

**2012 Annual Report of the International Union of Psychological Science  
to the American Psychological Association**

**Revision of World Health Organization's ICD-10 Mental and Behavioural Disorders**

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**Executive Summary**

This report provides a summary of activities completed in 2012 toward the revision of the World Health Organization's ICD-10 Mental and Behavioural Disorders chapters that were performed under the auspices of a contract between APA and the International Union of Psychological Sciences (IUPsyS) to provide technical assistance to the World Health Organization. The activities reported are those that are likely to be of most relevance and interest to APA. Additional information regarding any of these activities or other aspects of the project not specifically addressed in this Annual Report is available upon request.

**Background**

The World Health Organization (WHO) is a specialized agency of the United Nations whose mission is the attainment by all peoples of the highest possible level of health. WHO's constitution, ratified by all 194 WHO Member States, explicitly defines mental health as a part of health, and also describes WHO's core responsibilities. Among these constitutional responsibilities is the development and maintenance of international classification systems for health. The oldest, most central, and most historically important of WHO's classification systems is the International Classification of Diseases and Related Health Problems, currently in its 10<sup>th</sup> version (ICD-10).

The purpose of the ICD is to serve as an international standard for health information to enable the assessment and monitoring of mortality, morbidity, and other relevant parameters related to health. The WHO is the only organization with the ability to secure global cooperation and international agreement on these issues and is therefore in a unique position to initiate and promote global health standards. The ICD provides the basis for tracking epidemics and disease burden, identifying the appropriate targets of health care resources, and encouraging accountability among member countries for public health at the population level. The ICD is also among the core building blocks for the electronic health information systems that are of increasing importance in many countries. By international treaty, WHO's 193 Member States (countries) have agreed to use the ICD as the framework for the collection and reporting of health information to WHO.

The ICD-10 was approved by the World Health Assembly in 1990, making the current period the longest in the history of the ICD without a major revision. The World Health Assembly, comprised of the health ministers of all WHO member countries, directed WHO to undertake the current revision of the ICD in 2005. The technical work associated with the preparation of ICD-11 is scheduled for completion in 2014.

It is envisioned that the World Health Assembly will approve the ICD-11, covering all diseases, disorders, injuries, and health conditions, in 2015.

### **The ICD and Mental Health, Psychology, IUPsyS and APA**

The WHO Department of Mental Health and Substance Abuse is responsible for directing the technical work associated with the revision of two chapters of the ICD-10: the chapter on Mental and Behavioural Disorders and the Chapter on Diseases of the Nervous System, as well as portions of the chapter on Symptoms, Signs and Abnormal Clinical and Laboratory Findings and the chapter on Factors Influencing Health Status and Contact with Health Services that relate to psychological, behavioral, emotional, and relational phenomena.

Major goals of the Department of Mental Health and Substance Abuse for the ICD-10 include incorporating new scientific knowledge and changes in clinical practice that have developed over the past two decades, improving the ICD-11's effectiveness as a tool for reducing global disease burden and disability, improving the classification's clinical utility (e.g., to improve the ICD as a diagnostic tool) in daily clinical practice throughout the world, including in global primary care settings, and making the ICD-11 compatible with new health information system technology. It is envisaged that there will be three distinct versions of the new ICD-11 classification of Mental and Behavioural Disorders: a succinct version for use in primary care, a detailed version for use in specialty settings and a version for use in research.

WHO has established a number of International Advisory Groups to serve as the planning and coordinating advisory body in the update and revision process. The International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders is chaired by Dr. Steven Hyman (Broad Institute of Harvard and MIT, former Provost, Harvard University, former NIH Director). This Advisory Group was charged with the primary task of advising WHO in all steps leading to the revision of the ICD-10 chapter on Mental and Behavioural disorders in line with the overall revision process. The Advisory Group has established a number of expert Working Groups to assist in its work in specific areas. These Working Groups are listed in the next section of this report.

Within WHO, responsibility for coordinating all activities involved in the revision of the ICD-10 Mental and Behavioural Disorders chapter is assigned to Geoffrey M. Reed, Ph.D., Senior Project Officer for the Revision of ICD-10 Mental and Behavioural Disorders, Department of Mental Health and Substance Abuse, WHO. Dr. Reed is seconded by IUPsyS to the WHO in order to conduct this work, with funding provided by APA through a contract with IUPsyS. Other national psychological associations have also contributed resources related to this project.

