International DSM-5 Response Committee

Statement of concerns over the DSM-5

[DSM-5 refers to the American Psychiatric Association's fifth edition of the Diagnostic and Statistical Manual of Mental Disorders; a handbook for psychiatric diagnosis and classification, scheduled for publication for 20th May, 2013.

We believe that there is now overwhelming evidence that DSM-5:

- Is the result of a secretive, closed, and rushed process that put publishing profits ahead of public welfare;
- Is in many places scientifically unsound and statistically unreliable, and did not received a much needed and widely requested external scientific review;
- Is clinically risky because of many new and untested diagnoses and lowered diagnostic thresholds
- Will result in the mislabeling of mental illness in people who will do better without a psychiatric diagnosis
- Will result in unnecessary and potentially harmful treatment with psychiatric medication;
- Will divert precious mental health resources away from those who most need them.

For these reasons, we have serious concerns about the new DSM-5 scheduled for publication by the American Psychiatric Association on 20th May, 2013.

These concerns should be resolved through concerted, interprofessional, international dialogue. Such dialogue should involve detailed critique of these proposals, consideration of possible alternatives, including non-medical approaches such as the problem-focused approach and individual case formulation used in evidence-based psychological therapies. There should be comprehensive, peer-reviewed, scientific field testing of any proposed suggestions.

Until these issues have been addressed, we believe that clinicians should not use DSM-5 in their clinical decisions and communications wherever possible. Wherever possible, researchers should choose not to use the scientifically unsound DSM-5 categories as the basis of their studies, especially as such invalid diagnoses may compromise their own findings. We believe that, due to the availability of safe and legal alternatives, healthcare planners, managers, and commissioners have no need to use DSM-5 for planning or billing purposes. Colleagues in the pharmaceutical industry should avoid the use of DSM-5 diagnostic codes in planning, conducting or reporting their work, especially as they bear little relationship to underlying biological mechanisms. In addition, journal editors should consider whether it is appropriate to publish scientific papers that unquestionably assume the reliability and validity of DSM-5 diagnostic categories. Finally, the media should be aware of the scientific, theoretical, and ethical problems in DSM-5 when reporting on mental health issues.

Who are the International DSM-5 Response Committee?

We are a group of mental health professionals – psychiatrists, psychologists, nurses, social workers and others – and academics, service users and carers. We represent a number of professional, service user, and scientific bodies across the globe. Many of us are very widely published scientists and many of us hold or held senior positions in academic and professional organizations. We are unified in our concerns about the possible negative consequences of DSM5.

Psychiatry, clinical psychology, social work and other disciplines in mental health care seek ultimately to help those who are suffering. But all these professions aiming to improve mental health and well-being, as well as service users, deserve an approach to understanding and describing their problems that truly reflects and represents the very best our science and practice has to offer. We believe that the DSM-5 falls far short of expectations, fails to represent the best available approaches to understanding and describing mental health problems, and, more concerning, actually poses potential dangers to the population served by psychiatry.

We recognize that many clinicians and scientists have worked hard to produce DSM-5, and have done so in good faith. However, many experts in the field have also spoken out in good faith about flaws in the document, and most of these flaws have not been resolved by the DSM-5 Task Force. Good faith efforts to reform the DSM-5 (including the Open Letter to DSM-5 with over 50 professional organizations and over 14,000 individual signatories from across the globe) have had little impact. The American Psychiatric Association, in addition, has refused to submit the DSM-5 draft to external, independent review in order to address inconsistencies with the empirical literature and resolve potential conflicts of interest. As a result, this Statement of Concern, also in good faith, calls on clinicians, consumers, scientists and other relevant parties to avoid use of the DSM-5 wherever possible and to actively seek out alternative diagnostic approaches.