



columns

practitioners to adhere to it, people with memory problems would be deterred from approaching general practitioners or attending clinics, to their detriment and to the greater public risk.

KOLOWSKI, S. J. & ROSSITER, J. (2000) Driving in Somerset. *Psychiatric Bulletin*, **24**, 304–306.

DRIVER AND VEHICLE LICENSING AGENCY (1999) *At a Glance Guide to the Current Standards of Fitness to Drive*. Swansea Drivers Medical Unit: DVLA.

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## Christmas Appeal

Sir: Now the season of Christmas is almost upon us and all without regard to race or creed look forward to one of the

happiest times of the year – not so for all. Those of us connected with the Royal Medical Benevolent Fund (RMBF) know only too well the sadness that follows unexpected tragedy within our profession. The hardship that may follow seems magnified at this time of year; all the more poignant when young children are involved.

The generosity of the readers of *BJP* and *PB* last Christmas helped the Fund to distribute additional seasonal support of £75 000 to help bring some semblance of happiness and dignity to those doctors less fortunate than themselves, and particularly their bereaved families. Each year our general grants total well over £800 000.

The Fund always seeks to give this extra help at Christmas with gifts to the children involved. May I therefore ask for your support again this Christmas. The

RMBF is very much your fund and for this reason I am taking this opportunity to write to all doctors. I do hope that this Christmas you will decide to contribute to our appeal. Our ability to help depends upon your generosity. To those of you who are already members and all the other doctors who have helped during the year – thank you. On this occasion I particularly thank those of you who send us a cheque for the first time this Christmas.

Contributions marked 'Christmas Appeal' may be sent to the Chief Executive Officer of the RMBF at 24 King's Road, Wimbledon, London SW19 8QN, or to the Treasurer of your local guild of this Fund. Thank you.

**Rodney Sweetnam** President of The Royal Medical Benevolent Fund, 24 King's Road, Wimbledon, London SW19 8GN

# the college

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## Twenty-ninth Annual Meeting

July 2000

The Twenty-ninth Annual Meeting of the College was held at the International Conference Centre, Edinburgh, on 3–7 July 2000.

The Business Meeting of the Royal College of Psychiatrists was held on Wednesday 5 July and was chaired by the President, Professor John Cox. It was attended by 180 members of the College. The minutes of the previous meeting held in Birmingham on 1 July 1999 were approved and signed.

The report of the President was received. The report of the Registrar was received. The report of the Treasurer and a summarised version of the annual accounts for 1999 were received and approved. The re-appointment of the auditors was approved. The new fees and subscription rates from 1 January 2001 were approved. The report of the Dean was received. The report of the Editor was received. The report of the Librarian was received.

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## President's report

Professor Cox reported that the past year had been a particularly busy one for the College as well as being extremely productive. So many activities had taken place, both behind the scenes – with members quietly (and with great commitment) getting on with their work within divisional speciality and educational

domains – and those that had been very public indeed, such as the introduction of the National Service Framework in England and the General Medical Council's (GMC) proposals on revalidation. It had also been necessary to sort out what was 'spin' and what could therefore become 'unspun'!

Yet mental health had remained a high priority of Government, both north and south of the border, and the President believed that the College had developed structures whereby it could now influence politicians looking for votes more directly both through our formalised lobbying at regional and national level and via more informal 'hotlines' to ministers and civil servants in the Department of Health and, more recently, the Home Office.

The appointment of Professor Appleby as the National Director for Mental Health Services – who had the ear of Ministers – was potentially a most significant and welcome development. Council had wisely agreed to his being invited to become an observer at College Council meetings. The likelihood of consistent and informed advice getting through to where it really mattered was therefore increased.

The President believed that the recent work of the College, to an extent symbolised by the high profile media-attended conference in Edinburgh, had also been facilitated by the changes to College structures and functions initiated during the presidencies of Dame Fiona Caldicott

and Dr Robert Kendell, and which were now more fully operational. The new committee structures remained inherently democratic and had, with some fine tuning, enabled the College to tap the resources of the membership and to respond more swiftly to the rapidly changing, very public, world in which the College's work was increasingly carried out. Professor Cox referred specifically to the strengthening of the Executive Committee by the inclusion of all chairmen of faculties and, more recently, the Chairmen of the Irish, Welsh and Scottish Divisions. The establishment of a Single Training Committee, and the greater influence through the Education Committee and Court of Electors regarding the direction and content of the MRCPsych examinations were further positive developments.

The international work of the College was being reviewed, and the recommendations of Dr Kendell's Working Party on this topic were awaited with great interest. Professor Cox hoped that the College would increasingly recognise its international responsibilities, and find ways of making more appropriate links with other psychiatric societies through the World Psychiatric Association, whereby it – and they – could be strengthened.

The President believed that the strength and influence of the College on the wider medical scene remained very



considerable indeed, provided it remained true to its charter of assisting patients suffering from mental disorder and recognising that the College primarily, but not exclusively, trained doctors to work within a Governmental health service. This influence was apparent more especially when the College acted together with the Academy of Medical Royal Colleges. Placing temporary clear water between the Academy's position on the need for reform of the GMC, and the more strident opinions expressed by the British Medical Association was, Professor Cox believed, absolutely necessary. Already, better sense and more moderate voices were being heard.

The GMC needed to reform quickly to restore public and professional confidence. Professional regulation, together with greater lay involvement, however, was a vital public safeguard. Professor Cox said that the College would be responding to the GMC proposals on revalidation by September, and would continue to exert a major influence upon the revalidation procedure through continuing professional development (CPD) and the setting of standards; of particular importance was the rapid consensus obtained in the College document, *Good Psychiatric Practice*.

