

All-Party Parliamentary Group on Beauty, Aesthetics and Wellbeing

Minutes of Meeting

Inquiry session into non-surgical cosmetic procedures

Session 5: Ethics and Mental Health

Date: Tuesday 24th November 2020

Time: 1.00 – 2.00 pm

Location: Zoom

Members present

- Carolyn Harris MP, APPG Co-Chair
- Judith Cummins MP, APPG Co-Chair

Witnesses

- Antonia Mariconda - Founder of The Safety in Beauty Campaign
- Dr Antonis Kousoulis - Director for England and Wales at the Mental Health Foundation
- Professor Nichola Rumsey OBE, Professor Emerita - Centre for Appearance Research at UWE Bristol
- Professor Clare Chambers - Council member of the Nuffield Council on Bioethics
- Professor David Veale - Trustee of the Body Dysmorphic Disorder Foundation

Audience

- Katherine Morgan, APPG Secretariat
- Louise Abraham, APPG Secretariat
- Olivia Arnold, APPG Secretariat

Minutes of the Meeting

Carolyn Harris MP opened the meeting by welcoming the attendees and thanking them for their attendance. She introduced the speakers and asked them to give some insight into what motivates people to have cosmetic procedures. Invited **Professor Nichola Rumsey** to speak first.

Professor Nichola Rumsey introduced herself and her view of this issue from a psychology perspective. Nichola highlighted the variety of forces in the social context such as social media, celebrities, influencers alongside different phone apps and the internet which all conspire together to contribute to growing levels of dissatisfaction and distress about looks. Nichola explained that cosmetic procedures have become seen as the quick fix against the backdrop that for most people managing looks has become less fun and enjoyable and is instead a cause of worry and anxiety. Nichola stated that cosmetic procedures are not only perceived as a shortcut for the 'right' look or the look of the day, but also to better self-esteem, social success, and greater happiness and that expectations of the outcomes of these procedures are often unrealistic.

Professor Nichola Rumsey added that there is evidence emerging of a higher level of a broad range of psychological vulnerabilities in the people who undergo cosmetic procedures relative to the rest of the broader population. These vulnerabilities include body image and eating disorders, mood disorders such as anxiety, depression, and suicidal ideation as well as disordered sleep and high levels of alcohol and drug abuse. Nichola stated that these all put people at risk and increase a person's susceptibility to external pressures to change their appearance and increase the likelihood of unrealistic expectations of procedure outcomes.

Professor Nichola Rumsey accepted that cosmetic procedures are part of the societal landscape now but stated that there is wide recognition that psychology is a key aspect of aesthetic treatments, yet the

vast majority of the sector do not have the necessary knowledge and skills to address this crucial aspect of effective patient or client management and care. Nichola added that previous inquiries and reports in this area have all called for extra, urgent measures to safeguard potentially vulnerable clients from these unrealistic expectations. Nichola highlighted some of these measures are what will be talked about in this inquiry such as extra training for practitioners and better methods of assessment that can be rolled out across the sector. Nichola explained that all efforts to develop these measures have been hampered by the lack of data and funding to develop authoritative methods of training and assessments.

Professor Nichola Rumsey stated that the biggest challenge they face now is implementation of the progress they have made in training and assessment in the diverse and disparate sector. Nichola called for a coordinated sector-wide approach in the absence of regulation and effective leadership to raise the standards in the sector and safeguard the people who are less likely to benefit from the services out there.

Carolyn Harris MP thanked **Professor Nichola Rumsey** for their contribution and invited **Antonia Mariconda** to speak.

Antonia Mariconda introduced herself as having a background in health and beauty journalism and then venturing into setting up the Safety in Beauty campaign, becoming qualified in body image counselling. Antonia agreed that many professionals and experts have developed pathways for better screening, but they are not being implemented. Antonia explained that this is because people do not want to spend too much time on mental health and wellbeing as they think it will reduce demand for the treatments and that all professional levels of practitioners find it difficult to ask necessary questions with fear of suggesting there is something 'wrong' with the patient. Antonia put forward two questions.

Antonia Mariconda suggested a tier system for screening customers that is more efficient and quicker based on the severity of the procedure and a better level of education. Antonia explained that amongst the complaints received around substandard procedures in the campaign if there were a greater level of screening the complaint would not have been made. Antonia outlined two problems. One: some procedures are rushed into on an ill-thought basis by the consumer due to external pressures. Two: the practitioner is fearful of doing too much screening if any for fear of losing demand. Antonia highlighted the need for reassurances and safety-net in place to explain properly to both parties that it will benefit both.

