

AIMS/OBJECTIVES OF THIS PRESENTATION.

- Define what is meant by diagnosis.
- The purpose of diagnosis. Why?
- What models are used in diagnosing- Biomedical and Psychiatry.
- Tools used in the diagnostic process- DSM-5.
- History of the DSM-5.
- Where we are today with the DSM-5.
- Bias and how it affects the process of diagnosing.
- Labelling and its affects.



WHAT IS A DIAGNOSIS?

"A psychiatric diagnosis is a medical term used to describe patterns of experiences or behaviours that may be causing distress and/or be seen as difficult to understand" (The British Psychological Society. (2020).



THE PURPOSE OF A DIAGNOSIS?

- Effective treatment.
- Effective communication.
- Greater understanding.
- Having a term can be validating.
(DSM-5,2013).



WHAT MODEL IS DIAGNOSIS BASED UPON?

- Biomedical psychology argues that every mental health condition must come from an underlying physical cause.
- Treatment can be used in order to change the physical state of the body.
- Biomedical does not consider Psychological interventions into account E.g. CBT (Ogden.J 2000).
- The biopsychosocial model argues that illness is caused by biological, psychological and social factors (Engel,1997,1980).



TOOLS THAT ARE USED IN THE DIAGNOSTIC PROCESS?

- Psychiatrists/Doctors use the DSM-5 as a framework for diagnosing mental health conditions.
- The DSM-5 is based on the biomedical model.
- DSM-5 assists in making a clear/reliable diagnoses. Using categorize systems (Davison et al., 2004).
- DSM-5 is a valuable framework for professionals to support the development of treatment plans.
- Despite the DSM-5 being extremely useful it is not without its drawbacks (Scull, 2016).



- DSM5 is used to diagnose mental health issues.
- It diagnoses many different mental health issue.
- Helps psychiatrists to see what the conditions could be.
- Psychiatrists use as a guideline to see if treatment is needed.
- Gives guidance to the treatment that is needed for example antipsychotic medication.

Obsessive-Compulsive and Related Disorders (235)

The following specifier applies to Obsessive-Compulsive and Related Disorders where indicated:

^a*Specify if:* With good or fair insight, With poor insight, With absent insight/delusional beliefs

300.3	(F42)	Obsessive-Compulsive Disorder ^a (237) <i>Specify if:</i> Tic-related
300.7	(F45.22)	Body Dysmorphic Disorder ^a (242) <i>Specify if:</i> With muscle dysmorphia
300.3	(F42)	Hoarding Disorder ^a (247) <i>Specify if:</i> With excessive acquisition
312.39	(F63.2)	Trichotillomania (Hair-Pulling Disorder) (251)
698.4	(L98.1)	Excoriation (Skin-Picking) Disorder (254)
—	(—)	Substance/Medication-Induced Obsessive-Compulsive and Related Disorder (257) Note: See the criteria set and corresponding recording procedures for substance-specific codes and ICD-9-CM and ICD-10-CM coding. <i>Specify if:</i> With onset during intoxication, With onset during withdrawal, With onset after medication use
294.8	(F06.8)	Obsessive-Compulsive and Related Disorder Due to Another Medical Condition (260) <i>Specify if:</i> With obsessive-compulsive disorder-like symptoms, With appearance preoccupations, With hoarding symptoms, With hair-pulling symptoms, With skin-picking symptoms
300.3	(F42)	Other Specified Obsessive-Compulsive and Related Disorder (263)
300.3	(F42)	Unspecified Obsessive-Compulsive and Related Disorder (264)

Extract from DSM5

THE HISTORY OF DSM5

Predecessor
1844
More guess
work and
wrongly
diagnosed
people.



DSM3 (1980)
Was the best
they could
produce at the
time. It improved
consistence in
diagnosis.



DSM5 (2013)
As good as we
can produce at
the moment.
More research
on the mental
illnesses caused
a need to update
from the DSM3.

