



inevitably be shortened to 'Adult'. The name being proposed was therefore chosen after very wide consultation within the Faculty.

Finally, Dr Zigmund pointed out that psychotherapists and those working in forensic, substance misuse and learning disability settings, all saw adult patients and did not seem to be offended by the suggestion that the Faculty should adopt the name 'Adult Psychiatry'.

The essence of this Debate would be sent to the October 2002 meeting of Council for further discussion and the outcome presented for approval to the Annual General Meeting in 2003.

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## Election and Introduction of Honorary Fellows

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### Professor David A. Alexander

(introduced by  
Professor R. G. McCreadie)

Professor David Alexander thoroughly merits election to the Honorary Fellowship of the Royal College of Psychiatrists, on the grounds of his many and various contributions to the College, and to psychiatry more broadly, over the past 30 years.

David Alan Alexander was born in Ellen, in Aberdeenshire, on 28 August 1943. His schooling was at George Watson's College in Edinburgh and Morgan Academy in Dundee. In 1962, he entered St Andrews University, where, in the Faculty of Social Science, he studied Psychology and Philosophy. He graduated with an BA Honours Degree in 1966. For the next 4 years, he was a Medical Research Council Scholar in the Faculty of Medicine at the University of Dundee. He completed his PhD; the title of his thesis was *An Investigation into Some of the Cognitive Changes Associated with Senile Dementia*. This was the first paper in what was to prove to be a 30-year association with the 'yellow journal'.

In 1970, David was appointed to a clinical psychologist post in Aberdeen and he has worked there ever since. He joined the Department of Mental Health at the University of Aberdeen in 1971 as a lecturer; he was promoted to senior lecturer in 1980 and to a personal chair in 1994.

As a clinical psychologist, throughout his career he has believed in the mutual value of collaborative work between psychologists and psychiatrists, and between psychologists and other medical disciplines. At the start of his career this was not a fashionable perspective and his immense professional credibility has done a huge amount to foster and promote productive collaborative work in the North of Scotland.

As I have said, he has worked in the University of Aberdeen's Department of Mental Health since 1971. Over this lengthy period, it is difficult to overestimate his contribution to undergraduate education in psychiatry. That Aberdeen, since the 1970s, has remained near the top of the UK 'league table' with regard to the percentage of graduates pursuing a career in psychiatry, is testament of the effect of his unflagging hard work and enthusiasm upon successive generations of medical students. Professor Alexander has also constituted a pillar around which the Aberdeen Postgraduate Training Scheme in Psychiatry has developed. For countless trainees, he has provided excellent clinical and research supervision and he has selflessly acted as a supporter and advocate for many young psychiatrists.

The Piper Alpha Disaster in the North Sea in 1988 was a turning point in his career. He spearheaded the response of psychiatric services to this catastrophe and, since then, his clinical and research work has focused to a great extent upon the care of victims of various kinds of trauma. He became Director of Scotland's first Centre for Trauma Research, which was opened by Terry Waite in 1999. Professor Alexander has established himself internationally as a renowned clinical and academic expert in the field of trauma. He has lectured in 17 countries overseas and has the almost unique distinction of acting as Visiting Lecturer to the FBI Academy. When 253 people were killed in the bombing of the American Embassy in Nairobi in 1998, this College received a plea for assistance. It asked Professor Alexander to go on its behalf, and his expert and humane contribution was immensely valuable both to victims and to professional colleagues.

David Alexander is a hugely valued member of the psychiatric community in Scotland and it will be noted that the current Chair of the Scottish Division and her two immediate predecessors are among his sponsors. We recommend him without reservation to the Honorary Fellowship of the Royal College of Psychiatrists.

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### Professor Sir David Goldberg

(introduced by  
Professor David Taylor)

'Here, under leave of Brutus and the rest –

For Brutus is an honourable man  
So are they all, all honourable men  
Come I to speak . . . at Sir David

Goldberg's Honorary Membership.'

I think of Caesar because he had gone back to Rome for his citation. In his case, that proved to be a mistake; and no hope of resuscitation either. I do not think a

citation is a reiteration, or recitation, of what you have on paper. I think a citation is a celebration and that is what this will be.

