Proposal for a Special Interest Group in Complementary and Alternative Medicine

Procedure for establishing a Special Interest Group:

1. Any member wishing to establish a Special Interest Group shall write to the Registrar with relevant details.
2. The Registrar shall forward the application to Council.
3. If Council approves the principle of establishing such a Special Interest Group then it will direct the Registrar to place a notice in the Bulletin, or its equivalent, asking members of the College to write in support of such a Group and expressing willingness to participate in its activities.
4. If at least 120 members reply to this notice, then Council shall formally approve the establishment of the Special Interest Group.

In accordance with this procedure, Council has approved a proposal for the establishment of a Special Interest Group in Complementary and Alternative Medicine.

Background to the proposal:

- Complementary and alternative medicine (CAM) is a growing provider of health care — and mental health care — in the UK.
- Many people with mental illness use both orthodox care and CAM.
- Irrespective of whether CAM is effective, good practice suggests that psychiatrists should be familiar with the generic issues around CAM, the specific complementary interventions used by their patients and the possibility for interactions with orthodox treatments.
- There is evidence that some complementary interventions are efficacious.
- There is a need for good research on widely-used but still untested interventions.
- In 2001, the Government responded favourably to a report by the House of Lords Select Committee on Science and Technology, supporting recommendations for training fellowships and research, and recognising the role that CAM has within the NHS.
- Subsequently, the Department of Health called for a declaration of interests by universities in hosting Complementary Medicine Research Award Holders for Research Capacity Awards, resulting in 19 universities becoming eligible to collaborate with award applicants.
- In ‘Tomorrow’s Doctors’, the GMC recognises that the medical undergraduate curriculum should include familiarisation with complementary therapies.
- A small working group has met several times, and has established links with the Foundation for Integrated Medicine. A Medline search on mental health and CAM has been undertaken, and a session was held at the College’s Annual Meeting in July 2003. Consideration is being given to a stand-alone conference in 2004–2005.
- The College’s Council has endorsed a proposal to establish a Special Interest Group in this area to continue and formalise this initiative.
- The Special Interest Group will aim to meet regularly to consider key issues of relevance to the College and to organise seminars and conferences, to stimulate research and good practice, and to disseminate evaluation of complementary and alternative approaches in mental health. The Special Interest Group will also establish links with other interested parties including other Royal Colleges and professional associations.
- Members are invited to write in support of this group and express willingness to participate in its activities. Interested members should write to the Registrar, care of Miss Sue Duncan at the College. If 120 members reply to this notice, then Council shall formally approve the establishment of this Special Interest Group.

Dr Andrew Fairbairn
Registrar

Annual General Meeting
June 2003

The 32nd Annual Meeting of the College was held at the Edinburgh International Conference Centre, Edinburgh from 30 June to 3 July 2003.

Business Meeting

The Business Meeting of the Royal College of Psychiatrists was held on Wednesday, 2 July 2003 and was chaired by the President, Dr Mike Shooter. It was attended by 86 members of the College.

The minutes of the previous meeting, held in Cardiff on 27 June 2002 and published in the Psychiatric Bulletin, December 2002, were approved and signed.

Aiming from the previous Business meeting in Cardiff, the President reported on progress to date regarding resolutions made at the previous AGM as follows:

- The Cardiff meeting had agreed that the College resolution on China, adopted in London the previous year, should be put to the World Psychiatric Association (WPA) AGM in Yokohama in the summer of 2002. At Yokohama, the WPA agreed to set up a task force to lay down the protocol for a free and independent visit to China, to investigate the alleged political abuse of psychiatry and to report back on progress at the American Psychiatric Association (APA) in Spring 2003. At the APA meeting, the WPA issued a statement saying that it had been impossible to carry this further because of the non-cooperation of the Chinese Government, the outbreak of SARS and the replacement of the Health Minister in its wake. It now called on the new minister to allow the investigatory visit, along the lines that the College had originally asked for.
- In the light of this statement, the College joined with the APA in supporting its demands. Dr Shooter encouraged members to consider what action the College should take if China refused the visit. He would be writing to the WPA to pose the same question.
- In contrast to China, the WPA had reacted very promptly and appropriately to the situation in the Middle East. A task force, jointly chaired by Israeli and Palestinian
psychiatrists, had already been set up under the aegis of a committee, on which the College was represented through the President. In addition, an emergency meeting had been called in Cairo by the World Health Organization (WHO) and WPA acting together to examine ways of supporting psychiatric services in Iraq. Professor Hamid Ghodse would be attending that meeting for the College.

General business

The formal Report of the Treasurer and a summarised version of the Annual Accounts for 2002 were received and approved. The re-appointment of the auditors was approved. The new fees and subscription rates from 1 January 2004 were also approved.

