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More harm than good DSM 5 and exclusively biological psychiatry must be completely rethought

Western psychiatry is in crisis. The direction taken by the new Diagnostic and Statistical Manual of Mental Disorders (DSM 5), due to be published later this week, has received ample criticism. Moreover, in disagreement with the American Psychiatric Association, the United States National Institute of Mental Health (NIMH), the world's largest research institute, has announced they will no longer fund projects based exclusively on DSM categories. Unfortunately, while Mental Health Europe considers the NIMH decision to be the right one, by focusing almost entirely on neuroscience and on so-called disorders of the brain, the NIMH is missing out on the critical importance of user experiences to psychiatric research and to the practice of psychiatry.

Mental Health Europe is extremely concerned that the publication of DSM 5 represents another step in the increasing dominance of a wholly biological approach to mental health problems, supported by an enormous machinery of science, technology and economic interests. What is more, one of the visible consequences of this approach is the relative downgrading of psychological and social interventions, which support personal and social recovery. Moreover, psychological and social interventions are becoming dependent on the biological model, instead of responding to the needs and aspirations of mental health service users. Obviously, this is in contradiction with the social and human rights perspective of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), now ratified by the European Union and by more than 100 countries worldwide.

Furthermore, Mental Health Europe is alarmed that the DSM 5 includes many diagnostic categories with questionable reliability, which increasingly medicalize normal reactions, such as grief or shyness. A label of psychiatric illness would therefore be imposed on people who would fare much better without one. Consequently, the manual could also lead to unnecessary and potentially harmful treatment, especially considering the relative ease with which potent psychotropic drugs are prescribed.

Therefore, Mental Health Europe denounces the exclusive use of biomedical approaches in the new Diagnostic and Statistical Manual. While science can be very useful for mental health and wellbeing, the simplistic and imposed application of partially explored, reductionist science can also impede understanding of the human condition and encroach on basic human rights.

There are many tried and tested psychosocial approaches to treating and supporting people with mental health problems, which have been neglected by the powerful political and commercial interests which dominate western psychiatry. Over the next few months, Mental Health Europe will be giving prominence to some of these through our newsletter and website, so that service users and their families can make informed judgements. Articles, research and conference summaries will be published, covering models which combine medical with other approaches, as well as models which are not at all medically based.

In light of the previous points, Mental Health Europe also calls on World Health Organisation to take account of these widespread concerns in the forthcoming revision of the International Classification of Diseases, and to give much more weight to service user experience and psychosocial approaches in classifying mental health problems and in assessing the effectiveness of interventions.

“Mental health problems are not black and white. They can be fleeting or permanent, stem from a multitude of causes, and, depending on the individual person, respond to different interventions. The biomedical approach in the DSM 5 is thus restrictive and harmful, and should definitely be rethought,” said Karina Huberman, MHE Acting Director.

For more information, please contact MHE Information and Communications Manager Silvana Enculescu at silvana.enculescu@mhe-sme.org. MHE Senior Policy Adviser Bob Grove and MHE Policy Officer Yves Brand will be available for interviews.