

**Revision of the International Classification of Diseases (ICD-10)
and Involvement of Psychology**

Issue

The World Health Organization (WHO) is undertaking a revision of the International Classification of Diseases and Related Health Problems (ICD) and psychology has been offered an unprecedented opportunity to provide significant leadership in this effort. The purpose of this item is to request guidance and support for an APA commitment to provide sustained resources during the ICD revision process.

Background

The World Health Organization (WHO) is undertaking a revision of the International Classification of Diseases and Related Health Problems (ICD) and psychology has been offered an opportunity to provide significant leadership in this effort. In gathering partners for the revision, WHO engages directly only with international non-governmental organizations (NGOs). For psychology, this partner is the International Union of Psychological Science (IUPsyS), an umbrella organization of 70 national psychology associations (or coalitions of organizations) that represents organized psychology. IUPsyS has been granted status as an accredited NGO with WHO and has been asked to support the core involvement of a psychologist in the revision process. IUPsyS, in turn, has asked APA to support this effort by funding the services of an APA member in this work. WHO has specifically requested that former APA Practice Directorate Assistant Executive Director Dr. Geoffrey Reed serve in the consultant role. APA has collaborated with IUPsyS on a range of projects in the past.

This is an important opportunity that has arisen in large part because psychology (through IUPsyS and prior work of APA and Dr. Reed on related WHO activities) has engaged in a focused, sustained effort of activities and contributions to ongoing work with WHO. Although historically, the ICD process was dominated by psychiatric and medical models (the only WHO partner for mental health has been the World Psychiatric Organization, with whom the American Psychiatric Association partners), the present invitation has, for the first time, included psychology to assume one of two senior roles as part of the core revision team.

APA has a history of sustained action in this arena. For over two decades, APA has carried out work on developing psychologically informed, research based approaches to the identification, diagnosis and classification of mental disorder, and on advocating for a strong behavioral perspective in general health care issues. In the international arena this work has been conducted with WHO in collaboration with the International Union of Psychological Science (IUPsyS) where psychology has been “at the table” as diagnosis, classification and behavioral health issues were developed.

APA began direct involvement with WHO classification over a decade ago in its participation in the ongoing revision of the International Classification of Function, a system based on functional aspects of health conditions. APA’s work with the ICF included coordinating the largest field trial in North America for the evaluation of the beta version and serving on the WHO- ICF network.

One of APA’s goals in working with WHO had always been that its involvement with the ICF would translate into an opportunity for involvement in the next revision of the International Classification of Diseases and Related Health Problems (ICD-10), the primary international system for diagnostic classification. In the U.S., the ICD is used together with the American Medical Association Current Procedures Terminology (CPT) to direct reimbursement for health care services. Although psychologists are involved in assessment and intervention with entities in every disease category of

the ICD, the most immediate concern to APA is the ICD chapter on Mental and Behavioural Disorders. The revision of this chapter of the ICD is being led by WHO's Department of Mental Health and Substance Abuse under Dr. Shekhar Saxena.

For the first time ever, psychology was invited to participate in the ICD revision effort as part of the Revision Advisory Group. The invitation was to the International Union of Psychological Science (IUPsyS), an officially recognized international non-governmental organization with WHO. IUPsyS asked APA to support this involvement by engaging Dr. Geoffrey Reed (a former APA staff member who directed APA's activities with the ICF) to serve as the IUPsyS representative on the Advisory Group. It is important to note that WHO only engages directly with international organizations, especially NGO's who have achieved official recognition.

Since 2006, there have been two Advisory group meetings. APA has supported Dr. Reed's active involvement in the ICD revision process. He has worked with WHO to develop the agenda, background papers, and materials for the Advisory Group meetings, serving as rapporteur, and drafting the meeting reports.

The success of these efforts has produced the current opportunity for expanded involvement in the revision process to serve as a functioning member of the WHO core team for the process. This would be implemented by increasing Dr. Reed's services so that he can work regularly in Geneva alongside WHO staff.