The following resolution was proposed by Dr Mike Shooter and seconded by Dr Andrew Fairbairn:

That the Bye-Laws of the College be amended, revoked and added in accordance with the copy thereof containing such amendments, revocations and additions sent to the Members with the notice of this meeting, provided that such amendments, revocations or additions shall not take effect until the same shall have been approved by the Privy Council and provided further that the Executive and Finance Committee of the Council shall have authority to approve any further amendments required thereto by the Privy Council.

The resolution was supported.

No other resolutions had been received for discussion at the meeting.

The Registrar reported the following new appointments and results from elections:

The Dean
Professor Dinesh Bhugra

Honorary Officers
Editor – Professor Peter Tyrer

Fellows on Council
Professor Ilana Belle Crome
Professor Pamela Jane Taylor

Members on Council
Dr Kwame Julius McKenzie
Dr Philip Sugarman

Members of the Court of Electors
Dr Jeremy Shaw Bolton
Professor Ramalingam Nimalakumar
Chithiramohan (Mohan) Professor Ilana Belle Crome
Dr Kedar Nath Dwivedi
Professor John Charles Gunn
Dr Annie Yin-Har Lau

New Chairmen/Secretaries of Divisions
Dr M. Tanner – Secretary Eastern Division
Dr F. Browne – Chairman, Northern Ireland Division

Dr N. Chada – Honorary Secretary
Northern Ireland Division
Dr M. Nowers – Chairman,
South West Division
Dr S. Bhaukik – Chairman
Trent Division

New Chairmen/Secretaries of Faculties and Sections
Child and adolescent faculty – Dr Ann York
G&C faculty – Dr Suresh Joseph
Liaison section – Dr Paul Gill
Social and rehabilitation section – Dr Robin Arnold

President’s Report

The President’s life is a varied one. On one day recently, I had morning coffee with our Patron at St James’ Palace, visited Pentonville Prison in the afternoon and chaired an on-line evening discussion of the biochemistry of transmitters!

During the latter, I found myself saying that when I first came into psychiatry, a quarter of a century ago, schizophrenia was a diagnosis of hopelessness — of resistance to treatment and inevitable decline. Now all that has changed. Thanks to the sort of holistic package of help recommended in the NICE guidelines, the watchword is ‘recovery’. And this could be an analogy for the College, too. Where once there was demoralisation, now there is a spirit of creativity typified by the events of this past year — with RECOVERY as their acronym.

Reassessment of the roles and values of consultant psychiatry is the remit of a College scoping group that feeds into the National Steering Group we co-chair with the National Institute for Mental Health in England and the Department of Health. That group is drawing together creative examples from all over the UK of how consultants can be freed to get back to what they enjoy doing best — taking on the most complex cases and consulting to the rest. Educational revision is a corollary of this. We have carte blanche, under the auspices of the new Postgraduate Medical Education Training Board (PMETB), to redesign our psychiatric training from undergraduate through to continuing professional development levels, to produce the sort of consultants that modern services require.

Despite being one of the newest Colleges, our Constitution needs overhauling with an eye to the devolution of powers, tasks and responsibilities out from 17 Belgrave Square to the geographical divisions and subspecialty faculties. In such a way, the College may begin to have a more immediate meaning to grass roots membership. Overseas, this is being mirrored by the establishment of international divisions through our Board of International Affairs. The meeting has already heard of our dealings with the World Psychiatric Association over the political abuse of psychiatry in China and the aftermath of conflict in the Middle East.

There are huge vexations, of course. Like the rest of the NHS, we continue to struggle with the endless changes thrust at us, often with little evidence base to them. A survey we have commissioned from the CRU has shown just how little of all that promised new money has trickled down to the service level. And the College has continued to campaign vociferously for new mental health legislation that is fair, practical and effective, along the Scottish model. But the learned helplessness that threatened to engulf us in the face of these problems has changed to a firm, and sometimes angry, determination to take back control over our own profession.

The College continues its ethical examination of all its structures and processes. One scoping group has tightened the guidelines on our relationship with industrial sponsors in general, and the pharmaceutical industry in particular; another is looking at what responsibilities the College might have for disciplining Members whose practice is beyond the pale. The External Review Team from the University of Central Lancashire has reported on its search for evidence of institutional racism. An implementation plan has been drawn up by the Chief Executive and promises to be a template for all other colleges to follow.

Relationships have become crucial in all these issues. No longer should the College feel isolated in its fight to improve the lot of patients and those who care for them. Our full membership of the Mental Health Alliance has been crucial in the battles over the Mental Health Bill; inter-college cooperation through the Academy did much to rescue our role in training from a PMETB that once threatened to shunt the colleges to the edge of their educational lives. We are looking at ways of developing closer ties with chief executives with whom we share the responsibility for establishing good services. Our relationship with the media has been improved by a greater willingness to face up to the controversial nature of much of what we do, and to talk about it openly in public.

