

Challenges of diagnostic and statistical manual of mental disorders (dsm) standar...



**ASSIGN
BUSTER**

Emotional wellness is an intricate cooperation between organic, mental, and social factors, any of these can fortify or debilitate a psychological issue (Nolen-Hoeksema, 2010). Psychological well-being specialists and professionals have differed for a considerable length of time over the propriety of utilizing the Diagnostic and Statistical Manual of Mental Disorders (DSM), to characterize and analyse dysfunctional behaviour. This article will intend to discuss how appropriate universal standards – in particular the DSM – is in the definition and diagnosis of mental illness. Inside the paper will be substantial and clear supporting proof regarding why it is a valuable apparatus, alongside basic investigation about why it is maybe not the most suitable instrument, because of inclinations and defects that it contains. Significant research proof will be given where suitable, with the end condensing all substance and giving a substantial response to the inquiry posed.

Mental Illness can be seen from a wide range of perspectives, no single model of mental distress can totally clarify the ailment, to completely comprehend a person's troubles, a few perspectives are normally considered (Bhui and Bhugra, 2002). Models, for example, Supernatural, Biological, Diathesis Stress Model, Biopsychosocial, or Moral Theory, all hold substantial clarifications with regards to the causation of psychological maladjustment. The establishments of the present characterizations in DSM 5 depend on Emil Kraepelin's hypothesis, that the starting point of psychological sickness is a natural and hereditary breakdown, he characterized several clutters, in view of manifestations, and assembled them as per shared symptomatic examples (DeVries, Muller, Moller and Sausgstad, 2008).

The DSM sketched out inside this report depends on the Biological/Medical model, this argues that there is a natural or physical reason for the confusion recognized (Deacon, 2013).

Pioneer and Rodgers (2014) guarantee psychological wellness and trouble is impacted in 2 different ways, through pop culture for example regular language, media, writing and so forth, that are devoured by a large portion of a general public's populace, and through expert talks, the language utilized by experts.

It has been contended that dispositions to mental health mirror an absence of comprehension and learning of what mental trouble is (Quinn, Williams and Weisz, 2015). Along these lines, instead of simply depend on clinical judgment, the DSM is utilized as an optional apparatus. There is additionally disarray encompassing Mental Disorder through the differing wording utilized. Psychological well-being; Mental Illness and Mental trouble are altogether utilized conversely yet get from altogether different points of view. Experts are no less insusceptible to societal impact or preferences about practices, and it is guaranteed that recognizing this is simply the initial step to turning into a mindful specialist who can distinguish and review any biased convictions and avoid misdiagnosis (Corrigan, 2004).

The Diagnostic and Statistical Manual of Mental Disorders (DSM) was first created in 1952, by the American Psychiatric Association, it is an order framework to help Mental Health clinicians to convey utilizing a mutual demonstrative language. This manual is accessible for all clinical, instructive and investigate people, to help them in sketching out, diagnosing and

conveying the most proper treatment to people who are experiencing a Mental Disorder. (American Psychiatric Association, 2013).

The DSM goes about as a guide, to aid the right determination of dysfunctional behaviour, by sketching out explicit criteria that connotes side effects of psychological well-being issue, this utilized with clinical judgment, analyse and enable treatment to start, similarly for the conclusion to be exact a few side effects of certain disarranges must not be available for finding to happen (Nolen-Hoeksema, 2010).

Right now, the DSM is in its fifth release, containing more than 400 illness'. It has experienced numerous modifications since its first distribution with some 'new' illness' included and others excluded, a few scientists guarantee such amendments are fundamental, to reflect changes in the mental and psychiatric professions alongside societal change. It has been contended anyway that the proceeding with development opens the entryway for misjudgement and could conceivably analyse a regular issue in a person, to a genuine issue requiring treatment (Kawa and Giordano, 2012). One of the most outstanding explanations behind the ongoing update was the drive to guarantee better arrangement with the International Classification of Diseases (ICD) utilized by the World Health Organization (Regier, Kuhl and Kupfer, 2013).

