

British Psychological Society statement on the open letter to the DSM-5 Taskforce

The British Psychological Society recognizes that a range of views exist amongst psychologists, and other mental health professionals, regarding the validity and usefulness of diagnostic frameworks in mental health in general, and the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association in particular.

The Society for Humanistic Psychology (Division 32) of the American Psychological Association (APA) has recently published an open letter to the DSM-5 taskforce raising a number of concerns about the draft revisions proposed for DSM-5 which has, to date, been endorsed by 12 other APA Divisions.

A major concern raised in the letter is that the proposed revisions include lowering diagnostic thresholds across a range of disorders. It is feared that this could lead to medical explanations being applied to normal experiences, and also to the unnecessary use of potentially harmful interventions.

Particular concern is expressed about the inclusion of a new diagnostic category "Attenuated Psychosis Syndrome". This proposes to include individuals who are experiencing hallucinations, delusions or disorganized speech "*in an attenuated form with intact reality testing*" but who do not meet current criteria for a psychotic disorder. The Society shares the concerns expressed in the open letter about the potentially harmful consequences of lowering diagnostic thresholds in general and the questionable validity of this proposed diagnosis in particular.

Another concern raised is about the impact of proposed revisions on vulnerable groups such as children and the elderly. The letter highlights that the proposed new diagnostic category "Mild Neurocognitive Disorder" might be diagnosed in elderly people whose memory decline simply reflects normal ageing. The Society welcomes the use of an objective psychometric criterion within this particular DSM-5 diagnosis but shares concerns expressed in the letter about potential for misdiagnosis of normal ageing. We would further highlight the importance of valid psychological interpretation of test results since the proposed psychometric threshold encompasses 1 in 8 of the normal population. There is a particular danger that cognitive functioning of people from ethnic minorities is under-represented on psychometric tests. The Society also shares concerns about the potential for children and adolescents to be misdiagnosed with Disruptive Mood Deregulation Disorder. We also concur that there is a lack of a solid basis in clinical research literature for this disorder and are also concerned about the risk of harm from inappropriate treatment with neuroleptic medication.

The proposals for the revision of the personality disorders section in DSM-5 are described in the open letter as "*perplexing*", "*complex*" and "*idiosyncratic*". The Society has welcomed the move to a dimensional-categorical model for personality disorder. However, we have said that this has not been as visible as expected in the draft revisions. Moreover, we share concerns expressed in the open letter about the inconsistency of the proposed changes and their limited empirical basis.

Finally, the open letter also draws attention to proposals to revise the basic "Definition of a Mental Disorder" and, in particular, a statement proposed by Stein *et al* that it "*reflects an underlying psychobiological dysfunction*". The Society shares concerns about any unsubstantiated shift in emphasis towards biological factors and

in particular the entirely unjustified assertion that all mental disorders represent some form of biological dysfunction. We are, however, reassured by the response from the APA task force (4 November 2011) which states that there is no intent "*to diminish the importance of environmental and cultural exposure factors*" and hope that this will be reflected in the final version.

In conclusion, the British Psychological Society endorses the concerns expressed in the open letter from the Society of Humanistic Psychology (Division 32) of the APA and encourage members to view the letter themselves and consider signing the petition (<http://www.ipetitions.com/petition/dsm5/>). We also urge the DSM 5 taskforce to consider seriously the issues raised therein. These have been now been endorsed by a broad range of experts in mental health, including members of the British Psychological Society and two chairs of previous DSM revision taskforces.

We are, however, encouraged that the DSM taskforce has already responded positively to the open letter and that in their letter (4 November 2011) they emphasized that the manual is "*still more than a year away from publication and is continually being refined and reworked*". They commented that "*Final decisions about proposed revisions will be made on the basis of field trial data as well on a full consideration of other issues such as those raised by the signatories of the petition.*" In a statement issued on 2 December 2011 the American Psychological Association (APA) called upon the DSM-5 Task Force to "*adhere to an open, transparent process based on the best available science and in the best interest of the public*". The British Psychological Society would certainly echo this call.

The final draft of the DSM-5 criteria is due for publication in early 2012 followed by a third, two month, period of public feedback. The Society encourages those members who have relevant expertise to contribute to the on-going process of refinement and improvement of the DSM-5. As a Society we are, as is our counterpart the APA, committed to promoting and disseminating psychological knowledge and, as such, we are keen to ensure that the final version of DSM-5, and other internationally used diagnostic frameworks such as ICD-11, are based on the best available psychological science and will continue to monitor the DSM-5 revision process and contribute further as appropriate.