The formal request from WHO to IUPsyS is attached. The request indicates WHO's intention that Dr. Reed join the core revision team as the primary coordinating person for the work of the Advisory Group (a role he has already begun to take on, as noted above), and that he be integrally involved in the drafting and redrafting of categories and criteria and in the development and implementation of field trials. The importance of this opportunity cannot be understated. Until now, such a role would have been reserved for psychiatry, which will be the default position if psychology is not able to meet WHO's request. This is suggested by the following excerpt from the letter that explicitly states that one of the positions will be filled by psychiatry

“...as of 2008 we expect to require the efforts of two full-time equivalent senior professionals on this project, and we would like for Dr. Reed to be in one of these two positions (We expect that the other senior position will be filled by a psychiatrist)... there are a number of possible administrative arrangements between IUPsyS and WHO to make this happen, but the availability of funding for Dr. Reed's efforts would seem to be a precondition of any further discussion along these lines...”

The WHO request was made in the summer of 2007 to IUPsyS, for work to begin in January 2008. IUPsyS then requested that APA provide the resources to meet this request. Because of transitions in senior management at APA, the IUPsyS request was not acted on during 2007 and the additional funds needed to meet this request in 2008 were not part of the 2008 budget. APA must now decide whether to increase its budgetary allocation to provide a sustained commitment to participation in the ICD revision process. As indicated in the WHO letter of request to IUPsyS, this commitment is expected to last through 2013.

The mechanism of APA support will be through the International Union of Psychological Science (IUPsyS), the accredited WHO partner. The relationship between APA and IUPsyS will be articulated contractually in order to ensure that APA has continued involvement and oversight of the contributions of psychology to the ICD revision process as well as reap benefits from APA's investment.

Benefits to Psychology and to APA

As noted above, the invitation from WHO to participate in the ICD activity as part of their core team is a significant and unprecedented opportunity for psychology. It is the first time that psychology has

been asked to contribute on a par with psychiatry. Taking advantage of this opportunity will allow psychology to have a significant impact on the ICD revision process and will ensure that a psychological perspective is at the core of the revision from the beginning. How this revision is conceptualized and implemented will have far reaching implications for the models that underlie classification systems for mental health diagnosis and classification in the US and elsewhere.

This specific activity will also have a longer term impact on psychology's "seat at the table" in international health policy and program activities. Being a partner at WHO will open the door for how WHO considers expertise, constitutes groups, and represents the clinical and research perspectives of psychology in its future work.

It is important to note that taking this opportunity is one step toward ensuring that a position of parity between the medical models represented by psychiatry and psychologically based behavioral models is sustained in mental health diagnosis. If APA does not step up to fulfill this role, there is no doubt that psychiatry will do so, and that psychology's stance as a valid player in the international mental health arena will return to its earlier more marginalized position. Psychology has been offered this opportunity because of sustained APA and IUPsyS investment, creating a record of accomplishment that has won the respect of senior WHO colleagues. It is important to take the next step in this relationship.

There are also likely to be concrete benefits to APA from this investment as well. APA will be positioned to develop educational and training materials for mental health professionals in the use of the ICD that can be made available when the ICD revision is published. This will be particularly relevant as insurance companies increasingly expect providers to report ICD diagnostic codes when billing for services. To date practitioners in the US have little or no experience in the use of such codes. In addition to casebooks, training manuals and the like, there will probably be an opportunity to provide CE courses for APA members and for other mental health professionals.

Implementation Plan

APA will implement an agreement with IUPsyS to support psychology's participation as part of the core WHO ICD revision team.

Fiscal Implications

It is anticipated that support for the ICD project will be carried out through a contractual relation with the International Union for Psychological Science (IUPsyS) and APA . The projected amount is \$150,000 per annum to cover consultant costs and travel to WHO headquarters and international meetings. The amount will be added to the annual APA budget. The contract with IUPsyS will be reviewed annually until the ICD revision is complete and renewed if APA is satisfied with the outcome of its support.

Main Motion

That the Board of Professional Affairs and the Committee on International Relations in Psychology recommend to the APA Board of Directors that APA provide for a sustained contribution of psychology to the revision of the Mental Health chapter of the International Classification of Diseases and Related Disorders (ICD) by funding through IUPsyS the services of a consultant to work as part of the core revision team in the World Health Organization (WHO) until the completion of the revision.

