Book review

Diagnostic and Statistical Manual of Mental Disorders
American Psychiatric Association, 2013

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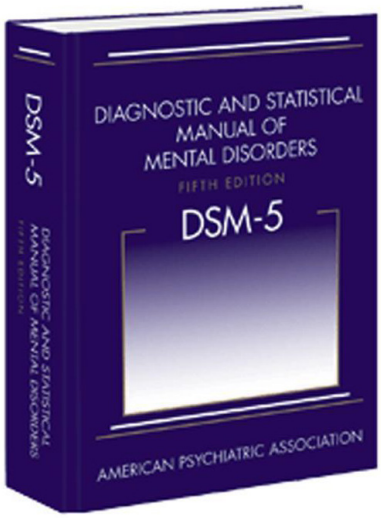


Mental health is a person's condition with regard to their pyschological and emotional well being. It is the foundation for thinking, communication, learning, resilience and self-esteem. Mental health is crucial to relationships, personal and emotional well-being and contributing to community or society. It involves effective functioning in daily activities resulting in three things: (1) productive activities (work, school, caregiving); (2) healthy relationships with family, friends and colleagues and other acquittances; and (3) the ability to adapt to change and cope with adversity. Mental illnesses are health conditions involving changes in thinking, emotion or behaviour (or a combination of these). There are two primary classification systems for diagnosing psychopathology. These are the American Psychiatric Association (APA), 'Diagnostic and Statistical Manual of Mental Disorders' (DSM), and the other one published by the World Health Organisation (WHO), 'The International Statistical Classification of Diseases and Related Health Problems' (ICD). The latest version of the DSM is the fifth edition (DSM-5).

This review commences with the definition of mental disorder that is the hallmark of DSM-5. A mental disorder is a syndrome that is characterised by clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour. In that case, a mental disorder reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. This is usually marked by significant distress or disability in social or occupational activities. Therefore, the diagnosis of a mental disorder should have clinical utility and assist clinicians to determine prognosis and treatment plans. This is all more relevant to family, friends and colleagues because the diagnosis of a mental disorder is not equivalent to a need for treatment.

DSM-5 provides explicit diagnostic criteria for each mental disorder, and this is supplemented by dimensional measures as appropriate. This is because many mental disorders are on a spectrum with related disorders that have shared symptoms, and hence the boundaries between them tend to be porous. In effect, DSM-5 has better reliability than earlier versions, including DSM-IV, in that it incorporates research to validate diagnoses. It accepts that boundaries between various disorder categories are fluid over the life course and that symptoms assigned to one disorder may occur in many others. In that case, DSM-5 accommodates dimensional approaches to mental disorders.

DSM-5's structures various chapters by interlinking them. This involves criteria revisions with text outline actively address important aspects such as age, development and culture as part of diagnosis and classification. Culture is discussed more explicitly, and this brings greater attention to cultural variations in symptom presentations. These are major contributions, especially for counselling psychologists and social workers who are concerned about the overall human growth and development, especially lifespan considerations. In essence, DSM-5 begins with diagnoses that manifest early in life, then adolescence and young adulthood, then adulthood and later life. This makes it easier for tutors to also link these developments to various theories such as Sigmund Freud and Erickson (psychodynamics), behavioural, cognitive and humanistic approaches.

An important aspect that many people are concerned about is the different categories of disorder categories. In earlier DSMs, categorisation was overly narrow, resulting in the widespread use of Not Otherwise Specified (NOS) diagnoses. This has been confusing for professionals as well as the public. In effect, DSM-5 removes the NOS diagnosis and adds a category of Other Specified Disorder (criteria vary by disorder) and Unspecified Disorder (for use when there is insufficient information to be more specific).

