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Comments

THE LAST BIG ONE?

Some two hundred psychiatrists from all corners of the globe were gathered together in April for a week in Copenhagen, under the auspices of the World Health Organisation and the Alcohol, Drug Abuse and Mental Health Administration of the National Institutes of Health of the United States Government (ADAMHA). This meeting was the culmination of a programme of several years preparatory work by representatives of these two organisations, which had its origins in an initiative during Dr Gerald Klerman's period as administrator of ADAMHA. The stated objectives of both the preparatory work and the conference itself were to review the current state of work in classification and diagnosis of mental disorders, to identify gaps in present knowledge, and to define priorities for future collaborative research. Implicit in this programme of work is a realisation that there are many fundamental aspects of diagnosis in psychiatry that can only be studied fruitfully by international collaborative studies. Acceptance of this principle is, in itself, a sign of the progress that has taken place in this field in the last 15 years or so.

Underlying much of the motivation for this conference was a widely felt need to avoid any further proliferation of incompatible national and international systems of psychiatric diagnosis and classification. The recent publication of the 9th revision of the ICD, sponsored by the World Health Organisation, and the 3rd edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM–3) has made it only too obvious that unless special attention is given to international collaboration, there is a danger that rival classifications with increasingly divergent principles and contents will continue to proliferate. Many of those attending the conference felt that the whole enterprise would influence the as yet unborn ICD–10 and DSM–4 in the direction of being compatible with each other; this objective was never stated in as many words, but was implied in many of the discussions. In addition, there were many pleas for the development of classifications that accommodate the needs of those who work on primary care aspects of psychiatry and those who work in developing countries.

Initial preparations for this conference started in 1979, when nine scientific working groups were set up by the Advisory Group and Steering Committee of the two parent organisations. Each scientific working group had a membership of some 10/12 persons, picked to ensure international and cultural representation. Each group was charged with producing a review of recent research in diagnosis and classification in its field, and was also given the task of suggesting which subjects would be fruitful for further collaborative research. The nine working groups covered the following fields:—

(1) Mental disorders in childhood and adolescence (including mental retardation and developmental disorders such as specific learning disabilities).

(2) Neurotic disorders, stress-related conditions, and personality disorders.

(3) Schizophrenia, affective disorders and other related conditions.

(4) Alcohol and drug-related problems.

(5) Mental disorders in the elderly.

(6) Psycho-organic syndromes and psychiatric accompaniments of physical disease.

(7) Psychiatric and psychosocial aspects of conditions seen in general health care, with special emphasis on primary health care.

(8) Methodological issues in the development and application of classifications and diagnostic concepts.

(9) Standardization of nomenclature and terminology in the mental health field.

The working groups met during the period June–December, 1980, and their reports were gathered together in a volume which constituted the basic background working document of the Copenhagen Conference. This document represents a great deal of work and thought, and most of the reports are of high quality and repay reading (WHO, 1981).

The activities at the conference itself were numerous and intense. The plenary sessions every morning were occupied by invited papers from distinguished participants on virtually every major topic to do with classification and diagnosis in contemporary psychiatry. The afternoon workshops were devoted to yet another series of working groups, which had the task of reviewing the reports from the previous scientific working groups, and making further and more

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specific recommendations for collaborative research projects in each area. There were also several discussion panels. The result of this wide variety of activities was that on several days the participants were engaged from 9.00 a.m. to 10.00 p.m. In addition to the overt activities of the conference, the steering committee had also invited a number of authors to prepare "position papers" on a selected number of topics to do with classification and diagnosis, which were not presented at the conference (these will appear in the publications that will emanate from this conference).

The final stages of this unique diagnostic effort are now in progress: first, the production of a list of recommended international collaborative research projects, which will be considered for funding and implementation by the World Health Organisation and ADAMHA; and second, a series of publications which will include the reports of the scientific working groups, the proceedings of the conference, and the already prepared position papers.

In view of the constriction of funds available for future research in many countries, this complex co-operative effort was probably the biggest and perhaps the last truly international conference that most of the delegates are likely to see for very many years. It will be a long time before it will be possible to assess the real achievements of the conference and its antecedents. The mere fact that such a conference and programme were conceived and worked through, however, suggests that there is now a widespread and international realisation that close collaboration and communication between psychiatrists is of fundamental importance, if psychiatry is to continue its progress towards being recognised as a scientifically based discipline. The twin subjects of diagnosis and classification are an essential part of the foundations that are needed for this progress.

The originators, organisers and paymasters of this unique programme are to be congratulated on their energy and foresight, but it is now up to the participants to turn the fine phrases and at times somewhat grandiose plans of the conference into realistic research projects. It was also made clear that the concept of the NIMH as an inexhaustible cornucopia is now as obsolete as some of our most dearly loved diagnostic terms. The funds and resources needed to continue the programme of work will have to come from many different organisations and countries, and if there is to be any outcome of substance the real work is now just beginning.

Reference

WHO (1981) *Current State of Diagnosis and Classification in the Mental Health Field.* Geneva: WHO.

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