Exhibits

1. Correspondence
2. History of APA relation with WHO and IUPsyS relation with WHO
3. Resultant Publications
4. IUPsyS Organizational Profile
5. IUPsyS Description and Mission statement

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PDF FILE – LETTER FROM WHO TO IUPSYS

EXHIBIT 2

August 10, 2007

Russ Newman, PhD, JD
Executive Director for Professional Practice
750 First Street, NE
Washington, DC 20002-4241
USA

Dear Russ,

As you well know, APA has been funding Geoffrey M. Reed, PhD as the representative of IUPsyS to the revision of the Mental Health chapter of the World Health Organization's International Statistical Classification of Diseases and Related Health Problems (ICD-10). For IUPsyS and from my own perspective of a decade as Psychology's Main Representative to WHO, this has been a remarkably successful investment for psychology.

IUPsyS is an officially recognized non-governmental organization (NGO) with WHO, with a long-standing relationship with the Department of Mental Health and Substance Abuse. In forming the Advisory Group for the Mental Health revision, WHO required that organizational participants be representatives of international organizations rather than national ones. Because of this policy, psychiatry is formally represented on the group by the World Psychiatric Association rather than the American Psychiatric Association. Geoff participates as the representative of IUPsyS, with funding from APA for this activity.

In large measure due to APA's funding of Geoff's activities, we were able to make him available to assist WHO in other ways beyond his participation in the Advisory Group. In November, 2006, he and I met with WHO senior staff to discuss psychology's future role in the ICD-10 revision. Based on IUPsyS's relationship with WHO, as well as Geoff's own experience with WHO, he was able to be extensively involved with the preparation of materials for the first Advisory Group meeting. He worked closely with Dr. Shekhar Saxena of WHO, who is their point person on the ICD revision, to develop the agenda, background paper, and materials for the meeting. In this way, Geoff was able to ensure that psychology's perspective was represented in the work of the Advisory Group from the beginning.

The first meeting of the Advisory Group was held at WHO headquarters in Geneva 11 – 12 January, 2007. Geoff served as rapporteur for the meeting and drafted the meeting report in collaboration with Dr. Saxeena. That report is attached. Again, Geoff's extensive involvement in the preparation of the report ensured the prominent representation of a psychology perspective. One example of this is the manner in which the report deals with the relationship between the ICD and DSM revision processes. The report notes that the overall timeframes for the development of ICD- 11 and DSM-V are similar, with a potential to harmonize the two revision processes and work towards possible uniformity between ICD-11 and DSM V. In balance, such harmonization would be advantageous to psychology as well as to other mental health clinicians and researchers. Nonetheless, the report also explicitly notes that there are important differences between the two systems based on their different purposes and

constituencies. Other differences that may be relevant include ownership, range of participation, and financial interests. ICD is owned by an international organization with a recognized charter to work on behalf of the public good in global health and health care. It is made available by WHO to its intended users at no cost. The report points out that DSM is a commercial product owned by a national association representing a single profession, which derives a significant portion of its revenues from the sale of DSM and its related products. The report concludes that although the Advisory Group considers harmonization to be a useful goal, the revision process for ICD-10 Mental and Behavioural Disorders will not consist of adapting DSM. Given the history of psychiatry's dominance in WHO, it is difficult to imagine that this perspective would have been reflected in the final report, or that other language related to the role of psychiatry and the importance of a multidisciplinary approach, would have been included if Geoff had not had a substantial role in writing it. Beyond his recognized substantive expertise, Geoff has established a high level of credibility for his excellent process skills. Geoff's contribution has built very nicely on the relationship I have been building with WHO on behalf of our profession.

Largely as a measure of Geoff's success in working with WHO, we have been presented with another opportunity. WHO has requested that IUPsyS make Geoff available full time as an integral part of the WHO directorate working on the ICD revision. The formal request from WHO to IUPsyS is attached. The request indicates that WHO's intention that Geoff function as the primary coordinating person for the work of the Advisory Group (a role he has already begun to occupy), and that he be integrally involved in the drafting and redrafting of categories and criteria and in the development and implementation of field trials. In our respective "staff" roles, I know that you and I both understand the importance and potential influence over the process that someone in this position can have. In the context of WHO, I cannot stress too strongly what an opportunity this represents. Heretofore, such a role would have been reserved for psychiatry. If we do not meet the challenge, this will surely be the outcome. This as a significant opportunity for psychology in several ways.

First, it will cement and advance the relationship as well as increase the standing of organized psychology with WHO. This is important in itself and will have implications for how WHO considers expertise, constitutes groups, and represents the clinical and research perspectives of psychology in its future work.

