



the college

Guidance for the Use of Video Recording in Child Psychiatric Practice

Council Report CR79
£5.00. 20 pp.

Videotape recording of interviews with patients and their families is now commonly used in child psychiatric practice. Involvement in videotape recording has a unique meaning for each patient and their family, and may potentially have a profound effect.

There are several purposes for the making of videotape recordings. The recording is based on a prior negotiation with the patient or a responsible adult, including verbal and written explanation and the gaining of formal consent.

This document outlines the procedures involved in videotaping, including ensuring confidentiality and obtaining consent. It provides guidance for all child and adolescent psychiatrists who are involved in the making and subsequent use of videotape recording. This new report replaces the previous document CR20, published in 1993.

Report of the Collegiate Trainees Committee Working Party on the Safety of Trainees

Council Report CR78
£5.00. 20 pp.

Safety is of paramount importance to all psychiatrists. Just one piece of advice may make all the difference to you or to one of your trainees.

This Council Report contains practical advice on maintaining personal safety and sets standards for safety training, interview rooms and on-call accommodation. Recommendations are made about safety training for use on trainees' induction days and for the development of local policies and procedures on safety. Guidance is given about what to do in the event of an assault.

This document is essential reading for all educational supervisors, scheme organisers, trainees and anyone interested in personal safety in the field of psychiatry.

Good Medical Practice in the Psychiatric Care of Potentially Violent Patients in the Community

Council Report CR80.
£5.00. 24 pp.

This new Council Report updates and replaces CR12, *Good Medical Practice in the Aftercare of Potentially Violent or Vulnerable Patients Discharged from Inpatient Psychiatric Treatment*, published in 1991. The scope of this new report is somewhat broader than the 1991 document, as it was considered to be important to recognise that the care necessary for such patients is not only applicable following discharge from hospital. The report outlines current statute and common law and incorporates guidance from the Department of Health, General Medical Council and other pertinent documents including inquiry reports.

Guidance is given on risk assessment and management, the relevant factors in the history, mental state examination, physical health, socio-environmental factors and response to treatment being outlined. Particular times (such as admission, discharge or transfer of patients) or events that may increase risk are delineated. The role of the psychiatrist in the process is described. Areas of particular concern such as patient confidentiality, clinical governance, training and factors that may adversely affect judgement are also demonstrated.

obituaries

Leslie Allen Guile

MBChB DPM FRANZCR
FRCPsych

Leslie (Les) Allen Guile died suddenly at the age of 78 years on 4 February 2000, from a ruptured aortic aneurysm.

At the time of his death he was working on an autobiography of his time as Flying Officer (Meteorologist) in the Royal Air Force (RAF) during World War Two and hoped to write a biography of the British composer Edward Elgar, whose work and life fascinated him.

Les was born in Wallasey in 1921, attended Wallasey Grammar and then saw war service in the RAF in England (Bomber Command) and later in India, and was awarded a Mention in Despatches. After the war he studied Medicine at the University of Liverpool, where he graduated MBChB in 1952. His interest in psychiatry was aroused early: he worked

as senior house officer at Walton Hospital Psychiatric Unit 1953–1955. He moved from England to Melbourne, Australia, in 1955 and took up an appointment with the Victorian Mental Health Authority, working in acute and long-stay hospitals.

He obtained the DPM (Melbourne University) in 1959. In all his appointments with the mental health authority he showed tremendous interest in psychotherapy and proved to be a born teacher in all areas of psychiatry, not only to his fellow medical officers but nursing and other staff too. He was a lecturer at the Victorian Police College, the College of Nursing, the Victorian Hospital and Charities Commission Training Unit and at Melbourne University, for the DPM course. Whether in staff conferences, formal lectures, informally over a cup of tea or waylaid in corridors, he showed grace, immense patience and enthusiasm, characteristics that he never lost.

He became a Foundation Member of the Royal Australia and New Zealand College of Psychiatrists (RANZCP) in 1963. He was appointed Foundation Member of the Royal College of Psychiatrists in 1971 and elected Fellow of the RANZCP in 1975. He was elected Fellow of the Royal College of Psychiatrists in 1979. He moved to Sydney, New South Wales (NSW), where he became senior staff specialist at Prince Henry Psychiatric Unit, 1968–1981. He was also clinical director 1968–1975. In addition, he was appointed conjoint senior lecturer, School of Psychiatry at the University of NSW, in 1971 and visiting consultant psychiatrist for the NSW Department of Corrective Services 1969–1973. He especially enjoyed working with the group psychotherapy programme at Prince Henry Hospital from 1978–1981. Later he moved into private consultant practice in 1981, then into the NSW Department of Health as Consultant in Child and Adolescent Psychiatry on the



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mid-north coast of NSW in an area from Coffs Harbour to Port Macquarie, including Kempsey.

Les was never still; the life force in him until the end seemingly unquenchable. His interests ranged widely, from listening to classical music to the British composers, Delius, Elgar and Britten, while retaining an interest in Jazz and Lieder. He also kept his interest in aerospace matters, photography and rose growing.

Most of all he loved to read widely, and the house is crammed with books. He loved to travel and to reminisce about travelling experiences. A further trip to Paris was on the list for this year, 2000, but was not to be. I believe that he was unique, and certainly he is irreplaceable.

He leaves behind his wife (myself), his three daughters, their children and one great-grandchild, as well as the many friends.