Dr. Reed functions as a member of the WHO Secretariat and reports directly to Dr. Shekhar Saxena, Director, Department of Mental Health and Substance Abuse, WHO. Dr. Reed's responsibilities include: 1) review and synthesis of evidence related to the ICD revision, including global scientific literature and other information on current use; 2) nomination and management of expert working groups; 3) resource development; 4) production of successive draft versions of the classification; 5) management of expert participation in drafting; 6) collection and synthesis of proposals and comments; 7) design and management of field studies and field trials throughout the revision process; 8) serving as Managing Editor for the published version of the ICD-11 classification of mental and behavioral disorders; 9) preparation of related scientific publications; and 10) serving as WHO Secretariat for the International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders. Dr. Reed has had primary responsibility for managing all of the activities to be described in this report.

In executing these responsibilities, Dr. Reed works with a wide range of collaborating organizations, facilities, and individuals, including other WHO departments and programs; Departments of Health of WHO member countries; an international network of WHO Mental Health Collaborating Centers; international Field Study Centers being developed specifically for work related to the ICD revision; major academic institutions; international professional societies, consumer organizations, and non-governmental organizations (NGOs); and a wide range of researchers and other experts.

## **2012 Activities**

### **1. Activities of ICD-10 Revision Working Groups for Mental and Behavioural Disorders**

The main focus of activity during 2012 was to continue to work with the fifteen ICD-11 Working Groups to develop recommended content for the ICD-11 within their specific areas of responsibility. The information generated by Working Groups includes information related to the structure of the classification, information for morbidity coders, and content that will be used as source material to generate different versions of the classification for different purposes, including the *Clinical Descriptions and Diagnostic Guidelines* for ICD-11 Mental and Behavioural Disorders. Publications describing the work of several Working Groups are listed in Section 2 of this report.

#### **1.1. Responsibilities of Working Groups**

In general terms, the responsibilities of ICD Revision Working Groups are:

1. To review available scientific evidence and clinical information on use, clinical utility, and experience with ICD-10 diagnostic categories within the Working Group's areas of responsibility in various countries around the world and within various health care settings;
2. To review proposals for equivalent diagnostic categories in DSM-5, and consider how these may or may not be suited for global applications;
3. To assemble and prepare specific proposals for revision of the ICD mental and behavioural disorders classification;
4. To provide drafts of the content (e.g., definitions, descriptions, diagnostic guidelines) for categories within their areas of responsibility in line with the overall revision ICD revision requirements;
5. To propose entities and descriptions within their areas of responsibility that are needed for classification in different types of primary care settings, particularly in low- and middle-income countries;
6. To assist the WHO Secretariat in identifying appropriate external reviewers for draft content;
7. To revise content based on reviewer comments;
8. To suggest field studies and secondary data analyses that can be completed to resolve important questions in this area; and
9. To collaborate with other groups involved in the ICD revision as necessary to pursue their tasks.

Working documents for the Working Groups are regularly made available to APA as a part of IUPsyS Quarterly Reports. This information is available upon request.

#### **1.2. Current Working Groups**

The following ICD-10 Revision Working Groups for Mental and Behavioural Disorders have been active during 2012:

- Primary Care
- Child and Adolescent Disorders

- Intellectual Developmental Disorders
- Personality Disorders
- Psychotic Disorders
- Somatic Distress and Dissociative Disorders
- Stress-Related Disorders
- Substance-Related and Addictive Disorders
- Mood and Anxiety Disorders
- Obsessive-Compulsive and Related Disorders (met for first time during 2012)
- Feeding and Eating Disorders (met for first time during 2012)
- Consultation Group on Older Adults (appointed during 2012)

Other Working Group report to more than one Advisory Group:

The Working Group on the Classification of Neurocognitive Disorders reports jointly to the International Advisory Group on Mental and Behavioural Disorders and the International Advisory Group on Diseases of the Nervous System.

