A History of Birmingham Mind

Celebrating half a century of excellence in mental health provision
Each year over 250,000 people in the City of Birmingham experience mental health problems. Due to the myths and misunderstandings surrounding these experiences they often face discrimination.

From 1962 (when it was founded as the Birmingham Association of Mental Health) Birmingham Mind has worked to change this situation by improving the lives, opportunities and choices open to people in Birmingham living with a mental health problem.

As a registered Charity working in independent collaboration with health, housing and social care organisations, Birmingham Mind delivers a range of services. These services aim to provide high quality support for those experiencing mental health problems by supporting mental health wellbeing, promoting mental health, challenging stigma and working with individuals towards their recovery.

This brief history celebrates Birmingham Mind’s achievements over five decades. It draws on written and photographic archives and interviews with people who have used and worked in its services.

It shows how Birmingham Mind’s growth and direction has been influenced by three factors:

- The changes to mental health policy and practice in Britain.
- The local challenges to achieving improvement in mental health provision faced in Birmingham and the West Midlands.
- The experiences and expertise of people with mental health problems and those who support them as friends and family members.

From the pages of this Golden Jubilee history a picture emerges of Birmingham Mind’s achievements and continuing ambition to make a transforming contribution to the mental health and wellbeing of the communities it serves. My thanks go to the Service Users, Staff and Trustees of Birmingham Mind for their invaluable help with this publication.

Ann Davis
Emeritus Professor of Social Work and Mental Health,
University of Birmingham
Birmingham Mind started life in 1962 as the Birmingham Association of Mental Health (BAMH). Dr Charles Davies, a South Birmingham General Practitioner and his wife Ida decided to do something about the lack of social contact experienced by people admitted to Birmingham’s large mental hospitals.

From the outset Birmingham Association of Mental Health involved a wide range of supporters including patients, family members, friends and mental health professionals.

Charles Davies became Birmingham Association of Mental Health’s first President. The Association placed an emphasis on befriending and supporting those who experienced mental distress aiming to:

“Promote the preservation and the safeguarding of mental health and the relief of persons suffering from mental disorder”
Birmingham Association of Mental Health registered as a Charity with the National Association of Mental Health (NAMH). From 1946 NAMH had been actively engaged nationally in promoting community based support for people living with a mental health problem. As part of a growing network of NAMH’s local associations (there were 35 local associations in 1962) BAMH’S founders also strove to:

- **Supplement the provision of Mental Health Services**
  by undertaking pioneer work in this connection, and
  also by undertaking statutory and other duties if requested.

- **Provide a focus for information, research and education in mental health.**

- **Provide a meeting ground for those engaged in work connected with mental health, whether medical, educational or social and fostering an interest in this work.**

- **Provide educational activities.**

- **Encourage suitable people to seek training for work in the field of mental health.**
In 1962 most mental health services in Birmingham were provided by four large psychiatric hospitals within the City’s boundaries. Built in the nineteenth and early twentieth centuries they housed an estimated 5000 people in overcrowded, dilapidated conditions. Nationally, at this time, psychiatric hospitals housed 40% of National Health Service (NHS) patients but received only 20% of the NHS budget and were called ‘a Cinderella service.’

The 1959 Mental Health Act provided a new legal framework for the treatment and care of people with mental health problem. While it emphasised the importance of enabling

“mentally ill people to live, as far as possible, in the community.”

…it did not make the provision of community based health and social care support services a legal requirement.
However, in 1961, Enoch Powell, the Minister of Health, announced to a surprised and delighted audience at the Annual NAMH Conference in London that the government was planning to rapidly reduce the number of beds in mental illness hospitals.

“In 15 years’ time there may well be needed no more than half as many beds in hospitals for mental illness as there are today. Now look and see what are the implications of these bold words. They imply nothing less than the elimination of by far the greater part of the country’s mental hospitals as they exist today. This is a colossal undertaking, not so much in the new physical provision which it involves, as in the sheer inertia of mind and matter that it requires to overcome. There they stand, isolated, majestic, imperious, brooded over by the gigantic water tower and chimney combined, rising unmistakeable and daunting out of the countryside the asylums that our forefathers built with which immense solidity to express the notions of their day. Do not for a moment underestimate their powers of resistance to our assault.”

Enoch Powell, 1961
As a pioneering organisation Birmingham Mind faced formidable challenges in its first decade. To realise its vision of providing a new approach to the care and treatment of people in Birmingham with mental health problems, it needed to build its membership and financial resources.