So — RECOVERY, Roles; Education; Constitution; Overseas; Vexations; Ethics; Relationships; and You, the membership of the Royal College of Psychiatrists. None of my optimism should obscure the very real suffering of some members, struggling with the stress of trying to run poorly-resourced services or being bullied in their day-to-day trainee or consultant lives. A fifth scoping group is looking at ways of opening a confidential
support and advice service to such members. But the prevailing mood has changed. Psychiatrists should not feel ambivalent about what they do. Whatever clinicians and the media might say, our clinics are overflowing with patients and their carers who want and respect our help.

It hasn't always been a smooth ride over the last year, but we never promised that it would be. If you wanted 'Royal College Sleepy Hollow' then you should have elected a different set of officers!

Mike Shooter

Registrar’s Report

Reform of the Mental Health Act 1983 (England and Wales)

In response to the publication of the draft Mental Health Bill in June 2002, the College and the Law Society issued a joint statement describing the legislative proposals as fundamentally flawed in principle and practical reality.

In July 2002, Dr Mike Shooter, President, and Dr Tony Zigmond, College lead on the Mental Health Bill, wrote to College members to inform them of the College’s reaction to the Bill, considered ethically unacceptable and practically unworkable. A similar letter was sent to Chief Executives and Medical Directors of Trusts, detailing the College’s objections and urging them to respond to the Department of Health.

A seminar was hosted by the College in August, attended by representatives from a wide range of mental health organisations and professions including lawyers, nurses, service users, psychiatrists, social workers, psychologists, carers, service providers and charities.

The College submitted its formal response to the draft Bill in September 2002, and since that time has participated in stakeholder ‘negotiations’ with the Department of Health, and has joined the Mental Health Alliance.

Mental Health (Scotland) Draft Bill

A submission was made by the Scottish Division.

A Race Equality Statement of Intent (‘RESI’) and Race Equality Scheme were endorsed by Council in 2002 and published on the College’s website.

A Detailed Race Equality Scheme Action Plan was endorsed by Council in June 2003, and is being taken forward by the Special Committee on Ethnic Issues. This will ensure that the RESI is turned into a series of effective work programmes.

Clinical guidelines developed by the National Collaborating Centre for Mental Health on the treatment and management of schizophrenia in primary and secondary care were published by NICE this year – NICE’s first treatment guideline.

A Scoping Group on the College’s Constitution was set up under Professor Robin McCreedie’s chairmanship to consider the implications for the College of political devolution, following consultation with Divisions. In June 2002, Council endorsed proposals aimed at strengthening the identity of the Irish Division as it relates to the Government in Dublin – agreeing to adopt the title ‘The Irish College of Psychiatrists’ as the business name of the Royal College of Psychiatrists when operating in Ireland. This year, Council has agreed that the current Irish Division should be replaced by two separate Divisions – a Northern Ireland Division, and an Irish Division (which retains its title in the Regulations, but will relate solely to Ireland, excluding Northern Ireland). The two Divisions will meet regularly, to discuss matters of mutual interest, in the form of an ‘All-Ireland Institute of Psychiatry’.

Other constitutional changes have been proposed by the Scoping Group and endorsed by Council, and are set out in the explanatory memorandum accompanying the proposed Bye-law revisions. Further changes will be considered by the Scoping Group at its next meeting in September, and a report submitted to Council, with a view of putting forward further Bye-Law amendments to the AGM in 2004.

A Scoping Group on supporting members and developing complaints procedures was established under Professor John Gunn’s chairmanship, and a third Scoping Group – on Roles and Values – is being chaired by Professor Richard Williams.

International Fellowship Scheme

This is an ongoing recruitment initiative for the next 3 years. The College is working closely with the Department of Health on this, and has found the Scheme a major help in recruitment.

Alleged political abuse of psychiatry in China

In August 2002, the College called upon the World Psychiatric Association (WPA) General Assembly in Yokohama to arrange a fact-finding visit to China to investigate allegations of political misuse of psychiatry.

A memorandum was recently received from the WPA addressing a public appeal to Mrs Wu Yi, the new Minister for Health and Vice President of the People’s Republic of China, to authorise a visit by a WPA task force. While this memorandum fulfils the College’s call that the WPA should make such a request, it does not address the question of what further action would be taken should permission not be given.

Human rights and the treatment of restricted patients – appeal to the House of Lords

The College was invited to apply to be joined as a party to a set of legal proceedings in the House of Lords focusing on the issue of whether a psychiatrist was a ‘discrete public authority’ and was bound by the provisions of the Human Rights Act 1983, i.e. whether psychiatrists could be obliged to treat patients as required by a mental health review tribunal to allow discharge to take place, or whether they could legitimately refuse to treat restricted patients. Council has agreed that the College should apply.

