

UPDATE ON WESSELY'S WORDS OF WISDOM

Margaret Williams 6th October 2025

Following publication of “**MYALGIC ENCEPHALOMYELITIS: ARE WESSELY'S WORDS OF WISDOM SUPERIOR TO SCIENCE?**” in May 2025 (<https://margaretwilliams.me/>) there were queries about Professor Sir Simon Wessely's unofficial classification of myalgic encephalomyelitis (ME) as a psychiatric disorder, ME having been formally classified by the World Health Organisation (WHO) in its International Classification of Diseases (ICD) as a neurological disorder since 1969.

For convenience, a brief recapitulation is provided before addressing the queries.

The World Health Organisation is an important institution. Its headquarters remain based in Geneva since its inception in 1948. The World Health Assembly is the decision-making body of the WHO and it determines policies. Held annually in Geneva, it is attended by delegations from all 194 WHO Member States and focuses on an agenda set by the WHO's Executive Board. It provides a global forum for Member States to address pressing health challenges, promote health, and ensure access to healthcare. It works to set health standards and address global health issues through a specific agenda each year.

There are over 800 WHO Collaborating Centres in more than 80 countries. These are institutions designated by the WHO to support its mandated work and programmes, including the provision of services and information. One such area is mental health.

There are four WHO Collaborating Centres for Mental Health in England, one being located at King's College Hospital at The Institute of Psychiatry (IoP), where Professor Sir Simon Wessely has worked for most of his career.

In 2000, without the knowledge or permission of either the WHO or the World Health Assembly, under the aegis of Simon Wessely the IoP Collaborating Centre for Mental Health declared that ME/CFS had been reclassified as a behavioural (ie. mental) disorder in its “Guide to Mental Health in Primary Care” and King's College website announced that “**CFS has officially replaced the term ME**”, which was untrue.

It is worth noting that although funding bodies like the Medical Research Council (MRC, where Wessely was a member of three Boards) are not directly linked to the IoP, the MRC's Mental Health Board Strategy and Portfolio Overview Report of January 2005 confirmed at paragraph 6.2: “**Mental health research in this instance covers CFS/ME**”.

The “Guide to Mental Health in Primary Care” was funded by the Department of Health. Despite legitimate complaints and strenuous efforts to rectify Wessely's deliberate and intentional mis-classification by seeking an *erratum*, sales of the Guide were allowed to continue unabated until almost 30,000 copies had been sold.

In September 2001 the WHO issued a statement repudiating the unofficial re-classification of ME/CFS by the IoP's Collaborating Centre.

Nevertheless, and despite adherence to ICD classifications being mandatory throughout the NHS, ME/CFS was instilled throughout the NHS -- and throughout all its ramifications -- as a psychiatric disorder.

This was music to the ears of permanent health insurers such as UNUM, a company with which Wessely and his psychiatrist colleagues were irrefutably involved and which was committed to the re-classification of ME/CFS as a psychiatric disorder, such disorders being refused insurance cover (“*UNUM stands to lose millions if we do not move quickly to address this increasing problem*”: UNUM's CFS Management Plan; Dr Carolyn Jackson, 4th April 1995).

Despite the formal repudiation of Wessely's re-classification of ME/CFS by the WHO, the perception that it was the WHO itself – not simply a WHO Collaborating Centre – who had re-classified ME/CFS as a mental disorder was actively promoted, leading to MPs being mis-informed until on 22nd January 2004, Earl Howe noted that Professor Wessely had ***“effectively hijacked the WHO logo to give credence to his own view of ME as a mental illness”*** (Hansard:Lords:23 January 2004:Vol 656:No 7:1192).

This “re-classification” of ME/CFS by Wessely having been unequivocally repudiated by the WHO, an *erratum* was eventually issued for the “Guide to Mental Health in Primary Care”, but this did not prevent ME/CFS being wrongly classified as a mental disorder in the 2001 NHS Mental Health Data Set Manual.