Even though there are numerous substantial reactions of the DSM, there is equivalent help for its utilization, and the guideline for what it stands. Given that Mental Health issues are on the ascent in the public arena today, having such a demonstrative guide accessible to wellbeing experts is important in

the finding and treatment of influenced people. Even though blemishes are clear, it is yet the most valuable instrument accessible to clinicians now (First, 2010).

Numerous endeavours have been made to group emotional well-being conditions, for example, Brain science: surveying synapses (Suris, Holliday and North), or, frameworks estimating the mental elements of character (Katon and Walker, 1998; Bech, 2016; Blagov, Patrick, Oost, Goodman and Pugh, 2016). Be that as it may, they demonstrated to be fruitless in working in certifiable conditions (Stein, Lund and Nesse, 2013).

The DSM manual without a doubt consolidates tremendous pragmatic learning in a valuable arrangement that regardless of the defects, plans to diminish the weight of enduring because of mental issue. The all-inclusive utilization of the DSM additionally considers specialists to grow further medicines for different mental issue, with the consequences of such medications commonly shared crosswise over callings, such proof-based medications are more vigorously depended upon than when they are not exactly tried (Clark, Cuthbert, Lewis-Ferandez, Narrow and Reed, 2017). Likewise, the experimental information gave from such medicines is priceless to seeing such ailments.

The production of the DSM helped people and patients to even more likely comprehend mental issue and how indications show, present and in the long run are dealt with, diminishing the boorish practices and marks of shame that were encompassing psychological sickness at the time (Mayes and Horwitz, 2005). Thusly the DSM features the difficulties looked by human

services experts in diagnosing and treating psychological maladjustment, with Wittchen, Jacobi, Rehm, Gustavsson and Svensson (2011) detailing that every year 38.2% of the populace in Europe experience the ill effects of a psychological issue, when contrasted with results with earlier years, with higher outcomes mostly because of the consideration of new issue, they further case that over 33% of the complete populace experience the ill effects of mental issue yet short of what 33% get any treatment which subsequently affirms the challenges experts face.

The advancement made in the neurosciences and brain research made the DSM have different amendments, such corrections are never last, they only mirror the best agreement with respect to investigate at the given time, such modifications are vital and help hold a typical global language of psychopathology (Ghaemi, 2014). The way that such amendments have occurred demonstrates the useful idea of endeavours to order a wide range of disarranges, characterizing and diagnosing mental issue can never be totally objective or dependent on science alone as there is an absence of natural markers in emotional well-being, just as analysis reflecting key social qualities.

The DSM 5 demonstrates a huge improvement in its treatment of culture contrasted with the past release, by supplanting ' culture-bound disorders' with three ideas; culture disorders, social phrases of pain and social clarifications of misery or saw causes. This helps the clinician in not just illustration from symptomatic experience, accessible classifications of sickness and the measurements that the disease may go, yet additionally perceives every individual's emotional experience. This can possibly enable <https://assignbuster.com/challenges-of-diagnostic-and-statistical-manual-of-mental-disorders-dsm-standards/>

clinicians to maintain a strategic distance from the issue of misdiagnosis, improve helpful adequacy and explain social the study of disease transmission (Cummings, 2013). Besides, to address culture, the current DSM 5 gives rules in tending to social varieties, clinicians presently give more consideration to giving indications joined the learning of the way of life to which the individual has a place.

Be that as it may, despite such clear requirement for such an all-inclusive framework there are numerous reactions of the DSM that question its fittingness at characterizing and diagnosing dysfunctional behaviour.