Columns The College
Special Interest Groups

The following new Groups were endorsed in principle this year:

Social Science and Psychiatry
Complementary and Alternative Medicine

Council has agreed that the History of Psychiatry Special Interest Group should be discontinued, as it is no longer active.

A review of SIGs is to be undertaken by Registrar and Treasurer for consideration by Council.

Andrew Fairbairn

Treasurer's Report

I am going to speak quite briefly as the formal Treasurer's report and summarised accounts are available at the meeting, and Paul Taylor has copies of the full accounts for anyone who wishes.

The overall picture for 2002 is that the College's income was about £8.5 million, an increase from the previous year. After investment losses are taken into account, the surplus was about £0.5 million, again an improvement.

First I'd like to say something about income. As you can see, Members' subscriptions are of great importance as they form the largest percentage of income. The total number of Members has increased steadily and was 10,432 in May 2002. In order to promote Membership and association with the College, we have continued a policy of minimising financial barriers to re-entry, are developing a category of International Associatehip and have introduced free Membership for the over 75s. For the future, we need to encourage still more trainees as Inceptors and staff grades as Affiliates.

Another major source of income (largely restricted in use) is the College Research Unit (CRU), which had a very successful year, especially with the development of the National Collaborating Centre for Mental Health, funded by NICE. We have restructured financial arrangements with the CRU in a way we anticipate will encourage a range of income-generating activities.

Publications again made a surplus – more books were sold, advertising was buoyant and subscriptions for the journal Advances in Psychiatric Treatment (APT) increased substantially. We continue to reflect on the potential impact of electronic publishing and the Internet, especially on journals and teaching materials, and need to prepare for this new era.

From 2002 and continuing, we have had a considerable debate as to what degree the College should be dependent on commercial sponsorship. We think it is important that a wide range of partners be sought, especially to enable public education activities and other projects, and that the arrangements and principles should be clear. A Development Management has been appointed, whose task is to establish a fund-raising and income generating strategy.

Cash flow has been positive, and because of likely poor returns to equities, we maintained a degree of liquidity in order to invest in property if appropriate.

Of course many activities involve both income and expenditure. Examinations, for instance, had an increased number of candidate numbers and a limited surplus was made this year enabling future developments. Conferences in 2002 did well, especially those organised by Faculties. The annual meeting in Cardiff was more modest in scale and achieved a small surplus, as opposed to the considerable loss of the preceding year.

What we were enabled to do with income included the completion of the Mind Odyssey, the continuation of the Changing Minds anti-stigma campaign and an external audit of Race Equality Issues. In terms of capital expenditure the major outlay of the year was on Information Technology.

Finally, as usual I would like to thank for their commitment and support Paul Taylor, Head of Financial Services and his staff, and of course Vanessa Cameron, Chief Executive.

Fiona Subotsky

Dean's Report

When I was elected Dean in 1998, I was asked to make a short presentation at the Annual Meeting outlining what I thought the College should be doing in the field of education during my 5-year term. I remember my excitement in trying to formulate long-term plans. I also remember Mike Shooter, then the Registrar, telling me immediately afterwards that the then President, the late and very much missed Dr Robert Kendell, had turned to him as I finished my talk and whispered 'he'll never do it'.

I like a challenge! That talk became the basis of the educational strategy, which I put together over the coming months and which has been much of my 'Dean's task list' ever since. So what have we achieved? And what remains to be done?

I'll start with undergraduates and the new Postgraduate Medical Training and Education Board, the European Working Time Directive and Modernising Medical Education. We are also committed (not before time perhaps) to ensuring a truly developmental perspective throughout training across the psychiatric specialties.

Which brings me to examinations. It has been a great pleasure for me to work with Dr Stephen Tyrer and Professor Femi Oyebode in reviewing and implementing a thorough revision of the MRCPsych examination and I am delighted that the changes have, as of this Spring, been fully implemented. The main changes (introducing OSCEs, extended matching questions and criterion referencing) have, I think, made our examination much sounder educationally. They have also been well received by trainees and trainers. The Academy of Royal Colleges is now reviewing all College exams and we have a real opportunity to think the unthinkable. My money is on a common 'Part 1' exam following Foundation SHO year. I think we may well also see a much more formal exit assessment, perhaps in the form of an OSCE.

The College's educational role certainly doesn't stop at the end of the formal training. I hugely enjoyed my 2-year stint as Director of CPD and am proud of having led the implementation of pre-
planning and peer-monitoring of CPD and ensured its close linkage to the still evolving NHS processes of appraisal and revalidation. As before, predictions of doom proved unfounded and I am delighted to see the CPD Committee go from strength to strength under Joe Bouch’s very capable direction.

