CODING SHEET FOR SOCIAL WORKERS: ICD-10

The following codes extracted from the ICD-10 manual are the most likely to be used by social workers in private practice:

FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES: (CHAPTER XXI):

This chapter is relevant when some circumstance or problem is present which influences the person's health status, but is not in itself a current illness or injury.

Z50 Care involving use of rehabilitation procedures
Excludes: counselling (Z70-Z71)

Z50.0	*Cardiac rehabilitation*
Z50.1	*Other physical therapy* (therapeutic and remedial exercises)
Z50.2	*Alcohol rehabilitation*
Z50.3	*Drug rehabilitation*
Z50.4	*Psychotherapy, not elsewhere classified*
Z50.5	*Speech therapy*
Z50.6	*Orthoptic training*
Z50.7	*Occupational therapy and vocational rehabilitation, not elsewhere classified*
Z50.8	*Care involving use of other rehabilitation procedures* (tobacco rehabilitation, training in activities of daily living (ADL) NEC)
Z50.9	*Care involving use of rehabilitation procedure, unspecified (rehabilitation NOS)*

Z55 Problems related to education and literacy
Excludes: disorders of psychological development (F80-89)

Code	***Description***
Z55.0	*Illiteracy and low level literacy*
Z55.1	*Schooling unavailable*
Z55.2	*Failed examinations*
Z55.3	*Underachievement in school*
Z55.4	*Educational maladjustment and discord with teachers and classmates*
Z55.8	*Other problems related to education and literacy* (inadequate teaching)
Z55.9	*Problems related to education and literacy, unspecified*

Z56 Problems related to employment and unemployment
Excludes: occupational exposure to risk factors (Z57.-); problems related to housing and economic circumstances (Z59.-)

Z56.0	*Unemployment, unspecified*
Z56.1	*Change of job*
Z56.2	*Threat of job loss*
Z56.3	*Stressful work schedule*
Z56.4	*Discord with boss and workmates*
Z56.5	*Uncongenial work* (difficult conditions at work)
Z56.6	*Other physical and mental strain related to work*
Z56.7	*Other and unspecified problems related to employment*

Z59 *Problems related to housing and economic circumstances*
Excludes: inadequate drinking water supply (Z58.6)

Z59.0	*Homelessness*
Z59.1	*Inadequate housing, lack of heating, inadequate space, unsatisfactory surroundings, etc.*
Z59.2	*Discord with neighbours, lodgers and landlord*
Z59.3	*Problems related to living in residential institution (*boarding school resident*)*
Z59.4	*Lack of adequate food* (excludes effects of hunger (T73.0), inappropriate eating or diet habits (Z72.4) and malnutrition (E40-E46)
Z59.5	*Extreme poverty*
Z59.6	*Low income*
Z59.7	*Insufficient social insurance and welfare support*
Z59.8	*Other problems related to housing and economic circumstances* (Foreclosure on loan, isolated dwelling, etc)
Z59.9	*Problems related to housing and economic circumstances, unspecified*

Z60 Problems related to social environment

Z60.0	*Problems of adjustment to life-cycle transitions (*e.g. adjustment to retirement, empty nest syndrome)
Z60.1	*Atypical parenting situation* (problems related to a parenting situation (rearing of children) with a single parent or other than that of two cohabitating biological parents)
Z60.2	*Living alone*
Z60.3	*Acculturation difficulty* (migration, social transplantation)
Z60.4	*Social exclusion and rejection* (exclusion and rejection on the basis of personal characteristics, such as unusual physical appearance, illness or behaviour). *Excludes: target of adverse discrimination such as for racial or religious reasons (Z60.5)*
Z60.5	*Target of perceived adverse discrimination, perceived or real on the basis of membership of some group, (as defined by skin colour, religion, ethnic origin, etc.) rather than personal characteristics. Excludes: target of adverse discrimination such as for racial or religious reasons (Z60.4)*
Z60.8	*Other problems related to social environment*
Z60.9	*Problems related to social environment, unspecified*

Z61 Problems related to negative life events in childhood

Excludes: Maltreatment syndromes (T74. -)

Z61.0	*Loss of love relationship in childhood* (loss of an emotionally close relationship, such as of a parent, sibling, special friend or a loved pet, by death or permanent departure or rejection)
Z61.1	*Removal from home in childhood* (admission to a foster home, hospital or other institution causing psychosocial stress, or forced conscription into an activity away from home for a prolonged period)
Z61.2	*Altered pattern of family relationships in childhood* (arrival of new person into family resulting in adverse change in child's relationship. May include new marriage of parent or birth of a sibling)
Z61.3	*Events resulting in loss of self-esteem in childhood* (events resulting in a negative self-appraisal by the child such as failure in tasks with high personal investment; disclosure or discovery of a shameful or stigmatizing personal or family event; and other humiliating experiences)
Z61.4	*Problems related to alleged sexual abuse of child by person within primary support group* (problems related to any form of physical contact or exposure between an adult member of the child's household and the child that has led to sexual arousal, whether or not the child has willingly engaged in the sexual acts (e.g. any genital contact or manipulation or deliberated exposure of breasts or genitals)
Z61.5	*Problems related to alleged sexual abuse of child by person outside primary support group* (problems related to contact or attempted contact with the child's or the other person's breasts or genitals, sexual exposure in close confrontation or attempt to undress or seduce the child, by a substantially older person outside the child's family, either on the basis of the person's position or status or against the will of the child)
Z61.6	*Problems related to alleged physical abuse of child* (related to incidents in which the child has been injured in the past by any adult in the household to a medically significant extent (e.g. fractures, marked bruising) or that involved abnormal form of violence (e.g. hitting the child with hard or sharp implements, burning or tying up of child)
Z61.7	*Personal frightening experience in childhood* (experience carrying a threat for the child's future, such as kidnapping, natural disaster with a threat to life, injury with a threat to self-image or security, or witnessing a severe trauma of a loved one)
Z61.8	*Other negative life events in childhood*
Z61.9	*Negative life events in childhood, unspecified*

Z62 Other problems related to upbringing

Excludes: maltreatment syndromes (T74. -)

Z62.0	*Inadequate parental supervision and control (* lack of parental knowledge of what the child is doing or where the child is; poor control; lack of concern or lack of attempted intervention when the child is in a risky situation)
Z62.1	*Parental overprotection* (pattern of upbringing resulting in infantilization and prevention of independent behaviour)
Z62.2	*Institutional upbringing* (group foster care in which parenting responsibilities are largely taken over by some form of institution (such as a residential nursery, orphanage or children's home), or therapeutic care over a prolonged period in which the child is in hospital, convalescent home or the like, without at least one parent living with the child)
Z62.3	*Hostility towards and scapegoating of child* (negative parental behaviour specifically focused on the child as an individual, persistent over time and pervasive over several child behaviours; e.g. automatically blaming the child for any problems in the household or attributing negative characteristics to the child)
Z62.4	*Emotional neglect of the child* (parent talking to the child in an insensitive or dismissive way. Lack of interest in the child, of sympathy for the child's difficulties and of praise and encouragement. Irritated reaction to anxious behaviour and absence of sufficient physical comforting and emotional warmth)
Z62.5	*Other problems related to neglect in upbringing (*lack of learning and play experience)
Z62.6	*Inappropriate parental pressure and other abnormal qualities of upbringing (*parents forcing child to be different from the local norm, either sex inappropriate (e.g. dressing up as a boy in girl's clothing), age inappropriate (e.g. forcing a child to

	take on responsibilities above her or his own age) or otherwise inappropriate (e.g. pressing the child to engage in unwanted or too difficult activities))
Z62.8	*Other specified problems related to upbringing*
Z62.9	*Problems related to upbringing, unspecified*

Z63 Other problems related to primary support group, including family circumstances

Excludes: maltreatment syndromes (T74. -), problems related to negative life events in childhood (Z61.-), and upbringing (Z62.-)

Z63.0	*Problems in relationship with spouse or partner* (discord between partners resulting in severe or prolonged loss of control, in generalization of hostile or critical feelings or in a persisting atmosphere of severe interpersonal violence (hitting or striking)
Z63.1	*Problems in relationship with parents and in-laws*
Z63.2	*Inadequate family support*
Z63.3	*Absence of family member*
Z63.4	*Disappearance and death of family member* (assumed death of family member)
Z63.5	*Disruption of family by separation and divorce* (estrangement)
Z63.6	*Dependent relative needing care at home*
Z63.7	*Other stressful life events affecting family and household* (anxiety about sick person in family, health problems in family, ill or disturbed family member, isolated family)
Z63.8	*Other specified problems related to primary support group* (family discord NOS, high expressed emotional level within family, inadequate or distorted communication within family)
Z63.9	*Problems related to primary support group, unspecified*

