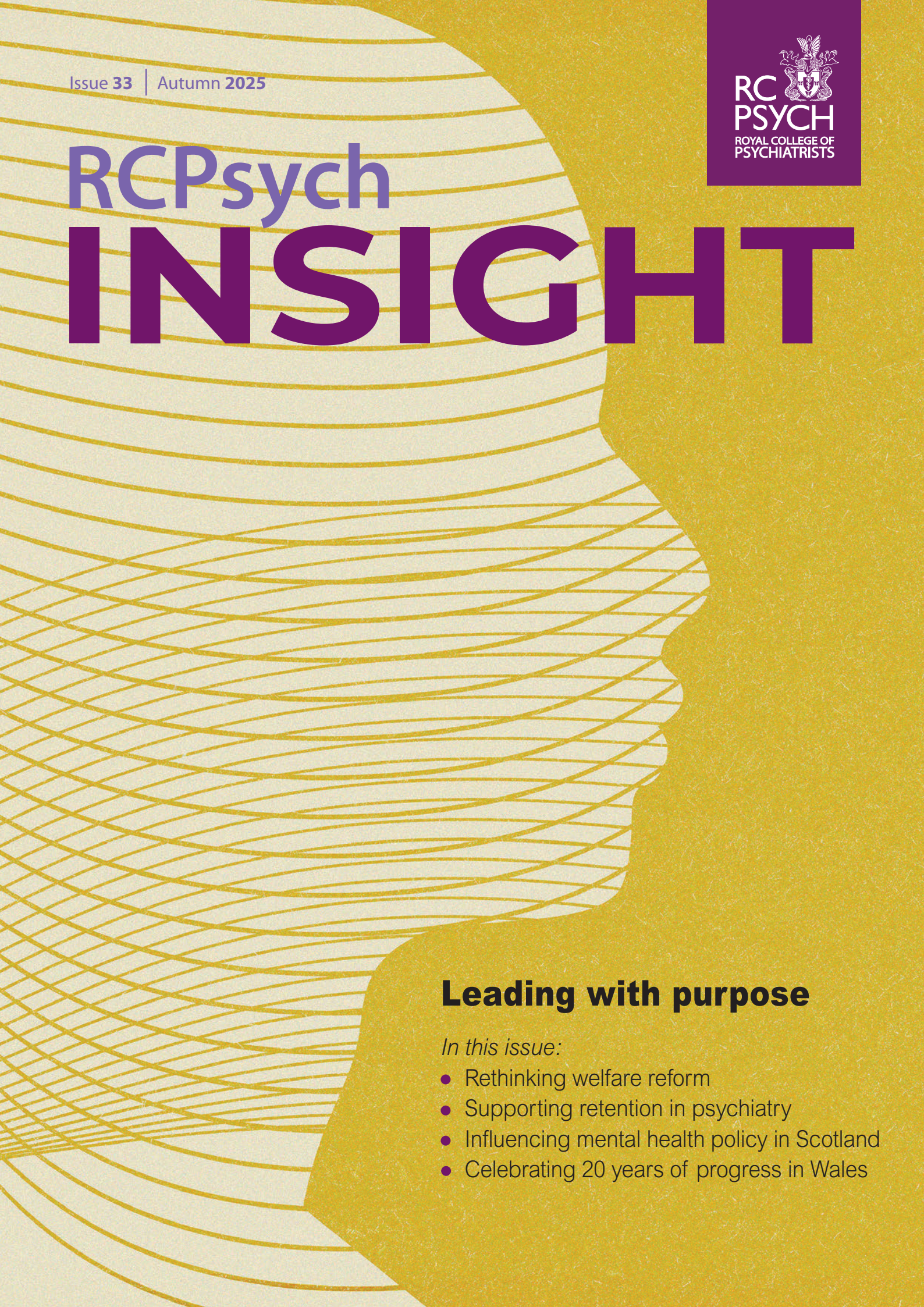
Issue **33** | Autumn **2025**

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

RCPsych INSIGHT



Leading with purpose

In this issue:

- Rethinking welfare reform
- Supporting retention in psychiatry
- Influencing mental health policy in Scotland
- Celebrating 20 years of progress in Wales

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COLLEGE **NEWS IN BRIEF**

The Prague Agreement

In early October, at the annual World Psychiatric Association Congress in Prague, a defining moment in global psychiatry took place – the launch of The Prague Agreement.

This landmark initiative brings together psychiatric associations and mental health charities and organisations from across the world with a bold, united call: for regional, national, and global financial institutions – from the World Bank to capital markets and the IMF – to embed mental health investment into their strategies for economic growth.

At its core, The Prague Agreement recognises that mental health is fundamental to sustainable economic development, social stability and human wellbeing.

The Agreement is the product of both vision and persistence, conceived almost two years ago by RCPsych President Dr Lade Smith CBE. Working closely with Jess Rackham, RCPsych's Deputy Head of Policy and co-author of the Agreement, she helped to shape the global economic case for investment in mental health – reframing the conversation from cost to opportunity.

The session unveiling The Prague Agreement began with contributions from eight presidents of national psychiatric associations, each sharing their country's perspective on why mental health must become a central concern for global financiers.

Their message was clear and unified: investing in mental health is not just a matter of compassion or human rights – it is a necessary investment in productivity, economic resilience and sustainable prosperity. Then, the first 17 psychiatric associations signed The Prague Agreement – a symbolic act of shared commitment.

While the signing marks a milestone, it is only the start of a wider movement. In the coming months, RCPsych's focus will be on expanding the coalition, deepening alliances and pressing for tangible commitments from governments and financial institutions worldwide.

Shaping RCPsych's books

RCPsych's publishing team has launched a short survey to gather feedback on how its books programme supports student doctors and resident psychiatrists

The College publishes a growing portfolio of books in partnership with Cambridge University Press, including training resources. As this partnership continues to expand, RCPsych would like to understand how well the programme is meeting the needs of readers, and if anything can be done to improve on this.

The short survey takes only a couple of minutes to complete and consists of five multiple-choice questions, with an open comment box at the end to share additional comments. Two additional optional questions invite respondents to express interest in getting involved with the books programme or signing up for alerts.

Scan the QR code to complete the survey.

South Asian Heritage Month

From mid-July to mid-August this year, the College celebrated South Asian Heritage month and the diverse legacies, cultures and contributions of South Asian communities in the UK.

To mark the occasion, a free members' webinar featuring RCPsych Dean Professor Subodh Dave explored the development of transcultural psychiatry, while a special podcast episode, *Roots to Routes: South Asian journeys in UK psychiatry*, saw Dr Hassan Mahmood in conversation with Dr Syeda Zakia Shaherbano and Dr Shaheen Shora. Together, they discussed resilience, identity and community, and how their journeys from South Asia to the UK have shaped their work and approach to patient care.

A blogpost by Dr Neeti Sandhu, *A bridge too far? On tackling barriers to achieving RCPsych Fellowship*, reflected on her experiences as an international medical graduate and the challenges and achievements along that path.

All content is available at **www.rcpsych.ac.uk/SAHM**

RCPsych in NI calls for action

RCPsych in Northern Ireland continues to address critical challenges in mental health services, highlighting concerning unmet needs in both the psychiatric workforce and perinatal services.

A recent College survey revealed that nine in ten psychiatrists in Northern Ireland feel under strain, citing unsustainable workloads and staff shortages. RCPsych in NI is urging Stormont and the Department of Health to prioritise workforce planning and retention to safeguard patient care.

Meanwhile, RCPsych in NI also continues to press for the establishment of a specialist mother and baby unit, with Northern Ireland being the only part of the UK without one. Chair of RCPsych in NI Dr Julie Anderson has stressed that general adult wards are "not an appropriate environment for a new mother."

By combining data-led evidence with public advocacy, RCPsych in NI is keeping up pressure on decision-makers to deliver the services and support that patients and clinicians urgently need.

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To send us any feedback on *Insight* magazine, email magazine@rcpsych.ac.uk or tweet using #RCPsychInsight

President's message

This autumn issue on *Insight* reflects the breadth of work taking place across the College to improve mental healthcare and support our members.

