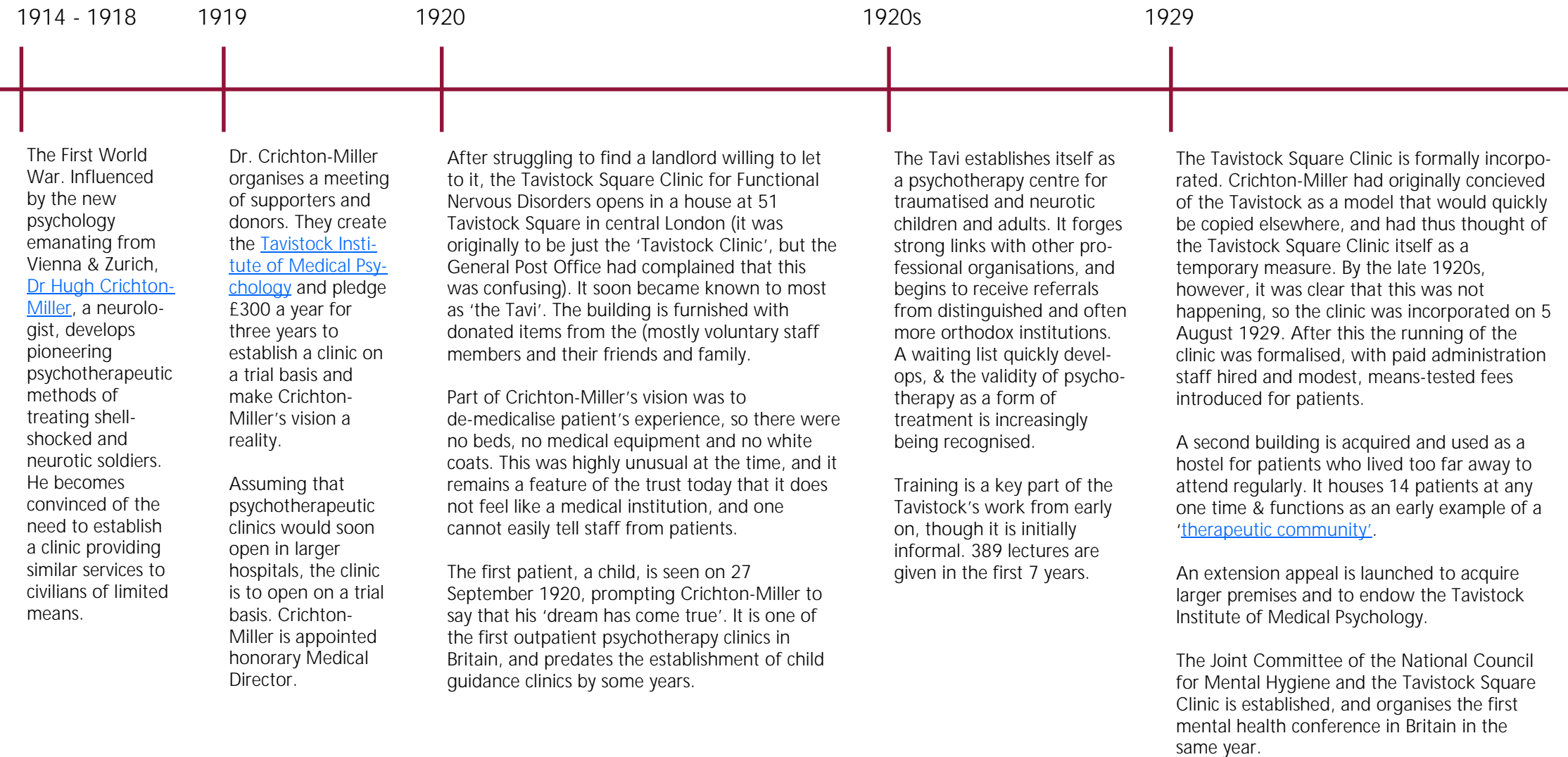


Our history



1910s and 1920s



1930s

1930s

1930

1931

1933

1935

1936

1937

1939

Training becomes more organised. In the early 1930s the Tavi sets up a pioneering course for [social workers](#) in mental health, helping to establish psychiatric social work as a profession in the UK. Two clinical tutors are appointed and begin holding weekly post-graduate seminars. The course in clinical psychology for child guidance staff becomes an official course of the [University of London](#), bringing the long-standing goal of becoming a recognised post-graduate training institution one step closer. [LSE](#) students also begin attending the Tavistock for practical work in the social casework department.