The Working Group on the Classification of Sexual Disorders and Sexual Health reports jointly to the International Advisory Group on Mental and Behavioural Disorders and the International Advisory Group on Reproductive Health.

The Consultation Group on Behavioural and Psychological Symptoms of Dementia, which was appointed during 2012, reports jointly to the International Advisory Group on Mental and Behavioural Disorders and the International Advisory Group on Diseases of the Nervous System.

The Working Group on the Classification of Sleep Disorders, which was approved during 2012, reports jointly to the International Advisory Group on Mental and Behavioural Disorders and the International Advisory Group on Diseases of the Nervous System.

All of the above groups include psychologists.

## 2. Publications

During 2012, WHO has continued to place significant emphasis on scientific publications regarding the development of the ICD-11, generally with the active involvement of Dr. Reed. The purposes of these publications are strategic: 1) to stimulate global scientific discussion regarding proposals for ICD-11; 2) to raise awareness about the revision among a variety of international constituencies; 3) to serve as a vehicle for increasing international involvement and support (e.g., through participation in local publications made possible by special sections or supplements on the ICD revision); 4) to differentiate the ICD-11 from the DSM-5; and 5) to establish a record of the ICD-11's global legitimacy.

Publications focusing on the development of ICD-11 have included full issues of *World Psychiatry*, the *International Review of Psychiatry*, and the *Arab Journal of Psychiatry*, all co-edited by Dr. Reed. The articles included in each of these issues are listed below:

**Maj, M. & Reed, G.M. (Eds.) (2012). The ICD-11 classification of mood and anxiety disorders: Background and options. *World Psychiatry*, 11 (Suppl. 1).**

- The development of the ICD-11 classification of mood and anxiety disorders.  
Maj, M., & Reed, G.M.

- How global epidemiological evidence can inform the revision of ICD-10 classification of depression and anxiety disorders.  
Andrade, L.H., & Wang, Y.-P.
- Specifiers as aids to treatment selection and clinical management in the ICD classification of mood 11 disorders.  
Miklowitz, D.J., & First, M.B.
- Challenges in the implementation of diagnostic specifiers for mood disorders in ICD-11.  
First, M.B.
- Cultural issues in the classification and diagnosis of mood and anxiety disorders.  
Chakrabarti, S., Berlanga, C., & Njenga, F.
- Bipolar disorders in ICD-11.  
Strakowski, M.
- Changes needed in the classification of depressive disorders: Options for ICD-11.  
Paykel, E., Andrade, L.H., Njenga, F., & Phillips, M.R.
- Differentiating depression from ordinary sadness: Contextual, qualitative and pragmatic approaches.  
Maj, M.
- Severity of depressive disorders: Considerations for ICD-11.  
Ayuso-Mateos, J.L., & Lopez-García, P.
- Dysthymia and cyclothymia in ICD-11.  
Phillips, M.R.
- Psychotic and catatonic presentations in bipolar and depressive disorders.  
Chakrabarti, S.
- Mixed states and rapid cycling: Conceptual issues and options for ICD-11.  
Maj, M.
- How should melancholia be incorporated in ICD-11?  
Moussaoui, D., Agoub, M., & Khoubila, A.
- Postpartum depression and premenstrual dysphoric disorder: Options for ICD-11.  
Figueira, M.L., & Videira Dias, V.
- Disruptive mood dysregulation with dysphoria disorder: A proposal for ICD-11.  
Leibenluft, E., Uher, R., & Rutter, M.
- Generalized anxiety disorder in ICD-11.  
Shear, M.K.
- Agoraphobia and panic disorder: Options for ICD-11.  
Stein, D.J.
- Specific and social phobias in ICD-11.  
Emmelkamp, P.M.G.
- Hypochondriasis in ICD-11.  
Stein, D.J.

