



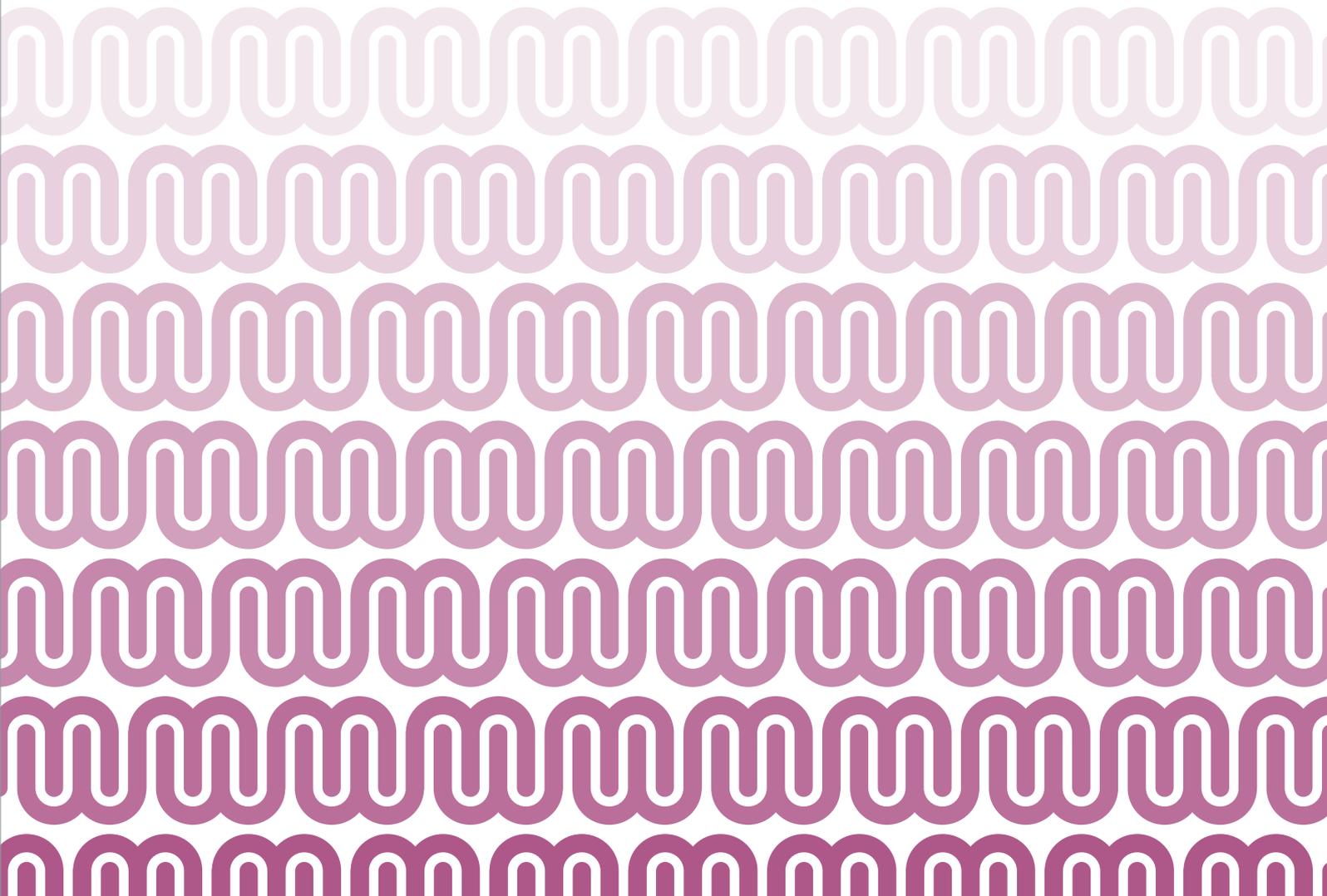
**mental welfare**  
commission for scotland

# **Introduction of an updated diagnostic classification system for mental health and intellectual disability services in Scotland – ICD-11**

**Advice notes**

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December 2022



# Our mission and purpose

## Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

## Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

## Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

## Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

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## What you need to know and where to find more information

### What is happening?

From 1 November 2022, healthcare professionals and services in Scotland will begin using an updated version of the diagnostic classification system, known as the “ICD”.

### What is the “ICD”?

“ICD” stands for the “International Classification of Diseases”, and this is the 11<sup>th</sup> version, known as “ICD-11”.

The ICD has been around for over 100 years. When it was first published in 1900, it was a system for classifying causes of death. Over time, as medical science developed, the ICD also started including definitions of different diseases.

When the World Health Organisation (WHO) was formed after World War II, it took over responsibility for updating and publishing the ICD, with the aim of doing this around every 10 years. ICD-6, published in 1948, was the first to include definitions of mental health diagnoses.

