public are realising that mental health issues are central to all of what people think of as prevalent problems - underachievement in education, adolescent and later criminality, chaotic family formation, and unemployment. Also, people are now more willing to think of their subjective quality-of-life as actually more important than their objective quality-of-life - and that what it feels like to be a person is dependent on your ability to manage your moods and develop positive engagement, and so on.

What progress have we made in terms of services?

I think there has been a huge change. My wife was a psychiatric social worker and is now Chair of East London NHS Mental Health Trust and she says that the services in east London now are just unrecognisable compared to even 10 or 12 years ago. I think there has been a total change, not just for psychosis but there's been a big improvement for depression and anxiety. Of course, they still get only a minute fraction of the total resources.

What has been the main impetus behind these improvements?

The crucial thing is the development of the evidence base in relation to therapeutic possibilities. The campaign which I started before the last election was entirely centred around outrage that 90% of people with physical illness are in treatment compared to only 25% of people with mental health problems, even though there are NICE-recommended therapies which the NHS is not providing. That's been by far the easiest thing to press on ministers.

So what work do we still have to do?

I think that more campaigning and outrage at the complete inadequacy of services for mental illness is absolutely essential. If we don't have a sense of outrage, then we will never get to a satisfactory situation.

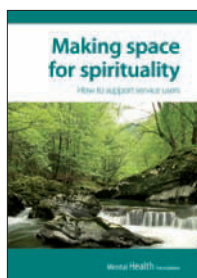
Why is it important to have an organisation like the Mental Health Foundation?

I think that a really well-informed group which is not frightened to campaign is really, really important and can play a pivotal role. The Mental Health Foundation has a reputation for high-quality information and good communications, so I think it is perfectly placed to push forward in the future, campaigning on the basis of the best quality of information.

60 years of working for mental health – What has changed, and what hasn't...

Research – the prime motivation for setting up the Mental Health Research Fund in 1949 – has transformed our knowledge about mental health. From discoveries about the workings of the brain and evaluations of clinical treatments to sociological research detailing the prevalence of and factors related to mental health problems, we now know far more about what causes mental ill health, and how it can be treated and prevented. There are no more Victorian asylums, and most services are provided in the community rather than through long-term hospital stays. Users have an active say in their care, and the days when it was in any way acceptable to refer to people with mental health problems or learning disabilities as 'lunatics' or 'defectives' have thankfully passed. Huge leaps forward have been made, many of them inspired by research, policy and service work carried out by the Foundation. The Foundation's influence has extended far and wide – Mental Health Foundations now exist in places such as New Zealand and Taiwan.

However, with 1 in 4 British adults experiencing at least one mental disorder in any given year, work on mental health remains more important than ever. Only a minority of those affected receive treatment, and access to non-medical approaches, such as talking therapies, is patchy. The economic and social cost of mental health problems in the UK has been estimated at around £100 billion a year, while little more than £1 in every ten spent on healthcare goes on mental health. Stigma lives on – fewer than 40% of employers would consider hiring someone with a mental health problem, and the human cost is enormous. For example, a person diagnosed with schizophrenia will die, on average, ten years earlier than someone without such a diagnosis. The need for more research, more funding, more services, more information, and more understanding – and consequently, the need for a Mental Health Foundation – remains paramount.



2009

The future of the Mental Health Foundation

I hope that you have enjoyed reading this brief history of the Mental Health Foundation. Whilst we celebrate the fantastic work that has taken place over the last 60 years, we also have our eyes firmly focused on the future. So much has been achieved since the Foundation was established, but our work will not be done until we eliminate the needless suffering that mental illness causes to individuals, their family and friends, and society as a whole.

We rely on the generous support of many individuals, companies and grant-making bodies to fund the vital work that we undertake. Ensuring the continued financial viability of any charitable organisation is challenging, particularly as we experience an ever more uncertain financial climate. The Mental Health Foundation is in good shape to weather these difficult times, but will only survive in the long term with the continued support of people like you. If you would like to join us in making the next 60 years as successful as the first, please consider making a donation, becoming a regular giver or making a legacy pledge to the Foundation.

For more information about how to support us, please contact 0207 8031121.

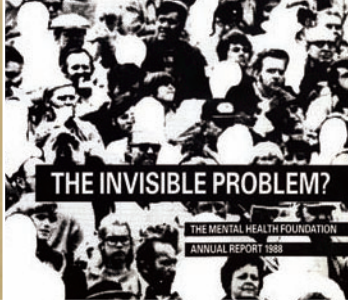
Dr Andrew McCulloch
Chief Executive
Mental Health Foundation





ANNUAL REVIEW
07/08

Mental Health Foundation



THE INVISIBLE PROBLEM?