Patient numbers increase fast – by 1931 there is a long waiting list, which has to be closed and the most urgent patients prioritised in order to preserve the quality of the service.

The 1930 Mental Treatment Act was passed, signifying a new era of British psychiatry. It addressed and vindicated many of Crichton-Miller's ideas, for example the economic benefits of a population in good mental health, & the importance of preventative psychiatry (promoted by the growing 'mental hygiene' movement, which was pioneered by [Clifford Beers](#) in the US and with which the Tavistock quickly became associated).

The Psychopathic Clinic (later the [Portman Clinic](#)) is founded as the clinical arm of the Institute for the Study and Treatment of Delinquency. The Institute had been founded by a group of psychoanalysts, including [Edward Glover](#) and [Kate Friedlander](#). They are inspired by the work of Grace Pailthorpe, who applied psychoanalytic ideas to her work in women's prisons after WWI. Its early Vice-Presidents included [Sigmund Freud](#), [Carl Jung](#), [H. G. Wells](#) and other distinguished figures. The aims of the clinic from the start were thorough assessment, diagnosis and research. While the majority of the Portman's theory and treatment is psychoanalytic, it is multidisciplinary from the start, working with social workers and psychologists.

The Tavistock's Extension Fund acquires new premises in Malet Street, Bloomsbury. These provide more space and facilities such as a lecture theatre, canteen and playroom in the Children's Department.

Hugh Crichton-Miller resigns as Medical Director and is replaced by the Deputy Director, [John Rawlings Rees](#).

The Children's Department is renamed the Children & Parents Department in recognition of the clinic's policy of treating parents as well as children, and its aim to "understand the child as the father of the man and the parents as conditioning the new generation of children", at that time an unusual approach (Dicks).

[Carl Jung](#) gives a week-long series of lectures at the Tavistock.

A follow-up study to assess results of treatment is launched. The Tavi is one of the first institutions to carry out such research.

A formal supervision process is established – all clinical staff now have a supervision session with a colleague after 50 sessions with a patient.

The first research fellowship at the Tavi is endowed by the [Rockerfeller Foundation](#).

The Tavi reverts to its original name, the Tavistock Clinic.

The Tavistock's residential hostel closes – the clinic now has so many patients it is impossible to put up all those from outside London.

The Psychopathic Clinic and the Institute for the Study and Treatment of Delinquency (as it is now called) secure their own premises at 8 Portman Street. The clinic changes its name to the Portman Clinic.

The Second World War breaks out. Arrangements had already been made to evacuate, and on the first day of the war the staff move most of the clinical records & some furniture to the halls of residence of [Westfield Women's College](#) in Hampstead. The clinic never closes during the war. A core of staff not fighting move in, sleeping in the student rooms at night and seeing patients in them during the day. Most of the furniture and committee records are put into storage and later lost in bombing. With no funds to pay staff, most of them carry on unpaid. Clinical staff pool the money they earn from private practice to help staff returning from the war & contribute to the clinic's overheads.

Centres for the treatment of war neuroses are set up, including one at Stanboroughs Hydro, where Hugh Crichton-Miller becomes Medical Director.

1940s

1940

After being close to bankruptcy and unable to pay staff, the financial situation improves with an unexpected legacy of £14,000.

The Tavistock's training receives official approval from the University of London, a long-held goal.

1944

Through the work in the army, clinic staff begin to build stronger links with the field of psychoanalysis. A meeting is held with [John Bowlby](#) and [John Rickman](#) to discuss possible co-operation.

1945

The war ends. As head of army psychiatry during the war, J. R. Rees and the group around him (including [Wilfred Bion](#)) had done pioneering work on preventative psychiatry based around morale, officer-troop relations and selection procedures. After the war this develops into the Tavistock's new focus on group relations & social psychiatry.