Z64 Problems related to certain psychosocial circumstances

Z64.0	*Problems related to unwanted pregnancy. Excludes: supervision of high-risk pregnancy due to social problems (Z35.7)*
Z64.1	*Problems related to multiparity*
Z64.2	*Seeking and accepting physical, nutritional and chemical interventions known to be hazardous and harmful* (excludes substance dependence)
Z64.3	*Seeking and accepting behavioural and psychological interventions known to be hazardous and harmful*
Z64.4	*Discord with counselors (probation officer, social worker)*

Z65 Problems related to other psychosocial circumstances

Excludes: current injury – see Alphabetical index

Z65.0	*Conviction in civil and criminal proceedings without imprisonment*
Z65.1	*Imprisonment and other incarceration*
Z65.2	*Problems related to release from prison*
Z65.3	*Problems related to other legal circumstances* (arrest, child custody or support proceedings, litigation, prosecution)
Z65.4	*Victim of crime and terrorism* (victim of torture)
Z65.5	*Exposure to disaster, war and other hostilities* (excludes: target of perceived discrimination or persecution (Z60.5))
Z65.8	*Other specified problems related to psychosocial circumstances*
Z65.9	*Problem related to unspecified psychosocial circumstances*

Persons encountering health services in other circumstances (Z70-Z76)

Z70 Counselling related to sexual attitude, behaviour and orientation

Excludes: contraceptive or procreative counselling (Z30-31)

Z70.0	*Counselling related to sexual attitude* (person concerned regarding embarrassment, timidity or other negative responses to sexual matters)
Z70.1	*Counselling related to patient's sexual orientation and behaviour* (patient concerned, regarding: impotence, non-responsiveness, promiscuity, sexual orientation)
Z70.2	*Counselling related to sexual behaviour and orientation of third party* (advice sought regarding sexual behaviour and orientation of: child, partner, spouse)
Z70.3	*Counselling related to combined concerns regarding sexual attitude, behaviour and orientation*
Z70.8	*Other sex counselling* (sex education)
Z70.9	*Sex counselling, unspecified*

Z71 Persons encountering health services for other counselling and medical advice, not elsewhere classified

Excludes: contraceptive or procreation counselling (Z30-Z31) and sex counselling (Z70.-)

Z71.0	*Person consulting on behalf of another person* (advice or treatment for non-attending third party); *excludes:* anxiety(normal) about sick person in family (Z63.7)

Z71.1	*Person with feared complaint in whom no diagnosis is made* (feared condition not demonstrated, problem was normal state, "worried well") *Excludes:* medical observation and evaluation for suspected diseases and conditions (Z03.-)
Z71.2	*Person consulting for explanation of investigation findings*
Z71.3	*Dietary counselling and surveillance* (dietary counselling and surveillance for: NOS, colitis, diabetes mellitus, food allergies or intolerance, gastritis, hypercholesterlaemia, obesity)
Z71.4	*Alcohol abuse counselling and surveillance ; excludes*: alcohol rehabilitation procedures (Z50.2)
Z71.5	*Drug abuse counselling and surveillance; excludes*: drug rehabilitation procedures (Z50.3)
Z71.6	*Tobacco abuse counselling; excludes*: tobacco rehabilitation procedures (Z50.8)
Z71.7	*Human immunodeficiency virus (HIV) counselling*
Z71.8	*Other unspecified counselling (consanguinity counselling)*
Z71.9	*Counselling, unspecified* (medical advice NOS)

Z72 Problems related to lifestyle

Excludes: problems related to: life management difficulties (Z73.-) and socioeconomic and psychosocial circumstances (Z55-Z65)

Z72.0	*Tobacco use; excludes* tobacco dependence (F17.2)
Z72.1	*Alcohol use; excludes*: alcohol dependence (F10.2)
Z72.2	*Drug use; excludes*: abuse of non-dependence producing substances (F55) and drug dependence (F11-F16' F19 with common fourth character.2)
Z72.3	*Lack of physical exercise*
Z72.4	*Inappropriate diet and eating habits; excludes*: behavioural eating disorders of infancy or childhood (F98.2-F98.3), eating disorders (F50.-), lack of adequate food (Z59.4), malnutrition and other nutritional deficiencies (E40-E64)
Z72.5	*High-risk sexual behaviour*
Z72.6	*Gambling and betting; excludes*: compulsive or pathological gambling (F63.0)
Z72.8	*Other problems related to lifestyle (self-damaging behaviour)*
Z72.9	*Problems related to lifestyle, unspecified*

Z73 Problems related to life-management difficulty

Excludes: problems related to socio-economic and psychosocial circumstances (Z55-Z65)

Z73.0	*Burn-out* (state of vital exhaustion)
Z73.1	*Accentuation of personality traits ; type A behaviour pattern* (characterized by unbridled ambition, a need for high achievement, impatience, competitiveness, and a sense of urgency)
Z73.2	*Lack of relaxation and leisure*
Z73.3	*Stress, not elsewhere classified* (physical and mental strain NOS); *excludes*: related to employment and unemployment (Z56.-)
Z73.4	*Inadequate social skills, not elsewhere classified*
Z73.5	*Social role conflict, not elsewhere classified*
Z73.6	*Limitation of activities due to disability; excludes*: care-provider dependency (Z74.-)
Z73.8	*Other problems related to life-management difficulty*
Z73.9	*Problem related to life-management difficulty, unspecified*

Z74 Problems related to care-provider dependency

Excludes: dependence on enabling machines or devices NEC (Z99.-)

Z74.0	*Reduced mobility* (bedfast or chair fast)
Z74.1	*Need for assistance with personal care*
Z74.2	*Need for assistance at home and no other household member able to render care*
Z74.3	*Need for continuous supervision*
Z74.8	*Other problems related to care-provider dependency*
Z74.9	*Problem related to acre-provider dependency, unspecified*

CHAPTER V: MENTAL AND BEHAVIOURAL DISORDERS (F00-F99)

Includes: disorders of psychological development

****Mainly the codes for conditions that can be diagnosed /assessed by social workers were extracted from this chapter. Some of these diagnostic classifications do not fall within the definition of social work diagnoses/assessments, and it is the recommendation of SAASWIPP that an ICD-10 code is obtained from the referring general practitioner or from a psychiatrist.***

Mental and behavioural disorders due to psychoactive substance abuse (F10-F19)

This block contains a wide variety of disorders that differ in severity and clinical form but that are all attributable to the use of one or more psychoactive substances, which may or may not have been medically prescribed.

The third character of the code identifies the substance involved, and the fourth character specifies the clinical state. The coeds should be used, as required, for each substance specified, but it should be noted that all fourth character codes are applicable to all substances.

The following fourth-character subdivisions are for use with categories F10-F19:

.0 Acute intoxication
A condition that follows the administration of a psychoactive substance resulting in disturbance in level of consciousness, cognition, perception, affect or behaviour, or other psycho physiological functions and responses. The disturbance is directly related to the acute pharmacological effects of the substance and resolve with time, with complete recovery except where tissue damage or other complications have arisen.
E.g. acute drunkenness in alcoholism, "bad L.S.D. trips", drunkenness NOS, pathological intoxication, trance and possession disorders in psychoactive substance intoxication.

.1 Harmful use
A pattern of psychoactive use that is causing damage to health. The damage may be physical (e.g. hepatitis from self-injecting) or mental (e.g. depressive disorder secondary to heavy consumption of alcohol). Also known as psychoactive substance abuse.

.2 Dependence syndrome
A cluster of behavioural, cognitive and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, an increased tolerance, and sometimes a physical withdrawal state. The dependence syndrome may be present for a specific psychoactive substance (e.g. alcohol, tobacco), for a class of substances (e.g. opioid drugs), or for a wider range of pharmacologically different psychoactive substances.
E.g. chronic alcoholism, dipsomania, drug addiction.

.3 Withdrawal state
A group of symptoms of variable clustering and severity occurring on absolute or relative withdrawal of a psychoactive substance after persistent use of that substance. The onset and course of the withdrawal state is time-limited and are related to the type of psychoactive substance and dose being used immediately before cessation or reduction of use. The withdrawal state may be complicated by convulsions.

.4 Withdrawal state with delirium
Delirium tremens (alcohol-induced)

.5 Psychotic disorder
A cluster of psychotic phenomena that occur during or following psychoactive substance use but that are not explained on the basis of acute intoxication alone and do not form part of a withdrawal state. This disorder is usually characterized by hallucinations, perceptual distortions, delusions, psychomotor disturbances and an abnormal affect, which may range from intense fear to ecstasy.
E.g. alcoholic/drug induced hallucinosis, jealousy, paranoia, psychosis NOS.

