

Annual General Meeting Minutes – 2009

Thirty Eighth Annual Meeting

The thirty eighth Annual Meeting of the College was held at the BT Convention Centre, Liverpool from 2nd to 5th June 2009.

Business Meeting

The Business Meeting of the Royal College of Psychiatrists was held on Thursday, 4th June 2009 and was chaired by the President, Professor Dinesh Bhugra. It was attended by 102 members of the College.

The Minutes of the previous meeting held in London on Wednesday 2nd July 2008 and published in the Psychiatric Bulletin, December 2008, were approved and signed.

Proposed: Dr Clare Oakley Seconded: Dr Josanne Holloway

The Registrar read out the Obituary list of members who had died since the Winter Business Meeting, and a minute's silence was observed.

Report from the President

Eleven months and two days ago! What a difference a year makes!

A very warm personal welcome to all of you to this year's annual meeting – my first as your President. I would like to begin by thanking Helen Miller, Jonathan Bisson and the conference team for organising a super conference in an excellent venue. We have had a lot of attendees from all over the globe and the feedback has been extremely positive.

Strategic Plan:

The updated Strategic Plan for the College was published in September 2008. This sets up a framework for the College to achieve its goals in training and education, policy and research and standard setting and promoting excellence in psychiatry and delivery of mental health care, supporting psychiatrists and working with service users, carers and their organisations as well as other stakeholders.

The Strategic Plan includes a firm commitment to finding new ways of recognising and rewarding excellent practice among our members. Therefore inaugural RCPsych awards were launched in November 2008. The nine categories have been designed to reward individuals and service providers. The College was inundated with nominations and five panels selected the following shortlisted candidates.

Psychiatric Team of the Year 2009 shortlist

- Belfast Trust Self Harm Service
- OASIS, South London and the Maudsley NHS Trust
- The Bridge Substance Misuse Service, Solihull
- Triage Ward, South London and the Maudsley NHS Trust

Psychiatrist of the Year 2009 shortlist

- Dr Neil Ashford
- Dr David Fearnley
- Professor David Kingdon
- Dr Greg Richardson
- Dr Emma Terriere

Core Psychiatric Trainee of the Year 2009 shortlist

- Dr Kamran Ahmed
- Dr Joanne Doherty
- Dr Ian Harwood
- Dr Golam Khandaker

Advanced Psychiatric Trainee of the Year 2009 shortlist

- Dr Susham Gupta
- Dr Jeremy Hall
- Dr Raja Vellingiri Badrakalimuthu
- Dr Joanne Rodda

Psychiatric Academic of the Year 2009 shortlist

- Professor Keith Hawton
- Professor Peter Jones
- Professor Michael Sharpe
- Professor Simon Wessely

Medical Manager/Leader of the Year 2009 shortlist

- Dr Graeme McDonald - Belfast Health and Social Care Trust

- Dr David Newby - Leeds Partnership NHS Foundation Trust
- Dr Ify Okacha - OXLEAS NHS Foundation Trust
- Dr Michael Robin Lowe - South Essex Partnership University NHS Foundation Trust

Mental Health Services Provider of the Year 2009 shortlist

- British Forces Germany Health Service: Mental Health Services
- Oxleas NHS Trust
- Lincolnshire Partnership Trust
- The Bridge Substance Misuse Service

Public Educator of the Year 2009 shortlist

- Ms Liz Main
- Ms Sue Smith
- Dr Phillip Timms

The winners will be announced at The Royal Society of Medicine on 6th October. The Minister for Mental Health will be attending.

College Leads:

Professor Richard Williams for Disaster Management, Dr. Jed Boardman for Social Inclusion, Dr Martin Deahl for Fair Deal and Care Pathways and Dr Ian Davidson for New Horizons were appointed College Leads. A College Lead for Public Mental Health is in the process of appointment.

Fair Deal:

The Registrar, Professor Sue Bailey, Dr Deahl and the Policy Unit staff, especially Dr Rowena Daw, Neil Balmer, Chris Fitch and Katie Gray, have done a sterling job in carrying out the detailed work. The Year One Progress Report highlights some of the achievements and I hope that you will pick up copies. The Policy Unit are now working with College Divisions to develop and deliver more local and regional activity.

New Horizons:

The College has organised several seminars on public mental health to feed into the new government strategy to develop the New Horizons policy following on from completion of the National Service Framework. We are

working closely with stakeholders and have been significant part of the development and consultation.

International work:

Over the past year, the College has agreed to sign MOUs with the EPA, DGPPN, the Dutch Psychiatric Society and the Indian Psychiatric Society. Discussions are underway with the Iraq government and the Canadian Psychiatric Association among others. The clinical component of the international MRCPsych exam will go live in Hong Kong in 2010. My thanks to Professor Anthony Bateman, Chief Examiner and Fauzan Palekar, Head of Examinations.

I have established multi-disciplinary collaborations with psychology, occupational therapy and social work. These professions were also instrumental in responding to 'The Role of the Psychiatrist in the 21st Century' – the document out for wider circulation to the members. Please read and respond if you haven't already.

For the Academy of Medical Royal Colleges, I was appointed to their Education Committee and I represent the Academy on the Department of Health Working Group on Modular Credentialing. We are working very closely with The Royal College of General Practitioners on training and policy matters and the Academy signed off the document 'No Health Without Mental Health' Dr Paul Lelliott and the CRU are heavily engaged in standard setting and my thanks to them for all their hard work. My thanks to all the Chairs who are stepping down today: Dr Tom Brown, Dr Pauline Roberts, Dr Cathal Cassidy, Dr Afzal Javed, Dr Peter Misch, Dr Bartlett, Dr Nadeem, Dr Egger, Dr Richardson, Dr Holloway and Professor Guthrie and I would like to welcome their successors.

I would like to thank Sheila Hollins for the trek that she organised in Kerala which raised a fantastic sum of £30,000 to be used for sending UK psychiatrists to other countries to help develop services and training.

I would like to thank Vanessa Cameron and Richard Burton, and their staff, for their unstinted and unwavering support to the Officers and the members. Without the hard work of the Treasurer, Professor George Ikkos, the Dean, Professor Rob Howard, and the Registrar, Professor Sue Bailey, I would not have achieved any of this, so I am really grateful to them.

Professor Dinesh Bhugra

Report from the Dean

I'm coming towards the first anniversary of my appointment as Dean. It's been a year in which I have been pleasantly surprised to learn just how much the College truly can influence and shape the training agenda to drive up and maintain standards in Psychiatry. I've also been impressed by Robert Jackson

and his staff in Professional Standards at the College who keep the whole show on the road. Perhaps it would be helpful for me to outline some of the current challenges that I believe we face and tell you something of the initiatives that the College is leading in order to meet them.