I came to know David Goldberg well when we shared Kraupl Taylor's firm at the Maudsley in 1964. He was 30. His father was a distinguished doctor in rehabilitation medicine. David had been at William Ellis School, read Psychology, Philosophy and Physiology (PPP) at Oxford, and learned to value Psychology. He was, briefly, a teacher and learned how to deal with difficult children and committees. He held excellent jobs in postgraduate medicine at The Brompton, The National and St Thomas's, in pursuit of the MRCP, which he passed when his wife advised him not to try to educate his examiners. He had started his habit of winning prizes by taking the Mental Health Research Fund prize in 1960 and the Doris Odlum prize in community medicine in 1962.

He was grown-up, rounded and widely experienced. He knew about loss. He had read everything worth reading then, and has read everything written since. No good suggesting books to him; there are those he has already read and those he implies you wasted your time reading. Aubrey Lewis and Michael Shepherd recognised his exceptional talents and nurtured his research into the recognition of mental disorder in the community. We continued together for a while at the Institute. He invented Competitive Cooking for dinner parties 30 years before Ready Steady Cook. His prodigious work rate allowed him to win the Gaskell Gold Medal and Prize in 1969.

In that year, he was appointed to a Senior Lectureship at Manchester but spent the year at Temple University in Philadelphia as Associate Professor to undertake research in America and to make a point in Manchester. As a Visiting Lecturer in Philadelphia, I had to listen to his praises being sung.

In 1970, he produced the GHQ (never yet called the Goldberg Health Questionnaire) and his Oxford DM. After returning in 1970, he was appointed Professor of Psychiatry at Manchester alongside Neil Kessel in 1973. His arrival in Manchester marked the rapid growth of that department. Goldberg's passion has been for equipping all doctors to recognise psychiatric disorders and do something about it. This starts with inspiring medical students out of their characteristic torpor by all possible means of stimulation, especially the television they have grown up to love. He included a research option into their curriculum, knowing that it would bring recruits into psychiatry and psychiatric research. Postgraduates in Manchester knew they would have a well-organised training if they chose



psychiatry. Staff came to see the necessity of research and publication. Social workers, nurses, and psychologists were respected colleagues, with whom collaboration was mutually beneficial as well as essential, to the community-oriented general thrust of David Goldberg's vision. Wonderfully innovative courses in psychiatry were arranged for foreign graduates, selected by their own countries.

By 1978, he was taking his second 'sabbatical' at the Medical University of South Carolina, researching the teaching of general practitioners with a National Institute of Mental Health grant. I went there from McMaster to lecture and to listen again to them singing his praises. In 1980, I was one of those whom he persuaded into Chairs in the growing department. The research budget became vast. The Institute of Psychiatry and The Maudsley were well aware of the need for a makeover in 1993. They called him Professor of Psychiatry and Director of Research and Development, but I would call him The Boss. He caused a renaissance of those institutions. He was the founding Director of the Mental Illness Research Unit, another part of his life-long campaign against mental illness in the community.

Naturally, all the research organisations and central Government have used him extensively and he has continued to spread his teaching and organisational skills across the English-speaking world. One mark of the scale of his contributions was that he was knighted in 1996. Other marks are that he continues his habit of being awarded prizes, among which are the Jean Delay Prize and the Adolph Meyer award of the APA. Oscar Wilde remarked 'Every man of ambition has to fight his century with its own weapons'. I know of no one more adept than David Goldberg. I have seen the portrait of him at the Institute, classic pose, burning the midnight oil in a book-lined study. . . but you cannot quite make him out. I understand the artist, David Copley's situation perfectly.

One final word. The plentiful scholarly research, the excellent teaching, the wise ambassadorship are essential components of a leader in our subject. However, to my view, they are as nothing if, by any chance, they did not quite make a good enough psychiatrist. So, let me advise you that would otherwise not know that, having sat with him through many cases and many clinical conferences, seeing him work with patients is best. It is like hearing Heifetz play fiddle or watching Fonteyn dance.