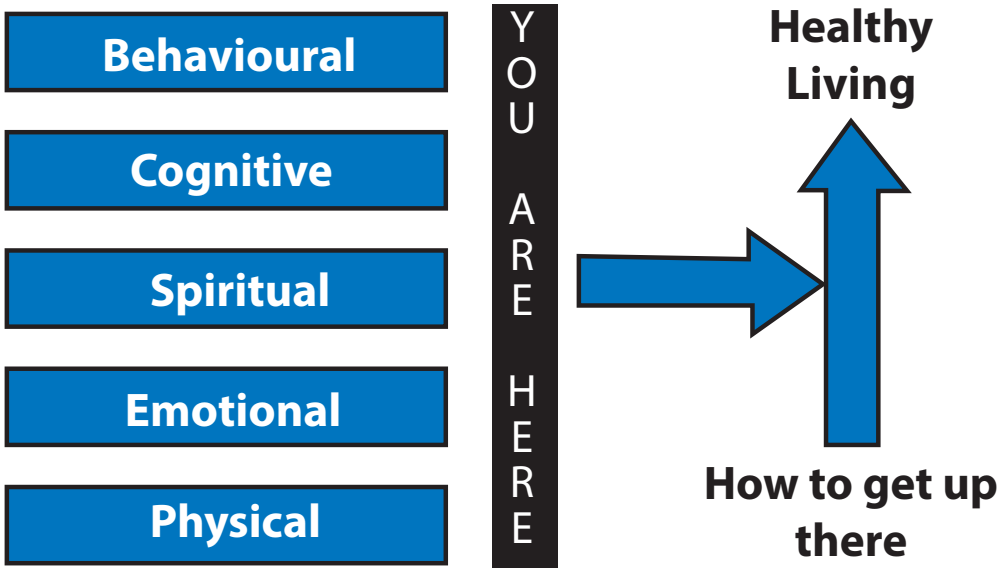
It is important to emphasise that both of the diagnostic tools (DSM and ICD) are highly based on classical Western approaches to diagnosis. Therefore, there is a lot of emphasis on biological aspects that tend to place 'psychiatric disorders' within the brain. The risk of ignoring a person's culture is highly significant and should be recognised though this has taken a pattern in DSM-5. This is because clinicians, who include counselling psychologists, psychiatrists and social

workers should be familiar with the major nuances of an individual's culture and hence their frame of reference. In this way, what is perceived as incorrect or irregular behaviour (psychopathology) could have some normal variations in behaviour depending on the culture, belief, and experiences.

DSM-5 expounds on the individual's culture. This is because applying certain diagnostic criteria as well as categories across diverse cultural settings may be difficult because of the rather wide cultural variation in concepts of self, styles of communication, and coping mechanisms. A major interweave in DSM-5 is the link between cross-cultural psychology, cultural psychology and indigenous psychology that have all provided extensive and valuable research evidence for the role of culture in shaping human behaviour. Therefore, in an attempt to include cultural aspects in diagnosis, the DSM introduced a series of culture-sensitive criteria as well as listing 'culture-bound syndromes'. The criteria include assessing: (1) the cultural identity of the patient, (2) cultural explanations of the patient's illness, (3) cultural factors related to the psychosocial environment and levels of functioning, (4) cultural elements of the relationship between the patient and clinician, and (5) an overall cultural assessment for diagnosis and care.

DSM-5 is being used by clinicians and researchers from different orientations (Biological, Psychodynamic, Cognitive, Behavioural, Interpersonal, Family Systems). This is because all practitioners strive for a common language to communicate the essential characteristics of mental disorders presented by their patients. It is valuable to all professionals associated with various aspects of mental health care. They include psychiatrists, psychologists, clinical psychologists, social workers, nurses, counsellors, forensic and legal specialists, occupational and rehabilitation therapists, physicians and other health professionals. The criteria are concise and explicit in that it is intended to facilitate an objective assessment of symptom presentations in a variety of clinical settings: inpatient, outpatient, partial hospitalisation, consultation-liaison, clinical, private practice, and primary care. It is also applied in general community epidemiological studies of mental disorders.

DSM-5 is a valuable tool even for those who argue for a case in African and Indigenous Psychology. This is because assessing socio-cultural issues leads to better designed, culturally relevant and empirically supported practices. Clinicians can use it to develop culturally relevant interventions. In the same way, it enables us to comprehend more about health and illnesses and the association with distress and/or problems functioning in social, work or family activities. However, mental illness excludes normal responses such as grief from the loss of a loved one as well as deviant behaviour for political, religious, or societal reasons not arising from a dysfunction in the individual. Overall, mental illness is treatable. When an individual is experiencing a mental health problem, they are likely to seek assistance from a psychiatrist or primary care physician. This includes a social worker or therapist (counsellor, clinical psychologist, psychologist, psychiatrist, psychotherapist), and this is the essence of DSM-5. In the end, the vast majority of individuals with mental illness continue to function in their daily lives.



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