

**Royal College of Psychiatrists NI (RCPsych NI) Response to:
DoH Consultation on
Proposed Regional Obesity Management Service (ROMS)
for Northern Ireland**

1.0 Introduction about RCPsych NI:

The Royal College of Psychiatrists (RCPsych) is the statutory body responsible for the supervision of the training and accreditation of Psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care, and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental health of individuals, families and communities.

The College has approximately 450 Members in Northern Ireland (including Doctors in training) who provide the backbone of the local Psychiatric service, offering inpatient, day patient and outpatient treatment, as well as specialist care and consultation across a large range of settings.

This response is submitted on behalf of the Devolved Council of the Royal College of Psychiatrists in Northern Ireland.

2.0 General Comments:

We will make some general comments in response to the Consultation rather than answering the specific questions in the Consultation, as it will better address the needs of our Patients.

2.1 Patients with a Severe Mental Illness often lack drive and motivation due to the illness. This would impact on their ability to seek help, go to appointments and engage in therapy. In addition, these patients are often on medication that stimulates their appetite and contributes to often significant weight gain. Patients with a Severe Mental Illness die 15 to 20 years earlier than people of the same age in the general population and the effects of obesity are a significant contribution to this excess mortality.

Patients with a Learning Disability will also lack motivation and drive, as well as the cognitive ability to understand the nature of the problem and form a plan to address it. These Patients also die on average 15 to 20 years earlier than people of the same age in the general population.

For effective management of these Patient Groups, there should be close liaison between Primary Care, Secondary Care Mental Health and Learning Disability services - and if needed with the Regional Obesity Management Service (ROMS). The services need to be joined up, proactive and reach out to Patients with a Severe Mental Illness and with a Learning Disability.

2.2 There will be Patients with obesity who will have an underlying Eating Disorder e.g. Bulimia Nervosa. Similarly, obesity can be a common consequence of feeding disorders such as Avoidant Restrictive Food Intake Disorder (ARFID), commonly experienced by autistic individuals. It is important that all such Patients are identified early, in order that they receive the appropriate therapy and do not inappropriately go down a medical/surgical pathway. There needs to be an enhanced awareness of any Patients presenting with obesity and who have any form of distorted perception of their body image. There should be good working relationships between the ROMS and the local Eating Disorder and Learning Disability services. It is critical that ROMS is designed and developed with such needs at its core - and the College is happy on request to provide more information to DoH on how this could be achieved.

With specific regard to Eating Disorders, Eating Disorder Questionnaire (and we would favour EDE-Q – please see link by way of example: [Eating Disorder Examination–Questionnaire \(EDE–Q\): Norms for Clinical Sample of Female Adolescents with Anorexia Nervosa, - PMC \(nih.gov\)](#)) should be incorporated into any screening process and the College is happy on request to provide signposting/detail of the Regional Commissioning Pathway for Bulimia Nervosa and Binge Eating Disorder to DoH if that would be helpful.

2.3 Finally, we would question if it is appropriate to describe obesity as a “disease”.

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**Dr Richard Wilson Chair RCPsych NI & Vice President RCPsych
- on behalf of RCPsych NI**

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