Finally, the President reported that the College had made it clear to Government that there was no chance of delivering the mental health service that they and their voters would like unless they could address the issues of retention and recruitment of psychiatrists. He believed that this simple message was understood. The solution was linked, however, not only to the successful Changing Minds and Combat Stigma Campaign (Every Family in the Land), but also to addressing the dire state of most acute admission wards, and providing incentives for psychiatrists to retain their morale and altruism in what was still both a 'blame culture' and a 'no win' situation. The College did, however, also need to work hard to improve recruitment of psychiatrists, and the College initiatives with regard to undergraduate and postgraduate teaching were particularly important here. It was possible that the University Psychiatry Committee, under Professor Thompson's Chairmanship, had a crucial role to play in this regard.

Professor Cox concluded his report by sincerely thanking College members for their hard work, often under extreme pressures of workload and management hassle. He also paid tribute to the College staff who, with such persistent loyalty and skill, had sustained the College's work at these very conspicuous high-risk times.

## Registrar's report

Dr Shooter began his report by noting that this country had a Government

whose plans for 'modernisation of the NHS' had been spelt out in Ps – partnership, performances, professional challenge, patient care and prevention. Sometimes, over the past year, it had felt like a different progression – public misperception, political panic, projection of blame, punishment of patients and practitioners, and a perpetual rear guard action from the office of the Registrar!

The Registrar went on to say that there had been some major external issues to grapple with. The big headlines were made by three documents: *The management of dangerous people with severe personality disorder* (from the Home Office); *Making decisions* (from the Lord Chancellor's Office); and the *Green Paper on reform of the Mental Health Act 1983* (from the Department of Health). All came with impossible time schedules for consultation and all were necessary but deeply flawed in their clinical implication. The jury was still out on all three. Dr Shooter felt that, in the end, it may be a fourth department, the Treasury, that decided how far they could be implemented.

The College had made some principled stands on key 'moral' issues in the face of public opinion. In its reply to the document *Protecting children, supporting parents*, the College had not only refuted any defence of the 'reasonable chastisement' of children, but set its face against any form of physical punishment whatsoever. Sometimes its role was an educative one.

Behind all this, as ever, lay much painstaking work on the practical details of social security and other legislation that may seem like 'small print stuff' but that had an enormous impact on the lives of psychiatric patients. The Registrar wished to thank the College staff and all the members who contributed to that work, as well as his three deputy registrars – Drs Sue Bailey, Sally Pidd (who had taken over from Dr David Storer with responsibility for workforce issues) and Ranjit Baruah.

There had been much internal re-organisation to meet those issues, including some new structures for new times. Devolution had meant a 'controlled trial' of different ways of doing things in different countries – welcome enough but a problem for the College which was struggling to coordinate its responses to several sets of legislative and strategic frameworks. The College had brought the Chairmen of the Celtic Divisions onto the Executive and Finance Committee, and sent out Officers as often as possible in the opposite direction. The English Divisions were settling in the wake of the last NHS Executive reorganisation with successful opening meetings in the

London and East Anglian Divisions and another joint meeting with the NHS Executive in Trent.

The College Research Unit had moved geographically away (to Victoria) but structurally closer after the option appraisal carried out by Professor Sir David Goldberg and Dr Peter Kennedy. It had continued to accumulate an impressive research portfolio, laid down guidelines and sold its clinical governance package to trusts throughout the UK. It was in good shape to survive the loss of its Director, Dr Paul Lelliott, on sabbatical to Siberia. Professor Goldberg would take over in his absence.

The Registrar noted that, at any moment, there were over 30 working parties producing College policy on important and often complicated issues. Asking those present to forgive his selectivity if he mentioned only three of them, all highly significant for clinical practice, Dr Shooter singled out the Working Party on Confidentiality (chaired by Dr Roy McClelland); that on Community Care (chaired by Dr Tom Burns); and that on Safety for Trainees (chaired by Dr Rene Cormac). Meanwhile, the College had continued to put its own house in order with two new services, both in the final stages of planning – an electroconvulsive therapy (ECT) accreditation service (with standard setting by the ECT Committee, accreditation from the College Research Unit and certification from the Court of Electors) and an External Clinical Advisory Service (as a rapid response to anxieties expressed by trust chief executives, under Dr Peter Snowden as its Director and with a trained team of assessors). The College had looked at how to give an increased voice to the Patients and Carers Liaison Group (perhaps with places on Council and other committees), to non-career grade psychiatrists and to European and overseas non-members. Two new special interest groups had been founded – in psychopharmacology and in spirituality and psychiatry, a neat juxtaposition of body and soul!

The Registrar reported that the College's links with the outside world had been strengthened: no longer did the College stand in splendid isolation. It had searched for multi-disciplinary responses to multi-disciplinary issues in which the Government would find it difficult to divide and rule. This had been facilitated by the growth of liaison groups – some concerning specific issues (with the Mental Health Foundation on advanced directives and with the Department of Health and Home Office on standards of court reporting); some moving from specific to wide ranging issues (with the Association of Chief Police Officers from CS spray to all police/mental health matters); and some general from the start (with the Association of Chief



Officers of Probation, the Mental Health Review Tribunal Secretariat, and the Royal College of Nursing). There had also been famous combined – and hopefully not last – stands on dangerous severe personality disorder and Mental Health Act reform.

This brought the Registrar's report full circle – back to politics. He said it sometimes felt as if the Government paid lip service to consultation and nothing more. Into the vacuum had stepped the all-party House of Commons Select Committees, appearing before which could seem like cross-examination in front of a television audience. But they were fair, generally supportive and challenging to Ministers when they attended in turn. In responses, those Ministers often made statements with which the College could haunt them when the time came.

Dr Shooter concluded with a selection from the transcript of the Health Select Committee on the Provision of Mental Health Services, 24 May 2000. There were no prizes for guessing which was said by whom – Milburn, Hutton or Boateng. He gave away no secrets, the following transcript being lodged in the library of the House of Commons and freely available to the public between the hours of 1–2am on the third Sunday in lent!

