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RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

RCPsych INSIGHT



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COLLEGE **NEWS IN BRIEF**



New MRCPsych theory syllabus

From January 2027, the MRCPsych Theory Examinations (Paper A and Paper B) will move to a revised syllabus that reflects developments in psychiatric knowledge, clinical practice and medical education.

The revised syllabus is the result of a comprehensive review of the existing framework, involving psychiatrists from a range of specialties, alongside educational and assessment expertise from within the College. The review sought to ensure that the knowledge framework remains relevant and aligned to the requirements of the Core Psychiatry Curriculum.

The overall structure remains the same and updates have been made across most domains, including revisions to reflect developments in neuroscience, psychopharmacology, psychotherapy, research methods and evidence-based practice, alongside updates across the clinical specialties.

It also incorporates areas of increasing importance within psychiatric practice, including neurodevelopment, cultural influences on mental health and trauma-informed care.

The revised syllabus provides a contemporary framework for learning, teaching and assessment while retaining the core scientific and clinical foundations of psychiatry. It will underpin all MRCPsych Theory Examinations from January 2027 onwards and support candidates, trainers, examiners and question writers through the next phase of the examinations' development.

For further information, see 'Exams news and updates' at **www.rcpsych.ac.uk/exams** or **email examinations@rcpsych.ac.uk**

Keeping psychiatry on the agenda

The College has used party conferences across the UK this autumn to raise members' concerns, build political relationships and make the case for psychiatry, reflecting the different priorities of the four nations.

RCPsych in Northern Ireland exhibited at party conferences for the first time, promoting its manifesto, *Stabilise Services, Strengthen Staffing*, ahead of the May 2027 Assembly election (see p12–13). For RCPsych in Wales, conferences offered opportunities to build relationships with the new government and members of the expanded Senedd (see p16–17).

In Scotland, proposed NHS reforms gave RCPsych in Scotland (RCPsychiS) a clear focus: ensuring mental healthcare is fully considered in plans to restructure services (see p4–5). RCPsychiS took this message to the Scottish Liberal Democrat, SNP and Scottish Greens conferences, exhibiting at the first two.

At the Scottish Liberal Democrat conference, College representatives met with almost every party MSP. At the SNP conference, they met with the First Minister, members of the Cabinet and other Ministers. There, RCPsychiS also co-hosted a fringe event on public service reform and health and social care with Marie Curie and the Cabinet Secretary for Public Service Reform. In this discussion, RCPsychiS Vice Chair Dr Pavan Sriredy highlighted the gap between the ambition of joined-up care and the fragmented structures responsible for delivering it, an issue explored in RCPsychiS's *Mental Health at the Fault Line* report.

Meanwhile, the College broadened its engagement with Westminster-based parties to reflect changes in the political landscape. Alongside Labour, the Conservatives and the Liberal Democrats, RCPsych representatives attended Reform UK's conference for the second year and the Green Party of England and Wales conference for the first, with RCPsych Treasurer Dr Ian Hall attending the latter.

In his first conference season as RCPsych President, Professor Subodh Dave met with new and existing political stakeholders and discussed the pressures facing psychiatric services. At Labour's conference, he joined a King's College London panel discussion on the Health and Social Care workforce, highlighting bottlenecks in psychiatry training and the need to retain experienced staff. He also contributed to discussions about young people's mental health and employment. At the Liberal Democrat conference, he spoke with a number of key stakeholders including Baroness Claire Tyler about the regulation of private ADHD assessment clinics.

To support the College's Westminster influencing work, a new booklet was produced, *The Value of Psychiatry*, explaining what psychiatrists do and how their expertise can inform wider policy, including housing, employment and welfare. This means engaging with organisations whose remit might not seem so immediately apparent. For example, at a Liberal Democrat conference reception hosted by the Royal Institute of British Architects (RIBA), College representatives highlighted the importance of considering the needs of people living with mental illness, as well as those with physical disabilities, when planning housing adaptations.

At Labour's conference, the College supported a reception for Head On, a partnership of more than 20 mental health charities seeking to contribute evidence, expertise and lived experience to the UK Government's forthcoming cross-government mental health strategy. The Minister for Mental Health and Social Care Alison McGovern MP was among those attending.

Party conferences are among the more visible aspects of the College's political influencing work, but much of the sustained effort takes place more quietly throughout the year, through meetings, briefings and regular discussions with politicians and policymakers.

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



President's message

Welcome to the autumn issue of *Insight*. My first party conference season as President has reinforced how important it is for psychiatrists' voices to be heard beyond clinical settings. Services remain under pressure, but decisions being taken now could shape care for years to come.

In Scotland, proposed NHS reforms offer opportunities to improve fragmented services, but carry risks if mental health is not central to the plans. In Wales, College colleagues are building relationships with a new government and an expanded Senedd. And ahead of next year's Assembly election, RCPsych in Northern Ireland is seeking commitments on staffing, access to care and alcohol-related harm.

There is much here about improving care in practice, too. Our feature on oral health highlights an often-overlooked aspect of patients' physical wellbeing, while new College guidance aims to help psychiatrists and employers agree realistic, achievable job plans.

I am also delighted to introduce our seven new Presidential Leads. Each brings expertise and energy to areas where I believe the College can make a difference, from prevention and research to safer, more joined-up services. Their success will depend on listening to members and turning evidence into action.

Professor Subodh Dave

It’s all to play for

Scotland is facing the most significant period of health and public service reform in a generation. RCPsych in Scotland is working to ensure psychiatry has a seat at the table.

“**Everybody** agrees that for a small country, the system is far, far too complicated,” says Dr Jim Crabb, joint Policy Lead for RCPsych in Scotland (RCPsychiS) and consultant psychiatrist. Over the last year, Dr Crabb has attended local psychiatry meetings across Scotland, from urban centres to rural island communities, to hear the burning issues facing clinicians. Very quickly, a pattern began to emerge: members feel lost and disenfranchised by a disjointed, hard-to-navigate system.

Scotland’s health and social care system involves multiple bodies with overlapping responsibilities, including NHS health boards and local authorities. NHS boards employ staff and are responsible for clinical governance, quality and safety. In most areas, Integration Joint Boards set strategy and allocate delegated budgets for integrated services, while Health and Social Care Partnerships coordinate operational planning and delivery locally. How these responsibilities work in practice, and how the organisations involved interact, vary between services and across the country.

As he spoke with psychiatrists across Scotland, Dr Crabb heard stories of excessive duplication, obscure governance structures, and widespread confusion about where responsibility lies when problems arise. “In one rural part of the country, there were only 10 psychiatrists, but 40 different parts of the management structure for them to navigate,” says Dr Crabb. “They said they could spend the whole week trying to track down the right people or teams to be able to report concerns in the first place, to the extent they wouldn’t be able to see any patients.”

Psychiatrists also described being responsible for managing clinical risk while having little or no influence over the resources and decisions that determine whether safe, effective care is even possible. Dr Crabb describes the dilemma of a psychiatrist facing several patients in the community awaiting admission under emergency detention, with only one bed available.

“Mental health is the last thing that’s thought about when there’s a major reorganisation, and it should be the first”

“All those patients have been considered ill enough to be brought into hospital, but you can’t bring them all in. And there’s nothing to guide the psychiatrist in the middle of the night as to how to make that decision as safely as possible.” With services facing growing resource pressures, from staffing to bed shortages, any ambiguity around risk and responsibility can have grave consequences for the quality of care patients receive.