Mr President, ladies and gentleman, for a very large number of reasons, it is my pleasure to present Sir David Goldberg for the Honorary Fellowship of the Royal College of Psychiatrists.

## Professor Kevin Gournay

(introduced by Professor G. J. Thornicroft)

Kevin Gournay was born in London and, as a boyhood fan of Charlton Athletic, worked on the turnstiles as a teenager. This gave him, at an early age, an understanding that, in football, as in academic life, success comes through a careful blend of inspiration and perspiration. He trained as a registered mental nurse at Darenth Park Hospital in Kent and then took his registered general nurse training at Guy's Hospital, where he went on to work as a nurse tutor. He gained his Certificate in Behavioural Psychotherapy at the Maudsley Hospital and his MPhil in Psychology at the University of Leicester, where he also completed his PhD in Psychology. He is therefore dually accredited, as a Psychiatric and General Nurse and as a Chartered Psychologist.

He then became a Professor of Mental Health at Middlesex University and has worked for the past 7 years as Professor of Psychiatric Nursing at the Institute of Psychiatry in London. Professor Gournay has distinguished himself in the field of research. He has written over 50 peer-reviewed papers, over 50 book chapters, and has produced 2 through-written and 3 edited books. He is recognised for his research contributions throughout the world and has delivered over 100 invited conference presentations worldwide.

Professor Gournay is committed both to the highest quality nursing research and to nursing research taking place in a multi-disciplinary setting. His current research interests include adherence/compliance therapy; interventions to improve the outcomes for people with dual diagnosis; better treatments for those in prison and high security hospital settings; body image disorder; the impact of assertive outreach; and studies of nurse prescribing. His work has had a major impact both on policy and practice. His recent paper 'The recognition, prevention and therapeutic management of violence in mental health care' has been published by the former United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC), and was distributed to every community psychiatric nurse in Britain. This is, therefore, one of the world's leading figures in the field of academic mental health nursing.

Professor Gournay is also an inspiring teacher and mentor. He has supervised 10 PhD students, established training courses in evidence-based practice which have been delivered to over 1000 students in 55 trusts across Britain, and is developing a new Masters programme in Mental Health Services Research at the Institute of Psychiatry. He is one of those rare individuals who is both prolific and has a

genuine interest in supporting his junior colleagues who, paradoxically, say that 'he is always there for me' and 'he always finishes everything'.

A further hallmark of Professor Gournay's many qualities is his outstanding judgement. This has been recognised as he has reached the highest levels within the Royal College of Nursing, the UKCC, the Standing Nursing and Midwifery Advisory Council and the Clinical Standards Advisory Group and has played leading roles in several charities as well as offering advice to Government. These qualities were recognised in previous distinctions, including a Fellowship of The Royal College of Nursing in 1998, appointment as a Fellow of The Academy of Medical Sciences in 2000, and the award of a New Year's Honour CBE in 1998–1999 for his services to Psychiatric Nursing, Research and Education.

He is a man of immense energy, warmth, expertise and wisdom. It is entirely fitting that he is now appointed as an Honorary Fellow of the Royal College of Psychiatrists.

## Professor A. Jablensky

(introduced by R. E. Kendell)

Assen Vehiaminov Jablensky was born in Sofia, the capital of Bulgaria, in 1940 and, as a result, one of his earliest memories is of spending long hours in air-raid shelters while his city was being bombed by the RAF in the closing stages of the Second World War. Later on, he went to a special 'language school' where he was taught, not in his native language, but in Russian and English and where he became reasonably fluent in German and French as well. As a teenager, he was deeply interested in philosophy and started reading Schopenhauer and Nietzsche but, like my generation in Britain, he had to do 2 years' National Service before going to university. While he was serving those 2 years in the Bulgarian Army, the Russians invaded Hungary. He was rash enough to express his disapproval of this in a letter to a friend; the letter was opened by the military censors and he found himself in prison. Luckily for him, the prison commander had been a friend of his father's and, before long, the incriminating letter was destroyed and he was released. At the time, though, it must have been a very sobering experience and one which perhaps explains why Assen has concealed his political convictions from all but his closest friends ever since.