We have continued to engage closely with the UK Government on welfare reform, welcoming measures that enable people with long-term illness to work while opposing proposals that would have cut vital benefits. Our position remains clear: reforms must promote inclusion, dignity and fairness for people living with mental illness.

Across the nations, members are helping to shape the agenda. RCPsych in Scotland's manifesto continues to guide engagement with MSPs ahead of next year's election, while RCPsych in Wales marks over two decades of impact through advocacy, education and innovation.

Within the profession, our new *Thrive in Psychiatry* campaign shifts the focus from recruitment to retention – recognising that supporting psychiatrists to stay, develop and thrive is central to sustaining safe, high-quality care.

We also celebrate research and education that strengthen our field, from the tenth anniversary of *BJPsych Open* to pioneering work embedding sex and gender equity across medical research.

Together, these efforts reflect our shared purpose: to improve the lives of patients and to ensure that psychiatry remains a vibrant, compassionate and forward-looking profession.

Dr Lade Smith CBE

Rethinking welfare reform

The College has spent much of this year responding to the UK Government's welfare reform proposals, pushing back against some while welcoming others. With a new Secretary of State at the DWP and the upcoming November budget, forthcoming decisions will carry high stakes for people with mental illness.

Work is considered to offer many benefits for a person's health and wellbeing. "While there's truth in that," says Dr Jed Boardman, the College's Lead for Social Inclusion, "there's always a caveat. Low paid, low status, unsafe and insecure jobs, as well as jobs where bullying is rife and workers are undervalued, can be a very different story for your mental health. Poor psychosocial conditions are related to the onset of affective disorders, such as anxiety and depression. And for some people, the severity of their mental illness means work of any kind is not a positive option."

Some 2.8 million people in the UK are economically inactive due to long-term ill-health. And although the proportion of disabled working-age adults in employment increased from 42% in 2010/11 to 53% in 2022/23, the annual UK Government expenditure on health and disability benefits has also increased. At the same time, poverty rates among disabled people have remained steady at around 30%, with those with a mental health condition being hardest hit. The welfare system, it is clear, is failing.

"Because I stay well, I'm able to work"

In March, the Government announced a reform package called Get Britain Working, aimed at helping more people with long-term sickness into employment. Many of the proposed changes will affect the whole of the UK, but adjustments to welfare benefit levels will not apply in Northern Ireland. In Scotland, Personal Independent Payment (PIP) has been replaced by Adult Disability Payment (ADP), meaning any changes to PIP will not directly apply there either. However, any cuts to the overall PIP budget will, in turn, affect the amount of funding the UK Government provides to Scotland.

The College has welcomed many of the proposed reforms aiming to support people to enter or remain in work. One example is the plan to enable benefit claimants to start a job without immediately losing their right to claim benefits if the job doesn't work out. "This would mean that if you start a job, your benefits will be paused rather than stopped for a reasonable period of time," says Dr Boardman. "Then, if the job doesn't work out for any reason, you can go back to receiving benefits without going through the full reapplication process – something that currently puts many people off the prospect of attempting to work." He also highlights the government's support for Individual Placement and Support (IPS), a scheme that helps people to find and retain employment. IPS is the only work-related support model that has an evidence base and has been shown to be very effective in helping people with severe mental illness into work. "IPS is a good thing," says Dr Boardman, "and it's good news that the government is taking it seriously."

Unfortunately, these and other positive aspects of the government's March announcement were almost immediately overshadowed by their plans to cut expenditure on benefits, particularly PIP. A bill was introduced into UK Parliament that would have taken £5 billion out of the welfare budget by restricting access to PIP and preventing young people from receiving the health support element of Universal Credit (UC). The College opposed these changes and made its views clear in a briefing to MPs, in collaboration with partner organisations in the Disability Benefits Consortium (DBC). "One of the reasons the government backed down is because all the charities in the DBC said more or less the same thing," says Dr Boardman. "We spoke with one voice."

When the UK Government withdrew its proposals, it did so at the very last minute – removing all the cost-cutting measures from the bill, rendering it almost meaningless. But the damage was done. As Finn, who has severe mental illness, puts it, months of headlines about cuts to benefits were "massively anxiety-inducing and triggered a period of bad mental health for me." The debate was framed entirely in terms of getting people off benefits and into work. Yet, as Dr Boardman points out, both PIP and UC can be claimed by people who are in work.

Finn is a case in point. "I receive PIP," they say, "which means I'm able to have a little bit of a social life. Being socially active is a factor in helping me stay well, and because I stay well, I'm able to work. Also, PIP is a bit of a safety net in terms of paying bills if I were unable to work."

What happens next? After months of consultation on reforming the health and disability benefits system – to which the College submitted a detailed response – the government is expected to publish a bill. When exactly that will be remains uncertain.

In parallel, a review of PIP, led by the Minister for Social Security and Disability, Sir Stephen Timms, is due to report next summer, the findings of which will only apply to England and Wales, as Scotland has its own version of PIP, the Adult Disability Payment. Timms has made it clear that only a small group of people, including some with lived experience, will oversee the review. At the time of writing, Dr Boardman had not heard whether the College will have a formal role.

However, he and College President Dr Lade Smith CBE meet regularly with Dr Gail Allsopp, the Chief Medical Officer at the Department for Work and Pensions (DWP). "We have done that since she came into post," says Dr Boardman, "and that's a big change and very helpful as some of our views and expertise get fed back to ministers."

While the College continues its influencing work, there is much that members can do as well. Navigating the benefits system can be a nightmare for anyone and particularly for people with mental illness. The application forms are dozens of pages long and often hard to understand. Then you face assessments for work capability and repeated checks on your finances, creating a process that can be exhausting and, for many, detrimental to their health.

Helping patients to navigate the system can make a big difference, and some mental health services employ specialist benefits or careers advisers. Finn's initial application for PIP was completed with the assistance of a trained welfare rights adviser. "And when my PIP review happened," they say, "my community psychiatric nurse wrote a supporting letter outlining how my mental health difficulties impacted on how I coped with everyday living." Such assistance helped Finn cope with the stresses of the process and in both cases led to successful outcomes.

Writing supporting letters for patients can be tricky. Take PIP, for example. It is intended to cover the additional costs incurred by a person with a disability. But the eligibility requirements remain skewed towards measuring physical limitations. Dr Boardman has previously written detailed guidance for psychiatrists on writing supporting letters for PIP claims – helping them provide clear, practical evidence by focusing on how a person's condition affects daily living and mobility. It stresses using plain language, describing fluctuations, and linking clinical information directly to PIP assessment activities so that decision makers understand the real functional impact.

The last word goes to Finn, who hopes that the review of PIP will result in "a less arduous application, assessment and review process." And, they say "I think the safety net of having your benefits restarted if the job didn't work out is excellent. It's exactly the sort of initiative that the DWP should be focusing on – positive support instead of benefit cuts."

Note: *To protect their anonymity, we have changed the name of our contributor with lived experience of mental ill-health and the benefits system to Finn, at their request.*

Supporting PIP claims

Dr Boardman's guidance on providing clinical evidence for PIP claims, as well as a collection of example letters, are available from **www.rcpsych.ac.uk/PIPevidence**

A manifesto for Scotland

RCPsych in Scotland has been building on its ongoing influencing work and has created a manifesto of mental health priorities, which it hopes will be taken up by MSPs before next May's election.

With the next Scottish parliament election looming, RCPsych in Scotland (RCPsychiS) has distilled its main policy priorities in a manifesto that will be central to the next stage of its extensive influencing plan to ensure that the country's mental health emergency is firmly on the agenda in Holyrood.

Rather than a burst of activity leading up to elections, RCPsychiS's influencing work relies on consistent engagement and relationship building with party leaders, MSPs, committee members, the Scottish Government Mental Health Directorate, as well as party researchers, staffers and policy advisors.

In the last election, RCPsychiS's call for at least 10% of NHS funding to be ringfenced for mental health and 1% of that to go to CAMHS was included in every major party's manifesto. Building on this success, it has since become the go-to adviser on mental health and is frequently asked to provide expert advice to guide policy in consultations, committees and working groups.

