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**RC
PSYCH**
ROYAL COLLEGE OF
PSYCHIATRISTS

**An Introduction to ICD-11 Mental
and Behavioural Disorders**
25 - 26 May 2021 | Online Event

Conference Brochure

Foreword

Dear Delegates

A very warm welcome to this two-day meeting on the ICD-11 classification of mental and behavioural disorders. We are delighted to have you all with us, exploring this significant revision. In this programme we have tried to cover all the important diagnoses, but know some that are missed may annoy. But listen carefully, as you may find that each presentation is like a set of Russian dolls, with other diagnoses hidden underneath.

The diagnostic system for mental disorders across the world is the International Classification of Diseases, often abbreviated to ICD. It was introduced in 1900 and has been through 10 revisions, the last in 1992. The period between the 10th revision (ICD-10) and the 11th (ICD-11) is 30 years, the longest period between revisions since ICD was introduced. So it is not surprising that there are many changes in the new ICD-11 that will be unrolled across the world at the beginning of January 2022, and implemented in stages to each country's systems. The structure of the ICD-11 and the changes made from ICD-10 will be the subject of a Royal College meeting on 25th and 26th May, 2021. This is a critical time for mental health and a new classification that is fit for purpose after the COVID-19 pandemic is needed. We hope that the new classification satisfies that need and look forward to your participation. Please remember to use the Q&A panel on your screen to ask questions. Our team at the College are very good at picking up the most perceptive ones, and if one of yours is chosen for discussion you can pat yourself on the back, as we have over 1500 delegates booked to attend this meeting, so the odds are not high. We also have to stick to a tight timetable. If you are not able to attend the whole meeting all the presentations will be available for you to view for two months.

Many thanks to all our speakers and to our technical team for bringing the conference to life.

Programme

Tuesday 25 May 2021 9:00 – 13:00	
09:00-09:10	Introduction and overview <i>Peter Tyrer, Emeritus Professor in Community Psychiatry, Imperial College, London, UK</i>
09:10-10:10	Personality disorders <i>Roger Mulder, Professor of Psychological Medicine, University of Otago at Christchurch, New Zealand</i>
10:10-11:10	Mood disorders <i>Michael Berk, Professor of Psychiatry, Deakin University, Victoria, Australia</i> <i>Gin Malhi, Professor of Psychiatry University of Sydney, Australia</i>
11:10-11:20	Break
11:20-12:00	Substance use disorders <i>John Saunders, Professor of Internal and Addiction Medicine, Universities of Sydney and Queensland, Australia</i>
12:00-12:40	Psychotic disorders <i>Wolfgang Gaebel, Professor of Psychiatry at Heinrich Heine University, Düsseldorf, Germany</i>
12:40-13:00	General discussion
13:00	End of Day 1

Wednesday 26 May 2021 13:20 – 17:45

13:20-13:30	Welcome and recap
13:30-14:10	Anxiety and obsessional disorders <i>Dan Stein, Professor of Psychiatry and Chair of Psychiatry and Mental Health, University of Cape Town, South Africa</i>
14:10-14:50	Primary Care <i>Chris Dowrick, Professor of Primary Medical Care, University of Liverpool, UK</i>
14:50-15:30	Stress related disorders <i>Chris Brewin, Emeritus Professor of Clinical Psychology, University College, London, UK</i>
15:30-15:40	Break
15:40-16:20	Child and adolescent psychiatric disorders <i>Elena Garralda, Emeritus Professor of Child and Adolescent Psychiatry, Imperial College, London, UK</i>
16:20-17:00	ICD-11 in intellectual disability <i>Cary Kogan, Professor – School of Psychology Clinical, University of Ottawa and The Royal Ottawa Mental Health Centre, Canada</i>
17:00-17:10	Discussion and questions
17:10-17:50	Summary and Close <i>Geoffrey Reed, Professor of Medical Psychology, Columbia University Global Mental Health Programs, New York</i>
17:45	End

Speaker abstracts and biographies

Chair: Peter Tyrer *Emeritus Professor in Community Psychiatry,
Imperial College, London, UK*

