



# **Mental Illness or Mental Disorder?**

**Does it make any difference?**

**Tom Burns**

**Emeritus Prof of Social Psychiatry  
University of Oxford**



**The importance of diagnosis in  
psychiatric care**

**Our evolving relationship with  
our twin discipline of clinical  
psychology**

# Philippe Pinel. Paris 1783



# York Retreat: Henry Tuke 1796

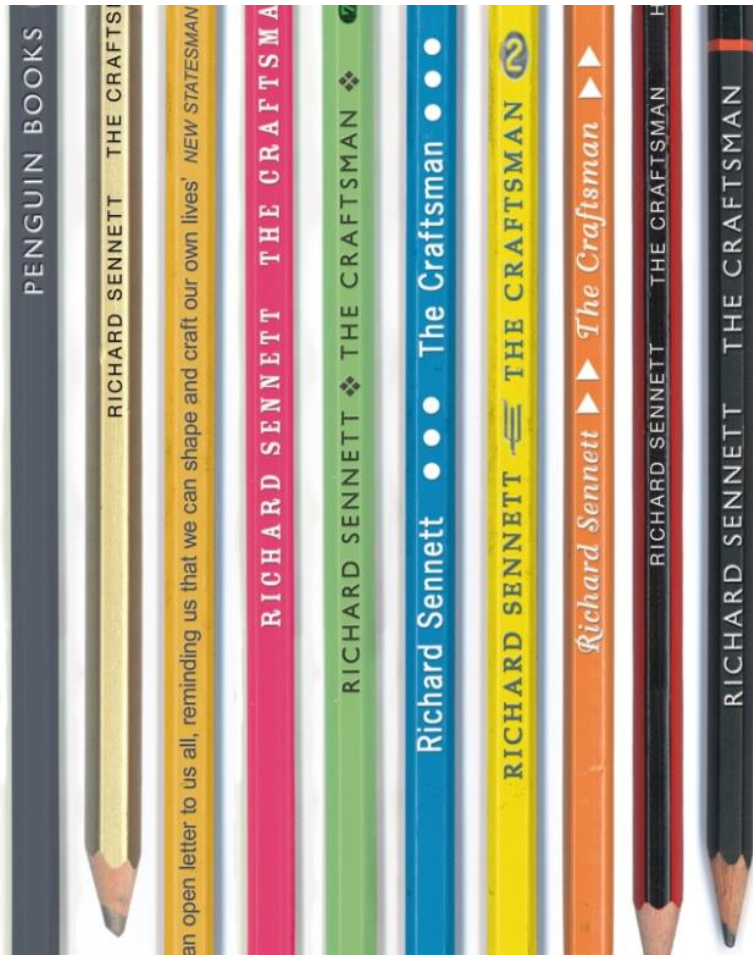


# Simon Sinclair:

## Making Doctors:

- **A craft profession,**
- **Informed by science but not a science**
  
- Apprentice training
- Teaching by showing
- Value of repetition
- Knowledge and skills
- Shouldering responsibility
- Operating in uncertainty
- Tribal identity
  - Cohesion and Competition

# Richard Sennett: The Craftsman



- Skill takes 10,000 hours
- Application of repeatedly practiced skill against resistance

'A lifetime's worth of wisdom'  
Steven D. Levitt, co-author of *Freakonomics*

The International  
Bestseller

Thinking,  
Fast and Slow



Daniel Kahneman  
Winner of the Nobel Prize



Diagnosis is pattern  
recognition - *fast thinking*

Formulation is *slow thinking*

Kendell – diagnosis in 8  
minutes

- Words signify families of objects, rather than define classes.
- A hemp rope is strong despite none of the fibres running right through

