



columns

the relevance of a systems approach to assessment and intervention. How these core components interact and influence each other determines the quality of an individual's adjustment within his or her family, as well as the adequacy of the whole family's adaptation to living with a mentally ill member. This model includes consideration of family-of-origin experiences and the transition to parenthood, as well as quality of current family relationships and child-parent interactions.

Different parenting patterns and styles are then described to demonstrate the broad range of interactions, including quantitative and qualitative extremes where direct or indirect consequences of psychiatric disorder impair or preclude parental capacity to meet the needs of children, including their safety.

In the context of child maltreatment, emotional abuse and neglect is particularly emphasised. Depression, substance dependence and personality disorders occurring together in various combinations and at various points in time are the most frequently reported psychiatric conditions affecting parents who abuse their children, including fatalities. All psychiatrists need to be constantly aware of the possibility of abuse or neglect when children are involved and the general duty to patients, including that of confidentiality, is over-ridden by the duty to protect children.

Parental self-harm and hospitalisation are two common situations that provide good opportunities for early intervention.

The section on implications for practice includes practical approaches for all psychiatrists and members of multi-disciplinary teams (such as ensuring familiarity with: legal and policy frameworks; young carers; child protection procedures; named doctor and nurse; availability of local services as well as developing collaborative links across teams and services, use of shared protocols and training). There are also specific recommendations for adult and child psychiatrists, as well as those working in learning disability, forensic and substance misuse services.

Opportunities to improve services include prevention; working together to promote family relationships and positive contact between children and parents; audit; liaison; and education and training. For example, psychiatrists are well placed to initiate and facilitate preventive interventions, such as systematic identification of the 'hidden' children of patients who are parents to enable earlier referral for support or specialist intervention. Similarly, systematic recognition of the mental health needs of parents will assist with earlier treatment, which in turn can reduce parental burden and promote parenting capacity.

Mental illness in adulthood is thus one of a number of long-term outcomes associated with trauma and adversity in childhood. The fact that many childhood-onset psychiatric conditions show considerable continuity into adulthood lends additional weight to the preventive opportunities of earlier support and intervention

for families in which mentally ill parents/carers live with dependant children.

Promoting positive mental health across the lifespan and between generations will require broader approaches to assessment and treatment, an incorporation of a prevention perspective into daily practice, and good collaboration between all mental health services and a wide range of other agencies.

Good psychiatric practice. CPD in Ireland

CR107 £5.00 12 pp.

This booklet details the College's recommendations for CPD for psychiatrists in Ireland, in order to comply with the requirements of the Medical Council in Ireland.

To protect the public and to ensure continuous quality improvement and effective risk management, it is necessary for all consultants to be enrolled in CPD. The Medical Council document 'Competence Assurance Structures – An Agenda for Implementation' stipulates that 50% of all doctors on the register of medical specialists, or who are eligible for such registration, will be notified of their need to enrol in formal CPD programmes from 1 January 2003 onwards. The remaining 50% will be enrolled from 2004 onwards.

The following issues are covered: registration for CPD; CPD requirements; collection of CPD points; approval of external meetings; certification; special requirements; and reciprocity.

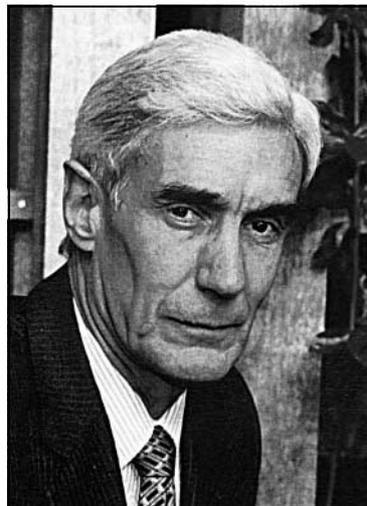
obituaries

Robert Evan Kendell CBE

Formerly President of the Royal College of Psychiatrists (1996–1999)

A few weeks ago, I was tidying my desk at the College when I came across a letter from Bob Kendell. In it, he told me that he would not be standing for re-election to Council because he thought he should be replaced by someone younger. But, he said, he would gladly take on any task we asked of him "provided I think I know enough about the subject".

