

1841  
-2021

CELEBRATING



180 YEARS

CELEBRATING

OUR  
HISTORY

# Our College

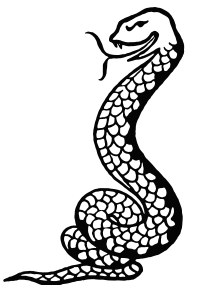
## Past, present and future

The Royal College of Psychiatrists and its predecessor organisations have advocated for psychiatry and people with mental illness for 180 years.

To mark this anniversary in 2021, we want to show our members around the world where it all began and the many transformations the College has been through over the years, reflecting changes in the profession and wider society, and what we stand for today.

Public awareness of mental illness in the UK and other parts of the world has never been higher. Understanding of mental disorders continues to take great strides. Record numbers of young doctors are choosing to join the profession. And the work of the College – delivering training, raising standards, undertaking research, expanding and sharing knowledge – continues to grow.

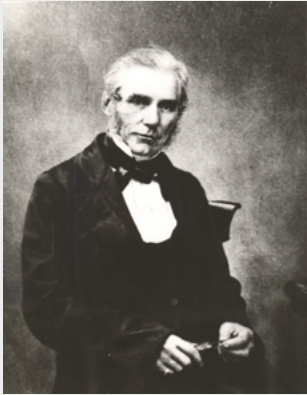
We have come a long way from the asylums of Victorian Britain and the first meeting of asylum doctors that formed the organisation on 27 July 1841. As we face the future, the College is determined to continue to improve the lives of people with mental illness and to support our members who care for them.







# From then to now



Dr Samuel Hitch

The earliest predecessor of the College, the Association of Medical Officers of Asylums and Hospitals for the Insane, was the first national psychiatric body anywhere in the world.

Its creation was spurred by the burgeoning asylum system of early Victorian Britain, and growing interest among doctors in the treatment of mental illness. Dr Samuel Hitch of Gloucester Asylum wrote to colleagues around the country that they “should be better known to each other”. There was a need, he wrote, to share their experience, collate data and help each other improve treatment for mentally ill people.

Forty-five asylum doctors answered his call, 11 of whom attended the very first annual meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane in November 1841. Annual subs were one guinea.

Over the following decades, the confidence of members – as ‘medical gentlemen’ (and later, women) – grew as they slowly expanded their understanding of mental illness, a shift that was perhaps reflected in the Association’s change of name to the Medico-Psychological Association in 1865. Yet it wasn’t until the First World War, which led to greater public sympathy for people with mental disorders, that recognition of the benefits of psychiatric treatments grew. When the Royal Charter was granted in 1926, creating the Royal Medico-Psychological Association, it conferred status on psychiatrists and provided another step on the journey to parity with their medical peers.

Many positive changes occurred during the half century that followed, both in mental health treatment and the profession. The enormous, overcrowded and, by then, run-down asylums gave way to the creation of psychiatric units in general hospitals and community care. Treatments like

occupational therapy were introduced and the arrival of effective drugs – antipsychotics and antidepressants – gave new life to many patients.

Specialties developed, including in childhood disorders and addictions, with members also leading the way in developing appropriate care for older people and people with intellectual disabilities. The 1960s saw enormous upheaval at the Association, driven in part by its younger, more progressive members, as it made the transition to becoming a Royal College in 1971, 24 years after the idea was first proposed.

Today, the College shares much with the Association formed some 180 years ago – albeit on a different

scale. More than 3,000 people now attend RCPsych’s annual International Congress; the College delivers the entrance exam into psychiatry, the MRCPsych; it also delivers education, training and research; promotes recruitment and retention; improves standards and quality, and acts as the voice of psychiatry with government and the media. RCPsych’s many projects, like one to integrate modern neuroscience into training, ensure that psychiatrists continue to take strides in improving treatment. But the impulse that led to the Association’s creation 180 years ago is unchanged: that psychiatrists come to better know, and learn from, each other’s work through membership of the College.



International Congress attendees in 2019

## Key moments in our history

### Association of Medical Officers of Asylums and Hospitals for the Insane

Created to improve the running of 'hospitals for the insane' and acquire "more extensive and more correct knowledge of insanity". Subs are 1 guinea.