Alongside its befriending, volunteering and educational activities Birmingham Mind's founders decided to establish small, staffed residential homes. These were to provide accommodation and support for people leaving large psychiatric hospitals so that they could establish themselves in the local community. Alpha House (later called Arden House) was opened in 1964 in Handsworth and in 1968 Beta House opened in Edgbaston.
“Mental illness is perhaps the major health problem of our time. It is also a major social problem. What we have to do is to get to grips with shifting the emphasis to community care. The problems are many. Social Services facilities have to be built up and staff to run them have to be recruited and trained. Psychiatric services have to be developed locally in general and community hospitals and in health centres. We have to recognise, moreover, that the pace at which community based care can be introduced depends not only on resources but on the pace and response of the community itself. Local services mean more day hospital treatment, more day care, more treatment and support in the home itself and less in-patient treatment. The policy can only be achieved if there is substantial capital investment in new facilities and if there is, a significant shift in the balance of services between health and the local authority.”

Barbara Castle (1975)
Foreword in Better Services for the Mentally Ill
DHSS pg 2-3
In its second decade Birmingham Mind sustained its commitment to developing mental health community based services in Birmingham. It was far from smooth journey for a small organisation whose founder and President died in 1976. It faced a mental health landscape that was transformed by a series of major organisational changes and constrained by financial difficulties.

In 1971 a new city-wide social services department (SSD) was created (the largest in the UK). In 1974 a new structure for the National Health Service (NHS) was introduced with Regional, Area and District levels and hospital based social workers were moved from the health service to Birmingham SSD. At the same time there were constraints on public financing because of the problems caused by the international oil crisis of the mid 1970s.

At the same time there was a fall in public expenditure because of the economic collapse caused by the oil crisis of 1973. So, despite the recognition, limited funds were available to create alternatives to Birmingham’s old psychiatric hospitals.

“families and relatives and indeed the public at large cannot be expected to tolerate under the name of community care the discharge of chronic patients without adequate arrangements being made for after-care and who perhaps spend their days wandering the streets”

Barbara Castle (1975)
Better Services for the Mentally Ill DHSS paragraph 2.27
Another issue for Birmingham Mind was the emphasis in ‘Better Services for the Mentally Ill’ on the transforming contribution of public rather than voluntary organisations. In this context it was essential that Birmingham Mind maintained and grew its profile as an innovative, independent local mental health organisation with the expertise to contribute to service change.

Finally, there were major changes in the national organisation that Birmingham Mind was registered with. In 1972 NAMH changed its name to Mind and prioritised its lobbying activities, legal and welfare advice services and the growth of its regional offices to support Local Associations. It also spearheaded a campaign for reforming the 1959 Mental Health Act in order to provide a legal framework, fit for increasingly community based care and treatment services.

The Mind publication ‘A Human Condition’ by Larry Gostin, Minds Legal and Welfare Rights Officer, provided an evidenced civil liberties oriented blueprint for ensuring the end of...

"the compulsory confinement of people in hospital for the purposes of treatment, when such treatment can be equally or more effectively provided without confinement."
Larry Gostin (1975)
A Human Condition Mind pg 14
In this climate of continuous change, Birmingham Mind organised its limited resources to maximum effect. It had no more than seven paid staff during this decade so needed to fully engage its Executive Committee members, advisers and the advice of Mind’s regional office to build the solid foundation necessary for its growth. This meant developing partnerships and networks with a range of public as well as voluntary organisations in Birmingham.

But there were serious constraints on what could be achieved by such partnerships. Reflecting on these, David Hart, Birmingham Mind’s Chair noted the ‘grave concern’ that Birmingham Mind’s Executive Committee had about:

“the lack of funding for the Care in the Community programme within the city. We are of course fully aware of the constraints in the resources city-wide. We are however concerned that the mentally ill often seem to be at the back of the queue when resources, especially financial resources are disbursed. Mental illness still carries a stigma and there still exists a notion that the individual who suffers from Mental Illness is in some way an architect of his or her own misfortune.”
Birmingham’s mental hospitals continued to reduce their beds. To meet the needs of the growing numbers of discharged patients, community based, residential, day care and sheltered employment services were provided by the NHS, Birmingham SSD and private landlords.

Birmingham Mind’s volunteers played a vital role in supporting and advising the growing numbers of people with mental health problems who were rebuilding their lives in the community. It also established partnerships with local authority and voluntary housing agencies who were beginning to recognise the importance of responding to the needs of those leaving psychiatric hospitals for decent, ordinary housing.