- Wittgenstein



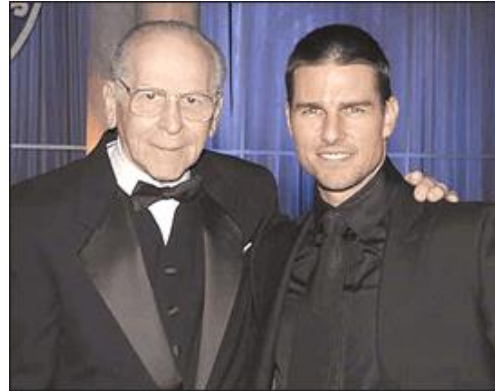


- Challenges to this approach
  1. Philosophical – Antipsychiatry
  2. Academic / Research
  3. ‘Medical model’ – Neurosciences
  4. Societal change and expectations:
    1. MDTs
    2. Clinical psychology

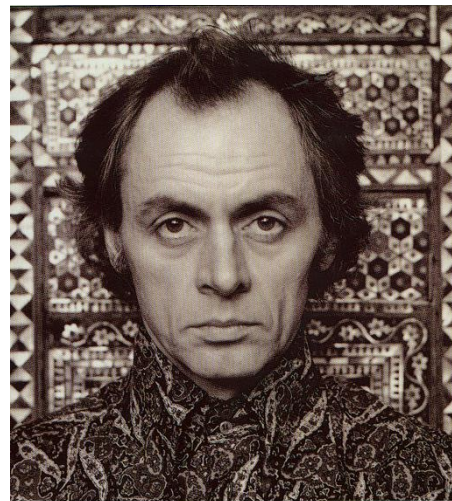
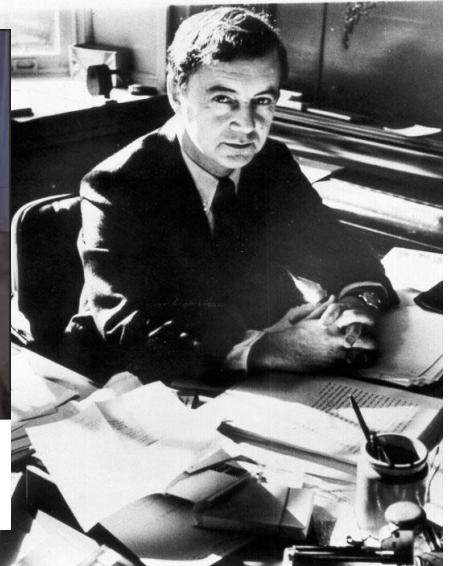
# Challenges to 'mental illness'

## The 1960s Antipsychiatrists

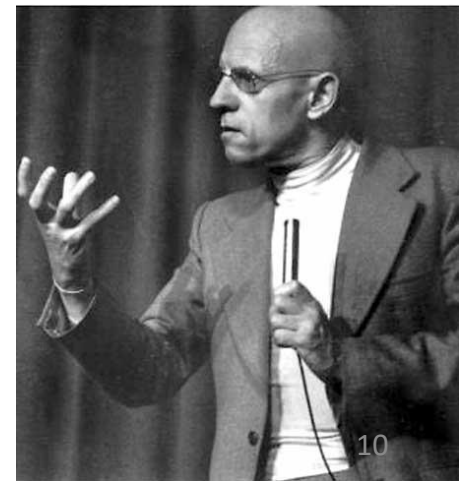
- Erving Goffman – 'Asylums'
  - Impact of 'total institutions'
- Thomas Szasz –
  - 'The myth of mental illness'
- Michael Foucault
  - 'Madness and Civilisation'
- RD Laing
  - 'The Divided Self'



Thomas Szasz with Tom Cruise at the annual Citizens Commission on Human Rights Awards night. The group is co-founded by Dr. Szasz and investigates psychiatry as a civil rights abuse.



A D R I A N L A I N G



# Pursuit of reliability with criteria : DSMIII 1980

- Rosenhahn Experiment,
- UK/US diagnostic study,
- WHO's IPPS
- Drive for reliability based on fixed criteria
- Need for consistent diagnoses for clinical trials

# Effects of excessive emphasis on atheoretical reliability

- DSM subtypes of mood disorders:

• DSMII	(1968)	8
• DSMIII	(1980)	30
• DSMIIIR	(1987)	97
• DSMIV	(1994)	2655

# Distinguishing Between the Validity and Utility of Psychiatric Diagnoses

Robert Kendell, M.D.