Recruitment into Psychiatry – or rather our current failure to recruit into our specialty – is at crisis point. Many of you will know that only 6% of candidates for MRCPsych Paper 2 last summer had gained their primary medical qualification in the UK. The latest sitting of the CASC examination was only a little better with only 1 in 8 candidates having graduated from UK medical schools. The reasons for this decline in popularity are complex, but I believe that the two major negative contributors are:

- the current dismal experience of many medical school clinical attachments
- the poor penetration of Psychiatry into the Foundation years.

The College has launched a major initiative to engage with medical students which is being led by the Psychiatric Trainees Committee chaired by Clare Oakley. I've been amazed at the progress they have already made in starting up undergraduate Psychiatry Societies within medical schools, and linking up these societies into a network within which a new College grade of Student Associate (over 800 registered already) can communicate with like-minded folk, learn about prizes, electives and our Summer Schools and continue to feel a sense of belonging within Psychiatry.

Nisha Dogra has led a scoping exercise on undergraduate psychiatry teaching. It is clear that there is an enormous amount that needs to be improved and that UK-wide standards need to be set.

The Academic Faculty are leading and advising providers of undergraduate teaching on how best to design and deliver a modern and attractive curriculum. But this issue is primarily the responsibility of all of us who meet medical students in our work. Please take some time to reflect on what kind of image of our specialty you are currently projecting to potential young psychiatrists. Could you be doing a bit more to enthuse and attract them?

Currently, only around 3% of Foundation Programme (FP) posts are in Psychiatry. We are actively working with the UK Foundation Programme Office, who say that they share our vision of all FP doctors having a 4-month experience of Psychiatry. We have got to grasp this opportunity because we know that once young doctors come to Psychiatry in the FP a high proportion are likely to choose us for their career.

Finally, Nick Brown, magnificently supported by Joanna Carroll, has led a very successful round of College National Selection to all CT1 posts in England this year. Despite a couple of computer glitches and the Home Office repeatedly changing the rules on the employment of non-EAA doctors, we

have achieved excellent fill rates in deaneries and the feedback from applicants has been very good. We are bidding to run National Selection to training posts at all levels in 2010 and I believe we need to do this to ensure that the very best potential applicants get into our available training posts. Scotland, Wales and Northern Ireland are always welcome to join with us on this.

Our new Core and Specialist Curriculum has been approved by PMETB and can be viewed on their website or within the College's Training pages. We now have a competency-based curriculum which is an enormous improvement on what has gone before. From August this will be the document that sets out the competencies and standards that we will be training to and I would ask all of you to have a look at the document to update yourself. PMETB allow us to make changes to the Curriculum every year and so we should appreciate that this is a dynamic document that is open to revision and amendment. Preparation of the Curriculum from scratch was a huge undertaking and I'm grateful to all the members of the various Faculty Education and Curriculum Committees who worked hard for many months to achieve this. Submission of the Curriculum to PMETB last summer and the final Approval Panel interview in the autumn filled me with anticipatory anxiety but I'm happy to report that Andy Brittlebank, Amit Malik and Nick Brown made it all look very easy.

As a College we set standards for training and we also assess whether or not those standards are being met. The Workplace-Based Assessments that we have developed, supported by Assessments On-Line, receive good feedback from trainees and trainers and form the backbone of the ARCP. We need to do more to train our trainers to give honest feedback in their assessments which will enormously increase the value of this process. The Education and Training Centre has started running excellent "Train the Trainers" courses for educational supervisors and I would hope that all trainers will complete this. PMETB have recently made such training mandatory for all educational supervisors, but I'd like to think that we would have all wanted to access it anyway! Of course, our objective test that set standards have been met remains the MRCPsych examination. Anthony Bateman, our inspirational Chief Examiner, and Fauzan Palekar, Head of Examinations, have smoothly steered the College, our examiners and candidates through a time of transition to our new exam. I believe that it is very important for us to maintain the MRCPsych as an exam that can only be passed by a candidate who has both completed a good training and has prepared diligently. I think that the design of the examination and the pass rates that we see should reassure us that this is indeed what is happening. I have, however, been very struck by the differences in success rates in the CASC between the (admittedly very few) UK medical school graduates who have sat it and those candidates who trained overseas. Over the next couple of years, I want us to review the content of core training to reflect the fact that the majority of our trainees are working within a culture and health system that is foreign to them. Training needs to include an appreciation of this and explicit ways of

achieving the extra competencies that many of our trainees will need in order to pass the CASC examination and enter higher training.

Revalidation and licensing will be upon us soon. The College's preparation for this is being lead by Laurence Mynors-Wallis who will soon be looking for volunteers to pilot a personalised e-portfolio that will guide members through the new processes involved and capture their supporting documentation in a form that can be submitted to the GMC. As part of the readiness for revalidation JS Bamrah is leading a review of the CPD policy to make it more fit to feed into the process.

We are also looking for volunteers – at both consultant and senior trainee level – to work as College Deanery Training Assessors. If you can remember the role that the College played historically in the quality assurance of training schemes and posts though visiting, then you will appreciate how important our expertise and externality was in helping to maintain standards. We have been invited by deaneries, who now have responsibility for the quality assurance of training, to provide external, College-approved assessors who can visit to help them with local quality assurance. While I am on the subject of volunteering, the College has an important role in offering expert advice to PMETB as to whether or not doctors who are applying for specialist registration through the Article 14 route can be considered to be equivalent to someone who has undergone specialist training through our own system. Led by Greg O'Brien this is crucial work for the College and for supporting the manpower needs of the NHS. If you would be interested in helping out with the fascinating and worthwhile work of the Equivalence Committee, then do let us know.

Sally Pidd is retiring after five years as Associate Dean for Workforce which followed another five years as Deputy Registrar for Workforce. Those of us who have worked with Sally over the years have been hugely impressed by her dedication to workforce issues and the effort she has put in. Her input will be greatly missed and I want to express my thanks on behalf of the entire College to Sally for the work she has so tirelessly done.

I have had a very enjoyable first year as your Dean and relish the challenges that the post has thrown at me. I'm always interested to learn about the issues that are important to members – particularly if they involve training or recruitment into Psychiatry – and I hope that you will want to email me. Things are getting better for trainees and I hope that you'll want to get involved in what the College is doing to take the initiative and drive positive changes forward.

Professor Rob Howard

Report from the Registrar

Now in my fourth year as Registrar, the last 12 months have been hectic but productive.

Achievements are due to hard work, skills, creativity and enthusiasm of the four Associate Registrars – Peter Byrne, Neil Deuchar, Ola Junaid and Peter Snowden together with the dedication of all the staff who support the work that falls under the remit of the Registrar.

