

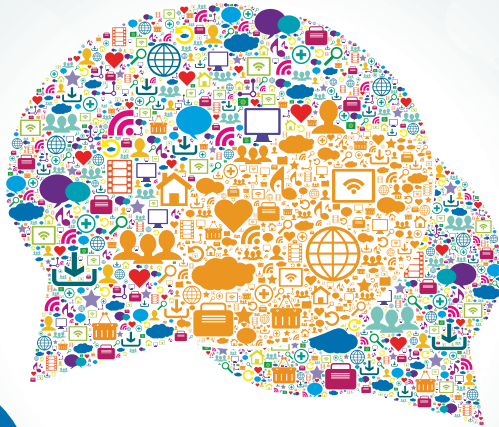


The British  
Psychological Society



Division of  
Clinical Psychology

# Understanding psychiatric diagnosis in adult mental health





# Frequently asked questions

When you or a family member or friend is given a psychiatric diagnosis, you may have some questions about what this means.

This leaflet will try to answer some common questions such as:

- What is a psychiatric diagnosis?
- Is a psychiatric diagnosis the same as a physical health diagnosis?
- What might have caused my difficulties?
- Do I need a diagnosis to access services?
- How might a psychiatric diagnosis affect me?
- Are there other ways of understanding my problems?
- Can I discuss my views about diagnosis with professionals?
- Where can I find out more?

I no longer identify with my previous role as a severely ill psychiatric patient; I am a human being that is experiencing and surviving life in my own unique way...just like every other human being on the planet

**Sally Edwards**, *Understanding Psychosis and Schizophrenia*, p.13



There are many different opinions about psychiatric diagnosis in adult mental health, just as there are many different ways of thinking about distressing or unusual experiences. The aim of this leaflet is to help you to think about diagnosis and whether other kinds of explanation make more sense and give a better understanding of you as an individual. Whatever your viewpoint on diagnosis, all of us can experience very real distress and difficult circumstances, which can significantly disrupt our lives.

### **Q: What is a psychiatric diagnosis?**

**A:** A psychiatric diagnosis is a medical term used to describe patterns of experiences or behaviours that may be causing distress and/or be seen as difficult to understand. Sometimes this is because they are unusual for a particular society or culture. These experiences may vary a lot. They may include very low mood, feeling very elated or 'high', hearing voices, feeling very anxious, having unusual spiritual experiences, extreme mood swings, or feeling suicidal. Psychiatric diagnoses are a form of 'short-hand' for these experiences, and may include labels such as depression, anxiety disorder, OCD, schizophrenia, psychosis, bipolar disorder, personality disorder, and others.

A psychiatric diagnosis implies that these distressing and very real experiences are the symptoms of a medical illness. This can lead people to think that the main cause for their distress or experience is that something has gone wrong in the brain or body. However, as well as this point of view, there are other ways to think about such experiences, as this leaflet explains.

Every few years committees are set up to review what diagnoses will be included in manuals such as the *Diagnostic and Statistical Manual of Mental Disorders*' (DSM) and *International Classification of Diseases* (ICD). This often leads to debate. For example, every update of these manuals includes more diagnoses, which has led to concerns that a growing number of people could be seen as 'mentally ill'.

Diagnoses in psychiatry are based on a judgement about what is 'normal' behaviour. Not everyone shares the same view of what normal behaviour is, and these views also vary between different cultures. This has led to concern that some aspects of people's identity, such as their social class, gender, ethnicity, sexual orientation, or minority status, may make it more likely that they will be given a particular diagnosis. For example, black people in the UK are much more likely to receive a diagnosis of schizophrenia, while women are more likely to receive a diagnosis of borderline personality disorder.

### **Q: Is a psychiatric diagnosis the same as a physical health diagnosis?**

**A:** There are similarities and differences. **Similarities:** Diagnoses in physical health and mental health often use the same type of language such as symptoms, disorders, and illness. Both medical and psychiatric diagnoses aim to group similar experiences together.

**Differences:** A physical health diagnosis normally helps explain what has gone wrong with the body's functioning, and may offer pointers to the best treatments. This is not as straightforward and often not the case with adult mental health diagnoses. In other

branches of medicine, a diagnosis is usually supported by physical investigations such as blood tests, X-rays and so on. However, in adult mental health there are no physical tests for psychiatric diagnoses, such as schizophrenia, bipolar disorder, depression and personality disorder.