The modifications themselves even though asserted are vital are regularly scrutinized by specialists, in that every correction sees no adequate changes made (First, 2017). One regular analysis all through is unwavering quality, paying little respect to modifications being made, dependability is as yet a critical issue. Rosenhan's (1975) pivotal revelation into the dependability of determination lifted the cover on the likelihood of misdiagnosis, much research has been attempted into this factor with specialists guaranteeing concurrence on analysis ordinarily just achieving 70% or lower (Ahmedani and Perron, 2013; Frances, First, Pincus, Kutchins and Kirk, 2005; Hitchens, 2012). Frances and Widiger (2012) when amending DSM-IV reported that not at all like the past modifications' analysis did not depend as solely on the agreement of specialists, it was progressively educated by and dependent on got experimental information. In any case, it is guaranteed that the conclusion understanding recently referenced achieving just 70% is because of the sufferer basically not revealing encounters to the clinician

consequently derivations must be made, this frequently prompts callings <https://assignbuster.com/challenges-of-diagnostic-and-statistical-manual-of-mental-disorders-dsm-standards/>

naming the characterization framework as straight and engaging (Okasha, 2009). This additionally prompts examples of conduct being 'medicalised' with an absence of experimental establishing. Teacher Allen Frances straightforwardly asserts that over medicalisation currently happens, with different issue presently put under 'umbrella' terms, this is a sweeping term used to portray numerous gatherings of related things, for instance, Anxiety issue contains, Post Traumatic Stress Disorder, Social nervousness issue, Phobias and numerous others (Frances, 2013).

Numerous psychological issues converge into another, the DSM 5 attempts to address the issue of comorbidity, by fusing the dimensional methodology, as opposed to simply the clear-cut methodology however with Disorders, for example, despondency, tension co-happens almost 60% of the time (Lamers, Open, Comijis, Smit, Spinhoven, Balkom and Anton, 2011). A few side effects when exhibited appear in a wide range of determinations, for instance Sadness is recorded as a measure side effect in excess of 14 issue, the classes are not discrete enough to separate among scatters, and if comorbidity is clear it isn't distinct that the right drug is being endorsed for the right issue. Also, the DSM is a geological guide of side effects that doesn't immediate the expert to the genuine basic instruments that drive and keep up the confusion (Nolen-Hoeksema, 2010).

Emotional wellness treatment is the most astounding zone of spending in the NHS, with the financial expenses in England assessed to be around £105. 2 billion every year (Gov. uk, 2018). In the United States of America, psychological well-being treatment is a trillion dollar business, to such an extent that an article rose in 2011 that connected the taskforce who were <https://assignbuster.com/challenges-of-diagnostic-and-statistical-manual-of-mental-disorders-dsm-standards/>

modifying DSM-IV to have direct connects to the pharmacological business, 56 % of board individuals had at least one money related relationship with the pharmaceutical business, and all the more alarmingly 100% of the 'Temperament issue's and Schizophrenia and other Psychotic Disorders board, had budgetary connections to medication organizations, in spite of the fact that they guarded such connections as simply a 'necessity' and 'fundamental' to medicines, despite everything it raises the likelihood of conceivable monetary consequences when gathering the manual (Cosgrove, Krimsky, Vijayaraghavan and Schneider, 2006).

There are various impacts of society and culture on Mental Distress, in this manner, the consideration accessible must be receptive to the social and social setting of racial and ethnic minorities (Snowden, 2012). A few parts of culture influence people with sets of side effects regular in their general public however not others, these are alluded to as 'culture bound disorders'. Culture can impact whether the individual will look for assistance in the main case, and show how much disgrace is appended to analysis, it is in this way basic that the way of life of the individual and expert is perceived in characterizing and diagnosing psychological sickness (Nolen-Hoeksema, 2010).