Psychiatric disorders are real and treatments do work. The legitimacy of psychiatry and the heavy costs of untreated psychiatric illness can be evidenced. We therefore need to celebrate our professionalism, and embrace our President's call to make our contract with society. To bring about change the College, through the collective wisdom of all the Members and Fellows needs to start driving evidenced-based policies across all the countries.

Medical research and medical education remain the roots through which our knowledge grows. Psychotherapy is at the heart of psychiatry, but some of our patients need physical treatments. The pharmaceutical industry needs to develop better drugs. We cannot be naïve to pharma as an industry with obligations to its shareholders. We therefore need to tread a difficult tightrope, and must move to a system and relationship that is ethical and transparent, hence my continuing work on sponsorship with the Academy of Royal Medical Colleges and the industry.

New technologies including electronic records will become the norm, but we need to be involved to increase opportunities of safe best care whilst challenging any threats to confidentiality. We have to engage in the daily bombardment of quality indicators outcome measures and funding mechanisms because with our unique knowledge working with users and carers we can bring sense into non-sense. This work has been led by Martin Elphick.

We need to break the cycle of fragmented systems, which land so many in prisons or on the streets, and allow them to die so much younger than they should.

What follows are some of the main areas of work:

Library Services

The library staff are starting a complete revamp of the College archives, to ensure they are best preserved and make them as accessible as possible to Members.

Medical Directors Network

The Medical Directors Network has responded to and contributed to many activities across the College, and held a successful residential meeting. The

network has developed links across Trusts and their equivalents, which has given the College the opportunity to influence commissioners and providers at local, regional and national level across all the countries.

Psychiatrists Support Service

Since its creation in 2007 the Psychiatrists Support Service (PSS) has been contacted by over 150 Members experiencing difficulties. These have included doctors across all grades and from all psychiatric specialities. The network of experienced psychiatrists giving advice and support has been grown and 12 information guides are now available. The website is also well used by Members, Fellows and Trainees. The service is linked into the BMA, GMS the National Clinical Assessment Service and the Practitioner Health Programme. Service user feedback is shaping future work, which will include seeking accreditation from the Telephone Helplines Association, with possible expansion of the PSS to other Colleges and developing more information guides.

User and Carer Forum

The College's Service Users' Recovery Forum (SURF) and Carers' Forum convened their first meeting in January 2008. The fora agreed to support and provide input into the work of the College to ensure that all policy and activity will be informed by the experiences and perspectives of service users and carers. Currently each forum has around 25 members, and has representation from the Northern Irish, Scottish and Welsh Divisions.

Our users tell us that recovery is "living well as defined by the individual, with or without, the presence of symptoms". SURF and the Carers' Forum have been in heavy demand from across the College. They have given their views and advice on all relevant consultations and specifically on key areas such as Good Psychiatric Practice, Revalidation, Professionalism and how Users and Carers can become more involved in the training of psychiatrists.

The stark truth is that, despite progress, psychiatry is stigmatised. People with psychiatric illnesses do not receive the same understanding that lightens the burden of other diseases, and often do not receive the empathy and understanding they deserve. For instance, patients in psychiatric services are not sent get-well cards. Users and carers have led in designing a special series of get-well cards, to be launched on World Mental Health day in October 2009.

Public Education and Communications

FACTS sheets, leaflets and other publications have been created, updated and our website and information packs continue to be popular and well used. A sign of the times is the increased use of information about anxiety and depression with the public expressing concerns about the impact of recession and unemployment on their mental health and that of their families. The Young Mind Book will be launched in October 2009.

Policy

The establishment of a dedicated Policy Unit has enabled the College to both respond to the huge and increasing volume of policy initiatives, and proactively lead on key policy issues. From a range of activities across the UK jurisdictions, I have highlighted four strands of work.

First, the drawing to a close of the ten-year English National Service Framework has resulted in two major policy projects. In October 2009, the NSF for England will come to an end, signalling a new era. The Policy Unit have therefore developed the College's contribution to an influential report by the *Future Visions* coalition (of which the College is a core member together with key national mental health organisations). The report and coalition are important as they clearly outline a new approach to mental health policy based on a public health approach adopted by all government departments, the closer integration of health and social care models, and the central principles of recovery and user/carer involvement. In addition, the Policy Unit also organised separate seminars to identify what the College feels are the priorities and tasks that need to be included in *New Horizons* as well as jointly organising four seminars with the Department of Health and Sainsbury Centre for Mental Health on mental health across the life-course.

Second, in 2008/2009, the Policy Unit responded to around 65 consultations, and helped to implement changes in the way the College discusses and formulates policy. In regard to consultations, substantial responses were made in collaboration with the following faculties: General and Community Psychiatry, Forensic Psychiatry, Learning Disability Psychiatry, Rehabilitation and Social Psychiatry, Old Age Psychiatry, Child and Adolescent Psychiatry. These consultations included: National Dementia Strategy; patient data use; national framework for assessing children and young people's continuing care; Care Quality Commission proposals for 2009/2010 assessments of health and social care; Marmot review on health inequalities; Joint Committee on Human Rights; and the Health Select Committee. In terms of policy formulation, the structure and operation of the College's Policy Committees have been revised with:

- (i) Jurisdictions Policy Committee (to facilitate discussion between Policy leads in Scotland, Wales and Northern Ireland);
- (ii) a parallel English Policy Committee; and
- (iii) the Central Policy Co-ordination Committee, which deals with all College internal policy.

Third, as part of the first year of the College's Fair Deal campaign, the Policy Unit have led on more than 10 key projects. These are described as part of the 'Fair Deal – Year One Progress report' and include new inpatient care standards for Black and minority ethnic patients; work to inform and build on Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system (including diversion from police custody and prison transfer); and the 'risk to self' working group

chaired by Lord Alderdice. This latter initiative considers issues of self-harm and suicide with the aim of improving awareness about their non-psychiatric causes, changing service staff attitudes, and influencing commissioners.

Fourth, in collaboration with the Faculties, the Policy Unit have developed College responses to major legislation including the Welfare Reform Bill; the Equality Bill; and the Coroners and Justice Bill. Introduced into Parliament in early 2009, the Welfare Reform Bill involves the further reform of the welfare benefit system, with the aim of moving more people from benefits into work. It proposes significant changes to the provision of support to individuals but also to the expectations and responsibilities placed upon them. The College Policy Unit with Mind, Rethink and the Sainsbury Centre for Mental Health jointly campaigned to ensure that the particular needs of people with mental health problems are fully addressed in both Houses of Parliament. As part of the Equality Bill work, work with the Old Age Faculty is being undertaken to address age discrimination in mental health services. This has involved campaigning in Parliament to ensure that the government outlaws age discrimination in health services. It also involved policy recommendations on the organisational changes required to provide mental health services based on need rather than age. Work is also taking place with the Child and Adolescent and General and Community Faculty to improve transitional services for young people.