### **Q: What might have caused my difficulties?**

**A:** Our experiences and distress are likely to arise out of a range of factors. The things that have happened to us, including influences on our development before, during and after birth, childhood and educational experiences, our current circumstances and responses, our brains and bodies, and how we make sense of our lives are all important. You may also have your own ideas as to what has led to your problems.

There is no firm evidence that mental distress is primarily caused by biochemical imbalances, genes, or something going wrong in the brain (with a few exceptions, such as dementia). However, this is a complicated issue and continues to be a matter of debate. Our brains and bodies are involved in everything we feel and do, but this is not the same as saying that our brains and bodies are the main cause of self-harm, or mood swings, or whatever else we may be struggling with. The theory that mental distress is best understood as a kind of physical illness, like diabetes or cancer, is still unproven.

There is a lot of evidence linking distress with difficult and overwhelming events in people's lives. For this reason, some professionals, service users and carers believe it makes sense to understand mental distress as the result of a

mixture of relationship difficulties, losses, traumas, and many other struggles. Stressful social factors such as poverty, unemployment, low paid work and discrimination have also been shown to play an important part. From this point of view, people are often reacting to their difficult or stuck life circumstances, both past and present, rather than suffering from medical illnesses. With this in mind, it might be better to ask 'What has happened to you?' rather than 'What is wrong with you?'.

### **Q: Do I need a diagnosis to access services?**

**A:** Whatever our personal views, most people still need a diagnosis in order to get help and support, and access welfare benefits. Even if a diagnosis is currently needed to access services, everyone should also have the right to make sense of their problems in the way that is most helpful for them. No-one has all the answers, particularly in this controversial area.

### **Q: How might a psychiatric diagnosis affect me?**

**A:** People have different views about diagnosis and this can vary depending on the particular diagnosis. For example, people tend to have stronger reactions to diagnoses such as schizophrenia or personality disorder, than diagnoses such as depression or anxiety.

Some people find a psychiatric diagnosis helpful, because it makes them feel less alone, or that they do not need to feel guilty or to blame for their difficulties. They may also feel that it gives hope of effective treatment and explains their problems.

*'When I was told I was depressed it gave me a framework of understanding and a first grip on what was happening.'*<sup>1</sup>

Other people find their diagnoses unhelpful. They may feel stigmatised and ashamed. They may also feel that the diagnosis hides the real causes of their problems, and is a barrier to recovery. They can feel it stands in the way of living the life they want.

*'My diagnostic label promoted despair and threatened to become a self-fulfilling prophecy.'*<sup>1</sup>

Some people take a middle ground – they are not too bothered about their diagnosis, or else they find that it has both helpful and unhelpful aspects.

Whatever you think about diagnosis, there is a range of options that you might find helpful for your problems, which might include medication, self-help groups, psychological interventions, community groups, occupational therapy, social support, help to access education or work, and understanding from friends and relatives.

## **Q: Are there other ways of understanding my difficulties?**

**A:** Yes. Diagnosis is one way to make sense of your problems. There are other ways as well, although some professionals still find this a controversial idea.

### ***Personal stories and narratives***

Groups led by people who have used mental health services or experienced distress, such as The Hearing Voices Network, suggest that finding your own meaning out of your experiences can have a positive and powerful effect, even if your views are quite unusual. It is important for all of us that we are able to make sense of difficult times in our lives, and to find a way through to a point where we can find new hope and enjoyment. This is also the basis of the Open Dialogue approach to mental distress, which supports families and groups to come to a shared understanding of a crisis. For example, you may prefer to understand your experiences in terms of your own spiritual or cultural beliefs. There is also the possibility of working on a story or narrative by yourself, or with the help of friends, family and community groups. It is also important to remember that for some people, the unusual, unshared experiences that they have, even if difficult to cope with, can have a positive, maybe even spiritual, significance and life-enhancing possibilities. In these cases, the person having these experiences might not be distressed, though at times they may receive a negative reaction or cause distress to people around them.

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<sup>1</sup> A Straight Talking Introduction to Psychiatric Diagnosis (2014). p.60 & p.66.



Image developed by Molly Carroll and Steven Coles. Illustration by Miranda Lossifidis.

### ***Psychological formulation***

A psychological formulation is one way of putting together a personal narrative. It is a summary or description of how your experiences or difficulties may have come about. A formulation may be developed over a period of weeks or months. Formulations can be based upon different approaches, such as cognitive behavioural therapy or family work. However, all types of formulations aim to explore the personal meaning of what has happened to you in your life. For further information you could read the leaflet called *Understanding Formulation* <http://bit.ly/1p7chmU>.