Mrs Avis M. Guile

Marion (Mollie) Mackenzie 6 June 1907–24 April 2000

Formerly Consultant Child Psychiatrist and Chairman of The Department for Children and Parents at the Tavistock Clinic

Mollie Mackenzie was Consultant Child Psychiatrist to, and Chairman of, the Department for Children and Parents at the Tavistock Clinic from 1968–1972. As I only got to know her well after her retirement, I have spoken to several of her colleagues – all perforce younger than she; Freda Martin, who succeeded her as Chairman in the Tavistock department, Dorothy Heard, Juliet Hopkins, Judith Trowell, Colin Murray Parkes and Richard Bowlby.

Dr Mackenzie trained as a doctor at the Royal Free Hospital, qualifying in 1930 with a distinction in obstetrics and gynaecology. She married in 1933 but continued to practise – which was unusual for women doctors at that time. After the usual house jobs, she entered single-handed general practice in Hatch End, Pinner. One of her junior paediatric posts was with Dr Donald Winnicott at Paddington Green Children's Hospital. He inspired her with an interest in the mental life of children, which was to remain with her for the whole of her life and shaped her career. During World War Two she kept the medical home fires burning, taking a special interest in mother and baby clinics as she reared her own son, born during the war.

When the war ended she sold her practice and went back to Paddington Green Hospital to work for Winnicott, who had moved from paediatrics to child

psychiatry. She underwent a psychoanalytic training. Her analyst, Eva Rosenfeld, had herself been analysed by both Sigmund Freud and Melanie Klein and on completion of her training Mollie joined the middle group of the Institute of Psychoanalysis. In those days one needed no formal higher qualifications to practise child psychiatry and she became a senior hospital medical officer (SHMO) in 1950 at the Tavistock Clinic. She was made a consultant there in 1966 when the SHMO grade was abolished.

Mollie was essentially a clinician. She loved, above all, the face to face contact with her young patients and their families, helping them sort out the problem and putting them on the road to recovery from their behavioural and emotional difficulties. She was also a sensitive and supportive supervisor, especially to those trainees with an independent turn of mind. Freda Martin recalls her as one of the strongest and most positive influences on her own development as a family therapist and community consultant.

Mollie was a contemporary colleague and close friend of the greatest child psychiatrist of his time, John Bowlby. She became an enthusiastic exponent of his insights into the nature of a child's tie to his/her mother – attachment theory. Bowlby had, for 22 years, been head of the Children and Parents' Department at the Tavistock Clinic and Mollie became Bowlby's deputy in 1957. At his 80th birthday celebrations in 1987, Bowlby paid generous tribute to the way Mollie freed him from clinical and administrative responsibilities to enable him to spend more time on research and writing. In 1968, on Bowlby's retirement, she was elected chairman of the Department for Children and Parents, a position she held until her own retirement in 1972. It wasn't easy taking over from such a charismatic and brilliant man, but she shouldered the task of holding together a difficult department, with its primadonnas, with her usual calmness and wisdom.

Bowlby's period was creative but stormy. Freda Martin summarised Mollie's special talents as follows: "She combined the deep insights into children's inner emotional life of a psychoanalyst with the broad common sense of a general practitioner. This was invaluable in a period characterised by deep divisions among psychoanalytic schools and distrust by many psychoanalysts of the new family and community psychiatry. She kept the department lines of communication open and provided a safe creative centre for staff and trainees alike. Thus she was able to support the department in thinking constructively about the direction they wished to go."

All her colleagues with whom I spoke remembered her with affection and all of them recalled her tact and diplomacy, her

natural wisdom and her toleration of different points of view (not a virtue commonly found at the Tavistock in those days!), she was a friendly and facilitating person who "kept a good ship running" (Judith Trowell). Dorothy Heard recalled the time in 1968 when she and Mollie went at short-notice to speak about Bowlby's work on 'attachment' at a conference in South Africa, during the apartheid era: "We were innocents in a political minefield!"

Mollie enjoyed teaching and consultation. Early on, she ran seminars and discussion groups for doctors and health visitors working in the maternity and child welfare service to help them understand the emotional development of children and the dynamics of family life, and published several papers on the subject. In 1970 she published a seminal paper with a psychiatric social work colleague, Paul Argles – a case study of crisis intervention in a multi-problem bereaved family, drawing on the work of Bowlby and of Gerald Caplan, a former Tavistock colleague, then at Harvard. It was very influential to a younger generation of child psychiatrists, myself included, who were just beginning to explore the new therapeutic techniques of family therapy, and crisis intervention – making a brief but effective intervention at a time of crisis in a family.

Mollie chaired a Tavistock coordinating committee for the training of child psychiatrists, child psychotherapists, clinical psychologists and psychiatric social workers until her retirement, and the committee also had the function of liaising with community mental health workers. She was a Founder Member of the Royal College of Psychiatrists in 1971 and was made a Fellow soon after. When she retired from full-time work she acted as consultant to Camden Social Services, a department on which she had a strong positive influence. She taught on the social work course at the Middlesex Polytechnic – now a university. After retirement she moved to Walberswick in Suffolk, where she contributed to the newly formed Suffolk branch of Cruse, the national charity for bereavement care, helping with the supervision of bereavement counsellors, teaching on the introductory course and in many other capacities until her health began to fail.

Her Tavistock retirement party took the form of a concert performed by the staff – music delighted Mollie, in her prime she was a good pianist. She was very touched that her work place recognised her other passion, one that was fully indulged after retirement by partaking of the rich musical life of Aldeburgh. She continued to take a keen interest in the development of child psychiatry and the evolution of the Tavistock Clinic into an academic institution with professorial