**Gureje, O., Reed, G.M., & First, M. (Eds.) (2012). Revising the classifications of mental and behavioural disorders: Rationale and process. *International Review of Psychiatry*, 24(6).**

- Revising the classifications of mental disorders: Do we really need to bother?  
Gureje, O., & Reed, G.M

- Classification issues and challenges in child and adolescent psychopathology.  
Rutter, M., & Uher, R.
- Validity and clinical utility of the current operational characterization of major depression.  
Maj, M.
- Classifying psychosis: Challenges and opportunities.  
Gaebel, W., Zielasek, J., & Cleveland, H.-R.
- The overlap between the common mental disorders: Challenges for classification.  
Goldberg, D.
- Emerging themes in the revision of the classification of somatoform disorders.  
Creed, F., & Gureje, O.
- Minding the body: Situating gender identity diagnoses in the ICD-11.  
Drescher, J., Cohen-Kettenis, P., & Winter, S.
- A global clinicians' map of mental disorders to improve ICD-11: Analysing meta-structure to enhance clinical utility.  
Roberts, M.C., Reed, G.M., Medina-Mora, M.E., Keeley, J.W., Sharan, P., Johnson, D.K., Mari, J. de J., Ayuso-Mateos, J.L., Gureje, O., Xiao, Z., Maruta, T., Khoury, B., Robles, R., & Saxena, S.
- Basing psychiatric classification on scientific foundation: Problems and prospects.  
Uher, R., & Rutter, M.
- Classification of mental disorders: The importance of inclusive decision-making.  
Gureje, O., & Stein, D.

**Khoury, B., Loza, N., & Reed, G.M. (Eds.) (2012). Supplement on ICD-11. *Arab Journal of Psychiatry*, 23 (Suppl.).**

- Classification changes and the ICD-11: An Arab perspective.  
Loza, N., Khoury, B., & Reed, G.M.
- The state of science in mental and behavioral disorders in the Arab region: research needs and relevance to classification.  
Sarhan, W.
- The classification of mental disorders in primary health care in the Arab region.  
Saab, B., Ghuloum, S., & Fayad, Y.
- Intellectual developmental disorders, a forgotten disease in the Arab countries.  
Akoury-Dirani, L.
- Dementia in the developing world; no place for complacency.  
Ghalib, S.F.
- Problems in Applying Diagnostic Concepts of PTSD and Trauma in the Middle East.  
Afana, A.
- Classification of sexual dysfunctions in the Arab world in relation to ICD-11.  
Khoury, B., Attallah, E., & Fayad, Y.
- Is the Diagnostic Prototype for Anorexia Nervosa Universal? Evidence from the Middle East and Implications for ICD-11.  
Al-Adawi, S., Dorvlo, A.S.S., Viernes, N., Alexander, P.C., & Al-Zakwani, I.

Additional publications related to the ICD revision during 2012 have included (but are not limited to) the following:

- Al-Adawi, S., Baks, B., Bryant-Waugh, R., Claudino, A., Haye, P., Herscovici, C.R., Monteleone, P., Norring, C., Pike, K., Pilon, D.J., Reed, G.M., Rydelius, P.-A., Sharan, P., Thiels, C., Treasure, J., & Uher, R. Revision of ICD: Status update on feeding and eating disorders. *Advances in Eating Disorders: Theory, Research and Practice*, 1, 1-10.
- Gaebel, W. (2012). Status of psychotic disorders in ICD-11. *Schizophrenia Bulletin*, 38, 895-898.
- Maercker, A., Brewin, C.R., Bryant, R.A., Cloitre, M., Reed, G.M., van Ommeren, M., Jones, L., Kagee, A., Llosa, A.E., Rousseau, C., Sonasumdaram, D., Souza, R., Suzuki, Y., Weissbecker, I., Wessely, S., First, M.B., & Saxena, S.S. (in press). Proposals for mental disorders specifically associated with stress in the ICD-11. *The Lancet*.
- Mateen, F.J., Dua, T., Shen, G.C., Reed, G.M., Shakir, R., & Saxena, S. (2012) Neurological disorders in the 11th revision of the International Classification of Diseases: Now open to public feedback. *Lancet Neurology*, 11, 484-485.
- Reed, G.M., Anaya, C., & Evans, S.C. (2012). ¿Qué es la CIE y por qué es importante en la psicología? [Spanish]. *International Journal of Clinical and Health Psychology*, 12, 461-473.
- Uher, R., & Rutter, M. (2012). Classification of feeding and eating disorders: Review of evidence and proposals for ICD-11. *World Psychiatry*, 11, 80-92

All of the publications listed above are available upon request.