Clinical psychologists, some psychiatrists and some other mental health professionals use formulation. By working together, you and the psychologist can combine evidence and psychological knowledge with your description of your own unique circumstances to arrive at a shared explanation about the reasons your problems might have developed. This will form the basis of a plan to help you move forward. A formulation should also take account of an individual's strengths and qualities, not just their problems or vulnerabilities. It tries to explain and make sense of even the most unusual ways of coping, from low mood or anxiety to those that might be called 'psychosis' or 'personality disorder'.

Some people find it helpful to use formulation alongside a diagnosis. For example, they may find the diagnosis a useful shorthand way of describing their problems, and the formulation helps to explain how the problems came about. Other professionals and service users believe that a diagnosis is not necessary (except for practical purposes) once you have worked out a formulation.

### **Q: Can I discuss my views about diagnosis with professionals?**

A: Most professionals will be willing to help you to explore other explanations, such as psychological ones, alongside diagnosis. Many psychiatrists, clinical psychologists, nurses, social workers and others will be happy for you to use personal stories, narratives and formulation without using a psychiatric diagnosis. Others are undecided. Discussions about diagnosis may need careful negotiation with the professionals who know you best. We all have a right to our own opinions and we all should try to be respectful of different points of views. Ask your mental health worker about access to an advocate if you need support with having your voice heard, or else contact [www.u-kan.co.uk](http://www.u-kan.co.uk).



# Where can I find out more?

## **MIND leaflet on Diagnosis**

[www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/diagnosis/#.Vo\\_LiMtid1s](http://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/diagnosis/#.Vo_LiMtid1s)

## **Working with a Psychologist – Understanding Formulation**

Information leaflet from the British Psychological Society, Division of Clinical Psychology.

[www.bps.org.uk/system/files/Public%20files/understanding\\_formulation.pdf](http://www.bps.org.uk/system/files/Public%20files/understanding_formulation.pdf)

Psychiatric diagnosis is also discussed in these free downloads: **Understanding Psychosis and Schizophrenia**

[www.understandingpsychosis.net](http://www.understandingpsychosis.net) and

**Understanding Bipolar Disorder**

[www.understandingbipolar.co.uk](http://www.understandingbipolar.co.uk).

## **A Straight Talking Introduction to Psychiatric Diagnosis** (2014).

Lucy Johnstone, PCCS Books. This book summarises the debates about diagnosis so you can form your own views about it.

## **Position Statement on DSM 5 & Psychiatric Diagnosis**, Hearing Voices Network.

[www.hearing-voices.org/about-us/position-statement-on-dsm-5/](http://www.hearing-voices.org/about-us/position-statement-on-dsm-5/)

Organisations that support non-medical understandings of unusual or distressing experiences.

[www.hearing-voices.org](http://www.hearing-voices.org)

[www.makingwaves.org](http://www.makingwaves.org)

[www.spiritualcrisisnetwork.uk](http://www.spiritualcrisisnetwork.uk)

[www.nationalparanoianetwork.org](http://www.nationalparanoianetwork.org)

## **Legal rights**

If you are not sure of your rights as a mental health service user, this website may help:

[www.mind.org.uk/information-support/legal-rights](http://www.mind.org.uk/information-support/legal-rights)

# Acknowledgements and comments

This leaflet was produced by the Division of Clinical Psychology's Beyond Diagnosis Committee (which includes a range of representatives from the DCP, including experts by experience), in collaboration with Making Waves (a social firm run by experts by experience [www.makingwaves.org](http://www.makingwaves.org)).

The DCP and Making Waves would like to thank the range of experts by experience who gave important feedback on the leaflet and helpful commentary on issues regarding diversity and inclusivity. We would also like to thank the input either as guests to the committee or through the consultation process the comments from our psychology, psychiatry and nursing colleagues. All involved have helped shape this leaflet.

We hope this leaflet is of use to people trying to make sense of their lives and difficulties, and attempting to understand the complexity of mental health service and practices. We hope to contribute to the move away from a 'them and us' position between professionals and experts by experiences – to one where there is 'only us'. We worked hard so that this leaflet was written in this spirit of collaboration and sharing with experts by experience.





For further information on the work of the Society and to download a copy of our annual report, please visit our website or contact us at:

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**MAKING waves**   
challenging ideas about madness