Meeting Summary Report

The first meeting of the International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders was held in Geneva during 11 – 12 January 2007. The Advisory Group has been constituted by WHO with the primary task of advising WHO in all steps leading to the revision of mental and behavioral disorders in ICD-10 in line with the overall revision process. The list of participants is given in the Annex.

This Summary Report provides a summary of the conclusions reached in the meeting.

1. Conflict of Interest Declaration

The Advisory Group affirmed the importance of WHO’s policies related to conflict of interest and declaration of such interest and agreed that each member must consider carefully the implications of these policies and report any real, potential or apparent conflict of interest to WHO. Members also agreed to report any new interest that may arise during their membership on the Advisory Group.

With regard to members’ involvement in the DSM revision process, the Advisory Group did not perceive this as a conflict of interest per se. However, the Advisory Group agreed that its members should provide information on their involvement in other relevant professional activities to WHO, including the development of DSM-V and other involvements with professional organizations that may influence or be perceived to influence their participation in the ICD revision process.

The Advisory Group agreed that no member will report the deliberations of the Advisory Group in publications or presentations without prior approval of the Chair. In addition, the Advisory Group affirmed that its members will not make public statements on the revision process in their capacity as the Advisory Group members or in situations in which their comments may be construed in this manner.

The Advisory Group recommended similar policies for members of any work groups that may be established for the revision of the ICD-10 mental and behavioural disorders classification.

2. WHO's Family of International Classifications and General Plans on the Development of ICD-11

The Advisory Group noted the necessity for and the benefits of the revision of the ICD-10 mental and behavioural disorders classification to be consistent with the revision of the overall ICD classification. In particular, this includes compatibility between the structure, content, and terminology of the chapter and developing ontological framework for the system.

At the same time, the Advisory Group cautioned against the possibility of embedding additional errors in the system through forcing an external structure onto the chapter. In
particular, it is important that any such structure not require that decision rules be more definitive than is warranted by the tentative nature of much of the existing knowledge in mental health.

3. Objectives and Uses of ICD Mental and Behavioural Disorders
The Advisory Group affirmed the five main functions of the ICD mental and behavioural disorders chapter as follows:

1) Use in clinical settings;
2) Use in research;
3) Use as a tool for teaching and training;
4) Use for public health purposes; and
5) Use for statistical reporting purposes.

The Advisory Group agreed that, based on WHO’s constitution and charter, the relevance of the ICD Mental and Behavioural Disorders chapter to public health should be a particularly important guiding principal. The Advisory Group identified the primary public health purpose of ICD-11 as being to provide tools that assist in reducing disease burden. In mental health, this requires the promotion of population health and interventions to maintain mental health across the life span and across populations and settings. That is, ICD-11 should provide a basis for collective action to sustain population-wide health improvement.

The Advisory Group considered it essential that the revised ICD mental and behavioural disorders chapter be usable and useful for the identification and treatment of those individuals who have or are at risk for mental disorders by those health care workers who are most likely to encounter them. It must also be usable and useful for countries with limited resources in their efforts to assess and reduce the disease burden of mental disorders and improve the public mental health.

4. Definition of Mental Disorders within ICD-11
The Advisory Group agreed that providing a definition of mental and behavioural disorders as a part of the chapter is important. A definition provides the boundaries for what is being classified. The Advisory Group supported the use of the term disorder over the terms disease and syndrome for the entities described in the chapter.

The Advisory Group recommended against having functional impairment or disability as part of the inclusion criteria for any specific disorder. The Advisory Group suggested that a general comment be made as part of the introduction to the chapter that functional impairment and disability are associated with many of the diagnoses in the chapter and that such impairment is generally relatively non-specific with respect to diagnosis. The introduction should also provide definitions of functional impairment and disability that are consistent with the International Classification of Functioning, Disability and Health (ICF) and refer readers to the ICF for additional information on the classification of functional status.

The Advisory Group agreed that it may not be possible to make a statement about functional thresholds that would be applicable across the entire chapter. The Advisory Group recommended that any material deemed necessary about functional impairment and functional thresholds be included as part of the material generated for specific disorders or broader groups of disorders and that such material make use of the ICF framework. The Advisory Group also recognized that the construct of disability is culturally embedded and
the need to consider this as a part of any formulation.