This work began to focus on the idea of moving people on from staffed housing to independent living, ordinary housing where they could receive the help they needed to sustain their wellbeing. It also opened up the possibility that for some individuals providing intensive support to them at home at times of crisis might prevent them moving back into hospital.

Alongside these new developments Birmingham Mind’s residential establishments continue to contribute to the mental health community options available in the City. Both provided accommodation for life for residents.

What was considered to be a home life at this time for people with longstanding mental health problems is described on page 16 by a member of staff whose involvement with Birmingham Mind started in the early 1970s at Beta House:

Beta House , Edgbaston, Birmingham
Beta House in the Bay City Rollers and flared trouser era. “A salary of £5 a night for the sleep in shift. Three week rota, one person on shift, three members of staff for eight service users who occupy bedrooms, with staff cooking, preparing and serving all meals and undertaking all cleaning. Beta House at 83 Bristol Road was seen as a home for life for ‘residents’ or ‘clients’ after living an institutionalised lifestyle in the hospital. This was at a time when you stayed put. Staff stayed put in their jobs because competition for employment was so steep. Service users stayed put in residential care which was a milder form of institutionalisation. Residents left the house everyday and went to be occupied somewhere else that provided daily activities and support. There were no daily notes just a day book, there was no staff training or induction and this was pre-internet and email so staff were fairly isolated. There were no Criminal Records Checks for staff.”
1982 - 1992: GROWING RESPONSIVE SERVICES

This decade saw a remarkable growth in the range and reach of Birmingham Mind’s services and staff. This growth was supported by organisational restructuring. There was also a name change. In 1990 the Birmingham Association of Mental Health became Mind in Birmingham which was, as the title of the 1991 Annual Report sums up...

Birmingham Mind capitalised on the reputation and foundations it had established. The introduction in 1984 of the Residential Homes Act meant that its existing staffed homes had to be registered by the City of Birmingham to ensure they met the required standards. These included Charles Davies House, providing accommodation for twenty people and named in 1983 to celebrate the man whose vision had created Birmingham Mind.

Garden at Charles Davies House
Significant funding was secured to grow a portfolio of services that included day support, cutting edge housing projects and advocacy services. The funding it attracted reflected the city wide push to close Birmingham’s large mental hospitals. Importantly too, the 1983 Mental Health Act had imposed a duty on District Health Authorities and Social Services Departments in co-operation with voluntary organisations to provide aftercare services for people who had been detained in hospital for treatment.

The complexity of the financial streams available and their relationships to the partnerships that Birmingham Mind were building with the City of Birmingham, the Health Districts and local Housing Associations brought with it considerable organisational challenges. By 1992 Birmingham Mind, comprising of three districts, had become one of the largest Local Associations in the Mind network with 140 staff and an annual income of £1,187,373.

MIND IN BIRMINGHAM
PROJECTS

WEST DISTRICT
1  29 Handsworth Wood Road Flats.
2  141 Birchfield Road.
3  221/223 Heathfield Road.
4  Charles Davies House.
5  Newtown Day Centre.

CENTRAL/SOUTH DISTRICT
6  83 Bristol Road.
7  429 Hagley Road.
8  75 Ludford Road.
9  Bournebrook House.
10 124 Salisbury Road.
11 19 Middleton Hall Road.
12 120 Irwin Avenue.

NORTH/EAST DISTRICT
13  46 Orchard Road.
14  1 Beaumont Road.
15  40-42 Gravelly Hill.
16  Sycamore Lodge.
17  Beechcroft Day Centre.
18  46 Bracebridge Road.
19  Deerwood Grange.
In the housing field Birmingham Mind was providing a range of services directly and also through partnerships. Residential homes and hostels, core and cluster housing and the provision of minimal support for those living in self contained flats.

In addition, in 1991, Princess Alexandra opened Birmingham Mind’s Nursing Home for older people with mental health problems. Deerwood Grange, a handsome house in Sutton Coldfield with its own grounds offered a home to 22 older people to move out of a closing ward in Highcroft Hospital.
Alongside its residential services Birmingham Mind continued its commitment to provide social contacts through its volunteer led drop-ins and clubs. It also opened two day centres in Newtown and Erdington.