"RCPsychiS is seen as a legitimate, robust partner when parties want to engage in discussions regarding mental health provision or healthcare," says Dr Pavan Srireddy, Vice-Chair of RCPsychiS "We are non-partisan and can provide evidence-based advice and support while also acting as a bridge between clinicians, experts and patients."

Jane Gordon, RCPsychiS's Policy and Public Affairs Manager says: "The Scottish government promotes an open-door policy on listening to experts and front-line clinicians. There is a strong focus on collaboration, and we are seen as an essential partner in co-production. RCPsychiS has a significant opportunity to influence decision-making and have the voices of members and their patients heard."

Scotland's closely connected political landscape enables RCPsychiS to build meaningful connections across Holyrood and engage directly with key decision-makers. The country's 129 MSPs are made up of representatives from the SNP, Labour, Conservatives, Liberal Democrats, the Scottish Greens, Alba and, now, Reform. RCPsychiS has had 65 meetings with MSPs and its influencing work includes keeping the priorities of RCPsychiS members in the chamber by submitting written questions to the first minister, briefing MSPs and giving evidence in debates, such as the assisted dying or addictions harm prevention bills.

The manifesto urges all political parties to tackle Scotland's mental health emergency, stressing the need for "bold action, honest accountability and real investment – not just more promises". Dr Srireddy says it was important to ensure the manifesto represents policy areas that members feel most strongly about. After consultations to create a longlist of priorities, and discussions with the Devolved Council, the Scottish faculties and the relatively newly formed Policy and Public Affairs Forum, the five-point manifesto was created.

The five priorities are: reducing the mortality gap for people with serious mental illness (SMI) and learning disabilities (LD); investment in services, resources and the workforce; a national approach to neurodiversity; improved leadership; and action on public mental health to address healthcare inequalities.

Regarding the mortality gap, Dr Srireddy says that a fully funded public health approach is needed to have equitable access to physical health services for people with SMI and LD, who currently have a life expectancy of 15–20 years below the general population. RCPsychiS has called for this to be a political priority rather than being left to individual clinicians. "Over two-thirds of deaths in this patient group are from reversible causes. COPD, cardiac failure, hypertension and cancers can be screened for and proper interventions put in place to reduce their impact. There needs to be a wider political will to prioritise this," says Dr Srireddy.

The focus on investment calls for a strengthened commitment to devote 10% of the NHS budget to mental health. "The Scottish Census has shown a huge increase in mental health needs but no proportional increase in funding," says Dr Srireddy. "A commitment is meaningless if not followed through and we need a legislative guarantee and ringfenced funding."

A lack of funding also affects staffing and the manifesto calls for a dedicated focus on workforce and retention that could build on RCPsychiS's *State of the Nation* report from 2023 and its recommendations to turn around the workforce crisis. Huge gaps in services, a high number of vacancies, and working conditions in which burnout and moral injury are rampant all make retention difficult.

Dr Pavan Srireddy

An unprecedented 800–2,000% increase in the number of referrals for ADHD and autism assessment over the past five years has seen services buckle under the demand. Dr Srireddy says: "The single most important pressure for burnout and stress is the increase in referrals for ADHD." Waiting lists can now be as long as 10 years, which for children means they may receive no support while at school. "The extra demand is being met in specialist secondary care and adult mental health teams. They are not set up for this, nor are they able or best placed to serve the needs of this patient group. Clinicians are utterly overwhelmed," he says.

RCPsychiS is advocating for clear care pathways and a wider public health approach to meet the needs of neurodivergent people. It has already been influential in raising politicians' awareness of the issue, including through its recent report, launched in parliament in early October, which received strong cross-party support.

The leadership pillar aims to tackle the fragmentation of services that has occurred since integration, which requires health boards and local authorities to work together to deliver health and social care services, and the gap between policy and implementation with greater accountability for services. The public health pillar focuses on prevention at the extremes of the life span with evidence-based interventions to reduce the impact of dementia and childhood adversity.

The manifesto was officially welcomed to the Scottish parliament and College representatives have been invited to round tables for policy development. "We are really pleased to have commitments from three or four parties to take elements of our manifesto into their own manifesto development discussions – which is a big tangible win," says Ms Gordon.

So much has been achieved by RCPsychiS to meet the considerable breadth and depth of the Scottish policy landscape, driven by a small but highly effective team, which includes Ms Gordon whose role has a dedicated policy and public affairs remit.

RCPsychiS is now asking members to contact their MSP to express their concerns and has provided a draft letter that can be used as a template. "Our MSPs love to hear about clinicians' experiences on the front line. If more members could be encouraged to do that it would make a huge difference," says Ms Gordon.

There is cautious optimism for the future. Dr Srireddy says: "It feels like RCPsychiS is making a tangible difference and politicians and decision makers seem genuinely interested in understanding the issues and the nuance." Ms Gordon adds: "We have the ear of the government, and we are pushing on an open door with all the other parties." And with this good working relationship with the parties who are vying for control of Holyrood, RCPsychiS is in a good position to influence future mental health policy in Scotland in the run up to May's election and beyond.

Support the manifesto

You can help by writing to your MSP to show your support for the manifesto – it only takes three easy steps. RCPsychiS has created a template to make it simple: **www.rcpsych.ac.uk/writetomsps**

BJPsych open 10TH ANNIVERSARY

A decade of impact

Since its launch, *BJPsych Open* has grown from a spin-off from the College's leading journal to a global platform for accessible, topical psychiatric research.

This year marks a major milestone for *BJPsych Open* – 10 years of publishing excellence. Originally launched as almost a little sister to *The British Journal of Psychiatry (BJPsych)*, the journal was created to provide a home for high-quality psychiatric research that couldn't be accommodated in the flagship publication. But over the past decade, *BJPsych Open* has grown into a respected, independent journal in its own right, with a global reach and a distinct identity.

"Publishing good articles is a service to the scientific community," reflects Professor Kenneth Kaufman, Editor-in-Chief. "And to the membership and to the College."

Kaufman, who has been with the journal since its inception – initially as Deputy Editor – recalls the early days vividly. The first submission arrived on 1 January 2015, and the team knew they needed to publish around 50 articles a year to break even. "We started slowly," he says, "but some of those first articles were brilliant."

Today, the journal receives over 700 submissions annually, with the vast majority arriving as direct submissions. "We've gone from being a cascaded journal to a truly independent one," Kaufman explains. "Now, only 4% of our papers are transfers from *BJPsych*. The rest are direct submissions."

Professor Kenneth Kaufman, Editor-in-Chief

One of *BJPsych Open*'s defining features, as its name suggests, is its commitment to open access. All content is freely available, removing barriers for readers and increasing visibility for authors. Thanks to transformative agreements with institutions, many authors now benefit from waived fees – making open access more equitable and sustainable.

Kaufman was instrumental in pushing for affordability from the outset. "I wasn't willing to be a part of this unless we lowered the cost," he says. He even created an Academic Freedom Fund to support authors without sufficient funding – though this is now largely unnecessary thanks to agreements in place with Cambridge University Press.

The journal's editorial board of multidisciplinary volunteers has grown from just seven members to over 100, representing more than 30 countries covering six continents. "We didn't get to Antarctica yet," quips Kaufman, who is based in the US. He is proud of this diversity as well as the reach of the board. "It's based on meritocracy, but also with a commitment to gender equity and global representation."

Some articles have had a particularly strong impact. During the pandemic, one paper received over 450 citations and 37,000 downloads. The journal's podcast series has also grown steadily, offering accessible insights into published work and reaching new audiences.

Thematic series have become a hallmark of the journal, offering focused explorations of key topics such as ethics, trauma, refugee mental health, and COVID-19. Kaufman's enthusiasm for timely, relevant content is clear: "My desire for topical papers will never stop," he says. "I want to publish at least one or two thematic series a year. It's a way of signposting what needs to be done – and how to do it better." A new, anniversary editorial series is currently underway, reflecting on key areas of psychiatric research published over the past decade. Kaufman hopes it will continue well into next year.

Looking ahead, Kaufman sees no limits to the journal's potential. "I think *BJPsych Open* can go as far as it wants to go," he says. While the journal produces strong metrics, it is not driven by its impact factor – a measure of how often, on average, its articles are cited. "It's driven by quality, relevance and the desire to improve clinical care and shape policy."