1841

1845

The first issue of the *Asylum Journal* is published with a cover price of six pence.

1865

### Medico-Psychological Association

College divisions are created in Ireland, Scotland, Wales and in English regions, which are run from rooms on Chandos Street, London, from 1893. Membership reaches 600 by the turn of the century.



*Mental and physical neglect of civilian patients leads to calls for asylum reform*

1918

1923

*The Maudsley Hospital in south London opens for patients*

*The Mental Treatment Act officially recasts lunatics as patients and asylums as mental hospitals*

### Royal Medico- Psychological Association

The Royal Charter is granted with a coat of arms containing the serpent-entwined Rod of Aesculapius and the butterflies of Psyche. Membership grows to nearly 4,000.



1926

1930

*Antidepressants and antipsychotics begin to be prescribed*

*Legislation opens up opportunities for general hospital psychiatric treatment and community care inside the NHS*

1950s

1959

*The Mental Health Act, created with RCPsych input, introduces important safeguards regarding consent to treatment and patient autonomy*

1971

1983

### Royal College of Psychiatrists

In line with the organisation's principles of teaching, research and public education, as set out in the royal charter, the College develops training programmes, launches a small but prolific research unit and expands its publications. Staff numbers grow and, not long afterwards, the College relocates to Belgrave Square before moving to Prescot Street in 2013.



An administratively independent Scottish Division opens its own office in Edinburgh and goes on to heavily influence the UK's first mental incapacity legislation in 2000.

1995

2021

RCPsych runs its first virtual International Congress and first membership survey, while running online exams during the COVID-19 pandemic.







# Changing minds

The College has been the voice of psychiatry and mental health services and has fought for parity of esteem and against stigma throughout its long history.

From lobbying to improve the Lunacy Acts of the 19th century to fighting for equality and resources in the 2019 NHS Long Term Plan, political advocacy by the organisation and its members has pushed governments to act in patients' interests. With recent awareness and education campaigns contributing to positive shifts in public attitudes, and more attention being paid to patients' voices, there are many reasons to be optimistic about the future.

In the mid-19th century, changes emerged in attitudes towards people with mental illness. While there was limited public acceptance that mental illness was a disease that could be treated, concern grew for those confined in the asylum system. The doctors overseeing these institutions saw benefit in collectively trying to effect change.

From the outset, founder members sought to shift perceptions of mental illness. Recognising the role that language plays in reinforcing attitudes and stigma, they proposed replacing the word 'asylum' with 'hospital' in a bid to emphasise their goals of providing active treatment to help patients get better, as aimed for in general hospitals, rather than the more passive approach implied by the word 'asylum'. This marked the beginning of the long journey to parity of esteem with physical health.

Early members also lent their weight to campaigns for practical change, including efforts led by Dr John Conolly to abolish the use of mechanical restraint, which was in common



Dr John Conolly



use at the time for managing the behaviour of asylum patients. At the very first annual meeting in 1841, members expressed opposition to the practice and thanks went out to those "endeavouring to abolish its use in all cases".

There was early recognition too of the need to educate politicians and advocate for better laws governing the mental health system. According to the minutes from 1861, laws were being drafted "without respect to medical opinions or feelings of mankind", a situation that "impeded and degraded their ability to treat patients". A Parliamentary

Committee was soon established to counter such "menacings of legislative interference" and advocate for patients and the profession.

Public education, campaigning and political lobbying have been central functions of the organisation ever since, with the aim of securing the very best care for patients and furthering the work of the profession.

At times, the organisation's advocacy has seemed to fall on deaf ears. In Edwardian Britain, for example, when tuberculosis plagued asylums at rates ten times higher than in the community, many ascribed it to an

inherent susceptibility to physical illness among mentally ill patients. Psychiatrists knew otherwise and a specially appointed TB Committee of the Medico-Psychological Association concluded that the overcrowding and poor conditions in asylums were to blame. But for many years, the urgent reforms that the organisation called for went largely unheeded.

