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Gene Paykel: in memoriam

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Personal Tribute

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Professor Eugene 'Gene' Paykel, Editor of Psychological Medicine (1994–2006) and my predecessor as Head of Department in Cambridge, has died age 88 years. First and foremost a superb clinician, he was a prodigious academic-medical leader who practiced from the 1950s into the millennium. Discoveries arising from his research encompassed biological, psychological, and social science perspectives on psychiatry, particularly depression. He influenced national and international health policy, and oversaw changes in practice that led to improved patient outcomes.

Gene was born in Auckland, New Zealand, into a multi-talented family descended from the Jewish diaspora that fled the pogroms of the pre-revolutionary Russian Empire. Academically precocious, he left Auckland grammar school at age 16 years to enroll at the University of Otago, Dunedin, where he took courses in English literature and philosophy alongside his medical studies. Following routine post-graduate internships and drawn to a career in internal medicine, Gene worked his passage to the UK as a cargo ship's doctor in 1959. There, he undertook several short-term posts to support himself financially and gain the clinical experience necessary to obtain the MRCP diploma which he did from both the Royal Colleges of Edinburgh and London. One such post, at Long Grove Asylum, rekindled a student interest and launched his career in psychiatry.

Gene joined the Royal Bethlem and Maudsley Hospitals training rotation in 1962. He was influenced by Sir Aubrey Lewis who was in the latter stages of his career and, despite being a fearsome presence in the institution was, according to Gene, an attentive mentor. Visits to the USA in the mid-1960s for study leave and family reunions changed his professional course. Gene got a job at Yale working for Gerry Klerman with whom he cemented a long-term commitment to depression research, eventually becoming an Associate Professor and later Director of Yale's Depression Research Unit.

It was a prolific period. Under Gerry's guidance and with multidisciplinary collaborators including Brigitte Prusoff and Myrna Weissman, Gene made seminal contributions regarding depression, its presentation, classification and treatment. These included the group's development of Interpersonal Therapy (ITP) and an important, controlled comparison with antidepressant drug treatment (Klerman, DiMascio, Weissman, Prusoff, & Paykel, 1974), his studies of life events before depression onset, new approaches to their measurement (Paykel, Prusoff, & Uhlenhuth, 1971), and empirical studies of the endogenous-neurotic sub-types (Paykel, Klerman, & Prusoff, 1974). They undertook influential studies taking a sociological perspective of the experience of motherhood in depressed women (Weissman, Paykel, & Klerman, 1972) and of depression in women more generally (Weissmann & Paykel, 1974); the book review in Psychological Medicine described the latter study as first class, clear and well-balanced (Lawson, 1976). The group also investigated the importance of the rapidly proliferating variety of services, such as the asylum, day hospital or outpatient clinic, on the characteristics of people with depression and its phenomenology; research needed to take account of these settings.

Despite mining this rich seam for some time to come, a new chapter began in 1971 when Gene and his wife, Maggie, returned to the UK as deinstitutionalization of mental health services was moving apace. His new post at St. George's Hospital in London was mainly clinical, but part-time education responsibilities at its medical school and publications from the ongoing collaborations in Yale drew him back into clinical academia with an increasing focus on clinical trials and biological mechanisms. Still unusual today for a UK-based applicant, Gene was awarded a grant from the US National Institute of Health for a controlled trial that supported the efficacy of the mono-amine oxidase inhibitor (MAOI), phenalzine (v. amitriptyline) for depression (Rowan, Paykel, & Parker, 1982).

Returning to the question of differences in presentation of mental disorder in different clinical settings and now funded by the MRC through collaborative grants with Paul Freeling, Gene conducted an RCT in primary care to show that amitriptyline was effective compared with placebo other than in the mildest cases (Paykel, Hollyman, Freeling, & Sedgwick, 1988). This was seminal in developing treatment strategies for general practitioners (Paykel & Priest, 1992), and was reflected in his leading role in the Department of Health's *Defeat Depression Campaign* that educated the public and urged GPs to recognize and treat depression (Paykel et al., 1997). Continuing the psychopharmacological theme and funded by the

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Wellcome Trust, he collaborated with John Kelly and Roger Horton on painstaking studies of peripheral (platelet) binding and neuroendocrine markers in depression, though the results were inconclusive. This work took place in an inpatient affective disorders and mother-and-baby post-natal research unit at Springfield Hospital in South-west London, recreating the clinical-academic infrastructure he had enjoyed at Yale.