Kaufman reflects on the relationships built through the journal and is quick to acknowledge the group effort that is essential for *BJPsych Open*'s success: "The editorial board and the staff team have become like family to me," he says. "I've checked in on people during difficult times, and they've done the same for me. It's more than professional – it's personal." And as for being Editor-in-Chief, he describes this role as "the cherry on top of my academic career".

As *BJPsych Open* enters its second decade, it remains committed to publishing research that informs practice, improves lives and stays true to its founding principle: that knowledge should be freely accessible to all.

Expanding older age psychiatry globally

The College's International Diploma in Older Adults' Mental Health, now entering its second year, is reaching a near-worldwide audience and helping meet the need for specialist care.

RCPsych's international Diploma in Older Adults' Mental Health is a one-year programme designed for doctors working outside the UK. The first cohort of 15 students enrolled last year and recently received their results, while a second cohort began their studies in September.

An initiative of RCPsych Learn, the College's educational arm, the diploma is jointly led by two specialists in old age psychiatry, Dr Kallur Suresh and Dr Alex Bailey. Guided by an Expert Reference Group, they devised the course's content, and consultant Karen Quinton helped shape it into user-friendly and accessible formats entirely delivered online.

Old-age psychiatry was chosen carefully as the subject of the diploma. "It does not exist as a distinct speciality in many countries, particularly low- and middle-income countries," says Dr Suresh." It's usually rolled into general adult training. But with people living longer, its importance is increasingly being recognised around the world."

The course is divided into month-long modules covering dementia, delirium and mood and anxiety disorders, among other topics. The module subjects were decided based on responses to a survey of international members. "We asked them to rank which areas were particularly important for an international psychiatrist to learn," says Dr Suresh. "Dementia came out on top."

Because much of the content needed to be specifically developed, the process was both demanding and liberating. "We could tailor the original content to the specific needs of international learners as we got to know the cohort a little bit better," says Dr Bailey "But as it was our first time, there were obviously moments where it felt very hairy."

The learners are expected to devote three to four hours a week to their diploma work. Some of the learning is self-directed, with students using a mix of academic resources from the College's eLearning platform and library. Learning is reinforced and supplemented through regular webinars led by Dr Suresh, Dr Bailey and other module leaders, a moderated online discussion group and a WhatsApp group, allowing learners to keep the conversation going across time zones.

"We've always been mindful that learners are already specialists in psychiatry, and we're keen for them to learn from one another," says Dr Bailey. "We encourage them to think about how the examples we give might be applied in their own context. They bring a lot of their local knowledge of how services run in their countries, and that's where it feels like a true collaboration."

Thus far, the diploma has had a near-global reach, with students from India, Ghana, Qatar, Afghanistan, South Africa, Taiwan and Sri Lanka, among other places.

"The inaugural cohort even included learners from Canada and Australia, which created some time-zone challenges in terms of managing participation," says Dr Bailey. "But it's also a valuable thing to have representatives and perspectives from both higher and lower income countries."

Turning from logistics to outcomes, Dr Suresh notes: "Although it is difficult to accurately measure the impact of the diploma at this early stage, feedback from the learners has been very positive in terms of sensitising them to the needs of older people and giving them the knowledge and skills to diagnose and treat mental disorders in this age group and the confidence to influence service provision locally."

Find out more

For more information about the diploma and to register interest or join the waiting list for the third cohort next year, visit the College website: **www.rcpsych.ac.uk/international/international-diploma**

Thrive in psychiatry

RCPsych's new campaign, Thrive in Psychiatry, shifts the spotlight away from recruitment to retention and supporting psychiatrists to thrive throughout their careers.

RCPsych's annual campaign to support the psychiatric workforce has returned this year with a new focus, new look and new name – Thrive in Psychiatry. After eight successful years of promoting recruitment of psychiatrists through the Choose Psychiatry campaign, which achieved near-100% fill rates for core training posts, the College has shifted its campaigning focus away from recruitment and more fully onto retention and supporting psychiatrists.

The need for this shift in the campaign's focus is evident. While recruitment has reached record highs thanks to previous College campaigning, retention remains a concern. The RCPsych UK-wide 2023 Workforce Census reported that 28.6% of consultant posts, 30.3% of SAS psychiatrist posts, and 37.7% of LE or Clinical Fellow posts across participating NHS organisations were vacant or filled by locum psychiatrists.

"To truly address the factors leading to workforce shortages in psychiatry, we not only need to encourage people to choose psychiatry, but we need to ensure they can flourish in the profession as well," says RCPsych's Presidential Lead for Retention and Wellbeing, Dr Ananta Dave, who has played an instrumental role in shaping the 2025 campaign.

Retention was an aspect of the College's campaigning in recent years, but Thrive in Psychiatry explores this much more comprehensively – speaking to psychiatrists of all types, grades and stages to better understand the issues that are causing clinicians to leave the profession and what the College and others can do to help.

The 2025 campaign centres around a series of podcasts which will facilitate in-depth discussions about a wide range of retention-related matters, including taking breaks, how employers can better support their medical workforce, and the importance of psychiatrists in leadership roles. Short video interviews and blogs are also utilised to carry key messages.

To better understand the complex issue of retention, the College drew from a wide range of evidence and feedback. This included College surveys undertaken in recent years, research from the NHS, the National Race and Equality Standard, the Workforce Race Equality Standard, the GMC, and related surveys from NHS employers and providers, trade unions and defence unions. Surveys and studies examining retention in other medical specialties were also reviewed to provide broader context.

"We can see from this evidence that there are many varied and complex factors that can impact a psychiatrist's decision to stay in or leave the profession. These include workplace culture, how they are supported in their personal and professional development, how flexible their job plans are, whether or not they feel valued, and how their employer addresses discrimination, bullying and harassment," says Dr Dave.

"There has never been a greater need to retain medical expertise and develop medical leadership to improve mental healthcare and enable psychiatrists to thrive in psychiatry."

The podcasts feature members who themselves embody the campaign's messages, having experienced and overcome different challenges in their own careers. The conversations also highlight pieces of College work that are already helping to bring about change. And where there might not be immediate answers, space is also given to the speakers to candidly discuss their challenges and what more might need to be done.

In the first episode, Dr Dave speaks to Dr Raka Maitra, a consultant psychiatrist who advocates for changes needed in workplaces for people with carer responsibilities (and who herself has a child with complex caring needs) and Dr Shevonne Matheiken, a neurodivergent consultant psychiatrist who advocates for reasonable adjustments for neurodivergent mental health staff members.

Together, they discuss the importance of supporting and retaining neurodivergent psychiatrists and psychiatrists who are carers in their home lives, and what the College and wider systems can do to achieve this.

Speaking about support for neurodivergent colleagues, for example, Dr Matheiken says: "When people feel like they're a burden and that they need to fight for reasonable adjustments, it has an impact." She explains that one way to change this culture and its impact on neurodivergent colleagues is by encouraging leaders, supervisors and employers to adopt 'COFFEE'– an acronym standing for 'Curiosity over criticism, Outcome not process, Feedback, Flexibility, Exams and assessments, and Extra processing time'. Dr Dave adds that it is crucially important for employers to understand their responsibilities in accommodating reasonable adjustments under the Equality Act.

Dr Matheiken reflects that it can take time for culture change to trickle down to a local level, but that all members of the profession can assist by proactively practising allyship. "If more people were able to talk about these things, then the burden on the few wouldn't be as great and things would change much faster," she says.

The three psychiatrists also discuss the option of taking a break, whether for the purpose of undertaking caring responsibilities or for other personal reasons, and what the College can do to help make the process easier. Dr Maitra acknowledges efforts already made to help psychiatrists maintain their networks while they're away, encouraging continued work on this, but also highlights the lack of a formal process for taking breaks, and the need for greater support provisions to help psychiatrists retain skills during these periods.

The evidence gathered by the College on retention not only informed this campaign, but also its Retention Charter, which was published earlier this year. Led by Dr Dave, it is the first of its kind produced by a medical royal college and provides a structural framework for healthcare organisations to improve how they look after their psychiatric workforce. Its four domains cover 'creating a culture of belonging', 'supporting the mental and physical health of psychiatrists', 'aiding in their career planning' and 'developing medical leadership'.