.6 Amnesic syndrome
A syndrome associated with chronic prominent impairment of recent and remote memory. Other cognitive functions are usually relatively well preserved and amnesic defects are out of proportion to other disturbances.
E.g. amnestic disorder, alcohol- or drug induced; Korsakov's syndrome, alcohol-or other psychoactive substance induced or unspecified.
Excludes: nonalcoholic Korsakov's psychosis or syndrome (F04)

.7 Residual or late onset psychotic disorder
A disorder in which alcohol – or psychoactive substance-induced changes of cognition, affect, personality or behaviour persists beyond the period during which a direct psychoactive substance-related effect might reasonably be assumed to be operating. Onset of disorder should be directly related to the use of the psychoactive substance.
E.g. alcohol dementia NOS, chronic alcohol brain syndrome, dementia and other milder forms of persisting impairment of cognitive functions, flashbacks, late onset psychoactive substance-induced psychotic disorder, post hallucinogen perception disorder, residual: affective disorder, disorder of personality and behaviour.

.8 Other mental and behaviour disorders

.9 Unspecified mental and behavioural disorders

Code	***Mental and behaviour disorders due to the use of ----***
F10.-	Alcohol
F11.-	Opioids
F12.-	Cannabinoids

F13.-	Sedatives or hypnotics
F14.-	Cocaine
F15.-	Other stimulants, including caffeine
F16.-	Hallucinogenics
F17.-	Tobacco
F18.-	Volatile solvents
F19.-	Multiple drug use and use of other psychoactive substances (This category should be used when two or more psychoactive substances are known to be involved, but it is impossible to assess which substance is contributing most to the disorders, or when the exact identity some, or all of the substances being used are unknown

Mood (affective) disorders (F30-F39)
This block contains disorders in which the fundamental disturbance is a change in affect or mood to depression (with or without associated anxiety) or to elation. The mood change is usually accompanied by a change in the overall level of activity: most of the other symptoms are usually secondary to, or easily understood in the context of the change in mood and activity. Most of these disorders tend to be recurrent and the onset of individual episodes can often be related to stressful events or situations.

F30 Manic episode
All the subdivisions of this category should be used only for a single episode. Hypomanic or manic episodes in individuals who have had one or more previous affective episodes (depressive, hypomanic, manic or mixed) should be coded as bipolar affective disorder (F31.-)

Code	***Type of manic episode***
F30.0	*Hypomania* (a disorder characterized by a persistent mild elevation of mood, increased energy and activity, and usually marked feelings of wellbeing and both mental and physical efficiency. Increased sociability, talkativeness, over familiarity, increased sexual energy and a decreased need for sleep are often present but not to the extent that they lead to severe disruption of work or result in social rejection. Irritability, conceit and boorish behaviour may take the place of the more usual euphoric sociability. The disturbance of mood is not accompanied by hallucinations or delusions)
F30.1	*Mania without psychotic symptoms* (mood is elevated in keeping with the patient's circumstances and may vary from carefree joviality to almost uncontrollable excitement. Elation is accompanied by increased energy, resulting in over activity, pressure of speech, and a decreased need for sleep. Attention cannot be sustained, and there is often marked distractibility. Self esteem is often inflated with grandiose ideas and overconfidence. Loss of normal social inhibitions may result in behaviour that is reckless, foolhardy, or inappropriate to the circumstances, or out of character.)
F30.2	*Mania with psychotic symptoms* (same as above, but with hallucinations and/or delusions present, or the excitement, excessive motor activity, and flight of ideas are so extreme that the subject is incomprehensible or inaccessible to ordinary communication.)
F30.8	*Other manic episodes*
F30.9	*Manic episode, unspecified*

F31 Bipolar affective disorder
A disorder characterized by two or more episodes in which the patient's mood and activity levels are significantly disturbed, this disturbance consisting on some occasions of an elevation of mood and increased energy and activity (hypomania or mania) and on others on a lowering of mood and decreased energy and activity (depression). Repeated episodes of hypomania or mania only are classified as bipolar (F31.8)
Includes: manic depressive: illness, psychosis, reaction
Excludes: bipolar disorder, single manic episode (F30.-) and cyclothymia (F34.0)

Code	***Bipolar affective disorder, current episode ……(this describes the current condition of the patient, and he/she must have had at least one other authenticated affective episode (hypomanic, manic, depressive or mixed) in the past)***
F31.0	*Hypomanic (*patient is currently hypomanic with at least one other affective episode (hypomanic, manic, depressive or mixed in the past)
F31.1	*Manic without psychotic symptoms (*patient is currently manic, without psychotic symptoms, and has had at least one other affective episode in the past)
F31.2	*Manic with psychotic symptoms (*currently manic with psychotic symptoms, and has had at least one other affective episode in the past)
F31.3	*Mild or moderate depression (*currently depressed, as in depressive episode of either mild or moderate severity (F32.0 or F32.1), and has had at least one authenticated affective episode in the past)
F31.4	*Severe depression without psychotic symptoms (*currently depressed, as in severe depressive episode without psychotic symptoms (F32.2))
F31.5	*Severe depression with psychotic symptoms (*Currently depressed, as in severe depressive episode with psychotic symptoms (F32.3))
F31.6	*Mixed (*patient has had at least one authenticated hypomanic, manic, depressive, or mixed affective episode in the past, and currently exhibits either a mixture or a rapid alteration of manic and depressive symptoms. *Excludes: single mixed affective episode (F38.0))*

F31.7	*Currently in remission* (Has had at least one authenticated affective episode in the past and at least one other affective episode in addition, but is currently suffering from any significant mood disturbance, and has done so for several months. Periods of remission during prophylactic treatment should be coded here.)
F31.8	*Other bipolar affective disorders (*Bipolar II disorders, recurrent manic episodes)
F31.9	*Bipolar affective disorder,unspecified*

F32: Depressive episode

In typical mild, moderate or severe depressive episodes, the patient suffers from lowering of mood, reduction of energy, and decrease in activity. Capacity for enjoyment, interest and concentration is reduced, and marked tiredness after even minimum effort is common. Sleep is usually disturbed and appetite diminished. Lowered self confidence and self-esteem, even in the mild form, some ideas of guilt and worthlessness are often present. Lowered mood varies little from day to day, is unresponsive to circumstances and may be accompanied by so-called "somatic symptoms", such as loss of interest and pleasurable feelings, waking in the morning several hours before the usual time, depression worst in the morning, marked psychomotor retardation, agitation, loss of appetite, weight loss and loss of libido. Depending on the number and severity of the symptoms, a depressive episode may be specified as mild, moderate or severe.
Includes: single episode of: depressive reaction, psychogenic depression, reactive depression.

Includes: *single episodes of*

- *depressive reaction*
- *psychogenic depression*
- *reactive depression*

Excludes:

- *Adjustment disorder (F43.2),*
- *recurrent depressive disorder (F33.-),*
- *When associated with conduct disorders in F91. - (F92.0)*

Code	***Type of depressive episode***
F32.0	*Mild* (two or three of above symptoms are usually present. Patient is usually distressed by these but will probably be able to continue with most activities)
F32.1	*Moderate* (four or more symptoms usually present, and patient is likely to have great difficulty in continuing with ordinary activities)
F32.2	*Severe without psychotic symptoms* (several of the symptoms are marked and distressing, typically loss of self-esteem, and ideas of worthlessness or guilt. Suicidal thoughts and acts are common and a number of "somatic symptoms are usually present – agitated depression, major depression, vital depression – single episode without psychotic symptoms)
F32.3	*Severe with psychotic symptoms* (as described above, but with the presence of hallucinations, delusions, psychomotor retardation, or stupor so severe that ordinary social activities are impossible; may be danger to life from suicide, starvation or dehydration. Hallucinations may, or may not be mood-congruent. Single episodes of: major depression with psychotic symptoms; psychogenic depressive psychosis; psychotic depression; reactive depressive psychosis)
F32.8	*Other depressive episodes* (atypical depression, single episodes of masked depression NOS)
F32.9	*Depressive episodes, unspecified*

F33: Recurrent depressive episode

Characterized by repeated depression as described for depressive episode (F32.-), without any history of independent episodes of mood elevation and increased energy (mania).There may, however, be brief episodes of mild mood elevation or over activity (hypomania), immediately after a depressive episode, sometimes precipitated by antidepressant treatment. The more severe forms of recurrent depressive disorder (F33.2 and F33.3) have much in common with earlier concepts such as manic-depressive depression, melancholia, vital depression and endogenous depression. The first episode may occur at any age from childhood to old age, the onset may be either acute or insidious, and the duration varies from a few weeks to many months. The risk that a patient with recurrent depressive episode will have an episode of mania never disappears completely, however many depressive episodes have been experienced. If such an episode does occur, the diagnosis should be changed to bipolar affective disorder (F31.-)

Includes:

- *recurrent episodes of: depressive reaction;*
- *psychogenic depression,*
- *reactive depression,*
- *seasonal depressive disorder*

