

Alison has been diagnosed with a mental health disorder using a classification system, such as the DSM or ICD. Her family insists that she goes to another doctor to get a second opinion. Alison does not want to get a second opinion as she is happy with the diagnosis as it allows her to start treatment to help reduce her symptoms. Alison's symptoms include hearing voices that no one else can hear, feeling sad all the time for no reason and checking her mobile phone every minute to make sure she has not missed any messages.

To what extent can diagnosis of mental disorders be considered reliable and valid? You must make reference to the context in your answer. (20 marks)

AO1 (8 marks), AO2 (4 marks), AO3 (8 marks)

AO1

Reliability of diagnosis refers to whether the same set of symptoms would get the same diagnosis from different psychiatrists.

As the same symptoms occur over several different disorders, psychiatrists may diagnose a different disorder, so the diagnosis is unreliable.

A diagnosis is reliable if the diagnosis is consistent over two different time periods for the same patient using the same psychiatrist.

Reliability of diagnosis has improved over the years as newer, improved versions of DSM have been published.

A diagnosis can be said to have validity if two different diagnostic systems agree about the symptoms of mental health disorders.

A valid diagnostic system will operationalise the symptoms and behaviours that make up a mental health disorder.

If the diagnosis leads to a treatment and can be used to predict how that treatment will work on the patient, it has predictive validity.

A valid diagnostic tool should also be able to identify the causes of a mental health disorder.

AO2

Alison's diagnosis could be considered reliable if she sees the second doctor and he makes the same diagnosis.

The reliability of Alison's diagnosis may be affected if she focused on the voices she hears with the first doctor, but focused on feeling sad all the time with the second doctor.

Alison's diagnosis can be considered valid if the treatment her doctor has proposed helps alleviate her symptoms.

If Alison's symptoms overlap several disorders, such as hearing voices may be a symptoms of more than one disorder, then her diagnosis may not be valid.

A03

Rosenhan's (1973) study showed that DSM-III was reliable as all but one of the pseudo-patients' were diagnosed with schizophrenia in remission.

Goldstein (1988) found high levels of inter-rater reliability when patients were diagnosed in relation to schizophrenia.

Studies such as Brown et al. (2003) used surveys to gather their data, often using interviewers who were not adequately trained so the data collection may be flawed.

Brown et al. (2001) found that reliability of diagnoses depended on the type of disorder, such as PTSD, which was under-diagnosed due to symptom overlap.

Rosenhan (1973) found that DSM-III was not a valid diagnostic tool as all of the patients were diagnosed incorrectly with having a mental disorder.

Jansson et al. (2002) compared ICD-10 with DSM-IV and found a high rate of agreement between the two suggesting ICD-10 is a valid diagnostic system.

Breaking a mental disorder into features and symptoms can be seen as reductionist, and an approach that looks at all aspects of a person's life may be more valid.

DSM-V includes information about how disorders relate to each other and cultural guidance on diagnosing, so trying to make diagnosis of mental disorders more valid.