In the coming year, the Policy Unit will be taking forward new projects. There will be a human rights-based approach to delivering mental healthcare, discrimination in employment within the NHS for people with mental health problems, and major work on other key policy developments across England, Scotland, Wales and Northern Ireland, linking into shared policy issues with the International Divisions through the Board of International Affairs. To strengthen the involvement of College members and Divisions in Fair Deal, the Policy Unit has launched the 'Working with Divisions' project. This will develop skills, knowledge and capacity within the College Divisions to campaign on Fair Deal issues of local importance. To support this, the Policy Unit launched a new resource at the 2009 Annual Meeting: the Fair Deal Political Pack. This guide provides Divisions with clear pointers on how members, service users and carers can raise issues with MPs, and in particular with local government, to influence local commissioning.

In my last year as Registrar, I hope to sustain developments and leave a legacy and expertise that will help us to be leaders in mental health practice so enabling us to deliver best care for our service users and carers, whatever the challenges of the changing economic and political climate.

Professor Sue Bailey

2009 Election Results

FACULTIES AND SECTIONS

Academic Faculty

Hon. Secretary
Executive

Professor Peter Woodruff
Professor Swaran Singh

Child & Adolescent Faculty

Chair
Financial Officer
Executive

Dr. Margaret Murphy
Dr. Anthony James
Dr. Andy Cotgrove
Dr. Andrew Hill-Smith
Dr. Eilis Kennedy

Forensic Faculty

Hon. Secretary
Executive

Dr. Huw Stone
Dr. Rachel Daly

General & Community Faculty

Hon. Secretary
Financial Officer
Executive

Dr. Nick Kosky
Dr. Frances Burnett
Dr. Safi Afghan
Dr. Sadgun Bhandari
Dr. Claire Flannigan
Dr. Hazel Johnson
Dr. Paul Rowlands
Dr. Phil Steadman
Dr. Rashid Zaman

Liaison Faculty

Chair
Executive

Dr. Paul Gill
Dr. Graham Ash
Dr. Bill Bruce-Jones
Dr. Carmen Clemente
Dr. Adrian Flynn
Dr. Peter Hindley
Dr. Cathy Walsh

Rehabilitation Faculty

Chair
Executive

Dr. Helen Killaspy
Dr. Elizabeth Barron
Dr. Thomas Edwards
Dr. Charlotte Harrison
Dr. Michael Holland
Dr. David Jago
Dr. Afzal Javed
Dr. Sridevi Kalindindi
Dr. Louise Petterson
Dr. Mona Salem

DIVISIONS AND INTERNATIONAL DIVISIONS

Eastern Division

Chair
Financial Officer
Executive

Dr. Deborah Girling
Dr. Emad Yousif
Dr. Regi Alexander
Dr. Hugo De Waal

London Division

Hon. Secretary

Dr. Gianetta Rands

Northern & Yorkshire Division

Executive

Dr. Yan Kon

Northern Ireland Division

Chair
Hon. Secretary
Executive

Dr. Philip McGarry
Dr. Uzma Huda
Dr. Patrick Manley
Dr. Catherine McDonnell

Scottish Division

Chair
Hon. Secretary

Dr. Peter Rice
Dr. Linda Watt

Trent Division

Executive

Dr. Mangesh Marudkar
Dr. Anand Ramakrishnan

West Midlands Division

Chair
Executive

Dr. Stephen Edwards
Dr. Martin Curtice
Dr. Lesley Haines
Dr. Sumi Handy

African International Division

Chair

Dr Olufemi Olugbile

European International Division

Chair

Dr Kate Ganter

Middle Eastern International Division

Chair

Dr Sabah Sadik

Pan American International Division

Chair

Dr Peter Buckley

South Asian International Division

Chair

Dr Parmanand Kulhara

SPECIAL INTEREST GROUPS

Adolescent Forensic SIG

Chair
Financial Officer

Dr. Philip Collins
Dr. Richard Church

Gay & Lesbian SIG

Chair
Financial Officer

Professor Michael King
Dr. Sandra Evans

Spirituality SIG

Chair
Financial Officer

Professor Christopher Cook
Dr. Geetha Suryanarayan

Editor's report

My lords, ladies and fardels bold
I bring you here my scribe's report
Its form, I hope, will set a new mould
And may bring joy, as it needs be short
And here I thank my inspirant author
So pause in tribute to Geoffrey Chaucer

The year just past has been ripe with fruit
For our scriblish ways have seemed to suit
Those who wish for more variety
In the British Journal of Psychiatry
No longer like a primrose bank
But with colours many now to thank
And lest you claim in ribald glee
Its wild look is akin to harlotry
I place my hand upon my chest
And claim 'our standard is still the best'

Hot grinds our busy printing press
Ending ennui at each address
With thund'rous power to shake us all
From slumber with a wake up call
And pricked to the quick by each editorial
Word spreads across our land corporeal
And when our journal becomes erratic
'Tis restored by reviews systematic

Full many a scribe has had the bitter pill
Of the word 'reject' from the editor's quill

Still thousands flock for the right to sup
From the sweet depths of our Journal Cup
Hoping though ten papers go to waste
The next may tickle the publick taste
And then, what joy will come to pass
Left in the shape of a new podcast

But our House of Words has many more
Wares to barter at the College door
Our Bulletin is growing chastely
Under the wing of Abbess Casey
But hush! lest the cloisters hear this claim
The journal is about to change its name
The new one I am not allowed to tell
Till at year's end Time rings its bell

And new livery now for APT
How apt indeed for the trainee
No longer skulking 'neath the couch
But singing loud in the Choir of Bouch

And across the world we take our odyssey
On the camel train led by Hamid Ghodse
For it is he who with passion shall
Make our Journal International

And at this time when famine stalks
Each hungry reader on his daily walks
Some gentle sweetmeats we think they need
So now in the Journal they can read
Words that bolster both brave man and coward
Selected by our good Friar, Robertus Howard

And if confused by nouns and verbs
Rich truths can be found in 100 words
And if other things we read do vex us
We can immerse ourselves in Howard's extras

And now gentlefolk I near my end
But afore I go, we all needs lend
Our thanks to those behind the scenes
Who cover all our in-betweens

In quiet toil under the wise credo
Of the master printer, David Jago
Kasia and Zosia by his side
Fair nymphs flitting far and wide

Connie, Rian and Simonne
Daniel and Adam Hamilton
Remind with books and journals on the run
That Caxton's work is never done

Past others tending at the vine
That yields the nectar 'CPD On-line'
Our guides surefoot in the deepest forest
Dancing deftly as they're trained by Morris

I present them all, great and lesser
All working hard without a care
Secure and firm in the House of Vanessa
By the orchard in Belgrave Square

And pilgrims on their way to Kent
Have on occasions pitched their tent
And joined us in our banter merry
It is more fun than Canterbury

So lords, ladies and fardels bold
I present my report and sign forsooth
My story might be better told
But I swear it is the essential truth

Professor Peter Tyrer

Report of the Treasurer and the approval of the summarised Annual Accounts for 2008

It is a pleasure to present my report as Honorary Treasurer for the Financial Year ending 31 December 2008. I shall begin by thanking Paul Taylor, Head of Finance and Operations and Jimmy Tse, Deputy Head of Finance and their staff for their invaluable support throughout the year.

