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Crime and Mental Disorder, 1972

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Dean Harper

ICPSR 9088

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CRIME AND MENTAL DISORDER, 1972

(ICPSR 9088)

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U.S. Department of Justice
National Institute of Justice

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Dean Harper

CRIME AND MENTAL DISORDER, 1972 (ICPSR 9088)

SUMMARY: The purpose of this data collection was to explore the relationship between crime and mental disorder among jail inmates. Three sample groups were studied: jail inmates who had psychiatric contacts, jail inmates who did not have psychiatric contacts, and a control group of psychiatric patients who were not in jail. Psychiatric diagnosis history for inmates and patients with psychiatric contacts spanning 18 years (1960-1977) is available along with each subject's crime record and sentencing history. Variables include demographic characteristics, type of offenses sentenced, and number of arrests. Also included are psychiatric contact information including date of contact, diagnosis, type of service given, date of treatment termination, and reason for termination. CLASS IV

UNIVERSE: Prisoners (some having had psychiatric contact, others not) who served time in a county jail in 1972.

SAMPLING: The sample is composed of 617 prisoners who served time in a county jail during 1972. Among these individuals, 386 had psychiatric contacts either before or after their imprisonment (i.e., between 1960 and 1977) and 231 did not. A control group of 386 psychiatric patients who had not served jail time during 1972 was also selected from the lists of the Psychiatric Case Register. These patients were matched to jail inmates with the psychiatric contacts on the following characteristics: year of first psychiatric contact, census tract of first contact, birth year, gender, and race.

NOTE: The file has a variable number of records per case because it is hierarchically structured at two levels: (1) the individual level and (2) the psychiatric contact level. For each individual there are at least two 80-column records of data. For each prisoner with psychiatric contacts and for each control group patient, there are one or more additional 80-column records, each representing a separate entry in the Psychiatric Case Register. At the least, a case would have 58 variables describing it, at most, 1,103. For reasons of confidentiality, all references that would identify the geographic location of this study have been blanked in the documentation and blanked or recoded in the data.

EXTENT OF COLLECTION: 1 data file

DATA FORMAT: Card Image

File Structure: hierarchical

Cases: inap.

Variables: inap.

Record Length: 80

Records Per Case: inap.

RELATED PUBLICATION:

Harper, D. CRIME AND MENTAL DISORDER. Unpublished final report submitted to the National Institute of Justice, Washington, DC, 1986.

COLLECTION OF THE DATA

Some History of the Data. In 1978, several of us devised a project to examine mental disorder among a set of prisoners in the _____ County Jail. A graduate student was assigned to the task of collecting the data. Once collected, however, it was not analyzed because we had become involved in other projects. In the fall of 1984, I decided to analyze these data, which consisted of information on 621 prisoners, 186 of whom it appeared had had contacts with psychiatric facilities; to do this, I obtained a small grant from the National Institute of Justice for work on it during the summer of 1985. After carrying out some analysis, I became distracted by some anomalies and puzzles in the data, so I went back and examined the collection procedures, and concluded that the data were incomplete. For presentation at the November 1985 meetings of the American Society of Criminology, I attempted to obtain a complete and accurate set of data. However, at that time I still felt some disquiet about the data. Hence, following the meetings, I returned to redo some of the data collection and analysis procedures, which will be described below. At this time, I am confident that the data are as complete and as accurate as anyone can make them. As will be seen, the numbers vary from those cited above in this paragraph and from those reported at the November meetings.

The Sources of the Data. The data came from two sources: (1) the _____ County Jail and (2) the Psychiatric Register. From the records of the _____ County Jail, a list of the names of all individuals serving time in the jail during the year 1972 was obtained. This list consisted of a photocopy of the jail log—specifically 17 hand-written pages which listed,

in order of date of admission, those sentenced to the jail. The year 1972 was selected because we wanted to determine psychiatric contacts after the period in jail, as well as before. With this list of names, the graduate student searched the prisoners' files maintained by the jail probation officers; from these files, additional information was extracted, viz., race, birth date, marital status, education, occupation, past criminal offenses, and criminal offenses in 1972. For some prisoners, there were no files. ("They are in someone's office" was the explanation). And for some prisoners, the files were incomplete. (Clearly, the probation officers, frequently harried and always overworked, did not have time to always carefully collect this information). However, the information that was available was recorded and coded. It should be noted that most of the information, in particular name and criminal offense, is public and available to anyone who wants to spend time in the courts.

Additional data were obtained from the _____ county Psychiatric Case Register. The Case Register is a collection of data on nearly all individuals who were seen by psychiatrists in _____ County from January 1, 1960 to 1977, when it ceased to operate because of lack of funds for its continuation. The register consisted of two files -- a name file and a contact file; each will be described below.