Undaunted by the WHO's reprimand, Wessely then asserted that the ICD itself had classified ME/CFS in two places, once in the Neurological Section as ME but also in the Mental (Behavioural) Section as CFS (chronic fatigue syndrome). Yet again, Wessely's claims were strongly repudiated by the WHO. On 23rd January 2004 the WHO confirmed in writing that: *“According to the taxonomic principles governing ICD-10 it is not permitted for the same condition to be classified to more than one rubric”*.

As a result, on 11th February 2004 the Health Minister formally confirmed that the correct classification for ME/CFS remained neurological.

Queries

What is the current status of the “Guide to Mental Health in Primary Care” in the UK and of the NHS Mental Health Data Set Manual?

Effective from January 2022, ME/CFS is classified as a neurological disorder under the WHO's revised ICD-11 code 8E49 in Chapter 8 (Diseases of the Nervous System). This maintains the ICD-10 G93.3 neurological placement.

The 2000 “Guide to Mental Health in Primary Care” is no longer active or endorsed by the NHS; the Guide's website is defunct.

Current mental health in primary care relies on the Mental Health Bill 2025, without referencing the Guide. ME/CFS is treated as a neurological condition as per ICD-11.

Re: The NHS Mental Health Data Set Manual, from 2006 the NHS phased out the 2001 Mental Health Minimum Data Set (MHMDS) and replaced it with the Mental Health Services Data Set (MHSDS), relying on the ICD classification of ME/CFS. In 2018 a pivotal change occurred when the NHS updated the SNOMED CT Edition (mandatory for primary care). SNOMED CT (Systematized Nomenclature of Medicine – Clinical Terms) is the world's most comprehensive and precise clinical health terminology used to record patient information in electronic health records. ME/CFS was assigned to the parent hierarchy “Disorders of the Nervous System”, removing any psychiatric associations.

The 2021 revised NICE Guidelines on ME/CFS (NG206) explicitly classifies ME/CFS as a neurological disease, specifically recommending against psychological models; it requires using SNOMED/ICD neurological codes for diagnosis.

In 2022, ie. from the adoption of ICD-11, SNOMED CT ensures that ME/CFS is coded as a neurological disorder.

As of 2024, parliamentary inquiries confirmed SNOMED CT's single overarching code for ME/CFS remains neurological, thus confirming that there has been no reversion to mental health classification.

Given that Wessely has been comprehensively proved to be so disastrously wrong, not only about ME/CFS but also about the Camelford water poisoning and about the reality of Gulf War Syndrome as a serious organic disorder, how is it credible that he continues to be appointed to positions of trust?

Since 2017 Wessely has been sitting on the Judicial Appointments Commission; in January 2023 he was appointed to the Board of NHS England (the body that controls what research is to be funded); in 2024 he was appointed to chair the National Children and Young People's Gender Dysphoria Research Oversight Board, affording him considerable authority over the entire research programme. Rightful concern has been expressed:

"Wessely has a history of working closely with state bodies to promote contentious theories about issues of healthcare, disability and benefits and has been closely associated with discredited research in this area. He argues that belief in conditions contributes to their spread and continuation, using theories that often veer into pseudoscience. This has resulted in harm on an institutional level...Wessely frequently attacks and seeks to discredit patient advocacy organisations and disabled activists who criticise the effects of his work on their lives...Simon Wessely has a history of opposing research transparency and claiming abuse in response to criticism...Wessely and some of his colleagues claim to have received death threats, but a tribunal judge found the claims of threats...to have been exaggerated" (Rhi Belle: Trans Safety Network:23rd October 2024).

As recently as 10th March 2025 Wessely was appointed to the Board of The Advisory Council on National Records and Archives, one of six new ACNRA Board members. The ME community may discern a certain irony in this particular appointment, given their efforts to access documents about ME/CFS which are known to involve Wessely's own role in the issue that are held in the National Archives, some of which are now to remain inaccessible for the foreseeable future (ie. beyond 70 years).

On 2nd October 2025 the publication "Benefits and Work" announced that Wessely would be Vice-chair of a Labour review to decide whether some mental health and neurodivergent issues are being over-diagnosed. The review has been ordered by Wes Streeting, Secretary of State for Health and Social Care.

