History of the University of Aberdeen Department of Mental Health

Origins of the Department

The history of Mental Health within the University of Aberdeen Medical School is relatively recent, dating from the first formal appointment of a full-time member of University staff in 1938 when Dr Douglas MacCalman, was appointed as Crombie-Ross Lecturer in Psychopathology. Capital for this was provided by Dr JA Ross who also later provided funding for the Chair of Mental Health. Dr Ross and Dr AG Anderson had the foresight to see the need for greater clinical facilities to treat neuroses and psychosomatic disorders and that this should be provided in a general hospital. It was a major shift from the mental hospital in-patient (usually detained) approach to psychiatry where previous limited teaching was offered. It was recognised that neurotic and psychosomatic disorders were very common and often occurred in general hospital outpatient clinics. Thus, it was a logical decision to base the embryonic department in Aberdeen Royal Infirmary (ARI). This also helped to make psychiatric expertise accessible to those patients who might otherwise be concerned about the stigma of attending a mental hospital. 5 beds were provided in ward 3 ARI under Dr Anderson and the first psychiatric social worker was appointed. This was an early indication of the recognition of the crucial importance of multidisciplinary working.

In 1939 an Out-patient Clinic was established at Woolmanhill, near Aberdeen City Centre, with referrals of about 100 per year and from 1940-1945 an Emergency Medical Services unit for neurosis was run at Woodend Hospital by Dr MacCalman.

In 1946 the Crombie-Ross Chair in Mental Health was established, and Douglas MacCalman was promoted to the post, supported by Dr W Malcolm Millar as lecturer in Mental Health. A supernumerary registrar on the ex-service scheme (Dr Ironside) was appointed and by this time out-patient referrals were running at 400 annually. Teaching in mental health was also expanding to 50 hours, considerably more than other universities in the country.

Professor Malcolm Millar Years

In 1948 the NHS came into operation and Professor MacCalman moved to a chair in Leeds, to be succeeded in the following year by Professor W Malcolm Millar who took further steps to establish a strong clinical base. A new psychiatric clinic at 89 John Street (adjacent to Woolmanhill), was opened, staffed by senior staff of the 2 mental hospitals (Kingseat and Royal Mental – later Royal Cornhill) and the ARI department of Psychological Medicine along with the Psychiatric Social Worker (PSW). Referrals increased further to about 1000 per year.

In these early years, priority was given to the development of a comprehensive psychiatric service which provided the essential clinical underpinning to medical student education that was not just based on chronic psychotic illness in mental hospitals. Professor Millar had a very broadly based approach to clinical and academic psychiatry. In his early training in Edinburgh, he had completed an MD on Insulin Coma treatment, during the war he explored new approaches to psychological assessment in the War Office Officer Selection Board, and he had a personal therapeutic experience with Dr W Ronald D Fairbairn. As Professor

Millar put it, “The intellectual atmosphere is psycho-biological and “liberal”, i.e. we encourage different shades of opinion while trying to avoid the enervation of eclecticism. We emphasise the solidarity of Psychiatry with Medicine, and our aim is to teach the unity of Medicine in the closest collaboration with our colleagues in the faculty.”

The development of voluntary and charitable groups was encouraged and supported. These included the Aberdeen and NE Association of Mental Health, Aberdeen Marriage Guidance Council, the Telephone Samaritans, the Society for Handicapped Children, Alcoholics Anonymous, Shelter, and Friends of the Mental Hospitals in the region. Unfortunately, although charitable giving to hospital endowments in the General Hospitals and Children’s Hospital was substantial, charitable giving to the Mental Health Services was negligible.

In 1950 an extension to the Medical School at Foresterhill, the ARI campus, opened with provision of accommodation for the academic functions of the Department of Mental Health. This included an experimental teaching suite with a one-way screen, high-fidelity sound and recording equipment. Mr PS Boyd was appointed as the first Clinical Psychologist in the department and medical staffing at senior and junior levels was expanding to include a senior lecturer, part time consultant, senior registrar and registrar. Referrals continued to increase to about 1200 annually.