At Newtown Day Centre, which opened in 1982, paid staff, volunteers, student nurses and social workers provided support and activities for those attending. The Centre aimed to encourage people to set goals for themselves and by 1988 it had developed an outreach approach which identified activities that clients could plug into.

“We have encouraged some Service Users to see the Day Centre as a resource centre where they can obtain information and support about how to structure their daily lives, rather than as a place where they would spend all of everyday. We have clients involved in voluntary work, gardening, night school and at the same time visiting each other’s houses, making new friends, re-contacting families and generally becoming more independent.”
The Beechcroft Centre, opened in 1986, was funded to provide “social maintenance with a rehabilitative ethos” to around 30 people “who have been ill for over two years and have been conditioned by one form of institutionalisation or another”. Open five days a week from 10.00am-4.00pm, it provided its users a 30p lunch on Thursdays and Fridays and a range of activities.

### DAY CENTRE TIME-TABLE

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<th>MONDAY</th>
<th>SCRAPBOOKS</th>
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<td>INDIVIDUAL CRAFT SKILLS</td>
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<td>PHOTOGRAPHY</td>
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NEW ACTIVITIES: INDIVIDUAL CRAFT RELAXATION COMMUNICATION GROUP WEEKLY OUTING CHOIR
Alongside these services the needs of service users for advice about their health, housing, finances and lives were met through Advocacy projects. These not only spoke up for people’s rights and choices, they also supported people to speak up for themselves and others.

Birmingham Mind was also beginning to ask their service users as well as their staff, what they thought of services through surveys and service user led groups like The Defenders based at Sycamore Lodge.

- **“At Sycamore Lodge nearly all residents turn up for meetings. We are still getting used to it without the staff and cope very well at the meetings. I type out the notes after the meetings recording what all the residents have said.”**
  
  Jane Smalley, Secretary: Defenders Group

- **“It is early days for our group and as time goes by I hope to encourage more residents to take an interest. If anything important crops up we can call an extraordinary meeting of residents here.”**
  
  Brian Mitford, Chair: Defenders Group

Staff training became a key area for Birmingham Mind during this decade as staff numbers grew to 120. Resources and time were invested to ensure that staff were fully equipped to deliver high standards of care and support. In 1992 Birmingham Mind was approved as an Assessment Centre for National Vocational Qualifications. (NVQs)
At the start of this decade Birmingham Mind set its course for the twenty first century. It saw its future delivery of services as growing from “the commitment and co-operation of the users of our services, members of our Association and our loyal and competent staff group”. The goals it agreed included:

- **The consolidation of existing services to ensure that the service provided is appropriate to the needs of those already receiving the service and those who may be potential recipients.**
- **The existing service provision to be seen by recipients and others as an exemplary service delivery undertaking to provide quality care, by quality people within quality settings.**
- **Offering a flexible and varied service that works to meet the needs of individuals who require the development of an integrated approach to their continuing care needs. Including those leaving hospital provision; those already surviving in the community; those who may still require periods of hospitalisation; those within the criminal justice system and those who are homeless.**
- **Continuing to be in the forefront of innovative service developments that enable the citizens of Birmingham to have a good quality, comprehensive community mental health service.**
- **Providing mental health care based on full equal opportunities policies and provided in non-sexist and non-racist ways and involving service users in the planning, development and evaluation of care.**
- **Promoting user involvement at all levels in Mind in Birmingham and mental health care services.**

These goals were firmly rooted in Birmingham Mind’s substantial expertise in delivering innovative mental health services. At the same time it sought to incorporate the expertise of “experts by experience” in its activities. Individuals whose use of mental health services had given them substantial knowledge of what worked for them in their lives.
This was an era which witnessed a flowering of groups of service users and survivors of the mental health services nationally. As David Hart, Birmingham Mind’s Chair noted it was time for the organisation to work with...

“the change in the role of those who use our services, from passive recipients to having a major part in determining the shape and nature of the services they receive.”
All the major psychiatric hospitals in Birmingham were closed during this decade. The 1990 NHS and Community Care Act introduced a mixed economy of social care service provision, as well as new roles for health authorities as purchasers of health care from NHS Trusts. Birmingham’s mental health services were now being delivered through community based health and social care services including small hospital psychiatric units.

Two mental health trusts were established in the North and South of the City and Birmingham Mind, from its new headquarters in Graham Street, found itself attracting funding to make a growing contribution to the range and reach of community based services for people experiencing mental distress.
Evidence from those using Birmingham Mind’s services suggested that their survival, independence and exercise of choice was enhanced by the range and flexible delivery of these services.