Peter Tyrer is Emeritus Professor of Community Psychiatry in the Division of Psychiatry in Imperial College and a Consultant in Reconstructive Psychiatry at Lincolnshire Partnership NHS Foundation Trust. He is an Honorary Fellow of the Royal College of Psychiatrists and received the Lifetime Achievement Award of the Royal College of Psychiatrists in 2015. He has chaired NICE guideline groups for borderline personality disorder (2009), substance misuse and psychosis (2012), and management of imminent aggression (2015). Between 2003 and 2014 he was Editor of the British Journal of Psychiatry. He also chaired the WHO revision group for the reclassification of personality disorder for ICD-11 and has been involved in discussions over other diagnoses to be included in the classification, particularly those for common mental disorders.

Tuesday 25 May 2021

Welcome

Dr Kate Lovett, *Dean RCPsych, Royal College of Psychiatrists, Consultant Psychiatrist, LivewellSW, UK*

Dr Kate Lovett is the current Dean of the Royal College of Psychiatrists. Her clinical role is as a consultant general adult psychiatrist for LivewellSW serving a deprived community in Plymouth, UK. She has a longstanding interest in medical education and was previously Head of School of Psychiatry for Health Education England for the Peninsula Deanery. In her role as Dean she has lead work on recruitment and retention in the mental health workforce and been a driving force behind the successful #ChoosePsychiatry campaign leading to 100% recruitment to core training. She has overseen the digitisation of college exams and modernisation of training curricula. Her drive to develop systems that support compassionate care and recovery fuels her educational leadership and is underpinned by values of equity and fairness.

Introduction and overview

Peter Tyrer, *Emeritus Professor in Community Psychiatry, Imperial College, London, UK*

Personality disorders

Roger Mulder, *Professor of Psychological Medicine, University of Otago at Christchurch, New Zealand*

The ICD-10 personality disorder classification model was not fit for purpose. It was complex so few personality disorder categories were used, many clinicians ignored personality disorder diagnosis, and treatment was largely confined to specialist units. The ICD-11 classification represents a paradigm shift. It emphasises severity of personality disturbance and removes specific personality disorder categories. Personality disorder may be described as mild, moderate or severe. Behavioural manifestations can be described using five trait domains; negative affectivity, detachment, dissociality, disinhibition, and anankastia. To retain continuity, a borderline specifier may be used. Although evidence is limited, clinicians generally prefer the ICD-11 classification, it relates predictably to the Alternative DSM-5 model, and the Five Factor model, and appears to be clinically useful. It is hoped that personality will be considered in all patients when planning treatment and predicting outcome.

Roger Mulder is a professor in the Department of Psychological Medicine at University of Otago, Christchurch, New Zealand. His major research interests are in personality, mood disorders, and consultation–liaison psychiatry. He has over 300 publications. He is co-editor-in-chief of *Personality and Mental Health*, and associate editor of *ANZJP* and *NZMJ*. He is co-chair of the WPA section on Personality Disorders. His clinical work is in consultation–liaison psychiatry.

Mood disorders

Michael Berk, *Professor of Psychiatry, Deakin University, Victoria, Australia*

Gin Malhi, *Professor of Psychiatry University of Sydney, Australia*

The classification of mood disorders in ICD-11 and DSM-5 is the foundation on which clinical practice and research rest respectively, and as such even minor changes have the potential to have a major impact on the management of these illnesses and the provision of health care. This two part presentation will focus on the key changes in mood disorders, specifically depression and bipolar disorder and the speakers will briefly note the evolution of these classifications, the foundational evidence for changes that have occurred, and will then discuss some of the areas of contention and controversy that remain.

Michael Berk is an NHMRC Senior Principal Research Fellow at Deakin University, where he heads the IMPACT institute. He is listed by Clarivate Web of Science as highly cited (2015-2020) and was awarded the Brain & Behaviour (NARSAD) Colvin Award for Mood Disorders in 2015, the Victoria Prize for life sciences in 2019, the International Society for Bipolar Disorders Bob Post award for mentorship in 2020 and the RANZCP Senior Research Award in 2021. He is past president of the International Society for Bipolar Disorders and the Australasian Society for Bipolar and Depressive Disorders. His major interests are in the discovery and implementation of novel therapies.

