

Guidelines to help Trust staff use diagnosis to support people in their recovery

Aim and Expectation

- All people using Trust services will have, wherever possible, a working diagnosis as part of their initial and on-going formulation, used in such a way as to support them in their recovery.



Why Diagnose?

- Diagnosis in mental health settings is about discerning significant differences between different patterns of distress and experience using internationally agreed words and concepts.
- Diagnosis, done well, is a route to knowledge and understanding, and a guide towards evidence based treatment within a holistic, personalised, recovery-focussed approach.
- Making and recording diagnoses also helps the Trust and its Commissioners, along with staff and the people using the service, to plan the future overall service, for everyone's benefit.
- Diagnosis and Clustering perform different but complimentary functions in both planning and delivering the individual's care, and in planning and delivering the overall service.

Some Important Principles

- Used properly, making a diagnosis is a routine step in the overall process of helping a person in their recovery. It is part of the assessment process, but can also be an intervention in itself; therefore care should be taken to properly use, and not misuse or even abuse the process of diagnosis.
- The use of diagnoses does not assume a primary biological cause. The Trust is fully signed up to a bio psychosocial causal understanding of all mental disorders and their use is thereby compatible with most, if not, all models used by staff guiding their practice. It is not the case that diagnoses are only compatible with a restricted bio-medical model.
- There can be considerable stigma attached to some diagnoses; this should be both acknowledged, and resisted. Trust staff have a key role in the fight against diagnosis-related stigma and need to show great sensitivity to personal responses to both diagnosis in general and specific diagnoses.
- Diagnosis and formulation are not mutually exclusive; a good formulation should, wherever possible, include a diagnosis, or "working" diagnosis. Some speak of a 'diagnostic formulation'.
- Patterns of experience change over time and therefore all diagnoses are, in effect, "working diagnoses", and should be kept under regular review. A diagnosis is a deduction and simply part of the attempt to make sense of and describe a person's mental health difficulties at a point in time. It is NOT...
 - A definition of a person
 - An absolute explanation of causes
 - A statement of invariant truth
 - A definitive prediction of consequences
 - Diagnoses vary considerably in their certainty and are often revised in the light of additional information or changing experience. This is normal and to be expected.

Who makes and records “working diagnoses” on RiO?

- All clinical staff from Band 5 upwards, undertaking assessments and on-going reviews, with support as necessary from more senior clinicians. Band 5 staff should routinely seek support from Band 6 staff (or higher, including doctors).
- Band 7 and Medical staff can confirm diagnoses, and this is currently desirable, but not mandatory.

When to diagnose?

- At initial assessment, and adjusted as clinically indicated at subsequent reviews.

How to diagnose?

- Using the ICD-10 Diagnostic system, recorded on the Rio record (or equivalent), as an initial working diagnosis.
- Classification should be, wherever possible, to the individual F-number. Further sub-classification (to the decimal point) is desirable, but is not mandatory.
- The “comment box” on Rio can be used to qualify the working diagnosis and/or outline the assessment process by which the diagnosis is arrived at, but this is not mandatory.
- Some people seen and assessed are quite properly found to have no diagnosable mental or behavioural disorder. This can be coded using ICD-10 X or Z codes or if appropriate left blank with a comment.

Hyperlink to easy to use [ICD-10 guide to Mental and Behavioural Disorders](#).

Hyperlink to [Devon Recovery Research and Innovation Group guide to Diagnosis and Recovery](#)

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