Assen Jablensky, M.D.

**Objective:** The meaning of the terms “validity” and “utility” as they apply to psychiatric diagnoses is examined.

**Method:** The authors discuss the concepts of validity, utility, and disease; review assumptions that have been made about mental disorders as disease entities; and examine the evidence that mental disorders are separated from one another and from normality by natural boundaries (zones of rarity).

**Results:** Despite historical and recent assumptions to the contrary, there is little evidence that most currently recognized mental disorders are separated by natural boundaries. Researchers are increasingly assuming that variation in symptoms is

continuous and are therefore questioning the validity of contemporary classifications.

**Conclusions:** It is important to distinguish between validity and utility in considering psychiatric diagnoses. Diagnostic categories defined by their syndromes should be regarded as valid only if they have been shown to be discrete entities with natural boundaries that separate them from other disorders. Although most diagnostic concepts have not been shown to be valid in this sense, many possess high utility by virtue of the information about outcome, treatment response, and etiology that they convey. They are therefore invaluable working concepts for clinicians.

*(Am J Psychiatry 2003; 160:4–12)*

# Kendell and Jablensky

- Validity and utility
- Categories versus dimensions
- Causal mechanisms (outdated genetics)
- Diagnosis a hypothesis or communication
- Diagnosis dependent on context
  - Eg BP or depression

## Speed of diagnosis

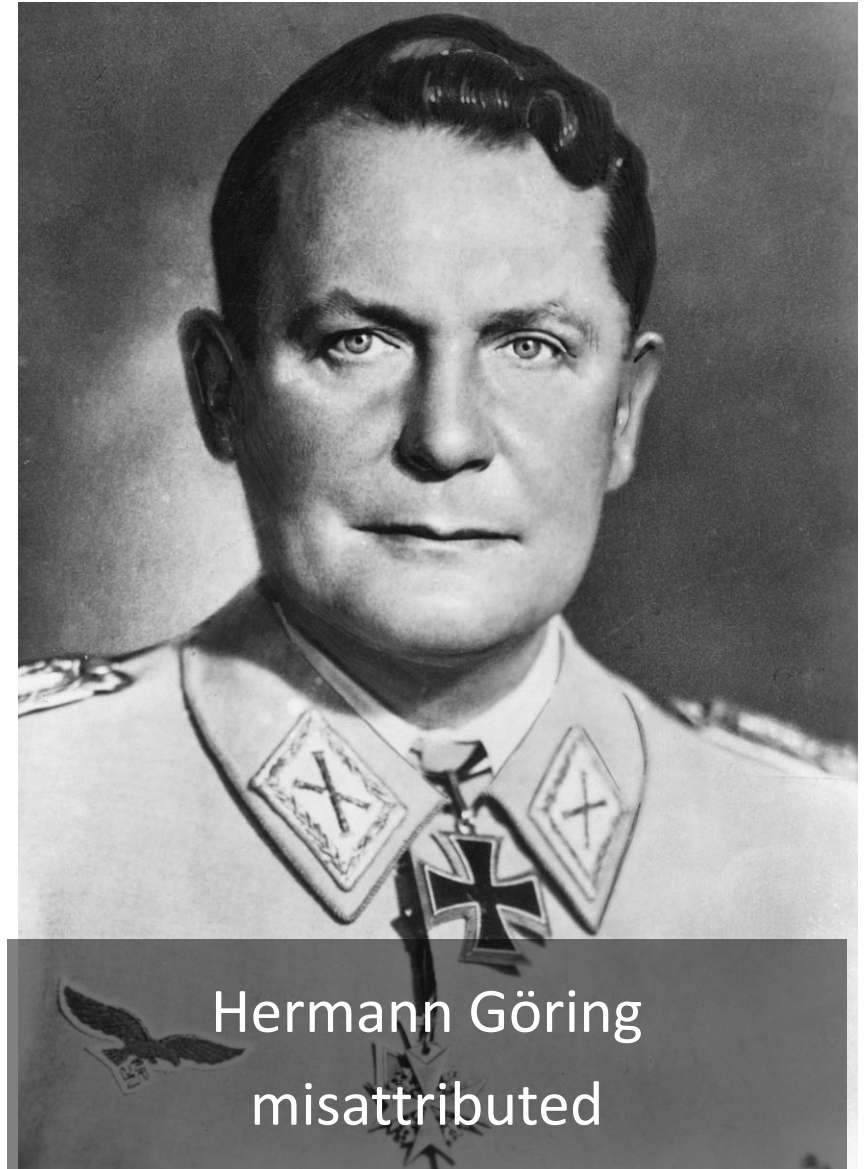
### Kendell: Role of diagnosis in psychiatry 1975