Those experiences became the foundation of *Mental health at the fault line*, RCPsychiS’s integration report published in July 2026. It examined how Scotland’s integrated health and care system, introduced around a decade ago, is working for secondary and specialist mental health services. The report highlighted issues around safety, governance, accountability, financial transparency, clinical leadership and duplication across the system. It called for an urgent Scottish Parliament inquiry.

Then, weeks later, on 1 September, the Scottish Government published its Programme for Government 2026-31. Among its announcements is a commitment to replace the country’s 14 territorial NHS boards with two Strategic Health Boards covering the east and west of the country.

For the College, this is a pivotal moment. Reform on this scale brings major decisions about how mental health services are planned, funded and delivered for years to come. Consultant psychiatrist Dr Amanda Cotton, RCPsychiS’s other joint Policy Lead alongside Dr Crabb, and the immediate past chair of the Senior Medical Managers in Psychiatry group, sees a particular opportunity to reduce geographical variation in access to care.

“It feels like quite urgent work,” she says. “How can this be used as an opportunity to bring services across Scotland up to the same high standard, so that, whether you’re in Wick or Glasgow city centre, you have equitable access to high-quality care?”

However, the risks are equally significant. Mental healthcare is only one part of a wider programme of planned reforms, encompassing the NHS, social care, local governance and other public services. “The lesson from history is that mental health is the last thing that’s thought about when there’s a major reorganisation, and it should be the first thing,” says Dr Crabb. “We need to be at the top table. We need to be part of every decision that’s made in the NHS.”

Dr Cotton is particularly concerned about community-based mental health services, which currently sit under varying bodies in different parts of Scotland. “There is a danger that services for our patients with the most severe illnesses get forgotten through a kind of intention to primarily reform acute and hospital-based services.”



The College is clear that clinical expertise must be embedded within decision-making so that reform reflects patients’ needs and the realities of delivering care.

Dr Cotton is concerned that managerial discussions about productivity can lose sight of the importance of therapeutic relationships. “I’m sick of hearing the word ‘productivity’ spoken in managerial systems. I’ve heard it so many times,” she says. “For her, the priority is clear: It is about getting back to that sense of relational care.”

Dr Crabb agrees: “The success of any new system will be that patients actually have a better experience. They have a safer journey, and they have a higher quality of care.”

Since the announcement, RCPsychiS has moved quickly. The College’s Devolved Council has discussed the issues in depth. Workshops were held with RCPsychiS’s Leadership and Management group, the Senior Medical Managers in Psychiatry group, and Scotland’s Mental Health Partnership, a coalition of 19 national mental health stakeholders which RCPsychiS co-chairs. Feedback from all of these helped inform the headline principles for the reform process.

These principles include aligning responsibility for patient safety with authority over resources, embedding clinical expertise in decision-making, ensuring equitable access to care and making mental health funding transparent. RCPsychiS intends to utilise these principles to ‘stress-test’ any proposals for restructuring mental health services and will seek to engage with members to develop its own options appraisal outlining what the future of mental health services should look like.

The next step is hearing from more members. Further drop-in sessions will be hosted with RCPsychiS Officers over the coming months. Dr Crabb also encourages members to act directly in their communities, with the College developing template letters for members to use with their local Members of the Scottish Parliament. “Psychiatrists are hugely influential in their local communities,” he says. “A letter from a psychiatrist to an MSP to discuss the issues, followed by a meeting, can be hugely persuasive because those MSPs then take those concerns back to their parties and raise them with the government. That’s how change happens.”

With no formal consultation process yet for professional bodies to feed into the design of the reform, the College is also using its relationships with government and political parties to keep psychiatry at the front of the conversation. This includes attending party conferences this autumn. “There’s more to be gained by being part of this process than there is to be lost,” says Dr Crabb. “It’s really important that we’re leading the conversation.”

The final shape of the reform is not yet known, and much will depend on who is in the room when decisions are made. “It’s all to play for,” says Dr Crabb. “This is our number one priority, and we are pushing hard to make sure that the voice of psychiatry, our members, and the patients we serve is at the heart of everything.”

Read more

Mental health at the fault line is available from RCPsychiS’s dedicated policy and public affairs publications page: **www.rcpsych.ac.uk/scotpubs**

For details on upcoming drop-in sessions, contact: **scotland@rcpsych.ac.uk**



Professor Nandini Chakraborty

Curiosity in practice

Professor Nandini Chakraborty, the College's new Dean, discusses her plans to strengthen core clinical skills in training and the experiences that shape her approach to psychiatry.

"We must start by listening to our patient's story and understanding what they are going through before we consider formulation and management plans," says Professor Nandini Chakraborty, outlining one of the principles guiding her five-year term as RCPsych Dean, which started in June.

As Dean, Nandini leads the College's work on psychiatric education and training. She wants resident and SAS doctors alike to have fair access to support and opportunities for career development. She brings more than 20 years' experience in education and training, including roles as a general adult psychiatry training programme director and MRCPsych course organiser in the East Midlands, alongside work as a clinical and educational supervisor and CASC examiner.

Nandini wants greater emphasis on phenomenology and descriptive psychopathology in psychiatric training, having grown concerned that the core skills she learned in her own training are being lost as they come to be seen as 'old school'.

"Descriptive psychopathology has been my passion since I was in psychiatric training," she says. "I'm going to bring this back to the centre of our interaction with the patient."

Nandini's ambition is for there to be consistent opportunities for resident doctors across the UK to develop these skills. Longer term, she would like to examine the evidence on whether a more structured way to assess resident doctors in these skills could support their learning and help them demonstrate competence.

Through the College's advisory role in national recruitment, she hopes to contribute to discussions about whether a psychiatry-specific approach to selection for core training could better identify candidates, focusing on the key attributes of a good psychiatrist. Her knowledge and experience in this area includes research into the effectiveness of selection methods for core psychiatry training, which she undertook for the College and NHS England as Clinical Lead for National Recruitment in Psychiatry.

Other ambitions for her term include encouraging more frontline clinicians to conduct research and embedding digital skills in training, including the use of artificial intelligence.

A consultant psychiatrist in early intervention in psychosis (EIP) at Leicestershire Partnership NHS Trust, Nandini came to the UK in 2003 after completing her primary medical qualification in Calcutta and her MD in psychiatry at the Central Institute of Psychiatry in Ranchi. She entered medicine intending to pursue psychiatry from the start and says the profession has exceeded her expectations.

The importance she places on connection with patients informs how she approaches education and leadership. In the first few months of her deanship, she has been busy forging links with frontline educator groups and reconnecting with colleagues from her previous College work. "Committees will only work if the people leading them connect with each other," she says.

As flexibility in training and career progression gains attention, she wants to support doctors across all routes to specialist registration, drawing on her own experience of rotational training and gaining a Certificate of Eligibility for Specialist Registration in 2009.

In her former role as RCPsych's Associate Dean for Equivalence from 2016 to 2021, she helped strengthen what is now known as the Portfolio Pathway to specialist registration in psychiatry, raising its profile and establishing training for applicants and evaluators, and she is currently updating her book, *The Non-training Route to the Specialist Register in Psychiatry*, first published in 2023.

She has also recently negotiated a "small but much needed" change to the Portfolio Pathway addressing a longstanding issue. Applicants who passed the MRCPsych without completing a formal core training rotation will now need to submit less supporting evidence, provided they meet the relevant cohort criteria. Updated specialty-specific guidance for general adult psychiatry has been published to reflect the change, with updates for the remaining psychiatry CCT specialties to follow in due course.

