David Kingdon

David Kingdon is Professor of Mental Health Care Delivery at the University of Southampton and Honorary Consultant to Hampshire Partnership Trust. He trained in Bristol, Jersey and Nottingham. He worked first as a consultant adult psychiatrist in Nottinghamshire, then Senior Medical Officer at the Department of Health and Medical Director in Nottingham. His clinical and research interests are developing and researching therapeutic options, especially based on cognitive therapy, and services for people with severe mental illness.

If you were not a psychiatrist, what would you do?

Anything involving sitting and listening to a range of different people which didn't involve selling to them.

What has been the greatest impact of your profession on you personally?

Providing me with the sheer enjoyment of working in a fascinating area and in meeting some extraordinary people, in and outside of the profession.

Do you feel stigmatised by your profession?

Yes, within medicine. But much of it is our profession?

What part of your work gives you the most satisfaction?

Direct patient contact and thinking of new ways to approach old problems.

What do you least enjoy?

Attending coroners' courts.

What are your interests outside of work?

Southampton Football Club (Saints), Indian curries, walking in the New Forest, folk and roots music festivals and a drink down the pub with my wife.

Who is your most influential trainer, and why?

Graham Rooth at Barrow Hospital, Bristol. He introduced me to a wealth of psychotherapies and demonstrated that they could be used as part of a psychiatrist's day-to-day practice.

What job gave you the most useful training experience?

My first consultant post in Worksop. It was a completely new service in a new district general hospital. I had to learn rapidly about management and how to develop community services when there were not a lot of examples around.

Which books have influenced you most?

I read a lot of psychology and sociology just before medical school and books such as Michael Argyle's Psychology of Interpersonal Behaviour, Laing & Esterson's Sanity, Madness and the Family and Jan Fouldraine's Not Made of Wood; all had a considerable influence on me.

What research publication has had the greatest influence on your work?

Peter Tyrer introduced me to clinical trial methodology in the early 80s leading to a group publication in The Lancet – learning about that process has been invaluable.

What is the most promising opportunity facing the profession?

International, DSM –V and ICD –11. Reconceptualising classification in terms of the vulnerability – stress models that clinicians use and patients can understand would revolutionise research, clinical practice and the public perception of mental health problems. In the UK, the Laard developments could be pivotal – extending the availability of cognitive therapy, but much more important is influencing politicians to promote mental health ('happiness') above wealth creation as a core objective of government.

What is the greatest threat?

That psychiatrists fail to establish their individual positions as experts to primary care and mental health teams in both psychosocial and biological assessment and treatment.

What single change would substantially improve quality of care?

Making psychosocial interventions as available as medication.

What conflict of interest do you encounter most often?

Drug lunches – convenience v. subversion.