More than a century later, early death among people with severe mental illness remains unacceptably high (15–20 years earlier than in the general population), with respiratory disorders and cardiovascular disease being leading causes, and tobacco consumption being the most preventable risk factor involved. In 2016, in collaboration with other charities, the College sought to challenge perceptions that smoking among people with mental health conditions is somehow inevitable or

intractable, and called for action. On this and countless other occasions in the years before and since, many College recommendations made their way into policy, both UK-wide and, latterly, in the devolved nations.

The nature of the College's advocacy has also changed. For much of its history, the organisation spoke for patients, reflecting the paternalistic world of medicine and 'doctor knows best'. In recent decades, there has been slow but steady recognition of the enormous value of patients' lived experience in improving services, setting standards and shaping policy. Today, a new model of co-production and partnership sits at the heart of the organisation, including patient and carer representatives appointed to RCPsych's governing Council, providing valuable input into its work to improve mental health services and public understanding of mental illness.



One of the College's many expert members to appear in the media



## Learning through diversity

**Today, the College is celebrated for its commitment to promoting equality, diversity and inclusion within the organisation, the profession and mental health services. As with many medical bodies, however, this has not always been the case, with the College and psychiatry in general too often mirroring – and sometimes perpetuating – prejudice and discrimination. History shows us, though, that equality and respect for all drives understanding of mental illness and its treatment.**

For the first 50 years, membership of the organisation was exclusively for men, in part a reflection of the workforce at the time but also of a mindset prevalent in Victorian Britain. When in 1871, a redrafting of the rules on membership was proposed – substituting 'gentleman' for 'person', which might allow for women members – it was swiftly rejected. Henry Maudsley, then president, was firmly opposed to women doctors and was a vocal proponent of theories on the 'weaker sex'.

Two decades later, however, these views were challenged when it was proposed that Dr Eleonora Fleury, a medical officer at an asylum in Dublin, be granted membership. After initial opposition, the members relented and in 1894 the vote passed 23 to 7, making Dr Fleury the first female member of the Association. "How in common fairness or on what valid ground can women be excluded?" said President Dr James Murray Lindsay. So significant was Dr Fleury's election, that news of it happening made it into the medical press across the Atlantic.

Psychiatrists trailed the British Medical Association in admitting women by just a few months, but were years ahead of more established medical colleges, a feat repeated with the election of its



Dr Eleonora Fleury (top) and Dr Helen Boyle



first female president in 1939. When Dr Helen Boyle became a member around the turn of the 20th century, just 14 of the Medico-Psychological Society's 600 members were women, which compares with RCPsych's 45% female membership today.

Dr Boyle strived to offer low-cost treatment for women by women and was a pioneer of psychiatry. Her practice had a strong focus on rehabilitating, rather than detaining, women suffering from mental illness. As well as changing the lives of many women in poverty, Dr Boyle was among the first to introduce to British psychiatry ideas around preventive, short-term, community-based care, in stark contrast to the asylum system.

Significant contributions to both advances in UK psychiatry and the College were also made by Jewish psychiatrists fleeing Germany and Austria in the 1930s. Among them was Erwin Stengel, best known for his pioneering work on attempted suicide, who became president of the Royal Medico-Psychological Association in 1966.

When doctors from South Asia, among them many psychiatrists, were invited to train and work in the newly created NHS in the 1950s, they found their opportunities limited, often only being offered unpopular posts left vacant by British doctors – in mental hospitals, on learning difficulties wards and in parts of the country seen as less desirable. Many were, or became, psychiatrists. As such, they helped build the backbone of the NHS and treated many underserved communities, a contribution to psychiatry only fully celebrated in 2020 with RCPsych's first South Asian History Month. "It is a real debt we owe them," says Professor Dinesh Bhugra, who became the College's first South Asian president in 2006. Today, some 30% of College members are of South Asian origin.

The profession is also indebted to the pioneering work of Black psychiatrists, such as Nigerian-born Professor Thomas Adeoye Lambo, who went on to become Deputy Director of the World Health Organisation. Professor Lambo fought against racist psychiatric theories and his work



Professor Thomas Adeoye Lambo  
(Opposite) Dr Pearl Hettiaratchy,  
former RCPsych vice-president.  
Elected in 1995, she was the first  
College officer of South Asian origin







Dr Aggrey Burke

highlighted the role of ethnicity and culture in mental illness and its treatment. More recently, in 1986, Dr Aggrey Burke, the UK's first Black Caribbean academic consultant psychiatrist, helped expose systematic discrimination against women and ethnic minorities in the screening of applications to medical schools in London, benefitting psychiatry and other specialties.