ICD 10 is the European medical diagnosis book. It has a wide range of conditions not just mental health conditions.

ROSENHAN 1973 CHALLENGING PSYCHIATRY

- Sent 8 people without a current diagnosis into mental health hospitals.
- They stated that they were hearing voices like empty, thud and hollow.
- Once in they were admitted they acted normal.
- The patients could tell that they weren't unwell.
- The nurses and the doctors didn't seem to have a lot of interest.
- It's easier to get into a mental health hospital than get out.
- Leaving they were diagnosed as in remission not as sane.

ANTIPSYCHIATRY MOVEMENT

- Highlighted by the Rosenhan experiment – The Great Debate.
- It's hard to ensure a diagnosis is correct.
- Psychiatrists focus on medication not treating the root cause.
- Psychiatrists don't give the individual life skills to cope just offering medication reduce symptoms.

Alternative approaches from psychiatry could include:

Psychology = Looking at cognitive approaches, behaviour, psychodynamic theory and humanistic approaches.

Sociological = The society of the individual being the problem not the individual themselves.

WHERE ARE WE TODAY WITH DSM5?



- The DSM5 uses the Bio-medical model for diagnosis
- Psychiatrists use the DSM5, using it's criteria for a diagnosis of a mental health condition.
- The Bio-medical model incorporates the biological and the medical. It looks at how the biology of an individual can contribute to a mental health issue and how medicine can alleviate symptoms.
- The DSM5 allows a more concise process to diagnosis with information and criteria to establish a more consistent approach. It uses field trials to establish criteria (DSM5).



BIAS AND HOW IT AFFECTS THE PROCESS OF DIAGNOSING

- Bias within the criteria - The criteria for diagnosis comes from established research however this could be inherently biased.
- Culture bias - Not all cultures are the same the DSM5 addresses this within its text (briefly).
- Gender bias – Again addressed in the DSM5 briefly. Not all gender biases are considered.
- Bias of method (Audiotape/interview) (Chmielewski et al 2015).
- Historic bias (hysteria/ homosexual) (Callard, F. 2014).



MISSING THE CRITERIA

- Not all individuals suffering from a mental health condition will hit all the criteria for a specific condition.
- Individuals that are borderline can not be given a diagnosis.
- Mental illness could be regarded as a spectrum of disorder.
- Misunderstanding information to get a diagnosis.
- Schizophrenia indicates the problem with criteria. (Gross, R 2010)



LABELLING AND ITS AFFECTS.

Schizotypal Personality Disorder

Diagnostic Criteria

301.22 (F21)

A. A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Ideas of reference (excluding delusions of reference).
2. Odd beliefs or magical thinking that influences behavior and is inconsistent with subcultural norms (e.g., superstitiousness, belief in clairvoyance, telepathy, or "sixth sense"; in children and adolescents, bizarre fantasies or preoccupations).
3. Unusual perceptual experiences, including bodily illusions.
4. Odd thinking and speech (e.g., vague, circumstantial, metaphorical, overelaborate, or stereotyped).
5. Suspiciousness or paranoid ideation.

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Personality Disorders

6. Inappropriate or constricted affect.
 7. Behavior or appearance that is odd, eccentric, or peculiar.
 8. Lack of close friends or confidants other than first-degree relatives.
 9. Excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self.
- B. Does not occur exclusively during the course of schizophrenia, a bipolar disorder or depressive disorder with psychotic features, another psychotic disorder, or autism spectrum disorder.

Note: If criteria are met prior to the onset of schizophrenia, add "premorbid," e.g., "schizotypal personality disorder (premorbid)."