Dr Malhi is Professor of Psychiatry at The University of Sydney and the Director of the CADE Clinic at Royal North Shore Hospital in Sydney.

His clinical research centres on mood disorders and suicide and he has a particular interest in diagnosis, neuroimaging and the therapeutic use of lithium. He has published over 600 articles and books and has been recognised amongst the top 1% most highly cited researchers worldwide.

He is the Editor of *Bipolar Disorders*, the official journal of the International Society for Bipolar Disorders (ISBD), *The Australian & New Zealand Journal of Psychiatry* and the Editorials Editor of *The British Journal of Psychiatry*.

He is currently the President of ISBD and has served as the chair of the committee that developed the 2020 RANZCP Clinical Practice Guidelines for mood disorders.

Substance use disorders

John Saunders, *Professor of Internal and Addiction Medicine, Universities of Sydney and Queensland, Australia*

The 11th Revision of the International Classification of Diseases (ICD-11) was released in 2019 and, now field testing is completed, is due to be implemented from 2022. There is a new grouping of Disorders due to Substance Use and Addictive Behaviours. This reflects the mounting evidence that these disorders, now including gambling and gaming disorder, have comparable psychological and neurobiological mechanisms, antecedents and comorbidities, and similar clinical features of the "disorders of use" such as substance dependence, harmful use, and hazardous use. Diagnostic guidelines are provided for these, as well as for intoxication and withdrawal and substance-induced mental disorders. The presentation will

describe and comment upon these diagnoses and highlight the key features and the changes since ICD-10 and (more briefly) the differences between the corresponding diagnoses in DSM-5. The ICD-11 diagnoses are aimed at enhancing the precision of clinical diagnosis and to support public health approaches to minimising the harm from psychoactive substance use and behavioural addictions.

John B. Saunders is a professor and consultant physician in addiction medicine. A graduate of the University of Cambridge, he has current appointments at the Universities of Queensland and Sydney in Australia and in two hospital groups. He has extensive experience in clinical practice in the public and private health care systems. He has worked as an advisor to the World Health Organization since 1981 and from 1987 to 1994 was a member of the ICD-10 Substance Use Disorders Work Group. From 2007 to date he has been a member of the Substance Use and Addictive Disorders workgroups developing the definitions and diagnostic guidelines for ICD-11. He has also been involved in WHO's work on brief interventions including being responsible for the development of the AUDIT questionnaire. He has also contributed to the development and review of DSM-IV substance use diagnoses and was co-chair of the research phase of the work leading to DSM-5. He has published 370 peer reviewed original papers and reviews.

Psychotic disorders

Wolfgang Gaebel, *Professor of Psychiatry at Heinrich Heine University, Düsseldorf, Germany*

The ICD-11 chapter on 'Schizophrenia or other primary psychotic disorders' comprises Schizophrenia, Schizoaffective disorder, Acute and transient psychotic disorder (ATPD), Schizotypal disorder, Delusional disorder, and the residual categories Other and Unspecified primary psychotic disorders.

Disorders in this section are being categorized on the basis of their psychopathological profile, duration, and course characteristics, as described in the Clinical Descriptions and Diagnostic Guidelines (CDDG) developed for use by mental health professionals in clinical settings.

Some of the most important changes in the classification of psychotic disorders from ICD-10 to ICD-11, based on evidence review, field testing and consensus, include the introduction of symptom qualifiers as an alternative to subtypes as well as new course qualifiers which can be applied to all primary psychotic disorders. As has been demonstrated by clinical and internet-based international field trials, the ICD-11 CDDG are not only reliable (and valid), but also useful and easy to apply by different users in various clinical settings and around the world.

The introduction of the ICD-11 in the field of primary psychotic disorders will contribute to improved mental health care, in particular due to more personalized treatment selection.