Despite his interest in philosophy, he eventually decided to read medicine when he went to university and one of his first jobs after qualifying was as a humble medical officer in an old fashioned mental hospital. In our terminology, he was an SHO in a Bulgarian 'bin'. While he was



## Dr Rosemary Macdonald

(Introduced by Professor C. Katona)

Throughout a long medical career, Rosemary Macdonald has displayed a rare combination of professionalism, intellectual rigour and unfailing honour. These qualities have been equally apparent in her distinguished clinical life as an anaesthetist, as a Postgraduate Dean and (most importantly for us) as Lead Dean for Psychiatry.

Dr Macdonald had, in fact, initially intended to be a psychiatrist. While a medical student, she worked as an auxiliary nurse at the Argyll and Bute Hospital and so impressed her employers that they frequently left her in charge of the locked ward.

Even after opting for anaesthetics, she found it difficult to avoid involvement with psychiatry. On one occasion, she assisted a distinguished consultant psychiatrist giving ECT. Unfortunately, there was too much saline on the electrodes and when the psychiatrist flicked the switch it was he rather than the patient who received the shock. The patient, Rosemary told me, woke up, said 'I'm going home' and was never depressed again.

In more recent years, Dr Macdonald's clinical work was in what she eloquently describes as 'awake anaesthesia', which allowed her a valuable opportunity to practise her impressive communication and psychotherapeutic skills.

Dr Macdonald's career in medical education goes back to 1983 when she was appointed Clinical Subdean in the University of Leeds Medical School. She was appointed Dean of Postgraduate Medical Education to the Yorkshire Deanery in 1993 and in 1999 took on the role of Lead Dean for Psychiatry.

Her commitment to good-quality training in psychiatry has long been apparent. She helped develop the first specialist postgraduate medical education centre specifically for psychiatry trainees, gave strong and consistent support to the Leeds Masters and membership training courses and provided new funding both for Mental Health Act training courses and for the improvements to training recommended in College accreditation visits.

It was during her 3 years as Lead Dean for Psychiatry that the full strength of Dr Macdonald's commitment to, and respect for, psychiatry became fully apparent. She never tolerated slipshod argument in the training committees she attended and the challenge of convincing her of our particular training problems as a speciality was sometimes a considerable one. But she was a redoubtable champion on our behalf. She supported the increase in SpR training numbers and argued strongly on our behalf over more general manpower

there, Professor Michael Shepherd came to Bulgaria to lecture and, because of his excellent English, the young Jablensky was deputed to act as his translator. It proved to be a fateful meeting. Both of them impressed the other and, a few months later, Assen received a letter from Michael Shepherd offering him a salaried position as his registrar at the Maudsley Hospital. It was a remarkably shrewd decision on Michael Shepherd's part and one which nowadays, thanks to the GMC, the Department of Health and the rigid policies of the Human Resources Departments of NHS hospitals, would be completely impossible. Equally remarkable was the reaction of his dean and head of department in Sofia. Despite the antipathies of the 'cold war', and the rarity of academic links of any kind between East and West, they both gave their assent and Assen Jablensky was able to spend 2 crucial years at the Maudsley Hospital and the Institute of Psychiatry. They made a profound impression on him, and his relationship with Michael Shepherd, which was the start of a lifelong friendship, was a crucial element in this.

After the Maudsley, Assen returned to Sofia as a lecturer in psychiatry until, in 1974, he was recruited by Norman Sartorius, whom he had already met at the Maudsley, to work in the WHO Division of Mental Health in Geneva. He remained in Geneva for the next 11 years and played a key role in three of the Division's most important and influential scientific undertakings – the International Pilot Study of Schizophrenia; its successor, the Determinants of Outcome of Severe Mental Disorders study; and the Collaborative Study on Depressive Disorders in Different Cultures. He also played a vital role in the early 1980s, establishing the basic framework of the Mental and Behavioural Disorders section of ICD-10. In 1986, he returned to Bulgaria as he had always intended, and within 2 years he had been appointed Director of the National Programme of Neuroscience and Behaviour Research in Sofia. Sadly, the hopes which he and many others had entertained of democracy and rapidly rising prosperity in Eastern Europe after the fall of the Berlin wall proved illusory, or at least somewhat premature, and in 1993 he regretfully decided to leave his native land once more, this time to take up the Chair of Psychiatry in Perth, Western Australia. He has remained in Perth ever since and has established his department there as one of the strongest in Australia with an impressive, well-funded programme of epidemiological and biological research and an equally impressive ability to recruit talented research workers from Central and Eastern Europe.