Birmingham Mind’s work to develop user involvement was firmly embedded in a number of its projects. In 1995 the Golden Hillock Road project was started to provide supported housing for men from the Asian community and people with mental health problems who were homeless. The three support workers who provided intensive practical and emotional support to tenants, together with a cook/trainer worked in advocating choice, independence, dignity and respect to support a Golden Hillock Tenants Group to be actively involved in the development and evaluation of the project.

Birmingham Mind was also funded to provide Home Support across Birmingham. This community based care service worked alongside health and social services mental health community teams. Support was available to people living in their own homes who were experiencing mental health problems. Intensive one to one support in daily living, domestic skills, problem solving and coping with discharge from hospital were offered. The service aimed to build self care and increase service users connections with their local community facilities.

**SUPPORTED HOUSING — USER VIEWS**

“I was homeless and Mind has given me a new start in life, stability, somewhere to live and sometimes they cook a meal for me. It’s helping me with my living skills.”

“Mind has helped me with my bills and helped me cope with living. They have given me supported housing. This has helped me tremendously and given me independence.”

**RESIDENTIAL CARE HOMES — USER VIEWS**

“Mind kept me clothed and fed and helped me through a severe winter. It makes sure my benefits are sorted out.”

“It’s a considerable improvement on hospital and has liberated me a great deal.”

“Mind gives me more independence and more freedom.”
Information about what community resources were available was seen, by Birmingham Mind as key to the development of independence and choice. From 1995 it was commissioned to provide management support for a group of service users who were employed to produce a Directory of Mental Health Resources for North Birmingham. This project not only provided invaluable information for service users, staff and volunteers it also built the skills, confidence and employability of those who had produced it.

The knowledge and skills made available to Birmingham Mind through its innovative work with experts by experience, was used in its staff training as well as the training it began to provide with and for other mental health providers in Birmingham. Members of staff and service users from Birmingham Mind played a part in ‘Moving On’ a partnership of mental health service users and staff from across the City offering Recovery and Mental Health training.

The success of this project led to the production of a South Birmingham Mental Health Directory as well as the project team taking on the production of newsletters and leaflets for Birmingham Mind. At the end of the decade the staff and volunteers involved, all of whom had had experience of receiving mental heath services, moved into new premises.

Some of Birmingham Mind’s established services expanded their scope at this time. Beechcroft Day Centre moved into a new building. Opened by the local MP Robin Corbett in 2000, the Centre now offered members more space for relaxation, games and art as well as a lounge and kitchen facilities.
In the first decade of the twenty first century Birmingham Mind had reorganised its management structures in order to retain its flexibility and standing in the modernising framework and financial regime which was introduced in mental health services.

With an annual turnover of over £3,500,000 Birmingham Mind was facing the challenge outlined by Pat Deegan (a survivor, Clinical Psychologist and co-founder of the National Empowerment Centre in Massachusetts, USA) in her keynote address at the 1999 Annual General Meeting.

“A new age is upon us. We must help the workers of today understand that people with psychiatric disabilities are human with human hearts. Our hearts are as real and vulnerable as yours are. Understanding that people with psychiatric disabilities are first and foremost people who are in the process of growing and changing is the cornerstone of understanding the concept of recovery. Our role is not to judge who will and will not recover. Our job is to create environments in which opportunities for recovery and empowerment exist; to establish strong and supportive relationships with those we work with. Perhaps most of all our greatest challenge is to find a way to refuse to be dehumanised in the age of managed profit and to be bold and brave and daring enough to remain human-hearted while working in the human services.”
A year into their fifth decade Birmingham Mind was successful in securing Supporting People funding for all its supported accommodation and for setting up a new Floating Support Service with workers supporting over 40 people in their own homes.

In the same year a Facilitator for Service User Involvement, Mike Jeffries was appointed and a User Forum was established to provide a place for people using services to become involved in decision making. At the Beechcroft Day Centre a support group for people who hear voices was started. Lessons learnt from these initiatives were shared through Birmingham Mind’s internal training programme which provided over 400 individual pieces of training during 2004.

There were changes to the organisation of health and social care in Birmingham. In 2003 Birmingham’s two Mental Health Trusts merged into Birmingham and Solihull Mental Health Trust (which became a Foundation Trust in 2008). Birmingham Social Services Department split into an Adults and Community Services and Children and Family Services.