The Annual General Meeting of 2007, at a time when the rate of inflation was considerably higher, had accepted the recommendation of the trustees that the annual increase in membership fee subscriptions in 2008 should be limited to 1.5%.

In 2008 trustees and staff have reduced and contained expenditure, including travel and accommodation expenses, trustee away days and new staff recruitment. For example £150k travel costs were saved during 2008, before new activities are taken into account.

- Additional staff £335K
- Northern Ireland Division £ 86K
- College Centre for Quality Improvement (CCQI) £ 49K

Increased expenditure has allowed a number of new activities including:

- Start up costs and full operation costs for more than a year for a new online assessment system for trainees
- New Policy Unit with 4 staff
- New Press Officer
- The "FAIR DEAL" Campaign
- Third Website Developer
- New College Lead on information for funding, quality and outcomes measurement in mental health

At the end of the financial year 2008 the College had 13,701 members. Its members and staff continue being the College's greatest assets.

Capital Assets stood at £2.070M and Liquid Assets at £4.322M of which £2.014 in the New Building Fund.

Overall income was £13,540k. Membership, Subscription and Trainee services contributed 29% to this, 28% related to standard setting and research; and 36% was generated through education and training activities.

Expenditure was £13,494k resulting in a surplus of £46k. When an unrealised loss of £245k on investments is taken into account an overall deficit of £199k emerges.

The international liquidity crisis has not had an adverse effect on the College's finances due to the high level of liquidity of assets. The economic recession has impacted on the College's investment portfolio but it is anticipated that unrealized losses will be reversed as the economy improves.

A matter that is of more enduring concern is the difficulty the College has had in meeting the requirements of its free reserves policy. This has arisen because the costs of supporting Faculties, Sections, Divisions (FSD) and the College Research and Training Unit are allocated against the general fund, whilst the surplus generated by these departments are retained within their areas of activities and have been classified as designated funds.

During the period January 2005 to December 2008 the following developments have received significant additional funding from general funds to support activities of FSD's:

- In the years 2005 to 2008 inclusive, cumulative support costs for Divisional offices has totalled £2,2M with £764k annual support costs in 2008 compared to £263k prior to 2005.
- In the same three years cumulative support costs for faculties and sections has totalled £503k with £194k annual support costs in 2008 compared to £80k prior to 2005.
- 30 Faculties and Sections College Conference Unit supported conference days in 2008 compared to 26 in 2005. This does not include study days which have also increased in number.

As a result, with annual central support costs of £1.449M and an annual operating surplus of £49K, Faculties Sections, Divisions and Special Interest Groups had an end of year designated reserve in 2008 of £612K, though some individual Faculties, Sections and Divisions, but not Special Interest Groups, had a deficit.

During the same years the total CCQI surplus has increased from £649K to £1.187M, while surplus before transfers of Development Fund Contributions and Overheads has increased from £393K to £762K. Losses, after transfers, have accumulated from £256K to £425K.

In response to this challenge the trustees have agreed to undesignate for 2008 the Faculty Section Division and Special Interest Groups reserves and the College Research and Training Unit reserves, whilst continuing to ring fence the use of these funds in the previously designated areas, with the exception of serious emergency in College general finances.

A major long term challenge for the College continues to be that of securing premises beyond the expiry of the lease in 17 Belgrave Square in 2034. Work to identify need, in relation to College assets and appraise options to address this challenge continues actively. The New Building Fund has been the main casualty of cost containment efforts in the last two years as no new funds have been allocated to it. The trustees will need to identify funds to reverse this trend to ensure that the College is well placed to meet its accommodation obligations to its members and staff in the long term.

Professor George Ikkos

The Annual Accounts for 2008 were approved.

Proposed: Professor Hamid Ghodse Seconded: Dr Amit Malik

The proposed fees and subscription rates with effect from 1st January 2010 were approved.

Proposed: Dr Rupendra Brahma Seconded: Dr Amit Malik

The reappointment of Auditors

The reappointment of Buzzacott as Auditors of the College to hold office until the next Annual General Meeting was approved.

Proposed: Dr Denise Coia Seconded: Professor John Cox

Changes to the Supplemental Charter and Bye-Laws of the College

The President introduced the proposed changes to the Supplemental Charter and Bye-Laws of the College, as detailed in the agenda circulated to all Members and Associates.

The President took questions and comments from the floor concerning two points, the proposal to revert to the term "Council" and the change from "Vice-Presidents" to "College Leads".

The President thanked all who contributed to the debate. The ancillary points raised would be referred to the Central Executive Committee for further consideration, but there was a clear majority of those present in favour of the proposed changes to the Supplemental Charter and Bye-Laws.

The following resolution, proposed by Professor Sue Bailey and seconded by Professor George Ikkos was therefore carried.

"That the Supplemental Charter and Bye-Laws of the College be amended, revoked and added in accordance with the memorandum 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 Central Executive Committee of the College shall have authority to approve any further amendments required thereto by the Privy Council."

Presentation of Honorary Fellows

Mr Stephen Fry

Stephen Fry has been at the forefront of recent attempts to destigmatise and educate the public about bipolar disorder, and to a lesser extent, all forms of severe mental illness. He has been courageous and innovative in putting forward his views and, more importantly, disclosing his own experiences of severe mental illness, in a novel way that has made people sit up and take notice and that has genuinely helped to reduce discrimination. As he himself says, "I'm in a rare and privileged position of being able to help address the whole business of stigma," but unlike most of the others in the public eye who have this illness, he has shown a combination of brutal honesty, transparency and unmelodramatic accuracy in describing his own symptoms that has cut through the obfuscation that has clouded the well-intentioned attempts of many others to reduce stigma. This has clearly not been an easy task and he deserves both credit and acclaim for an enterprise that many might have thought could prejudice his career. The College would have a worthy advocate in promoting its own destigmatisation programme with him as an Honorary Fellow.