In 1952 the in-patient Department of Psychological Medicine moved to 10 beds in Ward 4 Aberdeen Royal Infirmary. With the introduction of a 6 year medical curriculum the Mental Health teaching increased to 110 hours, again ahead of

other universities in the UK. This incorporated the course in Mental Diseases formally run independently by the Physician Superintendent of the Royal Mental Hospital.

During an extensive, 3-month, fact finding visit to the USA in 1951, supported by the Rockefeller Foundation, Professor Millar was confronted with a psychiatric scene which was very different from the UK. Psychoanalytic psychotherapy dominated the academic landscape, staffing levels were much greater and much more time was devoted to psychiatry in undergraduate teaching. He realised that the deficiencies in psychotherapy training in the UK needed to be addressed. In 1957/1958, Dr John McKenzie, an analytically trained Psychiatrist from Boston Massachusetts, spent a year in the Department of Mental Health and helped to strengthen the capacity to develop psychotherapy training. Dr McKenzie generously provided funding for a trust set up in his and Professor Millar's names, The Millar-McKenzie Trust. The funds were later supplemented by further substantial donations and initially most of the funding from the trust was devoted to the training of a future lead psychotherapist to develop training. To this day the trust provides seed funding for research projects and support for mental health training not otherwise funded through other channels.

These were times of comprehensive change in psychiatry with the beginning of the dramatic reduction in long stay hospital beds, following the introduction of anti-psychotic medication in the 1950s. This went along with changes in mental health law, notably the 1960 Mental Health (Scotland) Act, establishing the presumption that most patients would be treated on a voluntary basis, in

keeping with all other medical treatments. Professor Millar made a significant contribution to the development of the 1960 Act as a member of the Scottish Health Services Council Committee reviewing Mental Health legislation.

The Ross Clinic

The University of Aberdeen Department of Mental Health was in the forefront of these changes in attitude to the care and treatment of those with mental illness and in 1959 the Ross Clinic opened as the clinical base for the Department of Mental Health. Although it was in the campus of the Royal Mental (changed in 1964 to Royal Cornhill) Hospital, the Ross Clinic continued the ethos of a general hospital/community orientated unit with the provision of a regional out-patient centre and short stay professorial in-patient unit in 2 wards.

An extension to the Ross Clinic was built in 1963. This incorporated a Day Hospital modelled on Therapeutic Community principles and headed up by Dr Ken Morris. The first Art Therapist in Scotland, and one of the first in the UK was appointed. The proximity of the Ross Clinic/Royal Cornhill Hospital site to Aberdeen Royal Infirmary at Foresterhill enabled the continuation of a readily accessible clinical service to the General and Maternity Hospitals, which would later be recognised as the specialty of Liaison Psychiatry. Other specialty developments included the appointment of the first consultant in Child Psychiatry at the Children's Hospital in 1960 and the children's unit was built in 1964.

A major research programme on psychiatric epidemiology developed in the 1960s, with the pioneering North-East Scottish Psychiatric Case Register being established by Dr John Baldwin. In these pre oil industry days the local regional population of 475,370 (1966 census) was remarkably settled and stable with limited movement in and out providing a very suitable base population for epidemiological studies. Also, the integrated and comprehensive nature of the Local NHS services enabled the case register to capture all service activity in the region. An International Symposium on Psychiatric Epidemiology was held in Aberdeen in 1969 and in 1973 there was an Aberdeen conference on the psychiatric case registers, by which time, 4 others were established in the UK. Follow up studies using case register generated data continued up to the early 21st century.

In 1965 the University Diploma in Psychotherapy, the first of its kind in the UK, was established. The aim was to introduce a variety of models of psychotherapy emphasising education rather than instruction. It emphasised the importance of interpersonal relations not only in formal psychotherapy but in the context of general psychiatry as a whole. Academically the aim was to bring academic disciplines and habits of thought to bear upon the problems presented by the study of human relations and feelings. Every candidate had to spend not less than 240 sessions in formal psychotherapy and not less than 200 sessions in supervision, with more than one supervisor. This was supplemented by practical demonstrations, lectures and tutorials. The course was discontinued in 1988, by which time alternative structures for training in psychological treatments had been established.