that fully half the symptoms elicited at any stage were reported within the first 3 minutes of these interviews, and that the raters' preferred diagnoses after the first 3 minutes were the same as their final diagnoses three times out of four.

series of twenty eight unselected psychiatric patients. These were presented to audiences of experienced psychiatrists in three alternative ways, as a videotape (vision and sound), as an audiotape (sound only), and simply as a written transcript. To the author's surprise, the accuracy of the audiences' diagnoses, using the patients' final hospital diagnoses as a criterion, was just as high when they were given only the audiotape or the transcript as when they were shown the full videotape. Moreover, in spite of Gauron and Dickinson's conviction that

style, whereas more experienced registrars and consultants followed a recognizable train of thought, and as a result asked fewer questions and achieved considerably higher efficiency. The investigators also found, though, that diag-

“When I hear  
the words  
medical  
model  
psychiatry,  
*(culture)*  
that’s when I  
reach for my  
revolver”



Hermann Göring  
misattributed



Cuthbert and Insel *BMC Medicine* 2013, **11**:126  
<http://www.biomedcentral.com/1741-7015/11/126>



**DEBATE**

**Open Access**

# Toward the future of psychiatric diagnosis: the seven pillars of RDoC

Bruce N Cuthbert<sup>1,3\*</sup> and Thomas R Insel<sup>2,3</sup>

## Abstract

**Background:** Current diagnostic systems for mental disorders rely upon presenting signs and symptoms, with the result that current definitions do not adequately reflect relevant neurobiological and behavioral systems - impeding not only research on etiology and pathophysiology but also the development of new treatments.

**Discussion:** The National Institute of Mental Health began the Research Domain Criteria (RDoC) project in 2009 to develop a research classification system for mental disorders based upon dimensions of neurobiology and observable behavior. RDoC supports research to explicate fundamental biobehavioral dimensions that cut across current heterogeneous disorder categories. We summarize the rationale, status and long-term goals of RDoC, outline challenges in developing a research classification system (such as construct validity and a suitable process for updating the framework) and discuss seven distinct differences in conception and emphasis from current psychiatric nosologies.

**Summary:** Future diagnostic systems cannot reflect ongoing advances in genetics, neuroscience and cognitive science until a literature organized around these disciplines is available to inform the revision efforts. The goal of the RDoC project is to provide a framework for research to transform the approach to the nosology of mental disorders.