Those who provided treatment to the patients supplied information to the Register by filling out a brief form for each patient. This form inquired about sex, race, age, address, diagnosis, treatment, date of treatment (or of discharge), and reason for discharge. The information was provided by private psychiatrists, as well as by staff of hospitals and outpatient clinics. In the early years, there was cooperation from all

psychiatrists in the county, but as the years progressed, some of the psychiatrists became less consistent in their reporting.

Once the form came to the Case Register staff, it was "processed" and key punched. Processing consisted of determining if the patient had been seen before by the same or a different psychiatrist or facility. If the patient had never been seen before, then a new identification number was assigned and coding and key punching was done; in this case, three records were created -- the first contained register ID, name and address. The second (called the master record) contained Register ID, birth date, race and sex; the third (called the contact record) contained address at the time of contact (coded into census tract and not street address), facility of treatment, date of treatment, diagnosis, and treatment. When the patient was discharged from treatment another form was sent, which led to an updating of the contact record. If the patient had been seen before (as indicated by comparing name, birth date, and address with those in the name file), the old Register identification number was assigned, the other data were coded, and it all was keypunched; now only one record, a contact record, was created.

Then, the Case Register was periodically updated. For an old patient, the information from each form (considered a record) was appended at the end of the last contact record for that patient. For a new patient, the name record was appended to the end of the name file and the master record and contact record or records were appended to the end of the contact file.

When the Register ceased operation information had been collected on 111,828 patients over an 18-year period. There were 303,850 contact records in the contact file. Thus, these patients had an average of 2.72 contacts.

Above, it was said that almost all of those receiving psychiatric care in _____ County were in the Psychiatric Register. By "almost all" is meant that the rigors of collecting such a large mass of data probably resulted in some errors; one kind of error was the failure of people supplying the information to supply it for some patients. And, of course, there were other errors -- the wrong information was supplied by those providing treatment, Register staff made errors in coding or key punching the data, and so on.

It should be pointed out that the psychiatric data are confidential. The Case Register was devised for research purposes -- some of that research being applied and directed to the question of how to better organize psychiatric care. Being maintained on two computer tapes, one tape containing name and address and the other tape containing the contact data, the Case Register is kept in a locked cabinet in order to preserve its confidentiality.

The Register can be compared with the patient files maintained by medical facilities and by private practitioners. For example, hospitals maintain handwritten and typed notes on patients, which are collected into one or more file folders. These are available to medical staff for facilitating treatment and, in many hospitals, are used by physicians and others for research. These files frequently contain rich, detailed and

impressionistic data on patients. In this respect, they differ from the Case Register, which contains only the briefest of data but does so systematically. On the other hand, hospital files contain information collected on the patient while in that hospital and has no data on (or only passing reference to) treatment in other facilities. In this respect, the Case Register differs, in that treatments at different facilities are linked. Finally, the Case Register, unlike hospital files, is not used for treatment purposes. Because of this, the Case Register is and has been available for use only by those investigators associated with the Department of Psychiatry of the _____ Medical School. As such, the confidentiality of the data have been maintained completely, which again is different from hospital files where personnel occasionally may gain access to information on patients when they have no right to it.

This research did not use all of the register data -- other than to report some extant results from other analyses. Rather, I collected the psychiatric data from the Register for those prisoners sentenced to the jail in 1972, who had psychiatric contact as indicated by being in the Case Register.

This was done by a computer matching of the names of the prisoners against those in the Register. If an individual in the list of prisoners had a name, race, sex, and birthday identical to an individual in the Case Register, the two individuals were considered identical and the computer program copied the Register ID to disk. If some of the information was identical, but not all of it, then the information from the Register and from the prisoner file was listed and the investigator (in the first instance a research assistant and in the last instance myself) examined it

and made a decision. If, for example, everything was identical except the birth year and the name was not a common one (such as "John Smith"), then the two were considered to be identical. Where there was some doubt, then the decision was to consider them different. For this research, it was considered better to miss some who were identical than to consider some identical who may not have been.

Then, the list of Register ID's, appended to the prisoner data and from which the prisoner's name had been removed, was "matched" to the contact file. For each prisoner with a Register ID, psychiatric data from the Case Register was appended to the jail data. The data were structured, then, in the following way:

Record 1 of jail data for prisoner 1
 Record 2 of jail data for prisoner 1
 Record 1 of jail data for prisoner 2
 Record 2 of jail data for prisoner 2
 Information from first contact record for prisoner 2
 .
 .
 Information from last contact record for prisoner 2
 Record 1 of jail data for prisoner 3
 .
 .
 etc.

Thus, prisoner 1 had no psychiatric contacts whereas prisoner 2 did have. At the same time this was done, a new identification number was appended and the old identification numbers were deleted; the new ID number was randomly determined.