"We have all been extremely impressed by some very dedicated people who are doing a first-class job in a difficult environment."

"The vast majority of people who have mental health problems are no threat to anybody, no threat to themselves and no threat to others."

"If you are a psychiatrist on-call and you have to spend hours finding an acute bed for somebody then that is a pretty frustrating experience, of course it is. It is that that we have got to put right. The big decline in acute beds that we saw in my view is unsustainable."

"We have not got to have a blame culture."

"One of the things I always say to doctors and to others, to members of the public, is – look, medicine is an imperfect science, it just is, and sometimes things go wrong."

Dr Shooter said that his personal favourite, for reasons that were obvious, was the following:

"The Government's proposals on dangerous people with severe personality disorder are first and foremost a criminal justice measure and they should not be confused with the issue of mental health and these very important reforms. I say that with some passion as a former mental health minister because I know that mental health and the field of mental health and people suffering and living with

mental health problems are all too often stigmatised in the public eye by this essential confusion."

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## Treasurer's report

The Treasurer introduced the summarised accounts to 31 December 1999, and confirmed that a full set of the annual accounts was available upon request. With the help of pie charts Dr Subotsky reported that the College had a satisfactory surplus of some £500 000, together with a positive cash flow. The areas that had done particularly well in gaining income were:

- The Publications department, which through the journals and books achieved well, although there were some uncertainties about the future because of electronic publishing. However, there were active plans for developing the College website and re-thinking the journals.
- The College Research Unit had been very active in gaining funding, running research projects and conferences and developing the Clinical Governance Support Service. Its future had been reviewed with an option appraisal by Professor Sir David Goldberg, and the College was currently looking at ways of revising its financial arrangements appropriately.
- The faculties, sections, divisions and special interest groups by and large did well in both providing activity for their members and in gaining income from conferences and meetings. Those with large fund balances were being asked to make appropriate plans for the coming year.

Dr Subotsky reported that membership had remained steady overall in 1999 with some reduction in overseas members and in affiliate members. The Government's announced intentions about improving mental health services in the UK and the likely increase in national training numbers should continue to improve the position.

Fund-raising was an essential part of the College's function in order to maintain and develop its activities and it was intended to support this further in the coming year. The *Changing Minds; Every Family in the Land* campaign to tackle the stigma associated with mental illness had been very active and the children's project had been particularly successful in raising funds.

The major donation source in 1999 was towards the retiring president's portrait fund. Minor miscellaneous income came from room hire and library income. The Examinations Department had made some surplus this year owing to an increased number of candidates (especially for the Part I examination) in 1999. This had enabled improvement of the IT capacity

and contributed to the further development of the examinations.

Losses were made on a few conferences, notably the annual conference held in Birmingham. Although the systems had been reviewed and enhanced budgetary control introduced, this was nevertheless a very successful event and a balance had to be drawn.

Investments had reflected the somewhat uncertain market of the year and bank interest was generally lower than in 1998. The Treasurer reported that the College had been able to complete the major refurbishment of the council room, the members' room and the dining room and had started on the modernisation of the helpline and information service. The new computer database system had brought benefits to the running of the membership system and this would be extended to other departments, as a central common database was the ultimate aim. Council agreed to commit up to 5% of its incoming resources for capital expenditure on an annual basis.

In conclusion, Dr Subotsky wished to express her appreciation for the constant support, expert advice and detailed application of the Secretary, Mrs Vanessa Cameron, the Head of Financial Services, Mr Paul Taylor and their staff. The Treasurer also wished to record her thanks to her predecessor, Professor Issy Kolvin, who had so successfully steered the College's finances along a healthy course.

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## Dean's report

Professor Katona reported that his first year as Dean had been spent largely developing and reaching agreement on a College educational strategy. The second year had consisted mainly of taking the first steps towards implementing that strategy. He stressed that the considerable progress made would have been impossible without the contribution of many members of the College staff. Colleagues too numerous to mention had also been enormously helpful. The Dean said that it sometimes felt, with apologies to John Keats, as if delegation rather than ripeness was all.

In the past few months, agreement had been reached on a new Specialist Training Committee under the Dean's Chairmanship, which brought under one umbrella the work of the Basic and Higher Specialist Training Committees. It was hoped that the new Specialist Training Committee would help streamline training administration and visits, and would also be able to take the first steps towards unifying elements of basic and higher specialist training.

Professor Katona reported that he and Dr Stephen Tyrer, Chief Examiner, had now completed a draft of an updated MRCPsych curriculum with defined and



assessable objectives in terms both of knowledge and skills. This was currently out for consultation with Faculties, users and carers and the Collegiate Trainees Committee.

Agreement had also been reached on the format of a new MRCPsych examination, with sound and defensible educational principles. The major changes, which would be implemented between next year and 2003 (to allow for adequate preparation both within the College and by candidates, tutors and course organisers) included:

- criterion referencing for all parts of the examination;
- the replacement of the individual patient assessment in the Part I examination by Observed Standardised Clinical Examinations (OSCEs);
- the introduction of extended matching items to the part I and subsequently the part II MCQ examinations;
- standardised patient management problems in the part II examination;
- using the written papers as a screening test for the part II examination as was already the case for the part I.

Professor Katona reported that considerable progress had been made in defining core competencies for higher specialist training in psychiatry and, as part of this exercise, a major consultative conference would be held in September of this year. He noted his gratitude for the support of the Sainsbury Centre for Mental Health who were helping with this important work. Collaboration was also actively underway with the University of Wales College of Medicine in the development of a core module in teaching and training skills for specialist registrars (SpRs), as well as helping SpRs to attain these basic skills. This module could also be a first step for those in higher psychiatric training wishing to pursue a career pathway in teaching and training.