Alongside the deanship, Nandini maintains her supervision and teaching commitments, including local MRCPsych teaching and the College's CASC masterclass. She manages her team remotely when undertaking College work and continues to carry a full clinical caseload.

Her interest in understanding patients extends to the cultures and places that shape their lives. She has travelled to more than 80 countries, both on holiday and through voluntary work. "Voluntary work has taken me to countries, cultures and places I may never have visited," she says.

Nandini first began volunteering in Nigeria, training primary care workers in rural settings. She later became involved with the College's International Advisory Committee, and her teaching has included work with undergraduates in Malawi, online mhGAP training in Uganda during the COVID-19 pandemic and sessions with resident doctors in Bethlehem.

Closer to home, she has trained mental health volunteers for two UK charities: the Sangeet Foundation, which uses music and the arts to promote better mental health, and South Asian Health Action, which promotes health and wellbeing in South Asian communities.

"It's always patients' achievements that make you feel that what you are doing is worthwhile"

Working in the culturally diverse city of Leicester, she finds that first-hand experience of patients' cultures helps her build therapeutic relationships. "People open up and feel that you will understand them when you know where they are coming from literally and figuratively," she says. "We can read about a place, but there is that extra 'something' that you get from travelling."

She has written a book about her travels, *Journey to the Heart of the Earth: A collection of travel tales*, and enjoys challenging expectations. "People don't expect me to have visited places like Ethiopia, Iraq and Kurdistan and I can surprise people by knowing places that are off the tourist trail," she says.

That curiosity also informs her aims as Dean, including a pledge to "embed awareness of cultural diversity and geopolitical factors that impact on mental health on a global scale".

Shared experiences outside the clinic have also shaped her relationships with patients. In September 2021, she joined young people and staff from EIP services on the Ipswich-to-London leg of Voyage to Recovery. Organised by EIP teams with the Cirdan Sailing Trust, the UK-wide project took successive groups of patients and staff on different legs of a sailing voyage around the British Isles. Living and working together aboard the boat, participants learned to sail and shared daily tasks such as cooking, with the aim of helping the young people build confidence and work as a team.

That experience led her to introduce Hiking to Recovery at her clinic: an annual hiking trip during which she stays alongside patients in youth hostels. She describes how it helps destigmatise psychosis and allows her to connect with patients on a different level, and has co-authored a study exploring patients' and staff's experiences of hiking as a form of adventure therapy.

Nandini is an advocate for work–life harmony, and her interests beyond psychiatry often overlap with her work. Alongside being a keen traveller and hiker, she is trained in the classical dance form Bharatanatyam and heads Leicester's Navaratna group, made up of women psychiatrists and partners of psychiatrists. The group has performed at RCPsych's International Congress, highlighting the importance of creative expression for doctors.

Last year, Nandini received the College's President's Medal, awarded each year to a small number of people for significant contributions to improving the lives of people with mental illness. But when asked about her greatest accomplishments, she says it always comes back to her patients. On her desk is a photograph of a patient trip to Snowdon. "It's one of my proudest moments," she says.

She also recalls a former patient inviting her to their graduation after psychosis had interrupted their studies. "It's always patients' achievements that make you feel that what you are doing is worthwhile because without patients, there is no meaning in anything we do," she says.

Only a few months into her term, Nandini is already thinking beyond it and is keen to make a sustainable difference. "Some of the changes I bring in as Dean will show doctors that I am there to help, influence and guide them even after I leave the post," she says. "It won't be an abrupt end."

No mental health without oral health

Poor oral health, mental illness and long-term physical conditions are closely linked, yet opportunities to improve patients' oral hygiene have not always been taken. Here, we examine why oral health deserves greater attention and how psychiatrists can make it a priority.



Illustration: Helen Greenwood

Most psychiatrists will be aware that their patients frequently have problems with their teeth and gums. But they may not be aware of the extent of the problem.

Compared with the general population, people with severe mental illness (SMI) are five times more likely to have tooth decay, four times more likely to have gum disease, three times more likely to lose all their natural teeth and twice as likely to have late detection of oral cancer. People with other mental health conditions or intellectual disabilities, as well as neurodivergent people, can also be disproportionately affected by poor oral health.

Dr Ed Beveridge, former RCPsych Presidential Lead for Physical Health (2023–26), says that the link between poor oral health and SMI has been hiding in plain sight. "We have seen it for years, but it has almost been normalised and accepted that it is just how it is for people with SMI," he says. "It is part of a wider problem of health inequalities experienced by people with mental illness, who are disproportionately affected by preventable diseases, but it has not typically been seen as a part of a psychiatrist's role."

He adds: "We have not always had the best expectations for our patients' physical health, and we have been blind to the fact that there is a lot that we can do to improve it."

Symptoms of mental illness can make it harder to maintain good oral hygiene and access dental care. The resulting risks to oral health can be compounded by dry mouth, a common side effect of many widely used psychotropic medications.

When saliva production is reduced, the risk of tooth decay, oral infections and bad breath increases. The sedative effects of some medications can also make daily self-care more difficult. Poor oral health can, in turn, affect mental wellbeing.

Clinical Reader and Honorary Consultant in Dental Public Health Dr Easter Joury is a leading figure in research on the intersection between mental, physical and oral health. "The substantial burden of oral disease among people with SMI has a profound impact on quality of life, and evidence shows its effect on day-to-day activities, such as speaking, eating and socialising," she says. Oral pain and discomfort can disrupt sleep and add to psychological distress, while concerns about appearance – perhaps relating to the condition of their teeth or tooth loss – can undermine self-esteem and contribute to social isolation. Poor oral health is also linked to stigma and discrimination.

Her research has found many shared social determinants: "Unemployment, deprivation and chronic stress are associated with tobacco use, harmful alcohol use, poor diet and suboptimal oral hygiene and self-care, which are all risk factors for mental illness and poor oral health," she says. A further complication – and another important reason that oral health should be a higher priority – is the link between oral diseases and serious long-term physical conditions that cluster in people with SMI, such as type 2 diabetes and cardiovascular diseases.

"Unless we manage all these interlocked conditions, we are unlikely to support our patients' mental recovery," says Dr Joury.

Researchers are also exploring possible links between poor oral health and neurodegenerative conditions, including Alzheimer's and Parkinson's disease.

Former GP Dr David Shiers, co-lead of the National Early Intervention in Psychosis Programme, has campaigned for better physical healthcare for people with SMI since his daughter Mary was diagnosed with schizophrenia as a teenager in the 1990s. Her early experiences of care settings, where staff condoned smoking, high-sugar foods and physical inactivity, prompted his interest in protecting people with SMI from long-term conditions, such as heart disease and diabetes.

His focus broadened to include oral health when Mary moved to the residential care home where she now lives. "I had been focusing on the traditional risk factors for heart disease and diabetes, but the light-bulb moment came from seeing my daughter receive good oral healthcare for the first time in 25 years: the realisation that oral health, heart disease and diabetes, and mental health are all interconnected, not to mention the impact on things like eating, talking and self-esteem."

The contrast between Mary's earlier and current care experiences is stark. Previously, her toothbrushes were worn out, and missing teeth and gum disease were common among those around her. Her current care home has an oral health champion and established routines for daily oral hygiene. It ensures residents have toothbrushes in good condition and access to high-fluoride toothpaste where appropriate.

Residents also have regular access to a special care dentist who has built therapeutic relationships with them, provides continuity of care and regularly applies protective fluoride varnish. "As a carer, it's difficult to know what good looks like until you see it," says Dr Shiers.