In addition, a control group of psychiatric patients was selected. This consisted of a set of individuals who were matched to those prisoners who had psychiatric contacts. Specifically, for each such prisoner, the Register was searched for all individuals who were identical to the prisoner in respect to sex, race, year of first contact, census tract of first contact, and had a birth year within five years of the prisoner's. Where there was more than one match, then one such match was randomly selected. If there was no match, then the birth year was expanded to "within 8 years", the year of first contact was broadened to include the previous year and the following year, and the census tract was broadened to include a census tract of similar socio-economic characteristics, in that order. This, then, yielded a control group of psychiatric patients who had not served time in the _____ County Jail in the target year. Data for the control group were identical in nature to the data for the prisoner group, except that there were no jail data.

These were the data-collection procedures that were initially followed; in the subsequent work, described below, the same general procedures were followed.

"Re-collection" of the Data. As I indicated earlier, a research assistant attached to Case Register Research projects did the initial data collection, viz., going through jail records, collecting jail data, conducting the name match and creating the control group. This resulted in 621 prisoners, of which 186 had had psychiatric contacts, and it was this data that I began to analyze in the summer of 1985. I conducted various analyses, but towards the end of this work, I became uncomfortable with the data, so I went back and studied what records remained from the work

done by the research assistant; this left me with the conclusion that I should (1) examine the original list of names again to see if any prisoners who appeared to be different individuals were in fact the same, and (2) conduct the name match again with the Register.

Not all of the names on the original list -- a photocopy of a handwritten log -- were immediately decipherable. Some individuals were sentenced at different times during the year for different crimes or for a repeat of the same crime. The second entry in the log might appear to be a different individual because the first name was different in the first entry (e.g., "Jimmy") than in the second entry (e.g., "James"). This would become evident if there was one file in the jail records for James X which listed the two arrests or there were two files -- one for Jimmy X and the other for James X. Likewise, there might be variants in the spelling of the last name, e.g., "Dean Harpur" in one entry and "Dean Harper" in another. One cannot necessarily conclude these are the same individuals; thus, some careful and thoughtful examination of these records was necessary. (For the November meetings, I concluded that 624 individuals had served time during 1972, but in a subsequent re-examination, I concluded that the number was in fact 617.) At the same time that I corrected the list of names I also corrected the data on race, sex, crimes, and past arrests.

Having reassessed the original list of names and concluding that further examination of the information available to me would not increase my confidence in the accuracy of the list of individuals serving time, I then conducted again the second step, i.e., name matching the revised

prisoner list with the Psychiatric Case Register. (This resulted in the addition of several names and the deletion of several others, but increased the total of such prisoners from 385 -- the number reported in November -- to 386).

A later appendix contains the code book for these data and a listing of a portion of the data.

COMMENTS ON PSYCHIATRIC DATA

Diagnosis. Over time the medical profession develops and changes a nosology -- a classification of distinct diseases. This also is done in psychiatry. In 1952 in the United States the American Psychiatric Association created the first Diagnostic and Statistic Manual of Mental Disorders, which was referred to as DSM-I. A revised version, DSM-II, was put into use in 1968, and a third version in 1980. The diagnoses used in the Psychiatric Register, and which enter into the analyses done here, were based on DSM-I during the first nine years of the Register (1960-1968) and on DSM-II thereafter (1969-1977).

These diagnostic categories are listed in a later appendix. Among these are some disorders that, to the non-professional, would not appear to be psychiatric disorders, but rather bad habits and obnoxious or defective character traits. These are the diagnoses of "drug abuse", "personality disorder" and "transient disorder".

In respect to "drug abuse", DSM-II contained a series of specific diagnoses ranging from psychotic organic brain syndromes (e.g., delirium tremens, Korsakov's psychosis, alcoholic deterioration) to non-psychotic organic brain syndromes (e.g., drunkenness) to alcoholic personality disorders (e.g., alcohol addiction, episodic excessive drinking). In addition, DSM-II contains a series of categories, generally referred to as drug dependence, but where each category refers to addiction to a

particular drug (e.g., opium, barbiturates, and so on). All of these specific diagnoses are part of the general category of "drug abuse" which is used in this report.

By "personality disorders" is meant those disorders "characterized by deeply ingrained maladaptive patterns of behavior that are perceptibly different in quality from psychotic and neurotic symptoms", (p. 41, DSM-II). These include, for example, paranoid personality ("characterized by hypersensitivity, rigidity, unwarranted suspicion, jealousy, envy, excessive self importance and a tendency to blame others and ascribe evil motives to them", - p. 42, DSM-II), explosive personality ("characterized by gross outbursts of rage or verbal or physical aggressiveness", p. 42, DSM-II). What is significant about personality disorders is that (1) they interfere with the individual's ability to function successfully in everyday life -- making it difficult to establish satisfactory relations with others, to keep a job, to work toward a goal and the like, and (2) some kind of therapeutic intervention may reduce the noxious effects of this disorder.

