

Outline and evaluate issues surrounding the classification and diagnosis of depre...

[Health & Medicine](#)



Outline and Evaluate Issues Surrounding the Classification and Diagnosis of Depression

Scheff's Labelling Theory is a process which involves labelling people with mental disorders when they produce behaviour that does not fit with socially constructed norms and labelling those who reflect stereotyped or stigmatized behaviour of the 'mentally ill'. A disadvantage of labelling an individual with depression is that labelling can accentuate and prolong the issue. In addition by labelling someone with depression who in fact is not depressed may in fact become depressed as a result.

Another problem is that labelling an individual with depression means that they can have problems with getting a job and leading a life in the future because they are not treated as a normal person. Thus labelling has a large effect on individuals with depression. On the other hand labelling a person with depression means that they are enabled to seek help and find treatment for themselves. Although labels are stigmatizing, they can also lead those who bear them down the road to proper treatment and recovery.

Another issue surrounding the diagnosis and classification is that there are different types of depression outlined in the different classification manuals. Sometimes clinicians are unable to distinguish between different types accept unipolar and bipolar. However, research has shown that 10% of people diagnosed with Major Depressive Disorder (MDD) develop bipolar episodes later. The same was found with dysthymic disorder which can develop in MDD later; this is known as double depression and is found in 25% of depressed patients.

Other diagnostic tool is the Beck Depression Inventory This is a 21 item self-report questionnaire designed to measure the severity of symptoms in <https://assignbuster.com/outline-and-evaluate-issues-surrounding-the-classification-and-diagnosis-of-depression/>

individuals diagnosed with depression. Each question is designed to assess a specific symptom common in people with depression for example the sense of failure, self-dislike, social withdrawal or suicidal ideas. Items 1 to 14 assess symptoms that are psychological in nature for example feelings of sadness. Items 15 to 21 then assess more physical symptoms for example the loss of energy and irritability.

Each item is accompanied by four alternative responses, graded for severity and scored from 0 to 3. The implications of using different diagnostic tools on the classification and diagnosis of depression are that reliability of diagnosing depression may be affected. Just as with physical medical disorders mental illness diagnoses are also not always reliable. The practitioner uses mainly symptoms that the patient reports rather than physical signs to reach a decision.

Moods often vary over time in most people and this can have implications when testing reliability. As well as different types, there are different subtypes of depression that are recognised in the manuals and clinicians have had to distinguish between the causes of depression in order to distinguish between the subtypes. For example they distinguish between endogenous depressions which are biologically determined and reactive depressions which are determined by biological stressors.

Even though distinctions between these two causes of depression are not conclusive, there is a reliable cluster of symptoms which can help differentiate between types of depression. For example, the endogenous types of depression usually have more severe symptoms and higher suicide rates. Another problem arises with the diagnostic criteria for <https://assignbuster.com/outline-and-evaluate-issues-surrounding-the-classification-and-diagnosis-of-depression/>

children, even though depression can remain undiagnosed in children. Children sometimes have other disorders which include behavioural problems and disruptive behaviour; therefore depression may be overlooked in the diagnosis.

As well, children tend to show anger, aggressiveness and irritability rather than low mood. Co-morbidity is the incidence of a disorder being coupled with another disorder. Depression can occur with other disorders such as Schizophrenia, eating disorder and alcohol addiction and substance abuse. This makes it difficult in the diagnosis of depression, it leads clinicians to have to determine which the primary disorder, schizophrenia is or depression, eating disorders or depression.

There are also issues relating to reliability which may affect the diagnosis. One type is Test-retest reliability, which occurs when a practitioner makes the same consistent diagnosis on separate occasions from the same information. In terms of depression this can be applied if the same Doctor or Psychiatrist gives a patient a diagnosis of depression on two separate occasions. The other is Inter-rater reliability occurs when several practitioners make identical, independent diagnoses of the same patient.

This can be applied to depression by confirming that the diagnosis of depression is accurate in a given situation. Issues of validity also arise in the diagnosis of depression. For example, Predictive validity occurs if diagnosis leads to successful treatment, then the diagnosis can be seen as valid. Under the heading of depression, there are a series of depressive disorders such as Major Depressive Disorder, Pre-Menstrual Disorder etc. In terms of

depression predictive validity will occur if the right diagnosis is made followed by a subsequent correct course of action.

Research by Sanchez-Villegas et al (2008) supports the 'predictive validity' of depression diagnosis. They assessed the validity of the Structured Clinical Interview to diagnose depression, finding that 74.2% of those originally diagnosed as depressed had been accurately diagnosed, which suggests this diagnostic method is valid. Cultural differences may impact an individual with depression because the DSM is used in the West to diagnose depression. This criterion is biased towards people in the Western world.

What is considered abnormal in one culture may be considered normal in another culture. Thus someone diagnosed in Europe with depression may not have been diagnosed with depression elsewhere. In addition, treatment of the disorder can be very different in different cultures. Thus an individual in two different cultures may be treated differently for depression. So therefore, despite the universality of the symptoms of depression, clinicians must take into account cultural differences in diagnosing depression.

For example, patients from non-western cultures tend to complain more of the physical symptoms such as loss of appetite and lack of sleep than personal distress. This is supported by a study done in New York in which 36 South Asian immigrants and 37 European Americans were given vignettes describing depressive symptoms. The Asian immigrants found more social and moral problems which could be dealt with by the individual, whereas the Euro-Americans tended to find more biological explanations, that required professional intervention.