### 3. WHO-IUPsyS Global Survey of Psychologists' Attitudes Towards Mental Disorders Classification

During 2011 and 2012, WHO and IUPsyS conducted an international, multilingual survey of psychologists' views and experiences with the classification of mental and behavioral disorders, including the ICD-10 and the DSM-IV, and psychologists' priorities for an improved classification. The survey was intended to assess the perspectives of 'rank and file' practitioner psychologists, given that one of WHO's main goals for ICD-11 is to improve the classification's clinical utility. The survey focused on key practical and conceptual issues, such as the most important purpose of a classification, desired number of categories, desirability of a strict criteria-based approach as compared to a more flexible one, how to incorporate severity and disability, and cultural applicability. Respondents provided ratings of ease of use and goodness of fit for each ICD-10 or DSM-IV diagnostic category they reported using regularly.

Participants in the survey were 2,155 psychologists from 23 countries, recruited through their national associations. The survey was conducted in five languages: English, French, German, Spanish, and Turkish.

Survey results indicate that the use of a mental disorders classification is fairly well integrated into the practice of psychology worldwide, with 60% of psychologists reporting that they routinely used a formal classification system, though there was substantial variation by country. ICD-10 was the classification system most frequently used in daily clinical practice by 51% of participating psychologists. (DSM-IV was most frequently used by 44% of respondents.) A large majority of participating psychologists preferred flexible diagnostic guidelines to strict criteria. Psychologists viewed the most important purposes of a diagnostic classification system as being to inform treatment and management decisions, to facilitate communication among clinicians, and to facilitate communication between clinicians and patients. Respondents agreed that dimensional classification, severity, and functional impairment should be incorporated into a classification system, but with little agreement regarding how or why. Clinicians favorably evaluated most diagnostic categories in terms of ease of use and goodness of fit, but identified a number of problematic diagnoses. Large minorities of psychologists in all regions other than the US

identified problems with the cultural applicability of diagnostic categories, and nearly half of participating psychologists in Africa, the Middle East, and Latin America indicated that the classification system they used was over-embedded in US and European culturally-derived concepts and values.

While this survey was smaller than a similar survey of nearly 5000 psychiatrists in 42 countries conducted by the WHO and the World Psychiatric Association (Reed et al., 2011), it is the largest and most international of survey of psychologists' views on diagnosis and classification ever conducted. WHO is using the results from both surveys to inform the development of the mental and behavioural disorders chapter of ICD-11. Another important aspect of the survey is that it demonstrates that useful data collections of global practitioners can be effectively and efficiently conducted via the internet, with minimal difficulty even in developing countries. Internet-based studies will be a major emphasis of WHO's program of field testing for ICD-11.

A manuscript describing the results of the survey has been submitted for publication. A PowerPoint presentation of the international results from the WHO-IUPsyS Global Survey is included as Annex 1. Survey results for members of each of the 23 national psychological associations that participated in the study, including comparisons of each national sample with the international sample, have been provided to each participating association, including APA. Each association is free to use these data in publications, presentations, or other reports following the publication by WHO of the aggregate international data. Several such national publications are currently being developed.

#### **4. Field Studies for the Development of ICD-11**

As described in previous reports, WHO has undertaken a systematic program of global field studies as a basis for improving the clinical utility of the ICD-11 classification of mental and behavioral disorders.

##### **4.1. Field Studies Coordinating Group**

All field testing for ICD-11 mental and behavioural disorders is being undertaken with the guidance and participation of the Field Studies Coordinating Group (FSCG) appointed by WHO. The FSCG is chaired by psychologist Dr. María Elena Medina Mora (Mexico). Dr. Oye Gureje (Nigeria) serves as Vice Chair. A list of FSCG members is provided in Annex 2. Psychology is strongly represented in the composition of the FSCG, including APA Members Dr. Michael C. Roberts and Dr. Brigitte Khoury.

Most FSCG members are also directors of designated International Field Study Centers (IFSCs), which have been set up to serve as major vehicles for data collection in all ICD-11 field studies. The IFSCs have collaborated actively in conducting the initial, formative phase of field testing. During the next, evaluative phase of field testing, IFSCs will collect global data based on data collection protocols that have been approved by the FSCG and by the WHO Research Ethics Review Committee. The FSCG is also responsible for the scientific (technical) review of all field study protocols, per WHO requirements.