This had been an important year for CPD, particularly in the rapidly changing context of revalidation. The College had now reached agreement on a peer-led prospectively planned personal development plan approach to CPD, which would be introduced in April 2001 and that should mesh well with the requirements of clinical governance and of revalidation.

The Dean concluded his Report on a personal note by reminding members of his brief mention at last year's Annual General Meeting of his son's psychotic illness. Sadly, his son had remained ill for much of the past year and had been in hospital for a total of 11 months, much of that detained under section. Professor Katona said that he could not express too highly his gratitude for the psychiatric social work and education services that had been involved in trying to meet his needs. Until this time, he had had no idea

that so much professional help could be mobilised. The Dean was currently preparing an account of his son's illness and its impact on his family as a small contribution to the Anti-Stigma Campaign. Meanwhile, he noted that he was very aware of how coping with his son's illness had, at times, made him less productive and more irritable than he would have liked. He wished to record his sincerest thanks to the many colleagues who had shown him great kindness and tolerance in difficult times.

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## Editor's report

Professor Wilkinson reported that the publications department had had another successful year, the highlight being the introduction of full-text on-line versions of the *British Journal of Psychiatry*, the *Psychiatric Bulletin* and *Advances in Psychiatric Treatment*.

These could be sampled at the College bookstand in the basement of the conference centre, along with the 1400 pages of the College website, also managed by Publications. *Evidence-based Mental Health*, which the College published in partnership with the *British Medical Journal* and the British Psychological Society, was also available both on subscription and on-line.

Professor Wilkinson believed that the Gaskell book programme was highly regarded and responsive to all audience needs. The second edition of *Critical Reviews in Psychiatry* had just been published; the second editions of *Seminars in Psychiatry* had been commissioned and would come on-stream over the next 2–3 years. The College had had recent requests for a book on the theme of eating disorders and was in the process of eliciting a suitable proposal. The Editor stressed that all suggestions received from the membership were always welcome.

Professor Wilkinson wished to pay tribute to all those involved in the production of College publications. In particular, he wished to praise the Publications Department once again for their commitment and the excellence of their performance, and the editors of the *Psychiatric Bulletin*, Dr Tom Fahey, *Advances in Psychiatric Treatment*, Professor Andrew Sims, and *Evidence-Based Mental Health*, Dr John Geddes.

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## Librarian's report

Dr Pullen reminded the meeting that it was 5 years since he had been elected with the remit to modernise the library. He had reported progress to the Annual General Meeting in Belfast and Birmingham, first to announce that a proposal had been accepted by the Executive and Finance Committee, and

next to confirm that Council had approved the plans. He was now pleased to announce that the new helpline and information service of the College had been officially opened by the President on 29 June 2000.

Dr Pullen drew attention to the procedure for culling and disposing of redundant books, a process commended by the British Library. Culling had been undertaken by a team of people nominated by faculties and by volunteers. The Institute of Psychiatry librarian had been invited to select books from those culled, with the remainder of books being accepted by the British Library. That institution would add to their stock books that they did not already hold, and would replace worn books with the College's stock if they were in better condition. Books not selected by the British Library would then be cascaded down to sixteen specialist libraries. Thus, most of the culled books would be used by other libraries.

The antiquarian book collection had been retained; but Council had agreed that duplicate copies and books not related to medicine or mental health could be sold.

The Librarian encouraged members and fellows to visit the new information service at the College. The room had been splendidly redecorated, and there were computers available for e-mail, searches or private study between meetings. The helpline responded to enquiries from members, outside organisations and a growing number of members of the public. The aim was to give up-to-date and reliable information on College activities and policies, in addition to information on mental health topics.

Dr Pullen concluded by thanking many of those who had worked to develop the new service, including Vanessa Cameron and Deborah Hart, members and fellows involved with the project group and the culling process, Lucy Hastings and Thomas Kennedy (helpline and information service staff) and both the past and present Presidents for their support. Finally he wished to acknowledge the generous gift of £50 000 towards the refurbishment of the Library from Mrs Rosemary Lomax-Simpson in memory of her late sister Josephine Lomax-Simpson, FRCPsych.

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## Election and introduction of Honorary Fellows

The following were unanimously welcomed to the Honorary Fellowship.

### The Right Honourable Sir Stephen Brown, PC

(Introduced by Dr Hamish Cameron)

It is a privilege to introduce Sir Stephen Brown as an Honorary Fellow of our



College, in recognition of his outstanding contribution to working together between family law and psychiatry. For 11 and a half years, Stephen Brown held the high office of President of the Family Division of the High Court of Justice. No judge has done more to encourage lawyers' and mental health professionals' inter-disciplinary cooperation.

Things might have turned out differently. For aged 18, in summer 1943, ordinary seaman Brown joined his first ship lying at Scapa Flow, endured freezing gales and high seas and was commissioned midshipman by the end of 1943. He served on Russian convoys and was involved in the 'D' Day landings on his fleet destroyer. After VE Day Stephen Brown took an active part in his destroyer's peace-keeping role in the Mediterranean.

Leaving a promising naval career, Stephen Brown went to Queens' College, Cambridge, and thence to the Bar in January 1949. There followed 25 years' persuasive advocacy in civil, criminal and family work. As a member of the Midland and Oxford Circuit, and later its Presiding Judge, he showed keen interest in medical matters and supported the Midland Institute of Forensic Medicine. His membership of the Parole Board of England and Wales (1967–1971) signalled the start of 30 years' association with psychiatrists. Significantly, he served on the Committee on Mentally Abnormal Offenders (1972–1975), chaired by Lord Butler of Saffron Walden. As chairman of a sub-committee, Stephen Brown travelled on fact-finding visits to British psychiatric hospitals and to Scandinavia and the Netherlands observing and learning from these countries' forensic psychiatric services. He contributed to the Butler Committee's proposals that persuaded the Government to set up regional secure units, the essential treatment centres that enabled forensic psychiatry to prosper.