5. Inclusion of Additional Information in ICD Mental and Behavioural Disorders
The Advisory Group considered that assessment and classification are distinct activities and that the focus of the ICD is on the classification of disorders and not the assessment of people, who are frequently characterized by multiple disorders and diverse needs. The ICD should focus on providing information relevant to the classification of disorders, including relevant lexical definitions. The Advisory Group did not believe that the diagnostic classification manual should function as a textbook or guide to patient assessment or provide information on the use of specific assessment methods, although it recognized the importance of such material in improving the quality of care and the impact of services for mental and behavioural disorders. The Advisory Group recommended against conceptualizing ICD mental and behavioural disorders classification as a multi-axial system.

The Advisory Group also recommended against incorporating additional information such as associated features and disorders, laboratory findings, physical examination, medical conditions, prevalence, course, familial patterns, etc. as a part of the diagnostic classification system, unless these are part of the diagnostic criteria.

6. Inclusion of Sub-Clinical Conditions, Risk Factors and Protective Factors
While understanding and agreeing with the need for ICD-11 chapter V to be useful for preventive efforts, the Advisory Group did not support the inclusion of sub-clinical conditions, risk factors, or protective factors in the revision of the mental and behavioural disorders chapter. The Advisory Group suggested that a chapter on risk factors and protective factors might be a worthwhile endeavour for the whole of ICD. The Advisory Group recommended that risk factors and protective factors for mental and behavioural disorders be considered as a part of that process, if it is undertaken.

7. Additional Versions of ICD-11 Mental and Behavioural Disorders
The Advisory Group recognized the need for several presentations of the ICD-11 mental and behavioural disorders classification. The Advisory Group endorsed the envisioned structure of the classification as nested or telescoping, with different versions of the classification—e.g., primary care, clinical use, research—representing different “views” of the core material. This implies that clinical, research, and primary care presentations will all be developed together as a part of the same process. The Advisory Group recognized that developing various presentations together is a complex task requiring collation of data from several sources and settings and that such a process will be resource-intensive and will likely require additional time.

8. Organization of Coordination Groups
The Advisory Group recommended that the following Coordinating Groups be established to assist the Advisory Group and WHO with the revision:

1. ICD-DSM Harmonization Coordinating Group
2. Global Scientific Participation Coordinating Group
3. Stakeholder Input and Participation Coordinating Group
4. Resource Mobilization Coordinating Group

The Advisory Group recommended that these Coordinating Groups be established by WHO in consultation with the Advisory Group Chair, including the development of specific Terms of Reference. The Advisory Group emphasized that these groups should not consist entirely
of classification experts, members of a single discipline, or representatives of developed English-speaking or Western countries. The Advisory Group envisioned that these Coordinating Groups would report to the Advisory Group and be assisted by WHO.

9. Working Papers
The Advisory Group requested that the WHO Secretariat develop more specific implementation plans and Terms of Reference for working papers on the following topics and commission them for possible presentation to the Advisory Group during its meeting in September 2007.

1. The use of mental disorder classification in primary care (by physicians and non-physicians)
2. Dimensionality in mental and behavioural disorders, including the issue of thresholds
3. A complete listing of the differences between ICD-10 and DSM-IV-TR related to diagnostic categories and criteria
4. The state of the scientific evidence regarding how the broad categories of mental disorders should be conceptualized as well as the likely clinical utility of these groupings.

10. Timelines
The Advisory Group agreed with the following tentative timelines that are consistent with the overall ICD-10 revision process:

- An alpha draft version of the ICD-11 mental and behavioural disorders chapter should be completed for review by the Advisory Group by the end of 2008.
- A broad and international review and comment process on the alpha draft should be conducted during 2009.
- Based on comments received, a beta draft should be prepared during 2010. Field testing of the beta draft should be conducted during 2011.
- Based on the results of field trials, a final proposed version should be prepared during 2012 and made available for public review.
- It is hoped that the full ICD-11 will be ready for approval by the World Health Assembly in 2014.