Second, it will do much to put psychology on an equal footing with psychiatry in relationship to mental health diagnosis. Indeed, there is no current or foreseeable activity that can do more to achieve this particular goal. I believe that without Geoff's enhanced participation as proposed by WHO in consultation with us, the process is likely to revert to one that predominantly and perhaps exclusively reflects the perspective of psychiatry. You will notice in WHO's request that two senior positions are envisioned, one for Geoff and one for an unnamed psychiatrist. It is clear that psychiatry will support the active involvement of their representatives in this process. I think the implications of psychology failing to do the same are obvious. I have no doubt that psychiatry will gladly fund both positions for which WHO is seeking funding.

Third, I think this is a powerful opportunity to influence the development of the DSM. The American Psychiatric Association is in a difficult position in this regard. It is not to their benefit that there be two competing systems. At the same time, if ICD and DSM are more fully equivalent, they risk a loss of market position given that ICD is made available as a public good

and not as a commercial product. They appear to have adopted the goal of minimizing the discordance between the two systems, in spite of the risks involved. To this extent, aspects of the ICD revision process have the potential to drive the development of the DSM. Clearly, the DSM developers recognize the content expertise of psychologists given their strong representation on their various committees. However, the enhanced psychology participation in the ICD revision process offers a much more over-arching and strategic opportunity for influence.

I also strongly recommend that Geoff Reed be the person appointed to the expanded role designated for a psychologist. As I have described, he has rapidly developed strong working relationships with key WHO personnel. They trust him, are confident about the quality of his work, and accept him as a valued team member. It would take a long time for another representative of the profession to develop this level of credibility.

I am keenly aware that meeting this opportunity represents a substantial further commitment of APA resources and that some discussion about how to make this possible may be required within APA. As WHO indicates in their request, a variety of administrative arrangements are possible within some basic parameters related to their requirements. It seems to me that the allocation of funding is the key issue at this point. The specific administrative structure for it can be discussed further but I am fully confident that this aspect will not be an impediment.

On behalf of IUPsyS, kindly receive our appreciation for the much valued collaboration we have already shared on the ICD revision and other projects. The fruits of our endeavours are opening new doors to advancing some of our long-held goals. I look forward to pursuing a mutually beneficial outcome on the current request

Sincerely,

Pierre

Pierre L.-J Ritchie, PhD, C.Psych.
Secretary-General

APA's Involvement in WHO Classification Systems

APA has been integrally involved with WHO classification systems since 1995, when APA became involved in the development of the *International Classification of Functioning, Disability, and Health* (ICF). Although the ICF is important for psychology and of itself, it had always been a conscious and explicit part of APA's goal in working with WHO on the ICF—and one that was specifically discussed with APA governance—to earn an important role in the revision of the *International Classification of Diseases and Related Health Problems* (ICD-10), whenever that occurred. APA achieved this outcome successfully, and has been involved in the revision of the ICD-10 since 2004. APA's activities related to each of these classification systems are described separately in the sections below.

International Classification of Functioning, Disability, and Health (ICF)

The ICF focuses on the classification of the functional consequences of health conditions at the level of the body (body structure, body function), the level of the individual (activities), and the level of the community or society (participation). The ICF also provides a basis for classification of environmental factors—e.g., social, physical, attitudinal—that may be barriers or facilitators of functioning in the context of a particular health state.

Chronic, disabling conditions—including mental disorders—and injuries that have lasting and pervasive functional consequences (e.g., spinal cord or traumatic brain injuries) now account for the greatest burden on the U.S. health systems and those of other developed countries. Even in developing countries, the World Health Organization estimates that by 2020 these types of conditions will account for 78% of total disease burden and be the greatest source of health care costs. In the context of chronic health conditions and injuries, diagnosis alone is an inadequate conceptualization of health status and a poor predictor of service needs, both at the level of individual treatment planning and at the level of population health policy. Regardless of whether an individual's functional limitations are considered to be chronic and life-long or of limited duration, it is the level of functioning, more than a diagnosis itself, that is often the best indicator of service needs and treatment outcomes.