Antonia Mariconda added that she had previously spoken to a plastic surgeon who said they would not open during the second lockdown. This plastic surgeon had the qualification needed to be allowed to provide procedures under a medical framework but would not open due to more complaints being made during lockdown because of increased time to notice flaws they would not have otherwise noticed. Antonia highlighted that many practitioners are noticing that the problem they are seeing now is just simply being noticed more now, it has always been there. Antonia emphasised the need for education to ensure that both practitioner and patient are aware that the screening in place is for both party's benefit. Antonia added that these measures also safeguard practitioners whereas now 9 out of 10 of the practitioners spoken to have little screening in place.

Carolyn Harris MP thanked **Antonia Mariconda** for their contribution and invited to **Dr Antonis Kousoulis** speak.

Dr Antonis Kousoulis introduced himself as coming from a public mental health perspective and the focus on prevention of mental health problems and issues where there are risks linked to society. Antonis highlighted the importance of the line between protecting those who are vulnerable and educating people, including young people and parents as well as others, at the same time ensuring that there is appropriate regulation. Antonis stated that there have been many voices calling for different things due to a lack of evidence on the topic. Antonis explained that this line can be worked on using precautionary principles; making the best decision on the balance of the evidence they have at the moment.

Carolyn Harris MP thanked **Dr Antonis Kousoulis** for their contribution and invited **Professor David Veale** to speak.

Professor David Veale introduced himself as the trustee of the Body Dysmorphic Disorder (BDD) Foundation and also runs a national specialist service at the for people with severe BDD. David explained that BD exists of a preoccupation with perceived defects with which people become very distressed and experience compulsive behaviours which can then develop to more severe depression and suicidal thoughts. David highlighted that the general opinion is that people with BDD are dissatisfied with cosmetic procedures or even if they are dissatisfied it does not usually cure BDD. David added that it may be that milder cases are okay and that it is difficult to do research in this area with little data on how many people there are with BDD in non-surgical cosmetic settings.

Professor David Veale stated that it is probable that fillers and Botox are less of a problem than in surgical cosmetic procedures which seem to have higher rates of mental disorders and BDD but that it is the similar problems. David concurred that there are no requirements for practitioners to do any screening for mental health problems or expectations. David suggested that it would be helpful to have screening by questionnaires and interviews which he and Nichola have already been working on. David stated that it is difficult to get practitioners on board and need better research in this area. David further suggested to get the Care Quality Commission on board to make it mandatory for both surgical and non-surgical procedures to do this type of screening.

Professor David Veale added that beauty is being redefined by what is sometimes referred to as 'overtreatment' – a subculture of excessive lips and other secondary sexual characteristics which are all out of proportion. David highlighted attempts at research on this and to understand motivations behind this; whether they are more likely to have BDD or other mental health issues.

Carolyn Harris MP thanked **Professor David Veale** for their contribution and invited **Professor Clare Chambers** to speak.

Professor Clare Chambers introduced herself as speaking on behalf of the Nuffield Council on Bioethics. Clare outlined that invasive non-surgical procedures should be provided only by regulated practitioners who have the right qualifications and skills. Clare expressed that regulated practice benefits both users and practitioners and provides practitioners with the tools they need to ensure that the procedures undertaken are not making things worse for the client and safeguards the practitioners. Clare highlighted that practitioners therefore need support from regulatory bodies such as the JCCP or CQC to provide them with ethical codes and training they need to provide procedures in an ethical way.

Professor Clare Chambers explained that when practitioners administer invasive procedures, they are crossing an ethical line. Clare stated that these practitioners acquire additional responsibilities to prioritise the welfare of their users who shift to something closer to patients. Clare added that this can be seen in the way that these procedures are administered in a trust-based, quasi-medical environment. Clare highlighted that due to this trust in the perceived medical aspect, people are unaware that there are no regulations in the sector and users tend to assume that procedures are regulated and safe since they are invasive and medicalised but since there is no regulation, users do not have full information which undermines consent.

Professor Clare Chambers emphasised that this recognition of non-surgical, invasive procedures is as a trust-based area of practice highlights responsibilities for the industry as a whole and individual practitioners that they must accept the needs to operate in accordance with ethical codes of practice.

Professor Clare Chambers echoed **Professor Nichola Rumsey's** comments that today's society prioritises physical appearance and the pressure to look 'good' is overwhelming. Clare states that these increased pressures are not always considered by practitioners which raises ethical concerns. Clare expresses an ethical responsibility need for the industry to promote its products and services in ways that do not contribute to the creation and promotion of damaging appearance ideals and the pressures for young people to meet these ideals.

Carolyn Harris MP thanked **Professor Clare Chambers** for their contribution and highlighted that this inquiry is looking at the role of aesthetics and where the APPG would like to see legislation going. Caroline asked the panel how deep a practitioner would go into trying to find out the psychological thought of an individual who presented at the clinic today.

