

PRODUCTIVITY COMMISSION MENTAL HEALTHCARE ISSUES – 18 July 2019

Addendum to Submission 536 for Mental Health

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Additional Comment and Evidence to Submission 536

An international article recently published online on 2nd July 2019 by [PSYCHIATRY RESEARCH](#), its UK-based Authors, entirely independent of the Authors of this Submission 536, have presented evidence that supports a key premise of our previous submission.

Specifically that the current DSM-5 “standardised criteria”, as defined in the PC Issues Document as being suitable for diagnosing major Mental Disorders, have such *overlapping* heterogeneity of symptoms between them [Major Depression / Bipolar / Schizophrenia / Anxiety and Trauma/Stressor disorders], as deemed by a well-read Neuroscience Newsletter as to be [scientifically meaningless and worthless](#), and to paraphrase Professor T.Insel, Past Director of the US Institute of Mental Health Director’s Blog of 2013, as quoting “ [the weakness is their \[DSM-5 Criteria\] lack of Validity.](#)”

The Authors published abstract* states:

The theory and practice of psychiatric diagnosis are central yet contentious. This paper examines the heterogeneous nature of categories within the DSM-5, how this heterogeneity is expressed across diagnostic criteria, and its consequences for clinicians, clients, and the diagnostic model.

Selected chapters of the DSM-5 were thematically analysed: schizophrenia spectrum and other psychotic disorders; bipolar and related disorders; depressive disorders; anxiety disorders; and trauma- and stressor-related disorders.

Themes identified heterogeneity in specific diagnostic criteria, including symptom comparators, duration of difficulties, indicators of severity, and perspective used to assess difficulties. Wider variations across diagnostic categories examined symptom overlap across categories, and the role of trauma.

Pragmatic criteria and difficulties that recur across multiple diagnostic categories offer flexibility for the clinician, but undermine the model of discrete categories of disorder.

This nevertheless has implications for the way cause is conceptualised, such as implying that trauma affects only a limited number of diagnoses despite increasing evidence to the contrary. Individual experiences and specific causal pathways within diagnostic categories may also be obscured.

A pragmatic approach to psychiatric assessment, allowing for recognition of individual experience, may therefore be a more effective way of understanding distress than maintaining commitment to a disingenuous categorical system.

- * **Reference** Professors Kate Allsopp, John Read, Rhiannon Corcoran, Peter Kinderman:
Heterogeneity in psychiatric diagnostic classification
Psychiatry Research 279 (2019) 15–22, <https://doi.org/10.1016/j.psychres.2019.07.005>

A Fact checked review of the article by the separate Medical News Today is hyperlinked [here](#)

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