WHO Collaborating Center for Training and Research in Mental Health

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UNIVERSITÉ DE GENÈVE

FACULTÉ DE MÉDECINE

Implementation of the Field Testing by Health Professionals of the ICD-11 for Addictive Disorders and Behaviors in Switzerland

Research Project on Mandate from WHO, brief report on mandate from BAG

Center: **WHO Collaborating Center for Training and Research in Mental Health, Department of Psychiatry, University of Geneva**

Center Director: **Sophia Achab**

Coordination of the Focus Group on Gaming Disorder: **Joël Billieux**

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Other Contributors: **Y. Khazaal, G. Gmel, M.P. Schaub, N. Weber, M. Flayelle, A. Cornil, B. Gueorguiev, M. Muller, L. Mukud, L. Suppan, T. Carlevaro, S. Rothen, O. Simon, I. De Carlo, F. Poret, A. Vangopoulou, K. Abawi, L. Rochat, E. Khatcherian**

Introduction

The implementation of the International Classification of Diseases (ICD-11) represents a significant evolution, particularly in the field of mental health and addictions. The World Health Organization (WHO) has designated 10 global field-testing centers for the ICD-11 criteria for addictive disorders, including the WHO Collaborating Center for Training and Research in Mental Health at the University of Geneva (CCOMS SWI54), directed by Dr. Sophia Achab.

WHOCC SWI54 was mandated by the WHO to conduct an in-depth field study to evaluate the feasibility and impact of implementing the ICD-11 in Switzerland, following the research protocol developed by the WHO and implemented by each of the 10 global centers.

This brief report presents some results from the implementation of the WHO research project in Switzerland. Comprehensive results will be the subject of scientific publications.

Methods

The WHO research project included five main components:

1. Survey of key informants active in the field of addictions in Switzerland

2. Focus groups on the new categories of addictive disorders included in the ICD-11

3. Expert reviews (clinicians and academia) of the clinical descriptions and diagnostic guidelines of the ICD-11

4. Interviews with key informants on Swiss practices for using ICD-10 coding

5. Consensus conference

Results

The results highlight the perspectives of Swiss health professionals (clinicians and public health professionals) on the new ICD-11 classification system for mental disorders and addictive disorders and behaviours.

1. **Key Informants Survey**

The online study targeted health professionals involved in addiction medicine and mental health. A total of 136 Swiss professionals were invited, with 64 respondents (47% response rate). The survey was available in French, German, and English, and participants received individual single-use codes to access the online questionnaire. The survey aimed to gather opinions on the utility, feasibility, ease of use of the ICD-11 for substance-related disorders and addictive behaviors, and comparability with the ICD-10.

The survey respondents had an average age of 43, with 60% being male. They had a median of 15.25 years of experience in addiction medicine. The respondents represented various professions and contexts, including clinicians (75%) and public health professionals (25%).

Key survey results:

- **Utility and Feasibility**: Most respondents (**89%**) found the ICD-11 for substance-related disorders and addictive behaviors useful and feasible (**92%**).

- **Ease of Use**: **86%** of respondents stated that the new ICD-11 classification was easy to use.

- **Comparability with ICD-10**: **67%** of respondents found the new ICD-11 classification comparable to the ICD-10.

- **Training Needs**: More than half of the respondents (**56%**) indicated a need for additional training programs on using the ICD-11. A slight preference for online training (**48%**) over in-person sessions (**45%**) was reported.

2. **Focus Groups**

A focus group with five participants from the field of addictive behaviors was conducted online due to COVID-19 confinement measures. The focus group discussed the inclusion of gaming disorder in the ICD-11, highlighting both the advantages and challenges of this new classification.

Participants agreed that the inclusion of gaming disorder was a significant change. However, they expressed concerns about the risk of over-pathologizing and stigmatizing non-problematic gaming behaviors.

3. **Expert Reviews**

Ten experts in addiction medicine reviewed the diagnostic categories of the ICD-11 for addictive disorders and behaviors. The reviews highlighted the strengths and weaknesses of the new classification, with particular attention to the inclusion of gaming disorder. Experts agreed that this new category was generally well-defined. However, they noted areas needing improvement, such as the need for clearer boundaries with normality and with other mental disorders.

4. **Key Informants Interviews**

Interviews were conducted with coding experts and health statistics professionals. The interviews revealed the challenges and limitations of current ICD-10 coding practices, particularly in the context of substance use and addictive behaviors. The two major issues reported were a low rate of coding use by mental health professionals and low coding skills among these professionals, making the collection and analysis of statistics on mental and addictive disorders laborious, unreliable, and heterogeneous.

Interviewees agreed that the changes brought by the ICD-11 addressed many limitations present in the ICD-10. However, they emphasized the need for clear guidelines on using the ICD-11 and training for mental health professionals to ensure consistent and accurate coding.

5. **Consensus Conference**

The consensus conference brought together eight participants: five clinicians and three public health professionals. The conference aimed to gather diverse opinions on the field study conclusions regarding the changes brought by the ICD-11 and to reach a consensus on the general conclusions of the Swiss field study.

The consensus conference resulted in several key conclusions:

- **Positive Impact**: The ICD-11 was deemed to have a positive impact on Swiss health statistics, allowing for better documentation of new addictive disorders.

- **Reduction of Stigmatization**: The new ICD-11 categories were perceived as a step toward reducing the stigmatization associated with substance-related disorders and addictive behaviors.

- **Harm to Others**: The inclusion of "harm to others" in the ICD-11 classification was considered consistent with reality and beneficial for providing the necessary support to relatives.

- **Gaming Disorder**: The inclusion of gaming disorder was deemed timely to facilitate prevention strategies, treatment, interventions, international collaborations, and research.

- **Training and Communication**: The implementation of the ICD-11 requires significant investment in training and communication to mitigate potential risks of miscoding or over-pathologization.

Discussion

The results of the key informant survey and the consensus conference highlight the potential benefits of implementing the ICD-11 in Switzerland. The new classification system is perceived as a valuable tool for improving health statistics, reducing stigmatization, and enhancing the understanding of new health conditions. However, the transition will require careful planning and investment in training and communication to ensure a smooth implementation.

The implementation of the ICD-11 in Switzerland has significant implications for clinical practice, public health, and health statistics. Clinicians will need to familiarize themselves with the new diagnostic criteria and coding guidelines, while public health professionals will benefit from better data aggregation and comparability. Health statisticians will need to adapt their coding practices to align with the new classification system.

The strengths of this study include the high response rate and the diversity of respondents. However, the study also has limitations, such as the potential for selection bias and reliance on self-reported data.

Conclusion

The implementation of the ICD-11 in Switzerland should have a positive impact on health monitoring systems and the appreciation of healthcare costs. The new classification system will allow for better documentation of new health conditions and reduce the stigmatization associated with substance-related disorders. However, the transition will require significant investment in training and communication to mitigate risks. The results of this study provide valuable information for decision-makers, health professionals, and researchers in the field of mental health and addictions.

Future research should focus on evaluating the long-term impact of the ICD-11 implementation and identifying best practices in training and communication. Studies should also explore the risks of stigmatization and over-pathologization associated with the new classification and develop strategies to mitigate these risks.

References

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Sophia Achab,

Director of WHOCC SWI54

Director of the Swiss FTC