Excludes: *recurrent brief depressive episodes (F38.1)*

Code	***Recurrent depressive disorder, current episode …….. (a disorder characterized by repeated episodes of depression, the current episode being (mild, moderate, severe etc.), and without any history of mania)***
F33.0	*Mild* (characterized by repeated episodes of depression, current episode being mild, as in F32.0, and without any history of mania)
F33.1	*Moderate* (Current episode being of moderate severity, as in F32.1, and without any history of mania).
F33.2	*Severe without psychotic symptoms (* Current episode being severe without psychotic symptoms, as in F32.2, and without

	any history of mania. Endogenous depression without psychotic symptoms; major depression – recurrent without psychotic symptoms; manic-depressive psychosis – depressed type without psychotic symptoms; vital depression – all recurrent but without psychotic symptoms)
F33.3	*Severe with psychotic symptoms* (current episode severe with psychotic symptoms, as in F32.3. Endogenous depression with psychotic symptoms; manic –depressive psychosis, depressed type with psychotic symptoms; recurrent severe episodes of: major depression with psychotic episodes; psychogenic depressive psychosis, psychotic depression, reactive depressive psychosis)
F33.4	*Recurrent depressive disorder, currently in remission* (patient has had two or more depressive episodes as described in F33.0-F33.3, in the past, but has been free from depressive episodes for several months)
F33.8	*Other recurrent depressive disorders*
F33.9	*Recurrent depressive disorder, unspecified* (monopolar depression NOS)

F34: Persistent mood (affective disorders) + F38: other mood (affective disorders) + F39: unspecified mood (affective) disorder

F34: Persistent and usually fluctuating disorders of mood in which majority of the individual episodes are not severe enough to warrant being described as hypomanic or mild depressive disorders. Because they last for many years they involve considerable distress and disability.

F38: Any other mood disorders that do not justify classification to F30-F34, because they are not sufficient severity or duration.

F39: Affective psychosis NOS

F34.0	*Cyclothymia* (persistent instability of mood involving numerous periods of depression and mild elation, none of which is sufficiently severe or prolonged to justify a diagnosis of bipolar affective disorder (F31.-), or recurrent depressive disorder (F33.-). Disorder is frequently found in relatives of patients with bipolar affective disorder. Some patients with cyclothymia eventually develop bipolar affective disorder. Affective personality disorder, cycloid personality, , cyclothymic personality)
F34.1	*Dysthymia* (A chronic depression of mood, lasting at least several years, which is not sufficiently severe, or prolonged to warrant a diagnosis of severe, moderate or mild recurrent depressive disorder (F33.-) Depressive: neurosis, personality disorder, neurotic depression, persistent anxiety depression) Excludes anxiety depression (mild or not persistent (F41.2)
F34.8	*Other persistent mood (affective) disorders*
F34.9	*Persistent mood disorder, unspecified*
F38.0	*Other single mood (affective) disorders* (mixed affective episodes)
F38.1	*Other recurrent mood (affective) disorder* (recurrent brief depressive episodes)
F38.8	*Other specified mood (affective) disorders*
F39	*Unspecified mood (affective) disorders*

Neurotic, stress-related and somatoform disorders (F40-F48)
Excludes: when associated with conduct disorders (F91.-; F92.8)

F40: Phobic anxiety disorder

A group of disorders in which anxiety is evoked only, or predominantly, in certain well defined situations that are not currently dangerous. As a result these situations are characteristically avoided, or endured with dread. Symptoms like: palpitations or feeling faint, which is often associated with secondary symptoms like fears of dying, losing control or going mad. Contemplating entry into the situation usually generates anticipatory anxiety. Phobic anxiety and depression often coexist.

F40.0	*Agoraphobia* (fears of leaving home, entering shops, crowds or public places, or traveling alone in trains, buses or planes. Panic disorder is a frequent feature of both present and past episodes. Depressive and obsess ional symptoms and social phobias are commonly present as subsidiary features. Avoidance of phobic situation is often prominent, and some agoraphobics experience little anxiety because they are able to avoid their phobic situations. Agoraphobia without history of panic disorder; panic disorder with agoraphobia)
F40.1	*Social phobias* (fear of scrutiny by people leading to avoidance of social situations. Usually accompanied by low self-esteem and fear of criticism; symptoms: blushing, hand tremor, nausea and panic attacks; Anthropophobia; social neurosis)
F40.2	*Specific (islolated) phobias* (phobias restricted to highly specific situations such as proximity to particular animals, heights, thunder, darkness, flying, closed spaces, urinating or defecating in public toilets, eating certain foods, dentistry or the sight of blood or injury. Though the triggering situation is discrete, contact with it can evoke panic as in agoraphobia or social phobia. Acrophobia, animal phobias, Claustrophobia, Simple phobia. *Excludes:*dysmorphophobia (nondelusional)(F45.2); Nosophobia (F45.2))
F40.8	*Other phobic anxiety disorders*
F40.9	*Phobic anxiety disorder, unspecified* (Phobia NOS; Phobic state NOS)

F41: Other anxiety disorders

Disorders in which manifestation of anxiety is the major symptom and is not restricted to particular environmental situations. Depressive or obsess ional symptoms, and even some elements of phobic anxiety may also be present, provided that they are clearly secondary or less severe.

F41.0	*Panic disorder* (recurrent attacks of severe anxiety (panic), which are not restricted to any particular situation or set of circumstances and are therefore unpredictable. Dominant symptoms include palpitations, dizziness, chest pain, choking sensation and feelings of unreality (depersonalization or derealization). Often secondary fear of dying, losing control or going mad. Panic disorder should not be given as the main diagnosis if the patient has a depressive disorder at the time the attacks start; in theses circumstances the panic attacks are probably secondary to depression. Panic: attack; state. *Excludes:* panic disorder with agoraphobia (F40.0))
F41.1	*Generalized anxiety disorder* (generalized and persistent anxiety, but not restricted to, or even strongly predominating in any particular environmental circumstances (i.e. it is free-floating). Symptoms; persistent nervousness, trembling, muscular tensions, sweating, lightheadedness, palpitations, dizziness and epigastric discomfort. Fears that the patient or a relative will shortly become ill or have an accident are often expressed. Anxiety: neurosis, reaction or state. *Excludes: neurasthenia (F48.0)*
F41.2	*Mixed anxiety and depressive disorder* (this category should be used when symptoms of anxiety and depression are both present, but neither is clearly predominant, and neither type of symptom is present to the extent to justify a diagnosis if considered separately. When both anxiety and depressive symptoms are present and severe enough to justify individual diagnoses, both diagnoses should be recorded and this category should not be used. Anxiety depression (mild or not persistent)
F41.3	*Other mixed anxiety disorders* (symptoms of anxiety mixed with features of other disorders in F42-F48. Neither type of symptom is severe enough to justify a diagnosis if considered separately.
F41.8	*Other specified anxiety disorders (*anxiety hysteria*)*
F41.9	*Anxiety disorders, unspecified (*anxiety NOS)

F43: Reaction to severe stress, and adjustment disorders

This category differs from others in that it includes disorders identifiable on the basis of not only symptoms and course but also the existence of one or two causative influences: an exceptionally stressful life event producing an acute stress reaction, or a significant life change leading to continued unpleasant circumstances that result in an adjustment disorder. Although less severe psychosocial stress (life events) may precipitate the onset or contribute to the presentation of a very wide range of disorders classified elsewhere in this chapter, its etiological importance is not always clear and in each case will be found to depend on individual, often idiosyncratic vulnerability, i.e. the life events are not necessary nor sufficient to explain the occurrence and form of the disorder. In contrast, the disorders brought together here are thought to arise always as a direct consequence of acute severe stress or continued trauma. The stressful event or the continuing unpleasant circumstances are the primary and overriding causal factor and the disorder would not have occurred without their impact. The disorders in this section can thus be regarded as maladaptive responses to severe or continued stress, in that they interfere with successful coping mechanisms and therefore lead to problems of social functioning.