Another normal discussion is the degree to which findings of psychological instabilities are widespread crosswise over societies. There are altogether different indicative practices over the world, an examination study looking over 47 American specialists and 52 Indian therapists was directed, they were solicited to rank manifestations from misery, lunacy and psychosis from side effect records imprinted in the DSM. The prerequisite was to rank <https://assignbuster.com/challenges-of-diagnostic-and-statistical-manual-of-mental-disorders-dsm-standards/>

indications from 1-10 with 1 being the most and 10, the least observed, the outcomes demonstrated that the Indian specialists appraised physical side effects higher than their American partners. Similarly, the Indian therapists positioned rough conduct and outrage above progressively unobtrusive indications of intense craziness (Jeffery, 2015). Research claims Asian patients are bound to report physical manifestations and not enthusiastic issues, supporting the view that people in various societies specifically present side effects of psychological instability in socially adequate ways (Sue, Cheng, Saad and Chu, 2012)

Ethnic bunches all vary in clarifying conduct, a few side effects present in various issue are endured in one society, could be viewed distinctively in another and comparatively treated in an unexpected way. For instance, schizophrenia frequently can bring about visualizations, in some non-western societies visual or sound-related pipedreams with a religious substance are a typical piece of religious experience, saw from a western culture these side effects might be fundamentally the same as psychosis in any case, are regularizing to the patients' sub gathering (Banerjee, 2012).

The clinician likewise can be affected in conclusion with express or understood inclinations, such predispositions can be oblivious, for example, stereotyping being utilized as a psychological alternate route. Cochrane and Sashidharan (1995) found that Afro-Caribbean settlers in the United Kingdom are multiple times almost certain determined to have schizophrenia than white individuals. Cohen and Wahl (2010) explored current writing on frames of mind of emotional wellness experts about dysfunctional behaviour, albeit just 19 studies were utilized, and uncovered a general uplifting demeanour <https://assignbuster.com/challenges-of-diagnostic-and-statistical-manual-of-mental-disorders-dsm-standards/>

to psychological sickness, proof of negative mentalities and desires were as yet obvious, especially identified with social acknowledgment.

Then again in a deliberate survey of 102 overall populace-based investigation of Attention Deficit Hyperactivity Disorder, critical varieties in predominance rates of the confusion crosswise over landmasses were accounted for (Canino and Alegria, 2008). Such varieties have been credited to the separation of instruments, strategies and definitions, which at that point prompts the explanation that if there is such an absence of indicative consistency inside one culture, the undertaking to accomplish consistency crosswise over societies is a troublesome one.

There has additionally been research directed into class predisposition of patients, where it is asserted that patients who are of lower class are endorsed physical medications more than mental medicines, and have less fortunate visualization (Garb, 1997). Furthermore sexual orientation predisposition in the DSM has additionally been featured, the DSM underlines ladies are more defenceless to psychological maladjustment than men, in any case, Affi (2007) reports that unmistakably sex contrasts do exist in the public eye, by moving toward emotional well-being from a sex point of view gives direction to the proper recognizable proof and treatment from the human services framework, by moving toward psychological wellness along these lines recognizes natural and social factors and empowers the expert to be delicate to how sex disparity influences wellbeing results.

The present version of DSM was overwhelmingly contradicted by numerous psychological well-being affiliations, guaranteeing possibly destructive

changes were being made, with choices that apparently needed logical help and challenged sound judgment, one such change is the expansion of Disruptive Mood Dysregulation Disorder. Over the most recent two decades kid psychiatry has just observed multiple times increment in Autistic issue and a significantly increasing of Attention Deficit Disorder determination, bringing about numerous kids presently requiring sedated, in any case, it is contended that as opposed to including another confusion, possibly curing powerless kids, specialists ought to be progressively instructed about precisely diagnosing kids, rather than transforming the normal hissy fit into a psychological issue (Dobbs, 2012).

Thus, Grief has now turned out to be Major Depressive Disorder, again further medicalizing people and trivializing the expectable, and important passionate response that happens with the departure of a friend or family member, overlooking the versatility that accompanies time and the acknowledge of confinements of life (Kavan and Barone, 2014).