The clinic acquires a new building at 2 Beaumont Street and moves in in August 1945. At the inauguration, a £22,000 grant from the Rockefeller Foundation to develop work in social and preventative psychiatry. A new division, the Tavistock Institute of Human Relations, is created to carry on this new work.

1946

The clinic begins training and supplying family therapists to work in other types of institutions, such as nurseries or obstetrics units.

John Bowlby becomes head of the Children & Parents Department.

[Group therapy](#) begins to be used and gains in popularity.

The government asks the Tavistock to prepare a report on the scientific and social implications of the mental health element of the new National Health Service Bill.

1947

J. R. Rees resigns, and [J. D. Sutherland](#) becomes the new Medical Director and head of the Adult Department. John Bowlby becomes Deputy Medical Director.

A quarterly journal, [Human Relations](#), is published jointly by the Tavistock Clinic and the Tavistock Institute of Human Relations. An in-house publishers is set up, Tavistock Publications (click [here](#) for a list of publications).

1948

The [National Health Service](#) comes into being. The Tavistock Institute of Human Relations (TIHR) legally separates from the Tavistock Clinic, while remaining part of the same umbrella organisation. This means it is able to earn fees to support training and research in the whole organisation, as well as the Institute's group relations work. The Tavistock Clinic becomes part of the new health service, providing clinical services under the administration of the North West Metropolitan Regional Hospital Board.

Similarly, the Portman Clinic becomes part of the NHS, while the Institute for the Study and Treatment of Delinquency remains independent. The organisations formally separate but continue living in the same building.

At the Tavistock, the Adult Department is reorganised into two units. Both Adult and C & P Departments refine their assessment procedures and hone the model of extensive assessments of new patients by a fully multi-disciplinary team.

1949

Training expands. The [Royal Medico-Psychological Association](#) (now [Royal College of Psychiatrists](#)) recognises the Tavistock as an official training centre for the Diploma in Psychological Medicine. The [Home Office](#) approaches the Tavistock to provide training for probation workers, trainee clinical psychologist posts are established, and courses for GPs resume. A joint Tavistock Clinic – TIHR training panel is established.

The [Association of Child Psychotherapy](#) is formed, linking the Tavistock with the other early training bodies in the field.

The staff newsletter is first published.

1950s

1950s

Important research work begins coming out of the Tavistock. Particularly influential is work by [Michael Balint](#) & John Bowlby. Balint's research on the relationship between GP and patient has a profound influence on the training and practice of GPs. Bowlby's work on [attachment theory](#) is widely regarded as amongst the most important work in [developmental psychology](#).

[Systemic Family Therapy](#) begins to develop, focusing on the interaction between children, adolescents and parents within families. Although from the very start parents had been seen alongside children, it is only during the 1950s that family therapy begins to evolve into a separate discipline. The Tavistock is pioneering in this field, and later offers some of the first family therapy training.

1954

The Tavistock Association is founded to facilitate co-operation and integration between the Tavistock Clinic and the TIHR.

1956

The Family Discussion Bureau becomes part of the TIHR.
The clinic's administration is transferred from the NWMRHB to the Paddington Group, which already governs the Child Guidance Training Centre and the Portman Clinic.

1959

The Adolescent Unit is created, led by [Derek Miller](#) and Dugmore Hunter. [Read more about adolescent services](#)

It is originally housed in rented premises in Hallam Street.

1960s

1960s

1961

1965

1967

1968

During the 1960s the Tavistock Clinic becomes more integrated with British psychiatry, and with the wider mental health movement. Two ex-Tavi staff become Medical Directors of the [National Association for Mental Health](#). A section for psychotherapy and social psychiatry is established within the Royal Medico-Psychological Association. Relations with the psychoanalytic movement also become much closer, with many psychoanalysts now at the Tavistock (although it is generally the less orthodox psychoanalysts who wish to work in the multidisciplinary environment of the Tavistock).