In moving away from the medicalization of functional problems in the context of any sort of health condition, the ICF helps to make clear that much of their treatment is appropriately the domain of psychology. Most of the treatment provided by psychologists can be characterized as aimed at the improvement of patient functioning, often in the context of chronic conditions (including many mental health conditions). There is a growing psychological literature on the ICF, and it is beginning to be applied in clinical settings as well, although the US lags behind many other countries in ICF implementation due to the particular characteristics of the US health system. Psychologists who work in medical settings—e.g., rehabilitation psychologists, health psychologists, neuropsychologists—have tended to be the first to perceive the potential benefits of the ICF and to apply the ICF model. However, the ICF will be increasingly important for psychologists who work in mental health as well. For example,

the primary problems of people with serious mental illness are best conceptualized in relationship to functioning, including the ability to carry out routine daily tasks (e.g., self-care), to live independently, to work, to have interpersonal relationships, to avoid legal problems, and to engage in leisure pursuits. Moreover, the problems in living that bring most people with less severe disturbance to outpatient psychotherapy are not experienced as psychiatric conditions, but rather as disruptions in functioning, often in interpersonal relationships or in occupational functioning. The ICF is a systematic and universal framework for describing the full range of human functioning that may be affected by a health condition, allowing for a far richer and more clinically useful description of the problems that are the focus of health service psychology.

The predecessor system to the ICF was the International Classification of Impairments, Disabilities, and Handicaps (ICIDHD), which had been published by WHO in 1980. WHO began an extensive collaborative revision process of the ICIDH in 1992. The revision process had a broad international base, and included participation by advocacy groups for people with disabilities, but did not include formal participation by health professional groups until APA became involved in 1995. APA saw becoming involved in the revision process as strategically important for two reasons. First, a revised system for classifying functional status would potentially be important to psychology. And, second, through becoming involved in WHO's work on classification systems through contributing to the revision of the ICIDH, APA hoped that it could demonstrate the value of psychology and of APA's potential contribution in order to earn a role in the next revision of the ICD. (At that time, there was no specific plans or estimated date for an ICD revision.)

In 1996, CAPP and BPA established the ICIDH Work Group, with the approval of the Board of Directors. This Work Group functioned for five years until the time of the approval of the ICF by the World Health Assembly in 2001. Members of the original ICIDH Work Group included Stanley Berent (Chair), Linas Bieliauskas, John A. Carpenter, Donald Kewman, Peter E. Nathan, John Jacobson, and Cynthia Belar, with primary staff support provided by Geoffrey Reed. The initial charge of the Work Group was to review of current status of the World Health Organization's ICIDH project and formulation of recommendations for further action. The Work Group met twice a year during this time, and presented a yearly summary of its activities to CAPP and BPA. A work plan for the following year and associated budget allocation was approved by CAPP and BPA annually.

The accomplishments of the Work Group over this period were significant. The Work Group became directly involved in the revision process, and Dr. Bedirhan Üstün of WHO, who was in charge of the ICIDH revision process, attended meetings of the Work Group on a regular basis. APA was officially appointed to the ICIDH Mental Health Task Force. APA was the first professional organization officially invited to participate in meetings of the WHO Family of International Classifications Network, the governing group for the revision.¹

¹ Until 2004, APA was the only professional organization participating officially in the WHO Family of International Classifications network. At present, the World Psychiatric Association, the international association for primary care physicians, called WONCA, and the International Council of Nurses also participate, although these organizations do not have as large a role as APA.

Members of the Work Group travelled to Geneva to work directly with WHO on revising the text of the classification. The Work Group conducted a training for psychologists on the beta-2 draft revision, then called the ICIDH-2, at its Annual Convention in 2000. Following that training, the APA Practice Directorate with the Work Group's consultation coordinated the participation of psychologists in the ICIDH-2 field trials. This was so successful that APA was the largest field trial site in North America, ensuring that the views and experiences of psychology were well-represented in the final version of the ICF. Initially via the efforts of the Work Group, APA became the internationally acknowledged expert regarding clinical applications of the ICF in health service settings.

In May, 2001, the World Health Assembly approved the new classification, now called the ICF. After the ICF's approval, CAPP and BPA dissolved the Work Group, though did not discontinue APA's important role in efforts related to the ICF. CAPP and BPA considered the Work Group to have been enormously successful, but believed that the next phase of work would be more efficient if driven by consistent staff effort rather than via a Work Group with only two meetings a year. Regular reports of staff-directed activities related to the ICF have been made to CAPP and BPA since 2001, and significant ICF projects have been approved as a part of the Practice Directorate (c3) budget each year.

