

## **WHO Guide to Mental Health in Primary Care 2<sup>nd</sup> Edition: Chronic Fatigue Syndrome**

### **Full statement by the Institute of Psychiatry 13Feb04**

The Editors of the UK Edition of the WHO Primary Care Guide are aware of the disquiet that has been expressed about the controversial issue of the coding of chronic fatigue syndrome (CFS), which may be referred to as ME.

In the light of representations over a number of months from the leading UK patients' charity, Action for ME, it has been decided that CFS/ME will be coded solely as G93.3 in the new edition of the Guide.

We emphasise that the advice and information given for sufferers, practitioners and carers has not changed.

It is hoped that this coding amendment, which has not been made because of any new research findings, will enable sufferers, carers and practitioners to look beyond the vexed question of classification and return to focussing on advice and support.

From the perspective of the IOP it is unfortunate that the debate has focused so much on whether CFS is classified as a mental illness. In particular, although there has never been any proposal that CFS should be classified solely as a mental illness, it is sad to note that even rumours that this might be the case has generated so much anger and hurt. We at the IOP are acutely aware of the stigma and prejudice that people with mental health conditions often face in addition to the problems they face as a result of their condition.

Modern research, including major contributions from the IOP, has established beyond doubt that many psychiatric disorders such as schizophrenia, major depression or obsessive compulsive disorder, are associated with disorders of brain structure and function. The distinction between physical and mental illness becomes increasingly meaningless in the light of recent developments in both neuroscience and psychology. Yet as the CFS debate has shown, it is not meaningless for sufferers, and the fear of being classified as having a mental disorder continues to be a source of grievance and anger. We believe that this is eloquent testimony to the continuing stigma of these disorders. We wish to draw attention to the plight of those with serious illnesses which are classified under the term "mental illness", and the fact that they are often unable to represent themselves as well as can other groups.

The IOP deplores the continuing stigmatisation of mental disorder, and the lack of understanding of the complex nature of mental illness. We draw attention to the new advances in neurosciences which have rendered the division between physical and mental illness, so often equated with "real" and "unreal" illness, as outdated and unhelpful. We would welcome advances in the acceptance of individuals with mental health conditions, as a marginalized minority, as have been achieved, through considerable effort, for other marginalized minorities.

We recognise the valuable and dedicated work of charities, patient support bodies and lobby groups in instigating change. We recognise that such work conveys an added emphasis on reducing stigma when co-ordinated through a common stance of supporting all sufferers of conditions with care and research needs. We are grateful to those groups which support this.

The debate has also highlighted the very real fear that if one's disorder is labeled as psychological rather than physical then the inevitable consequence is of barriers to access to sickness benefits and to cover under the medical insurance system.

We are working toward establishing a Centre for Public Engagement with Mental Health to address these issues.

END