In summary the DSM is a helpful apparatus to help clinicians in diagnosing emotional wellness, with the plan to kill the turmoil or carry it under better control to improve the prosperity of the patient. Notwithstanding, there is no assurance that determination is right with research guaranteeing there is a half shot of foreseeing and effectively treating a psychological issue (Aboraya, Rankin, France, El-missiry and John, 2006). Additionally, the way that the DSM isn't the main order framework utilized universally shows that there is some vulnerability about the procedure of conclusion, it simply speaks to the convictions of society at the present time, as society

acknowledges increasingly, more supposedly is dropped from DSM, as was <https://assignbuster.com/challenges-of-diagnostic-and-statistical-manual-of-mental-disorders-dsm-standards/>

seen with homosexuality. Which at that point leads into the subject of such issue being dropped from the DSM, this could conceivably derive that numerous people have been under prescription and analysed as rationally sick when in truth they were not, they just lived in a general public that did not acknowledge their conduct, so were named as rationally sick, such marks can be destructive in themselves.

Regarding whether the DSM is proper to characterize and analyse generally, it can't be denied that it is an incredibly valuable device that has helped with diagnosing, treating and helping numerous people defeat different mental issue, in any case, in spite of the positives recently sketched out, the analysis is huge and the proof they give recommend it's anything but a suitable device for definition and conclusion. By characterizing and diagnosing following the therapeutic model itself raises numerous issues, drugs are endorsed to treat a concoction unevenness, anyway testing legitimacy of a substance awkwardness existing in numerous clutters has not been straightforwardly demonstrated (Leo and Lacasse, 2007). People can encounter genuine symptoms from prescription which can make them stop treatment, which means backslide would be likely and could possibly cause higher dangers like suicide (Aboray, Rankin, France El-Missiry and John, 2006). DSM, just spotlights on the physical reasons for mental trouble, overlooking natural impact, notwithstanding ecological issues possibly setting off the pain in the primary occasion (Schmidt, 2007). Significant in any case, is that psychological well-being, paying little mind to supporting proof is hard for clinicians to analyse in light of the absence of organic markers in numerous scatters, dependence is on the specialists in the field

and the accord of this gathered data, to manage towards a plausible determination. In spite of the fact that not positive it does possibly empower the person to get treatment and help them begin their adventure to improved emotional wellness.

References

- Aboraya, A., Rankin, E., France, C., El-missiry, A., & John, C. (2006). *The reliability of psychiatric diagnosis revisited: The clinician's guide to improve the reliability of psychiatric diagnosis*. *Psychiatry*, 3(1), 41-50. Retrieved from <https://search.proquest.com/docview/621652545?accountid=15977>
- Affi, M. (2007). *Gender Differences in Mental Health*. Available: <https://sites.oxy.edu/clint/physio/article/Genderdifferencesinmentalhealth.pdf>. Last accessed 15/07/2019.
- Ahmedani, B. K., & Perron, B. E. (2013). Language of diagnosis. In M. G. Vaughn, & B. E. Perron (Eds.), *Social work practice in the addictions; social work practice in the addictions* (pp. 73-86, Chapter xii, 270 Pages) Springer Science + Business Media, New York, NY. Retrieved from <https://search.proquest.com/docview/1617245330?accountid=15977>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-V*. Washington, DC: American Psychiatric Association.