There were changes to the leadership of Birmingham Mind too. David Hart, after 25 years as Chair stepped aside for Frank Longbottom to take over in 2004. At David’s memorial in 2009 Frank Longbottom reflected on how...

“David’s vision of ensuring that people with mental health issues had choice, independence and hope led to Birmingham Mind setting up some of the first community based services in Birmingham and then moving forward to introduce principles of recovery within all our services.”
The following year Fiona Taylor, Director and member of Birmingham Mind’s staff for fifteen years moved on and was replaced by a Chief Executive, Helen Wadley, who came to the post with ten years’ experience of working with Birmingham Mind.

In his contribution to Birmingham Mind’s 2004 Annual Report Frank Longbottom shared his views about future directions for Birmingham Mind.

"The residential care services which have been the major plank of our provision, are not going to be required to the same extent. We have developed expertise in supported housing, and this, together with our intention of extending our provision for elderly care will remain a major part of our work. We will also need to keep under review our day care provision and make sure that these services are responsive to individual user needs. As I have indicated the watchword for the future is to be responsive to changing expectations. We need to develop a balance of services which avoids too much reliance on one or two areas."

Responding to changing expectations took a variety of forms. Some residents of staffed care homes were supported to move into sheltered accommodation as their needs changed with age.
A website was created for Birmingham Mind by members of the Mental Health and Community Project along with the publication of an updated Mental Health and Community Resource Directory. Birmingham Mind’s in-house training began to offer its expertise to other organisations together with the ‘Moving On’ partnership of service users and staff now in its 9th year. Groups for music making and Art as well as Women’s groups were flourishing and an increasing number of service users were taking up opportunities for training and accreditation.

Birmingham Mind’s 45th year was marked by a rebalance of services away from services in residential settings and towards community work, including the support of older people with dementia. To support this there was a change to its Constitution enabling it to work beyond the boundaries of Birmingham.

The service user members of the Improving Mind group won funding from National Mind to put on a very successful ‘Healthy Minds’ Conference, providing a range of opportunities for service users to share ideas and experiences and try a range of relaxation techniques.

2007 was also the year that Mrs Betty Dutton, a founder member of Birmingham Mind died aged 81. From the very beginning of the organisation’s life, Betty worked tirelessly as a volunteer and Trustee to build Birmingham Mind’s activities and reputation.
The name Birmingham Mind was adopted in 2008 and in the years that followed staff, service users and Trustees found themselves having to respond to a constant stream of rapid changes in the legal, organisational, financial, commissioning and quality assurance regimes in the mental health field. To guide difficult decisions and maintain clarity about what it is important for the Association to achieve, a series of consultations were held with staff, service users and Trustees. From these, four core values emerged to inform service development and delivery.

- **Supporting Recovery and Wellbeing**
- **Putting People in Control of Their Lives**
- **Respect for the Individual**
- **Reputation for Excelling in Quality**

In addition four major areas of work were identified as central to Birmingham Mind’s activities.

- **Adult Accommodation and Community Support** the provision of a range of accommodation options in local communities that can support people at various stages of their journey of recovery. A home where someone is safe from harm being a key requirement for wellbeing.

- **Community Life Connections** the provision of a diverse mix of services that were previously called day services. These services are modelled on best practice from national guidelines that ensure that people are actively supported into, through and out of day services that have clear outcomes on what supports someone’s recovery journey.

- **Older Adults** the provision of high quality services for older people with dementia or functional difficulties. These services draw on specialist skills in old people’s mental health care and support services.

- **People** the recognition that those who work for Birmingham Mind (paid and unpaid) are the basis of its success. Providing them with high quality training and development for the roles they are undertaking and ensuring that communication and financial systems support and enhance the work they undertake.
In its 50\textsuperscript{th} year Birmingham Mind has a turnover of around £5,000,000 and is working with over 1700 people. It is the largest Local Mind Association and the largest voluntary sector provider of mental health services in Birmingham.

It continues to deliver on the aspirations of its founding members through its commitment to working with local communities and service users to lead local community based services that meet people’s needs. At the same time it is responsive to the times it is working in. Using a specialist recovery based approach underpinned by its core values it strives to maximise people’s strengths.

Using its considerable expertise in service innovations that support people’s wellbeing and recovery, Birmingham Mind is well placed to continue to make a significant contribution to the lives of people experiencing mental distress in Birmingham and beyond.
If you would like to give a donation to Birmingham Mind, please send a cheque made payable to "Birmingham Mind" at our Head Office.

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