Dr Shiers co-led the development of The Right to Smile Consensus Statement, which set out five-year targets to improve oral health for people with SMI through changes to practice, policy and training. He and Dr Joury also co-led the Restart Priority Setting Partnership, which brought together people with lived experience, carers and professionals to identify the top ten research priorities for oral health and dental care for this group.

They are both now working with Dr Beveridge on a forthcoming College report on improving the physical health of people with mental health conditions, in which oral health is a key area. "If I were going to design a litmus test to tell a good-quality setting from a poor one, oral health would be an indicator," says Dr Shiers.

The College's work in this area also includes a CPD podcast featuring Dr Beveridge and Dr Joury. "We're aiming to change practice and culture and show people that this isn't an inevitable problem," says Dr Beveridge. The aim is to encourage small changes that can lead to wider systemic change and bring oral health to the forefront of psychiatrists' minds.

Including oral health in regular health checks, assessments on admission and medication reviews could help identify problems earlier. "Oral health advice is recommended as part of a comprehensive annual SMI health check in England, although it is not one of the six core elements. But organisations and practitioners across the UK can include it in routine care without waiting for a formal requirement," says Dr Beveridge. "Start the conversation, identify risks and offer support as part of the wider efforts towards recovery."

Dr Shiers adds: "Mary attended clozapine testing every month for 30 years. No one ever asked her, 'How are your teeth?' It was an opportunity missed."

Practical suggestions for improving oral healthcare on inpatient wards can start with ensuring access to toothbrushes and fluoride toothpaste, including high-fluoride toothpaste (available in two prescription strengths) where clinically indicated. Discussing oral health with patients can also really help staff understand what makes daily oral care difficult and what support each patient needs. Some may need practical help or supervision from a trusted member of staff to establish and maintain an oral hygiene routine.

Training in promoting good oral hygiene could help mental health staff better provide this support. Dental teams, in turn, could benefit from training in mental illness and non-stigmatising communication, alongside greater awareness of the barriers that can prevent people with mental illness from attending appointments.

Closer working between primary care, mental health services and dentistry would also be beneficial. "Joining up the fragmented elements of care would make a massive change to care for patients with SMI," says Dr Joury.

At a recent CHiMES webinar on oral and mental health, she presented her co-designed Restart Smiling intervention as an example of translating research into practice. Developed by a multidisciplinary team, the intervention aims to support daily toothbrushing through behaviour change strategies and changes to routine care.

By asking about patients' teeth and gums, supporting daily oral hygiene and helping them access dental services, psychiatrists can make oral health a routine part of care and drive improvements through simple but vital interventions.

Find out more

- Listen to RCPsych's CPD podcast: search 'Oral health' at **elearninghub.rcpsych.ac.uk.**
- For more information about Restart Smiling training, contact: **restartsmiling1@gmail.com**.



Safer Services:
Dr Mayura Deshpande



Early Life:
Dr Eilis Kennedy



Clinical Effectiveness:
Professor Asif Zia



Applied Research:
Professor Helen Crimlisk



Work, Housing, Money:
Dr Jim Crabb

RCPsych's new Presidential Leads



Lifestyle Determinants:
Dr Mihaela Bucur



Integrated Care:
Dr Sarah Brown

Following a competitive recruitment process, President Professor Subodh Dave has appointed seven new Presidential Leads to serve from 2026 to 2029. Each will advise him and the other College Officers on a specific area of work and lead the development and delivery of relevant projects.

The leads will work to reduce variation in access to high-quality care and give psychiatrists greater influence over service design and delivery. "I want them to build networks, mobilise our membership and make things happen," says Professor Dave.

The roles cover early life; clinical effectiveness; applied research; safer services; work, housing and money; lifestyle determinants; and integrated care. All roles have a remit supporting work across the four nations of the UK, working with College members, faculties, devolved nations, divisions and special interest groups, as well as external stakeholders.

The seven leads bring experience in clinical practice, research, education, quality improvement and service leadership. Here, they explain what they hope to achieve over the next three years.

You can also read more about them and their professional backgrounds at:
www.rcpsych.ac.uk/presleads

Early Life
Dr Eilis Kennedy

Health in early life helps shape health and wellbeing throughout life. Factors from pre-conception to early childhood are relevant to all psychiatrists, regardless of specialty, and perspectives from developmental science can enrich our understanding of the people we care for.

I am pleased the College has recognised this by creating a dedicated role. I hope to build on the work behind the College report *Infant and early childhood mental health: the case for action* and help develop a strategic early life health workstream.

This is inherently multidisciplinary work. Collaboration across medical specialties, from obstetrics to paediatrics, and with colleagues in disciplines such as psychology and health visiting will be essential. Bringing these perspectives together will help us consider the range of influences on children's health and their longer-term trajectories.

This role is hosted by the Public Mental Health Implementation Centre, offering an important opportunity to connect this work with prevention and early intervention. I want to explore how public mental health approaches in early life can improve outcomes across the breadth of psychiatry.

Clinical Effectiveness
Professor Asif Zia

Our practice needs to reflect the best available evidence and improve outcomes for patients, particularly those with severe mental illness (SMI). This includes moderate to severe or recurrent depression and co-morbidities.

Preventing relapse among people with SMI receiving secondary mental healthcare is key. We need renewed emphasis on effective treatments such as clozapine, lithium and ECT, with education and training to support safe and appropriate use according to patients' needs.

Evidence-based clinical pathways will be central, translating research and guidance into everyday practice. Health and social outcomes will help us assess effectiveness and identify improvements.

Priorities include early identification, effective intervention and better physical healthcare, with attention to social determinants and the impact of drug and alcohol use. Innovation, involving genetics, pharmacogenomics, new psychological treatments and treatments delivered virtually, will be part of this work.

We must learn from services helping people stay well and spread what works, so good care does not depend on where someone lives. Research and quality improvement should be shaped by people who use our services, reflecting what matters to them most.

Applied Research
Professor Helen Crimlisk

Our patients deserve the best possible care and treatment. However, too often they are not offered proven effective treatments or opportunities to participate in research or innovation. I want to improve patients' access to research and help services put evidence-based interventions into practice more quickly, extending benefits beyond research participants to all patients, families and communities.

With their background in science and evidence, and leadership roles within clinical teams, psychiatrists at all grades are well placed to advocate for, support and lead research trials as principal investigators. Research-active providers not only receive income but also deliver better quality care, improve staff and patient experience, and optimise recruitment and retention of committed staff.

I look forward to working with the other Presidential Leads, the Academic Faculty, College members and affiliates, patients and carers. Stronger partnerships will help increase participation and spread innovations. We will establish a network connecting academics, research leads and clinical leaders to coordinate research and innovation in mental health services, supported by the College Centre for Quality Improvement (CCQI).

Safer Services
Dr Mayura Deshpande

There are so many different ways of thinking about safety – from the perspective of safety science, risk assessment and management, organisational culture, policies and procedures, psychological safety of patients, families and staff, quality improvement, all the way to legal frameworks.

The College already does a lot of work to improve safety and drive up standards. We can build on this and bring systems thinking and safety science more explicitly into how we conduct investigations and inquiries, how we engage with other agencies and how we address the culture of fear in which many of us practise.

I will work across the College with my fellow Presidential Leads, members, patients, carers, families and other stakeholders, drawing on our expertise in psychiatry and safety science to deliver tangible improvements in the safety of services.

We can write guidance, but the real test is whether we can change our system so that, for those of us on the ground, it becomes very difficult to do the unsafe thing.