Time does not permit me to dwell in detail on my work in recruitment and retention. I am delighted though that we have been able to collaborate as closely as we have with the English Department of Health, and that there has been a very similar collaborative initiative in Wales. I am confident that the comprehensive recruitment and retention strategy we are developing will lead to real improvements both in filling posts and in encouraging constructive working styles for consultants.

Being Dean of the College has been a tremendous pleasure, honour and privilege. I shall miss it more than I can say, it owes a huge debt of thanks to many of the College staff, who have shown a uniformly high level of skill and dedication that I have not seen in any other institution. In this context, I particularly need to thank:

Vanessa Cameron
Gareth Holsgrove
Anne Dean, his predecessor
Lena Hartley
Carole Pashley
Claire Drummond
Robert Jackson
Sam Bendall
Cate Cole
Marion Palmer Jones
Joanna Carroll

I also need to thank Chairs and members of all the Special Advisory Committees and of the other educational committees within the College. Within that, my most particular thanks are due to the sub-deans past and present who have been so supportive over the years.

Prof. David Cottrell
Dr Kingsley Norton
Dr Sue Whyte
Dr Parmila Moodley
Dr Jeremy Bolton
Dr Kandiah Sivakumar
Prof. Dinesh Bhugra

And last but not least, Professor Mary Robertson, who as many of you know has been seriously ill for some months and I am sure you would want to join me in wishing a speedy recovery.

The Education Committee and Court of Electors have agreed that there should be an update of the Education Strategy. I am delighted to see the CPD Committee go from strength to strength under Joe Bouch’s very capable direction.

The thrust of the Library and Information Service staff’s work has been in three main areas. First, there is the electronic side of information services with an increasing move towards electronic journal subscription, an aim to have our book collection catalogue on-line, and with our continuing to contribute to the College website.

In some contrast has been our work concerning antiquarian books. The grant that I reported last year has been very successfully used in restoring to excellent condition a number of priceless texts. The work on the College Archive continues, but of particular note in this area has been the development of a Records Management Policy by Margaret Harcourt-Williams. College activities are already significantly devolved at national level here in the UK and Ireland, but we anticipate further devolution within England, with all Divisions taking on more responsibility. If there is to be a corporate College voice, then this depends upon accurate information-gathering and record-keeping and this new policy will facilitate this.

My individual contribution has not been as much as I had hoped. Although there were some early recruits to the Virtual Library Committee, it was only in spring that we had full Faculty membership together with trainer and trainee representatives and so it is only now that I am seeking advice from my colleagues. As before, however, my intention is that this process will inform our providing a Library and Information Service that is sensitive to our Members’ needs and we would hope to build upon that by advising colleagues as to their own local developments. I would hope to have something more substantial to report in this area next year.

David Tait

This concluded the business meeting, which was followed by the presentations. The Registrar presented to the President representatives from overseas psychiatric organisations, then College Prize winners and new Fellows. Following this, the Registrar called upon the Citators of each Honorary Fellow for 2003 to come forward and give their citation, as follows.

Librarian’s Report

This past year has seen a further change in library staffing, with Alexandra Cohen joining us part-time as Library and Information Services Assistant. The thrust of the Library and Information Service staff’s work has been in three main areas. First, there is the electronic side of information services with an increasing move towards electronic journal subscription, an aim to have our book collection catalogue on-line, and with our continuing to contribute to the College website.

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David Tait
always regret that I didn’t take him up on it.

John has always been distinguished by an excellent grasp of local issues, having served on a Community Health Council and on a London Borough Council, where he chaired the education committee in the 1980s at a time of the special education needs debate, about getting children with learning disabilities into normal schools, and also at the time of the Swann Report on improving racial understanding in schools. So one of his drivers has been antidiscrimination and this drives him in politics.

A few weekends ago, he was in Prague, recalling how he had visited the shrine of John Palach, the Czech student who had stood in front of the Russian tanks, and is a lasting symbol of standing up to tyranny.

While in the Department of Health, he was an excellent Minister. He listened and discussed, and was very enthusiastic to see progress. He helped the implementation of Health of the Nation, was enthusiastic about tackling stigma, improving services, developing the Spectrum of Care, arguing for sufficient 24-hour nursed beds for small numbers who need continuing high levels of support for the national strategy for suicide prevention, and for integration of mental health into primary care. He took a vigorous approach to a number of issues. He supported the publication of the findings to a national psychiatric morbidity survey programme, including data on mental health and employment. He supported the moves to tackle the considerable problems around the health and social care divide, and helped initiate many developments, which are now coming to fruition. He was a major asset in the implementation of the care programme approach, which is now routine practice. We all missed him greatly when he was suddenly reshuffled off to Transport. Some months later he lost his seat in the House of Commons and was suddenly reshuffled off to Transport. Some months later he lost his seat in the House of Commons and was subsequently asked to address the Greek Presidency to the European Parliament.

