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EDITORIAL

Women in Psychiatry: ten years of a special interest group

Rosalind Ramsay

Readers are invited to enjoy 'The triumphal march of WIPSIG', a poem written by Mary Robertson, Emeritus Professor of Neuropsychiatry at University College, London, to complement this editorial. The poem may be found on our website (http://apt.rcpsych.org), as a data supplement to the online version of the present article.

Ten years ago consultant psychiatrist Anne Cremona identified the need for a special interest group for women psychiatrists and also for women patients. Dr Cremona had four children under the age of six and a full-time consultant post. There were already 878 women consultants in the UK but little thought was given to ways of working part-time and flexible training was a new concept (Royal College of Psychiatrists, 1995). Women in-patients were in mixed wards and the particular needs of women with mental illnesses were generally not considered. The Royal College of Psychiatrists' Women in Psychiatry Special Interest Group (WIPSIG) was created with the dual aim of addressing the needs of both women psychiatrists and women patients in mental health services.

Improvements for patients

What has happened in the intervening 10 years? If we look at women patients there appears to have been some progress. *Safety, Privacy and Dignity in Mental Health Units* (NHS Executive, 2000) set a standard to eliminate mixed-gender accommodation for in-patients by 2002. The Department of Health's (2002) consultation document *Women's Mental Health: Into the Mainstream* provided an evidence base to inform and demonstrate the need for gender-sensitive and gender-specific services. *Mainstreaming Gender and Women's Mental Health* (Department of Health, 2003) offers an implementation strategy.

These documents have helped to raise the profile of women and mental health, but in adult mental health services the extent of progress is questionable as managers struggle to meet the many competing demands on them. For example, Mind has reported that 2 years after the target date for the elimination of mixed-gender psychiatric accommodation, a quarter of recent and current in-patient respondents had been accommodated on mixed-gender wards and 31% of respondents did not have access to single-gender bathroom facilities (Mind, 2004). In a survey of acute psychiatric in-patient wards in England in 2004, ward managers reported that 8% of wards lacked separate bathrooms for men and women, 8% lacked separate sleeping areas and 4% lacked separate toilets (Sainsbury Centre for Mental Health, 2005).

There has been more recognition of the difficulties facing women in forensic mental health services, given the specific needs of women offenders with a mental illness. This has led to a reorganisation of the structure and provision of services for women in lower levels of security, with women-only units in some parts of the country.

And for psychiatrists?

By August of this year, membership of WIPSIG had grown to 1277, including 83 men (Royal College of Psychiatrists, Membership Manager, personal communication, 2005). This mirrors the increase in the number of women psychiatrists in the UK and Ireland. Now, overall, 40% of College members in the UK and Ireland are women, with 45% of basic specialist trainees, 48% of higher specialist trainees, 53% of non-consultant career grade psychiatrists and 36% of consultants women. One in five specialist registrars in psychiatry trains flexibly (Ramsay, 2004).

In 2003 over 60% of all accepted applicants to medical school in the UK were women (British Medical Association, 2004). In the future, with the increasing proportion of female medical students it seems reasonable to predict further increases in the number of women trainees and consultants in psychiatry. With women becoming the majority, what should we make of their needs?

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We could argue that women in psychiatry are doing well. In the 2004 College membership examinations (the MRCPsych) women performed significantly better than their male peers (odds ratio 1.63). Looking at the highest echelons of the College, our President, Registrar and Treasurer are all women. The College is committed to improving and developing flexible training and working, and for the past 2 years Alicia Etchegoyen and Jane Marshall have job-shared the new post of National Director of Flexible Training to improve and develop flexible training and working.

Ambitions: the gender divide

It might appear that the problems women psychiatrists face have disappeared, or at least they are less visible. However, other concerns have been raised. Last summer Carol Black, President of the Royal College of Physicians, was reported in the press as saying

> 'The women admitted to medical school do well, they work well and they graduate well. The distinctions go to the women. But then, they start to make choices to balance their family and their lifestyle.'

Women are not reaching the 'top of the profession'. She warned that within a decade women doctors would outnumber men and that this 'feminisation' of medicine could lead to the profession losing status (Laurance, 2004).

Do women psychiatrists lack the commitment of their male colleagues to take on the extra but essential roles necessary to maintain the position of doctors in the healthcare system as they opt out of committee work and other non-clinical roles? It is hard to be sure. The proportion of College Fellows who are women is 23% (arguably a reflection of the lower numbers of women going into psychiatry 15 and more years ago), the number of women medical directors is small, and there are relatively few women professors of psychiatry, 11% of the total in the UK (Killaspy *et al*, 2003). Earlier on in their careers, trainees continue to have difficulty in securing funding to train part-time.

Institutional discrimination?

WIPSIG was interested in the findings of an external review of College structures commissioned in 2001 to identify any discriminatory practices. The review, conducted by the Centre for Ethnicity and Health at the University of Central Lancashire, highlighted issues surrounding gender equality that the College should address. Former President Mike Shooter set up a gender equality scoping group chaired by Sheila Hollins (herself now President). The group has developed a gender equality statement of intent (Royal College of Psychiatrists, 2004*a*) and is finalising the College action plan. This work is in line with *Good Psychiatric Practice* (Royal College of Psychiatrists, 2004*b*), which has highlighted equality issues, stating that the core attributes required for good psychiatric practice include 'being fully sensitive to gender . . .' with a 'commitment to equality, anti-discriminatory practice and working with diversity'.

The future

Where does this leave WIPSIG? We believe there are still issues for both women psychiatrists and women patients. Some might appear to be resolving, for example with gender-segregated wards and real increases in the number of women consultants, but professional barriers and difficulties persist, including the so-called glass ceiling. It may be helpful to conceptualise these concerns in terms of a work/home life balance. We know that doctors have been slow to adopt the goals of the Department of Health's Improving Working Lives (IWL) initiative, which led to the appointment of an individual to champion the doctors' cause (MacDonald, 2003). WIPSIG and the gender equality scoping group are now planning to study the career development of psychiatrists from their appointment as senior house officers, to get a clearer picture of the aspirations and needs of both female and male trainees and newly appointed consultants so that we are in the best position to make realistic predictions about future workforce requirements.

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