Psychologist Dr. Bruce Cuthbert, Director, Division of Adult Translational Research, U.S. National Institute of Mental Health, is working closely with the FSCG as a part of his authorized NIMH activities, and NIMH is providing financial and in-kind support for the development and implementation of ICD-11 field studies.

##### **4.2. Formative Field Studies**

Formative field studies were undertaken early in the development process to inform decisions about the basic structure and content of the classification. Two major studies were undertaken with the collaboration of eight International Field Study Centers, including centers in large low- and middle-

income countries, under the leadership of specific investigators who have a record of productive research and international collaboration.

The two formative field studies focused on clinicians' conceptualizations of the interrelationships among mental disorders categories in order to inform the overarching architecture of the ICD-11 classification of mental and behavioural disorders. These studies attempt to “recover” the underlying dimensions that clinicians use to conceptualize mental disorders, and show how they organize mental disorders categories dimensionally and hierarchically, using methods derived from cognitive science and anthropology.

The first study used a paired comparisons methodology and was administered in English and Spanish via the internet, with 1371 psychiatrists and psychologists from 64 countries participating. Participants rated the similarity of mental and behavioural disorders presented as paired comparisons. Data were analysed by Multidimensional Scaling procedures (INDSCAL) and by analyses of consistency. Results indicated that participants used three distinctive dimensions to evaluate the similarity among disorders: Internalizing vs. Externalizing, Developmental vs. Adult Onset, and Functional vs. Organic. Clinicians' conceptual map of mental disorders was rational and highly stable across profession, language, and country income level. The study also found that the proposed ICD-11 structure was a moderately better fit with clinicians' conceptual model than either the ICD-10 or the DSM-IV. The study demonstrates how clinician judgments can be used to improve clinical utility of the ICD-11 without sacrificing validity based on a scientific approach to enhancing a logically organized classification meta-structure. A manuscript based on this study has now been published in the *International Review of Psychiatry* (Roberts et al., 2012), and is included as Annex 3.

In the second study, 517 experienced mental health professionals recruited by Field Study Centers in Brazil, China, India, Japan, Mexico, Nigeria, Spain, and the USA were asked to sort a set of 60 cards containing the names of mental disorders into groups of similar disorders, based on their own clinical experience, and then to form a hierarchical structure by aggregating and disaggregating these groupings. Distance matrices for each participant were created based on these data, which were then used in cluster and correlation analyses. Clinicians' 'natural taxonomy' of mental disorders was rational and interpretable. Correlations across countries, diagnostic system currently used (ICD-10, DSM-IV, both, or neither), and profession (psychologists and psychiatrists) were higher than .90, suggesting a highly stable, shared conceptualization. Clinicians' consensus classification structure was different from the ICD-10 and the DSM-IV, but in many respects consistent with proposals for the ICD-11. The study suggests that the common organization of mental disorders endorsed by diverse global clinicians can be used to improve the clinical utility of the ICD-11, in order to make the ICD-11 a better tool for global practice development and improve the validity for statistical and policy purposes of data based on health encounters. A manuscript based on this study has been submitted for publication.

#### **4.3. Evaluative Field Studies**

As the development of the draft structure and content for mental and behavioural disorders categories by the ICD Revision Working Groups is nearing completion, the focus of field studies is shifting to evaluations of ICD-11 to examine clinician acceptability, clinical utility (e.g., ease of use and goodness of fit), and reliability and, to the extent possible, validity of the draft definitions and diagnostic guidelines. WHO will use two basic approaches for field testing of proposals for ICD-11: a) an internet-based approach, and b) a clinical settings (clinic-based) approach. In the internet-based approach, participants will be guided through a selection of questionnaires, case vignettes and/ or other materials accessible from computers at their home, office, or clinic.

Internet-based field testing will be implemented primarily through the Global Clinical Practice Network, a global network of individual mental health and primary care practitioners who have agreed to participate

in internet-based field studies for the ICD-11. (See Section 5.3.1.)