Work, Housing, Money
Dr Jim Crabb

Housing, food, safety and connection are fundamental to mental health. Stable housing can support recovery and engagement with care for people living with severe mental illness or addiction. Meaningful work, education and participation in community life can also improve wellbeing.

Too often, psychiatrists are asked to treat distress and illness without being able to address the social circumstances that underpin them. This has been a recurring theme in my work in the north of England, London, West Africa and Scotland.

Large numbers of young people are not in work, education or training, while technological change threatens to reshape the labour market. There is also growing debate about health-related benefits and wider public spending. This all has consequences for the people we care for.

I will champion evidence-based, compassionate approaches to housing, work and money. I hope to strengthen psychiatry's voice in decisions affecting people's lives and help ensure policy supports mental health, recovery and inclusion. Science must guide this work alongside respect for people's dignity and their need for opportunity and hope.

Lifestyle Determinants
Dr Mihaela Bucur

Physical activity, nutrition, sleep, social connection and access to green space matter for mental and physical health. Yet people with mental illness continue to experience significant health inequalities. Over the next three years, my aim is to make lifestyle factors an integral part of contemporary psychiatric practice, prevention and professional education.

This means translating the evidence into practical action within inpatient settings and strengthening the mental health workforce's knowledge, skills and confidence in addressing lifestyle factors in everyday care. Working with partners across primary care, public health, social prescribing and community services will support prevention and help reduce inequalities.

Getting It Right First Time and wider quality improvement projects offer opportunities to identify where lifestyle approaches can improve outcomes and reduce unwarranted variation. I hope to contribute to this work.

Co-production with patients will help ensure that future developments in clinical care and service design reflect their experiences, priorities and perspectives. Their input will inform approaches that are practical, accessible and relevant to the people they are intended to support.

Integrated Care
Dr Sarah Brown

Integration is fundamental to effective, person-centred care, particularly for people living with long-term conditions and multiple needs. Fragmented services can result in duplication, poorer experiences and widening health inequalities. People need their mental and physical healthcare to be coordinated around their individual needs.

Prevention, personalised care and joined-up working between services should be central to this work. Multidisciplinary teams need to be able to provide accessible, holistic care within communities and across organisational boundaries. There are already excellent examples of innovative, integrated services developed with minimal additional resources.

However, a growing number of providers can increase the risk of further fragmentation, making services harder for patients and carers to navigate. Mental healthcare must not become an optional extra as neighbourhood teams and hubs develop.

I look forward to working with members and partners to address these priorities, asking ourselves how to promote parity between mental and physical health; how psychiatrists can lead across increasingly complex systems and organisational boundaries; and how to ensure neighbourhood services embed mental health expertise alongside other needs.

Beyond the vacancies

Ahead of the May 2027 Assembly election, RCPsych in Northern Ireland is seeking political commitments to strengthen staffing, improve access to mental healthcare and reduce alcohol-related harm.

Northern Ireland has gone nearly 20 years without new investment to expand its psychiatry training places. In 2025, almost a third of consultant psychiatrist posts were vacant, while more than £10m was spent on locum consultant and SAS psychiatrist cover in 2024/25.

Addressing this longstanding shortage is the core purpose of *Stabilise Services, Strengthen Staffing*, RCPsych in NI's manifesto for the May 2027 Northern Ireland Assembly election. It calls for sustained investment in training to build a more stable workforce and reduce the health service's dependence on temporary staffing.

"Locums are absolutely necessary," says Dr Richard Wilson, Chair of RCPsych in NI. "There are many services in Northern Ireland that would completely collapse if it wasn't for locum psychiatrists. But services should not have to depend on locum cover as 'business as usual' to keep running."

RCPsych in NI is calling for sustained investment to expand core and higher psychiatry training. Although ten additional training posts were created in 2025/26, they were non-recurrent and funded by reallocating existing work, training and education resources rather than through new investment in the specialty.

"We need to be planning for the psychiatry workforce we'll need in five or ten years, not just filling the gaps we have today," says Dr Wilson. "That means investing in training and retaining the experienced psychiatrists already working in our services."

The effects of understaffing extend beyond vacant posts. Pressures on existing services can affect continuity of care and make it harder to develop the specialist provision patients need. That links directly to the manifesto's second priority: ensuring people across Northern Ireland can access the same standard of mental healthcare.

"We need to be planning for the psychiatry workforce we'll need in five or ten years"

Dr Wilson describes current provision as a "postcode lottery". Northern Ireland has only one commissioned early intervention in psychosis service, based in Belfast, and no regional neuropsychiatry service. "There's a huge disparity across Northern Ireland," he says.

The manifesto also highlights the funding gap, estimating mental health spending at approximately £212 per person in Northern Ireland, compared with £264 in England. This is despite evidence of historically higher rates of mental ill-health in Northern Ireland, associated in part with deprivation and the legacy of the Troubles.

The third priority in the manifesto focuses on tackling health inequalities, with a call to introduce minimum unit pricing for alcohol, a measure that has yet to secure agreement within the Northern Ireland Executive. Northern Ireland recorded the highest rate of alcohol-specific deaths of the four UK nations in 2024, following a 66% rise over the previous decade. While minimum unit pricing is not a solution on its own, the College points to evidence from Scotland that it can help reduce alcohol-related deaths.

The manifesto was developed through discussions within the College's Northern Ireland Devolved Council and senior leadership team, with Dr Julie Anderson previously playing a leading role as Chair. Dr Wilson has since taken forward the work to secure political support for its priorities.

RCPsych in NI has already met with Health Minister Robbie Butler, DoH Permanent Secretary Mike Farrar and policy teams from several parties, and has exhibited at party conferences for the first time this autumn. College representatives spoke to party leaders and health spokespeople, and to MLAs and councillors who may not have a health brief but can help bring mental health into wider party discussions.

This work provides an opportunity to build on the College's established relationships with politicians and officials, rather than simply repeat conversations with those already familiar with its concerns. "It's about relationships," says Dr Wilson. "It's about being able to sit opposite somebody and have an easier way in to influence the agenda."

RCPsych in NI is planning a cross-party hustings event in February 2027 and further conference engagement in the spring, as it continues its efforts to secure support for the manifesto's priorities ahead of the election.

"We're asking all parties to make clear commitments to improving mental health services," says Dr Wilson. "But ultimately, the real test will be what happens after the election, and whether those commitments translate into improvements for patients."

Read the manifesto

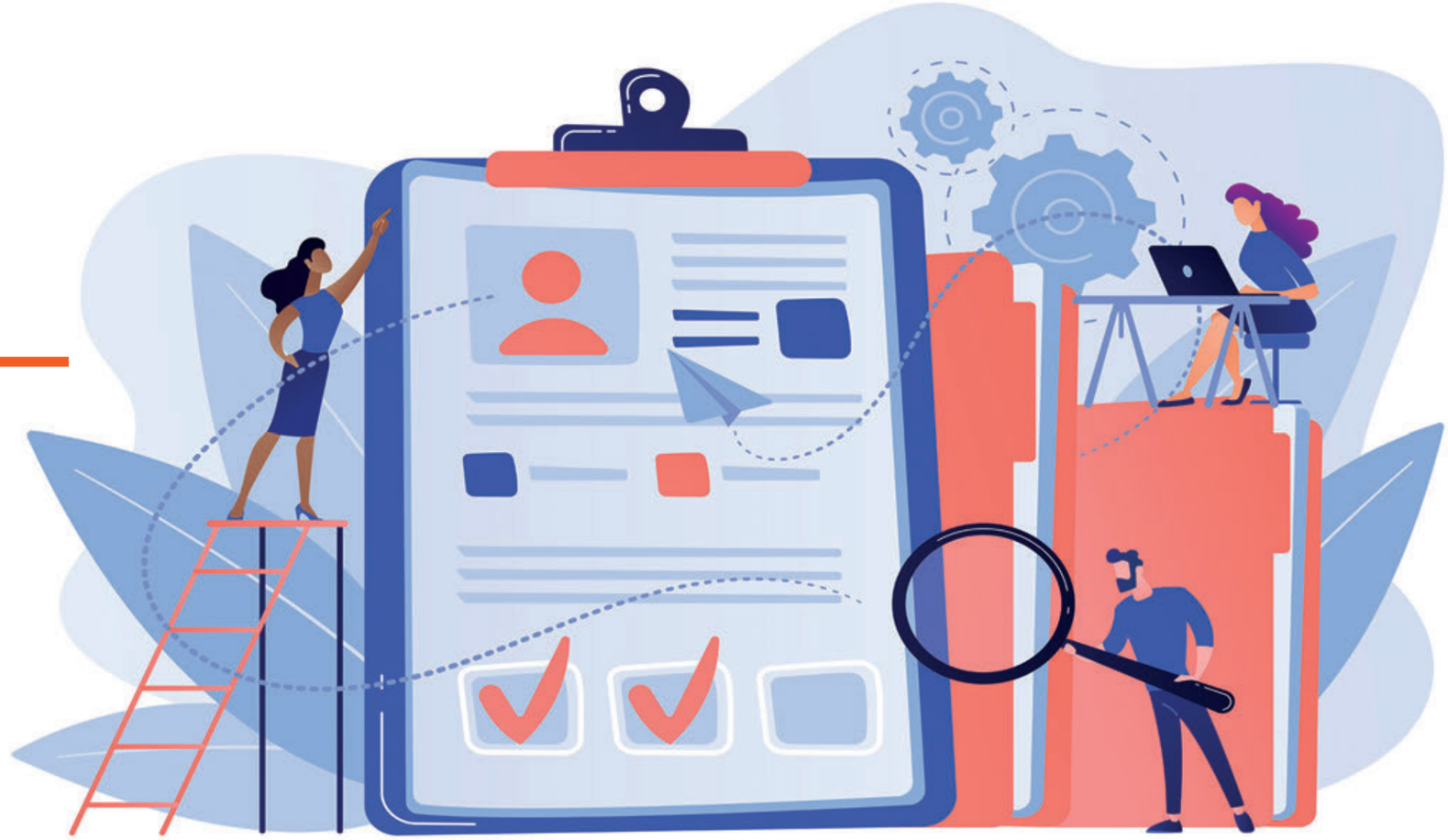
Available from
rcpsych.ac.uk/NImanifesto2027



Stormont, Belfast

Making job planning work

The College's new job-planning guidance responds to members' concerns about unachievable workloads, with broader coverage of psychiatric roles and the circumstances in which psychiatrists work.



Members have been telling the College for some time about "inappropriate, unmanageable or, in some cases, simply undoable job plans", says College Registrar, Professor Owen Bowden-Jones CBE. "To help colleagues challenge unrealistic expectations and agree a job plan they can actually deliver, RCPsych has developed new guidance."

Job planning for psychiatrists (CR245) updates and replaces the College's previous guidance on consultant job descriptions (CR207), first published in 2017. Its scope is extended beyond consultants, with specific recommendations for SAS psychiatrists and more detailed guidance on allocating time within less-than-full-time roles.

Initiated by RCPsych's previous Registrar Dr Trudi Seneviratne, the guidance draws on contributions from faculties, SAS psychiatrists, regional advisors and colleagues across the four UK nations.

"Psychiatrists work in a very wide range of settings. A job plan that works in one specialty or service may be unrealistic in another," says Professor Bowden-Jones. "Plans need to reflect the demands of the role and the support available."

The guidance does not prescribe a single model or caseload for every psychiatrist. It provides a practical starting point for local discussions between psychiatrists and employers, helping ensure that each job plan reflects the full requirements of the role. Specialty sections offer more detailed recommendations on workload and assessment times, taking account of clinical complexity, risk, service models, geography and the support available from the multidisciplinary team.

Some recommendations have changed. For community old age psychiatry posts, for example, the recommended time for a new outpatient assessment has increased from a minimum of one hour to 90 minutes, with follow-ups allocated 30–45 minutes rather than 30 minutes. The guidance allows shorter direct assessments where other team members undertake significant parts of the work, with time retained for discussion and management planning.

Achievable job plans need to allow time for psychiatrists to work in partnership with patients and carers. The guidance also sets out recommendations on the balance between direct clinical care and supporting professional activities for consultants and SAS psychiatrists. Separate tables cover different working hours, giving members and employers more specific reference points when discussing time for professional development and the wider responsibilities of a post.

The guidance's new section on the biopsychosocial approach, as well as the specialty sections, address how job plans should recognise the skills and professional development needed to support that care. In general adult psychiatry, for example, the guidance now recommends that consultant job plans include 0.5 programmed activities of direct clinical care for maintaining psychotherapeutic skills through activities such as reflective practice, Balint groups or group therapy.

New sections on portfolio careers, remote working and unpaid caring responsibilities address psychiatrists' different working circumstances. For carers, the guidance recommends considering compressed hours, hybrid arrangements and contingency plans for unexpected leave. It explicitly recognises that reducing hours will not suit everyone: colleagues who want or need to continue working full time may require other forms of flexibility.

For psychiatrists preparing for a job-planning meeting, the relevant chapters provide a College reference point for discussing what constitutes an acceptable job plan and identifying where organisational expectations go beyond the guidance. That might mean revisiting assessment times, recognising supervision commitments or accounting for responsibilities that have grown since the role was agreed.

Psychiatrists are not the only intended audience for the guidance. Employers are strongly encouraged to use it when designing and recruiting to posts, taking account of the full role, including clinical leadership, training, research and quality improvement. The College has shared the guidance directly with employers across all four UK nations, writing to chief executives, medical directors and HR directors and asking them to circulate it to colleagues responsible for recruitment, medical staffing and job planning.

"Members want to do their jobs well, but that becomes difficult when more is being asked of them than they can realistically deliver," says Professor Bowden-Jones. "We hope this guidance helps colleagues explain where the pressures lie and gives them confidence to ask for changes."

Future revisions of the guidance will take account of changes in services and working practices. The College also welcomes feedback from members and employers, who can share their thoughts by emailing **workforce@rcpsych.ac.uk.**

Read the guidance

Available from **www.rcpsych.ac.uk/jobplanning**



The Senedd, Cardiff Bay

All change in Wales:
New faces, similar priorities

With a new government and an expanded Senedd, RCPsych in Wales is building relationships to ensure members' concerns and clinical expertise shape mental health policy.

The May elections to the Senedd, the Welsh parliament, resulted in an unprecedented upheaval in Welsh politics. The Labour party, which had been continuously in government in Wales since the Senedd's inception in 1999, fell into third place, losing its leader in the process. Plaid Cymru, the Welsh nationalist party, jumped into first place for the first time. And from the position of having just two seats before the election, Reform UK became the official opposition.

"Even doing things like explaining what psychiatrists do is important at the moment"

For RCPsych in Wales, these results pose both challenges and opportunities. The Senedd has been expanded from 60 to 96 seats and, with only 30 members having served there previously, there are a lot of new faces to engage with. Plaid Cymru now leads a minority government, and is dependent on other parties to secure majorities, making the result of each vote in the Senedd hard to predict. With health policy devolved in Wales, building relationships with the new government and members across the expanded Senedd will be central to the College's influencing work.

"Having such a shift, where there are so many new Members of the Senedd but so few have a health background, is quite a challenge. There's a lot of groundwork to do," says Caroline Walters, Head of RCPsych in Wales. "Even doing things like explaining what psychiatrists do is important at the moment."

"We're a very small team so we have to prioritise. We're targeting members of the health committee and the children's committee. We've also submitted evidence to both those committees for their consultation on priorities. And we're attending party conferences to set out our stall."

The College is continuing with its practice of holding regular drop-in sessions at the Senedd. "These are held at lunchtime, and Senedd members come along, often with questions that have been raised by their constituents," says Professor Alka Ahuja, Chair of RCPsych in Wales. "We held one in July where we provided mental health information in easy-to-understand language for Members of the Senedd. Dr Katie Fergus, RCPsych in Wales's Chair of the Faculty of Rehabilitation and Social Psychiatry, and Dr Rhys Bevan-Jones, from Wales's Faculty of Child and Adolescent Psychiatry, both attended. It's quite powerful to have College members present because they speak with clinical expertise and experience."

To some extent, the College is pushing at an open door. As Caroline Walters says, "if you look across the party manifestos, there was a lot of alignment on mental health. It really was an area where the parties were saying quite similar things." And the College has been fortunate in that the three key ministers in the new government, so far as mental health services are concerned, are familiar faces.

"We've worked with Mabon ap Gwynfor, the Cabinet Minister for Health and Care, over the years," says Professor Ahuja. "Delyth Jewell, the Deputy Minister for Social Care, Mental Health and Women's Health, has been a big champion for us, particularly for our work with schools. And Nerys Evans, the Deputy Minister for Public and Preventative Health, is someone we have a good relationship with. We met all three in the first few weeks after the formation of the new government and we were then invited by Delyth to discuss social media and its use by young people."

Plaid Cymru is also committed to maintaining a ring-fenced mental health budget, something that Professor Ahuja says makes Wales stand out from the rest of the UK. "We're very lucky in that respect," she says.

The shortage of inpatient beds in Wales and the large number of out-of-area placements are at the top of the College's list of members' concerns. But understanding the scale of out-of-area placements is difficult because the relevant information is not routinely published in Wales, as it is in England. "The only way we can get it is by making requests under the Freedom of Information Act," says Caroline Walters. The College plans to raise the matter with the Health Minister at its earliest opportunity.



Professor Alka Ahuja

Ensuring people with severe mental illness receive the mental healthcare they need is another priority for RCPsych in Wales. "I strongly support prevention and early intervention," says Professor Ahuja, "but we must also ensure that our most severely unwell patients remain a priority. They often require intensive, specialist support and can be particularly disadvantaged because of their mental ill-health."

One practical focus is the safe use of clozapine. At its International Congress in June, RCPsych launched Wim's Protocol, named after William (Wim) Northcott, whose death while taking clozapine highlighted monitoring gaps across the care pathway. Drawing on current evidence and best practice, the guide provides core standards for prescribing and monitoring throughout treatment.

"We took the protocol to Delyth Jewell recently and she supported it, so we are hoping to implement it in Wales to ensure safe clozapine care," says Professor Ahuja.

Plans for an open-access mental health model, intended to allow people to seek support without traditional referral routes, are another focus for the College. "There's quite a concern that we haven't been able to see the detail of what that open-access model looks like and the fit with secondary care pathways," says Caroline Walters. "Psychiatrists haven't really been engaged in designing it. I've spoken to other Royal Colleges about this and they feel the same – that their members don't feel they've been engaged."

Partly in response to these concerns, Caroline has re-established a Royal Colleges group bringing together professional bodies involved in mental healthcare, including nursing, occupational therapy, speech and language therapy, pharmacy and general practice. The group had fallen into abeyance due to staffing shortages and the focus on the Senedd elections, but now it's up and running again and has already set up a meeting with Delyth Jewell.

There are many other developments in motion or on the horizon. The implementation of the Mental Health Act for England and Wales (2025), for example, is a work in progress. And the prospect of potential further devolution in the field of criminal justice will have implications for mental health tribunals; work has already started in that area.

Amid the political upheaval, there is still a sense of continuity in mental health policy in Wales. RCPsych in Wales is building on established relationships and longstanding mental health priorities as it adapts to Wales's new political landscape. It wants members' concerns and clinical expertise to shape its work with the new government.

"I want to assure our members that we're getting their concerns across to the new Senedd," says Caroline Walters. "That is our priority."

Nearly two centuries of clues

From committee minutes to personal recollections, the College archives hold nearly two centuries of psychiatric history. Honorary Archivist Dr Claire Hilton and College Archivist Mandy Bryant explain what members can discover and how they can contribute.

In 1978, Dr Peter Jefferys, a consultant old age psychiatrist at Northwick Park Hospital, inherited a file of committee minutes when he succeeded Dr Brice Pitt as secretary of the College's old age psychiatry section, as it was then known. Pitt had kept the handwritten drafts before they were typed up, including some candid comments in the margins that never reached the final minutes. Jefferys put the file in the bottom drawer of his desk, where it remained for about 25 years.

In 2004, Dr Claire Hilton, now the College's Honorary Archivist, who had the office next door and was preparing to begin some historical research, found the papers on her desk. They preserved something the official minutes could not: a glimpse of what their author was thinking.

Those handwritten notes are now part of the College's extensive archives, which chart its history and that of its predecessor bodies from 1841 to the present. Both Dr Hilton and Mandy Bryant, College Archivist, want to raise the profile of the College archives and encourage more members to explore the collections.

"There are many hidden gems, but so many people don't even know the archives are there," says Mandy.

The archives hold personal papers, books, pieces of artwork and other objects. Some holdings relate to prominent figures, such as Sir Francis Galton, Sigmund Freud, Professor Alwyn Lishman, former RCPsych presidents Professor Dame Sue Bailey and Dr Thomas Bewley, and the College's Royal Patron, King Charles III – both in his former capacity as the Prince of Wales and now as monarch.

But much of the material documents everyday life and work in mental health services, through asylum casebooks, mental nurse training and examination records, oral histories and personal collections donated by psychiatrists.

Faculty and special interest group newsletters from years gone by capture colleagues' thoughts and concerns at the time. The archives' old age psychiatry newsletters date back to 1980, for example. Even their changing formats, including handwritten pages, record how professional communication developed.

"It's the stuff that won't get into the journals," says Dr Hilton. For her, it is these records of day-to-day working life that help reveal the challenges earlier generations faced and the choices available to them. "It puts you in other people's shoes," she says. They can also prompt questions relevant to clinicians today. "I might ask myself, 'What choice would I have made in that situation?' and then, 'Might that reflection give me new insights concerning current dilemmas?'"

A recent interview she has conducted, intended for inclusion in the College archives, illustrates the detail oral histories can preserve. The interviewee had worked in a mental hospital between 1958 and 1961 as an alternative to National Service. He recalled accompanying patients to the Roman Catholic chapel, where the priest doubted that someone so young could be in charge, even when the patients assured him that he was. His account adds a personal perspective on hospital life that formal records may not capture.

This year marks the centenary of one of the archives' more prestigious documents: the first Royal Charter, granted in 1926 to an earlier incarnation of the College. The document marked the transition of the Medico-Psychological Association into the Royal Medico-Psychological Association, the College's immediate predecessor organisation. The Charter strengthened psychiatrists' professional standing and set out the Association's objectives, including advancing the study and treatment of mental disorders.

In 1971, a Supplemental Charter gave the Association its present name, the Royal College of Psychiatrists. Both charters, along with the 1926 grant of arms, the document awarding the Association its coat of arms, are preserved in the holdings, complete with their original wax seals. The grant of arms features colourful heraldic designs, including the serpent-entwined rod of Asclepius and the butterflies of Psyche, symbolising the healing of the mind.

Original order

Caring for the archives involves preserving the documents and objects themselves, as well as the context that helps researchers understand them. Mandy explains the archival principle of 'original order', which means keeping records in the arrangement in which their creators kept or used them, rather than reorganising them or imposing a new order.

"If we rearranged everything by subject or date, we'd lose part of what makes it evidence in the first place – the order itself tells you something about the holding to begin with and perhaps how decisions actually got made."

A proposal read alongside correspondence and meeting papers can reveal how an idea was debated and revised before a decision was reached. These connections help researchers understand the circumstances in which people were working.

Finding what you need

You can begin your search by exploring the collections through the online catalogue.

Currently, many of the entries provide only broad descriptions. However, the archives' team of two is working to add more detail and is seeking external funding to catalogue the personal papers more extensively. "I don't think an archivist's job is ever done," says Dr Hilton.

Members who cannot find what they're searching for are positively encouraged to contact Mandy with the subject or question they would like to explore. She can help identify relevant material and arrange an appointment to view it.

"Please reach out," she says, "even if your initial research on our online catalogue doesn't seem to return what you're looking for."

Enquiries can be broad or specific. Those recently received by the team have ranged from research into the history of memory clinics to requests for information about individual College members.

Building tomorrow's archive

The archives team would like you to help build the collections, as well as explore them. That could mean sharing material you already hold or recording your experiences of psychiatry today.

Material worth preserving may be tucked away in a filing cabinet or attic, or saved digitally. Committee minutes, letters and emails to colleagues, diaries, memoirs, photographs, drawings and sound or video recordings can preserve details of working lives and personal experiences that never appeared in published accounts. Before throwing anything away, members and their families are encouraged to consider donating it. "Sort it out, don't throw it out," says Dr Hilton.

Either archivist can advise on donations, which are considered under the archives' collection development policy, and what might complement the existing collections.

The College is also inviting contributions to Snapshot of Psychiatry 2026 to mark its Royal Charter centenary, inspired by the Mass Observation studies of everyday life that began in 1937. As part of this project, members, medical students, patient and carer representatives, and College staff can record a day in words, photographs, artwork or video, sharing their experiences, thoughts and frustrations. It need not be a working day: retired members and those on parental leave are encouraged to take part.

Dr Hilton would also like to see the College archives better reflect the diversity of people involved in psychiatry and mental healthcare. The snapshot project offers a further opportunity to address gaps in representation.

A hundred years from now, researchers may want to know how psychiatry was experienced today: the pressures, the debates and the details of everyday life. Material in a desk drawer or saved on a desktop may hold clues to that history. Donating it to the College archives could preserve a record for future generations.

Get involved

Explore

Explore the catalogue at **www.rcpsych.ac.uk/archives**. For help finding and ordering documents or arranging a visit, contact College Archivist Mandy Bryant at **archives@rcpsych.ac.uk**.

In-person visits are by appointment, Monday to Friday, 9.30am–4pm, excluding bank holidays.

Donate

To discuss donating material, contact **archives@rcpsych.ac.uk** or **honorary.archivist@rcpsych.ac.uk**.

Record your day

The next contribution window for Snapshot of Psychiatry 2026 runs from 7 to 11 December. Read the guidance on the project page: **www.rcpsych.ac.uk/snapshot2026**



Photo from the archives: Final Council meeting of the Royal Medico-Psychological Association, RCPsych's immediate predecessor, May 1971



The economic case for mental health

The **Prague Agreement**, an RCPsych and WPA initiative, is calling on global financiers to align their investments with national mental health strategies, arguing that healthier populations make stronger economies.

For years, the case for investing more in mental healthcare has been made to governments directly, but to limited effect. Around 63% of mental disorders start by the age of 24, just as education and working lives are taking shape, and the disruption can last decades: a 2022 study valued global health and welfare losses associated with mental illness at around US$5 trillion a year. Despite the scale of impact, just 2.1% of government health budgets worldwide go to mental health, according to United for Global Mental Health.

Now, the Prague Agreement, an international call to action, is taking the argument for investment to a different audience: the financiers who lend to governments and can therefore influence their priorities.

Published in *World Psychiatry* in September, the Agreement proposes that the World Bank, the International Monetary Fund and other financiers factor two things into their investment decisions, whether in health or other sectors: Does the country have a national mental health strategy, and does it have a credible plan to implement it? Each strategy should reflect the country's resources and needs, recognise the links with education, housing and employment, and include at least one tangible commitment that can be assessed annually.

The Agreement was developed by RCPsych, the World Psychiatric Association (WPA) and international partners including economists, international campaigners and leading psychiatrists.

The WPA represents 147 member societies, mostly national psychiatric associations, across 123 countries. More than 50 organisations worldwide, from that network and beyond, have signed the Agreement directly, including psychiatric associations and mental health charities. The first organisations signed up at the World Congress of Psychiatry in October 2025 in Prague, giving the Agreement its name.

The idea was, in part, born out of frustration with the limited progress made through attempts to influence governments directly. Dr Lade Smith CBE, RCPsych's immediate past President and first author of the paper, recalls a WPA meeting at which delegates were discussing the underfunding of mental healthcare, which prompted her to consider who else held the leverage to drive change. "Financial institutions are uniquely placed to hold countries to account by requiring that they have a national mental health strategy in place in order to secure funding," she says.

Whether a nation has a high, middle or low income, mental ill-health affects its prosperity. Investing in mental health delivers measurable returns: an investment case for the Philippines, developed by the UN Development Programme, estimated that US$2.8 billion spent on public mental health could generate benefits worth US$4.27 billion over ten years – a return of over US$1.50 for every dollar spent – in better health and greater productivity.

The Agreement is careful not to reduce people to their economic value. It maintains that human rights alone should justify investment but acknowledges that this argument hasn't gained enough traction.

A related point concerns mental health's visibility on the global economic agenda. The World Economic Forum (WEF) tracks gender parity across education, health, employment and political representation, helping keep the issue on the agenda of the world's most powerful economic institutions. RCPsych believes mental health deserves the same prominence.

The main task is now getting the economic argument heard in the right places. The College has held meetings and a webinar with the World Bank and promoted the Agreement at the UN General Assembly, which meets again next September, when RCPsych hopes to see progress on last year's mental health commitments discussed. Next comes a House of Lords event, hosted with Baroness Hollins, on making a similar case to national investors and philanthropists, including how a social fund for interventions in England, and potentially other UK nations, might work.

Letters have also been going out to key figures in international and national organisations, introducing the Agreement and ascertaining where it aligns with their work. A few large-scale events over the next year offer further opportunities: RCPsych plans to send the Agreement to the WEF in Davos in January 2027, and sees next summer's G20 summit in Manchester, hosted by the UK government, as another chance to reach an international audience.

The economic argument for mental health will carry further if more voices are making it. The College has found that other campaigners – UNICEF among them – are pursuing similar goals, and at the World Congress of Psychiatry in Stockholm in September, RCPsych used a reception to ask psychiatric organisations worldwide to share the Agreement in their own countries and build support with local charities and campaigners.

Read the Prague Agreement in full:
bit.ly/3TFVNqf