In order to bring the message of the charter forward and encourage its adoption, one of the podcast episodes will discuss what an exemplary employing body looks like and how organisations can start taking steps to improve how they are supporting their psychiatrists – targeting medical directors and decision makers at employing bodies in particular.

Dr Dave offers a final note of reassurance for all those who love the profession but are going through a challenging time: "I know from personal experience how hard it can be, so I don't say this lightly. But the patients need you and the profession needs you. If you are able to hold on through the difficult periods, I believe you can experience great satisfaction in working as a psychiatrist."

Look out for updates on the Thrive in Psychiatry 2025 campaign on the College website.

Meet your new Registrar

Award-winning government adviser, researcher, author and clinician Owen Bowden-Jones tells us about his career and his plans to ensure College policy is informed by front-line experiences.

Professor Owen Bowden-Jones CBE

Professor Owen Bowden-Jones CBE was elected RCPsych's Registrar earlier this year and began his term in June. As the College Officer responsible for overseeing policy and developing the College's strategy, he has a distinct and wide-ranging remit. He will also oversee communications, campaigns and membership engagement and represent the College with other stakeholders.

We spoke to him about his plans for his time in post and how his previous experiences as a clinician, researcher, government adviser and public communicator will help him as he gets his teeth into the role.

A consultant psychiatrist at the Central North West London NHS Foundation Trust, Owen has been an addictions psychiatrist for more than 30 years. He has held many high-level roles, advising on policy and clinical guidance both in the UK and internationally, but his heart remains in day-to-day psychiatry. "My feet are very much in the clinical world, and I continue to see patients every day. Patient care is the bedrock of everything I do," he says.

For the past decade, Owen has been Chair of the Advisory Council for the Misuse of Drugs, reporting directly to the Home Secretary. The role, which comes to an end this December, involves chairing a committee of 25 experts and Owen has overseen the publication of around 40 independent reports for the government. He has also worked with the EU and the UN, where he helped develop guidance for clinicians in East Africa, Ukraine, Georgia, Belarus and Pakistan.

"A core part of our clinical role is to continually challenge and question our practice"

Owen feels strongly that policy should be informed by the experience of patients, carers and clinicians. "I have always been interested in how we can take what is happening on the front line and use this knowledge to help shape policy," he says. "As clinicians, we have a unique perspective. We see problems unseen by policy makers and can identify workable solutions based on our experience and expertise. The same is true for the perspective of patients and carers. It is essential that we bring these front-line voices to policy development, otherwise we risk ending up with policy that does not address real-world challenges and will fail to generate real-world solutions."

His career has been characterised by clinical innovation and an enthusiasm for investigating new ways to improve services. That curiosity for exploring different approaches began when he worked abroad at the beginning of his career. "When I moved to Australia as a junior doctor, I was surprised to see how interventions and systems I had taken for granted in the UK were different, despite the same evidence base being available in both countries. This inspired a career-long inquisitiveness about how and why we do things and it taught me that a core part of our clinical role is to continually challenge and question our practice."

One of his innovations was setting up a ground-breaking Club Drug Clinic, which is the UK's largest NHS multidisciplinary drug service for people using non-opiate drugs. The clinic offers support to people problematically using substances such as ketamine, GHB, methamphetamine, novel psychoactive substances and prescription medications, as well as addressing online drug purchasing and sexualised drug use.

Another example is his interest in students' mental health. He is a trustee of Student Minds and he has also founded multidisciplinary student mental health clinics at Imperial College and UCL, which are very much co-produced with students.

The Registrar role is not Owen's first position within the College. He previously served for four years as Chair of the Faculty of Addictions Psychiatry, and was also Associate Registrar for three years.

Now appointed Registrar for a five-year term, he hopes to use the position to make a significant impact. He is devoting the first few months to finding out what issues are the most important to members. "It's about listening carefully to understand from members their key issues and priorities. Being the Registrar is about representing the membership and I can't do that unless I fully understand the challenges across the four nations, including which problems are general to all and which are specific to a particular area."

He has already spoken to hundreds of psychiatrists to find out what their main priorities are and he has found that there are multiple, complex interconnecting problems. But, Owen says: "Despite these challenges, many psychiatrists described a strong belief that they can find solutions and expressed a determination to further improve patient care. This energy and commitment is truly inspiring."

One of the areas that Owen has pledged to focus on is the College's digital strategy and its approach to digital tools, including AI. He will soon appoint an Associate Registrar to help work with others from across the College to achieve this. He says: "Digital approaches and AI are not a magical solution to all our problems and they come with specific challenges for psychiatry. There is, however, no doubt that a digital transformation is underway and I want to ensure that our College uses the considerable expertise of its members to be on the front foot. It is better that we understand and shape these powerful new tools than wait in the wings for their use to be defined by others."

Owen has been published widely, including two textbooks, several book chapters and the NEPTUNE e-learning modules for the College. He says that writing a public-facing book for parents, *How to Talk to Your Child About Drugs*, made him think carefully about communicating science in a way that is understandable to a wide range of people, something that will be useful when engaging with diverse stakeholders on behalf of the College.

Beyond carrying out research himself, Owen has also worked hard to improve research opportunities for others. As President of the Society for the Study of Addiction, he was delighted when a few weeks ago he learnt that the Society has been awarded a large government grant to develop a national academic leadership programme to grow the next generation of addiction science researchers.

One of Owen's research interests is co-occurring substance use and mental health disorders, and he recently chaired a cross-College working group, including experts by experience, to develop the College report on this topic (CR243). It is an area that he wants to follow up on as Registrar, and he will soon appoint a second Associate Registrar to build on the report's recommendations for clinical practice and strategic planning.

Owen was awarded a CBE in the 2025 King's Birthday Honours for his contributions to addiction rehabilitation and public service, and he has also received many National Clinical Excellence and Impact awards. However, when asked what he is most proud of, he says: "By far my greatest privilege is working with patients. Whether in a clinical setting or developing services, collaborating with patients has been by far the most rewarding thing that I have done."

He is full of praise for his predecessor Dr Trudi Seneviratne OBE and has been in contact with her while he is getting to grips with being Registrar. "I am truly grateful to Trudi for her advice and guidance. She left very big shoes to fill!" With his determination to listen to College members and his experience in making sure psychiatry's voice is heard at the highest level, it will be an interesting five years.

The MESSAGE matters:
Closing the sex and gender gap in research

For decades, UK medical research has overlooked sex and gender. The **MESSAGE project** is changing that, setting the gold standard for rigorous, inclusive science that benefits everyone.

This year marks a turning point for UK research. For the first time, the National Institute for Health and Care Research (NIHR), which allocates £1.4 billion in funding annually, will require all research funding applications and funded studies to consider sex, gender, or both throughout the entire research lifecycle, from study design to analysis and reporting. The Wellcome Trust is introducing a similar policy before the end of 2025.

"Research funders have a huge amount of power to influence the research that's done and, therefore, the knowledge that influences clinical care," says Dr Kate Womersley, who is a higher psychiatric resident specialising in general adult psychiatry, an academic clinical lecturer at the University of Edinburgh, and one of the driving forces behind this landmark move.

"This should not be a 'nice-to-have,' but a basic standard of equitable, inclusive, accurate science"

Dr Womersley is the co-principal investigator of the Medical Science Sex and Gender Equity (MESSAGE) project, which seeks to improve how sex and gender are accounted for in biomedical, health, and care research. Funded by the Wellcome Trust, the project is jointly led by Dr Womersley and Professor Robyn Norton at the George Institute for Global Health, Imperial College London.

"It's a project that came out of a piece of work I did in my academic foundation training, looking at whether there were any guidelines or policies for research funders to encourage researchers to think about sex and gender," Dr Womersley explains. "After I'd heard back from every funder that not a single one of them required their research to include women and girls, I realised that this was a big gap that couldn't just be written about. Something needed to be done."

