**A proposal to introduce formal recording of psychosocial adversities associated with mental health using**

**ICD-10 codes**

It is well known that poverty and social inequity are major determinants of our mental health,1 and the United Nations Special Rapporteur2 characterises mental health care not as a crisis of individual conditions, but as a crisis of social obstacles, which hinders individual rights.

It is important, therefore, that the circumstances that have given rise to distress should be formally recorded alongside the distress itself. Psychosocial codes, which are already part of both ICD-10 and DSM-5, incorporate descriptive information regarding adverse life experiences and living environments, but are almost never used or reported in clinical practice or academic publications. These quasi-diagnostic codes document neglect, abandonment, and other maltreatment (Y06 and Y07), homelessness, poverty, discrimination, and negative life events in childhood, including trauma (Z55-Z65), in ICD-10. DSM-5 includes V codes, mirroring ICD-10, including problems related to family upbringing, and housing and economic problems.

Broadening routine data capture within UK National Health Service records could establish more inclusive, social, systemic, and psychologically comprehensive patterns of difficulties, which could target information regarding established social determinants of mental health problems, such as inequality, poverty, and trauma. Imagine if it were as serious to fail to document extreme poverty as it would be for a clinician to fail to identify severe depression.

We do not expect that clinicians should resolve such difficulties; it is not the job of mental health professionals to end poverty. Nevertheless, proper recording of psychosocial ICD and DSM codes in the context of psychiatric diagnoses is imperative because of the close relationship between the two. The UK government programme of reassessing disability benefits (relevant to codes Z59.7, insufficient social insurance and welfare support; and Z59.8, other problems related to housing and economic circumstances) using the Work Capability Assessment has been associated with an increase in suicides, mental health problems, and prescription of antidepressants.3 Transitions into poverty (relevant to codes Z59.1, inadequate housing; Z59.4, lack of adequate food; Z59.5, extreme poverty; and Z59.6, low income) have been associated with increased odds of children developing socioemotional behavioural difficulties,4 and individuals who have had an institutional upbringing (Z61.1, removal from home in childhood) are approximately 11 times more likely to experience paranoia compared with those with a less disrupted early history.5

As clinicians, we might be better able to serve our clients if we can use such data capture to apply more effective pressure on the political system and drive wider system reform. Such use of the existing and available psychosocial codes is presently very uncommon. We recommend it should become routine.

KA reports grants from University of Liverpool and Pearson Clinical Assessment during the conduct of the study. PK is employed by the University of Liverpool, and has received funding from a number of research charities and councils. He is Vice-President of the British Psychological Society, a member of the Council for Evidence-based Psychiatry, and a trustee of the Joanna Simpson Foundation. He is an honorary consultant clinical psychologist with Mersey Care NHS Trust, and works occasionally for the BBC.

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