He was appointed QC in 1966, and in 1975 Justice of the High Court in the Family Division for 2 years, before joining the Queen's Bench Division. His promotion to the Court of Appeal in 1983 coincided with that decade's anxieties about the future for family law. It was the then Prime Minister, Margaret Thatcher, who appointed Stephen Brown President of the Family Division on 11 January 1988. It proved an inspired choice.

As President, he took up his duties with enthusiasm and many developments bear his stamp. He was respected for selecting the best family lawyers as judges of the Family Division, and he led a first-rate judicial team. The participation of judges in the passage of the Children Act (1989), and the launching of a pioneering national network of structured judicial training for the Act's implementation over the first 5-year period, lifted the profile and standing of the Family Division. While Lord Mackay

of Clashern, then Lord Chancellor, emphasised the importance and difficulty of family law, it was Stephen Brown who administered far-reaching civil justice reforms, notably court-directed case management, timetabling and judicial control in family law cases; improvements still unrealised in other branches of the law.

Stephen Brown's encouragement of teamwork between law and psychiatry was pervasive, and he led by example at important turning points. First he invited paediatric, psychiatric and allied professions into the training of the family judiciary. Second, he actively welcomed mental health professionals' expertise into the family courts. Third, he gave landmark judgements in the most worrying cases. It was he who first ordered emergency caesarean section, against the patient's refusal, to save the lives of a mother and her unborn baby, stuck in transverse lie; he ordered life-saving blood transfusions of children against religious beliefs; and momentarily, in the Hillsborough disaster Tony Bland case, he made the determination whether or not a patient who had suffered terrible injuries should continue to live in a persistent vegetative state. In these, as in other like cases, his enlightened judgements empathised with the patient and with the anxiously concerned relations.

Stephen Brown enthuses family lawyers wherever he travels. He has attended conferences throughout the land, always engineering the right judicial balance of learning, seriousness and fun. Inspired by him, family judges felt empowered as they exercised the same family law as their President. Readily accessible, he won their respect and affection, and they were proud to be players in his team. Internationally, Stephen Brown made valuable links with Australian and New Zealand family courts. He was committed to comparing family proceedings with other countries' legal systems, not least with judges from Scotland and Northern Ireland.

Towards mental health professionals, giving evidence before him, Sir Stephen was patient and understanding of the medical role. Both as barrister and judge, he was renowned for his unflinching courtesy towards medical witnesses.

Stephen Brown's exceptional abilities have been widely recognised. His old school made him Chairman of Governors, for 18 years; Queens' College, Cambridge, elected him an Honorary Fellow; and the universities of Birmingham and Leicester each awarded him their Honorary Doctorate of Laws. He served as a member of the Judicial Committee of the Privy Council. In June 1999, in the Queen's Birthday Honours List, he was appointed a Knight Grand Cross of the Order of the

British Empire for his services to family law.

Stephen Brown's much-needed family law reforms endure. He improved the experience of ordinary families coming to court. His inquisitorial approach involved psychiatrists, and enlivened their appreciation of family law. And, largely owing to his leadership, lawyers' acceptance of psychiatry grew steadily throughout his 11 years' presidency, benefiting both law and psychiatry, and society generally. It is with great pleasure that I ask you, President, and the Royal College of Psychiatrists, to welcome as an Honorary Fellow, the Right Honourable Sir Stephen Brown.

## Dr Robert Kendell, CBE (introduced by Dr Mike Shooter)

... is a climber. According to *Who's Who*, one of his two favourite recreations is "walking up hills". He is a long-time member of the Climbers' Club and has roughed it in its bothies in Snowdonia, the Peak District and the Highlands. It is tempting to see his whole career as a climbing metaphor – from the nursery slopes of the Maudsley to the Everest of the Presidency. In truth, if professional achievement were measured in Monroes, Bob has bagged the lot!

In these days of devolution, Bob has an impeccable pedigree. He was English born, in Rotherham, Yorkshire – another country! He has Scottish connections and is three-quarters Welsh, having spent his early childhood being brought up on a sheep farm among the slate quarries in the Carnedd hills, which perhaps helps to explain why, however high he has gone, he's never forgotten deprivation at the grass-roots level. The fact that the Carneddus are in North Wales and Bob married Ann, from Aberdare, in the Cynon Valley, South Wales, is testament to his diplomatic skills at least. . .

He entered the foothills of his medical education with an open scholarship to Peterhouse College, Cambridge – at first sight a rather rakish choice for Bob until you remember that his other favourite recreation is over-eating and Peterhouse has one of the best kitchens and cellars in Cambridge. There he duly won the AR Graham Prize 3 years in a row and graduated with a Double First Class Honours degree in Natural Sciences in 1956. At King's College Hospital Medical School (1956–1959) Bob carried off the Legge Prize in Surgery, the Legge Prize in Surgical Pathology and the Jelf Medal before becoming house physician (1959–1962) at King's College, Middlesex and Brompton Hospitals, and the National Hospital for Nervous Diseases in Queen Square.

Bob was one of the brightest in a galaxy of stars in London psychiatry in the



1960s and 1970s – being, in succession, a registrar and senior registrar at the Bethlem Royal and Maudsley (1962–1966), a research worker on the diagnostic project at the Institute of Psychiatry (1966–1970) and as visiting Professor in Vermont (1969–1970) and reader in psychiatry at the Institute and Honorary Consultant at the Bethlem (1970–1974). In the process Bob inevitably took the DPM with distinction (1965) and the Gaskell Gold Medal (1967), became a Foundation Member of the Royal College (1971) and a Fellow (1979).