Gaebel W. Status of psychotic disorders in ICD-11. *Schizophr Bull.* 2012;38(5):895–8.

Dr

. med. Wolfgang Gaebel is Professor of Psychiatry, former Director of the Department of Psychiatry and Psychotherapy at the Heinrich-Heine University, Düsseldorf (Germany), and Head of the LVR-Klinikum Düsseldorf. He is Director of the WHO Collaborating Centre on Quality Management and Empowerment in Mental Health. From 2014 to 2016 he was also Founding Director of the LVR-Institute for Mental Healthcare Research in Düsseldorf.

Prof. Gaebel was President of the DGPPN (1995/6 and 2007/8) and of the EPA (2015/6). He is chairing the WPA Sections on Schizophrenia and on Quality Assurance. His research focus is on schizophrenia, including psychopathological and pharmacological aspects, treatment guidelines, destigmatisation, quality management, and the development of DSM-5 and ICD-11. He was a member of the WHO International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders, chaired the ICD-11 working group on Psychotic Disorders, and is a member of the WHO FIC Medical Scientific Advisory Committee for ICD-11.

Prof. Gaebel is a member of the German National Academy of Sciences Leopoldina. In 2020 he received as lifetime award the Wilhelm-Griesinger Medal of the DGPPN.

Wednesday 26 May 2021

Welcome and recap

Peter Tyrer, *Emeritus Professor in Community Psychiatry,*
Imperial College, London, UK

Anxiety and obsessional disorders

Dan Stein, *Professor of Psychiatry and Chair of Psychiatry and Mental Health,*
University of Cape Town, South Africa

This presentation will review the classification of anxiety and fear-related disorders as well as obsessive-compulsive and related disorders in ICD-11. In ICD-11, anxiety and fear-related disorders are distinguished by their focus of apprehension; the stimulus or situation that triggers the fear or anxiety. This may be highly specific (e.g., specific phobia), relate to a broader class of situations (e.g., social anxiety disorder), or be characterized by general apprehensiveness (e.g., generalized anxiety disorder). The obsessive-compulsive and related disorders are characterized by unwanted thoughts or preoccupations and related repetitive behaviours. The rationale for this new group includes their frequent co-occurrence, familial relationships, and overlaps in assessment methods and treatment approaches. The ICD-11 approach to these groupings is based on a series of nosological investigations, and promises to improve diagnosis and treatment of highly prevalent but under-recognized disorders.

Dan J. Stein is Professor and Chair of the Dept of Psychiatry at the University of Cape Town, and Director of the South African MRC Unit on Risk &

Resilience in Mental Disorders. Dan's training includes doctoral degrees in clinical neuroscience and in philosophy, and a post-doctoral fellowship in psychopharmacology. He is a clinician-scientist whose work has long focused on anxiety and related disorders, including obsessive-compulsive spectrum conditions and posttraumatic stress disorder. He has also mentored a range of other research, with publications spanning basic neuroscience, through clinical research, and on to public mental health. His research has had considerable influence (as evidenced by a Google h-index > 140, perhaps the highest of any African scholar), as has his mentorship (as evidenced by the career success of his postgraduate students and fellows).

Primary Care

Chris Dowrick, *Professor of Primary Medical Care, University of Liverpool*

General practitioners are expected to diagnose common mental health problems, and distinguish these from normal responses to adverse and traumatic events; to identify potential severe mental disorders; and to understand the complex interactions between physical and psychological problems. Diagnostic classification systems in primary care should enable these essential functions. Four available diagnostic systems will be discussed. SNOMED Clinical Terms, a structured clinical vocabulary for use with electronic health records, is recommended by NHS Digital and currently prevalent in UK primary care settings: it has advantages in terms of ease of use and integration with clinical management; but it makes unwarranted ontological assumptions about the status of mental disorders. The grief dilemma in DSM-5 is noted. The recently launched Third Revision of the

International Classification of Primary Care is recommended by the World Organisation of Family Doctors and is commonly used in mainland Europe: it has ontological advantages in terms of differentiating between symptom, problem and disease; but to date has found little purchase in UK primary care. A primary care version of ICD-11 is under development, following international field trials: it has the potential advantage of concordance with specialist classifications, though some diagnostic issues remain to be resolved. Continued dialogue is recommended, at national level between RCGP and RCPsych, and at international level between WONCA, WPA and WHO, to ensure that diagnostic classification systems enhance the integration of primary and secondary mental health care.

