

# Response to the Royal College of Psychiatrists



**Dear Prof. Lade Smith & Prof. Subodh Dave,**

1st July, 2026

Thank you for your response to our open letter and for taking the time to engage with the concerns we raised. We appreciate your acknowledgement of the profound impact of Long Covid and the importance of access to research and evidence-based care.

Following receipt of your letter, we consulted with many of the organisations, clinicians and researchers who supported our original correspondence. While perspectives naturally varied, there was striking consensus on several key themes that we hope will contribute constructively to future dialogue.

Firstly, we wish to emphasise that our concerns have never been about the role of psychiatry itself. On the contrary, we believe psychiatrists have an important role in supporting people living with ME and Long Covid. Many patients experience grief, trauma, isolation, uncertainty, co-existing mental health conditions and poor social conditions that deserve skilled psychiatric and psychological care. Families and carers also need support and often report that this is not available. However, such care must begin from an accurate understanding of the underlying biological disease. These are not competing perspectives but complementary aspects of good clinical care.

Secondly, our concern is not with recognising biological, psychological and social influences on health. Rather, it is with the historical application of explanatory models that have, in practice, disproportionately emphasised psychological and behavioural interpretations of ME and, increasingly, Long Covid, despite a rapidly evolving biological evidence base. This distinction is fundamental.

The publication of NICE guideline NG206 marked an important shift following an extensive independent review of the evidence. The evidence underpinning CBT and graded exercise therapy as treatments for ME was assessed as low or very low certainty using the GRADE methodology, resulting in substantial changes to the guideline's recommendations.

Likewise, emerging research, including DecodeME and other major international studies, continues to strengthen understanding of the biological mechanisms underlying these conditions. Educational programmes should evolve alongside this evidence. We noted that all the speakers presenting on Long Covid have publicly opposed key recommendations within NICE guideline NG206 that are important for patient safety

Your response highlights the value of constructive debate, scientific discovery and placing patient experiences at the heart of clinical practice. We warmly welcome these principles.

However, many of those we consulted remained concerned that the Congress session did not provide delegates with balanced representation of current research evolution and the range of evidence. Procedural fairness in the selection of speakers is important, but it does not necessarily ensure balance where significant scientific development exists.

During Congress itself, a volunteer attended the registration reception and respectfully distributed copies of our open letter to delegates. We were encouraged by the thoughtful conversations that took place and by the willingness of many psychiatrists to engage. This reinforced our belief that there is genuine appetite for constructive dialogue between psychiatrists and the patient community.

We were also encouraged to read the Royal College's recently published Women's Mental Health Action Plan. Its commitments to listening to lived experience, reducing inequalities, embedding partnership, and ensuring education reflects the needs of women represent important leadership. Given that both ME and Long Covid disproportionately affect women, we believe these commitments provide an important opportunity. We hope the principles set out within the Action Plan will be reflected in future educational activity and presentations relating to these conditions, recognising the longstanding experiences of many women whose physical illness has too often been misunderstood, psychologised or subject to diagnostic overshadowing and epistemic overreach.

As reflected in both your response and the College's own values, we believe there is considerable common ground between us. We therefore renew our invitation to meet with you and colleagues from the College, together with representative signatories supporting our open letter, to explore how psychiatrists can contribute positively to the care of people living with ME and Long Covid while ensuring future educational programming reflects current evidence, national guidance, and meaningful patient partnership.

While we welcome this continued dialogue, we also wish to reaffirm that the actions requested in our original open letter remain unchanged. We continue to believe they represent constructive, proportionate and evidence-based steps that would strengthen future educational activity, improve patient trust and better align the College's work with current clinical guidance and to ensure that the biological dimension of the biopsychosocial model is fully reflected.

Our campaign has always been rooted in respectful engagement and a shared commitment to improving care. We hope this correspondence marks the beginning, rather than the conclusion, of that conversation.

Yours sincerely,

**Long Covid Advocacy**  
**On behalf of the co-signatories to the Open Letter**