As Professor of Psychiatry at the University of Edinburgh (1974–1991) and Dean of its Faculty of Medicine (1986–1990), Bob traversed with ease the Cuillin Ridges of academia. He had temporary bivouacs elsewhere – as lecturer or visiting professor in the University of Saskatoon; the University of Washington, St Louis; Stockholm; Australia and New Zealand; the University of Tennessee; the University of Iowa; and New York. But he has remained living and working here in Edinburgh for the past quarter of a century. Along the way Bob has served as an examiner to other Colleges; as Chair of, member of or adviser to the governing bodies of many world and domestic organisations and on the boards of six professional journals.

For those of us struggling with the membership exam in the 1970s, the name of Kendell (or Kendell & A. N. Other or Kendell *et al*) will be forever burnt into our retinæ. Bob has written, co-written or edited four books; well over 50 book chapters, nearly 100 original articles and some 30 review articles – and in several different languages to boot! They range from the intricacies of double-humped epidemiological distribution to the general philosophy of health care – through seminal works on diagnosis and classification; mental state examinations; individual disease entities, such as schizophrenia or depression; treatments both popular and unpopular, including ECT; broad branches of study, like substance misuse or perinatal psychiatry; and the past, present and future of psychiatric services, their use and abuse. He is one of the few authors to make a ‘good read’ out of a Council Report!

His colleagues across medicine have recognised his brilliance. He is a Fellow of the Royal College of Physicians of Edinburgh (1977); a corresponding member of the Deutsche Gesellschaft für Psychiatrie und Nervenheil Kunde (1988); a Fellow of the Royal Society of Edinburgh (1993); Marcé Society Medal winner (1994); Honorary Fellow of the Royal College of Surgeons of Edinburgh (1995); and an Honorary Fellow of the Royal College of Physicians and Surgeons of Glasgow (1995). In 1998 Bob became a Foundation Fellow of the Academy of Medical

Sciences and remains on its Council. Small wonder that he was appointed Commander of the British Empire for services to medical education (1992).

And so to politics, and the College. There are some who would say that Scottish affairs are the Eiger of medical politics, and many have been the casualties of its north face. Bob not only scaled it via a succession of difficult handholds on the Scottish Home and Health Departments, but made it to the summit – as chief medical officer to the Scottish Office (1994–1996) through the fiercest storms of change in the NHS.

It was this sheer political *nous* that was one of the most valuable assets Bob first brought to the Presidency of the Royal College of Psychiatrists, 1996–1999 – the sense of when something wasn’t worth the battle, the art of hit-and-run guerrilla warfare and the principles on which to make an often fearsome (and famous) last stand. The sort of presence at departmental meetings that led one of the civil servants to whisper to me: “Will it always be like this?” and me to reply “Oh, I hope so . . . I truly hope so!”

But Bob gave us much more. In effect, he was our first full-time President, and it showed. The staff at No. 17, its Officers and committees grew through respect to fondness of his day-to-day background support and his leadership in a crisis. For the presidency is not solo, free-climbing; it is the art of getting everybody to the top. With Bob belayed somewhere above, we all felt safer on the rope. And we still do. . . . Far from abseiling down into retirement, Bob remains as active in College life and outside as ever, at the very peak of his powers.

Ladies and gentlemen . . . I cannot think of a more appropriate place than here in Edinburgh, his family home and the scene of much of his greatest work, to commend to you as an Honorary Fellow of the Royal College of Psychiatrists, Robert Evan Kendell, CBE.

## Professor Israel Kolvin

(introduced by Dame Fiona Caldicott)

President, Fellows and members of the Royal College of Psychiatrists, ladies and gentlemen, it is a very great honour to present Professor Israel Kolvin to you. His work as a doctor began in the clinically rich setting of Baragwanath Hospital, Soweto, South Africa, which is still a source of inspiration to many of us.

He had already developed an interest in Freudian Psychology as an undergraduate and gained a BA in Psychology and Philosophy.

Issy’s psychiatric career in the UK began in Edinburgh, so how appropriate it is that

we should celebrate it here. As a senior registrar he went to Oxford, and as a consultant to Newcastle, where he was consultant in charge of the Psychology and Psychiatric Unit from 1964 working with Sir Martin Roth, the Professor. In 1977 he was awarded a personal chair in child psychiatry. In 1987 he chaired the Second-Opinion Panel in the Cleveland Enquiry into Sexual Abuse and in 1990 he became Professor of Child and Family Mental Health at the Royal Free Hospital School of Medicine and the Tavistock Centre.

Issy’s time in Newcastle was one of great clinical productivity, and a period when the careers of several luminaries of child psychiatry, which he did so much to develop, began to flourish under him.

He has been personally involved in researching, and publishing on, many of the most challenging issues facing all those concerned with children in our society: the differentiation of autism and schizophrenia, psychoses in children and adolescents, depression in childhood, low birth weight, speech and language disorder in childhood, deaf children, hyperactivity in children and attention-deficit disorder, enuresis, school phobia and refusal, resilience in the face of adversity, familial disadvantage and deprivation, post-traumatic stress disorder, child sexual abuse, the origins of criminality, delinquency and aggression, adoption and fostering, the evaluation of school-based psychotherapy and outcome research in psychotherapy.

Issy’s influence has extended far beyond the departments in which he has worked. He has been visiting professor at a number of universities across the world from Australia to the US, with South Africa *en route*.

He is a Fellow of the Royal College of Paediatrics and Child Health and a Member of the Faculty of Public Health Medicine. He has been President of the Section of Psychiatry of the Royal Society of Medicine, Chairman of the Association of Child Psychology and Psychiatry, a Member of the National Child Psychiatric Research Society and Adviser to the Government’s Chief Scientist. Within the Royal College of Psychiatrists he has been Vice President, Chairman of the Child and Adolescent Psychiatry Section and Treasurer.

In his clinical work he has demonstrated the importance of teams and the sharing of skills and, as leader of a team, the support of and encouragement of others.