In DSM-II "transient disorders" are referred to as "transient situational disturbances" and are defined as "more or less transient disorders of any severity (including those of psychotic proportions) that occur in individuals without any apparent underlying mental disorders and that represent an acute reaction to overwhelming environmental distress", p. 48, DSM-II). Thus, they are disorders but not mental disorders. What this suggests is that there is a segment of the population that responds to

stress by sometimes seeing a psychiatrist and by sometimes doing something that results in a jail sentence.

In some instances no diagnosis was reported by the facility or psychiatrist. In those instances, the diagnosis was deferred -- the psychiatrist indicating that more time or information was needed before a diagnosis could be made. On these occasions, however, the psychiatrist submitted a report to the Register.

CODEBOOK

For each prisoner there are at least two records. For each prisoner who was in the psychiatric register there are one or more additional records. For each individual in the control group there are at least three records; the first two records parallel the first two records of the data for prisoners, while subsequent records contain psychiatric data.

RECORD 1

Columns 1-4 - Identification Number

Columns 5-7 - Record Identification Number
"991" - signifies the first record

Column 8 - Sex
8/1 - male
8/2 - female

Column 9-10 - Year of Birth
e.g. "36" means year of birth was 1936

Column 11 - Race
11/0 - no information
11/1 - white
11/2 - black

- Column 12-13 - Education - number of years
e.g. "10" means 10 years of education
- Column 14 - Marital Status
- 14/0 - no information
 - 14/1 - single
 - 14/2 - married
 - 14/3 - separated
 - 14/4 - divorced
 - 14/5 - widowed
 - 14/6 - common law marriage
- Column 15-16 - Number of Children
- "00" - none or no information
 - "01" - one child
 - etc.
- Column 17-18 - Occupation
- "00" - no information
 - "01" - unskilled
 - "02" - skilled
 - "03" - white collar
 - "04" - military
 - "05" - professional
 - "06" - student
- Column 19-20 - Number of 1972 arrests
- Column 21-23 - Total Number of Days Sentenced to Jail

Column 24-25 - Crime for Which the Prisoner Was Sentenced

(See Appendix for a list of the crimes and their codes)

If any individual was sentenced more than once, each subsequent sentence is coded in the next two columns.

Column 26-27 - Second Sentence

Column 28-29 - Third Sentence

Column 30-31 - Fourth Sentence

Column 32-33 - Fifth Sentence

Column 34-35 - Sixth Sentence

Column 36-37 - Seventh Sentence

Column 38-39 - Eighth Sentence

Column 40-41 - Ninth Sentence

Column 42-43 - Tenth Sentence

Column 44-45 - Eleventh Sentence

Column 46-47 - Twelfth Sentence

Column 48-49 - Thirteenth Sentence

Column 50-51 - Fourteenth Sentence

Column 52-68 - Contains Zeros

Column 69-76 - To protect the confidentiality of the respondents, these columns have been replaced with blanks by the ICPSR.

RECORD 2

- Column 1-4 - Identification Number
- Column 5-7 - Record Identification Number
- "992" signifies the second record

The remainder of this record contains information, viz., the number of arrests in previous years for any one of 28 offenses. Each offense is coded in two columns. A coding of "00" means that there were no arrests for that offense or that no information was available.

- Column 8-9 - Public Intoxication
- Column 10-11 - Petit Larceny
- Column 12-13 - Misconduct (disorderly conduct, loitering, etc.)
- Column 14-15 - Assault
- Column 16-17 - Arson
- Column 18-19 - Rape
- Column 20-21 - Forgery
- Column 22-23 - Conspiracy
- Column 24-25 - Motor Vehicle Violations
- Column 26-27 - Narcotic Offenses
- Column 28-29 - Violation of Probation
- Column 30-31 - Violation of Parole
- Column 32-33 - Gambling
- Column 34-35 - Grand Larceny
- Column 36-37 - Robbery
- Column 38-39 - Burglary
- Column 40-41 - Sexual Offences

- Column 42-43 - Criminal Possession of Dangerous Weapons
- Column 44-45 - Criminal Possession of Forged Instrument
- Column 46-47 - Obstruction of Government Administration
- Column 48-49 - Resisting Arrest
- Column 50-51 - Escape
- Column 52-53 - Criminal Possession of Stolen Property
- Column 54-55 - Reckless Endangerment
- Column 56-57 - Criminally Negligent Homicide
- Column 58-59 - Youthful Offender
- Column 60-61 - Criminal Trespass
- Column 62-68 - Contains Zeros
- Column 69-76 - To protect the confidentiality of the respondents, these columns have been replaced with blanks by the ICPSR.