Thirty-five years later, the issue of equality, diversity and inclusion is now a top priority for the College, with its Equality Action Plan, published earlier this year, underlining a commitment to equality for people of all backgrounds and characteristics.

The voices of the LGBTQ+ community have also served to move psychiatry forward. Until relatively recently, homosexuality was treated as a mental disorder, and the negative social and cultural

attitudes towards LGBTQ+ people were acknowledged as a cause of mental distress. As late as the 1990s, the College resisted efforts to organise around these issues. Under pressure from members, however, the LGBT Special Interest Group (SIG) was formed to further research and training. Today, it is known as Rainbow SIG.

Throughout its history, the College and its predecessor organisations have responded to changes in society, shifts in public opinion and, crucially, the views of its members who have often led the way on issues of equality. At times, it has acted with urgency, but sometimes change has been slow. Today, it strives to lead on equality, diversity and inclusion – as evidenced by its award of Charity of the Year at the 2019 European Diversity Awards – for the sake of all patients and to further our understanding of mental illness and its treatment.



## Raising standards

**RCPsych promotes standards and quality in psychiatry all around the world. The College Centre for Quality Improvement operates in various countries including New Zealand and the UAE; College exams are taken by candidates from Oman to India to Singapore; and RCPsych has long been involved in setting standards for training in Europe. Improving standards has been a primary concern since the Association was founded, yet the development of psychiatric training in Britain was slow and patchy, and it took a rebellion by young members before the College assumed responsibility for overseeing it.**

The life of an asylum doctor in the mid-19th century was one of limited opportunities. Forced to live on site in isolation from colleagues, and charged with treating the mental symptoms of new admissions alongside managing the physical needs of many hundreds of long-term in-patients, most learned on the job and there were few chances to train and expand their understanding of mental illness and its treatment.

The UK was slow to introduce clinical training and research experience for those treating mental illness, with minimal support from hospitals, universities or the government. As a result, training opportunities developed piecemeal across the country, notably in Edinburgh, London and Yorkshire. In the latter half of the 19th century, the 'Wakefield triangle', comprising Leeds, York and Wakefield, developed as an important research and training centre under the supervision of Sir James Crichton-Browne, medical superintendent of the West Riding Pauper Lunatic Asylum and, later, president of the Association. Prolific in trialling and recording the efficacy of treatments for mental disorders, Crichton-Browne opened up his clinics and laboratories to medical students to learn from his scientific approach to the brain and its diseases.



Sir James Crichton-Browne



At the same time, the Association began to introduce professional standards, with a certificate in asylum nursing, after a period of practical training and theoretical teaching, and another certificate, in psychological medicine, for doctors. In 1865, alongside future President Henry Maudsley, they successfully lobbied for mental diseases to be added to the medical curriculum. It took many decades, however, before Maudsley's ambition – and Sir Frederick Mott's vision – of university-based psychiatric teaching was established in the UK. The Maudsley Hospital opened only after his death in 1923, thanks to a generous endowment from Maudsley himself. It was to become, as he put it, a "fitly equipped hospital for mental diseases", designed to treat, research and educate. It quickly became the centre of psychiatric training in the UK and beyond, attracting many overseas doctors.

The success of the Maudsley, however, hid a much bigger problem in the 20th century: the inadequacy of training outside of the major teaching hospitals. And it was from these training centres in the late 1960s that a group of young, trainee psychiatrists spotted an opportunity to do something about it.