Gene's clinical role at St. George's involved him in the on-going modernization of mental health services and the establishment of a community psychiatric nursing (CPN) team. Linking his interests in trials and service developments, Gene, with his then lecturer, T. Burns, led a randomized trial funded by the Department of Health to test whether extending the role of community psychiatric nurses (CPNs) to the management of broadly defined neurotic disorders was as effective as the established practice of outpatient clinic-based psychiatric appointments. Not only was it as effective, but patients preferred the CPN-led approach that was cost-effective: an early application of mental health services research and economics (Paykel, Mangen, Griffith, & Burns, 1982).

Gene moved to Cambridge in 1986 when he succeeded Sir Martin Roth as Head of Psychiatry at the University's still relatively new School of Clinical Medicine. This had not been part of his professional or domestic plans; family life was happy in London and, professionally, he had established a thriving affective disorders research group. He seemed destined to succeed Arthur Crisp as Chairman at St George's and the position in Cambridge came with challenges. During the early to mid-20th century professional relationships had been distant between the psychiatrists at Fulbourn Hospital (the Victorian county asylum), those based at the old Addenbrooke's Hospital in the center of Cambridge (the precursor to the new local general hospital where the Clinical School was later established) and clinically orientated University academics. After the First World War, the novelty of psychoanalysis, interest in treating shell shock and other neuroses, the increasing prominence of Addenbrooke's Hospital and its own interest in developing psychological medicine had all overshadowed efforts to develop care at Fulbourn for people with long-term severe mental illness. That, in turn, undermined intermittent efforts by the Fulbourn psychiatrists to link with the general hospital. By the 1970s most Victorian mental asylums were unlocking their doors and, if they still accommodated inpatient units at all (as opposed to the 1980s drive to host these within or near general hospitals), they were beginning to recast themselves as servants of a more community-based focus. This was not yet the case at Fulbourn. Its mid-twentieth century innovation had been to embrace an inpatient therapeutic community model rather than community-based care (Clark, 1996). While popular with nurses for whom it provided new opportunities, it had relied on charismatic and permissive psychiatric leadership rather than the kind of scientific evidence base that Gene espoused. Moreover, the appointment of Roth, the foundation professor of psychiatry from outside the fractious Cambridge ecosystem had only perpetuated lingering problems. As these leaders retired, mental health services appeared, in Gene's words, to have lost their way – much store was placed in his abilities to lead change.

On arrival in Cambridge, Gene followed his predecessor's tactics of training and appointing the best possible staff within both the University Department and the health service. In the University, he made astute appointments at lecturer level in psychiatry and psychology: I.M. Goodyer, B.J. Sahakian, A.J. Holland, A. Grounds, S. Baron-Cohen, and P.C. Fletcher. The Department soon developed enviable academic and research quality metrics when they were introduced by government. Many other early and middle-career academic recruits have gone on to leadership roles in UK and international centers with which the Department retains strong links.

Gene's support for local trainee psychiatrists was meticulous and genuine. He was deeply involved in the appointment of all junior staff who were duly invited to 'meet the Prof.' and discuss their plans for research and training needs. Once these plans were agreed he backed these early-career psychiatrists strongly. I first met him at this career stage when a research fellow elsewhere. As I clutched my poster tube, waiting to board a plane to a conference in Budapest, we fell into conversation in the queue before going our separate ways on board, leaving me to ponder my chance encounter with such an eminent professor. The flight over, Gene sought me out in the hurly burly of the arrivals hall to offer me a lift in the limousine transfer arranged for him by the organizers; it was a kind and completely unexpected gesture, greatly appreciated. But as I was to learn, it was quite in character; decorum was important to Gene, but he was always approachable and didn't stand on ceremony. Many of his own clinical trainees who had benefited from these traits were gradually appointed to consultant posts throughout the East of England, this diaspora joining more experienced consultants that he had also attracted to Cambridge. At a time when psychiatry services were subsumed within general hospital management Gene assumed a leadership role as local and regional champion for psychiatrists, arbitrating where there were disagreements and campaigning where there were systemic problems or opportunities. Some of these opportunities shaped services in Cambridge with more psychiatry wards and clinics based at Addenbrooke's hospital, followed by large capital investments in more extensive modern facilities based near Fulbourn that were opened shortly before he retired.