Professor Sheila Hollins

We have all known great clinicians and influential researchers and excellent teachers. But we would all acknowledge that it is rare to know someone who is all three at once. Sheila Hollins is such a person. Detailing all of her achievements and the many honours that she has received would take too long and, as she is so well known to the Members and Fellows of the College, I will just say here that she has honorary positions in national societies and associations in the UK and elsewhere in the world.

Sheila's knowledge and experience, combined with her power of conceptual thought, have stimulated and led others into areas of clinical practice and teaching which would otherwise have been elusive to most. This is a real tribute to an academic leader and one of the measures of her eminence is the number of people whom she has taught, trained and influenced.

Sheila Hollins started her career as a General Practitioner but, after three years in this role, realised that undergraduate medical education and GP training had not adequately prepared her for the extent of psychiatric morbidity in general practice.

She therefore undertook further psychiatric training, and therein found her true metier. With her compassionate personality, a natural interest in learning disability, because of her son Nigel, and further inspired by Joan Bicknell, she applied her skills as a child psychiatrist and psychotherapist to the needs of some of the most marginalised in our community. But she wanted to do more than provide clinical services for this group and to this end she entered academic psychiatry. Thus she was appointed Professor of Psychiatry at St. George's University of London in 1990, to lead the academic field of Psychiatry of Disability to advance research, teaching, clinical services

and advocacy in this area. Her success is there for all to see. She has given outstanding support and service to patients, and her specialist knowledge and expertise has been recognised both nationally and internationally. She led the field at a time of intense interest in learning disability services when the strategy for them was under development and she was a great source of inspiration, guidance and support to colleagues in the field.

Under her leadership the department of the Psychiatry of Learning Disability at St George's became a centre of research, teaching and innovation - advocating and promoting the applicability of psychotherapeutic approaches when working with people with learning disabilities and helping others to understand their personal and emotional world, particularly in the areas of grief, bereavement and abuse. Among her many innovations are the wonderful series of Books Beyond Words and that of "A different kind of trainer"

Her interest and knowledge across all aspect of psychiatry took her career even further. After occupying and leading a number of national offices, initiatives, committees and working groups within both public and- voluntary sectors, the time was right for her to lead the profession as a whole and she was elected President of the Royal College of Psychiatry in 2005. Her inauguration at the College was the start of a very challenging time, not least because of the personal circumstances in which she came to the presidency. Notwithstanding enormous family trauma, when others might have faltered, she went ahead with her presidency and, with confidence and clarity, steered the College through a very turbulent time.

The negotiations around the revision of the Mental Health Act, the introduction of the Mental Capacity Act, changes in junior doctors' training and employment were all major challenges which she handled in an exemplary way. She was a significant influence and made major contributions nationally through, for example, her work with the Academy of Medical Royal Colleges, the Standing Commission on Carers and the independent enquiry into the death of people with learning disability within the NHS.

Sheila also has wide international recognition and much influence both professionally and privately. She maintains a passionate concern for the needs of people in the developing countries and has led a number of initiatives to support psychiatrists in these countries through medical education, and training and sharing experiences through voluntary schemes overseas.

Above all, the point that I want to emphasise is that Sheila's values shine through all that she has done and achieved - and I have really only skimmed the surface of her activities and the areas in which she has been a major figure of innovation, influence and leadership. But in all of this her commitment and belief in the need to provide the best possible care and

support to all people with mental health problems and their carers is outstanding

Professor Sheila Hollins is a rare individual who combines strength of character, knowledge of the field, expertise in professional relationships, a commitment to change - and, indeed, a serious track record of delivering change - and enormous humility, together with an engaging personality. With her distinguished academic and clinical background, she is a psychiatrist of stature. She has had a profound, indeed immeasurable, influence on many aspects of mental health policy, psychiatry and practice in the UK and elsewhere. It is therefore a great pleasure for me to present Professor Sheila Hollins to you as an Honorary Fellow of this College which she led as a distinguished president

Professor Eve Johnstone

Some images linger in the memory. My mind goes back to a cold winter's night in the early 70s when I was sharing an on-call coffee with the well-corsetted 'Highland' matrons who, in those days, comprised the psychiatric nursing staff of the Southern General Hospital in Glasgow. My attention was drawn to a tall, elegant young woman striding purposefully along the corridor - in evening dress : full-length evening coat billowing behind, hair in an elaborate bun, long white gloves of the sort I had only ever seen on the Queen - those same gloves caressing lovingly a Winchester bottle brimming with stale urine! To a young SHO straight from general medicine, that image cemented two impressions - firstly, that there may indeed be real medical endeavour to be found in this specialty: and secondly that psychiatrists were probably slightly strange.

I subsequently discovered however, that Eve Johnstone and I were fellow-travellers for like me, fascination drew her to schizophrenia. Those 'young' psychiatrists for whom the music of ABBA is merely another 'retro' experience may not appreciate the significance of what I just said - for in post-antipsychiatry hangover that was the early 1970s, schizophrenia languished in the intellectual back-wards, just like those who had it. In the autumn of 1974, that fascination was to take Eve Johnstone to the MRC's newly commissioned Division of Psychiatry at Northwick Park Hospital in Harrow, a unit that under the Directorship of Tim Crow, brought together a small band of like-minds dedicated for the first time to systematic study of the biology of this most fell disorder. This was no mere ideas-factory, with a large library and a small clinic, but a fully functioning clinical unit - and a busy one. When I myself had the privilege of joining the team in late 1976, I was soon to realise the many layers of insanity that lie hidden behind the net curtains of Metroland! It was this combination of sound, practice-based skills and rigorous scientific questioning - and a belief in the importance of BOTH - that was to define Eve Johnstone's career.

And what of that career? A not insubstantial reputation could have been forged from one of the finest controlled studies of the efficacy of ECT or from demonstration of the limitations of benzodiazepines in the treatment of neuroses – both hugely contentious questions at the time. But these were only 'extras'. True to the unit's remit, it was from the field of schizophrenia that Eve's international reputation would emerge : From

- the first, and still best, clinical test of the D2 antagonist hypothesis of antipsychotic drug action
 - the role of cholinergic mechanisms in psychotic symptomatology
 - the importance of maintenance treatment in relapse-prevention following first episodes – raising for the first time in a trial context the still thorny issue of duration of untreated psychosis
 - the restriction of lithium's action to mood symptoms in psychotic illness
- and
- to this day, some of the largest and most detailed follow-up and outcome studies in the field

But then, and again, there was *that* paper : the 1976 Lancet publication that kick-started the modern era of *in vivo* brain imaging - a paper that did more than suggest to the *scientific* community that schizophrenia, by being associated with ventricular enlargement, might indeed be a brain disorder, but one that gave to the public the perfect counter to the excesses of Laing and the trendy Sunday supplement set who fed off his malignant nonsense - something they could see. And there is nothing so powerful for banishing demons as sight!