Despite these increasing links with the mental health field, the Tavi remained somewhat idiosyncratic, especially in its commitment to a community-centred approach. This is best expressed in the continuing expansion of training to other professions – doctors, teachers, health visitors, probation workers and so on.

The Tavistock begins to devise more reliable methods for assessing therapeutic processes, and particularly the effects of psychotherapy versus other treatments.

Regular research seminars begin, open to all clinical staff and visitors.

International links are built on. Many Tavi staff lecture or train abroad, and the clinic receives many international visitors, lecturers and trainees.

The Portman organises a major conference as part of World Mental Health Year, leading to the publication of *Sexual Deviation*, a key text in the field.

The foundation stone of the new building on Belsize Lane is laid by J. R. Rees.

The new building (the current home of the Tavistock & Portman NHS Foundation Trust) is opened in May 1967 by HRH Princess Marina.

Along with the Tavistock Clinic (including the new Adolescent Unit) and the TIHR, the Child Guidance Training Centre (completely independent from the Tavistock) also moves in to the building. It is nicknamed 'The Freud Hilton' by staff.

The Young People's Consultation Centre in Hampstead merges with the Adolescent Unit and moves into Belsize Lane. This enables the unit to offer a 24-hour walk-in service. Links are also established with Southfields, a new adolescent inpatient centre in Hendon.

John Bowlby retires as head of Children & Parents after 22 years. He is succeeded by Marion McKenzie.

A new system is introduced where the Chair of the Professional Committee is elected by a ballot of all professional staff. The title of Medical Director is dropped, but later reinstated.

J. D. Sutherland resigns as Chair of the Professional Committee (and head of the clinic) and is replaced by [Robert H. Gosling](#).

1970s and 1980s

1970

The Portman Clinic moves to its current location on Fitzjohns Avenue.

Its staff by now include Psychiatric Social Workers, Clinical Psychologists, Consultant Psychotherapists and a Consultant Physician.

1980s

The first clinical family therapy training begins, one of the first courses of its kind.

The first ever doctorate in systemic family therapy is later offered jointly by the Tavistock and the [University of East London](#).

In the late 1980s the Portman is among the first mental health institutions to create non-medical adult psychotherapy posts.

A series of workshops, Consulting to Institutions is set up by Anton Obholzer, which later informs the work of the [Tavistock Consultancy Service](#).

1982

The is established as an independent charity to support and promote the Tavistock Clinic and its values, and to fundraise and advocate for mental health work in general.

The foundation's achievements include supporting the establishment of the [Psychotherapy Outcome Research & Evaluation Unit](#) & the world's first professorial chair in Child Psychotherapy.

1983

The Portman Clinic celebrates its 50th anniversary with an international inter-disciplinary conference, Understanding the Violent Individual.

1985

The Child Guidance Training Centre becomes part of the Children & Parents Department. The Mulberry Bush Day Unit, which is part of the CGTC, also becomes part of the Tavistock.

Anton Obholzer becomes Chair of the Professional Committee

1990s

1991

The Portman Clinic plays a leading role in establishing the [International Association for Forensic Psychotherapy](#). Estela Weldon of the Portman becomes its first President. It has since held 14 international conferences with considerable involvement from Portman staff.

1994

The Tavistock becomes an independent NHS trust, achieving trust status in the fourth wave of applications. At the same time the Tavistock joins forces with the Portman Clinic, and the new trust becomes the Tavistock and Portman NHS Trust. Anton Obholzer becomes Chief Executive of the new trust. Tony Vinehall, previously of Unilever, becomes the Chair of the Trust Board.

For the first time, a training contract is negotiated with the NHS alongside the contract for clinical services. This is a key development in the Tavistock's evolution as a recognised national training centre in mental health.

For the first time, social workers are employed directly by the Tavistock, funded by the NHS.

The [Tavistock Institute of Human Relations](#) moves to new premises in central London.

1996

The Gender Identity Development Unit becomes a part of the Tavistock & Portman NHS Trust. It was founded in 1989 by [Domenico Di Ceglie](#) in the Department of Child Psychiatry at [St Georges Hospital](#). It remains the only service in the UK offering multidisciplinary support to young people with gender identity problems.