The largest such project has been APA's leadership of a multidisciplinary project to develop a *Procedural Manual and Guide for a Standardized Application of the ICF by Health Professionals* (Manual) intended to facilitate reliable, valid, and clinically useful classification using the ICF in health care settings. As a consequence of its work on the ICIDH revision process, it had become clear to APA that, while psychologists and other health professionals almost universally endorsed the value of the ICF conceptual model, the system itself did not provide sufficient guidance for implementation in health care settings. In 1999, the ICIDH Work Group had begun discussions with WHO about the development of a guide for standardized application of the revised ICIDH by health professionals, and that work began in earnest following the approval of the ICF by the World Health Assembly in May, 2001.

Other organizations formally participating in the development of the Manual include the American Speech Language Hearing Association (ASHA), the American Occupational Therapy Association (AOTA), the National Association of Social Workers (NASW), the American Physical Therapy Association (APTA), and the American Therapeutic Recreation Association (ATRA). Members of other disciplines, notably medicine and nursing, have also been participating in the project as content experts though not as official representatives of professional societies.

The Manual is now nearing completion, and APA is considering the best methods for its publication and dissemination. The audience for the Manual is multidisciplinary health professionals who have the training to independently assess clients and make a diagnosis or recommend a course of treatment within their scope of practice. The Manual specifies a standard approach to classification using the ICF system and will assist healthcare professionals in making reliable and valid classifications that are relevant to health service delivery. A parallel goal of the Manual is to increase the acceptance and use of the ICF

within the health care delivery system, thereby increasing the consideration given to patient functioning in addition to diagnosis and moving the health care delivery system toward improved assessment, treatment planning, and resource allocation. It is hoped that the Manual will stimulate incorporation of the ICF in the education and training of health professionals. Finally, the Manual is intended to provide a foundation for strengthening the empirical basis of future revision efforts of the Manual and of the ICF itself over time.

APA continues to collaborate with WHO and to be an active participant in the Family of International Classifications Network in relation to the ICF. APA participates on the network Education Committee, the network Implementation Committee, and the Functioning and Disability Reference Group. In addition to developing guidance for the use of the ICF, APA has been extremely active in the development of ICF-related curricula and training materials for health professionals.

International Classification of Diseases and Related Health Problems (ICD-10)

In 2004, WHO began considering the revision of ICD-10, which had been approved in 1992. Initially, this consideration was at the urging of the World Psychiatric Association (WPA). WPA advocated for the ICD-11 mental health classification being a simpler and more clinically useful system than the American Psychiatric Association's DSM-IV, the revision of which was also anticipated.

By this time, Dr. Üstün, who had led the ICF revision process and had collaborated directly with APA during this process, had been promoted to the position of Director of the Classifications and Terminology Department at WHO. He was very interested in APA's direct involvement in the revision of the mental health section of ICD-10. This part of APA's aim in working so hard on the ICF revision was therefore also achieved.

The model that Dr. Üstün envisioned for working on the revision was a decentralized one, with people at the level of post-doctoral fellows in various locations doing much of the work of coordinating and synthesizing the relevant evidence base. APA agreed with WHO to provide one such post-doctoral fellow, with the idea that a second one might be added a few months later, as the revision process got underway. A post-doctoral fellow to work on the ICD revision at APA was hired in 2005, and he and two senior Practice Directorate staff members attended the first revision meeting for ICD, which focused on mental health, in April, 2005.

After that, largely in response to intense pressure from the American Psychiatric Association, WHO reorganized the ICD revision process for mental health, with direct authority for the revision given to the Department of Mental Health and Substance Abuse, which had historically been dominated by psychiatry. The post-doctoral fellow that had been hired by APA left the position for reasons unrelated to this shift. At that point, the new lines of authority and proposed process for the revision were unclear. In addition, APA believed that a more senior person would be required to lead APA's participation most constructively in the revision process due to the lack of daily structure and guidance that could be provided by

WHO as well as the difficulty for someone at the post-doctoral level to advocate fully for psychology.

WHO's Mental Health Division also wished the revision process for the mental disorders section of ICD-10 to be a multidisciplinary one. Consistent with established WHO policy was the requirement that all participating professional organizations be international organizations that had official relations with WHO. Each professional discipline is limited to one organization having official relations with WHO. IUPsyS serves this role for psychology.