One can perhaps gauge the impact of a scientific paper in two very different ways – by the clamour it produces or the silence that follows its publication. There was a frisson of clamour in 1976 but largely there was silence. For 3 whole years! This was not because the finding was ignored – far from it – it was because the idea was so novel, the finding so revolutionary that replications had to be set up and undertaken. From 1979, when Daniel Weinberger and colleagues at the National Institute of Mental Health in Washington DC, provided the first, replications flowed fast and furious. Dr Weinberger, now one of America's leading neuroscientists, cites that paper as the reason for his career shift from neurology to psychiatry. And I suspect he was not alone.

Other imaging studies followed, replicating the original finding in a larger sample (and suggesting that bipolar disorder may occupy an intermediate position between schizophrenia and controls in relation to ventricular size); and the second application of the new technology of magnetic resonance imaging (an American group just pipped us to the priority post!).

In 1989 however, Eve Johnstone left the established team at Northwick Park with her appointment to the chair of psychiatry and head of department in Edinburgh. This was a bold and potentially risky move for although Edinburgh

had long acquired a distinguished psychiatric reputation, it was one that rested on individuals more than on a department. The Edinburgh High Risk Study of Schizophrenia was the major (though not the only) vehicle through which Eve Johnstone set about redressing this imbalance and turning Edinburgh into a psychiatric centre with an international reputation. This was the first high-risk study of schizophrenia to be conducted in almost 2 decades, the first to use a 'high familial density' design, the first to incorporate brain imaging from the start and one of only 5 to follow-through to illness onset, thereby allowing identification of predictors. This study alone has so far contributed over 60 papers in the quality literature to the more than 300 that now grace Eve Johnstone's CV – a glance at which will show more than the average number first-authored, and written, by 'Johnstone EC'.

Eve Johnstone's industry has been evident at many levels : in extensive committee work too numerous to mention - including for this College - though one that stands out is her highly successful Chairmanship of the MRCs Neuroscience Board. This was no doubt the setting in which the MRC saw the aplomb and safe pair of hands into which to entrust some of its more delicate tasks – such as chairing their autism review in the aftermath of the Wakeling fiasco; and acting as their representative on the panel that investigated the deaths at Bristol and post-mortem collections at Alder Hey Hospital, Liverpool. She has also been an industrious 'nanny', those aspiring researchers who gained from her tutelage reading like a role-call of modern British psychiatric research : Bill Deakin, Nic Ferrier, Pete Mckenna, Phil Asherson, Mike Owen, Steve Lawrie, Andrew McIntosh, Jeremy Hall..... To name but a few. And a number of prizes have reflected that industry, most notable of which was her receipt in 2007 of the Lieber Prize awarded by the US National Association for Research into Schizophrenia and Depression, making Eve Johnstone only the third Briton to win this highly prestigious award.

All this has been achieved while adhering to that code established early – that belief in the importance of patients and patient care. Throughout her years as Head of Department, she has continued to participate in clinical services – with in-patient responsibilities, outpatient clinics, and yes, on-call. Before you sits a rare survivor of the mass clinical extinction that is modern-day academic psychiatry; an academic whose opinions have credence with clinicians because she has been there; is there still. Is a clinician to her fingertips.

Some of you – those at the start of your careers - may be contemplating the still relatively unploughed acreage that is psychiatric research with enthusiasm. And if so, I wish you well. But to hold onto that enthusiasm – to maintain the effort, the creativity, the sheer productivity – not just for 10 years; not for 20. Not even for 30 years – but for 40 years – and over these years to maintain a presence in the top-flight international literature - is something that falls to very few, as it has fallen to Eve Johnstone.

I once remember asking a friend what had become of a colleague I used to bump into on the conference circuit but hadn't seen for a while. "Oh," was the reply, "he came to the end of not very much!" No-one looking back on Eve Johnstone's career could ever conclude that it amounted to anything but very much indeed.

It has been a privilege – and a pleasure – to be her close collaborator these 35 and more years and it is a particular pleasure to present to you today, President, for the Honorary Fellowship of the Royal College of Psychiatrists, Professor Eve Cordelia Johnstone, CBE.

Dr Fiona Subotsky

President

I guess it comes as no surprise that we are about to honour a past Treasurer of the Royal College of Psychiatrists. The Treasurer is, after all, one of the most important officers any College can have. Ours used to last for seven years! Together with their colleagues in the Finance Department, part of their job is to lasso the most expansive plans of a succession of Presidents – and Presidents, as you know, with the possible exception of Bob Kendell (who was really a Scot by inclination), tend to say yes to everything.

And Fiona was a superb Treasurer. As Members of Parliament have discovered to their cost, we live in an age where it is all too easy to play the system, not necessarily to break the rules, but to stretch them to a point where they cease to have much moral meaning. In our case, the wheels of Psychiatry were being greased by the pharmaceutical industry. Apparently objective research projects turned out to be little more than puff articles for a new product. Individual psychiatrists' salaries were boosted by back-handers. Our patients, the public and the media thought we were, quite simply, in the pockets of the drug companies.

Fiona made it her priority to distance the College from all this by improving transparency, clarifying values and laying down consistent rules (her own words), for all our functions centrally in Belgrave Square, for the activities of the Divisions, Sections and Faculties, and for all our members everywhere. What's more she did all that without any danger to our finances; in fact, quite the opposite. By allowing partial amnesty for lapsed members returning to the fold, by introducing tiered rates for part-timers, and by supporting the new affiliate and inceptor grades, she substantially increased membership numbers and left the College in a more prosperous state.

Now, I'm not sure what image members might have of a successful Treasurer. A dodgy Dickensian clerk, perhaps, sitting at a high desk in pince-nez and fingerless gloves, poring over the ledgers by the light of a midnight candle? Well, one of the reasons I wanted to get the Treasurer bit

over first in this citation, is that I cannot think of anyone who is further from that picture than Fiona. If it wasn't that the phrase had been tainted elsewhere, I'd say that she was the very epitome of an all-round honourable member.

In an interview in the BJPsych, Fiona describes books as "an enduring passion". Not surprising in someone who is the daughter of a poet-doctor who started life on a Thames sailing barge and finished it restoring a stately home in Cork. Fiona's mother was a fairy-story in herself. What is remarkable is the age at which Fiona started and the sophistication of her taste. Born on Denmark Hill, just up the road from the Maudsley, she devoured the entire works of Jung in the local Carnegie Library on her father's ticket then, at the age of eleven, hopped on the 176 bus to Charing Cross Road and bought herself Freud's Interpretation of Dreams!

