

Classifying Mental Disorders

by Sophia Tutorial



WHAT'S COVERED

Now that you've learned about different methods of therapy, this lesson will discuss how to classify mental disorders.

The specific areas of focus include:

1. Systems of Classification
 - a. ICD-10
 - b. DSM-5
2. How the DSM-5 Works
 - a. Chapters
 - b. Chapter Organization
 - c. Operational Definitions
3. Issues With the DSM

1. Systems of Classification

When classifying mental disorders, there are a variety of systems that can be used. However, there are two major systems to know:

- ICD-10
- DSM-5

1a. ICD-10

The first method of classification is the ICD-10, or International Classification of Diseases, specifically Chapter 5. This is a manual that's released by the World Health Organization and is more internationally recognized. The United States has its own version, the **ICD-10-CM, or International Classification of Diseases Tenth Revision, Clinical Modification**. The ICD-10-CM, developed by the National Center for Health Statistics (NCHS), is a system of coding used to classify and subsequently “code” all diagnoses, symptoms, and procedures used by healthcare providers internationally as well as in the United States. It is a detailed and very specific system used to notify insurance companies of the services performed by healthcare providers so that billing requirements can be met.

Additionally, the use of ICD-10-CM codes provides important information for continued research in healthcare.



TERM TO KNOW

International Classification of Diseases Tenth Revision, Clinical Modification (ICD-10-CM)

A system of coding used to classify diagnosis, symptoms, and procedures used by healthcare providers in the United States.

1b. DSM-5

The second method is the one that specifically concerns psychology in the United States. This is the **Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders, or DSM-5**.

This manual is developed by the American Psychiatric Association (APA). The manual was originally released in 1952 in its first form, DSM-I. The DSM-IV was released in 1994. A revised edition was released in 2000, the DSM-IV-TR. The American Psychiatric Association's latest edition is the DSM-5, which was released and adopted for use in May of 2013.

The DSM-5 is referred to as a non-theoretical type of classification, meaning that it does not subscribe to a specific theory. Instead, the DSM-5 uses a clinically-based approach based on prior research on individuals with a variety of mental and intellectual disorders. In other words, in the case of the DSM-5, prior research informs the current diagnosis.

The DSM-5 describes symptoms and statistics based on the prevalence of various types of mental disorders. As such, it is informed by the clinical research of other professionals. So it is quite probable that the issues the DSM-5 covers may not be as prevalent in society as a whole.



TERM TO KNOW

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)

Published by the APA as the major system of classification of mental disorders; provides a standardized criteria for identification, diagnosis, and classification based on cumulative research within the field.

2. How the DSM Works

2a. Chapters

There are 290 mental disorders discussed within the DSM-5, and they are categorically organized in 20 chapters. (i.e., anxiety disorders are grouped together, as are depressive disorders, etc.).

The chapters in the DSM-5 include:

- Neurodevelopmental Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Elimination Disorders
- Sleep-Wake Disorders
- Sexual Dysfunctions
- Gender Dysphoria
- Disruptive, Impulse Control and Conduct

- Anxiety Disorders
 - Obsessive-Compulsive and Related Disorders
 - Trauma-and Stressor-Related Disorders
 - Dissociative Disorders
 - Somatic Symptom Disorders
 - Feeding and Eating Disorders
- Disorders
 - Substance Use and Addictive Disorders
 - Neurocognitive Disorders
 - Personality Disorders
 - Paraphilic Disorders
 - Other Mental Disorders

The number of disorders in the DSM-5 has not changed a great deal, however, three new disorder chapters have been added to ease in the accuracy of classification based on identified relationships or similarities between disorders.

➤ **EXAMPLE** What was formerly a chapter on substance-abuse and addictive disorders now includes gambling disorder as a behaviorally-based addiction.

Other disorders can no longer be found within their previous groupings as continued research on the disorders has led to a greater understanding of their prominent features. In the DSM-5, mood disorders have been divided into two chapters: one on bipolar-type disorders and another for depressive disorders.