For decades, UK medical research has overwhelmingly relied on male participants, animals, and even cells, and studies have rarely analysed data in ways that identify sex or gender differences in outcomes. By contrast, national research funders in Canada (CIHR), the US (NIH), and Europe (Horizon Europe) have policies dating back to 1993 to address the sex and gender gap in research design.

"If you don't include half the population routinely and then disaggregate your data appropriately, then you're really missing a lot of granular detail," she says. These omissions have created data gaps that negatively influence health outcomes, not only for women and girls but also for men, trans, non-binary, and intersex people.

"When MESSAGE talks about sex, we're referring to biological variables like chromosomes, endogenous hormone levels, and anatomy. By gender, we mean the social forces, the identities, the roles, the behaviours, and the power dynamics in society," Dr Womersley explains. "We know that both of those categories are absolutely relevant to psychiatry and the burden of illness that we see."

The prevalence, onset, and presentation of mental health conditions can vary by sex, gender, and age. "We know men are disproportionately affected when it comes to completed suicide or rates of schizophrenia," Dr Womersley notes. "Unless we take a more precise approach to these differences, we might fail to pick up on what could become important targeted interventions."

Biological sex and gendered social experience matter across the lifespan, from the presentation of ADHD in women and girls, to the second spike of schizophrenia prevalence in perimenopause, to data from trials of the dementia drug lecanemab, which suggests that the medicine is less effective in female compared with male participants.

For clinicians, this means being alert to patterns that are often overlooked. "Thinking about sex and gender should be part of our diagnostic process," Dr Womersley says. That could mean recognising menstrual or menopausal influences on bipolar symptoms, considering HRT as a component of treatment for depression in the perimenopause, or tailoring interventions for trans patients taking exogenous hormones. "Without such nuance, psychiatry risks reinforcing blind spots, leading to missed diagnoses, suboptimal treatments and preventable suffering."

This attention to real-world complexity is central to MESSAGE's ethos. "As a clinician, I've come to this work with a focus on what comes out the other end of the research pipeline," Dr Womersley says. By ensuring that studies better reflect the patient population, MESSAGE aims to improve scientific rigour and reliability, ultimately ensuring biomedical research benefits everyone.

To achieve this, MESSAGE has developed a policy framework by bringing together researchers, funders, patients, and regulators to tackle key challenges, from statistical design to practical implementation. The resulting framework sets out clear definitions of sex and gender, guidance on equitable recruitment, and expectations for sex- and gender-disaggregated analysis.

Since 2023, over 30 UK research organisations have publicly backed MESSAGE's aims. The Department of Health and Social Care has endorsed the project, Elsevier is aligning its standards to the initiative, and smaller funders – such as Fight for Sight and Epilepsy Action – have introduced policies aligned to MESSAGE's work. "We've achieved what we set out to do – that this should not be a 'nice-to-have,' but a basic standard of equitable, inclusive, accurate science," Dr Womersley says.

Beyond policy, MESSAGE has produced freely available training materials for researchers, reviewed all NICE clinical guidelines for their consideration of sex and gender, and is analysing UK medical school curricula. It will also launch a global online short course for clinicians, policymakers, and researchers in spring 2026. MESSAGE is also partnering with the NHS Race and Health Observatory to adapt its methods to questions of ethnicity in research.

Another priority is making sure the life course is taken into account in psychiatric research, considering menstruation, the perinatal period, the perimenopause, and beyond. For example, Dr Womersley and colleagues are working with obstetrician Dr Ed Mullins to address the ethical, legal, social, and regulatory barriers that prevent pregnant women from participating in research. "There's this attitude that the female body is very complicated, and the menstrual cycle is just a really annoying bit of noise that gets in the way of nice, clean data," she says. This, she argues "massively simplifies the lived reality of most patients who take medicines and need to know how this might be affected by menstruation, among other variables." Complexity, she says, should spark curiosity rather than exclusion.

Dr Womersley's own curiosity about sex and gender began before she embarked on a career in medicine. Having read English as an undergraduate, she was awarded a Frank Knox Fellowship to study at Harvard, where she worked with Professor Sarah Richardson, a historian of science specialising in sex and gender. That experience shaped her decision to study medicine, and later, her work on MESSAGE, as well as her contributions to *The Guardian* and her role as a commissioner on the BMJ's Commission on the Future of the NHS.

Dr Womersley's leadership has not gone unnoticed. In 2024, she was named Core Psychiatric Trainee of the Year at the RCPsych Awards, with judges praising "her passion for equitable, safe and effective healthcare for all". She has also advised on a forthcoming piece of College work: its Women's Mental Health Strategy.

"Dr Womersley's contribution has been key in identifying research and data gaps that affect our understanding of women's and girls' physical and mental health needs," say Dr Philippa Greenfield and Dr Catherine Durkin, who oversee this work as RCPsych's Joint Presidential Leads for Women and Mental Health. "In particular, she has helped inform specific recommendations for equitable research to overcome intersectional discrimination, which is a key priority across the College."

Still, Dr Womersley stresses that MESSAGE is a collective achievement, energised by senior mentor Professor Robyn Norton, research and policy fellow Alice Witt, and a wide network of collaborators, including patients, clinicians, and senior supporters such as Richard Horton, Editor-in-Chief of *The Lancet*, and Lucy Chappell, the UK's Chief Scientific Adviser for Health.

For mental health professionals, Dr Womersley issues a challenge: how might sex and gender influence the conditions you diagnose, the treatments you offer, or the outcomes your patients experience? MESSAGE's resources can support clinicians in embedding these questions into practice. At the service level, audits of how menstruation or menopause are considered in assessments can bring MESSAGE's principles into daily care. At the individual level, psychiatrists can remain alert to how sex and gender shape presentation, risk, and treatment needs across the life course.

"There will be no personalised medicine unless we think more critically about sex, gender, ethnicity, and age," Dr Womersley reflects. "Equity considerations are not just an afterthought. They are critical to robust, reliable and reproducible research – and that is the route to personalised healthcare."

Congress spotlight: Insomnia

This year's Congress may be over, but the learning continues. Here, we spotlight a well-received session on insomnia, highlighting CBTi as the first-line treatment, and clarifying the most effective pharmacological options available.

More than 2,800 delegates from over 51 countries attended this year's RCPsych 2025 International Congress in June at the ICC Wales in Newport – the event's first return to Wales in over 20 years. The programme featured 16 keynotes, 65 concurrent sessions and 825 poster presentations, spanning psychiatry's rapidly evolving landscape.

Highlights included Professor Philip Shaw's keynote on ADHD, two AI-focused sessions on technology's role in mental health, and powerful discussions on women's mental health, from premenstrual dysphoric disorder to systemic reform.

Here, we summarise key points from one of the sessions that was praised in attendee feedback. The talk, along with the rest of this year's Congress sessions, is available to view online.

Tackling the insomnia epidemic

This session, titled '*How can psychiatrists tackle the insomnia epidemic? Treatment, service provision and pathways*,' was presented in sections by consultant psychiatrists Dr Lauren Waterman and Dr Rajiv Shah, and ST5 psychiatry resident Dr Jacob King. They described insomnia not merely as a symptom of stress or lifestyle, but as a complex disorder – one that can quietly undermine mental and physical health, yet can be treated very effectively.

Why it matters, diagnosis and treatment

Insomnia is prevalent, affecting 6–40% of adults in England, for example, depending on severity. Its fallout is extensive: poorer quality of life, greater risk of accidents, worse health behaviours, and exacerbation of nearly every mental and physical disorder – from anxiety and depression to diabetes and heart failure. And this relationship is bi-directional.

Once insomnia becomes chronic, it rarely resolves on its own. Many people experience poorer sleep with age, likely in part because it was never properly addressed. As Dr Waterman explained, Cognitive Behavioural Therapy for Insomnia (CBTi) is an underutilised yet highly effective intervention. Recommended under NICE guidelines as the first-line treatment, it achieves success rates of 70–90% and has consistently demonstrated long-term efficacy and cost-effectiveness without the potential adverse effects associated with many medications. "It also reduces the severity of other comorbid mental disorders, and there are numerous randomised controlled trials showing that, regardless of comorbidity, it's effective," said Dr Waterman. "That's including patients with comorbid psychosis, PTSD, bipolar disorder, depression, anxiety, chronic pain, rheumatoid arthritis, cancer and so on."