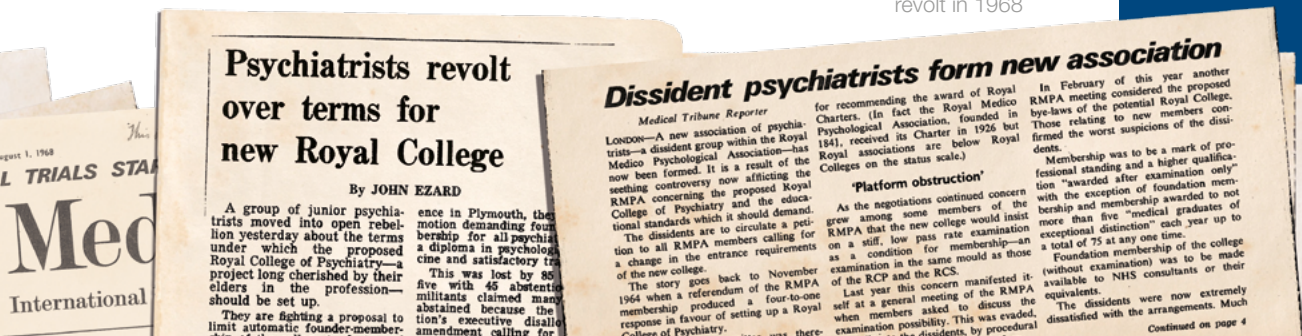
These junior doctors saw the transition to a royal college as a means of improving post-graduate training.

They argued against a plan to tie full membership solely to an exam. If passing such an exam was to be a condition of membership, they insisted the Association needed to step up and raise teaching standards.

An acrimonious row between the two sides lasted many months. The junior doctors upped the ante by making their case public in the press and by bussing dozens of colleagues to the 1968 AGM in Plymouth. The night before the meeting, they sent a telegram to the Association's leaders: "Battle lines have been drawn. See you in the morning." A line of police greeted the junior doctors at the venue the following day. But, the momentum was with them and the junior doctors' arguments won out. The Royal College of Psychiatrists, as it became in 1971, took responsibility both for standards of teaching and the entrance exam into psychiatry, the MRCPsych, which was introduced in 1972.

Five decades on, the College is still deeply committed to its role in training psychiatrists. When the COVID-19 pandemic threatened to derail psychiatry exams in 2020, RCPsych migrated them online – a complex process expected to take two years but achieved in just five months – in what is believed to be the largest fully remote clinical exam run by a UK medical royal college.