2b. Chapter Organization

The DSM-5 is organized based on advancement in terms of the current understanding of the risks and symptoms of disorders. It also reflects learning of the past two decades in terms of understanding the way the brain functions as well as the interplay of genes and the environment and their effect on a person's behavior and overall health.

The manual's chapters are also organized into broad categories that suggest the potential relationship between the disorders individually as well as within the broader disorder groupings. This is advantageous because, as more is revealed in terms of the relationships between disorders, the accuracy of diagnostics will increase, leading to a more statistically sound manual in the future.

The stages of the lifespan are also taken into account within the DSM-5. Disorders typically diagnosed in childhood are presented before those likely to be diagnosed in adolescence or adulthood. Therefore, disorders that were previously included in a single chapter, such as "infancy" are now included where appropriate throughout the manual.

2c. Operational Definitions

The actual disorders and the way they're organized inside each one of these chapters use what are called operational definitions.

Operational definitions mean the disorder is defined by how it's measured, using a specific process or a set of requirements to determine whether a person has the disorder or not.

This can involve a list of the different symptoms a particular disorder might have, and then the requirements in number or type of symptoms to be diagnosed with that disorder.

➤ **EXAMPLE** For a particular disorder, a person might need five out of seven symptoms to be considered as having that disorder. This number is just an example; we will discuss more about the specifics of these requirements in later lessons on clinical psychology.

3. Issues With the DSM

The DSM-5 is not without its share of controversy. Although it was years in the making, the DSM-5 includes some major changes when compared to earlier issues of the DSM.

One of the most discussed and debated controversies includes the combining of individual disorders into one broadly-based disorder.

➦ **EXAMPLE** Four individual autistic disorders as laid out in the DSM-IV-TR were combined into a single disorder in the DSM-5. The concern is that by making the criteria broader, those requiring services that are based on a very specific list of symptoms may be denied.

In many ways, the DSM-5 seems to be more broadly based on the ways disorders are grouped. As a result of the controversy, the National Institute of Mental Health released a statement indicating that the “NIMH will be re-orientating its research away from the DSM categories,” (Insel, 2013). The goal of the NIMH will be to develop a system of research that takes brain scans, genetics, biomarkers, and other aspects of testing into account.

Another controversial point about the DSM is the effect that labeling can have on individuals with mental disorders.

Ideally, applying a label to somebody is meant to be a way to identify that he or she has a particular problem in the interest of treating the person more effectively. It's not meant to be a way of marginalizing groups that have particular disorders. However, once you apply a label to somebody or to a group of people, often there's a stigma attached to that group or that label.

➦ **EXAMPLE** Someone who's been labeled as depressive might, as a result of that label, start to consider him or herself to be an inherently bad or dysfunctional type of person, which could exacerbate some of the mental health issues already in existence.

Another issue to consider when diagnosing people is the fact that sometimes what was at once considered to be a disorder might not actually be a psychological problem.

IN CONTEXT

A specific instance of this was in the DSM-III, where homosexuality was actually listed as a mental disorder. It wasn't until 1975 that it was finally removed.

Up until that point, a lot of mental health professionals considered homosexuality to be pathological or a sort of disease. Thus, it's important to recognize that this kind of misclassification has happened and to understand what a mental disorder really is.



SUMMARY

In this lesson, you learned about two major **systems of classification** of mental disorders: the ICD-10-CM and the DSM-5. While the ICD-10 is internationally recognized, the DSM is the system used in the

United States. You also learned how the **DSM-5 works** and is used in the diagnosis of mental disorders, chapter sequences within the DSM-5, and important operational definitions. You now understand that while the DSM-5 is a very accepted form of classification, there are some **issues with DSM-5**, namely, the placement of various classifications of certain disorders, as well as which and how many symptoms must be considered when formulating a diagnosis. Both of these issues are important to keep in mind when diagnosing mental disorders.

Source: Adapted from Sophia tutorial by Erick Taggart.



TERMS TO KNOW

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