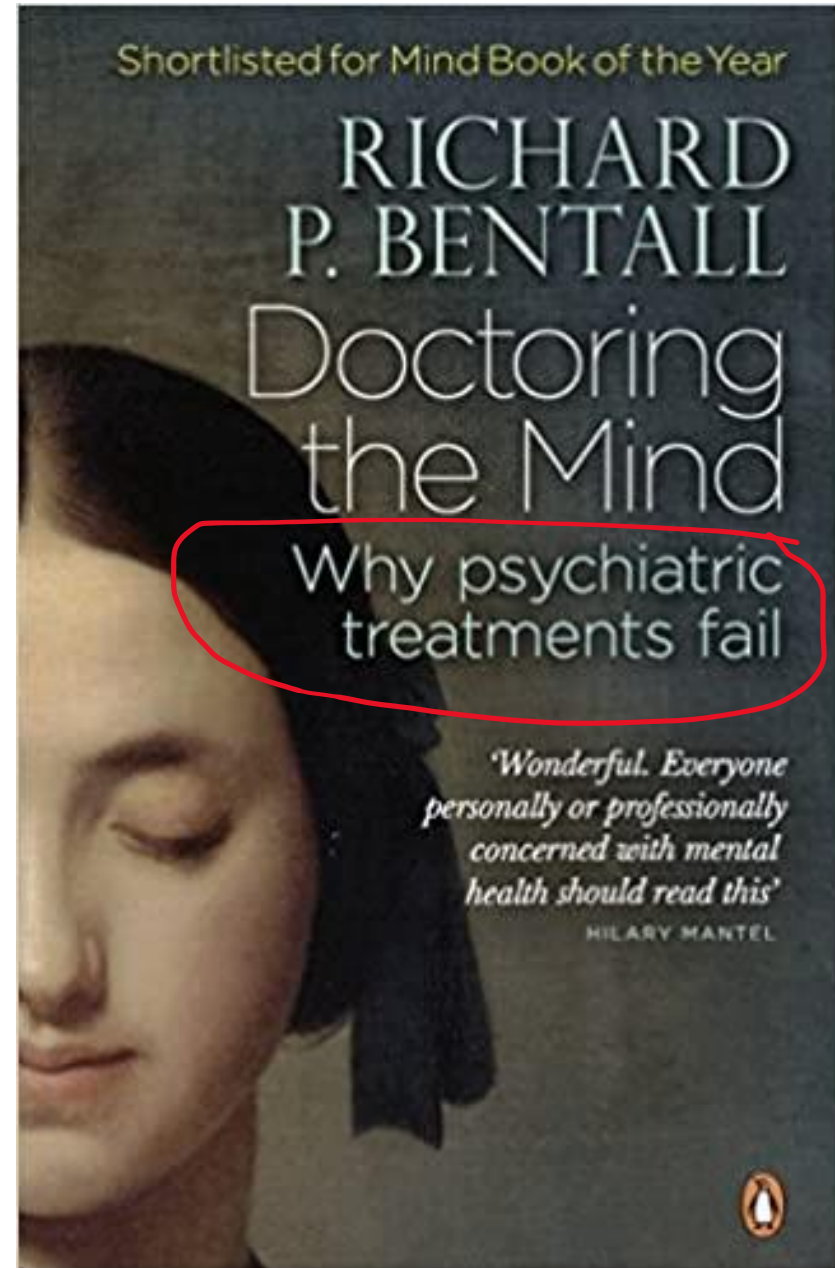
**Keywords:** Diagnosis, DSM, ICD, Psychiatric diagnosis, Psychopathology, RDoC, Research domain criteria

# Robert Insel on leaving NIMH for Google: 2017

“I spent 13 years at NIMH really pushing on the neurosciences and genetics of mental disorders, and when I look back on that I realize that while I think I succeeded in getting lots of really cool papers published by cool scientists at fairly large cost – I think \$20 billion – I don’t think we moved the needle in reducing suicide, reducing hospitalization, improving recovery for the tens of millions of people who suffer from mental illness. I hold myself accountable for that.”

# Team Working

- MDTs
  - Impact of therapeutic communities
  - Professional aspirations
- Clinical Psychology
  - One per hospital 1960
  - 8000 by 2010
  - Intellectual caliber
  - Rivalry





# Advantages of Mental Illness over Mental Disorder

1: Embraces the accusation  
of 'social construct'

Recognises the reality of medical  
training and contribution



# Advantages of Mental Illness over Mental Disorder

2. Complexity generates intellectual curiosity and pride
3. Recognises 'fuzzy edges'
4. Recognises context and utility

Diagnosis transcends narrow  
biomedical concepts

# Over and out