A close link between clinical service and research was epitomized by the inpatient clinical-research unit he led at Addenbrooke's, 'R4'. As at Yale and then St George's, this focused on affective disorders, particularly treatment resistant depression, and included a mother-and-baby unit. Many patients, including a significant number of NHS and University staff, were helped to achieve remission and recovery. Still vivid in local memory, this was thanks to a highly dedicated and inspirationally led nursing team, the quietly optimistic milieu they and other clinical staff maintained, and Gene's bold but principled psychopharmacological expertise woven into holistic treatment plans. Gene was generous with his clinical skills, passing on his expertise to the next generation of psychiatrists some of whom became leading psychopharmacologists, themselves. Research based within the R4 unit as well as applying clinical epidemiological approaches continued to influence the management of depression, including the identification of the importance of recognizing and treating residual symptoms that stalked apparent recovery (Paykel et al., 1995). Gene also continued to support clinical trials that influenced treatment (e.g. Scott et al., 2006), and to collaborate widely across the neuroscience and mental health research environment that he nurtured (e.g. Murphy et al., 2001).

His leadership positions beyond his university and administrative roles were many and various, reflecting his academic breadth. Amongst many contributions to funding bodies, expert panels, and policy groups, highlights included presidencies of three major professional and scientific organizations: the British Association of Psychopharmacology (having been a Council member and Honorary Secretary), the Marcé Society (International

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Association of Psychiatric Disorders of Childbearing) and the Collegium Internationale Neuro-psychopharmacologicum (CINP). He was a highly respected editor: fifteen years as joint founding editor of the Journal of Affective Disorders (1979–93, with George Winokur) was followed by 13 years editing Psychological Medicine (1994–2006, succeeding Michael Shepherd). The apparent ease with which he discharged these disparate responsibilities while maintaining his productivity belied the fact that he could get through prodigious amounts of work, keeping on top of detail while not getting caught up in it, and seemingly planning several moves ahead. Having inherited his office filing system and benefitting from autobiographical notes and an up-to-date c.v. when drafting this piece, I know he was exceptionally well organized. Whenever I emailed him, as I often did in the early 2000s, his address beginning 'esp10' made me think of the sixth sense; if anyone had it, it was Gene.

Somewhere in the mid-1990s Gene's eye turned to his own succession planning and his desire to ensure this was as frictionless but as fruitful as possible. It was his idea, supported by Sir Keith Peters, Head of the Clinical School, and the regional NHS managers that, when he retired in 2001, the deepening influence of psychiatry in Cambridge as well as impending changes in the NHS would be better served by two chairs than by one. Thus, E.T. Bullmore was elected to one new chair in 1999, followed in 2000 by my election to another with proleptic appointment to the departmental headship before his own chair, in Cambridge parlance, was eventually suppressed. So, for a while, past and present cohabited. This arrangement could have been difficult, but Gene was considerate and supportive, giving me space to get my feet under the table while being available to offer advice when asked. Conversations at the time provided a source for the local history notes, above, as well revealing the impetus for his own careful handover arrangements: the equivalent process with Martin Roth had been protracted. I was particularly grateful for Gene's magnanimity when he supported Ed Bullmore and me to dissolve the R4 clinical academic unit shortly after we took it over, re-engineering it amongst other teams to create the community-based CAMEO early intervention in psychosis service. While redirecting the unit's focus and form, its spirit as an engine of clinical excellence, research, and education continues. The change reflected the NHS Plan as well as our own research interests and happened in the context of another national reorganization of mental health services moving out of general hospital control into specialist organizations; this was a major change with implications that Gene was more than content to pass on.

A final and perspicacious element of his planning was to take on the CINP presidency in the years either side of his retirement, giving him new colleagues, fresh challenges and reasons to travel. An established annual lecture in the Department of Psychiatry was renamed as the 'Paykel Lecture', with the inaugural speaker being Myrna Weissman, his friend and colleague from thirty years earlier. The lecture series became a happy opportunity to keep in touch with Gene and Maggie over the years and hear about their fulfilling and cultured family life beyond the professional story outlined here.

Eugene Stern Paykel
9th September 1934 – 3rd September 2023

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