In previous newspaper columns, I've vented about my profession's over-reliance on psychiatric diagnoses as ways to identify mental health issues and determine how best to treat them.

Well, a recent study published in *Psychiatry Research* examined the reliability and usefulness of our diagnostic system. The researchers conducted an in-depth analysis of the major diagnostic categories in the Diagnostic and Statistical Manual (DSM), which is the main resource mental health professionals use to label psychiatric conditions like anxiety, depression, schizophrenia, bipolar disorder, etc.

Their conclusions, which will likely stir considerable controversy, are as follows:

1. The decision-making guidelines used to determine diagnoses are inconsistent across various diagnostic groups, meaning there is no uniform methodology for deciding which mental health condition applies.
2. The overlap of symptoms between diagnostic categories is widespread, meaning many so-called distinct mental disorders share similar symptom profiles, making it difficult to parse out the accurate one. For example, many so-called anxiety and depressive disorders share some identical features.
3. Most diagnoses overlook or underplay the role of emotional trauma in the development and persistence of mental health issues. This is surprising given that other research shows most individuals seeking mental health care have a history of emotional trauma.
4. Psychiatric diagnoses tend to gloss over or ignore the unique nature of individuals and their life experiences. They lump folks into huge categories that generalize and blur their distinct conditions. This often leads to treating the malady rather than the person, which is anathema to effective mental health care.

Not ones to mince words, the researchers called psychiatric diagnoses "disingenuous" and "scientifically meaningless" and contributors to "stigma and prejudice." They place blame in this regard squarely on the shoulders of the longstanding effort to use the medical model of physical healthcare as a blueprint for mental health treatment. The medical model attempts to clearly delineate bodily diseases and injuries in hopes of applying the most efficacious treatment. The attempt to identify neurological and neurochemical markers responsible for certain mental disorders reflects this approach. In fact, the extensive use of antidepressant medication is predicated on this framework.

Perhaps the most damaging aspect of psychiatric diagnoses involves dehumanization of the patient. Once applied, a diagnostic label makes a person less a unique individual and more a disease category. It also reinforces standard assumptions about her or him that may or may not be true (e.g., "all depressed people have disordered brain chemistry"). Finally, it discourages the mental health professional from digging deeper, discovering that individual's unique characteristics, and considering a treatment approach tailored to that uniqueness, rather than the DSM's paint-by-numbers modus operandi.

Of course, psychiatric diagnoses also have a way of becoming self-fulfilling prophecies. Once labeled, a patient may begin interpreting her or his symptoms within the diagnostic framework given to them. This increases the odds they will perceive and act in ways that confirm both the symptoms and the associated diagnosis ("You are what you think, having become what you thought").

The responsibility for this does not rest solely on the mental health profession, although mostly it does. As with medical conditions, patients struggling with mental health issues want to know what ails them, and diagnostic labels are the short-form way to get there.

Trouble is, sometimes those labels hurt more than help.