Although he is an MEP, he still does a huge amount of constituency work. He enjoys helping people find the way through the Kafka-esque bureaucratic maze to help them live freely and effectively. He has always listened, and this means he has a deep understanding of the complexities of mental health services and the problems experienced both by users and by professionals. While an MEP, John is continuing the WHO link on mental health and epilepsy, and continues to work with the Geneva Initiative in Eastern Europe and China. He raises issues on mental health in the European Parliament and is trying to get better facilities for mental health in Bulgarian prisons.

The European Network of Mental Health Policy Makers led by the Finns has worked hard since its inception in the mid 1990s to get mental health on the European agenda, and succeeded in getting mental health on the agenda of successive EU presidencies for a number of years. John Bowis has played a key role in this, giving a key note speech at the first conference in Tampere; subsequently chairing a session at the Belgian conference last year and most recently, the Greek Minister of Health, Costas Stefanis asked him to address the Greek Presidency conference on Stigma and Discrimination in Mental Health and John had helped him to pull in most of the health ministers from across Europe and the accession countries!

But this is just a small part of what he is doing for mental health. He is also mainstreaming mental health within the European Parliament itself.


References


— (1996a) The Spectrum of Care: Local Services for People with Mental Health Problems. London: HMSO.


Lord Bragg

(Introduced by Professor Cornelius Katona)

Melvyn Bragg was born in 1939 in Wigton, Cumbria. He won a scholarship to Wadham College, Oxford, where he read history. He joined the BBC as a general trainee in 1961. Three years later, he was appointed editor of BBC2’s first arts programme, First Release. Since then, he
has become the pre-eminence figure in arts broadcasting.

As editor and presenter of The South Bank Show and as Controller of Arts for London Weekend Television, Melvyn Bragg is well known for his promotion of literary and the creative and performing arts. He is equally respected for his contribution to the public awareness of basic and social sciences and of philosophy. He has chaired The Darwin Debate on BBC2, which looked at the significance of evolution theory for human society and the Radio 4 series on the history of science, On Giants’ Shoulders. He has also presented a 20-part history of Christianity on ITV. His recent radio series ‘The Routes of English’ and current ‘In Our Time’ project are likewise testimony to his range.

Melvyn Bragg has also achieved both popular and critical success as a writer, again with a surprising breadth of output. As well as several screenplays, he has written 17 novels, one of the most recent of which, The Soldier’s Return, won the W. H. Smith Literary Award for 2000. He has also written a biography of Richard Burton. His new novel, Crossing the Lines was published last month. The Adventure of English 500AD—2000 AD, a revised account of his widely acclaimed ITV series about the English language, is forthcoming this October.

He has been President of the National Campaign for the Arts since 1986, and a Governor of the London School of Economics since 1997. He has honorary degrees from the Universities of Wales, Liverpool, Lancaster, Leeds, South Bank, St Andrews, Northumbria, Brunel, Northumbria, UMIST and the Open University. He was made a Life Peer in 1998, becoming Lord Bragg of Wigtown in the County of Cumbria. He was elected Chancellor of Leeds University in 1999.

It is not only for these extraordinary achievements that we are honouring Lord Bragg. He has, as we psychiatrists put it, a long history of commitment to the cause of mental health, stemming back to his own experience of mental illness in his teenage years, which he has discussed publicly with exemplary bravery. In his own words, ‘The experiences were terrifying. I could literally feel a part of me leaving and hovering above my body’. As a result, he has become one of the country’s most powerful advocates for people with a mental illness. He has been involved with MIND in Carlisle for 16 years, and became President of MIND in 2001. As he puts it: ‘I saw people with mental distress being outcast and stigmatised and misunderstood’.

Lord Bragg is one of that very select band of intellectuals who can lay claim to the Renaissance ideal of the ‘uomo universale’. For this and for his commitment to the cause of mental health, it is both a privilege and a personal pleasure for me to present him for the College’s highest honour, the Honorary Fellowship.