Christopher Dowrick is Chair of the World Organisation of Family Doctors (WONCA) working party for mental health, Emeritus Professor in the University of Liverpool, a general practitioner in Liverpool and Professorial Research Fellow in the University of Melbourne. He provides expert advice to WHO including its mhGAP programme. His research portfolio covers common mental health problems in primary care, with a focus on depression and medically unexplained symptoms. He has published five books and more than 250 research papers.

Stress related disorders

Chris Brewin, *Emeritus Professor of Clinical Psychology,*
University College, London

The ICD-11 grouping “Disorders Specifically Associated with Stress” replaces the ICD-10 grouping “Reaction to severe stress, and adjustment disorders.” Although the onset and course of many mental disorders can be influenced by past and current stressors, this grouping acknowledges that some disorders are so intimately connected with stressful events that they could not have occurred in their absence. Disorders Specifically Associated with Stress include revisions of some conditions that were previously part of ICD-10, such as Posttraumatic Stress Disorder (PTSD), Adjustment Disorder, and the childhood conditions Reactive Attachment Disorder and Disinhibited Social Engagement Disorder. It also includes for the first time Complex PTSD and Prolonged Grief Disorder.

Chris Brewin is emeritus professor of clinical psychology at the Research Department of Clinical, Educational and Health Psychology, University College London. In 2013 he received the Robert S. Laufer Memorial Award for Outstanding Scientific Achievement from the International Society for Traumatic Stress Studies. His areas of interest include processes of memory and identity in traumatised individuals, and the role of screening and early intervention following major incidents. He was a member of the ICD-11 Working Group on Classification of Stress-Related Disorders.

Child and adolescent psychiatric disorders

Elena Garralda, *Emeritus Professor of Child and Adolescent Psychiatry, Imperial College, London*

This presentation is based on the work carried out by the WHO Office (Senior Officer Geoffrey Reed and colleagues) and advisors, including the *“International Working Group on the Classification of Mental and Behavioral Disorders in Children and Adolescents”* (2010-2012), and two subsequent Task Forces on Neurodevelopmental and Disruptive Behavior and Dissocial Disorders (2012 onwards).

An early decision in the process was taken to remove ICD 10' special section on *“Behavioural and emotional disorders with onset usually occurring in childhood and adolescence affected by emotional & behavioural immaturities of childhood”* and to adopt a life-span approach, whereby these disorders would merge with the rest. The multi-axial classification - popular in child psychiatric practice - was also taken out. Instead, co-morbidity and disorder qualifiers have been introduced.

ICD 11 has two groups of disorders with onset in childhood and persistence into adulthood: *Neurodevelopmental and Disruptive Dissocial Disorders*, and these will be the focus of this presentation. Changes from ICD 10 have been guided by existing practice and research, and disorders are described in a systematic, detailed fashion to assist with identification, differential diagnosis and treatment planning.

As the rest of ICD 11 disorders are largely aligned with DSM 5 but there are some differences.

The main innovations within the Neurodevelopmental Disorders are the inclusion of Mental Retardation (*now Disorders of Intellectual Development*) and Hyperkinetic Syndrome (*now Attention Deficit Hyperactivity Disorder (ADHD)*). There are also refinements and changes in nomenclature such as the Pervasive Developmental Disorders, *now Autistic Spectrum Disorders (ASD)*.

The revised description of ASD reflects its increasing recognition in individuals of average intellectual ability, its 3 previous main dysfunctional areas have been reduced to 2, and there is acknowledgement of adult manifestations. The main two *qualifiers (intellectual and language development)* are meant to assist with assessment and treatment planning. Changes to ADHD similarly reflect recognition of adult manifestations.