Clinic-based studies will be managed through the network of collaborating International Field Study Centers (IFSC) that have been appointed by WHO. (See Section 5.3.2.) The IFSCs will provide settings, raters and assessments for these studies. For specific studies, IFSCs may be supplemented with additional sites, depending on the specific needs of the data collection. Raters from different settings of care (primary care settings, treatment settings for individuals with intellectual disabilities) will be used as appropriate to the research question.

#### **4.3.1. Global Clinical Practice Network for Internet-Based Evaluative Field Studies**

As noted, WHO will make extensive use of internet-based methodologies—in addition to clinic-based methodologies—in implementing field studies of ICD-11 during 2013 and 2014. Most internet-based field testing will be implemented through the **Global Clinical Practice Network (GCPN)**, a global network of individual mental health and primary care practitioners who will participate in internet-based field studies based on their professional interests and areas of expertise, as well as the characteristics of their practice.

Registration in the Global Clinical Practice Network is currently available in English, Arabic, French, German, Japanese, and Spanish, and additional languages will be added as capacity develops. Once registered in the GCPN, participants will receive survey requests no more than once a month, and each survey will take approximately 20 minutes to complete. The first studies will begin in early 2013.

To date, approximately 2500 practitioners worldwide have registered to participate in the GCPN. Due to active support from IUPsyS and active outreach by WHO to national psychological associations, over half of GCPN registrants to date are psychologists. It would be extremely helpful for IUPsyS, as well as APA and other IUPsyS member associations, to continue to be very active in encouraging psychologists to enroll in the GCPN. WHO is aiming for a total enrollment in the network of at least 5000 practitioners, and it appears that this objective will be achieved easily. It is very important that psychology be well represented.

An invitation to participate in the GCPN is included as Annex 4. This invitation can be adapted by IUPsyS, APA, or by other IUPsyS National Associations to encourage GCPN registration among their psychologist members. WHO will be very grateful for any assistance that IUPsyS and APA can provide in encouraging psychologists to participate.

Interested colleagues may register to be part of the Network at:

[http://kuclas.qualtrics.com/SE/?SID=SV\\_exm6vdPhl8S3hUF](http://kuclas.qualtrics.com/SE/?SID=SV_exm6vdPhl8S3hUF)

#### **4.3.2. Clinic-Based Field Studies**

WHO plans to test the key changes and innovations begin recommended for ICD-11 in a series of strategically designed high-impact global field studies in order to examine whether they indeed lead to an improvement of the diagnostic process in routine clinical practice. To this end, research questions should be selected carefully, as it is not possible within available time and resources to test the entire system. The Field Study Coordination Group (FSCG) is currently working with ICD-11 Working Groups, NIMH, and other external partners who to develop field study protocols. The FSCG has developed extensive guidance, available on request, that includes an articulation of the objectives of field trials (FT), relevant research questions, a discussion of methodologies including statistical evaluation and interpretation of

FTs, regulations concerning the publication and dissemination of FT results, and a consideration of the consequences of results for the revision of ICD-11 proposals.

Field trials should aim to evaluate proposed diagnostic guidelines within the context in which they will be used. The disorder-specific ICD-11 Working Groups have proposed changes to definitions, diagnostic guidelines, and other content for each diagnostic category that will be published on the internet for public review and further revised in response to public and expert review and field trials. The main objectives of the WHO ICD-11 field trials are to study whether the proposed revisions of categories and diagnostic guidelines will lead to an improvement in the ICD-11 as compared to the ICD-10. Therefore, WHO is particularly interested in demonstrating that the ICD-11 fulfils quality criteria related to clinical utility, reliability and validity. In addition, comparisons of caseness based on ICD-11 proposals as compared to ICD-10 are also of interest. For this purpose, the following research questions for FTs have been formulated.

In summary, the FSCG has indicated that the following research questions may be the objectives of FTs:

- Are the proposed diagnostic guidelines easy to understand and use? (**utility - feasibility**)
- Do the proposed diagnostic guidelines accurately reflect or capture patients' symptom presentations? (**utility - goodness of fit**)
- Are the proposed diagnostic guidelines and specifiers useful/ helpful in formulating of treatment plans for patients? (**utility**)
- Do the proposed diagnostic criteria capture the patients' symptom presentation consistently over time and across clinicians? (**test-retest-reliability and inter-rater reliability**)
- Is there convergent validity of diagnoses with expert panel reviews or with other available external criteria? (**validity**)

Field studies planning is beginning now (January 2013). The FSCG is currently engaging with ICD-11 Working Groups in order to assist them in developing detailed protocols. All data collection must be completed by December 2014.