Assen Jablensky is a highly intelligent and deeply serious man who has made

outstanding contributions to psychiatric epidemiology, particularly to the epidemiology of schizophrenia. His fluent command of German, English and Russian, his erudition and his close familiarity with the intellectual traditions of both the Germanic and the Anglo-Saxon worlds, give him what is probably a unique understanding of the development of psychiatric thought and research over the past 100 years. He is first and foremost a scholar, and I suspect that he has modelled himself on his hero, Emil Kraepelin. Certainly, he shares Kraepelin's capacity for hard work, his seriousness and his devotion to painstaking clinical observation, though not, I am relieved to be able to tell you, either his disdain for the English or his virulent objections to alcohol. As I speak, I realise that I have twice used the word 'serious' to describe Professor Jablensky. I think this is appropriate, but there is another side to his character which most of his professional colleagues never see. I have it on impeccable authority, for example, that he is capable of amusing small children for hours on end with accurate imitations of the noises made by a wide range of farm animals. I also know of an occasion, now deeply embedded in WHO lore, when a party of WHO research workers in Colombia, South America, found themselves confronted by an angry, aggressive cow. This was no ordinary cow, partly because it belonged to a farm which produced, not milk or meat but fighting bulls, and partly because there were some anxieties about its gender. Dr Jablensky, as he then was, was the only member of the party who was sufficiently bold, and sufficiently confident of his knowledge of anatomy, to confront the cow and thereby preserve the honour of WHO and its Director General in the high Andes.

Assen Jablensky has, of course, already received many honours – in Europe, America and Australia. For 3 years he was President of the Medical Academy of Sofia and subsequently he was a member of the Executive Board of WHO. Denmark gave him its Erik Stromgren Award; Germany awarded him the Hermann Simon Prize for Social Psychiatry; and his academic colleagues in Australia recently awarded him their Founders' Medal. Before he emigrated to Australia, he was invited to spend a year at Stanford University's Center for Advanced Studies in the Behavioral Sciences and he is currently co-chairman of the US National Academy of Sciences Committee on Nervous System Disorders in Developing Countries. Today it is our turn – to welcome him back to Britain and to make him an Honorary Fellow of our College as a token of our admiration and esteem.



planning issues. She also argued strongly that radical changes both to psychiatry training and to undergraduate and postgraduate training would be needed if we were to meet the challenge of recruiting and retaining sufficient psychiatrists to deliver mental health services into the new century. Her thinking has provided much of the basis for the recruitment and retention initiative the College is carrying forward with the Department of Health.

During her outstanding career, Rosemary Macdonald has shown a rare commitment to postgraduate medical training in general and to our speciality in particular. It is both a privilege and a personal pleasure to present her for the College's highest honour, the Honorary Fellowship.

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## Distinction Awards

### The procedure in Northern Ireland

The Distinction and Meritorious Awards Scheme has been revised by the Department of Health, Social Services and Public Safety in Northern Ireland, and new procedures were introduced in September 2001 for the 2001–2002 round of wards. The principal changes are as follows:

- (1) A system of self-nomination has been introduced and all consultants are invited to do this by completing a CV questionnaire form.
- (2) The monitoring has been strengthened by the collection of information on community background, ethnic origin, gender, age and marital status from employers.
- (3) There are six criteria to be considered in the recommendations for an award: professional excellence; research and innovation; outstanding administrative or management effort; outstanding contribution to other forms of service development (e.g. clinical audit, clinical governance, promulgation of evidence-based medicine); teaching and training; and outstanding service commitment. The last of these has been extended to read: 'outstanding commitment to the achievement of service goals, innovative service delivery, and the sustained delivery of high quality patient care in hard pressed service areas'.
- (4) The upper age limit of 62 has been removed.
- (5) The CV questionnaire forms are based on the specific criteria listed above and consultants are asked to demonstrate how they meet these.
- (6) A similar CV questionnaire form has been introduced for the 5-year reviews, together with a corresponding citation form.