These timelines will be reviewed and revised as the work progresses.
ANNEX: Summary Report of the 1st Meeting of the International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders

WORLD HEALTH ORGANIZATION

1st Meeting of the International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders

11 - 12 January 2007 - Geneva, SWITZERLAND
Conference Room M105

LIST OF PARTICIPANTS

1. Dr Gavin Andrews, Clinical Research Unit for Anxiety Disorders, St. Vincent's Hospital, 299 Forbes Street, Darlinghurst, NSW 2010, Australia. Email: gavina@unsw.edu.au

2. Mr Rolf Blickle-Ritter, International Federation of Social Workers, Psychiatrizentrum Münsingen, Leitung Sozialdienst, 3110 Münsingen, Switzerland. Email: rolf.blickle@gef.be.ch

3. Dr Amy Coenen, Director, ICNP Programme, International Council of Nurses, University of Wisconsin - Milwaukee, College of Nursing, PO Box 413, Milwaukee WI 53201-0413, USA. Email: coenena@uwm.edu

4. Dr David Goldberg, Institute of Psychiatry, King's College, London, United Kingdom. Email: spjudpb@hotmail.com

5. Dr Oye Gureje, Department of Psychiatry, University College Hospital, PMB 5116 Ibadan, Nigeria. Email: gurejeo@skannet.com

6. Dr Steven Hyman (Chairman), Provost of Harvard University, Harvard University, Massachusetts Hall, Cambridge, MA 02138, USA. Email: steven_hyman@harvard.edu

7. Dr Michael Klinkman, the Co-chair of the Wonca International Committee on Classification, Director of Primary Care Programs, University of Michigan Depression Center, 1500 E Medical Center Drive, F6321 MCHC Ann Arbor, MI 48109-0295, USA. Email: mklinkma@med.umich.edu

8. Dr Maria Elena Medina-Mora, Instituto Nacional de Psiquiatria Ramon de la Fuente, Calzada Mexico-Xochimilco, Col. San Lorenzo Huipulco, México, D.F. 14370, Mexico. Email: medinam@imp.edu.mx

9. Dr Juan Mezzich, President, World Psychiatric Association, International Center for Mental Health, Mount Sinai School of Medicine of New York University, Fifth Avenue & 100th Street, Box 1093 New York, NY 10029-6574, USA. Email: juanmezzich@aol.com

10. Dr Geoffrey M. Reed, International Union of Psychological Science, Glorieta de Bilbao, 5, 4º 428004 Madrid, Spain. Email: gmreed@mac.com
11. Dr Karen Ritchie, Directeur de Recherche, Institut National de la Santé et de la Recherche Médicale, E 361 Pathologies of the Nervous System Epidemiological and Clinical Research, Hôpital La Colombière, 34093 Montpellier Cedex 5, France.  Email: ritchie@montp.inserm.fr

12. Dr Khaled Saeed, H. No: B-18, St: 02, Rawalpindi Medical College Staff Colony, Rawal Road, B-18, St. 02, Rawalpindi, Pakistan.  Email: saeedsh1993@yahoo.co.uk

13. Dr Norman Sartorius, 14 chemin Colladon, 1209 Geneva, Switzerland.  Email: sartorius@normansartorius.com

14. Dr R. Thara, Director, Schizophrenia Research Foundation (SCARF), R/7A, North Main Road, West Anna Nagar Extension, Chennai- 600 101, India.  Email: scarf@vsnl.com

15. Dr Xin Yu, Director, Institute of Mental Health, Peking University, Huayuanbeilu 51, Haidian District, 100083, Beijing, China. Email: yuxin@bjmu.edu.cn

Observer:

16. Dr Christopher Chute, Chair, Revision Steering Group (ICD); Mayo Clinic College of Medicine, Rochester, Minnesota, USA.  Email: chute@mayo.edu

WHO SECRETARIAT:

17. Dr José Bertolote, Management of Mental and Brain Disorders, Department of Mental Health and Substance Abuse, WHO. Email: bertolotej@who.int

18. Dr Somnath Chatterji, Country Health Information, Department of Measurement and Health Information Systems, WHO. Email: chatterjis@who.int

19. Dr Tarun Dua, Management of Mental and Brain Disorders, Department of Mental Health and Substance Abuse, WHO. Email: duat@who.int

20. Dr Vladimir Poznyak, Management of Substance Abuse, Department of Mental Health and Substance Abuse, WHO. Email: poznyakv@who.int

21. Dr Benedetto Saraceno, Director, Department of Mental Health and Substance Abuse, WHO. Email: saracenob@who.int

22. Dr Shekhar Saxena, Mental Health: Evidence and Research, Department of Mental Health and Substance Abuse, WHO. Email: saxenas@who.int

23. Dr Bedirhan Ustun, Classifications and Terminology, Department of Measurement and Health Information Systems, WHO. Email: ustunb@who.int