History of IUPsyS-WHO relations

A Work Plan between the World Health Organization (WHO) and the International Union of Psychological Science (IUPsyS) was established in late 1997. The mutually agreed Work Plan was the basis for establishing Working Relations. In light of a re-organization within WHO, the initial period of Working Relations was extended to 2001. This was congruent with the usual IUPsyS approach to establishing priorities and plans on a quadrennium basis. Future prospects were also evaluated from the perspective of the Union's mission and current priorities. One outcome was the IUPsyS decision to foster a strong collaborative link and the pursuit of greater cooperation with WHO. This derived from the complementarity between IUPsyS goals and the WHO's goal of 'Achieving Health for All' and to reducing the burden of disease and illness. At the conclusion of that period, IUPsyS applied for Official Relations.

WHO approved Official Relations with IUPsyS in 2002. A preliminary Work Plan was also agreed upon by the respective organizations. On behalf of IUPsyS, its Secretary General (Dr. Pierre Ritchie) has served as Main Representative to WHO. The Main Representative, together with colleagues on some occasions, has continued to meet periodically with WHO officials in Geneva. Primary Coordination is based in the Non-Communicable Diseases and Mental Health Division with Dr. Shekar Saxeena, Coordinator Mental Health: Evidence and Research as the general main contact for relations with IUPsyS.

IUPsyS strategic priorities include maintenance of Official Relations with WHO generally and the ICD project in particular. The ICD revision project was not originally foreseen in the original Work Plan for the 2005-09 period. Its emergence at the request of WHO underscores the value and flexibility of Official Relations in that the Union could respond to a new element without having to go through a lengthier period of internal approval required when activities are narrowly constrained.

In May 2006, IUPsyS appointed Dr. Geoff Reed (then Assistant Executive Director for Professional Development, APA) as its representative for work on the revision of the Mental Disorders section of the *International Statistical Classification of Diseases and Related Health Problems* (ICD-10). Within WHO, the primary contact was Dr. Bedirhan Üstün, Coordinator, Classification, Assessment, and Terminology in the Division of Evidence and Information for Policy. In 2007, WHO reallocated primary internal responsibility for the ICD revision to the Mental Health and Substance Abuse Division, with Dr. Shekar Saxeena, Deputy Director of the Division designated as the new Coordinator. Fortuitously, Dr. Saxeena already had a well established productive relationship with IUPsyS and Dr. Ritchie.

WHO's goal is to complete the revision and release of ICD-11 by 2011-12. WHO Headquarters is coordinating the overall ICD revision in consultation with WHO member states and multiple international professional organizations in order to ensure that the final revision is broadly responsive to the many different aspects of health care.

Dr. Reed, as the IUPsyS representative, has been appointed to the Core Group of the Coordinating Committee for the ICD Chapter V (Mental Disorders) Revision Process. The Coordinating Committee serves as the planning, steering, and final decision-making authority in the revision process. The Coordinating Group is chaired by Dr. Steven Hyman (former Director of the US National Institute of Mental Health and current Provost at Harvard University). The Core Group includes WHO officials responsible for aspects of the revision process as well as key stakeholders (international NGOs and major scientific partners). Among these, psychiatry and psychology have been identified as the primary disciplines who are invited to make the largest substantive contributions to the revision process and outcomes. The work of the ICD Chapter V revision will be mainly carried out by the Coordinating Group and several Expert Work Groups reporting to it.

The Core Group (attended by Dr. Reed on behalf of IUPsyS) on the revision process for the Mental Disorders chapter established the overall work plan, based on the integration of information from epidemiological, clinical, and public health perspectives. Plans were discussed for diagnostically-based Work Groups including mood and anxiety disorders, schizophrenia and psychosis, and substance abuse disorders. Work Groups related to broader themes, such as epidemiology, children and youth, and the influence of culture, were also conceptualized at the meeting. Final membership of the Work Groups is being developed; IUPsyS has agreed to provide assistance in identifying international psychologist experts to participate in them.

IUPsyS was requested to provide support to enable Dr. Reed to become part of the internal WHO core team for the ICD revision (in addition to remaining a member of the Core Group of the Coordinating Committee). Dr. Reed would play the central role in coordinating the activities of the Core Group and for the technical and scientific aspects of the revision process. A major component of the revision process will be the construction of an internet-based infrastructure, a Global Practice Network, to involve approximately 30,000 multi-disciplinary health professionals world-wide. The function of the network will be to participate in rapid-response, real time practitioner field trials of issues related to the revision as it proceeds. Participants will be able to participate in the field trials in any of eight languages: English, Arabic, Chinese, French, Russian, or Spanish, the official languages of WHO, or in German or Portuguese. Dr. Reed will coordinate the multi-disciplinary aspects of the Global Practice Network. This is significant departure from traditional WHO practice in having a psychiatrist coordinate all substantively important components of ICD work.