The closing date for self-nomination is in September. All completed forms are sent to the Senior Award Holder, who convenes a meeting of all award holders (A+, A and B) to consider these. If unable to attend, award holders are invited to submit their support for the candidate(s) of their choice. All nominees are considered in turn and ranked in order according to the support of the panel members. Finally, a citation form, based on the same six criteria, is completed by a member of the Merit Award Holders' Panel on behalf of nominees considered by the panel to merit a Distinction Award.

In the 2001–2002 round, 13 self-nominations were received from 94 consultants. A further six consultants held an A+, A or B award. Six of the self-nominations were supported by the Award Holders' Panel and one was successful.

A detailed guide to the scheme is circulated to all consultants in June each year as well as an annual report the following May. The website address is: <http://www.dhsspsni.gov.uk/hss/dmsac.html>

**Professor D. J. King**

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## Linguists

The College receives regular enquiries from Members of the College and GPs regarding patients who are unable to speak English. We are asked if we can give the name of a psychiatrist able to communicate with patients in their own language. This list is also used by the central offices of the Mental Health Act Commission.

The languages we cover at the moment are as follows (the number in brackets indicates the number of doctors who speak that particular language):

Azerbaijani (1)  
 Arabic (5)  
 Bengali (6)  
 Burmese (1)  
 Cantonese (1)  
 Dutch (2)  
 Farsi (2)  
 French (8)  
 German (4)  
 Greek (2)  
 Gujarati (13)  
 Hebrew (2)  
 Hindi (22)  
 Italian (5)  
 Kannada (1)  
 Konkani (1)  
 Mandarin (1)  
 Marathi (4)  
 Marwadi (1)  
 Nepali (3)  
 Persian (2)  
 Portuguese (1)  
 Punjabi (15)

Romanian (1)  
 Sinhalese (2)  
 Spanish (4)  
 Sudanese (2)  
 Swedish (1)  
 Telugu (1)  
 Turkish (2)  
 Ukrainian (1)  
 Urdu (19)  
 Yiddish (1)  
 Yoruba (Nigerian) (1)

I shall be grateful if any Members who are able and willing to help in this way could write to me, giving me their contact address and telephone number.

**Vanessa Cameron**, Chief Executive, Royal College of Psychiatrists

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## Suicide in Prisons

Council Report 99. £7.50.  
 64 pp.

*Suicide in Prisons* is the Royal College of Psychiatrists' response to a thematic review on this subject produced by HM Chief Inspector of Prisons for England and Wales (Home Office, 1999), called *Suicide is Everyone's Concern*.

The College takes a clinical approach to the prevention of suicide and the treatment of suicidal thinking. It is emphasised throughout that to carry out the recommendations, new resources will be required. More beds and more staff are required in the NHS. More and differently trained staff are required in the prison service. Unless services are resourced they are not services at all.

The commonest method of suicide in prison is asphyxiation, usually at night. The high-risk factors for suicide among prisoners are similar to those among other citizens: youth, male gender, depression, alcoholism and loss of a relative, friend or partner.

The thematic review implies that suicide rates are higher in prison than might be expected. The College accepts that suicide rates in prison are very high – too high – but they are not necessarily higher than can be expected given the vulnerable nature of the individuals, at high-risk of suicide, who are sent to prison.

The College emphasises the importance of making accurate diagnoses, if applicable, in all prisoners, and noting the significance of multiple diagnoses. Every prison should have a comprehensive primary care service with a secondary care community mental health team operating within the prison. It recommends that community drug teams should have access to prisoners and that all prison doctors should receive specific training in psychiatric and in drug misuse medicine.

Like the Chief Inspector, the College does not believe that prisons are suitable