F43.0	*Acute stress reaction* (a transient disorder that develops in an individual without any other apparent mental disorder in response to exceptional physical and mental stress and that usually subsides within hours or days. Symptoms: typically mixed and changing picture, and include an initial state of "daze" with some constriction of the field of consciousness and narrowing of attention, inability to comprehend stimuli, and disorientation,. This state may be followed either by further withdrawal from the surrounding situation (to extent of a dissociative stupor –F44.2), or by agitation and over activity (flight reaction or fugue). Autonomic signs of panic anxiety (tachycardia, sweating, flushing) are commonly present. Symptoms appear within minutes of impact of stressful event, and disappear within two to three days (often within hours). Partial or complete amnesia may be present (F44.0) If symptoms persist, consider a change of diagnosis. Acute: crisis reaction, reaction to stress, combat fatigue, crisis state, psychic shock)
F43.1	*Post traumatic stress disorder* (arises as a delayed or protracted response to a stressful event or situation (of either brief or long duration) of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone. Episodes of repeated reliving of the trauma in intrusive memories ("flashbacks"), dreams or nightmares, occurring against the background of a sense of "numbness" Symptoms/features include: episodes of repeated reliving of the trauma in intrusive memories ("flashbacks"), dreams or nightmares, occurring against the persisting background of a senses of "numbness" and emotional blunting, detachment from other people, unresponsiveness to surroundings, anhedonia, and avoidance of activities and situations reminiscent of the trauma. Usually a state of autonomic hyper arousal with hyper vigilance, an enhanced startle reaction, and insomnia. Anxiety and depression are commonly associated, and suicidal ideation is not infrequent. Onset follows trauma with latency period ranging from few weeks to months. Recovery can be expected in majority of cases, but in small proportion of cases the condition may follow a chronic course over many years, with eventual transition to an enduring personality change (F62.0):
F43.2	*Adjustment disorders* (states of subjective distress and emotional disturbance, usually interfering with social functioning and performance, arising in the adaptation to a significant life change or a stressful event. The stressor may have affected the integrity of an individual's social network (bereavement, separation experiences) or the wider system of social supports and values (migration, refugee status), or represented a major developmental transition or crisis (going to school, becoming a parent, failure to attain a cherished personal goal, retirement). The manifestations vary and include depressed mood, anxiety or worry (or mixture of these), a feeling of inability to cope, plan ahead, or continue in the present situation, as well as some degree of disability in the performance of daily routine. Conduct disorders may be an associated feature, particularly in adolescents. Predominant feature may be a brief or prolonged depressive reaction, or a disturbance of other emotions or conduct. E.g. culture shock, grief reaction, hospitalism in children. *Excludes:* separation anxiety disorder of childhood (F93.0)
F43.8	*Other reactions to severe stress*
F43.9	*Reaction to severe stress, unspecified*

Behavioural syndromes associated with physiological disturbances and physical factors

F50: Eating disorders
Excludes: anorexia NOS (R63.0), feeding:

- ***difficulties in mismanagement (R63.3)***
- ***disorder of infancy and childhood (F98.2)***
- ***polyphagia (R63.2)***

F50.0	*Anorexia nervosa (*characterized by deliberate weight loss, induced and sustained by the patient. Most common in adolescent girls and young women, but adolescent boys and young men may also be affected, as may children approaching puberty and older women up to menopause. Disorder is associated with a specific psychopathology whereby dread of fatness and flabbiness of body contour persists as an intrusive overvalued idea, and the patient impose a low weight threshold on themselves. Usually undernutrition of varying severity with secondary endocrine and metabolic changes and disturbances of bodily function. Symptoms include restricted dietary choice, excessive exercise, induced vomiting and purgation, and use of appetite suppressants and diuretics. *Excludes:* loss of appetite (R63.0), psychogenic (F50.8))
F50.1	*Atypical anorexia nervosa* (disorders that fulfill some of the features of anorexia, but in which the overall clinical picture does not justify that diagnosis. For instance, one of the key symptoms, such as amenorrhoea or marked dread of being fat, may be absent in the presence of marked weight loss and weight –reducing behaviour. This diagnosis should not be made in the presence of known physical disorders associated with weight loss.)
F50.2	*Bulimia nervosa (*characterized by repeated bouts of overeating and of excessive preoccupation with the control of body weight, leading to a pattern of overeating followed by vomiting or use of purgatives. This disorder share many psychological features with anorexia, including an over concern with body shape and weight. Repeated vomiting is likely to give rise to disturbances of body electrolytes and physical complications. Could be a history of earlier episodes of anorexia, but not always. Bulimia NOS, hyperorexia nervosa.)
F50.3	*Atypical bulimia nervosa (*fulfill some of the features of bulimia nervosa, but the overall clinical picture does not justify that diagnosis. E.g. there may be recurrent bouts of overeating and purging, but typical over concern about body weight may be absent.)
F50.4	*Overeating associated with other psychological disturbances* (due to stressful events such as bereavement, accident, childbirth, etc. Psychogenic overeating. *Excludes:* obesity (E66.-)
F50.5	*Vomiting associated with other psychological disturbances* (repeated vomiting that occurs in dissociative disorders (F44.-) and hypocondriacal disorder (F45.2) and that is not solely due to conditions classified outside this chapter.)
F50.8	*Other eating disorders* (pica in adults, psychogenic loss of appetite)
F50.9	*Eating disorder, unspecified*

F52: Sexual dysfunction, not caused by organic disorder or disease
Sexual dysfunction covers the various ways in which in individual is unable to participate in a sexual relationship as he or she would wish. Sexual response is a psychosomatic process and both psychological and somatic processes are usually involved in the causation of sexual dysfunction.

F52.0	*Lack or loss of sexual desire* (Loss of sexual desire is the principal problem and is not secondary to other sexual difficulties, such as erectile failure or dyspareunia. Frigidity, hypoactive sexual desire disorder)
F52.1	*Sexual aversion and lack of sexual enjoyment (*Either prospect of sexual interaction produces sufficient fear or anxiety, or sexual activity is avoided (sexual aversion) or sexual responses occur normally and orgasm is experienced but there is a lack of appropriate pleasure (lack of sexual enjoyment). Anhedonia (sexual).)
F52.2	*Failure of genital response* (female sexual arousal disorder (principal problem is vaginal dryness or failure of lubrication), male erectile disorder (difficulty in developing or maintaining an erection suitable for satisfactory intercourse), psychogenic impotence. *Excludes:* impotence of organic origin (N48.4).)
F52.3	*Orgasmic dysfunction* (orgasm either does not occur, or is markedly delayed. Inhibited orgasm, psychogenic anorgasmy)
F52.4	*Premature ejaculation (*inability to control ejaculation sufficiently for both partners to enjoy sexual interaction)
F52.5	*Nonorganic vaginismus* (spasm of pelvic floor muscles that surround the vagina, causing occlusion of the vaginal opening. Penile entry is either impossible or painful. Psychogenic vaginismus. *Excludes:* vaginismus (organic) (N94.2)
F52.6	*Nonorganic dyspareunia* (pain during sexual intercourse, can occur in both men and women)
F52.7	*Excessive sexual drive* (nymphomania, satyriasis)
F52.8	*Other sexual dysfunction, not caused by organic disorder or disease*
F52.9	*Unspecified sexual dysfunction, not caused by organic disorder or disease*

F55: Abuse of non-dependence producing substances
A wide variety of medicaments and folk remedies may be involved, but the particularly important groups are: a) psychotropic drugs that do not produce dependence, such as antidepressants, b) laxatives, and c) analgesics that may be purchased without medical prescription, such as aspirin and paracetamol.
Persistent use of these substances often involves unnecessary contacts with medical professionals or supporting staff, and is sometimes accompanied by harmful physical effects of the substances. Attempts to dissuade or forbid the use of the substances are often met with resistance. Although it is usually clear that the patient has a strong motivation to take the substance, dependence or withdrawal symptoms do not develop as is the case of the psychoactive substances specified in F10-F19.

Abuse of:
Antacids, herbal or folk remedies, steroids or hormones, vitamins, laxative habit.
Excludes: *abuse of psychoactive substances (F10-F19)*

Other selected codes that may be relevant to social workers:

Disorders of adult personality and behaviour (F60-F69)

This block includes a variety of conditions and behaviour patterns of clinical significance which tend to be persistent and appear to be the expression of the individual's characteristic lifestyle and mode of relating to himself or herself and others. Some of these conditions and patterns of behaviour emerge early in the course of individual development, as a result of both constitutional factors and social experience, while others are required later in life. These type of personality disorders are deeply ingrained and enduring behaviour patterns, manifesting as inflexible responses to a broad range of personal and social situations. They represent extreme or significant deviations from the way in which the average individual in a given culture perceives, thinks, feels and, particularly, relates to others. Such behaviour patterns tend to be stable and to encompass multiple domains of behaviour and psychological functioning. They are frequently, but not always, associated with various degrees of subjective distress and problems of social performance.

F60: Specific personality disorders
These are severe disturbances in the personality and behavioural tendencies of the individual; not directly resulting from disease, damage, or other insult to the brain, or from another psychiatric disorder; usually involving several areas of the personality; nearly always associated with considerable personal distress and social disruption; and usually manifest since childhood or adolescence and continuing throughout adulthood.