For me, that letter typifies Bob, who sat at the same desk with such distinction as President of the College and who sadly collapsed at his own desk, at home in Edinburgh, just before Christmas. The letter was written in a hand that was as neat and precise as his intellect, yet its content overflows with generosity towards others and humility about his own achievements.



Bob listed "walking up hills" as one of his favourite pastimes and he did so, metaphorically, with skill and determination, throughout his career. He was born in Rotherham but brought up on a farm amongst the slate quarries of the Carnedd mountains of North Wales. People do not choose psychiatry by accident, and

early tragedy in Bob's family background had already shaped the humanity with which he approached relationships from there on.

The last thing Bob would have wanted is a roll-call of prizes, but his CV makes formidable reading. From a scholarship to Peterhouse College, Cambridge (double first class honours degree in Natural Sciences, 1956), through King's College Hospital Medical School and house jobs at the King's College, Central Middlesex and Brompton Hospitals and the National Hospital for Nervous Diseases in Queen Square, Bob entered the galaxy of 1960s London psychiatry as one of its brightest stars.

He was, successively, Registrar, Senior Registrar, Reader and Honorary Consultant in the Bethlem Royal and Maudsley Hospitals and Institute of Psychiatry circuit (1962–1974) before becoming Professor of Psychiatry at the University of Edinburgh (1974–1991) and Dean of its Faculty of Medicine (1986–1990). He held temporary academic appointments in the Universities of Vermont, Saskatoon, St Louis, Tennessee, Iowa, New York and in



Sweden, Australia and New Zealand; but Bob lived and worked in Edinburgh for over a quarter of a century.

Along the way, Bob picked up the Gaskell Gold Medal in our own College and served as examiner to many other Colleges. He sat on the board of at least six professional journals and produced a string of seminal books, chapters and articles on every key issue in psychiatry, from the philosophy of service to the intricate epidemiology of illness. He was adviser to a host of national and world organisations and was showered with honorary fellowships at home and abroad. He was a Foundation Fellow of both our own College and of the Academy of Medical Sciences and was made an Honorary Fellow in 2000. Appropriately enough, he was made a Commander of the British Empire for services to education in 1992. Bob was Chief Medical Officer for Scotland (1991–1996) and President of the Royal College of Psychiatrists (1996–1999) through some of the most turbulent times in politics and the profession, respectively.

So much for statistics. What they reflect is a life-long commitment to four key areas – research, teaching, politics and the practice of psychiatry. There are academic departments across the world who were inspired by the rigour of his inquiry; there are exam students who have blessed the name of Kendell *et al*; there are audiences whose minds have fizzed for weeks with ideas injected like depots; and there are politicians who have learnt much (sometimes only too painfully) from his insight. Above all, the College, its staff, Officers and members grew to admire and depend upon the strength that he gave us as our first full-time President at 17 Belgrave Square.

What Bob brought to all these areas was a fascination with his subject, a passionate pursuit of knowledge, a puritan attention to getting the details right, an unwavering moral honesty and the courage to speak his mind, whatever the circumstances. It was a set of qualities sometimes difficult for the rest of us to live up to. Bob did not suffer fools gladly in College committee, Government or taxi-rank. But if you stuck with it, you were rewarded with a wry smile, a hand on the shoulder, a quiet pint over discussion of the arts or a trip to the Andes and, best of all, a delicious snippet of gossip about a former colleague; in short, with friendship.