In the 1960s the increasing problems of degenerative disease in old age began to be addressed and Professor Millar chaired a Scottish Health Services Council committee which reported in 1970 on Services for the Elderly with Mental Disorder. The needs of this group have greatly increased over the years since, and have become more prominent on the political agenda, but remain to be properly addressed. Professor Millar's national contributions were recognised with a CBE in 1971.

In the early 1960s there was much discussion about a new medical curriculum in which Professor Millar was influential and, as Faculty Dean from 1965 to 1968, he was responsible for its phased introduction in 1965 and 1966. Innovations included continuous assessment, fewer lectures, more small group teaching, and encouragement of interdepartmental teaching including between pre-clinical, para-clinical and clinical disciplines. A new course in Human Ecology was introduced, long overdue General Practice involvement was developed and an intercalated Batchelor of Medical Biology degree was introduced for selected students. Systematic teaching was completed after 5 years and the 6th year was recast as "junior houseman" in 8-week blocks including 2 electives.

Within the department of Mental Health there was recognition of the developing discipline of Clinical Psychology and 2 outstanding lecturers, Dr Leslie Walker and Dr David Alexander were appointed. Their main teaching contribution was to the Behavioural Sciences course in 3rd year medicine, and they developed an innovative, clinically relevant syllabus in psychology. Their later contributions are described below.

Professor Ashcroft and Brain Imaging

In 1978 George Ashcroft came to Aberdeen from the Brain Metabolism Unit in Edinburgh to take up the Crombie Ross Chair of Mental Health. He and his psychiatric colleagues, including Dr John Besson were involved in the early psychiatric application of novel brain imaging techniques including Positron Emission Tomography (PET) and Magnetic Resonance Imaging (MRI), in association with the late Professor Mallard's internationally renowned department of Medical Physics. Professor Ashcroft continued to take a biopsychosocial approach to psychiatry and collaborated very closely with clinical psychology colleagues in the study and treatment of conditions like treatment resistant depression and panic disorder. He also co-ordinated randomised clinical trials of panic disorder with selective serotonin re-uptake inhibitors like fluoxitene.

Clinical Psychologists Leslie Walker and David Alexander continued their substantial commitment to medical student teaching, alongside their clinical and research interests. Leslie Walker developed an international reputation for his knowledge and expertise in psycho-oncology. This involved working closely with oncology specialists and he studied the psychological effects of illness, screening and treatment, not only on the patients but also on their partners. He also identified the importance of good communication with clinicians, and relevant training for them. He was a driving force in developing a Behavioural Oncology Unit with Professor Oleg Eremin, Regius Professor of Surgery and he was able to demonstrate the benefits from psychosocial interventions. In 2000 he moved to a chair of cancer rehabilitation at the University of Hull.

Professor Alexander, whose chair was supported by a bequest many years earlier from Dr Jane Thomson, was a pioneer in the study of psychological reactions to major traumatic stress and was sought out internationally to advise on responding to major disasters. Notably he took a leading role in advising on the response to the Piper Alpha disaster in 1988 and he was invited to Pakistan after the earthquake in 2005, for which he received a humanitarian award. He had a long-standing interest in supporting and teaching police officers and other emergency personnel professionally confronted with major trauma. In addition to advising on responses to traumatic events, he developed expertise in hostage negotiation. In 2016 he was awarded the President's Medal of the Aberdeen Medico-Chirurgical Society, by which time his research group had moved to Robert Gordon University. He was still academically active up to his death in 2020.

Professor Ashcroft was very encouraging to junior colleagues several of whom went on to academic Chairs of Psychiatry around the UK and abroad or became innovative and influential colleagues in consultant posts locally and elsewhere. Through his attention to the undergraduate course, he also maintained the profile of psychiatry amongst local graduates including, crucially, future general practitioners. The final clinical examination in psychiatry was revamped into a highly relevant, although stressful, observed examination of real patients followed by 20 minutes of questioning by the two observing examiners. He maintained a crucial academic input to the clinical service and took consultant responsibility for the rural and semi-rural Gordon District applying community psychiatric methods with close GP liaison before they became more universally applied.