F60.0	*Paranoid personality disorder (*characterized by excessive sensitivity to setbacks, unforgiveness of insults; suspiciousness and a tendency to distort experience by misconstruing the neutral or friendly actions of others as hostile or contemptuous, recurrent suspicions, without justification, regarding the sexual fidelity of the spouse or sexual partner; and a combative and tenacious sense of personal rights. There may be excessive self-importance, and there is often excessive self-reference. *Excludes:* paranoia (F22.0), querulans (F22.8), paranoid: psychosis (F22.0); schizophrenia (F20.0); state (F22.0))
F60.1	*Schizoid personality disorder (*characterized by withdrawal from affectionate, social and other contacts with preference for fantasy, solitary activities, and introspection. There is limited capacity to express feelings and to experience pleasure. *Excludes:* Asperger's syndrome (F84.5); delusional disorder (F22.0); schizoid disorder of childhood (F84.5); schizophrenia (F20.-); schizotypal disorder (F21))
F60.2	*Dissocial personality disorder (*characterized by disregard for social obligations, and callous unconcern for the feelings of others. There is gross disparity between behaviour and the prevailing social norms. Behaviour is not readily modifiable by adverse experience, including punishment. Low tolerance to frustration and a low threshold for discharge of aggression, including violence; tendency to blame others, or to offer plausible rationalizations for the behaviour bringing the patient into conflict with society. Personality (disorder): amoral, antisocial, asocial, psychopathic, sociopathic. *Excludes:* conduct disorders (F91.-); emotionally unstable personality disorder (F60.3))
F60.3	*Emotionally unstable personality disorder (*characterized by a definite tendency to act impulsively and without consideration of the consequences; the mood is capricious and unpredictable. There is a liability to outbursts of emotion and an incapacity to control the behavioural explosions. There is a tendency to quarrelsome behaviour and to conflicts with others, especially when impulsive acts are thwarted or censored. Two types may be distinguished; the impulsive type, characterized predominantly by emotional instability and lack of impulsive control, and the borderline type, characterized in addition by disturbances in self-image, aims, and internal preferences, by chronic feelings of emptiness, by intense and unstable interpersonal relationships, and by a tendency to self-destructive behaviour, including suicide gestures and attempts. Personality (disorder): aggressive, borderline, explosive. *Excludes:* dissocial personality disorder (F60.2).
F60.4	*Histrionic personality disorder (*characterized by labile and shallow affectivity; self-dramatization, theatricality, exaggerated expressions of emotions, suggestibility, egocentricity, self-indulgence, lack of consideration for others, easily hurt feelings, and continuous seeking for appreciation, excitement and attention. Personality (disorder): hysterical, psycho infantile)
F60.5	*Anankastic personality disorder (*characterized by feelings of doubt, perfectionism, excessive conscientiousness, checking and preoccupation with details, stubbornness, caution, and rigidity. There may be insistent and unwelcome thoughts or impulses that do not attain the severity of an obsessive-compulsive disorder. Personality (disorder): compulsive, obsessional, obsessive-compulsive. *Excludes:* obsessive – compulsive disorder (F42.-)
F60.6	*Anxious (avoidant) personality disorder (*characterized by feelings of tension and apprehension, insecurity and inferiority. There is a continuous yearning to be liked and accepted, a hypersensitivity to rejection an d criticism with restricted personal attachments, and a tendency to avoid certain activities by habitual

	exaggeration of the potential dangers or risks in everyday situations.)
F60.7	*Dependent personality disorder (*characterized by pervasive passive reliance on other people to make one's major and minor life decisions, great fear of abandonment, feelings of helplessness and incompetence, passive compliance with the wishes of elders and others, and a weak response to the demands of daily life. Lack of vigour may show itself in the intellectual or emotional spheres; there is often a tendency to transfer responsibility to others. Personality (disorder): asthenic, inadequate, passive, self-defeating)
F60.8	*Other specific personality disorders (*personality (disorder): eccentric; "haltlose" type; immature, narcissistic, passive-aggressive, psychoneurotic)
F60.9	*Personality disorder, unspecified (*character neurosis NOS; pathological personality NOS)

F62: Enduring personality changes, not attributable to brain damage and disease
Disorders of adult personality and behaviour that have developed in persons with no previous personality disorder following exposure to catastrophic or excessive prolonged stress or following a severe psychiatric illness. These diagnoses should be made only when there is evidence of a definite and enduring change in a person's pattern of perceiving, relating to, or thinking about the environment and himself or herself. The personality change should be significant and be associated with inflexible and maladaptive behaviour not present before the pathogenic experience. The change should not be a direct manifestation of another mental disorder or a residual symptom of any antecedent mental disorder.
Excludes: *personality and behavioural disorder due to brain disease, damage and dysfunction (F07.-)*

F62.0	*Enduring personality change after catastrophic experience (*The stress must be so extreme that it is not necessary to consider personal vulnerability in order to explain its profound effect on the personality. The disorder is characterized by a hostile or distrustful attitude towards the world, social withdrawal, feelings of emptiness or hopelessness, a chronic feeling of "being on edge" as if constantly threatened, and estrangement. Post-traumatic stress disorder (F43.1) may precede this type of personality change. Personality change after: concentration camp experiences, disasters, prolonged captivity with an imminent possibility of being killed, exposure to life-threatening situations such as being a victim of terrorism, torture. *Excludes: post-traumatic stress disorder (F43.1))*
F62.1	*Enduring personality change after psychiatric illness (*personality change, persisting for at least two years, attributable to the traumatic experience of suffering from a psychiatric illness. Change cannot be explained by a previous personality disorder, and should be differentiated from residual schizophrenia and other states of incomplete recovery from an antecedent mental disorder. Characterized by an excessive dependence on and a demanding attitude towards others; conviction of being changed or stigmatized by the illness, leading to an inability to form and maintain close and confiding personal relationships and to social isolation; passivity; reduced interests, and diminished involvement in leisure activities; persistent complaints of being ill, which may be associated with hypochondriacal claims and illness behaviour; dysphoric or labile mood, not due to the presence of a current mental disorder or antecedent mental disorder with residual affective symptoms, and longstanding problems in social and occupational functioning.
F62.8	*Other enduring personality changes* (chronic pain personality syndrome)
F62.9	*Enduring personality change, unspecified*

F63 Habit and impulse disorders
Characterized by repeated acts that have no clear rational motivation, cannot be controlled, and generally harm the patient's own interests and those of other people. Patient reports that the behaviour is associated with impulses to action. Causes of these disorders are not understood and they are grouped together because of broad descriptive similarities, not because they are known to share any other important features.
Excludes: *habitual excessive use of alcohol or psychoactive substances (F10-F19), and impulse and habit disorders involving sexual behaviour (F65.-)*

F63.0	*Pathological gambling* (Frequent, repeated episodes of gambling that dominate the patient's life to the detriment of social, occupational, material, and family values and commitments. Compulsive gambling. *Excludes*: excessive gambling by manic patients (F30.-), gambling and betting NOS (Z72.6) and gambling in dissocial personality disorder (F60.2))
F63.1	*Pathological fire-setting (pyromania) (*disorder characterized by multiple acts of, or attempts at, setting fire to property or other objects, without apparent motive, and by a persistent preoccupation with subjects related to fire and burning. This behaviour is usually associated with feelings of increasing tension before the act, and intense excitement immediately afterwards.)
F63.2	*Pathological stealing (kleptomania) (*characterized by repeated failure to resist impulses to steal objects that are not acquired for personal use or monetary gain. The objects may instead be discarded, given away or hoarded. This behaviour is usually accompanied by an increasing sense of tension before, and a sense of

	gratification during, and immediately after the act.)
F63.3	*Trichotillomania (*characterized by noticeable hair loss due to a recurrent failure to resist impulses to pull out hairs. Hair pulling is usually preceded by mounting tension and is followed by a sense of relief or gratification. This diagnosis should not be made if there is a pre-existing inflammation of the skin, or if the hair pulling is in response to a delusion or hallucination.
F63.8	*Other habit and impulse disorders (*other kinds of persistently repeated maladaptive behaviour that are not secondary to a recognized psychiatric syndrome, and in which it appears that the patient is repeatedly failing to resist impulses to carry out the behaviour. There is a prodromal period of tension wit a feeling of release at the time of the act.
F63.9	*Habit and impulse disorder, unspecified.*