Bob was an incredibly fit man, in every sense. He would dash off in mid-sentence to run after a bus, jump on its platform and expect you to be there to continue the conversation. He swam his customary 40 lengths the day before he died and was hard at work at his computer the morning he did so. At post-mortem examination, he was revealed to have a

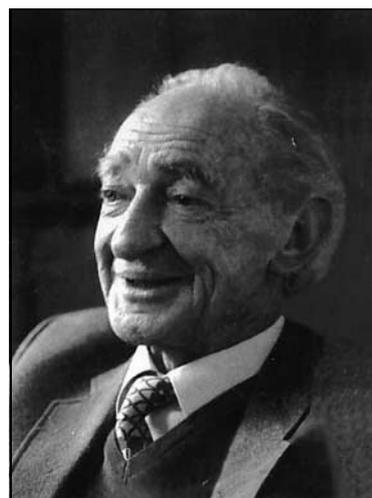
brain tumour and his death, at least, spared him a slow physical and cognitive decline that would have been hard for a man like Bob to bear. But it is difficult to believe that he has gone.

Bob leaves a wife, Ann, a consultant anaesthetist and as much a part of the College as he was, four children, Katherine, Judith, Patrick and Harry, one grandchild, Ewan, and “two pending”. He leaves the rest of us the memory of a man at the peak of his powers. Despite what you said in that letter, Bob, you knew a lot about everything. I shall miss your wise counsel. My wife, Mary, misses your wicked sense of fun. And she isn’t often wrong about things like that!

Mike Shooter

Edgar Leon Udwin

Formerly Director of
Broadmoor Hospital,
Crowthorne, Berkshire



Edgar was born in Johannesburg, South Africa, on 28 March, 1918, and died aged 84 in London on 17 October, 2002, after a long and distressing cardiac illness.

He was educated at King Edward’s School in Johannesburg and studied medicine at Witwatersrand University, where he qualified MB, ChB in 1942. After the conventional jobs in South Africa, he grabbed the first opportunity after the War to widen his horizons and to gain graduate experience in London. This he fulfilled with a six-month stint at Hammersmith Graduate Hospital.

In 1948, he was joined in London by his fiancée, Alison Jacques, a physiotherapist by profession, and they were married at Hampstead Registry Office in 1949. After not very long, Edgar and Alison

succumbed to the magnetism of London, and were persuaded to forego the sunny climes of Africa for the cold and culture of England and beyond.

Again, in 1949, Edgar decided that psychiatry was his true vocation and to that end he joined me as a registrar at Horton Hospital, Epsom, thus beginning an association as a colleague and firm friend to survive for over half a century.

Quite fortuitously, a cottage, formerly occupied by a gate-keeper on the Horton estate, became vacant and his post abolished. The newly-weds jumped at the opportunity to take it over and, with the assistance of Edgar’s DIY expertise plus Alison’s impeccable taste the humble cottage was converted into a warm, welcoming abode. West Cottage as it was styled, not only served to bring up the Udwin’s three children, but became an important focal point for social events at Horton.

For the duration of World War II, Horton had done duty at a War Hospital and at the time Edgar joined us, the evacuation of the military was just about completed. The opportunity arose, therefore, to convert the shell of a war hospital into a modern psychiatric hospital. This was a formidable challenge and that we succeeded was in no small measure, due to Edgar’s initiative and hard work.

Edgar stayed at Horton for 13 years – time for him to move on. A vacancy for a consultant arose at Broadmoor Specialist Hospital which, with his interest in forensic psychiatry, seemed eminently suitable. I encouraged him to apply. He did, and I was not in the least surprised when he was selected.

A major attraction of working at Broadmoor was that it was under the leadership of Dr Patrick McGrath, CB, CBE, one of England’s most distinguished forensic psychiatrists. Broadmoor, at that time, was undergoing the transition from an old-time penal institution to a vibrant, modern psychiatric hospital. As he had been at Horton, Edgar was in step with the transition and, as he had at Horton, made a valuable contribution.

So valuable, indeed, was his contribution that when Dr McGrath retired, Edgar was persuaded to become director, a post he held with distinction until his retirement in 1983.

If I were to be asked to pin-point Edgar’s finest achievement, I would state categorically that he had been instrumental in the discharge of an army of long-stay patients into the community, or to conventional mental hospitals, who could no longer pose a danger to the public.

Edgar left behind a devoted family, his wife Alison and his three children, Mark, Candy and Emma.

Henry R. Rollin