Essay Question 1: Discuss the issues surrounding classification & diagnosis of SZ including reliability and validity (24marks). 20/21 marks.

The classification system used to diagnose SZ (Schizophrenia) within the UK is called DSM 5. This system has undergone a number of revisions designed to improve its reliability and validity, but critics still remain concerning the inter rater reliability of psychiatrists using it and the validity of the classification system.

Inter rater reliability refers to the consistency and stability of the diagnosis; a person with SZ should be diagnosed with SZ no matter what doctor they choose to see. In 1992 Beck raised the issue of inter rater reliability through the disagreement of Sznic diagnosis using the DSM manual. He found out of 153 patients there was only a 54% agreement rate between two clinicians, this could be due to the vague DSM criteria, which clinicians may interpret differently. In light of this DSM manuals are changing becoming less vague and more objective, allowing a better diagnosis and treatment plan to be given.

Also, Copeland saw a cultural difference in Sznic diagnosis leading to a reduction in Inter rater reliability, giving the same description of a patient to 134 American and 194 British psychiatrists he found a 69% agreement rate between American psychiatrists, compared to just 2% of British psychiatrists giving the same diagnosis, therefore meaning inter rater reliability is higher in the US.

The implication of this is the methodology of the DSM manual may only be able to be applied to western cultures, meaning the patients diagnosis may depend on the psychiatrists background, as a result patients may receive the wrong prognosis and treatment plan.

Another issue is the classification system is subjective and open to interpretation, therefore questioning its validity. Validity refers to how accurate a diagnosis is (a diagnosis of SZ is only valid if the person has SZ). A valid classification system should meaningfully classify a real pattern of symptoms which should arise from an underlying cause leading to a successful prognosis and treatment plan. A type of validity is construct validity this is whether SZ exists as a real pattern of symptoms with an underlying cause. Mallard claimed symptoms used to characterise SZ do not define a specific disorder, but instead the concept of SZ allows a number of different combinations of symptoms. To support this Ellason & Ross found that people with dissociative identity disorder possess more symptoms of SZ than those diagnosed with the disorder. This seeks to show that there is an overlap in symptoms and as a result SZ does not exist with a specific set of symptoms. The consequence of this is those diagnosed with sz may not only receive the wrong prognosis but also be given the wrong treatment plan.

Another issue arising from validity is predictive validity, this is where we question if people with SZ share the same prognosis and response to treatment. Bentall stated that prognosis of patients can vary as his study found; 20% of patients recover completely, 10% show significant lasting improvement and 30% show improvement with intermittent relapse. This study shows that SZ as a disorder lacks predictive validity as some patients never recover fully. In turn this means SZ as a disorder has a poor prognosis and effective treatment rate.

Issues also arise concerning cultural bias, Harrison suggested ethnicity may lead to a misdiagnosis. Harrison reported Sznic rates were 8x higher (46% per 100,000) in Afro