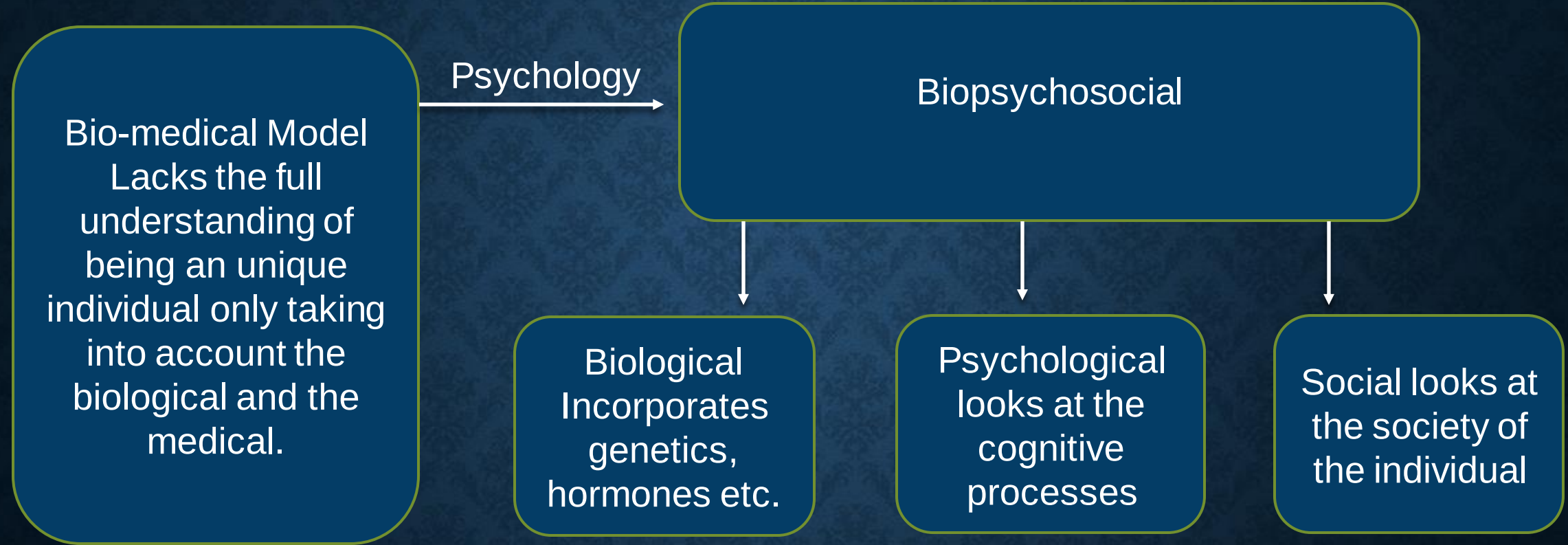
- Stigma can cause distress to many people dealing with a mental health condition.
- Individuals with the wrong diagnosis won't get the right treatment.
- Inaccurate diagnosis (Rosenhan 1973).
- The benefits of diagnosis.
- Treatment for individuals with mental illness can greatly help them manage their lives.
- DSM5 can empower individuals to understand their condition and self manage.



Extract from DSM5

Daryl Jones 2302973

A BETTER APPROACH TO BIO-MEDICAL?



The biopsychosocial model encompasses the uniqueness of the individual and strives to understand what multiple factors can cause a mental health condition. By looking at the full individual, gains in understanding and treatment can be achieved.



CONCLUSION



Diagnosis is a term used to define an individual's illness.



The biopsychosocial model is a more understanding model as it considers more factors than the bio-medical model.



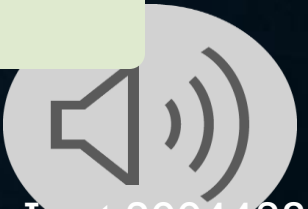
The DSM5 is a tool that helps health professionals reach a diagnosis when diagnosing an individual, thus leading to the correct treatment or medication being given.



Rosenhan's experiment showed that without the correct observation's and information regarding one's symptoms and illness then an inaccurate diagnosis can be given.



There is certain criteria that must be met by an individual to help the psychiatrist come to a diagnosis.



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