The vast majority of patients are suitable for CBTi; the exceptions are those who might not be able to engage with it for reasons such as significant cognitive impairment, being in crisis or a state of acute psychosis, and having uncontrolled epilepsy. Even in those cases, a modified form of CBTi may be suitable, and it has been used effectively in psychiatric inpatient settings. Dr Waterman emphasised that CBTi is much more effective than sleep hygiene advice, which can be appropriate for brief insomnia symptoms, but is insufficient once insomnia has become established.

As part of her presentation, Dr Waterman also outlined the North Central London Insomnia Pathway for Adults: guiding clinicians through assessment, diagnosis, and stepped care. She developed this pathway alongside colleagues, and gave permission for it to be used or adapted elsewhere.

How it works

CBTi is a structured, skills-based programme that retrains both body and brain to sleep again. Usually delivered in groups over five to six sessions, it can be run by trained therapists, wellbeing practitioners, or even digitally through guided apps. It's cheap, replicable and remarkably effective.

Dr Rajiv Shah, who works at a specialist insomnia service in London, unpacked the psychology behind the sleepless mind and how CBTi tackles this. "Insomnia is a problem of hyperarousal," he explained in the session. "Patients are 'tired but wired' – their brains can't switch off." The condition starts with a trigger – stress, illness, medication – but persists due to perpetuating factors, such as worrying about sleep itself, inconsistent routines, and the brain's learned association between bed and wakefulness.

Two of CBTi's core techniques tackle these loops directly. Sleep scheduling teaches patients to anchor their wake-up time and match their time in bed to the actual time they sleep, restoring homeostatic sleep pressure – the biological drive to fall asleep naturally. Stimulus control rebuilds the bed–sleep connection. If patients can't sleep after 15 minutes, Dr Shah advises them to get out of bed and do something calming, and only return when they're truly sleepy. Over time, the body learns to trust that time spent in bed is time actually sleeping.

Making adjustments, like going to bed later and leaving the room when restless, may sound simple, but they highlight how behavioural retraining can help overcome habits that were seemingly logical, but ultimately counterproductive. Committing to these exercises as a medium to long-term intervention can restore confidence in one's own ability to sleep.

Delivering CBTi in your service

Dr Jacob King argued that CBTi should be a core part of a psychiatrist's role, noting that sleep lies at the heart of the biopsychosocial model.

Drawing on his experience delivering CBTi groups during his special interest day in community mental health and addiction services – after first training with sleep expert and chair of RCPsych's sleep working group Dr Hugh Selsick – he adapted the programme for secondary mental health populations, including by adding a dedicated session on nightmares. Over a year, he co-ran a CBTi group for patients with complex psychiatric and addiction problems. Of 65 referrals, 19 completed the course. This is a modest number but with striking results: participants slept 45 minutes longer per night, fell asleep 30 minutes faster, and spent nearly 90 minutes less lying awake. "People came back after six weeks saying, 'I'm sleeping better'," said Dr King. "It's rewarding as a psychiatrist to see tangible change that quickly."

He noted that patients may be less resistant to CBTi than other therapies. "Everyone knows what it feels like to have a bad night's sleep. It's universal and perhaps more acceptable to seek help for," he said. He emphasised that such groups are deliverable within current service models, although acknowledged the practical barriers to accessing care that exist within services.

The role of medication

The panel endorsed behavioural approaches as first-line treatment, but acknowledged a role for medication where patients' insomnia is significantly impacting them and they are unable to access CBTi, waiting to receive it, or unsuitable for it.

Dr Waterman highlighted daridorexant as the NICE-approved first-line pharmacological treatment for chronic insomnia (lasting >3 months), i.e. second-line after CBTi. Unlike sedatives, it works by calming the brain's wakefulness system rather than inducing sleep via sedation. Evidence suggests it is non-addictive, rarely causes next-day drowsiness and that its benefits build over time. It can be used long-term (as long as the patient needs) and should be reviewed periodically.

Melatonin is another option, though in the UK it's licensed only for certain groups, such as adults over 55, meaning use in other groups is off-label. It is the medication of choice for circadian rhythm problems, such as delayed sleep–wake phase syndrome.

For people requiring a short-term sleeping tablet, a short, carefully reviewed course of a Z-drug, such as zolpidem or zopiclone, may be appropriate. Zolpidem is preferred for its shorter half-life and lower risk of next-day grogginess. In rare cases, long-term use may be considered if someone's insomnia is severely impacting their life, and the other options (CBTi and daridorexant) have been ineffective or are unsuitable.

Dr Waterman cautioned that many prescribers still inappropriately opt for promethazine, assuming it's a gentler or safer choice, perhaps due to its availability over the counter, and psychiatrists are used to using it for rapid tranquilisation. In reality, it has a very long half-life – remaining in the system for more than a day – often causing dizziness and daytime fogginess due to anticholinergic side-effects. It's also unsafe in overdose, and long-term use has been linked to cognitive decline and dementia. Sleep experts are clear: a brief Z-drug course is a safer and cleaner choice.

Want to learn more?

You can watch this session in full – and access slides from all three speakers – on RCPsych's eLearning Hub, where you'll also find recordings of other talks from this year's International Congress: **elearninghub.rcpsych.ac.uk**

Full Congress ticket holders can watch for free, day-ticket holders get 25% off, and access is also available to non-attendees. For full pricing details, visit **rcpsych.ac.uk/congress2025package.**

Understanding body dysmorphic disorder

Often overlooked or masked by other disorders, BDD could be detected much earlier if there were greater recognition of its characteristics.

Body dysmorphic disorder (BDD) is a debilitating condition characterised by a preoccupation with perceived flaws in appearance, associated with high levels of distress, a poor quality of life and a higher risk of completing suicide.

Dr Anusha Govender is a senior cognitive behavioural psychotherapist at the Trustwide Obsessive Compulsive Disorder OCD/BDD Service at South West London and St George's Mental Health NHS Trust (SWLSTG) – one of the UK's few specialist BDD services. She says that BDD is often overlooked, and significantly delayed diagnoses are common, with the average time from onset to diagnosis among her patients being 19 years. "By then they are very disabled by it because they have been engaging in behaviours that stop them functioning in all spheres of their lives," she says.

There might be a general perception of ugliness or a focus on specific features. The flaws will be slight or imperceptible to others and yet they become the focus of ruminations and time-consuming repetitive rituals which may include checking, camouflaging, improvement or avoidance. These safety-seeking behaviours may offer temporary relief but ultimately perpetuate or worsen symptoms. They may include excessive grooming, skin picking, needless dermatological treatments or cosmetic surgery, as well as avoiding social interactions, resulting in further isolation.

Concerns often focus on parts of the body that are most visible to others in everyday interactions, such as facial features, hair or skin, but can also relate to the appearance of body parts that are not so regularly exposed – sometimes including the genitals, which can add an extra layer of shame.

Studies on prevalence shows that BDD affects between 0.7% to 2.4% of people in the community spread equally across the sexes. People with BDD are far more likely to present to physical healthcare services for help. In some dermatological settings, the prevalence is between 3–15%. They will also present to ENT and maxillofacial specialists or emergency departments, having attempted to rectify flaws themselves. "In extreme cases, patients with BDD may resort to self-injury in an effort to correct a perceived defect," says Dr Ilenia Pampaloni, consultant psychiatrist and clinical lead of both the National and Trustwide OCD/BDD services at South West London and SWLSTG.

Although some cases are picked up in these settings, there are no clear regulations for assessing BDD in dermatology or aesthetic medicine. Increased awareness and collaboration between mental health services with these specialties is needed if there are to be earlier interventions.

Some individuals with BDD may undergo multiple cosmetic procedures in an effort to correct perceived flaws. "In some cases," says Dr Pampaloni "people have had numerous rhinoplasties or other significant cosmetic surgeries before coming to the attention of mental health services. It raises important questions about the responsibility of professionals to screen for underlying mental health difficulties before carrying out such procedures."