RECORD 3 to K_1+2

(Where K_1 represent the number of psychiatric contacts that the individual has had; if he has had no contacts then there is no record 3 -- only 2 records)

- Column 1-4 - Identification number
- Column 5-7 - Contact number - varies from 1 to K_1
- Column 8-13 - Date of Contact
- 8-9 - year
- 10-11 - month number
- 12-13 - day number in month
- Column 14-15 - Facility
- | | |
|---------------------|--|
| 1 - Inpatient care | To protect the confidentiality of the respondents ICPSR has recoded this variable from facility of treatment to whether the patient received inpatient or outpatient care. |
| 2 - Outpatient care | |
- Column 16-18 - Census tract address at time of contact

To protect the confidentiality of the respondents, ICPSR has recoded this variable from census tract address to city or county residence.

- 100 - City
- 200 - County
- 900 - Not known
- S00 - Not known

- Column 19-21 - Diagnosis at contact
- (See Appendix for a list of diagnoses and codes)
- Column 22 - Type of Service Given
- 22/0 - Diagnosis and treatment
 - 22/1 - Treatment primarily
 - 22/2 - Incomplete study
 - 22/3 - Diagnosis or consultation
 - 22/4 - Inpatient consultation

Column 23-28 - Date of Termination of Treatment

23,24 - year

25,26 - month

27,28 - day

Column 29 - Reason for Termination

29/0 - Physician's decision

29/1 - Joint decision of physician and patient

29/2 - patient has died

29/3 - patient has left community

29/4 - patient terminates because of illness,
financial stress or similar reasons

29/5 - patient is transferred to other care in the
community

29/6 - patient is transferred to other care outside of
community

29/7 - patient is transferred to non-psychiatric care

29-8 - patient doesn't wish to continue

29/9 - reason is unknown

Column 30-68 - Contains Zeros

Column 69-76 - To protect the confidentiality of the
respondents, these columns have
been replaced with blanks by the ICPSR.

CRIMINAL OFFENSES FOR WHICH INDIVIDUALS WERE SENTENCED

- 01 - Public Intoxication
- 02 - Criminal Possession of Dangerous Drug
- 03 - Narcotics Warrant
- 04 - Fraudently Obtaining Narcotics

- 11 - Petty Larceny
- 12 - Grand Larceny
- 13 - Criminal Possession of Stolen Property
- 14 - Criminal Possession of Forged Instrument
- 15 - Criminal Trespass
- 16 - Burglary
- 17 - Falsifying Business Records
- 18 - Forgery
- 19 - Issuing a Bad Check

- 21 - Assault
- 22 - Criminal Possession of a Dangerous Weapon
- 23 - Reckless Endangerment
- 24 - Harassment
- 25 - Robbery
- 26 - Reckless Driving

- 31 - Motor Vehicle Violation
- 32 - Driving While Intoxicated
- 33 - Unlawful Use of a Motor Vehicle
- 34 - Speeding
- 35 - Transporting a Stolen Vehicle
- 36 - Operating a Motor Vehicle Without a License

- 41 - Gambling
- 42 - Loitering
- 43 - Violation of Social Services Law
- 44 - Soliciting Rides

- 51 - Resisting Arrest
- 52 - Obstructing Government Administration
- 53 - Violation of Parole
- 54 - Violation of Conditional Discharge
- 55 - Tampering with Physical Evidence
- 56 - Contempt of Court

- 61 - Youthful Offender
- 62 - Criminal Mischief

- 71 - Arson

- 81 - Disorderly Conduct
- 82 - Endangering the Welfare of a Child
- 83 - Sexual Offenses
- 84 - Conspiracy
- 85 - Prostitution
- 86 - Criminal Solicitation

CODE FOR DIAGNOSIS

- 100 Acute Brain Syndrome Assoc. with Intracranial Infection
- 101 Acute Brain Syndrome Assoc. with Systemic Infections
- 102 Acute Brain Syndrome Drug or Poison Intoxication
- 103 Acute Brain Syndrome Alcohol Intoxication (Pathological Intoxication)
- 104 Acute Hallucinosis
- 105 Delirium Tremens
- 106 Acute Brain Syndrome Assoc. with Trauma
- 107 Acute Brain Syndrome Assoc. with Circulatory Disturbance
- 108 Acute Brain Syndrome Assoc. with Convulsive Disorder
- 109 Acute Brain Syndrome with Metabolic Disturbance
- 110 Acute Brain Syndrome Assoc. with Intracranial Neoplasm
- 111 Acute Brain Syndrome with Disease of Unknown or Uncertain Cause
- 112 Acute Brain Syndrome of Unknown Cause