- Banerjee, A. (2012). *Cross-Cultural Variance of Schizophrenia in Symptoms, Diagnosis and Treatment*. Georgetown University Journal of Health Sciences. 6 (2), 18-24.
- Bech, P. (2016). *Measurement-based care in mental disorders* Springer Science + Business Media, New York, NY. doi: [http://dx. doi. org/10.1007/978-3-319-46651-4](http://dx.doi.org/10.1007/978-3-319-46651-4)
- Blagov, P. S., Patrick, C. J., Oost, K. M., Goodman, J. A., & Pugh, A. T. (2016). *Triarchic psychopathy measure: Validity in relation to normal-range traits, personality pathology, and psychological adjustment*. Journal of Personality Disorders, 30(1), 71-81. doi: [http://dx. doi. org/10.1521/pedi_2015_29_182](http://dx.doi.org/10.1521/pedi_2015_29_182)
- Blashfield, R. K., Keeley, J. W., Flanagan, E. H., Miles, S. R. *The Cycle of Classification: DSM-1 Through DSM-5*. [http://apsychoserver. psych. arizona. edu/JJBARprints/PSYC621/Blashfield_etal_2014_ARCP. pdf](http://apsychoserver.psych.arizona.edu/JJBARprints/PSYC621/Blashfield_etal_2014_ARCP.pdf)
- Buhi, K. & Bhudra, D. (2002). *Explanatory models for mental distress: Explanatory models for mental distress: implications for clinical practice and research*. British Journal of Psychiatry. 181 (2), 6-7.
- Canino, G., & Alegría, M. (2008). *Psychiatric diagnosis—is it universal or relative to culture?* Journal of Child Psychology and Psychiatry, 49(3), 237-250. doi: [http://dx. doi. org/10.1111/j.1469-7610.2007.01854.x](http://dx.doi.org/10.1111/j.1469-7610.2007.01854.x)
- Clark, L. A., Cuthbert, B., Lewis-Fernandez, R., Narrow, W. E & Reed, G. M. *Three Approaches to Understanding and Classifying Mental Disorder: ICD-11, DSM-5, and the National Institute of Mental Health's Research Domain Criteria (RDoC)*[http://journals. sagepub. com/doi/pdf/10.1177/1529100617727266](http://journals.sagepub.com/doi/pdf/10.1177/1529100617727266)

- Cochrane, R & Sashidaran, S. P. (1995). *MENTAL HEALTH AND ETHNIC MINORITIES: A REVIEW OF THE LITERATURE AND IMPLICATIONS FOR SERVICES* . Available: [http://www. brown. uk. com/brownlibrary/ETHMENT. htm](http://www.brown.uk.com/brownlibrary/ETHMENT.htm). Last accessed 19/07/2019
- Corrigan, P. (2004). *How stigma interferes with mental health care* . American Psychologist, 59(7), 614-625. doi: [http://dx. doi. org/10. 1037/0003-066X. 59. 7. 614/](http://dx.doi.org/10.1037/0003-066X.59.7.614/)
- Cosgrove, L., Krimsky, S., Vijayaraghavan, M., & Schneider, L. *Financial ties between DSM-IV panel members and the pharmaceutical Industry* [https://www. ncbi. nlm. nih. gov/pubmed/16636630](https://www.ncbi.nlm.nih.gov/pubmed/16636630)
- Cummings, C. A. (2013). *DSM-5 on Culture: A Significant Advance* . Available: [https://thefprorg. wordpress. com/2013/06/27/dsm-5-on-culture-a-significant-advance/](https://thefprorg.wordpress.com/2013/06/27/dsm-5-on-culture-a-significant-advance/). Last accessed 20/07/2019.
- Deacon, B. (2013). *The biomedical model of mental disorder: A critical analysis of its validity, utility, and effects on psychotherapy research* . Available: [http://jonabram. web. unc. edu/files/2013/09/Deacon_biomedical_model_2013. pdf](http://jonabram.web.unc.edu/files/2013/09/Deacon_biomedical_model_2013.pdf). Last accessed 22/07/2019.
- DeVries, M. W., Müller, N., Möller, H., & Saugstad, L. F. (2008). *Emil Kraepelin's legacy: Systematic clinical observation and the categorical classification of psychiatric diseases*. European Archives of Psychiatry and Clinical Neuroscience, 258, 1-2. doi: [http://dx. doi. org/10. 1007/s00406-008-2000-7](http://dx.doi.org/10.1007/s00406-008-2000-7)
- Dobbs, D. (2012). *The New Temper Tantrum Disorder* . Available: [http://www. slate. com/articles/double_x/doublex/2012/12/disruptive_mood_dysregulation](http://www.slate.com/articles/double_x/doublex/2012/12/disruptive_mood_dysregulation)

