

References

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Peter Bruggen, who died in September last year at the age of 84, developed what was at the time a unique systemic model for managing an in-patient adolescent unit. Admission, Peter believed, resulted from the inability of patient's support systems to cope with the anxiety caused by the patient's behaviour. Medical diagnosis was eschewed in favour of a systemic behavioural formulation. Peter was sensitive to the adverse effects of institutional care and actively sought to prevent admission, or, when inevitable, to keep admission as short as possible. At initial meetings in the community, he and the team

often successfully helped to find alternatives to admission. Young people were admitted only if there was nowhere else which could keep them safely.

Admission enhanced parents' authority by making explicit their right to admit their teenager (under 16) to a place of safety. Discharge was predicated on the young person demonstrating, on weekly home visits, their commitment to change by achieving precisely defined, positively framed 'minimum changes', agreed at the admission meeting with the parents (or care-holders). To discourage institutional or dyadic dependencies, all psychotherapeutic work was done in groups (family, 'community' encounter-style and/or 'action' groups) and there were no 'home comforts'. Boundaries were strictly enforced, and staff immediately confronted adolescents in *ad hoc* 'community' meetings about any anxiety-provoking behaviour. Adolescents in turn were encouraged and enabled to be open and honest with themselves and others, to call meetings, to take responsibility for their actions and the consequences of their actions, to understand their power and its limits, to explore their difficulties and find solutions in innovative 'action' groups, and to work to get out of hospital as soon as possible. The austere and non-nurturing atmosphere, and the ways that behaviour was challenged (with community meetings, seclusion and, if all else failed, with sedation) was felt by some young people to be abusive (and indeed recent allegations of historical abuse are currently the subject of a police investigation). However, the transformations for the majority of young people and their families (at least in the short term) were impressively quick, empowering of parents and adolescents, and often restored hope which had previously been lost. Although Peter was explicit about his role and responsibility as the lead clinician, the staff group culture was egalitarian with a strong personal development ethic, and Peter was an enthusiastic advocate for interdisciplinary working. Peter emphasised the contribution of the professional team to the model developed, but it was clear to all that Peter was the instigator of much of the radical thinking, the integrator, the one who made it happen.

Peter will be remembered as a man of principle and purpose, a clear, independent and creative thinker, who challenged the very way in which we understood mental illness and its manifestations. He was a warm, open, honest and humble man, as well as a charismatic leader. He stood up against the conventional when it clashed with his strongly held ethical values, refused military service as a conscientious objector, was an activist marching for the Campaign for Nuclear Disarmament, and was a lifelong member of the Labour Party. He traced his enduring enthusiasm for new ways of thinking to sessions he had in the early 1960s of the then-pioneering LSD-augmented psychotherapy.

Qualifying as a doctor in Edinburgh in 1957, he did his training in psychiatry at Warlingham Park Hospital, where he became interested in psychotherapy, had a training analysis with Marion Miller, and joined the Tavistock Clinic, first as a Senior Registrar under Derek Miller and with supervision by Donald Winnicott (he traced his clear thinking about the use of authority to these two mentors), and then as a Consultant in the Adolescent Department. However, by the time of his deployment to Hill End in 1969, he had become more interested in the new,

mainly family-based therapies, initially through Robin Skynner's family group approach, and then in the systemic thinking of the Palo Alto group, the structural family therapy of Minuchin, the strategic and pragmatic approaches of the brief therapist, and the inventiveness of neuro-linguistic programming.

Peter was the Medical Director of his Trust (St Albans and Dacorum mental health trust) for 3 years before his retirement in 1994, and subsequently researched and wrote a book about inadequate provision in the National Health Service and low morale among staff.¹ He also wrote two books about his work with adolescents,^{2,3} as many as 40 journal articles, including an influential contribution (with Sandy Bourne) on the inherent prejudice against women consultants in the then 'merit award' system, and presented workshops and seminars internationally.

He went on to be a tutor at the Institute of Family Therapy, was a visiting tutor and trainer for a time in Bodo, Norway, and in Adelaide, Australia, a group facilitator and mentor to newly-qualified doctors in Newham, supervisor of a group for special needs adults at the London Hospital, and mentor to numerous newly appointed consultant adolescent psychiatrists. He co-authored podcasts with Raj Persaud and contributed to ITV's 'The Healing Arts'.

An advocate for assisted dying and a regular discussant at the Death Café, in his later years, Peter maintained a keen socialist-humanist perspective on politics and an interest in theatre and art-house movies. Always a keen swimmer, he raised money in annual Swimathons for the Marie Curie Hospice, where he died in late September after a mercifully short illness.

He leaves behind his wife of 54 years, Joan, three daughters (Emma, Camilla and Alice), four grandchildren, his devoted dog, Reilly, and scores of loyal colleagues and ex-trainees who will remember him with affection and respect and will forever be in his debt.

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James (Jim) Archibald Thomson Dyer, OBE, FRCPsych, FRSA, OBE

Formerly Consultant Psychiatrist, Royal Edinburgh Hospital, and Director of the Mental Welfare Commission for Scotland



Dr James (Jim) Dyer was born in Arbroath on 31 December 1946 and died in Edinburgh on 24 January 2019 aged 72 years. He shaped the practice of most of Scotland's mental health law in force today. One of the most influential psychiatrists of his generation, he led the Mental Welfare Commission for Scotland for many years, keeping the focus of the Commission always on the care of those with mental disorder who had been detained. A quiet, gentle and firm man who never lost sight of what was important in the care of patients, he brought a sense of gravitas as well as professional insight to the work he carried out and raised awareness of mental health issues in Scotland.

He had a focused interest in mental health law and significantly influenced the formation and practice of mental health law in Scotland. From 1991 to 2016, he worked to shape mental health law and the nature of the provision of mental healthcare and treatment in Scotland. He was a Member of the Millan Committee, whose report led to the enactment of the Mental Health (Care and Treatment) (Scotland) Act 2003, which is still in force today. Having joined in 1991 as HM Medical Commissioner, in 1993 he was appointed Director of the Mental Welfare Commission for Scotland, serving in that capacity until 2003. He increased the reputation of that national body, fiercely preserving its independence from government and policy makers.

From 2005 to 2016, he continued to make his mark, and his influence was visible as a medical member of the new judicial body created under the 2003 Act, namely the Mental Health Tribunal for Scotland. He was a valued member of the tribunal and sat on numerous hearings involving the detention of persons with mental disorder. He was also the first Scottish Parliamentary Standards Commissioner – a newly created part-time post which he held from 2003 to 2009. His time as Commissioner was marked by his independence and the further investigation of complaints which were raised with him against Members of the Scottish Parliament. In 2003, he was awarded the OBE for services to mental health in Scotland.

Born in Arbroath, a son of the manse, with his sister Christine, he would comment on the dutiful way his mother faithfully fulfilled the role of a minister's wife while at the same time caring for her family. His father was a traditional Minister of the Church of Scotland and would observe the Sabbath as