The ICD is used in many countries throughout the world.

### What is the ICD used for?

The ICD has several important uses. One of these is that it provides doctors and other healthcare professionals with clear definitions of all diseases and conditions. It lists the “diagnostic criteria” for each of these. These are the essential features of a disease or condition that must be present in order to diagnosis it. This means that doctors and other health care professionals are all working to the same definitions of disease and can be consistent in how diagnoses are made. It also means that there is a common language and understanding of diseases and conditions that professionals and others can use to communicate.

The ICD also has important uses in medical research and in the way information is collected at a population level in order to think about and plan health care services.

### Who decides what goes into the ICD?

ICD-11 is the result of 15 years of work led by the WHO. The WHO created a global network of 15500 people across 159 countries who contributed to the development of ICD-11. Just over half of these were doctors (mainly psychiatrists) and around a third were psychologists. Many patients and carers were also involved. Earlier drafts of ICD-11 were tested and refined in field trials carried out in 14 countries.

### Why is the ICD changing?

The previous version of the ICD, ICD-10, was published over 30 years ago. Since then, our understanding of many mental health conditions has developed and improved. Society has changed in the way we think about definitions of “disease” and “disorder” and what is “normal”. The way health care services are designed and delivered has also changed. One of the key changes has been the recognition that the people who use health care services must

be at the centre of decisions about their care. This includes the process through which medical diagnoses are made. Nowadays, many people access their information via the internet. ICD-11 is the first fully electronic version of the ICD and is fully available online (link below).

### **Does ICD-11 just cover mental health conditions?**

No. There are 24 chapters in ICD-11, each of which covers a different medical category. Chapter 6 contains the mental health and related conditions. To give it its full name, Chapter 6 contains the “Mental, Behavioural or Neurodevelopmental Disorders (MBND)”.

### **Why is it being introduced in Scotland?**

Along with the other member states of the WHO, Scotland agreed to implement ICD-11. The Scottish Government included this in its Mental Health Transition and Recovery Plan published in 2020. The Scottish Government aims to ensure that our approach to mental health services and associated interventions in Scotland is based on the most up to date international understanding of mental health conditions.

### **What does it mean for me?**

The introduction of ICD-11 will mean different things for different people. Doctors and other health care professionals involved in making diagnoses, will be required to familiarise themselves with the changes in ICD-11. There are some changes to the way certain conditions are described and diagnosed. There are also some new diagnoses that have been added. Health care administration staff and public health services will require to update their systems for collecting and coding diagnostic information. All of this will take some time and it is expected the transition to ICD-11 will be a gradual one. In line with new ICD11 coding structure, the Mental Welfare Commission has produced updated Mental Health Act forms which will be in use by professionals from late 2022.

For patients, the impact of ICD-11 will most likely depend upon how involved you wish to be in discussing your mental health diagnosis with professionals. Different people have different views and preferences when it comes to thinking about their diagnosis. Some people want more detailed discussion about their diagnosis and how it was made. Others are less concerned with the process but are nonetheless keen to have a diagnosis. Others still may disagree with the whole concept of diagnosis and wish to take a different approach to thinking about their health and recovery. All of these views are valid and there is no right or wrong approach. The most important thing is that you feel listened to by professionals and that your views, wishes, and concerns are respected and discussed.

### **What if I disagree with my diagnosis?**

For patients with an existing mental health diagnosis, it is unlikely that the introduction of ICD-11 will significantly change your diagnosis or the care you currently receive. ICD-11 has changed some of the diagnostic terms that were used in ICD-10 and has introduced some new diagnoses. If any of these changes are relevant to your diagnosis, then your doctor, or other health care professional involved in your care, should discuss these with you. If you disagree with a diagnosis that you have been given then ICD-11 will not change the options

you have to address this. We would encourage you to raise these concerns with your doctor or care team in the first instance.

### **Can my doctor opt out of using ICD-11?**

No. Whether you agree or disagree with the approach taken to diagnosis in ICD-11, it will not be changed at this stage. All health care professionals in Scotland will be required to use ICD-11 from 1 November 2022 to diagnose and record mental health and related conditions.

Scottish Government have produced a short information summary which can be found here [Mental health: implementing the International Classification of Diseases 11th edition - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/information/mental-health-implementation-icd-11/)

The ICD-11 website is here [ICD-11 \(who.int\)](https://icd.who.int/)

Some more detail about the differences between the previously used classification system (ICD-10) and ICD-11 is provided below.

## **New approaches taken in ICD-11**

### **Dimensional approach**

One key change in the ICD 11 is the introduction of a dimensional element to some diagnoses. This means that ICD-11 has removed the subcategories for certain diagnoses (for example the subtypes of schizophrenia and personality disorders) and instead introduced the option to code for the presence of certain specific symptoms or traits. This is intended to allow for improved monitoring of change over time and to be consistent with up-to-date research evidence and to improve recovery from illness.