THE MENTAL HEALTH FOUNDATION
ANNUAL REPORT 1988

The Mental Health Foundation

Fellowships, grants and supported projects
1954-1976



The Fundamental Facts

Mental Health Foundation

Cool down

Anger and how to deal with it

THE ECONOMIC CONSEQUENCES OF AUTISM IN THE UK

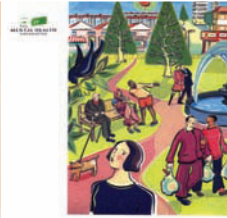
the courage to bare our souls

A collection of poems written out of mental distress



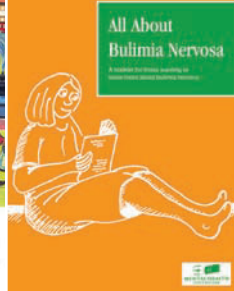
A Bright Future for All

Promoting mental health in education



STRATEGIES for living

A guide of ways that research can improve strategies for living and working



All About Bulimia Nervosa

A booklet for people suffering from bulimia nervosa

Pathways to the mind

25 years of Mental Health Foundation Research

John Ilman and Malcolm Lader



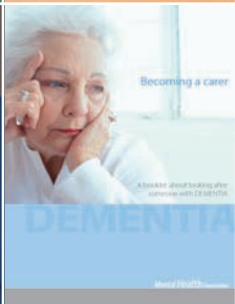
Truth Hurts

Report of the National Survey on Self-Harm among Young People

Fact or fiction?

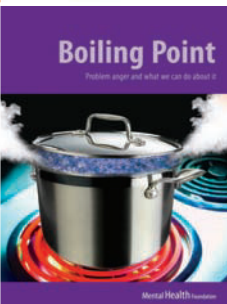
Cheers?

Understanding the relationship between alcohol and mental health



Becoming a carer

A booklet about looking after someone with Dementia



Boiling Point

Problem anger and what we can do about it



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a year in the life ...

Knowing our own minds

A survey of how people in mental distress take control of their lives

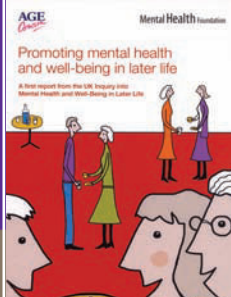
- alternative and complementary therapies
- taking treatment
- religion and spiritual beliefs
- meditation
- personal coping strategies
- volunteering
- workplaces to look to



- Ignorance
- Prejudice
- Discrimination
- Stigma

Active speak leader

Helping discrimination against people with mental health problems



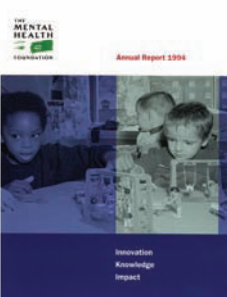
Promoting mental health and well-being in later life

A first report from the UK, helping into Mental Health and Well-Being in Later Life



hear me!

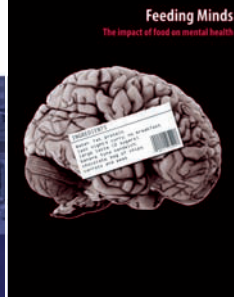
consulting with young people on mental health issues



MENTAL HEALTH FOUNDATION

Annual Report 2004

Innovation
Knowledge
Impact



Feeding Minds

The impact of food on mental health

Healthy eating and depression

How diet may help protect your mental health

Mental Health Foundation



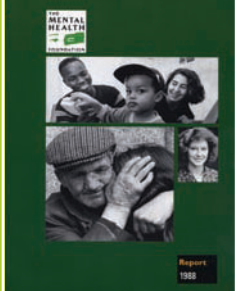
RECOGNISING FATHERS

Understanding mental health



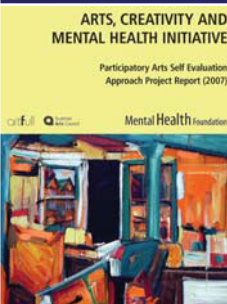
All About Autistic Spectrum Disorders

A handbook for parents and carers



MENTAL HEALTH FOUNDATION

Report 1980



ARTS, CREATIVITY AND MENTAL HEALTH INITIATIVE

Participatory Arts Self Evaluation Approach Project Report (2007)

Mental Health Foundation



MENTAL HEALTH RESEARCH FUND

FOUNDED 1949



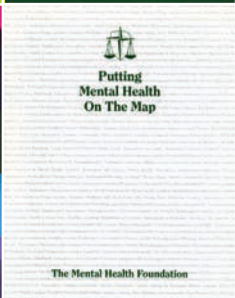
CHOOSING MENTAL HEALTH

A policy agenda for mental health and public health



THE FUNDAMENTAL FACTS

of the Mental Health Foundation



Putting Mental Health On The Map

The Mental Health Foundation



Smoking & mental health

Why people smoke and how to quit

Mental Health Foundation

Annual Report & Accounts 1970