

# The purpose and structure of the DSM 5

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## IOP2604 Course notes

### 1. Purpose of the DSM 5

The DSM 5 is the diagnostic and statistical **manual of mental disorders**. This is a classification of psychological disorders that provides clinicians with a common language and diagnostic criteria for mental disorders.

The DSM 5 was **published in 2013 by the American Psychiatric Association** and replaced the DSM IV. The progress in research within the last two decades have provided more insight and understanding of the various mental disorders and required the APA to rethink their classification and better structure the DSM.

### 2. Structure of the DSM 5

While previous versions of the DSM very narrowly defined and categorised mental disorders, the DSM 5 acknowledges the complex way in which symptoms present and the high prevalence of overlap of symptoms amongst disorders. The DSM-IV was a multi-axial system (Bergh, 2011) consisting of 5 axes. Mental disorders were classified in these 5 axes. The DSM 5 no longer makes use of axes as the APA (2013) determined that these are not required for diagnosis. Rather, the structure of the DSM 5 includes for each mental disorder diagnostic criteria, recording procedures, diagnostic features, possible associated features, prevalence, development and course of the disorder, risk and prognostic factors, culture and gender issues to be considered, functional consequences of the disorder, differential diagnosis and comorbidities (other associated disorders).

The DSM 5 does not provide a classification for work dysfunctions. It only mentions occupational problems as a “possible focus of clinical attention as it may impact on the patient’s prognosis and treatment” (APA, 2013, p. 723). It does not consider work dysfunctions as conditions that could exist without the presence of a mental disorder. Even the category for Trauma and stressor related disorders do not make provision for work dysfunctions or difficulties related to work-stress. Employees experiencing burnout or high levels of chronic work stress due to organisational factors is likely to be diagnosed with general anxiety disorder or one of the depressive mood disorders as such symptoms often presents itself. Such diagnosis may in some cases be incorrect.

**Reference list:**

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed.). Arlington, VA: American Psychiatric Publishing.

Bergh, ZC. 2011. *Psychological adjustment in the work context*. Pretoria: Unisa.