Professor John Cox
(Introduced by Professor Dinesh Bhugra)

Professor John Lee Cox has made significant contributions to British Psychiatry at a number of levels, in a number of ways. I shall follow three aspects of his contributions. Having graduated from Oxford, he attained his membership of the Royal College of Physicians in 1970 and Membership of the Royal College of Psychiatrists in 1978. He received his DM from Oxford in 1978 and was elected as a fellow of Royal Colleges of Physicians of Edinburgh in 1985 and of London in 1997. He worked as an academic psychiatrist in London, Uganda and Edinburgh before being appointed as Foundation Professor of Psychiatry at the University of Keele. In this role, and as Head of the Department during two periods, he not only motivated a generation of psychiatrists from the UK and abroad but also led a service development in a number of subspecialties in the Department. His clinical interest and contributions in the field of perinatal psychiatry have been enormous. He won the Hospital Doctor of the Year Award in 1992, in which his humble style he attributed to those around him. His leadership in developing innovative services and his research interests led to the development of the Edinburgh Postnatal Depression Scale (EPDS) as a widely recognised and used screening instrument. It is apposite that the second edition of the book on the EPDS is being launched here.

He was awarded the Mancé Medal in recognition of his distinguished contribution to the field of perinatal psychiatry and he served as President of the Mancé Society. As a teacher, he established MSc in General Psychiatry in Keele, which has been extremely popular among local and international students. His interest in the field of transcultural psychiatry, spirituality and cultural matters have led to a number of changes in clinical practice and management. His interest in education and training, along with his charm and enthusiasm, led to his election as Dean of the College having previously been the first Chair of Section of General Psychiatry. As President of the College, he made his mark by being one of the most approachable, innovative and interested leaders. The College can truly look towards an international role, largely due to his influence. His interest in issues of race have led to the College assessing institutional racism within itself using external assessors. The international activities have led to his election as Secretary General of the World Psychiatric Association – the first British psychiatrist in 30 years to achieve this.

In summary, Professor Cox is a psychiatrist of significant stature, who is well known nationally and internationally for his contribution to the advancement of mental health in general, and transcultural psychiatry and perinatal psychiatry in particular. He is an excellent clinician and scientist, and is outstanding for his hard work in both academic and service development areas. He has made significant contributions at local, regional and national levels where his international status in the field of perinatal psychiatry is distinguished and outstanding. He can justifiably be singled out as one of the outstanding individuals across various medical disciplines.

President, ladies and gentlemen, it is appropriate that I present Professor John Lee Cox to you in this city, whose name will forever be linked with him.

Dr Pearl D. J. Hettiaratchy
(Introduced by Professor Susan Benbow)

Dr Pearl Hettiaratchy is a distinguished clinician, doctor, psychiatrist and old age psychiatrist, who has contributed to the National Health Service (NHS) over a period of more than 30 years. She qualified in Sri Lanka, one of three family members who took up medicine: her brother was a physician and her sister Port Health Officer in Colombo.

She came to the United Kingdom in 1968 for a clinical attachment at St James Hospital, Portsmouth, where she later commenced her first consultant appointment in 1975 after completing her training. Here, together with a nurse manager colleague, she pioneered the development of old age psychiatry services, setting up the first travelling day hospital for older people in the UK.

She has enthused colleagues of all disciplines, and educated people from many backgrounds to reflect on and improve their practice. For 5 years from 1983 to 1987, she single-handedly ran the Region’s Day Release Courses in the Psychiatry of Old Age, and educated 400–500 key professionals, who are now leading old age psychiatry services regionally and nationally. She moved to Winchester in 1984, where she continued to teach and develop services.

Pearl has worked for the Royal College of Psychiatrists on committees concerning later life, nursing, ethnic issues and unethical practices, and has also served as
Vice President. She has been an important role model for younger people coming into the specialty. She was featured as one of five psychiatrists giving their views on why psychiatry is a rewarding career to choose, in the College's career information pack produced in 1990, and again in 1994. What she wrote here is typical of Pearl’s approach to her work: ‘the field of psychiatry fascinates me. It takes time, patience and diligence to unravel the workings of the human mind and one can never fully understand its intricacies. Every patient I see, even after 23 years’ experience is still a diagnostic puzzle and a therapeutic challenge. So there can never be any burnout or boredom.’

And further: ‘the core of psychiatry is the ability to empathise, understand and give something of yourself to the patient within the therapeutic relationship.

Pearl has been determined and devoted to her work: her humanity and compassion are shown by her willingness to take unpopular stances when in the interests of her patients. Her advice was overruled during a ward closure in 1994 and eight elderly patients died shortly after moving from long-term hospital care into private nursing homes, against medical advice. The ensuing scandal led to guidance on long-term care, an ombudsman’s enquiry and a Select Committee hearing. Pearl was quoted in the press as saying: ‘the care team becomes the family of the patient. They are faces in their failing memories.’