<https://assignbuster.com/challenges-of-diagnostic-and-statistical-manual-of-mental-disorders-dsm-standards/>

_disorder_in_dsm_5_criticism_of_a_new_diagnosis. html. Last accessed 20/07/2019

- Frances, A., First, M. B., Pincus, H. A., Kutchins, H., & Kirk, S. A. (2005). Issue 1: *Is the DSM-IV a useful classification system?* 3rd ed.; taking sides: *Clashing views on controversial issues in abnormal psychology* (3rd ed.) (3rd ed. ed., pp. 2-13, Chapter xxiv, 408 Pages) McGraw-Hill, New York, NY. Retrieved from <https://search.proquest.com/docview/620876515?accountid=15977>
- Frances, A. (2013). *Saving normal: An insider's revolt against out-of-control psychiatric diagnosis, DSM-5, big pharma, and the medicalization of ordinary life* William Morrow & Co, New York, NY. Retrieved from <https://search.proquest.com/docview/1400134109?accountid=15977>
- First, M. B. (2010). *Paradigm shifts and the development of the diagnostic and statistical manual of mental disorders: Past experiences and future aspirations*. *The Canadian Journal of Psychiatry / La Revue Canadienne De Psychiatrie*, 55(11), 692-700. Retrieved from <https://search.proquest.com/docview/880998383?accountid=15977>
- First, M. B. (2017). *The DSM revision process: Needing to keep an eye on the empirical ball. A commentary on 'Expert consensus v. evidence-based approaches in the revision of the DSM'* by Kendler & Solomon (2016). *Psychological Medicine*, 47(1), 19-22. doi: <http://dx.doi.org/10.1017/S0033291716002129>

- Garb, H. N. (1997). *Race bias, social class bias, and gender bias in clinical judgment*. *Clinical Psychology: Science and Practice*, 4(2), 99-120. doi: <http://dx.doi.org/10.1111/j.1468-2850.1997.tb00104.x>
- Ghaemi, S. N. (2014). *The 'pragmatic' secret of DSM revisions*. *Australian and New Zealand Journal of Psychiatry*, 48(2), 196-197. doi: <http://dx.doi.org/10.1177/0004867413519504>
- Goddard, M. J. (2011). *On being possibly sane in possibly insane places*. *Psychiatric Services*, 62(8), 831-832. doi: <http://dx.doi.org/10.1176/appi.ps.62.8.831>
- Gov. uk (2019) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215808/dh_123993.pdf
- Hitchens, K. (2012). *The DSM and social work: Twenty years after Kutchins and Kirk*. (Humanities and Social Sciences, 2574. Retrieved from <https://search.proquest.com/docview/964203354?accountid=15977>
- Jeffery, S. (2015). *Cultural Differences May Affect Psychiatric Diagnosis*. Available: <https://www.medscape.com/viewarticle/845329>. Last accessed 19/03/2018
- Katon, W. J., & Walker, E. A. (1998). *Medically unexplained symptoms in primary care*. *The Journal of Clinical Psychiatry*, 59, 15-21. Retrieved from <https://search.proquest.com/docview/619339707?accountid=15977>
- Kavan, M. G. & Barone, E. J. (2014). *DSM-5 on Culture: A Significant Advance*. Available: <https://www.aafp.org/afp/2014/1115/p690.html>. Last accessed 17/07/2019.