By the 1990s a multidisciplinary, catchment area, general psychiatric service was established in Grampian and the in-patient services became consolidated in new buildings on the Royal Cornhill site which opened in 1994. The general psychiatric services were defined around groups of General Practices and much outpatient work had moved to GP settings especially in Aberdeenshire. By this time all teams had dedicated community psychiatric nurses and psychiatric social workers. Alongside these general services a comprehensive range of specialist psychiatric services also developed.

1990s Onwards – The dominance of research output

Following Professor Ashcroft's retirement, Professor Lawrence Whalley was appointed to the Crombie Ross Chair of Mental Health in 1992 (Retired 2008). By this time the University priorities, in part financially driven, had moved to focus much more on research output and grant income. Professor Whalley's research included unique, very long term follow up studies of Aberdeen and Aberdeenshire residents who participated at the age of 11 in the Scottish Mental Surveys of 1932 and 1947. Other research orientated academics attracted to Aberdeen included Professor Claude Wischik who came to Aberdeen in 1997, and Dr David St Clair who was later promoted to Reader and Professor.

For over 30 years Professor Wischik has been researching the role of tau proteins in the development of dementias, and established TauRx Pharmaceuticals, incorporated in Singapore, of which he is Executive Chairman.

Professor St Clair moved to Aberdeen in 1995 with a background training and expertise in human genetics. He pioneered collaborative research in Jiaotong and Shanghai in China, where they identified pre-natal nutritional deficiency as a major risk factor for schizophrenia. In addition to his continuing contribution to genetic studies Professor St Clair, now emeritus professor, has, in recent years, studied eye movement abnormalities as diagnostic markers of major mental disorders.

During the 1990s responsibilities for medical undergraduate clinical teaching increasingly fell on the shoulders of NHS staff who all held honorary University appointments. Notable contributors were Dr Sheila Calder and Dr, later Professor, John Eagles who created a comprehensive undergraduate clinical teaching structure and managed to extract financial support for an NHS administrator for undergraduate clinical teaching in psychiatry. They initiated novel, successful approaches to teaching including the employment of actors to role play patients for students to interview. NHS Endowment money was found to encourage and support medical students choosing to do final year electives in psychiatry.

Post Millennium

In 2003 Professor Ian Reid was appointed to an additional chair in Psychiatry in Aberdeen and took the traditional view that his research and teaching responsibilities needed to be grounded in a dedicated clinical contribution to the local mental health services which he did in a socially deprived local catchment area. His research included sophisticated neuroimaging studies which helped to understand the mechanism of action of ECT. He was also a

major driving force nationally in raising standards for ECT through his chairmanship of the Royal College of Psychiatrists Special Committee for ECT and his leadership in the Scottish ECT audit. In addition, he contributed to the development of clinical services for treatment resistant affective disorders, in which pharmaceutical, psychotherapeutic and other treatments were combined. He had a commitment to promoting a very high-quality clinical service and developed a state-of-the-art ECT suite, which was later named in his memory after his untimely death in 2014.

Professor Eagles was awarded an honorary chair by the university in recognition of his years of contribution to teaching and research. His research interests were varied and often involved supporting junior colleagues in initiating research. He had a particular interest in seasonal affective disorder, and also collaborated with Dr Harry Millar (son of Professor Millar), and others, in studies on eating disorders including a long term follow up study drawing on data from the case register originated in the Department of Mental Health in the 1960s.

Conclusion

Although the Department of Mental Health made important contributions to teaching and research over many years as outlined above it no longer exists. As part of a major structural reorganisation, the University of Aberdeen disbanded university departments based on medical specialties, and this included the Department of Mental Health. They created research-based groupings within which senior academic staff continued to operate. In 2022 the University of Aberdeen website identifies Daniel Bennett, an NHS consultant in Forensic Psychiatry and former lecturer in Mental Health as the Lead for Undergraduate

Teaching in Psychiatry, Professor Claude Wischick is still in post and Professor David St Clair is described as Emeritus Professor, both within the Translational Neuroscience research programme.

HR Millar March 2022