F64 Gender identity disorders and F65 Disorders of sexual preference

F64.0	*Gender identity disorder: transexualism (*a desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of one's anatomic sex, and a wish to have surgery and hormonal treatment to make one's body as congruent as possible with one's preferred sex.)
F64.1	*Dual role transvestism (*the wearing of clothes of the opposite sex for part of the individual's existence in order to enjoy the temporary experience of membership of the opposite sex, but without any desire for a more permanent sex change or associated surgical reassignment, and without sexual excitement accompanying the cross dressing. *Excludes:* fetishistic transvestism (F65.1))
F64.2	*Gender identity disorder of childhood (*Usually first manifest during early childhood (and always well before puberty), characterized by a persistent and intense distress about assigned sex, together with a desire to be (or insistence that one is) of the other sex. Persistent preoccupation with the dress and activities of the opposite sex and repudiation of the individual's own sex. Diagnosis requires a profound disturbance of the normal gender identity; mere tomboyishness in girls, or girlish behaviour in boys is not sufficient. Gender identity disorders in individuals who have reached or are entering puberty should not be classified here, but in F66.-). *Excludes:*egodystonic sexual orientation (F66.1) and sexual maturation disorder (F66.0))
F64.8	*Other gender identity disorders*
F64.9	*Gender identity disorder, unspecified or NOS*
F65.0	*Disorders of sexual preference: Fetishism* (reliance on some non-living object as a stimulus for sexual arousal and sexual gratification. Many fetishes are extensions of the human body, such as articles of clothing or footwear. Other common examples are objects of a specific texture, such as leather, rubber or plastic0.
F65.1	*Fetishistic transvestism (*wearing of clothes of the opposite sex principally to obtain sexual excitement and to create the appearance of a person of the opposite sex. This is distinguished from transsexual transvestism by its clear association with sexual arousal and the strong desire to remove the clothing once orgasm occurs and sexual arousal declines. It can occur as an earlier phase of transsexualism.)
F65.2	*Exhibitionism (*recurrent or persistent tendency to expose the genitalia to strangers (usually of the opposite sex) or to people in public places, without inviting or intending closer contact. There is usually, but not always sexual excitement at the time of the exposure and act is commonly followed by masturbation.)
F65.3	*Voyeurism (*recurrent or persistent tendency to look at people engaging in sexual or intimate behaviour such as undressing. Carried out without the observed people being aware, and usually leads to sexual excitement and masturbation.)
F65.4	*Peadophilia (*a sexual preference for children, boys or girls or both, usually of prepubertal or early pubertal age.)
F65.5	*Sadomasochism* (a preference for sexual activity which involves the infliction of pain or humiliation, or bondage. If the subject prefers to be the recipient of such stimulation it is called masochism; if the provider, sadism. Often an individual obtains excitement from both sadistic and masochistic activities.)
F65.6	*Multiple disorders of sexual preference (*sometimes more than one abnormal sexual preference occurs in one person, and there is none of first rank. Most common combination is fetishism, transvestitism and sadomasochism.)
F65.8	*Other disorders of sexual preference (e.g.* making obscene phone calls, rubbing up against people in crowded public places for sexual stimulation, sexual activity with animals and use of strangulation or anoxia for intensifying sexual excitement, necrophilia)
F65.9	*Disorder of sexual preference unspecified.*

F66 Psychological and behavioural disorders associated with sexual development and orientation

F66.0	*Sexual maturation disorder* (patient suffers from uncertainty about his or her gender identity or sexual orientation, which causes anxiety or depression)
F66.2	*Sexual relationship disorder (*the gender identity or sexual orientation (homosexual, heterosexual or bisexual)

	is responsible for difficulties in forming or maintaining a relationship with a sexual partner*)*
F66.8	*Other psychosexual developmental disorders*
F66.9	*Psychosexual developmental disorder, unspecified*

F68 Other disorders of adult personality and behaviour

F68.0	*Elaboration of physical symptoms for psychological reasons (*physical symptoms compatible with and originally due to a confirmed physical disorder, disease or disability become exaggerated or prolonged due to the psychological state of the patient. Patient is commonly distressed by this pain or disability, and is often preoccupied with worries, which may be justified, of the possibility of prolonged or progressive disability or pain.)
F68.1	*Intentional production or feigning of symptoms or disabilities, either physical or psychological (factitious disorder):* (the patient feigns symptoms repeatedly, for no obvious reason and may even inflict self-harm in order to produce symptoms or signs. The motivation is obscure and presumably internal with the aim of adopting the sick role. Often combined with marked disorders of personality and relationships. Hospital hopper syndrome, Munchhauser syndrome, Peregrinating patient. *Excludes:* factitial dermatitis (L 98.1), person feigning illness (with obvious motivation) (Z76.5))
F68.8	*Other specified disorders of adult personality and behaviour (*character disorder NOS; relationship disorder NOS)

F70-F79 Mental retardation
F80-F89 Disorders of psychological development

The above codes are more applicable to educational psychology, and not commonly used by social workers. It relates to mental retardation (F70-F79), and specific developmental disorders of speech and language (F80.-), specific developmental disorders of scholastic skills (F81.-), specific developmental disorder of motor function (F82.-); specific developmental disorder of motor function (F82); mixed specific developmental disorders (F83); pervasive developmental disorders (autism, Rett's syndrome, other childhood disintegrative disorder, overactive disorder associated with mental retardation and stereotyped movements, Asperger's syndrome) (F84.-).

If you need to use any of these codes, refer to the ICD-10 manual.

Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)

F90 Hyperkinetic disorders
Group of disorders characterized by an early onset (usually in the first five years of life), lack of persistence in activities that require cognitive involvement, and a tendency to move from one activity to another without completing any one, together with disorganized, ill-regulated, and excessive activity. Several other abnormalities may be associated: recklessness and impulsiveness, prone to accidents, find themselves in disciplinary trouble because of unthinking breaches of rules rather than deliberate defiance. Their relationships with adults are often socially disinhibited, with a lack of normal caution and reserve. They are unpopular with other children, and may become isolated. Impairment of cognitive functions is uncommon, and specific delays in motor and language development are disproportionately frequent. Secondary complications include dissocial behaviour and low self-esteem.
Excludes: *Anxiety disorders (F41. -), mood (affective) disorders (F30-F39), pervasive developmental disorders (F84.-), schizophrenia (F20.-)*

F90.0	*Disturbance of activity and attention (ADD or ADHD)*
F90.1	*Hyperkinetic conduct disorder*
F90.2	*Other hyperkinetic disorders*
F90.9	*Hyperkinetic disorder, unspecified*

F91 Conduct disorders

Disorders characterized by a repetitive and persistent pattern of dissocial, aggressive, or defiant conduct. Such behaviour should amount to major violations of age-appropriate social expectations; it should therefore be more severe than ordinary childish mischief or adolescent rebelliousness and should imply an enduring pattern of behaviour (six months or longer). Features of conduct disorder can also be symptomatic of other psychiatric conditions, in which case the underlying diagnosis should be preferred. Examples: excessive levels of fighting or bullying, cruelty to other people and animals, severe destructiveness to property, fire-setting, stealing, repeated lying, truancy from school and running away from home, usually frequent and severe temper tantrums, and disobedience. Any of these behaviours, if marked, is sufficient for the diagnosis, but isolated dissocial acts are not.

Excludes: *mood (affective) disorders (F30-F39), pervasive developmental disorders (F84.-), schizophrenia (F20.-), or when associated with emotional disorders (F92.-) and hyperkinetic disorders (F90.1).*

F91.0	*Conduct disorder confined to the family context (*involving dissocial or aggressive behaviour (and not merely oppositional, defiant, disruptive behaviour), in which the behaviour is entirely, or almost entirely, confined to the home and interactions with members of the nuclear family or immediate household. Overall criteria for F91. - need to be met; even severely disturbed parent-child relationships are not of themselves sufficient for diagnosis.)
F91.1	*Unsocialized conduct disorder* (characterized by the combination of persistent dissocial or aggressive behaviour (meeting overall criteria for F91.- and not merely comprising oppositional, defiant, disruptive behaviour) with significant pervasive abnormalities in the individual's relationships with other children. Conduct disorder, solitary aggressive type, unsocialized aggressive disorder).
F91.2	*Socialized conduct disorder (*Involving persistent dissocial or aggressive behaviour (meeting the overall criteria for F91.-) occurring in individuals who are generally well integrated into their peer group. Conduct disorder, group type; group delinquency; offences in the context of gang membership, stealing in company of others, truancy from school.)
F91.3	*Oppositional defiant disorder (*usually occurring in younger children, primarily characterized by markedly defiant, disobedient, disruptive behaviour that does not include delinquent acts or the more extreme forms of aggressive or dissocial behaviour. Criteria for F91. - must be met. Caution should be employed before using this category, especially with older children, because clinically significant conduct disorder will usually be accompanied by dissocial or aggressive behaviour that goes beyond mere defiance, disobedience, or disruptiveness.)
F91.8	***Other conduct disorders***
F91.9	***Conduct disorder, unspecified***

F92 Mixed disorders of conduct and emotions

A group of disorders characterized by the combination of persistently aggressive, dissocial or defiant behaviour with overt and marked symptoms of depression, anxiety or emotional upsets. The criteria for both conduct disorders of childhood (F91.-) and emotional disorders of childhood (F93.-) or an adult-type neurotic diagnosis (F40-F48) or a mood disorder (F30-F39) must be met.