- Kawa, S. & Giordano (2012) *A brief historicity of the Diagnostic and Statistical Manual of Mental Disorders: Issues and implications for the future of psychiatric canon and practice* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3282636/>
- Lamers, F., van Oppen, P., Comijs, H. C., Smit, J. H., Spinhoven, P., van Balkom, Anton J. L. M., et al. (2011). *Comorbidity patterns of anxiety and depressive disorders in a large cohort study: The Netherlands study of depression and anxiety (NESDA)*. *The Journal of Clinical Psychiatry*, 72(3), 341-348. doi: <http://dx.doi.org/10.4088/JCP.10m06176blu>
- Leo, J., Lacasse, J. R. (2007). *The Media and the Chemical Imbalance Theory of Depression*. Available: <http://www.psychrights.org/Articles/TheMediaandChemicalImbalanceTheoryofDepression.pdf>. Last accessed 21/03/2018.
- Mayes, R. & Horwitz, A. V. *DSM-III and the Revolution in the Classification of Mental Illness* <https://facultystaff.richmond.edu/~bmayes/pdf/dsmiii.pdf>
- Nolen-Hoeksema, S. (2010) *Abnormal Psychology*, McGraw-Hill Higher Education, New York.
- Okasha, A. (2009) *Would the use of dimensions instead of categories remove problems related to subthreshold disorders?* <https://www.ncbi.nlm.nih.gov/pubmed/19876670>
- Pilgrim, D. & Rogers, A. (2014). *A Sociology of Mental Health and Illness*. 5th ed. London: McGraw Hill Education – Open University Press. 1-21.

- Quinn, D. M., Williams, M. K., & Weisz, B. M. (2015). *From discrimination to internalized mental illness stigma: The mediating roles of anticipated discrimination and anticipated stigma*. *Psychiatric Rehabilitation Journal*, 38(2), 103-108. doi: <http://dx.doi.org/10.1037/prj0000136>
- Regier, D. A., Kuhl E. A. & Kupfer, D. J. *The DSM-5: Classification and criteria changes*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3683251/>
- Schmidt, C. W. (2007). *Environmental Connections: A Deeper Look into Mental Illness*. *Environmental Health Perspectives*. 115 (8), 404-41.
- Snowden, L. R. (2012). *Health and mental health policies' role in better understanding and closing African American-White American disparities in treatment access and quality of care*. *American Psychologist*, 67(7), 524-531. doi: <http://dx.doi.org/10.1037/a0030054>
- Stein, D. J., Lund, C. & Nesse, R. M. *Classification Systems in Psychiatry : Diagnosis and Global Mental Health in the Era of DSM-5 and ICD-11* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4270276/>
- Sue, S., Cheng, J. K. Y., Saad, C. S., & Chu, J. P. (2012). *Asian American mental health: A call to action*. *American Psychologist*, 67(7), 532-544. doi: <http://dx.doi.org/10.1037/a0028900>
- Suris, A., Holliday, R. & North, C. S. *The evolution of Classification of Psychiatric Disorders*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4810039/>

- Wahl, O. & Aroesty-Cohen, E. 2010, “ *Attitudes of mental health professionals about mental illness: A review of the recent literature* “, *Journal of community psychology*, vol. 38, no. 1, pp. 49-62.
- Widiger, T. A., Frances, A. J., Pincus, H. A., Davis, W. W., & First, M. B. (1991). *Toward an empirical classification for the DSM-IV* . *Journal of Abnormal Psychology*, 100(3), 280-288. doi: [http://dx. doi. org/10.1037/0021-843X. 100. 3. 280](http://dx.doi.org/10.1037/0021-843X.100.3.280)
- Wittchen, H. U., Jacobi, F., Rehm, J., Gustavsson, A., Svensson, M., Jönsson, B., et al. (2011). *The size and burden of mental disorders and other disorders of the brain in europe 2010* . *European Neuropsychopharmacology*, 21(9), 655-679. doi: [http://dx. doi. org/10.1016/j.euroneuro. 2011. 07. 018](http://dx. doi. org/10.1016/j.euroneuro.2011.07.018)