The Global Practice Network is an important opportunity for psychology to contribute to the empirical basis for ICD revisions. For each discipline, an individual will be identified in each country who will facilitate dissemination via newsletters, national society website, and other means. IUPsyS will be actively involved in disseminating to its member countries information about the Global Practice Network and how to participate in it. Recognizing that

some national organizations suffer from limited resources, it will be a considerable challenge to have all its 70 member countries as active participants. However, previous IUPsyS-WHO collaborative projects provide a high level confidence that psychology shall have excellent representation from all Regions of the world. The investment IUPsyS has made in national capacity building in most regions of the world (e.g., the Middle East, North Africa, sub-Saharan Africa, South Asia, and South East Asia).

Organizational Profile: International Union of Psychological Science



www.iupsys.org

Origins, Purpose and Membership

The International Union of Psychological Science (IUPsyS) was founded in 1951 to serve as an umbrella international voice supporting "the development of psychological science, whether biological or social, normal or abnormal, pure or applied." Today it has National Members from more than 70 countries, and works to represent the full breadth of psychology as a profession and as a science.

Members of IUPsyS are organizations that represent psychology in each country. In some countries, the adhering member may be the national psychology association; in others it may be a federation of several psychology organizations; in yet others it may be a national Academy of Sciences. In addition, a number of international psychology organizations that have individual members are affiliated with IUPsyS.

Activities

The main activities of the IUPsyS include

- sponsoring international Congresses and regional conferences
- organizing capacity building programs
- developing publications, bibliographic and documentation resources
- partnering with major international organizations such as the International Social Science Council (ISSC), the International Science Council (ICSU), UNESCO, the UN and WHO to represent psychology and to encourage the involvement of psychology and psychologists in global programs
- supporting the needs of the IUPsyS National Members through projects and policy development

To find out more information about IUPsyS, and to sample its services, such as a comprehensive Conference Calendar of International Meetings, visit its Web Page at www.iupsys.org and subscribe to its newsletter *Keeping You Posted* by writing to web@iupsys.org

Executive Committee:

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|------------------|-------------------|----------------|--|
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| James Georgas, | Greece | Kuwano Sonoko, | Japan |
| Hassan Kassim Khan, | Yemen | Rainer Silbereisen, | Germany |
| Patrick Lemaire, | France | Barbara Tversky, | USA |
| Elizabeth Nair, | Singapore | Kan Zhang, | China |

Web: www.iupsys.org

About IUPsyS

IUPsyS is an international non-governmental organization (NGO), whose members are national associations of psychology or coalitions of such organizations, or national academies of science. Founded in 1951, IUPsyS carries out a range of activities to promote psychology, as noted in its statutes below.

IUPsyS Statutes: Section I. Nature, Mission and Objectives of the Union

Article 1.

The International Union of Psychological Science is an organization comprised of National Members, as defined in Article 9.

Article 2.

The Union has a legal venue in Montréal, Canada.

Article 3.

The Union adheres to the International Council for Science (ICSU) and recognizes it as providing a coordinating and representative body for the international organization of science.

Article 4.

The Union adheres to the International Social Science Council (ISSC) and recognizes it as providing a coordinating and representative body for the international organization of the social sciences.

Article 5.

The mission of the Union is the development, representation and advancement of psychology as a basic and applied science nationally, regionally, and internationally.

Article 6.

The objectives of the Union shall be as follows:

- (a) To enhance and promote the development of the science and profession of psychology.
- (b) To exchange ideas and scientific information between psychologists of different countries.
- (c) To organize the International Congresses of Psychology and other meetings on subjects of general or special interest in psychology.
- (d) To contribute to psychological knowledge through publishing activities.
- (e) To foster the exchange of publications and other communications among different countries.
- (f) To foster excellence in standards for education, training, research and the applications of psychology.
- (g) To enable the development of psychological scientists and national associations through capacity building activities.
- (h) To foster international exchange, especially among students and young researchers.
- (i) To collaborate with other international, regional, and national organizations in matters of mutual interest.