Professor Nichola Rumsey responded that there is no standard across the sector (medical or not) and referred to Antonia's mention that 9 out of 10 consumers would not try to get any psychological assessment, questioning or expertise to understand what that person's motivations are or what the expected outcomes are. Nichola reiterated the pressures that drive young people and adults to look a particular way and take procedures with unrealistic expectations of the outcomes without weighing up the risks or benefits. Nichola emphasised that there is no consistency or expertise about how to assess people.

Antonia Mariconda concurred completely with Nichola's response. Antonia added that after the first lockdown and many medical aesthetic practitioners were allowed to open, many of them contacted Antonia to ask what kind of questions they could put down on the medical assessment that would qualify as a medical need for these people to have the treatments. Antonia expressed that these questions were to get around a loophole to supply for demand and, while there are practitioners who screen correctly, there are many, medical and non-medical, who do not.

Professor Nichola Rumsey added that except for BDD, for broader psychological vulnerabilities there is not yet a definitive screening tool to cover all of them due to a lack of evidence. Nichola explained that in the meantime they have been using a proto-type framework of assessment based on the evidence they do have. Nichola accepted that the framework needs to be easy to use for it to be widely accepted but stated it is possible to put together what they already know about the sector and ask 10-12 questions as part of a screening process. Nichola expressed a need for everyone going in for a cosmetic procedure should be asked these questions as everyone should be challenged on their motivations and expectations considering all are exposed to the drivers of beauty pressures. Nichola also explained how practitioners can also be the drivers of this pressure by encouraging the treatment or instilling unrealistic expectations and needs to be better understood. Nichola added that there should be practitioner training to manage expectations and highlight what really contributes to success in various areas of life.

Judith Cummins MP asked whether there should be an age restriction on cosmetic procedures and whether they should apply across the board irrespective of whether the practitioner has a medical or beauty background. **Judith Cummins MP** invited **Professor David Veale** to respond first.

Professor David Veale responded with agreement that there should be age restrictions with the limit set at 18 years of age.

Judith Cummins MP invited **Professor Clare Chambers** to respond next.

Professor Clare Chambers expressed that the Nuffield Council does strongly recommend that these invasive procedures are not available to people under the age of 18 unless in the context of multi-disciplinary health care. Clare expressed support for the Botox Bill and highlighted two reasons for their support of this. One: adolescents are particularly vulnerable to appearance pressures and allowing it risks intensifying pressures which are already there due to puberty. Two: the state has a duty of care towards young people and these procedures are risky and there is no evidence they have therapeutic effects.

Judith Cummins MP asked Clare if there were any exceptions to that that she could think of.

Professor Clare Chambers reiterated they should only be in the context of multi-disciplinary health care and in the context of a team of medical professionals which should be compulsory.

Judith Cummins MP invited **Antonia Mariconda** to respond next.

Antonia Mariconda responded with a survey her campaign conducted of 230 female under-18-year-olds, no younger than 14. 170 said they would lie to get a treatment that their parents would not allow them. 68% of those girls said they had already lied to get a cosmetic treatment which spanned across waxing to fillers. 228 girls said there was no education about self-esteem or body image and 220 girls said there should be more education at school. Antonia expressed concern around this and emphasised the need for education as well as girls do not have a realistic bar to measure themselves off from as they are only left with social media.

Carolyn Harris MP invited **Dr Antonis Kousoulis** to respond next.

Dr Antonis Kousoulis highlighted a lack of evidence to suggest that certain treatments that could be deemed as medical exceptions would provide therapeutic benefits indicating that they may not provide expected outcomes. Antonis furthered the call for more education around this issue and the need for it to be nuanced amongst different ages in honest and transparent ways.

Carolyn Harris MP invited **Professor Clare Chambers** to respond next.

Professor Clare Chambers pointed out that the curriculum had been changed this year to add body image to the secondary school curriculum. Clare highlighted the importance of the deliverance of this and that teachers have the resources to give evidence-led teaching but showed support for body image education to happen at a primary school level as well.

Professor Nichola Rumsey highlighted the work that is already happening on evidence led curriculum in secondary schools and eventually primary schools. Nichola suggested that any influence this group can give to get the interventions in place would be welcome. Nichola cautioned against parental consent instead of a blanket age restriction as parents are often susceptible to the same kinds of pressures which Nichola argued also applies to asking for more training for practitioners.

Professor David Veale emphasised the need for implementation and the CQC should be providing pressure on clinics to ensure psychological and emotional safety through implementing screening. David agreed that these should be as a condition of licence.

Professor Nichola Rumsey indicated to the proto-type framework for screening but highlighted that no one has been ensuring these are implemented.

Carolyn Harris MP thanked all the attendees for their contributions and concluded the meeting.