- 200 Chronic Brain Syndrome Assoc. with Congenital Cranial Anomaly
- 201 Chronic Brain Syndrome Assoc. with Congenital Spastic Paraplegia
- 202 Chronic Brain Syndrome Assoc. with Mongolish
- 203 Chronic Brain Syndrome Due to Prenatal Maternal Infectious Disease
- 204 Chronic Brain Syndrome Assoc. with Central Nervous System Syphilis
- 205 Meningoencephalitic Chronic Brain Syndrome
- 206 Meningovascular Chronic Brain Syndrome
- 207 Other Central Nervous System Syphilis
- 208 Chronic Brain Syndrome Assoc. with Intracranial Infection other than Syphilis (Mumps, Encephalitis)
- 209 Chronic Brain Syndrome Assoc. with Intoxication
- 210 Chronic Brain Syndrome, Drug or Poison Intoxication
- 211 Chronic Brain Syndrome, Alcohol Intoxication
- 212 Chronic Brain Syndrome Assoc. with Birth--Trauma
- 213 Chronic Brain Syndrome Assoc. with Brain Trauma
- 214 Chronic Brain Syndrome Brain Trauma, Gross Force (Fracture)
- 215 Chronic Brain Syndrome Following Brain Operation
- 216 Chronic Brain Syndrome Following Electrical Brain Trauma
- 217 Chronic Brain Syndrome Following Irradiational Brain Trauma
- 218 Chronic Brain Syndrome Assoc. with Cerebral Arteriosclerosis
- 219 Chronic Brain Syndrome Assoc. with Circulatory Disturbance other than Cerebral Arteriosclerosis
- 220 Chronic Brain Syndrome Assoc. with Convulsive Disorder
- 221 Chronic Brain Syndrome Assoc. with Senile Brain Disease
- 222 Chronic Brain Syndrome Assoc. with Other Circulatory Disturbance or Disturbance of Metabolism, Growth or Nutrition (Includes Presenile, Alzheimers and Picks Disease, Familial Amaurosis, Adrenal Cortical Diseases such as Cushings or Addisons, Myxedema, Hyperthyroid, Pituitary, Simmonds Disease)
- 223 Chronic Brain Syndrome Assoc. with Intracranial Neoplasm (Tumor Growth)
- 224 Chronic Brain Syndrome Assoc. with Diseases of Unknown or Uncertain Cause (Includes Multiple Sclerosis, Huntingtons Chorea, and Other Diseases of a Familial or Hereditary Nature, Encephalitis Lethargica)
- 225 Chronic Brain Syndrome of Unknown Cause

- 230 Organic Brain Syndrome (Not otherwise specified)
- 231 Senile Dementia
- 232 Pre-Senile Dementia
- 233 Alcoholic Psychosis (Not otherwise specified)
- 234 Delirium Tremens
- 235 Korsakov's Psychosis
- 236 Other Alcoholic Hallucinosis
- 237 Alcohol Paranoid State
- 238 Acute Alcohol Intoxication
- 239 Alcoholic Deterioration
- 240 Pathological Intoxication
- 241 Other Alcoholic Psychosis
- 242 Psychosis Associated with Intracranial Infection
- 243 General Paralysis
- 244 Syphilis of Central Nervous System
- 245 Epidemic Encephalitis
- 246 Other Unspecified Encephalitis
- 247 Other Intracranial Infection
- 248 Psychosis Associated with Other Cerebral Condition
- 249 Cerebral Arteriosclerosis
- 250 Other Cerebrovascular Disturbance
- 251 Epilepsy
- 252 Intracranial Neoplasm
- 253 Degenerative Disease of the CNS
- 254 Brain Trauma
- 255 Other Cerebral Condition
- 256 Psychosis Associated With Other Physical Condition
- 257 Endocrine Disorder (Cushings Disease)
- 258 Metabolic and Nutritional Disorder
- 259 Systemic Infection
- 260 Drug or Poison Intoxication (Other than Alcoholic)
- 261 Childbirth (Post Partum Psychosis or Deparession)
- 262 Other and Unspecified Physical Condition
- 263 Non-Psychotic Organic Brain Syndrome
- 264 Intracranial Infection
- 265 Alcohol (Simple Drunkenness)
- 266 Other Drug, Poison or Systemic Intoxication
- 267 Brain Trauma
- 268 Circulatory Disturbance
- 269 Epilepsy
- 270 Disturbance of Metabolism, Growth, or Nutrition
- 271 Senile or Pre-Senile Brain Disease
- 272 Intracranial Neoplasm
- 273 Degenerative Disease of the CNS
- 274 Other Physical Condition

- 300 Mental Deficiency (Not Otherwise Specified)
- 301 Mild
- 302 Moderate
- 303 Severe
- 304 Mental Deficiency, Idiopathic
- 305 Mild
- 306 Moderate
- 307 Severe
- 308 Profound
- 309 Mental Retardation - Borderline