A dimensional element to diagnoses will also reduce the issue of artificial co-morbidity which ICD-10 created. This refers to a person being given more than one diagnosis (because they meet the criteria for more than one subtype of a condition) when in reality, their symptoms are best understood as one condition. To deliver the dimensional approach the revised system includes 2 new chapters and updated categories. There are now 21 categories within the mental health chapter (Chapter 6), as opposed to 10 mental health categories in ICD 10.

### **Lifespan approach**

The lifespan approach adopted for the ICD-11 means that there is no longer a separate group for conditions which have their onset presenting in childhood or adolescence. Instead, these disorders have been moved to other groups with which they share symptoms. For example, separation anxiety disorder has been moved to the anxiety and fear related disorders group. The ICD 11 does provide descriptions of varying presentations of the disorder among children and adolescents as well as older people, where data exists.

### **Culture related information**

ICD-11 includes culture related information for the distinct groups of mental health conditions based upon up-to-date knowledge and understanding of the cultural influences on how the symptoms and signs mental health conditions and are experienced and expression. This allows the ICD-11 to be applied globally across different countries and cultures.

### **Coding structure**

A key feature in the updated ICD 11 is that there is a simple coding structure that allows easier recording of various conditions with specificity. The ICD 11 provides an intricate level of detail in coding illness with around 55,000 codes that can be used to classify disorders, diseases, injuries and causes of death.

### **Digital readiness and user friendly**

The ICD 11 was devised to be electronic and user friendly for use by a worldwide audience. It runs on a central platform and connects to any software. It can also be a machine- readable format, expanding its potential uses in the digital age.

## ICD 11 – changes to specific diagnoses

### Schizophrenia

The ICD-11 grouping of 'schizophrenia and other primary psychotic disorders' replaces the ICD-10 grouping of schizophrenia, schizotypal and delusional disorders. The term "primary" indicates that psychotic processes are a core feature, in contrast to psychotic symptoms that may occur as an aspect of other disorders, for example mood disorders.

In the ICD-11, schizophrenia symptoms have largely remained unchanged from the ICD 10. The most significant change is the removal of all subtypes of schizophrenia (e.g. paranoid, hebephrenic, catatonic), due to their lack of predictive validity or usefulness in selecting treatment options. Instead of the schizophrenia subtypes, a set of symptom dimensions and course specifiers have been introduced. These allow mental health professionals to describe the type and severity of a person's current symptoms.

### Mood disorders

The ICD-11 group of mood disorders has been reorganised. In ICD-11, depressive episodes in depressive or bipolar disorders may be described in detail by indicating the presence of specific symptoms: additionally, depressive episodes can be described according to severity and remission status (for example, whether the condition is in partial or full remission). For moderate and severe depressive episodes, the presence of psychotic symptoms may also be recorded.

Newer research has led to the subdivision of bipolar disorder into bipolar type 1 and type 2 in ICD11. People with mania/a manic episode would be diagnosed as having bipolar type 1. Mania as a separate entity is not included in ICD 11.

The mood disorder group is one of the very few examples in ICD 11 where a minimal symptom count remains. This is because of existing research and clinical tradition of thinking about depression in this manner. A minimum of five of 10 symptoms is required to make a diagnosis.

### Personality disorders

The ICD-11 group of personality disorders has seen significant revision. There is now one diagnosis of personality disorder rather than different subtypes as seen in the ICD 10. This change was brought in as it was found there was much overlap between different types of personality disorder in clinical practice and it thus avoids people being diagnosed with more than one personality disorder.

Personality disorder is now described according to severity. It is also described according to personality traits to provide a more individual description of a person's personality disorder and how it impacts them.

### Neurodevelopmental disorders

The term "neurodevelopmental disorders" covers a set of conditions of early onset that involve significant difficulties in the development of cognitive and social communicative skills. These conditions often have a chronic course with impairments lasting into adulthood. Within ICD-

11, the neurodevelopmental disorder group includes, amongst others, disorders of intellectual development, autistic spectrum disorders, speech and language development disorders and attention deficit hyperactivity disorders (ADHD).

Autism spectrum disorder in the ICD-11 integrates both childhood autism and Asperger's syndrome from the ICD-10 into a single category. Guidelines for autism spectrum disorder have been significantly updated to reflect the current literature, including how this condition can present throughout the lifespan. Symptoms can be described in more detail in ICD 11 allowing the full range of presentations that can be seen of autism spectrum disorder to be framed in a more dimensional manner.

ADHD has replaced ICD-10 hyperkinetic disorders and has been moved to the grouping of neurodevelopmental disorders.



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