Coverage of the junior doctors' revolt in 1968

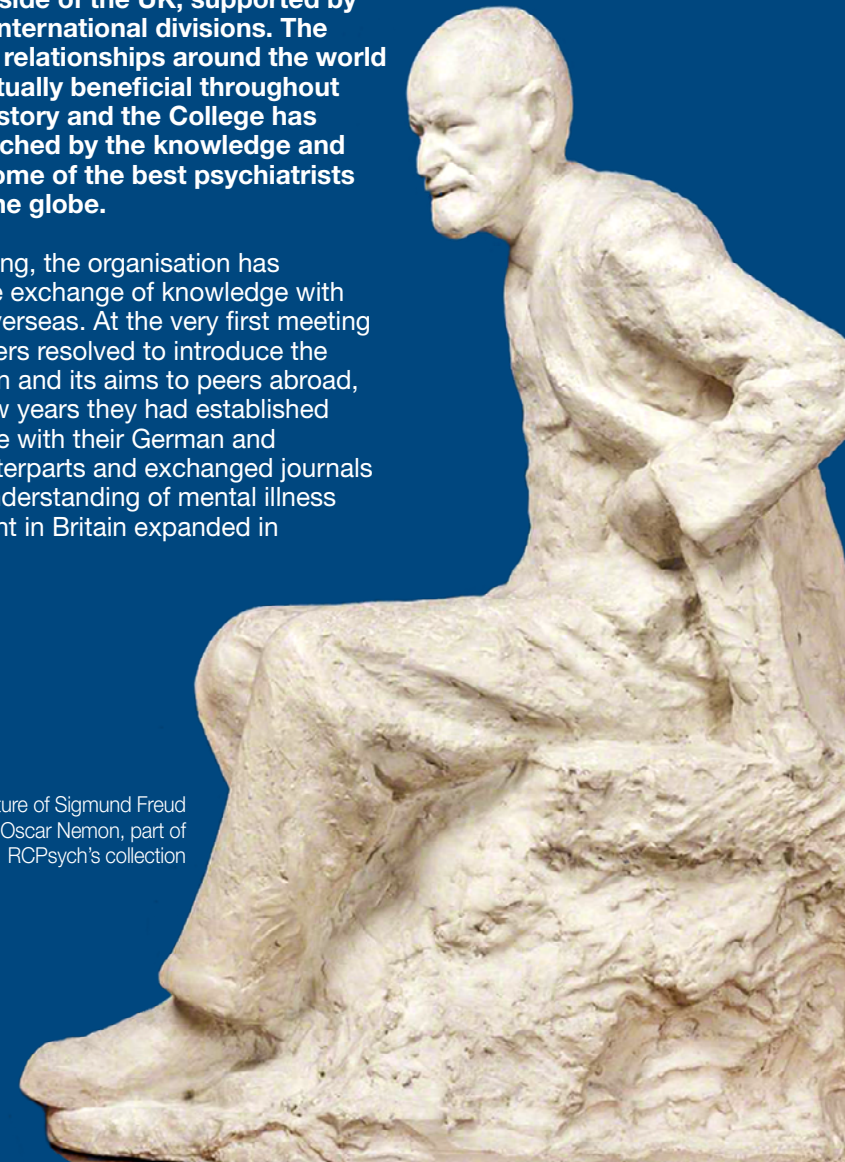


## International reach

**RCPsych is a truly international body. Around half of UK-based members obtained their primary medical qualification overseas and nearly a fifth of the membership practise psychiatry outside of the UK, supported by the College's international divisions. The organisation's relationships around the world have been mutually beneficial throughout its 180-year history and the College has long been enriched by the knowledge and expertise of some of the best psychiatrists from around the globe.**

Since its founding, the organisation has encouraged the exchange of knowledge with psychiatrists overseas. At the very first meeting in 1841, members resolved to introduce the new Association and its aims to peers abroad, and within a few years they had established correspondence with their German and American counterparts and exchanged journals and reports. Understanding of mental illness and its treatment in Britain expanded in relation to this.

Sculpture of Sigmund Freud by Oscar Nemon, part of RCPsych's collection





Over the following decades, psychiatry in the UK benefitted from the expertise of the Association's many honorary members based overseas – from Berlin to Boston, Paris to Prussia, including Emil Kraepelin (from Munich and made honorary member in 1909); Adolf Meyer (Baltimore, 1926); Eugen Bleuler (Zurich, 1928); Ivan Pavlov (Leningrad, 1929); Sigmund Freud (Vienna, 1936) and Carl Jung (Zurich, 1952).

The Association was also inevitably shaped by Britain's colonial past. The large numbers of Indian psychiatrists trained at the Maudsley Hospital after the First World War, who were intent on developing an Indian mental health system on their return, led to the creation of the first overseas division of the organisation in 1939. It proved to be short-lived. The movement for Indian independence led to it being dissolved less than a decade later, although the strong ties between British and South Asian psychiatrists were preserved.

It wasn't until 2000 that the College moved to establish a permanent presence to support members overseas with the creation of six new international divisions

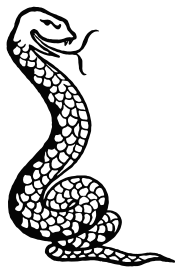
spanning countries across Africa, the Middle East, the Americas, South Asia, Western Pacific and Europe. The subsequent launch of *BJPsych International* furthered the organisation's international reach.

Today the College strives to play a positive role in raising standards of care for patients around the world in a spirit of mutual learning, partnership working and respect for difference. The International Strategy, published in 2020, proposes an expansion of the College's support to mental health services around the world and an increase in volunteering to support psychiatry in low-to-middle income nations.

When the COVID-19 pandemic forced the 2020 AGM to be held online, it attracted a record global audience of over 300 members dialling in from India, Qatar, Bangladesh, Bermuda, Canada, Pakistan, America, Nigeria, Serbia, the UAE, Saudi Arabia, Malaysia, Germany, Iraq, Greece, Sierra Leone and Ireland. International relationships like these bring enormous value not just to the organisation, but more importantly to future understanding of mental illness and its treatments.



(Opposite) Buddhist monks in Myanmar being provided support and training by volunteer College members through the Volunteering and International Psychiatry Special Interest Group







1841–2021