Whilst there is a pressing need to curtail unjustified claims for sickness benefits, one commentator's views about Wessely's appointment were succinct: *"First of all, he eradicates a physical disease, and now he is appointed to 'disappear' mental illness. Nothing like frightening those struggling with severe anxiety and depression with homelessness and starvation"* (personal communication). The article referred to Wessely as *"the hugely divisive academic"* and referred to the fact that in 2011, The Times newspaper called Wessely *"the most hated doctor in Britain"* (Controversial professor to investigate overdiagnosis of mental health and neurodivergence for Labour. Benefits and Work: 2nd October 2025).

Mindful that NICE acknowledges and confirms the harm that Wessely's interventions have perpetrated on organically sick people for over 30 years, and mindful of what has been described as his entrenched arrogance, is it not astonishing and deeply troubling that he is deemed suitable to continue wielding his authority and control over the lives of the most vulnerable members of society?

For a Government committed to cutting benefit payments, it is not astonishing at all: Wessely is their man. His track record is exemplary in denying benefits to people with a *"non-existent disease"* who suffer not from a devastating organic disorder but from a *"false illness belief"*.

The big question now for people with ME/CFS under the State pension age of 67 who are currently receiving benefits is whether or not their benefits will be withdrawn.

Despite the correctness of the current coding for ME/CFS as a neurological disorder, there is plentiful evidence of the lingering influence of the Wessely School and the consequential use of out-dated codes which deny the organic status of ME/CFS. Such evidence includes the on-going legal cases of parents being arrested for not allowing their extremely sick children to "recover" by engaging in Wessely's own version of graded exercise therapy, with desperately sick children being removed from their distraught parents under

social services' "safe-guarding" policies, then being admitted to hospitals whose staff have no idea about ME/CFS such as the life-saving need for tube feeding for the severely affected, resulting in unnecessary deaths and the need for Coroners to issue Section 28 PFD Notices (Prevention of Future Deaths Notices).

Wessely's influence has long encouraged officials and clinicians to interpret ME/CFS symptoms as manifestations of disordered behaviour rather than physical pathology.

Wessely's ceaseless assertion that ME/CFS is a psychogenic, not a physical disorder, makes it much more difficult for people with ME/CFS to score points for physical health activities when applying for benefits. This is so well-known that it is causing many people to consider the outcome of Wessely's forthcoming review to be a foregone conclusion.

This is because there is evidence that future assessments for financial benefits will include people with physical conditions that also have a cognitive component, so the question arises as to whether Wessely will be enabled to target ME/CFS patients once again, as he has certainly done in the past: people with confirmed ME/CFS who had been awarded benefits for life had them withdrawn following his involvement with Departments of State.

The concern is that assessors unfamiliar with the medical science may misclassify neuroinflammatory or metabolic cognitive impairment (as in ME/CFS and Long Covid) as "psychological" rather than neurological, resulting in the withdrawal of benefits to which the recipient is legitimately entitled.

Government briefings and media coverage (eg. The Daily Telegraph, The Guardian and LSE reports) indicate a push not only to reduce eligibility but also to impose tighter proof of objective cognitive impairment; given that there is still no definitive test for ME/CFS, this almost guarantees that the cognitive dysfunction caused by brain inflammation, cerebral hypoperfusion or metabolic dysfunction risks being downgraded or dismissed. Such a risk is particularly applicable to people with ME/CFS.

Given Wessely's existing track record, it would be unwise to assume that because the correct code for ME/CFS has been established, his injurious influence over how ME/CFS patients are treated has been reduced. Wessely is one of the most influential people in the UK and he exerts incalculable authority over many domains.

Although those deemed to be at most risk appear to be young people with anxiety and depression, as well as those with ADHD and autism -- these being the conditions specifically mentioned by politicians and the media -- it would be a serious mistake not to address the reality that people with ME/CFS, Long Covid, fibromyalgia, those with dysautonomia as a component of ME/CFS and those with fluctuating cognitive impairment insufficiently constant enough for them to score points in an assessment could also be at real risk of having their benefits withdrawn. It would not be the first time that Wessely achieved his objective.