1999

The BBC films a six-part series, [The Talking Cure](#), at the trust, based on the Tavistock's clinical work.

Maggie Wakelin-Saint becomes the trust's new Chair.

2000 - present

2001

A Centre for Mental Health in Nursing is set up jointly with [Middlesex University](#) to provide new training programmes in nursing.

2002

The trust, together with the University of East London, appoints a Chair in Child Psychotherapy – the first of its kind.

The [Northern School of Child Psychotherapy](#) is also launched in Leeds, providing training to the whole of the north, and the director is appointed jointly with the trust.

The trust is one of the first five organisations in London to achieve [Improving Working Lives](#) status.

Anton Obholzer retires and is succeeded as Chief Executive by Nick Temple.

2003

Systemic Psychotherapy is recognised as one of the trust's official disciplines.

This completes the current list of six official disciplines at the trust:
Child Psychotherapy;
Medical and Psychiatry; Nursing; Psychology; Social Work; and Systemic Psychotherapy.

2005

Matthew Patrick is appointed Trust Clinical Director – a new post akin to the old position of Chair of the Professional Committee.

Nicholas Selby succeeds Maggie Wakelin-Saint as Chair of the Trust Board.

2006

The trust achieves [foundation trust](#) status in the first wave of applications, after an intense and challenging application process. It is one of the first mental health trusts to do so.

2007

The trust wins a contract to become the main provider of tier 2 CAMHS services in [Camden](#). This allows the provision of increasingly innovative and integrated tier 2 and 3 services to Camden residents.

This can be seen in the context of a broader shift in approach towards increasingly multi-modal forms of psychological therapies.

The first Nursing Director is appointed, Dr Neil Brimblecombe.

2008

Nick Temple retires as Chief Executive, and is succeeded by Matthew Patrick.

Louise Lyons becomes the new Trust Clinical Director, the first non-psychiatrist to hold the post.

2009

The trust wins another major contract to provide adult psychotherapeutic services to [City & Hackney PCT](#), which again will allow increasingly innovative services.

History of Research

Research has been a key element of the Tavistock's work since its inception, and 'no research without therapy and no therapy without research' part of the clinic's doctrine from its early years. In Hugh Crichton-Miller's first annual report after the clinic opened in 1920, he asked for funds to pursue research so that the Tavi could not only alleviate symptoms but research causes of disorders, & thus contribute to prevention of mental health problems.

The clinic's first major research project was launched in 1935 – a follow-up study to assess the results of treatment 3 years after discharge. It is one of the first such studies to be done, though this sort of work is now routine in any mental health institution. The results were compared at discharge and 3 years later, and findings split by gender and class, amongst other variables.

In 1936 the first research fellowships were established at the Tavistock Clinic. First Dr A. T. Macbeth Wilson became the Rockefeller Fellow, working on psychological and social causes of peptic ulcer. Then, in the same year, Dr Eric Wittkower became the Sir Halley Stewart Fellow, working on similar psychosomatic method. They developed considerable research links with other institutions, particularly hospitals.

During the Second World War, almost all training and research has to stop in order to continue clinical services. After the war, new thinking on group relations leads to the setting up of the Tavistock Institute of Human Relations. When the NHS is created in 1948, TIHR becomes separate. It is thus able to earn fees & support research across the organisation, while the clinical arm of the organisation is publicly funded.

During the 1960s the Tavistock's research arm develops considerably. Methods are honed and standardised; weekly research seminars, open to all clinical staff, begin. John Bowlby and Jock Sutherland define the Tavistock's 3 main areas of clinical research – psychodynamic & therapeutic processes, the detection & assessment of pathological family process and the pathological sequelae of loss.

There have been many positive developments and successes in research in recent years. One notable success has been the launch of the Psychotherapy Outcome Research and Evaluation Unit (PERU), whose Adult Depression Study will be the first randomised controlled trial of psychoanalytic psychotherapy in the treatment of refractory depression. More recently the systemic psychotherapy group at the Tavistock has been granted research centre status and funding by the University of East London. The new research centre should contribute substantially to research in the systemic field, particularly through the creation of a database of all family therapy research.

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