Her A Levels were in Latin, Greek and History and she went to Bart's Medical School on an Arts Scholarship. In a brief "break from Medicine" (her words again), Fiona raised two children and gained a first-class honours degree in Psychology from Birkbeck College. It is this thirst for knowledge that she has passed on to students and public alike in her own writing, from academic contributions in the peer-reviewed journals, through paperback advice to worried parents, to regular columns in magazines. And believe it or not, you can download her entire works in Turkish on Google, where they are advertised on the same page as roller-blinds and domestic appliances from Milton Keynes!

As a small child, Fiona was taken along to the school and baby clinics that her mother ran for the LCC, and with that background how could she not end up as a therapist with children and families herself? But what a therapist! She was successively the Medical Director of the Brixton Child Guidance Clinic and Chair of the District Planning Team. In the Belgrave Department of Child and Family Psychiatry at King's, she developed the service for adolescent self-harmers, set up a first service for child rape victims, and procured funding for the Lambeth High Risk Project for the care of disturbed teenagers in a notoriously deprived community. She has acted as an outside consultant to many services and inquiries around the country.

Oh, and by the way, for much of this time Fiona was guiding her wider health services through their many changes. As Clinical Director of the Camberwell Mental Health Service, she led its integration with the Maudsley and became the first Medical Director of the new Maudsley and Bethlem Trust. She oversaw further mergers, and the change from Special Health Authority central funding. It was she who established many of its current systems, policies and procedures. She was born on Denmark Hill and she ended up running it – a neat full-circle.

Throughout all this, Fiona has been a constant advocate, champion and "street-fighter" for colleagues and patients alike. On the one hand, she was

a long-time Performance Assessor on the GMC and was a founder member of the Scoping Group that led to the College's first Support Service for psychiatrists in distress. As its deputy chair, she wrote most of its advice leaflets and organised conferences around its activities. On the other hand, she represented the College to the Kerr-Haslam Inquiry and facilitated the College's response to all the general patient safety issues it so painfully raised, and to the sexual safety of women in psychiatric treatment in particular. Needless to say, Fiona was elected National President of the Medical Women's Federation from 1999-2000 and continues to campaign publicly for its cause.

Fiona has always had a deep interest in the history of our profession. She was awarded a Diploma in the History of Medicine and a Masters Degree from Birkbeck after a fascinating series of dissertations, from the entry of women into the RMPA to the Asylum in Dracula and other Victorian fiction. It is entirely appropriate that, following her clinical retirement, Fiona has become the first Honorary Archivist of the Royal College of Psychiatrists.

So there it is, Mr President. I wholeheartedly commend Dr Fiona Subotsky to you, for the highest honour our College can award – the Honorary Fellowship. I do so for her roles as College Treasurer of course, but for so much more. She has been a tireless champion for Medicine as a whole and Psychiatry in particular, she has shown superb skills in its practice and management, she has a deep empathy for the feelings of embattled patients and those who care for them, has campaigned bravely for their rights, and continues to carry the culture of our College in her hands.

And if you think all that sounds like a paragon of virtue, remember this. Fiona was married to Milton Subotsky, one of the country's foremost producers of horror movies. She is a member of the Dracula Society and has spoken at meetings of it in many of the capital's darkest corners. And she once wrote a dissertation on Stevenson's Dr Jekyll and Mr Hyde, in which she wondered whether all doctors need split personalities. To preserve their reputation while enjoying their less seemly pleasures in secret. I dare you to turn her down!

Dr Lakshmi Vijayakumar

Lakshmi Vijayakumar is remarkable, both as an individual and as a psychiatric colleague. It is not what she has achieved but also how and most importantly how she presents her case. In spite of her international reputation as an authority in suicide and suicide prevention she has remained easily approachable and unassuming and it is not difficult to see how easily she acquires the full confidence and trust of this highly vulnerable group of people with psychiatric disorder who are at their lowest ebb. Her initiative to

set up her charity called Sneha (meaning affection) in 1986, in the footsteps of the Samaritans of the western world, at a time when India was on the verge of an economic explosion and the associated massive increase in stress levels, societal changes from an extended family system, the stresses and strains of wading through cut throat competition for survival indicates her foresight and societal concerns. Shortly after her graduation she went on to obtain a Diploma in Psychological Medicine and established Sneha 5 years later. Her thesis for PhD was on "Risk factors for suicide in India – a case control study". It shows another side to her personality – not only passion for her beliefs but also to weigh her actions against measuring effectiveness and practical use for better outcome,

In spite of her passion for Sneha she has continued to work as the Head of Department of Psychiatry in a Government aided voluntary sector multi specialty hospital in Chennai, as a Consultant Psychiatrist at a public health centre and acts as the Founder Director in a Research and Rehabilitation centre in Chennai. Through her sterling work she has received no less than 7 National and Local awards. As if these are not enough, she works as an Executive members in Accident Victims Association, Chennai, National Representative for India in International Association for Suicide Prevention (IASP), Member of WHO's International Network for suicide Research and Prevention, Members, Advisory Committee of the Institute Psychiatry and Human Behaviour, Government of Goa, Member, Committee of Technical Experts, Carter Centre, Atlanta USA and Member, International Academy of Suicide Research.

She had held the office of the Vice Chair of the International Association of Suicide Prevention from 1999 – 2003 and Executive Members of the Befrienders International, conducted workshops on training for Befrienders International in Sudan, Thailand, Zimbabwe and Sri Lanka and has actively assisted in setting up centres for suicide prevention in 5 Indian cities.

She reviews articles for *Acat Psychiatrica Scandinavica*, *International Journal of Epidemiology*, *Indian Journal of Psychiatry*, *International Journal of Social Psychiatry*, *International Review of Psychiatry and Suicide and Life Threatening Behaviour and Crisis*. Additionally she assisted in preparing the Draft Strategy in Suicide Prevention for the Central Government of India,, organised the XXI Congress of IASP in 2001, assisted in the aftermath of the Tsunami in India and arranged for the very first group for the survivors of suicide attempt. She found time to be the principal author of more than 20 papers that were published in peer reviewed journals, wrote chapters for 2 books on suicide prevention and meeting the mental health needs of the developing world and edited a book on suicide prevention. It is estimated that her principal non governmental organisation "Sneha" has prevented over 150,000 suicides in Chennai and continues to act as a beacon for an area which is yet to be fully developed in India.

Lakshmi Vijayakumar is an asset to the profession and the Royal College of Psychiatrists stands to gain significantly through her association with the College. Indeed her expertise and experience will contribute significantly to the understanding, early detection of indicators and prevention of suicide across the globe.