F92.0	*Depressive conduct disorder (*this category requires the combination of conduct disorder (F91.-) with persistent and marked depression of mood (F32.-), as demonstrated by symptoms such as excessive misery, loss of interest and pleasure in usual activities, self-blame, and hopelessness; disturbances of sleep or appetite may also be present.)
F92.8	*Other mixed disorders of conduct and emotions (*this category requires the combination of conduct disorder (F91.-) with persistent and marked emotional symptoms such as anxiety, obsessions or compulsions, depersonalization or derealization, phobias, or hypochondriasis).
F92.9	*Mixed disorder of conduct and emotions, unspecified.*

F93 Emotional disorders with onset specific to childhood

Mainly exaggerations of normal developmental trends rather than phenomena that is qualitatively abnormal in themselves. Developmental appropriateness is used as the key diagnostic feature in defining

the difference between these emotional disorders, with onset specific to childhood, and the neurotic disorders (F40-F48).
Excludes: *When associated with a conduct disorder (F92.-)*

F93.0	*Separation anxiety disorder of childhood (*should be diagnosed when fear of separation constitutes the focus of the anxiety and when such anxiety first arose during the early years of childhood. It is differentiated from normal separation anxiety when it is of a degree (severity) that is statistically unusual (including an abnormal persistence beyond the usual age period), and when associated with significant problems in social functioning. *Excludes:* mood (affective) disorders (F30-F39); neurotic disorders (F40-F48); phobic anxiety disorder of childhood (F93.1); social anxiety disorder of childhood (F93.2))
F93.1	*Phobic anxiety disorder of childhood (*Fears in childhood that show a marker developmental phase specificity and arise (to some extent) in a majority of children, but that are abnormal in degree.) *Excludes:* generalized anxiety disorder (F41.1).
F93.2	*Social anxiety disorder of childhood (*wariness of strangers and social apprehension or anxiety when encountering new, strange, or socially threatening situations. This category should only be used when fears arise during the early years, and are both unusual in degree and accompanied by problems in social functioning. Avoidant disorder of childhood or adolescence.)
F93.3	*Sibling rivalry disorder (*some degree of emotional disturbance usually following the birth of an immediately younger sibling is shown by the majority of young children. This should only be diagnosed if the degree or persistence of the disturbance is both statistically unusual and associated with abnormalities of social interaction.
F93.8	*Other childhood emotional disorders (*identity disorder, overanxious disorder; *excludes:* gender identity disorder of childhood (F64.2))
F93.9	*Childhood emotional disorder, unspecified*

F94 Disorders of social functioning with onset specific to childhood and adolescence

A somewhat heterogeneous group of disorders that have in common abnormalities in social functioning which begins during the developmental period, but which (unlike the pervasive developmental disorders) are not primarily characterized by an apparently constitutional social incapacity or deficit that pervades all areas of functioning. In many instances, serious environmental distortions or privations probably play a crucial role in etiology.

F94.0	*Elective mutism* (characterized by a marked, emotionally determined selectivity in speaking, such that the child demonstrates a language competence in some situations, but fails to speak in other (definable) situations. Disorder is usually associated with marked personality features involving social anxiety, withdrawal, sensitivity, or resistance. *Excludes:* pervasive developmental disorders (F84.-); schizophrenia (F20.-); specific developmental disorders of speech and language (F80.-); transient mutism as part of separation anxiety in young children (F93.0))
F94.1	*Reactive attachment disorder of childhood (*Starts in first five years of life. Characterized by persistent abnormalities in the child's pattern of social relationships that are associated with emotional disturbances and are reactive to changes in environmental circumstances (e.g. fearfulness and hyper vigilance, poor social interaction with peers, aggression towards self and others, misery and growth failure in some cases). Syndrome probably occurs as a direct result of severe parental neglect, abuse or serious mishandling.)
F94.2	*Disinhibited attachment disorder of childhood* (an abnormal pattern of abnormal social functioning that arises during first five years of life and that tends to persist despite marked changes in environmental circumstances, e.g. diffuse, nonselective focused attachment behaviour, attention-seeking and indiscriminate friendly behaviour, poorly modulated peer interaction; depending on circumstances there may also be associated emotional or behaviour disturbance. *Excludes:* Asperger's syndrome (F84.5); hospitalism in children (F43.2); hyperkinetic disorders (F90.-); reactive attachment disorder of childhood (F94.1))
F94.8	*Other childhood disorders of social functioning.*
F94.9	*Childhood disorder of social functioning, unspecified.*

F95 Tic disorders

Syndromes in which the predominant manifestation is some form of tic. A tic is an involuntary, rapid, recurrent, nonrythmic motor movement (usually involving circumscribed muscle groups) or vocal production that is of a sudden onset and that serves no apparent purpose. Tics tend to be experienced as irresistible but usually they can be suppressed for varying periods of time, are exacerbated by stress, and disappear during sleep. Examples: eye-blinking, neck-jerking, shoulder-shrugging' and facial grimacing. Common simple vocal tics include throat-clearing, barking, sniffing and hissing. Common complex tics include hitting oneself, jumping and hopping. Common complex vocal tics include the repetition of particular words, and sometimes the use of socially unacceptable (often obscene) words (coprolalia), and the repetition of one's own sounds or words (palilalia).

F95.0	*Transient tic disorder*
F95.1	*Chronic motor or vocal tic disorder*
F95.2	*Combined vocal and multiple motor tic disorder (de la Tourette)*
F95.8	*Other tic disorders*
F95.9	*Tic disorder, unspecified.*

F98 Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence

A heterogeneous group of disorders that share the same characteristic of an onset in childhood, but otherwise differ in many respects. Some of the conditions represent well-defined syndromes, but others are no more than symptom complexes that need inclusion because of their frequency and association with psychosocial problems, but because they cannot be incorporated into other syndromes.

F98.0	*Nonorganic enuresis (*characterized by involuntary voiding of urine, by day and by night, which is abnormal in relation to the individual's mental age, and which is not a consequence of a lack of bladder control due to any neurological disorder, to epileptic attacks, or to any structural abnormality of the urinary tract. The enuresis may have been present from birth or it may have arisen following a period of acquired bladder control. May or may not be associated with a more widespread emotional or behavioural disorder.)
F98.1	*Nonorganic encopresis (*repeated, voluntary or involuntary passage of faeces, usually of normal, or near-normal consistency, in places not appropriate for that purpose in the individual's own socio-cultural setting. Condition may represent an abnormal continuation of normal infantile incontinence, it may involve a loss of continence following the acquisition of bowel control, or it may involve the deliberate deposition of faeces in inappropriate places in spite of normal physiological bowel control. Condition may occur as a monosymptomatic disorder, or it may form part of a wider disorder, especially an emotional disorder (F93.-) or a conduct disorder (F91.-))
F98.2	*Feeding disorder of infancy and childhood (*generally involves food refusal and extreme faddiness in the presence of adequate food supply, a reasonable competent caregiver, and the absence of organic disease. May or may not be associated rumination (repeated regurgitation without nausea or gastrointestinal illness.)
F98.3	*Pica of infancy and childhood (*persistent eating of non-nutritive substances (such as soil, paint, chippings, etc.) may occur as one of the many symptoms of a more widespread psychiatric disorder (such as autism), or as a relatively isolated psychopathological behaviour. This phenomenon is most common in mentally retarded children and, if mental retardation is also present, F70-79 should be selected as the main diagnosis.)
F98.4	*Stereotyped movement disorder (*voluntary, repetitive, stereotyped, nonfunctional (and often rhythmic) movements that do not form part of any recognized psychiatric or neurological condition. Movements of a non injurious variety include: body-rocking, head-rocking, hair-plucking, hair-twisting, finger-flicking mannerisms, and hand-flapping. Stereotyped self-injurious behaviour include: repetitive head-banging, face-slapping, eye-poking, and biting of hands, lips or other body parts.)
F98.5	*Stuttering (stammering) (*speech that is characterized by frequent repetition or prolongation of sounds or syllables or words, or by frequent hesitations or pauses that disrupt the rhythmic flow of speech. It should be classified as a disorder only if its severity is such as to markedly disturb the fluency of speech.)
F98.6	*Cluttering (*a rapid rate in speech with breakdown in fluency, but no repetitions or hesitations, of a severity to give rise to diminished speech intelligibility. Speech is erratic and dysrythmic, with rapid jerky spurts that usually involve faulty phrasing patterns. *Excludes:* stuttering (F98.5) and tic disorders (F95.-)
F98.8	*Other specified behavioural and emotional disorders with onset usually occurring in childhood and adolescence (*attention deficit disorder without hyperactivity; excessive masturbation; nail-biting; nose-picking; thumb-sucking.)
F98.9	*Unspecified behavioural and emotional disorders with onset usually occurring in childhood and adolescence.*

A copy of chapters V and XX1 is available at the SAASWIPP National Office.