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research, teaching and service delivery, and he has made significant contributions to the development of the Department of Psychiatry and the postgraduate school in the advancement of science, teaching and research at Keele University. As the Chairman of its Department of Psychiatry for two periods, he has developed various specialities in the field of mental health, and colleagues in the NHS consider his contribution to be remarkable among other professors of psychiatry in the UK. He gained a national reputation for his interest and research in perinatal and transcultural psychiatry in the 1980s, and a sustained output of research papers and teaching activity secured his international reputation by the early 1990s. His national and international fame was subsequently enhanced by his election to the Presidency of the Marce Society, an international organisation for the prevention and treatment of perinatal illness. Professor Cox has also developed the Diploma and MSc in General Psychiatry at Keele University which is highly regarded by trainee psychiatrists from around the world. In 1992, he was elected Dean of the College and served in this capacity with the utmost capability and distinction. In 1999, he was elected President of the College. As President he made his mark by being one of the most approachable, innovative, forward-looking leaders of the profession who led the College in the globalisation of mental health. Professor Cox was recently elected as Secretary General of the World Psychiatric Association (WPA).

Dr Pearl Hettiaratchy, OBE

Pearl Hettiaratchy has brought distinction to herself, the College and the psychiatric profession through her contributions to the NHS over a period of 30 years. Her primary contributions have been within the field of old age psychiatry, where she has pioneered the establishment and development of services, first in Portsmouth and later in Winchester. She has enthused others and educated people of many backgrounds to achieve good practice. She has been determined and devoted in her work; brave and selfless, never fearing to take unpopular stances when she knew these to be in the interests of her patients who were not able to speak for themselves. By her activities and her example, she has improved the lot of old people with mental illness, and their families, and those who work with them professionally. She has advised Ministers in the UK and in Sri Lanka on the needs of such services and is a tireless supporter of charities in the field. She has remained active in medico-legal matters and in medical politics; her advice and opinion is respected on a range of issues including those arising in multi-ethnic populations, the ethics of health care and the identification and support of doctors in difficulty. Dr Hettiaratchy has long been involved with College activities and has also served as Vice-President. She retired from active professional work this year, but continues a busy diary of advisory and voluntary work.

Dr Benedetto Saraceno

Dr Benedetto Saraceno is a psychiatrist known internationally for his contribution to the advancement of mental health. After receiving his post-doctoral degree in psychiatry, he subsequently gained a qualification in Public Health and Epidemiology from the Mario Negri Institute for Pharmacological Research, Milan, where he became Chief of the Psychiatric Unit – the beginning of a very distinguished career. During the 1990s, he contributed to a number of WHO projects in countries in South and Latin America, which eventually led to his appointment as 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. He also worked in Geneva as Programme Manager in the Division of Mental Health and Prevention of Substance Abuse at the WHO. With the reorganisation of the WHO, he was appointed Director of the Department of Mental Health. He convinced the WHO to designate 2001 as the WHO Mental Health Year, and to dedicate the *World Health Report* of 2001 to mental health. This was the first time that mental health attained such a prominent position in the WHO Programme of Action. His initiative led to a memorandum of understanding between the College and WHO for research training fellowships. In 2001, Dr Gro Harlem Brundtland, Director General of the WHO, addressed the annual conference of the College and presented the outline of the WHO report for the first time in a public forum, with an invitation for closer collaboration between the WHO and the College.

Patients as parents. Addressing the needs, including safety, of children whose parents are mentally ill

CR105 June 2002 32 pp £7.50

This document provides a fully-referenced and practical summary of key issues involving the interactions and influences between parental psychiatric disorder and child mental health and well-being. It promotes an ecological approach, in which mental illness is firmly embedded within a family and social context. The links between poverty, mental ill health, discrimination and social exclusion are compelling, and any attempt to improve the life chances for patients who are parents and their children must be based on a good understanding of the needs of children and their mentally ill parents.

There is an introduction followed by six sections that cover: Family Influences; Parenting; Child Maltreatment; Special Circumstances (parental self-harm and hospitalisation); Implications for Practice; and Improving Services. A reference list together with a list of additional key texts is included. Practice guidelines provide concise, practical summaries of important topics.

The intention is to raise awareness and promote good practice nationally – how psychiatrists can help in a situation where people who have a psychiatric disorder or abuse drugs or alcohol also have childcare responsibilities or contact with dependant children. The emphasis is on roles and responsibilities for psychiatrists across all faculties, and the need for closer, more effective collaboration within teams and between other services and agencies.

The fact that services for children and adults are currently delivered quite separately means that this report will be of relevance to a wide readership, including those in non-mental health services, those with responsibility for supporting families, the voluntary sector, service users and all those with service planning and policy development responsibilities.

The introduction provides an overview of key issues, such as the scale of the problem (for example, the number of patients who are parents), the impact of parental mental illness on children's adjustment and a consideration of possible mechanisms. The broad continuum in the quality of child–parent–professional interaction is described. While many parents cope exceptionally well, despite the presence of significant mental health problems, and some children show few, if any, adverse effects, the presence of a mental illness in a parent can adversely affect the way in which that parent accomplishes the tasks and responsibilities of parenthood, and similarly the stresses of parenthood can precipitate or exacerbate mental ill-health. Furthermore, children, especially those with chronic physical, developmental or emotional disorders, can precipitate or exacerbate parental mental illness.

A systemic conceptual framework is provided in the family section to contextualise interactions between parents and children – the Family Model. This integrated, ecological model of influences and interactions between mental illness, parenting, family relationships, child development, and environmental risk factors and protectors was developed in the Department of Health-sponsored training materials on the impact of parental mental illness on children, entitled 'Crossing Bridges'. This model emphasises

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

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

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

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

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

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

Mental illness in adulthood is thus one of a number of long-term outcomes associated with trauma and adversity in childhood. The fact that many childhood-onset psychiatric conditions show considerable continuity into adulthood lends additional weight to the preventive opportunities of earlier support and intervention for families in which mentally ill parents/carers live with dependant children.

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

Good psychiatric practice. CPD in Ireland

CR107 £5.00 12 pp.

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

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

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

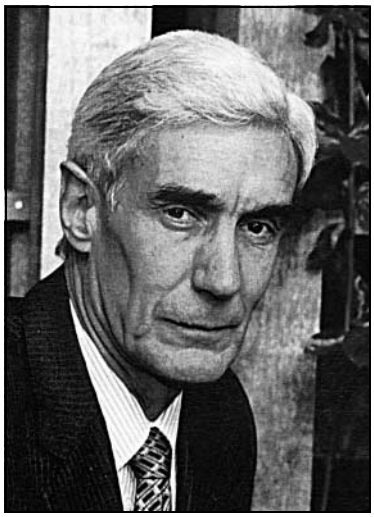
obituaries

Robert Evan Kendell CBE

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

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

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



Bob listed "walking up hills" as one of his favourite pastimes and he did so, metaphorically, with skill and determination, throughout his career. He was born in Rotherham but brought up on a farm amongst the slate quarries of the Carnedd mountains of North Wales. People do not choose psychiatry by accident, and early tragedy in Bob's family background had already shaped the humanity with which he approached relationships from there on.

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

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

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