Issy has also shown the importance of these throughout his career in all manner of other settings, and nowhere more effectively than when as fellow Officers we successfully addressed the Royal College of Psychiatrists’ mounting financial deficit from 1993–1996. Of course money is not the most important thing to psychiatrists, but it does enable us to do



what we most believe in, whether it be psychiatric research or collecting evidence with which to influence Government.

President, it is for all his achievements in child psychiatry and much further afield that I commend Professor Israel Kolvin to you as an Honorary Fellow of this College.

## Professor Juan Lopez-Ibor (introduced by Professor Eugene Paykel)

Professor Juan Lopez-Ibor is Spain's most eminent living psychiatrist. He is a distinguished and very well-known citizen of world psychiatry, and is President of the World Psychiatric Association.

He made an early start on his path to success by choosing his parents wisely. He is the son of another Professor Lopez-Ibor, who occupied a similar eminent national and international position, was also a Fellow of this Royal College and was President of the World Psychiatric Association. This sequence must surely be a first and it is one in which the son has even surpassed the father. This dynasty is both a medical one, and Anglophile. Among Juan Lopez-Ibor and his 11 siblings, six have been doctors, four of them psychiatrists, and another sister is a psychologist. His own two daughters are doctors, one of them a psychiatrist. Many of the family, himself included, received large portions of their education in Britain.

Juan Lopez-Ibor received his psychiatric training at Complutense University of Madrid, at which he obtained both the MD and PhD with high honours. He showed his own aptitude for an international future when he then undertook periods of training in Germany, Switzerland and in London at the Maudsley and Bart's, thereby absorbing his nourishment from the roots of European psychiatry. After being an assistant professor at Complutense University, he became, in due course, professor in the Universities of Oviedo, Salamanca and Alcalá de Henares, and Head of the Psychiatric Unit of the Ramón y Cajal Hospital in Madrid, a name commemorating another most distinguished contributor to the field of neuroscience.

He is now Professor of Psychiatry and Head of the Psychiatric Unit of the San Carlos Hospital of Complutense University of Madrid. He is Director of the World Health Organization (WHO) Centre based there and a member of the National Board of Psychiatry. He is a Fellow of the Royal National Academy of Medicine of Spain and a Corresponding Fellow of the Royal Academy of Medicine in Zaragoza.

He is a productive researcher, particularly in the areas of mood disorders, anxiety, personality disorders, classification, neuroendocrinology and CT scanning and SPECT. He has been author of 14

books and more than 300 published papers and chapters. He is a member of the editorial boards of 12 journals. He has presented more than 600 papers at scientific meetings. In April I heard him review the use of PET scanning at a meeting in Portugal.

In addition to his academic contributions, Professor Lopez-Ibor has particularly distinguished himself as a leader of psychiatric organisations. He is not only fluent, but witty and entertaining in most European languages, both in conversation and as a speaker. He is a warm host and a skilled administrator. He brings perceptive judgement, a calm sense of control and a shrewd political sense to any enterprise in which he engages. His Presidency of the World Psychiatric Association was preceded by a long apprenticeship. He was a very effective Secretary General from 1989–1996, and during this time he organised and hosted the large 1996 World Congress of Psychiatry in the beautiful city of Madrid, a repeat of a much smaller one there 30 years before, in his father's time. He had previously tested himself in the pleasures and pitfalls of psychiatric leadership by having been President of the Spanish Society of Psychiatry, the Spanish Society of Biological Psychiatry and the International College of Psychosomatic Medicine. He is currently a member, honorary member or honorary fellow of many other national and international psychiatric associations.

It is a pleasure and a privilege to welcome him to a particularly distinguished addition to these and our highest honour, the Honorary Fellowship of the Royal College of Psychiatrists.

## Professor Toma Tomov (introduced by Dr Jim Birley)

I first encountered Professor Toma Tomov in 1991, in print. The College journal had published a lecture, given the previous year at the American Psychiatric Association on 'The impact of political change in eastern Europe on behavioural sciences and psychiatry'. I confess that I was expecting a turgid *tour d'horizon*, but it was all about his maternal grandmother! She had had a hard life, with two sons imprisoned for anti-Nazi activities. Later they were to be locked up again by the Communists, but for the moment they were free, and she was to leave Bulgaria for good, on board the *Queen Mary*, for Detroit, where her eldest son was a priest.

This was a totally new experience, and to help her retain her identity she started to keep a diary. Soon she encountered something new and distressing but not entirely unexpected – severe seasickness. This led to something else quite unexpected and unfamiliar – a great deal

of sympathetic and effective help from total strangers who could not speak any of her three languages. This, as Toma put it, 'shattered a basic tenet in her worldview – that aliens were enemies'.

Toma was reading this diary for the first time in 1990 – when Bulgaria had started off on a voyage quite as uncomfortable and more hazardous. He was bewildered and angered by the destructive divisions – when friends become enemies – that were appearing in society, and he came to realise that he needed to examine his own feelings about the situation, to keep a psychological diary in order to maintain his identity and creativity.

Unlike his grandmother, he had already met many friendly aliens in Bulgaria. His Professor, Shiphurensky, had been trained in Germany. Western journals and the works of Freud were available. Greek psychotherapists visited to run courses, and students could assist a blind psychoanalyst, in writing up his clinical notes and reading for him.

Our own Michael Shepherd, whose extraversion famously increased with the square of his distance from the Institute of Psychiatry, was a regular visitor. His interpreter was Dr Assen Jablensky, whose talents soon won him a place in Michael's Unit, where he met an equally bright young Croat, Norman Sartorius, bound for the WHO. Assen joined him later and the rest, as they say, is history.

After 10 years as a lecturer in Sofia in teaching and research, history beckoned to Toma, and together with his family he made a move that would have won your warm approval, Mr President – to Morogoro in North East Tanzania.

He was to develop a WHO Mental Health Programme for a country that was already well known for other community services. For instance, the training of technicians to perform caesarean sections and blood transfusions, to cope with the appalling number of cases of obstructed labour arising from the pelvic deformities of malnutrition.