- 400 Involutional Psychotic Reaction
- 401 Affective Reactions
- 402 Manic Depressive Reaction, Manic Type
- 403 Manic Depressive Reaction, Depressive Type
- 404 Manic Depressive Reaction, Other
- 405 Psychotic Depressive Reaction (Agitated, Melancholia)
- 406 Schizophrenic Reactions (Mixed)
- 407 Schizophrenic Reaction, Simple Type
- 408 Schizophrenic Reaction, Hebephrenic
- 409 Schizophrenic Reaction, Catatonic Type
- 410 Schizophrenic Reaction, Paranoid Type
- 411 Schizophrenic Reaction, Acute Undifferentiated Type
- 412 Schizophrenic Reaction, Chr. Undifferentiated Type, Pseudo Neurotic
- 413 Schizophrenic Reaction, Schizo-Affective Type
- 414 Schizophrenic Reaction, Childhood Type
- 415 Schizophrenic Reaction, Residual Type
- 416 Paranoid Reactions
- 417 Paranoia
- 418 Paranoid State
- 419 Psychotic Reaction without Clearly Defined Structural Change, Other than
Above Unknown Etiology
- 420 Postpartum Psychotic Reaction
- 421 Hysterical Psychosis

- 430 Schizophrenia
- 431 Schizophrenia, Simple
- 432 Schizophrenia, Hebephrenic
- 433 Schizophrenia, Catatonic
- 434 Schizophrenia, Catatonic Type, Excited
- 435 Schizophrenia, Catatonic Type, Withdrawn
- 436 Schizophrenia, Paranoid (Chr. Par. Schiz. residual type)
- 437 Schizophrenia, Acute Schizophrenic Episode
- 438 Schizophrenia, Latent (Borderline Schiz., Borderline State)
- 439 Schizophrenia, Residual
- 440 Schizophrenia, Schizo-Affective
- 441 Schizophrenia, Schizo-Affective Excited
- 442 Schizophrenia, Schizo-Affective, Depressed
- 443 Schizophrenia, Childhood
- 444 Schizophrenia, Chronic Undifferentiated
- 445 Schizophrenia, Other
- 446 Involutional Melancholia
- 447 Manic-Depressive Illness, Manic
- 448 Manic-Depressive Illness, Depressed
- 449 Manic-Depressive Illness, Circular
- 450 Manic-Depressive Illness, Circular, Manic
- 451 Manic-Depressive, Circular, Depressed
- 452 Other Major Affective Disorder
- 453 Paranoia
- 454 Involutional Paranoid State
- 455 Other Paranoid State
- 456 Psychotic Depressive Reaction
- 457 Other Psychoses (Borderline, Hysterical, Unspecified, Other, Reactive)

- 500 Psychophysiologic Skin Reaction
- 501 Psychophysiologic Musculoskeletal Reaction
- 502 Psychophysiologic Respiratory Reaction
- 503 Psychophysiologic Cardiovascular Reaction
- 504 Psychophysiologic Hemic and Lymphatic Reaction
- 505 Psychophysiologic Gastrointestinal Reaction
- 506 Psychophysiologic Genito-Urinary Reaction
- 507 Psychophysiologic Nervous System Reaction
- 508 Psychophysiologic Reaction of Organs of Special Sense

- 510 Psychophysiological Disorder - Obesity
- 511 Psychophysiological Disorder - Endocrine

- 600 Psychoneurotic Reactions
- 601 Anxiety Reaction
- 602 Dissociative Reaction
- 603 Conversion Reaction
- 604 Phobic Reaction
- 605 Obsessive Compulsive Reaction
- 606 Depressive Reaction (Reactive, Situational)
- 607 Psychoneurotic Reaction, Mixed
- 608 Psychoneurotic Reaction, Other

- 610 Neuroses (Not otherwise specified)
- 611 Neurosis, Anxiety
- 612 Neurosis, Hysterical
- 613 Neurosis, Hysterical Conversion Type
- 614 Neurosis, Hysterical, Dissociative Type
- 615 Neurosis, Phobic
- 616 Neurosis, Obsessive Compulsive
- 617 Neurosis, Depressive
- 618 Neurosis, Neurasthenic
- 619 Neurosis, Depersonalization
- 620 Neurosis, Hypochondriacal
- 621 Neurosis, Other
- 622 Neurosis, Mixed

- 700 Personality Pattern Disturbance
- 701 Inadequate Personality
- 702 Schizoid Personality
- 703 Cyclothymic Personality
- 704 Paranoid Personality
- 705 Personality Trait Disturbance
- 706 Emotionally Unstable Personality (Immature, Impulsive, or Impulsive Ridden)
- 707 Passive-Aggressive Personality (Passive Aggressive, Aggressive)
- 708 Hysterical Personality (Masochistic) (Narcissistic)
- 709 Compulsive Personality
- 710 Oral or Dependent Personality, Passive or Passive Dependent
- 711 Sociopathic Personality Disturbance (Psychopathic)
- 712 Antisocial Reaction (Asocial) (Dyssocial)
- 713 Sexual Deviation (Sexual Perversion)
- 714 Addiction
- 715 Addiction Alcoholism
- 716 Addiction Drug

