



columns

the relevance of a systems approach to assessment and intervention. How these core components interact and influence each other determines the quality of an individual's adjustment within his or her family, as well as the adequacy of the whole family's adaptation to living with a mentally ill member. This model includes consideration of family-of-origin experiences and the transition to parenthood, as well as quality of current family relationships and child-parent interactions.

Different parenting patterns and styles are then described to demonstrate the broad range of interactions, including quantitative and qualitative extremes where direct or indirect consequences of psychiatric disorder impair or preclude parental capacity to meet the needs of children, including their safety.

In the context of child maltreatment, emotional abuse and neglect is particularly emphasised. Depression, substance dependence and personality disorders occurring together in various combinations and at various points in time are the most frequently reported psychiatric conditions affecting parents who abuse their children, including fatalities. All psychiatrists need to be constantly aware of the possibility of abuse or neglect when children are involved and the general duty to patients, including that of confidentiality, is over-ridden by the duty to protect children.

Parental self-harm and hospitalisation are two common situations that provide good opportunities for early intervention.

The section on implications for practice includes practical approaches for all psychiatrists and members of multi-disciplinary teams (such as ensuring familiarity with: legal and policy frameworks; young carers; child protection procedures; named doctor and nurse; availability of local services as well as developing collaborative links across teams and services, use of shared protocols and training). There are also specific recommendations for adult and child psychiatrists, as well as those working in learning disability, forensic and substance misuse services.

Opportunities to improve services include prevention; working together to promote family relationships and positive contact between children and parents; audit; liaison; and education and training. For example, psychiatrists are well placed to initiate and facilitate preventive interventions, such as systematic identification of the 'hidden' children of patients who are parents to enable earlier referral for support or specialist intervention. Similarly, systematic recognition of the mental health needs of parents will assist with earlier treatment, which in turn can reduce parental burden and promote parenting capacity.

Mental illness in adulthood is thus one of a number of long-term outcomes associated with trauma and adversity in childhood. The fact that many childhood-onset psychiatric conditions show considerable continuity into adulthood lends additional weight to the preventive opportunities of earlier support and intervention

for families in which mentally ill parents/carers live with dependant children.

Promoting positive mental health across the lifespan and between generations will require broader approaches to assessment and treatment, an incorporation of a prevention perspective into daily practice, and good collaboration between all mental health services and a wide range of other agencies.

Good psychiatric practice. CPD in Ireland

CR107 £5.00 12 pp.

This booklet details the College's recommendations for CPD for psychiatrists in Ireland, in order to comply with the requirements of the Medical Council in Ireland.

To protect the public and to ensure continuous quality improvement and effective risk management, it is necessary for all consultants to be enrolled in CPD. The Medical Council document 'Competence Assurance Structures – An Agenda for Implementation' stipulates that 50% of all doctors on the register of medical specialists, or who are eligible for such registration, will be notified of their need to enrol in formal CPD programmes from 1 January 2003 onwards. The remaining 50% will be enrolled from 2004 onwards.

The following issues are covered: registration for CPD; CPD requirements; collection of CPD points; approval of external meetings; certification; special requirements; and reciprocity.

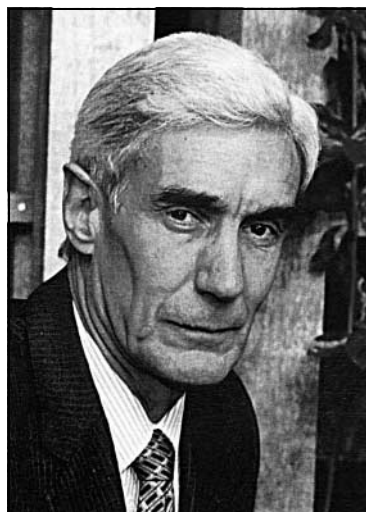
obituaries

Robert Evan Kendell CBE

Formerly President of the Royal College of Psychiatrists (1996–1999)

A few weeks ago, I was tidying my desk at the College when I came across a letter from Bob Kendell. In it, he told me that he would not be standing for re-election to Council because he thought he should be replaced by someone younger. But, he said, he would gladly take on any task we asked of him "provided I think I know enough about the subject".

For me, that letter typifies Bob, who sat at the same desk with such distinction as President of the College and who sadly collapsed at his own desk, at home in Edinburgh, just before Christmas. The letter was written in a hand that was as neat and precise as his intellect, yet its content overflows with generosity towards others and humility about his own achievements.



Bob listed "walking up hills" as one of his favourite pastimes and he did so, metaphorically, with skill and determination, throughout his career. He was born in Rotherham but brought up on a farm amongst the slate quarries of the Carnedd mountains of North Wales. People do not choose psychiatry by accident, and

early tragedy in Bob's family background had already shaped the humanity with which he approached relationships from there on.

The last thing Bob would have wanted is a roll-call of prizes, but his CV makes formidable reading. From a scholarship to Peterhouse College, Cambridge (double first class honours degree in Natural Sciences, 1956), through King's College Hospital Medical School and house jobs at the King's College, Central Middlesex and Brompton Hospitals and the National Hospital for Nervous Diseases in Queen Square, Bob entered the galaxy of 1960s London psychiatry as one of its brightest stars.

He was, successively, Registrar, Senior Registrar, Reader and Honorary Consultant in the Bethlem Royal and Maudsley Hospitals and Institute of Psychiatry circuit (1962–1974) before becoming Professor of Psychiatry at the University of Edinburgh (1974–1991) and Dean of its Faculty of Medicine (1986–1990). He held temporary academic appointments in the Universities of Vermont, Saskatoon, St Louis, Tennessee, Iowa, New York and in