She has worked tirelessly on behalf of older people in need of long-term care, unafraid of making her views known. Pearl was elected to the General Medical Council (GMC) in 1994, and re-elected in 1999. Her election was a great event in Sri Lanka, as she was the first Sri Lankan to serve on the GMC. Her re-election was reported in Island International on July 21 1999: the report noted that Pearl had participated in the discussions the GMC had with Sri Lanka's Minister of Health in 1998 on holding the Professional and Linguistic Assessments Board test (part 1) in Sri Lanka. This was a landmark achievement and she has continued to work to support the development of services in Sri Lanka. With the GMC she has served on the Racial Equality Group, the Steering Group for Performance, the Professional Conduct Committee, the Standards Committee, and the Working Group on withholding and withdrawing life-prolonging treatment. She became Medical Screener for Conduct and Performance in 1997 and regularly investigates complaints against doctors.

She retired from clinical practice on 4 February 2002, after 34 years’ continuous service in the NHS, but later that year on 23 October, her work was recognised and honoured when she was invested OBE by Her Majesty the Queen at Buckingham Palace for services to old age psychiatry.

Pearl continues to be active in voluntary work, medico-legal work and medical politics. She is actively involved in national and local fora in influencing policy and decision making in the NHS, and her advice is respected on a range of subjects including the ethics of health care, the support of doctors in difficulty and issues in multi-ethnic populations. Following the inquiry into the death of Stephen Lawrence, she has become involved in work with the Chief Medical Officer on racism in medicine, and is about to become an official role model for ethnic minority doctors. For many of us, she has been an unofficial role model for a number of years. One of the pleasures of her retirement is to be able to spend more time with her family, especially her six grandchildren.

Pearl is a valued, loved and respected psychiatrist and old age psychiatrist. I am delighted to present her for the Honorary Fellowship of the Royal College of Psychiatrists.

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Dr Benedetto Saraceno
(Introduced by Professor Hamid Ghodse)

Dr Benedetto Saraceno is the Director of the Department of Mental Health and Substance Dependence of the World Health Organization (WHO) in Geneva – and, as such, can be said to be responsible for the world’s mental health. Leading up to this elevated position is a career of considerable eminence, of which I can only offer a brief outline now. Benedetto Saraceno graduated as a doctor from the University of Milan and moved swiftly into psychiatric practice, obtaining his post-doctoral degree in psychiatry from the University of Parma. He progressed from strength to strength and soon became Chief of the Psychiatric Unit at the Mario Negri Institute for Pharmacological Research, with a distinguished academic record. But his interest in a broader landscape for his talents was manifest by his gaining a qualification in public health and epidemiology. This led him towards the international stage and during the 1990s he contributed to a number of WHO projects in South and Latin American countries. This in turn led on to his appointment as the Head of the Laboratory of Epidemiology and Social Psychiatry and Director of the WHO Collaborating Centre for Research and Training in Mental Health at the Mario Negri Institute.

Later, in 1996, he moved to Geneva as Programme Manager in the Division of Mental Health and Prevention of Substance Abuse. Yet again, he made his mark and, with the reorganisation of the WHO, he was appointed Director of the Department of Mental Health and Substance Dependence – a post in which he has continued to demonstrate his industry and leadership. For example, he convinced the WHO to designate 2001 as the World Health Organization Mental Health Year and to dedicate the World Health Report of 2001 to mental health. This is the first time that mental health has been accorded such a prominent position in the WHO Programme of Action and, for those of us who work in and are dedicated to services that are often perceived as ‘Cinderella services’, such recognition is very important. It also illustrates the underlying theme of Benedetto Saraceno’s professional life, which has been dedicated to the need of giving voice to the underserved, the excluded and the poor. This topic was a major reappointment for him as a young psychiatrist working in Italy, when he led the Italian psychiatric reform; it was broadened during his service in Latin America, and was the key issue of his WHO programme ‘Nations for Mental Health’. The same topic is the main axis of the new WHO mental health Global Action Programme.

Dr Saraceno is also committed to the international role of the Royal College of Psychiatrists, with the firm belief that the College has a unique position in training, education and advocacy. His initiative led to a memorandum of understanding between the College and the WHO for research training fellowships and, with his persuasive encouragement, the WHO is firmly committed to closer collaboration with the College.

In summary, Dr Saraceno, with his distinguished academic and clinical background, is a psychiatrist of significant stature. He can be singled out as an individual who has made, and continues to make, a major contribution to global mental health, by his sustained and vigorous efforts for the advancement of psychiatry and mental health around the world, and particularly for those who are least able to speak for themselves. As such, he is eminently worthy of the highest honour that the College can bestow – an Honorary Fellowship. For us, the presence among us, of a person of such high international esteem, emphasises the importance of mental health as a global issue. It is therefore a great pleasure for me to present Dr Benedetto Saraceno to you as an Honorary Fellow of this College.

The Vote of Thanks on behalf of the Honorary Fellows for 2003 was given by Mr John Bowis, OBE, MEP.
President's Report
Mike Shooter
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References
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