

## DSM Evaluation

	Basic strengths	Basic weaknesses
<b>Reliability</b>	<ul style="list-style-type: none"> <li>• Goldstein's (1988) study tested the reliability of diagnosis between the DSM-II and the DSM-III. She found there was evidence of reliability within the DSM-III (but less so between the DSM-II and the DSM-III).</li> <li>• The DSM-5 underwent field trials before publication, which included test-retest reliability where different clinicians independently evaluated the same patient.</li> <li>• Brown et al. (2001) studied anxiety and mood disorders in 362 out-patients. For <i>most</i> of the DSM categories there was good-to-excellent inter-rater reliability. Disagreements focused on the number, severity and length of the symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>• It seems that there might be reliability in the DSM-5 for some mental disorders (autism and ADHD in children), but not for others (major depressive disorder, generalised anxiety disorder), as shown by the field trials undertaken in preparation for DSM-5.</li> </ul>
<b>Validity</b>	<ul style="list-style-type: none"> <li>• Studies (Cohen et al.) have shown that the DSM (from IV upwards) is valid in its diagnoses. This has been reinforced by studies that show validity across different mental health issues. There is likely to be strong validity for disorders such as alcohol abuse, cocaine abuse, pathological gambling. Different research methods such as interviews and questionnaires yield data that, for those with mental health disorders, match the DSM criteria.</li> <li>• Great efforts have been made to make the DSM more valid, such as adding culture-bound syndromes in IV and 5</li> </ul>	<ul style="list-style-type: none"> <li>• It has been said that co-morbidity is hard to diagnose using the DSM, a system which relies on the health professional choosing the closest match from lists of symptoms and features.</li> <li>• It could be claimed that splitting a mental disorder into symptoms and features is reductionist and that a holistic approach might be more valid. Counselling approaches treat the whole individual as important rather than focusing on particular symptoms or diagnoses.</li> <li>• Questionnaires and interviews produce the findings they are searching for. Eg., if it is well known that 'children with ADHD are impulsive and hyperactive', and teachers know which children have that label, they will then say that those children are impulsive and hyperactive – the diagnosis is self-fulfilling.</li> </ul>

## ICD Evaluation

	Strengths	Weaknesses
Reliability	<ul style="list-style-type: none"> <li>• Studies tend to show that the ICD-10 is a reliable measure of schizophrenia, and it also compares well in terms of reliability with the DSM-III-R (Hiller et al., 1992, and Jakobsen et al., 2005).</li> <li>• Inter-rater reliability has been shown – with different clinicians agreeing on the same diagnosis for the same patient cases</li> </ul>	<ul style="list-style-type: none"> <li>• Schizophrenia was diagnosed more frequently when the ICD-10 was used than when the DSM-IV was used (Cheniaux et al., 2009), which suggests some lack of reliability between the two systems (this could be due to differences in duration – six months for the DSM and one month for the ICD).</li> <li>• Similarly, schizoaffective disorder was not reliably diagnosed according to Cheniaux et al. (2009) and Hiller et al. (1992), so reliability is in doubt for some disorders related to schizophrenia.</li> <li>• The reliability figures were around 0.50 agreement – which means 0.5 disagreement!</li> </ul>
Validity	<ul style="list-style-type: none"> <li>• When the ICD-10 is used to diagnose schizophrenia, the diagnosis often matches a diagnosis using a different system. This suggests that the ICD-10 is valid.</li> <li>• According to Jansson et al. (2002) the ICD-10 and the DSM-IV gave in excess of an 80 per cent agreement in diagnosis, which is high, though it must be said that the study also reported differences</li> </ul>	<ul style="list-style-type: none"> <li>• Jansson et al. (2002) found that different classification systems focused on different features and symptoms in schizophrenia (such as the ICD-10 and the ICD-9), which threatens the validity of the two systems. As these systems have a different focus, validity of diagnosis is less likely.</li> <li>• Studies of validity of diagnosis of schizophrenia are hard to carry out given differences in the disorders. The more complex a disorder, the more difficult it is to establish validity of diagnosis. For example, bipolar disorder also shows elements of schizophrenic behaviour</li> </ul>