- 717 Special Symptom Reactions
- 718 Learning Disturbance
- 719 Speech Disturbance
- 720 Enuresis
- 721 Somnambulism
- 722 Other
- 723 Personality Trait Disturbance (Mixed) (Character Disorder, Mixed or Neurotic Character)
- 724 Personality Trait Disturbance - Other

- 730 Personality Disorder (Not otherwise specified)
- 731 Personality Disorder, Paranoid
- 732 Personality Disorder, Cyclothymic
- 733 Personality Disorder, Schizoid
- 734 Personality Disorder, Explosive
- 735 Personality Disorder, Obsessive Compulsive
- 736 Personality Disorder, Hysterical
- 737 Personality Disorder, Asthenic
- 738 Personality Disorder, Antisocial
- 739 Personality Disorder, Passive-Aggressive
- 740 Personality Disorder, Inadequate
- 741 Personality Disorder, Other Specified Type
- 742 Sexual Deviation (Not otherwise specified)
- 743 Homosexuality - Relationship Between Members Same Sex
- 744 Fetishism - Inanimate Object
- 745 Pedophilia - Love of Children
- 746 Transvestitism - Dressing in Opposite Sex Clothes
- 747 Exhibitionism - Exposing Themselves
- 748 Voyeurism - Peeping Toms
- 749 Sadism - Inflecting Pain on Others
- 750 Masochism - Receiving Pain, Being Hurt
- 751 Other Sexual Deviation - Transsexualism
- 752 Alcoholism
- 753 Episodic Excessive Drinking
- 754 Habitual Excessive Drinking
- 755 Alcohol Addiction
- 756 Other Alcoholism
- 757 Drug Dependence
- 758 Drug Dependence, Opium, Opium Alkaloids and Their Derivatives
- 759 Drug Dependence, Synthetic Analgesics with Morphine-Like Effects
- 760 Drug Dependence, Barbiturates
- 761 Drug Dependence, Other Hypnotics and Sedatives or Tranquilizers
- 762 Drug Dependence, Cocaine
- 763 Drug Dependence, Cannabis Sative (Hashish, Marihuana)
- 764 Drug Dependence, Other Psycho-Stimulants (Amphetamines) Speed
- 765 Drug Dependence, Hallucinogens (STP, LSD, Drug Flashback, Trip)
- 766 Drug Dependence, Other

- 767 Speech Disturbance
- 768 Specific Learning Disturbance
- 769 Tic
- 770 Other Psychomotor Disorder
- 771 Disorders of Sleep
- 772 Feeding Disturbance
- 773 Enuresis (Bed wetting)
- 774 Encopresis (Involuntary passing of feces)
- 775 Cephalalgia (Headache or head pain)
- 776 Other Special Symptom (Hair pulling)
- 777 Mixed Character Disorder

- 800 Transient Situational Disturbance (Not otherwise specified)
- 801 Gross Stress Reaction
- 802 Adult Situational Reaction
- 803 Adjustment Reaction of Infancy (0-2yrs)
- 804 Adjustment Reaction of Childhood (Behavior Disturbance) (Up to 14 yrs,)
- 805 Habit Disturbance
- 806 Conduct Disturbance (Behavior)
- 807 Neurotic Traits
- 808 Adjustment Reaction of Adolescence (14-20 yrs.)
- 809 Adjustment Reaction of Late Life
- 810 Behavior Disorders of Childhood and Adolescence (3-20 yrs,)
- 811 Hyperkinetic Reaction
- 812 Withdrawing Reaction
- 813 Overanxious Reaction
- 814 Runaway Reaction
- 815 Unsocialized Aggressive Reaction
- 816 Group Delinquent Reaction
- 817 Other Reaction - Episodic Rage
- 818 Social Maladjustment Without Manifest Psychiatric Disorder
- 819 Marital Maladjustment (Sexual, Situational, Conflict, Turmoil, Discord)
- 820 Social Maladjustment
- 821 Occupational Maladjustment
- 822 Dyssocial Behavior also Asocial Behavior
- 823 Other Social Maladjustment
- 824 Non-Specific Conditions

- 901 Diagnosis Deferred (Undetermined)
- 902 Suicide Attempt (Acute - Suicide Gesture)
- 903 Anorexia Nervosa
- 904 No Psychiatric Diagnosis (Without Mental Disorder)
- 905 With Psychosis (Paranoid Trends Inc.)
- 906 With Behavioral Reaction
- 907 With Neurotic Reaction
- 908 Malingering
- 909 Administrative Code
- 910 Administrative Code
- 911 Administrative Code