The disorder is often missed in most general mental health screening, often hidden amid depression, social anxiety or OCD, which are common comorbidities. "Part of the problem," says Dr Govender is that "appearance concerns are part of the norm. They sit on a continuum, but it gets to the point where people are not functioning properly because they are so concerned about their appearance, but the lines are blurred."

By adding in a simple question "Do you worry a lot about the way you look and wish you could think about it less?" to an assessment and following up on the answer if appearance concerns are revealed, psychiatrists could have a better chance of making a crucial early diagnosis.

BDD often manifests in childhood and adolescence, often in response to adverse experiences, trauma or bullying. Ideally, there would be greater efforts to identify the disorder at this time so that safety-seeking behaviours don't become entrenched.

One of Dr Govender's patients, who wanted to remain anonymous, spoke of his experience with BDD. For him, this started at 10 years old, when he became very self-aware of his appearance and felt "less of a person" because of it. This progressed through his teens and twenties, and he dropped out of university and stayed at home to avoid social interactions.

It was when he was being treated for agoraphobia that his BDD was detected, and he has now had his diagnosis for 17 years. He describes his relationship with BDD as "like riding the waves of the sea. Sometimes the waves can be harsh and I relapse – I will avoid going too far from my house or quit a job, but in calmer times, I am confident to socialise and go to work. But one thing that is present nearly all the time is hypervigilance as I try to read situations; it can be exhausting." His safety behaviours include monitoring other people's reactions to his appearance "to see if it bothers them – sort of reading their body language."

The specialist support at Springfield Hospital has taught him techniques to cope with BDD and the depression that accompanies it. "I feel a lot stronger," he says, "I am more compassionate towards myself when things go wrong and able to face my difficulties."

Dr Govender and Dr Pampaloni are concerned that social media and cyberbullying are exacerbating the issues people have with their perceived flaws. Rapidly changing technologies have created a challenging environment for people with BDD, with social media bombarding people with idealised body images and digital tools, AI, filters and 'virtual surgeries' fuelling poor body image and low self-esteem.

Research has shown that one factor sometimes linked with BDD is an increased sensitivity to aesthetic details. Dr Pampaloni explains that in therapeutic exercises, such as drawing a self-portrait, patients with BDD may depict themselves in a distorted way, reflecting the intensity of their self-criticism. "Because of the likely cognitive biases that characterise BDD, individuals often focus exclusively on the perceived flaw and struggle to see themselves as whole people, with strengths and positive qualities beyond their appearance," she says.

Persistent rumination can lead to feelings of hopelessness and the belief that one's flaws are inescapable, which may, in turn, lead to suicidal thoughts. "If you believe the cause of your distress is permanent, and it affects you so much that you can't imagine living with it, a sense of despair sets in that nothing can change," says Dr Govender. "In therapy, we help the patient develop an alternative theory and understanding of their experience."

More research is needed into the condition itself as well as medications and possible therapies.

NICE guidelines recommend a stepped care approach, with CBT with exposure and response prevention (ERP) for mild functional impairment, an SSRI or more individualised and intensive CBT for moderate cases, and a combination of the two in more severe cases. Specialist multidisciplinary care is given in severe cases when people have not responded to initial treatment and for people at high risk.

SWLSTG offers roughly 20 sessions to patients who may benefit from CBT. "But," Dr Govender says "success can depend on the extent to which people are able to engage with it. CBT is a collaborative effort, so while we can guide them, they then have to use that guidance themselves to make changes."

The BDD Foundation provides resources and signposting for patients and clinicians. Raising awareness of the disorder is important and psychiatrists who want to learn more can complete RCPsych's two CPD modules on the topic, which recently have been updated by Dr Govender and Dr Pampaloni. Better awareness of the disorder would mean that it is spotted earlier, and patients may be able to avoid years of its debilitating effects. "It would really help people with BDD have a better quality of life," says Dr Govender.

Find out more

- RCPsych's CPD modules: Search 'body dysmorphic disorder' at **elearninghub.rcpsych.ac.uk**
- Patient support: **bddfoundation.org**

RCPsych in Wales's celebratory illustration by Rhiannon Roberts

Driving change in Wales

Since its Welsh office opened over 20 years ago, RCPsych in Wales has grown and thrived – shaping policy, influencing legislation, fostering innovation, and defining its identity within the College itself.

Housed in a small Cardiff office, RCPsych in Wales might seem modest in scale, but its impact has been significant. Its journey has been marked by milestones in advocacy, education and innovation – a handful of which are captured below.

Gaining administrative independence

Before 2004, the administrative work and records of the Welsh Division, as it was then known, were held wherever the current chair was based. Establishing a permanent office in Cardiff was a turning point, providing the infrastructure to support psychiatrists and patients more effectively.

In 2010, the division became RCPsych in Wales, reinforcing its identity and giving it stronger leverage to influence mental health policy. Later, in 2017, the College's national Council approved Devolved Councils for the devolved nations, granting greater independence and governance.

Driving legislative change

RCPsych in Wales has played a key role in shaping law and practice. In 2017, for example, it influenced the Additional Learning Needs and Education Tribunal (Wales) Bill, creating a framework to better support children and young people from birth into further education.

In 2024, with Mental Health Act (MHA) reform in Wales and England stalled, RCPsych in Wales worked with MS James Evans on the Mental Health Standards of Care (Wales) Bill. It aimed to strengthen duties on timely access to treatment, set clearer standards of care and improve accountability. Although the Bill did not progress once Westminster resumed MHA reform, its groundwork has informed changes to the Mental Health (Wales) Measure, as well as the new Mental Health and Wellbeing Strategy. Also in 2024, in response to developments around assisted dying/suicide, the College in Wales began work to ensure psychiatry's perspective was represented in Senedd plenary debates, committee engagement and scrutiny processes. This work remains an ongoing priority.

Changing lives, shaping policy

Work to influence national policy has taken many forms. For example, in 2019, a pilot study at Aneurin Bevan University Health Board, supported by RCPsych in Wales, demonstrated the benefits of FDG-PET scans for diagnosing dementia, leading to a national rollout and government funding for new scanners across Wales, transforming care.

Meanwhile, the 'Dyfodol' programme, in partnership with NHS Wales, offers several workstreams both to respond to challenges and opportunities across the health service, but also to model and design future services and pathways.

Rising to the pandemic

When Covid-19 struck in 2020, consultant child and adolescent psychiatrist – now Chair of RCPsych in Wales, Professor Alka Ahuja – was seconded to the Welsh Government to lead the rapid rollout of a national video consultation service, which became a lifeline during lockdown.

That year, RCPsych in Wales also successfully advocated for the adoption of Buvidal in opioid dependence treatment, contributing to the lowest level of drug-related deaths since 2014.

Putting parity on the agenda

Ahead of the 2021 Senedd election, RCPsych in Wales published a mental health manifesto calling for parity between mental and physical health. Its outward focus continued in 2022, when it helped establish a cross-party Senedd group on climate change, nature and wellbeing, co-led by Youth Climate Ambassadors. Looking ahead to the 2026 election, RCPsych in Wales is busy engaging with political conferences and promoting its manifesto.

Celebrating excellence and creativity

Alongside policy work, RCPsych in Wales has celebrated achievement and highlighted new voices. In 2018, its former Chair Professor Rob Poole received a Lifetime Achievement Award for enhancing mental health services and integrating psychiatry with social justice.

In 2019, poet and playwright Patrick Jones became the College's first artist-in-residence, capturing lived experiences of dementia in the nationwide project **#ThisIsMyTruthTellMeYours**.

Inspiring the next generation

Since 2015, the 'Cynefin' youth-led education programme has helped young people influence decision-making. In 2025, pupils from Llysfaen Primary School debated smartphone use in schools at the Senedd, demonstrating how the programme empowers future generations.

Celebrating progress

RCPsych in Wales has marked its 20-year journey through commemorative activities, including a special collection of Welsh articles in *BJPsych* and the launch of the 'Trafod' engagement programme – a monthly virtual forum sparking discussion on topical issues, from the use of Welsh in the workplace to neurodevelopmental disorders and prescribing in pregnancy.

A photography project is capturing members' achievements, while illustrator Rhiannon Roberts has created a commemorative artwork celebrating RCPsych in Wales's work and impact.