The main innovations of the Disruptive Behaviour & Dissocial disorders - which include Oppositional Defiant (ODD) and Conduct Disorders (CD) - are their *qualifiers*: irritability and low prosocial behaviour for ODD, and age of onset (childhood vs adolescence) and low prosocial behaviour for CD.

Diverging from DSM 5 is the introduction of a new *Pragmatic Language qualifier* to the *Developmental Speech and Language Disorders*, which contrasts with a new Social Pragmatic Communication Disorder in DSM 5; and the new *irritability qualifier* in ODD which contrasts with the new Disruptive Mood Dysregulation Disorder or DMDD, part of Depressive Disorders in DSM 5.

The use of psychiatric diagnosis by CAMHS can be patchy. The current ICD 11 version - with its detailed and helpful diagnostic guidance - represents a

good opportunity to help promote further the understanding and management of affected children and young people.

Elena Garralda is Emeritus Professor of Child and Adolescent Psychiatry at Imperial College London, United Kingdom, and Honorary Consultant in Child and Adolescent Psychiatry with CNWL Foundation NHS Trust, London, UK.

She trained in Psychiatry and Child and Adolescent Psychiatry at the Institute of Psychiatry in London, UK, and subsequently held academic and clinical appointments at the University of Manchester, Imperial College London and CNWL Foundation Trust/ St Mary's Hospital, London UK.

Her research activity has involved the study of psychotic symptoms in children; the interface between physical and mental health in children and young people; and of outcome measures of CAMHS use.

She chaired the WHO ICD 11 Task Forces on Neurodevelopmental disorders and Disruptive Behavior and Dissocial Disorders from 2012.

ICD-11 in intellectual disability

Cary Kogan, Professor – School of Psychology (Clinical), University of Ottawa

ICD-11 Disorders of Intellectual Development are defined by the presence of significant impairments in both intellectual and adaptive behaviour functioning that arise during the developmental period. In this session we will explore the reconceptualization of this neurodevelopmental disorder, in particular, how the guidelines were developed to improve clinical utility and international applicability. The more detailed explication of adaptive

behaviour functioning by severity level in ICD-11 as well as the introduction of a set of validated behavioural indicators tables is expected to improve detection and appropriate staging for individualized treatment planning. The application of the behavioural indicators tables as well as the relationship between ICD-11 Disorders of Intellectual Development and intellectual impairment in Autism Spectrum Disorder will be discussed.

Cary Kogan is a full professor of clinical psychology at the University of Ottawa in Ottawa, Canada and a clinical psychologist. He is also the lead for training and evaluation for the Ontario Structured Psychotherapy program based at the Royal Ottawa Hospital Care Group. Prof. Kogan is a consultant to the World Health Organization for training and implementation of the ICD-11 mental, behavioural and neurodevelopmental disorders chapter. He was involved in the development and field testing of the ICD-11 clinical descriptions and diagnostic guidelines including leading the international field study for the neurodevelopmental disorders guidelines with a particular emphasis on evaluating the guidelines and behavioural indicators for Disorders of Intellectual Development.

Summary and Close

Geoffrey Reed, Professor of Medical Psychology, Columbia University Global Mental Health Programs, New York

Dr. Geoffrey M. Reed is Professor of Medical Psychology and Scientific Co-Director, Global Mental Health Program, Department of Psychiatry, Columbia University Vagelos College of Physicians and Surgeons. Beginning in 2008, he

served as Senior Project Officer for the Development of ICD-11 Mental, Behavioural and Neurodevelopmental Disorders, Department of Mental Health and Substance Abuse, WHO. He is currently a member of the Medical and Scientific Advisory Committee for ICD-11. Dr. Reed founded the WHO Global Clinical Practice Network (<http://gcp.network>), which now comprises over 16,000 mental health and primary care professionals from 160 countries, which contributed directly to ICD-11 through participation in field studies. He has received numerous awards, including the Robert L. Spitzer Memorial Award for Outstanding Contributions to Nosology and Diagnosis from the Columbia University Department of Psychiatry and the Outstanding International Psychologist Award from the Division of International Psychology, American Psychological Association.