



Diagnosis – policy and guidance

1. Introduction

- 1.1 This document outlines the Society’s policy on mental and behavioural disorder classifications systems. It has been necessary to develop a Society-wide, principle-based policy framework to ensure a consistent approach to this area.

2. Aims

The aims of the policy are:

- 2.1 To enable those covered under the scope of the policy (see 3) to understand the policy.
- 2.2 To ensure that the Society provides, on behalf of its members, a consistent approach to the use of mental and behavioural classification systems.

3. Scope

- 3.1 The policy applies across the profession and should be applied by members, committee members and representatives of the Society.

4. Policy and guidance

The use of mental and behavioural disorder classification systems by practitioner psychologists

- 4.1 The Professional Practice Board of the BPS, having consulted with Member Networks, has approved the following statement in relation to the use of the standard diagnosis classification systems by practitioner psychologists.
- 4.2 Diagnosis or the identification of mental and behavioural disorders is commonly based on one or other of two psychiatric disorder classification schemes:
- the *International Classification of Diseases: Chapter V. The ICD-10 Classification of Mental and Behavioural Disorders*, issued by the World Health Organization (the **NHS standard**), or
 - the *Diagnostic and Statistical Manual of Mental Disorders*, published by the American Psychiatric Association (APA) (**DSM-IV**, being replaced by **DSM-V**).

The British Psychological Society

St Andrews House, 48 Princess Road East, Leicester LE1 7DR, UK

Tel: 0116 254 9568 Fax 0116 247 0787 E-mail: mail@bps.org.uk Website: www.bps.org.uk

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- 4.3 ICD-10 is intended for ‘use by mental health professionals’ (WHO, 1992, p.1), not just by medical practitioners. It is intended to be a descriptive classification system carrying ‘no theoretical implications (p. 2).
DSM–IV explicitly states that it is designed for use by psychiatrists, physicians, psychologists, social workers, and so on (APA, 1994, p.xv). DSM–IV is for use by ‘clinicians and researchers of different orientations (e.g. biological, psychodynamic, cognitive, behavioural, interpersonal, family/systemic)’ (ibid., p.xv).
- 4.4 Practitioner psychologists may identify and record one or more mental and behavioural disorders relating to each individual as necessary, using standard diagnostic classification systems, and record these in client records, either on electronic systems or in paper notes. They may also use them in reports to the courts or other agencies. In doing so, reasonable steps should be taken to ensure that the grounds for each diagnosis being made are not confused with others in the system; that the clinical features are not likely to be due to other conditions; and that account has been taken of relevant relational and social factors.
- 4.5 A psychologist may refer to ICD (or DSM) disorders where this will facilitate cross-referencing, enhance communication and research, or is likely to be helpful to clients, carers, colleagues or other agencies.
- 4.6 When applying, or referring to, diagnostic terms, psychologists will recognise that these refer to disorder labels that have been assigned to the clinical features shown by service users and will be cognisant of the limitations in reliability and validity of diagnostic systems, especially in relation to functional psychiatric disorders. They will recognise the benefits that may accrue from a diagnosis for some people, such as access to specialist services, or from the ‘understanding’ that clients or others may derive from the diagnosis, but will also be mindful of the potential harm that can result from the use of diagnostic labels, particularly the risk of “pathologising” the individual.
- 4.7 In addition to the above, psychologists may seek to supplement or replace diagnoses, wherever appropriate, with evidence-based individual psychological formulations (DCP, 2011), models and theories as a means of informing their recommendations and interventions.
- 4.8 In order to undertake these or similar uses, it is understood that:
- a. psychologists will have addressed the benefits and limitations of such diagnoses and the associated classification systems within their specialist training;
 - b. psychologists will be highly skilled in the core skill of psychological formulation as the basis for their work;
 - c. psychologists will develop and maintain competence in relation to diagnosis through training, CPD and supervision;
 - d. psychologists will only work within their areas of expertise and experience and refuse to make a diagnosis outside their areas of expertise and experience (BPS 2008, 2009; HPC*, 2008, 2009); and
 - e. unqualified practitioners and trainees may only contribute to a decision about diagnosis made by a qualified psychologist.

References

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* In 2012 the HPC was re-named the Health and Care Professions Council (HCPC).