Given the limited budget available due to the current financial situation of WHO and many WHO Member States, WHO is not in a position to fund FT proposals entirely. Several of the International Field Study Centers (IFSCs) will be to fund their own participation in field studies. This normally involves in-kind expenses for staff effort (e.g., investigator time, research assistants to collect data, etc.) based on the protocol provided, rather than direct funding of research activity by the participating organization.

The priority for any funding provided by WHO will be to support direct data collection expenses in low-resource countries. WHO will not fund investigator salaries or data collection expenses in Centres in high-income countries, or pay institutional indirect costs for participating institutions.

Funds used to support ICD-11 field studies in any way, either at the international or local level, directly or indirectly, **may not originate from pharmaceutical companies** or other commercial entities that would be inconsistent with WHO's policies regarding conflict of interest, including the tobacco, alcohol, gambling, and armament industries.

Investigators at centers that may be interested in participating in ICD-11 field studies given the caveats described above, including secondary analysis of large datasets, are encouraged to contact Dr. Reed at [reedg@who.int](mailto:reedg@who.int).

## 5. Joint Visit to WHO with APA President Dr. Suzanne Bennett Johnson

On December 5, 2012, APA President Dr. Suzanne Bennett Johnson joined IUPsyS Main Representative Dr. Pierre Ritchie in an official visit to WHO. Discussions with Dr. Shekhar Saxena, Director, WHO Department of Mental Health and Substance Abuse and Dr. Reed covered a variety of topics, including further development of collaborative research in areas of priority for WHO, global research capacity development, and strategic directions for organized psychology's relationship with WHO beyond the ICD revision, particularly in the context of WHO's new flagship program in mental health, mhGAP. The strategic directions on which Dr. Johnson and IUPsyS were invited to provide continuing consultation included: 1) addressing global mental health needs; 2) prevention and promotion of mental health and well-being, especially in children; and 3) overcoming the separation of mental and physical health, including behavioural and psychological contributors to health and disease, and interaction of mental disorders with chronic diseases.

Dr. Johnson also provided a seminar on childhood obesity for a broad cross-section of WHO program staff that was very well received. Dr. Johnson's slides from the seminar can be downloaded from [www.apa.org/about/governance/president/childhood-obesity.pdf](http://www.apa.org/about/governance/president/childhood-obesity.pdf). Her presentation was perceived as especially important for showcasing the value of a behavioral approach to sectors of WHO outside the mental health arena.

APA could not have been more effectively represented. This was a highly successful visit, and important in further developing psychology's programmatic relationship with WHO. This visit laid the groundwork for even broader collaboration among WHO, IUPsyS, and APA that will prove to be highly beneficial to psychology.

### List of Annexes

- Annex 1: Evans, S.C., Reed, G.M., Esparza, P., Watts, A.D., Correia, J.M., Maj, M., Roberts, M.C., Ritchie, P.L.-J., & Saxena, S. (2012). *The WHO-IUPsyS global survey of psychologists' attitudes towards mental disorders classification*. (Slide set)
- Annex 2: Provisional List of Participants, Meeting of the Field Studies Coordinating Group, November 12 – 14, 2012, Tokyo, Japan
- Annex 3: Roberts, M.C., Reed, G.M., Medina-Mora, M.E., Keeley, J.W., Sharan, P., Johnson, D.K., Mari, J. de J., Ayuso-Mateos, J.L., Gureje, O., Xiao, Z., Maruta, T., Khoury, B., Robles, R., & Saxena, S. (2012). A global clinicians' map of mental disorders to improve ICD-11: Analysing meta-structure to enhance clinical utility. *International Review of Psychiatry*, 24, 578-590.
- Annex 4: Invitation, WHO Global Clinical Practice Network for ICD-11 Mental and Behavioural Disorders