Toma developed algorithms to train locally selected people in first-line diagnosis and treatment. The overall priorities were those of social and family psychiatry, destigmatisation and the reduction of disability. This system has become part of the famous WHO International Mental Health Programme now operating in many countries.

Following his return to Sofia in 1984 to create a programme of teaching and research, he was appointed Professor at the New Bulgarian University and its associated Institute of Human Relations. He began to form what is now a multidisciplinary group of talented, creative and well-trained young people with a humane approach to patients and their families.



In 1993 the first meeting of the group of 'Reformers in Psychiatry', organised by the Geneva Initiative on Psychiatry, took place in Bratislava. There were 40 people present, and aliens were certainly not assumed to be friendly. It was thus rather a tentative affair, but we were lucky to have potential leaders there, with prepared and creative minds. Today the network has more than 400 members, many important friendships and professional links have been formed and much of the initial teaching has been done by Bulgarian teams. Originally these included Toma himself – for instance on courses for psychiatric nurses in the Ukraine, Azerbaijan and Kyrgistan.

In 1998 an Association of Reformers was inaugurated, eventually to lead the network, with elected representatives from all the participating countries. Their first elected President is Toma Tomov, and the Secretariat is in Sofia.

Toma is a gifted and sophisticated teacher. His approach is that of 'active learning'. Students of all ages are given tough tasks, and have to work in groups to consider, propose solutions and defend their decision in debate. These sessions are stressful, stimulating and enjoyable, and provide a completely new experience for those taught in the Former Soviet Union, and speaking for myself, for Britons trained in the Lubyanka on Denmark Hill.

These mixed groups, multi-everything including language, when hard at work, can sound like the Tower of Babel. I was present at one session in the guise of an expert. The group's task was to make plans for modernising the psychiatric services of an imaginary district, Slaka, and they were visiting various community services in Prague to get ideas about this. The rapporteur, a charming young Romanian, sat with her fingers at the ready on the laptop, waiting to hear a coherent sentence that she understood. I got more and more anxious as she remained immobile, and indeed had to walk out to calm. When their excellent report finally appeared, the group told me that they had thoroughly enjoyed themselves. The only thing that distressed them was my obvious anxiety.

Mr President, I believe that in this rather obsessional, regulated evidence-based phase of our own teaching methods, Professor Tomov will bring a breath of fresh air. We need to bind him to us.

We are very pleased to welcome his wife Ivanka and his son Neven and his wife Alexandra – both recent graduates of Edinburgh University – who are with us today to witness this ceremony.

I am delighted to present Toma Tomov to you as an Honorary Fellow.

## "1 in 4"

A 2-minute film  
Director: John Selby  
Producer: Jody Burrows

In just 120 seconds this film both shocks and challenges the viewer to examine their attitudes to those people who suffer from mental health problems.

The setting is austere, a guy snorting cocaine from a photograph of his wife and baby, an underweight girl lacing her corset while mirror gazing, a young man curled at the end of a bed and an elderly lady drinking tea in a world of her own.

"You coke head"

"Why don't you just eat something"

"Cheer up, you miserable git"

"Crazy old bitch mum"

Nobody will leave the cinema without hearing the clear message: '1 in 4' people suffer with mental health problems.

"1 in 4 – it could be me... it could be you... That made you think. Enjoy your film."

This film is to be shown from 3 November as a trailer in Warner Cinemas until December, launched for World Mental Health Day and produced as part of the Changing Minds campaign. The team involved in making this film should be congratulated on the production of a film that will proclaim the message across the land.

**Gillian Rose** Consultant Child & Adolescent Psychiatrist, BKCW Mental Health NHS Trust

## Changing Minds Campaign launches outstanding 2-minute cinema film: "1 in 4"



To celebrate World Mental Health Day 2000 (10 October), the Changing Minds Campaign launched an outstanding 2-minute cinema film entitled "1 in 4".

"1 in 4" questions our preconceptions about mental illness and emphasises the reality that mental health problems can touch anyone. The film uses many challenging images with a forthright, and at times shocking, script. It has been developed particularly with younger people in mind, who are often most at risk of suffering from severe mental illness and suicide. They are also regular cinema-goers.

The film reinforces the message that anyone can suffer from mental illness –



"1 in 4 could be your Brother, your Sister. Could be your Wife, your Girlfriend... 1 in 4 could be your Daughter... 1 in 4 could be Me... it could be YOU."

## The value of the film

This challenging new film has been made possible by the generosity of a leading London advertising agency, WCRS; John Selby, Director, from Godman – a major production company; and Warner Bros, who has agreed to show "1 in 4" before a large number of feature films to be released from 3 November in Warner Village cinemas throughout the UK. The music is by courtesy of Michael Nyman.

This striking cinema film would have cost more than half a million pounds to make and distribute. None of this would have been possible without the generous help and support of our sponsors.

"For many years now, those of us working in mental health have had on their 'wish list' an advertising film challenging the discrimination against people with mental illness. "1 in 4" has now achieved this," said Professor John Cox, President of the Royal College of Psychiatrists.

"We are absolutely delighted with this initiative and we hope that the film is seen by many thousands of people and touches them in the same way as it has us."

For further information or transparencies of stills from the film contact Deborah Hart or Vanessa Hudson in the College External Affairs Department, tel: 020 7235 2351 exts. 127 or 154; e-mail: dhart@rcpsych.ac.uk.

## 'HEADstuff'

### A new mental health resource for 14 to 17 year-olds

'Headstuff', a new mental health resource for 14 to 17 year-olds was launched on 10 October, as part of the celebrations for World Mental Health Day.

This leaflet was developed for the Changing Minds Campaign by Mentality, a national charity dedicated to promoting mental health. Designed in consultation with young people, this new resource aims to: