

WOMEN AND MENTAL HEALTH SIG NEWSLETTER

WMMHSIG



A note from the Chair

Dear WMSHIG members, I hope that many of you are already aware of and have enjoyed our past events and I know some of you attended our AGM in December 2025 to keep updated with our work. But I wanted to collate some of our work in a newsletter which includes some of the historical context of the WMHSIG, some photos and articles taken from events and our recent conference and also includes two articles written by two inspirational speakers from the WMHSIG conference in 2026 – Khatera Amin and Tahmina Hail. They started their medical studies in Afghanistan and have now moved to Scotland to complete their medical education. They share some reflections on their journey and on mental health perspectives across borders, and Tahmina's sister Malika Hail has kindly shared her recent artwork, created for Afghan women, reflecting pain and resilience. I think these themes have resonance to us as mental health doctors, supporting women who are facing their own struggles on a recovery journey.

I have also shared our 23rd January 2026 conference opening and closing talks and would like to congratulate our poster prize winner Aliza Hussain for her poster on overdiagnosis and essay prize winner Azaria Bromwich who shared thoughtful insights on the responsibility of drawing boundaries appropriately for women's mental health.

Here's to our ongoing work in solidarity and do get in touch if you have ideas or themes that you would be interested in.

Stella Kingett – WMHSIG chair

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Background

The RCPsych Women and Mental Health Special Interest Group was formed in 1995. It was originally known as the Women in Psychiatry SIG but it changed in 2013 to become the Women in Mental Health SIG (WMHSIG)

The context to the founding and then the update to the name and focus of the SIG includes the increase in numbers of female doctors from 7520 in 1951 to 44000 in 1991 with 52% medical school entry being female in 1992. However, despite this increase at medical school level, women were not equally represented at senior level. From the 1990s, there was also increasing recognition of the data gap for women, and the negative impact this has for female patients in terms of lack of recognition for sex differences in health and healthcare.

This paper in the Journal of the RSM July 1995 by Dame Beulah Bewley “Women doctors – a review” talks about the history of women in medicine, and was written at the time of the founding of the SIG. [Women doctors--a review – PMC](#)

Today WMHSIG has over 5.5 thousand members and we have the following four objectives:

To function as a network for the dissemination of ideas, knowledge, service development and experience to improve the provision of mental health services for women.

To engage the public in dialogues, debates and discussions about social and cultural issues relevant to women’s mental health, both in the UK & elsewhere.

To contribute to a public women’s mental health agenda, raising awareness of women’s mental health issues, reducing stigma, improving access to support and contributing to solutions and positive socio-cultural change in the UK & elsewhere.

To support women psychiatrists’ working lives, including career development within management and academia.

The WMHSIG has three main active workstreams:-

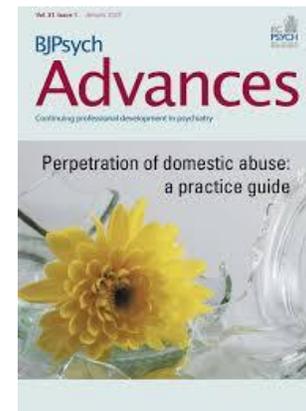
- Violence against women and girls (VAWG)
- Complex caring responsibilities
- Annual conference and webinars

Violence against women and girls workstream

Workstream leads are Julia Barber and Philippa Greenfield. Professor Louise Howard is also a co-opted member.

Recent work includes:-

- Contributing to new Non-Fatal Strangulation guidance from the Institute for Addressing Strangulation for community settings. This is not quite yet published but RCPsych have endorsed the guidance.
- Perpetrator framework authored by Philippa Greenfield and Marilia Calcia et al. was published in BJPsych Advances as the cover article in January 2025 which provides context and data as well as guidance on how to approach assessment and safeguarding. [Identifying, assessing and responding to perpetration of domestic abuse: practice guide for mental health professionals | BJPsych Advances | Cambridge Core](#)
- The group are also working on updating a book on domestic abuse and mental health originally published in 2013. “The book is a comprehensive resource designed for mental health professionals offering practical guidance on how to identify and respond to domestic violence experienced by their patients”



Complex Caring Responsibilities workstream

The Complex Caring Responsibilities work sits overall with the Wellbeing Committee since March 2024 as the work has a wider remit than WMHSIG.

The carers workstream within the SIG continues to contribute to the wider RCPsych Carers workstream which is co-led by Raka Maitra and the Associate registrars of the well-being committee, Saadia Muzaffer and Samir Shah. Raka recently contributed to the Thrive in Psychiatry podcast about her journey in psychiatry and College role [Thrive in Psychiatry podcasts](#)



WMHSIG events in 2025 and early 2026

6th March 2025 International Women’s Day webinar: - **“From awareness to action: The increase in mental health conditions in girls and young women and the role of psychiatric and parental support”**

Speakers were Professor Tamsin Newlove-Delgado on “The latest evidence in adolescent mental health”, author and social researcher Matilda Gosling on “Teenagers – the evidence base” and CAMHS consultants Dr Raka Maitra and Dr Su Sukumaran in conversation about a CAMHS frontline perspective on supporting girls and their parents.

17th October webinar:- **“The edges of understanding: Suicide and domestic abuse”**

Speakers were Rachel Gibbons, Pragna Patel, Pauline Turnball and Tim Woodhouse and the discussion covered clinical, 3rd sector and academic perspectives on truth, data, the criminal justice system and reduction.

WMHSIG at Congress 2025 – panels we were involved with included:-

S12 The silent epidemic: understanding the hidden impact of domestic and sexual violence on the brain chaired by Philippa Greenfield and Cath Durkin

S19 Talking about violence against women and girls: engaging men in constructive conversations around risk prevention chaired by Stella Kingett

S37 What must change to improve women’s mental health care? with speaker Syeda Ali



23rd January 2026 annual conference:- **Drawing the line: boundaries, women's mental health, and the politics of care**

We had panels on the boundaries of mental health diagnoses (with speakers Mary Murphy Ford, Victoria Smith and Paola Dazzan), lesbian mental health (with speakers Helen Killaspy and Diane Stoianov), international boundaries (with speakers Maggy Molo, Salome Mbugua, Khatera Amin and Tasmina Hail) and boundary violations in medicine (with speakers Anna Louise Poucey, Jane Clare Jones and Liz Kelly). We were also grateful to have an art installation "Stolen Voices" by artist Carol Harris and an essay and poster prize.

See this newsletter for bonus material, including two articles by speakers from the international boundaries panel Khatera Amin and Tahmina Hail and also transcripts of the opening talk by Stella Kingett and the closing talk by Cath Durkin, with reflections on the theme and on the day. We also have artwork kindly shared with the permission of artist Malika Hail, inspired by the situation of women in Afghanistan.



1st March 2026 – launch of RCPsych menopause position statement with leadership by the co-Presidential leads Philippa Greenfield and Cath Durkin and input from WMHSIG exec members to the working group [Davina McCall backs the Royal College of Psychiatrists' call for more action on menopause and women's mental health](#)

5th March International Women's Day webinar:- [How we are failing women's mental health and what we must do about it](#)

Yugisha Gurung chaired the event and gave a welcome from the WMHSIG. Professor Linda Gask Emerita Professor of Primary Care Psychiatry at the University of Manchester was the main speaker, followed by a panel discussion that included the co-Presidential Leads for Women and Mental Health, Philippa Greenfield and Cath Durkin; and Presidential Scholars for Women and Mental Health Priyadarshini Sur and Devika Patel.

Upcoming Events

We are planning a webinar later this year on older women and mental health – look out on the College events page and for WMHSIG updates.

The Women's Health Strategy is also due to be launched very soon by the College.

ARTICLE

Mental Health and Wellbeing Across Borders

By Tahmina Hail

When we talk about mental health and well-being across borders, the meaning of these words can be very different depending on where people live. I was born and raised in Afghanistan and lived there my whole life until almost two years ago, when I moved to Scotland to continue my medical studies. Experiencing both countries has helped me understand how differently mental health is viewed and supported.

In Afghanistan, mental health and well-being are rarely discussed in everyday life. Many people do not see mental health as part of general health. Instead, if someone is struggling emotionally or psychologically, they are often described as “mentally ill” in a negative way. There is a strong social stigma, and families sometimes hide these problems instead of seeking help. Because of this misunderstanding, many people suffer in silence. There are also very few mental health services, especially outside major cities, and limited public education about psychological well-being.

Afghanistan continues to face serious challenges such as insecurity, poverty, and social stigma, which have made mental health a low priority in daily life. For many families, survival comes first. Finding food, work, and safety is often more urgent than addressing emotional or psychological struggles. As a result, mental health problems are frequently ignored or left untreated.

Growing up in Afghanistan meant living with constant uncertainty. Every day when people left their homes, they could not be sure they would return safely. Conflict and insecurity were part of normal life, and stress and anxiety were common experiences. Yet many people tried to stay hopeful. We valued education and work because they gave us purpose and a sense of stability. Even in difficult conditions, being able to study and build a future helped support our well-being.

Since the recent political changes in Afghanistan, the situation has become even more difficult, especially for women and girls. Girls are no longer allowed to attend school beyond grade six or university, and women have lost most opportunities to work and participate in society. Taking away education and independence has had a serious impact on mental health. Many young women feel trapped, isolated, and uncertain about their futures. Only a small number of people and organizations speak openly about these struggles, and many women have no safe space to express their fears or hopes.

Moving to Scotland has shown me a very different approach to mental health and well-being. Here, people talk openly about stress, anxiety, and depression, and seeking help is encouraged rather than judged. Mental health is treated as an important part of overall health. This difference has made me realize how important awareness and education are.

Mental health and well-being cannot exist without safety, rights, and opportunities. The experience of people in Afghanistan, especially women, shows how deeply social and political conditions affect psychological well-being. Understanding these realities is important for building a more compassionate and informed global perspective.

ARTICLE

Mental health and wellbeing in Afghanistan compared to the UK

By Khatera Amin

Having grown up in Afghanistan, I have observed that the concept of mental health and wellbeing is unfamiliar to the majority of people. In this article, I focus on this topic based on my personal experiences and what I have witnessed. Many people do not believe that being in a low mood, feeling unwell emotionally, or having mental health issues can significantly impact daily life or lead to serious long-term consequences.

This perception is also influenced by religious beliefs, which often encourage patience, resilience, and finding meaning in difficult situations. For many people, faith provides comfort and strength during hardship. However, while these values are important, they may sometimes lead individuals to overlook the need for emotional support or professional help.

In addition to religious perspectives, lack of access to education also plays a major role. Many individuals who have not had educational opportunities are simply unaware of the importance of mental health and wellbeing.

The situation of mental health in Afghanistan is complex. While some educated families are mindful of emotional support and wellbeing, I have frequently witnessed emotional neglect in others. In many cases, people feel uncomfortable seeing others sad and may complain about their mood. As a result, many individuals pretend to be fine and suppress their emotions.

From what I have experienced, the normalization of suffering and “taking things lightly” has become a coping mechanism for continuing life. When there are limited options and no one is available to validate your emotions, people tend to suffer silently. This silent suffering is especially common among women in Afghanistan, largely due to wrong cultural norms and a lack of awareness about mental wellbeing.

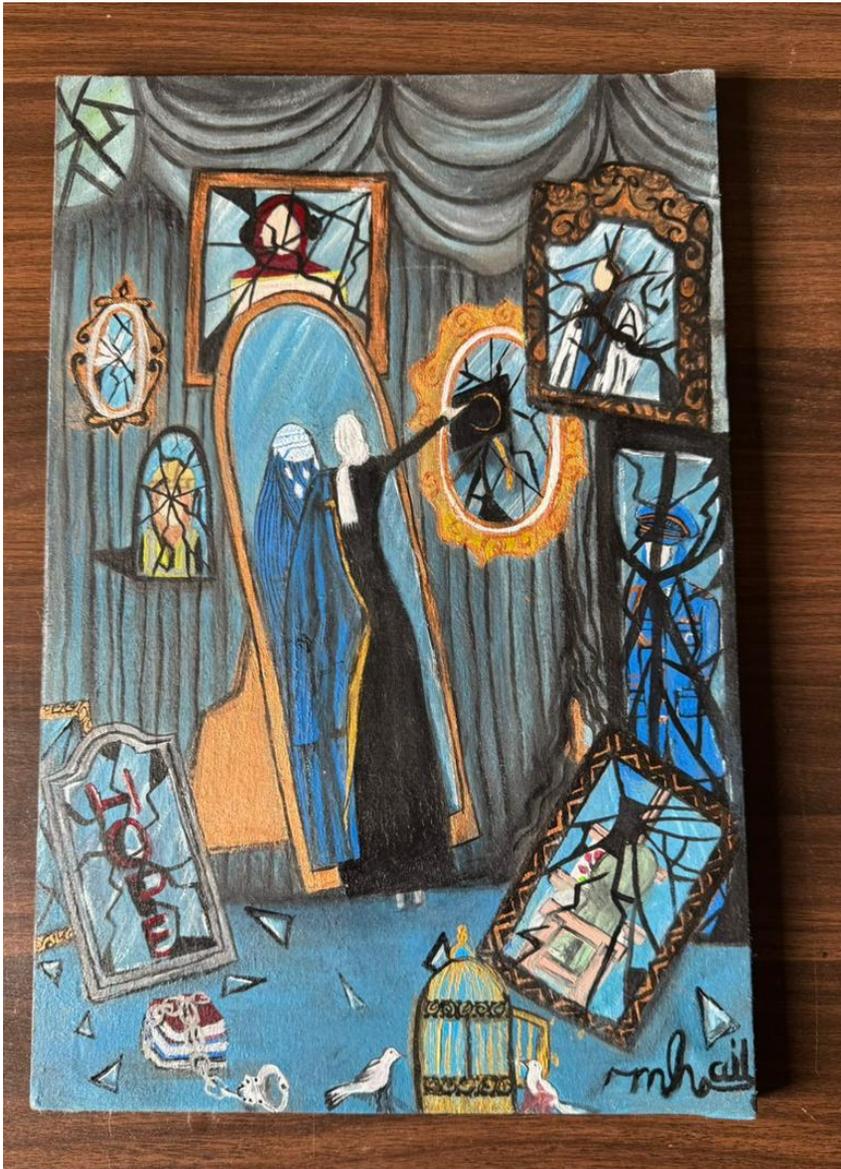
In some areas, I have seen women living in conditions that I personally found very difficult, yet they appeared to accept it as normal life. This made me reflect on how people can adapt to challenging circumstances, even when their rights are limited.

However, I also realized that silence and lack of complaint do not mean that everything is truly fine. Many people continue trying to cope until they eventually stop expressing their feelings just to keep going. This should not be mistaken as a sign of true wellbeing.

I have seen how, in the same world, women live very different lives. Some have access to everything they deserve, while others struggle even for their most basic rights, sometimes without being aware of them—and this is not fair. In my own experience, my mother and other women in my family did not have many of the opportunities that I have today. These include simple yet fundamental rights such as access to education, the ability to stand up and speak for oneself, and the freedom to live life according to one's own choices. Despite this, I have witnessed how they accepted their circumstances and the lives they were living. The concept of mental health and wellbeing differs significantly between Afghanistan and the UK. In the UK, increased knowledge and awareness have made this issue a priority, resulting in meaningful and lasting improvements in people's lives. This clearly demonstrates the transformative impact of education and awareness on individual and societal wellbeing.

ARTWORK

This painting shows the silent pain of women in Afghanistan today. Dreams that once felt close now seem broken, like the shattered mirrors around them. A girl who once had hopes for education and a future now stands in front of a reflection she no longer recognizes. There is a deep feeling of loss, as if voices have been taken away and lives have been paused. Many women feel trapped between who they were and who they are allowed to be now. Behind the silence, there is sadness, frustration, and longing but also quiet strength, as Afghan women continue to endure even when their world has changed.



Malika Hail, Artist

WMHSIG conference 2026 “Drawing the line: boundaries, women’s mental health, and the politics of care”

Transcripts of opening and closing talks

Welcome to the WMHSIG conference

By Dr Stella Kingett, WMHSIG Chair

The theme of boundaries and mental health made me think initially about common themes for the human condition. At a fundamental level, our ability to think, our language and our meaning making all depend on our ability to draw distinctions that both include and exclude.

In psychiatry we have our psychodynamic understanding of infants coming to realise that they are separate from their mothers, and children learning over time to relate to their mother and caregivers as whole, imperfect people. We think this is a crucial part of learning to tolerate disappointment and loss rather than being overwhelmed and stuck. Later, teenagers must try to work out where they belong in the world and manage the universal fear of not fitting in and being rejected by one’s tribe (and in prehistoric times exclusion from the tribe would mean death).

In some ways, these struggles are never entirely resolved. Nor is the ongoing struggle between how we wish reality would be, and how reality is. This is of course a constant theme in mental health – psychosis and the clash between reality and delusion, cognitive distortions in depression and anxiety disorders but also managing real life loss and fears, and the difficulties of overvalued ideas in eating disorders.

Although some challenges are universal, we also know there isn’t a level playing field and we will be thinking more about power dynamics and systems of oppression in various ways today. But perhaps a difficult inequality is one that doesn’t appear in the Equality Act or get much acknowledgment, and that is to do with whether the situation and relationships we were born into resulted in us having a secure attachment style and some internal resilience as well as ongoing positive social networks to give us external support to manage the life difficulties that we must face.

Today we will focus in on women's experiences. We know there is a research and data gap regarding women and that women may experience diagnostic overshadowing, under diagnosis and over diagnosis in different ways, where diagnostic or treatment boundaries are drawn incorrectly. This can be especially challenging for women with additional disadvantages. Health settings and professionals can fail to treat women as whole people and can end up re-traumatising or perpetuating objectification in different ways. Our health institutions often do not deal with violence against women robustly including when perpetrators are male colleagues or male patients. And finally, the WMHSIG was set up 30 years ago in response to the realization that women were increasingly entering medicine in equal numbers but were not represented at senior levels in a proportionate way. Locally and internationally, women have additional barriers to face to progress in their studies and in their careers - some very much more than others as we will hear later.

Today will be about sharing stories and experiences from women from many different perspectives and having some space to all come together to create something supportive and with a real sense of solidarity. To end by slightly misquoting Maya Angelou – still we rise.

Conference Close

By Dr Cath Durkin, joint pro-Presidential Lead for Women and Mental Health

Many thanks to Stella for inviting me to be part of today's powerful and thought-provoking programme to offer some closing remarks.

I don't know how many of you are attending a WHMSIG conference for the first time today. I remember attending my first event when I was an SHO. I remember it being one of the best college events I had ever attended as it not only filled me with enthusiasm for being a psychiatrist but it made me challenge the way I thought about psychiatry and help me bring more of myself into the work that I do. It also helped me realize just what can be achieved when we work together to support and champion one another.

Today, I feel the same sense of empowerment and energy. Being in a room with a network of women who bring such passion to women's mental health is incredibly special.

It is events and conversations like these that have inspired and underpinned the work that Philippa and I have been doing in our roles as leads for women's mental health at the College. We recognise that the opportunity we have had to do this work exists secondary to the foundations that the WMHSIG had put down at the college to allow us to shine a light on women's mental health for which I am so grateful

The themes we have explored today—boundaries of diagnosis, identity, geography, and the physical boundaries of our bodies, particularly in relation to sexual violence—are absolutely central to understanding women's mental health needs. They speak directly to the core of our Women's Mental Health Matters strategy, which recognises the lack of equity in women's mental health care and the many barriers women face in having their needs understood and acted upon.

I hope that the strategy which will be released alongside a Women's Mental Health Hub on the RCPsych website in the coming weeks, and I hope this will support and strengthen the important work that so many of you are already doing.

Returning to today, I want to offer my heartfelt thanks to Stella for her tireless work in making this conference happen, alongside her leadership as Chair of the WMHSIG. The thoughtfulness of the programme and the calibre of speakers are a true reflection of your commitment and passion for women's mental health.

Thank you to all of the chairs and speakers for giving your time and expertise so generously, and to the College staff who have worked behind the scenes to make today possible. My thanks also to the WMHSIG executive committee, and to everyone involved in reviewing the essay and poster submissions.

Congratulations to our poster winner Aliza Hussain and essay winner Azaria Bromwich, and finally, thank you to everyone who attended today. I hope the reflections sparked by this conference, and the conversations you've shared, stay with you and continue to influence the work we all do in our services to support women's mental health.

Thank you.

END