Introduction

Receiving a formal diagnosis can have a powerful impact. ²¹ It can be of great value for people to make sense of their experiences, provide a sense of meaning and allow for a diagnosis to be confirmed. ²² Nonetheless, diagnosis has also been associated with unintended negative consequences, including feelings of fear and hopelessness, stigma, loss of identity and treatment avoidance. ²³

Evidence suggests that the impact is influenced by how diagnoses are decided and communicated (e.g. whether the diagnosis is framed as enduring or malleable, as well as the timing and medium of communication). ²⁴ It is important to collate this evidence due to its high relevance to understanding and informing the diagnostic process.

Results

Of the 53 studies, 38 involved service user participants, 17 involved clinicians, and seven involved carers and family members. The most frequent diagnoses included in these studies were Mood Disorders, Personality Disorders, and Psychotic Disorders.

Preparatory analyses identified emerging themes regarding views and experiences of current diagnostic practice. Critical components were highlighted; for each, examples are given of helpful and helpful practice, and as well as participant concerns and suggestions for improvement.

Discussion and conclusion

Diagnosis is often a pivotal moment for service users, therefore the way it is decided and communicated warrants attention. ²⁵ In this review, there are emerging regarding particular aspects that are considered helpful and unhelpful.

They involve service user-clinician collaboration with regards to deciding and discussing diagnoses that are contextualised in the whole person, therapeutic relationships, teams, systems and recovery. Appearance in the literature is the individual nature of diagnosis; there is not one ‘right’ way to diagnose, instead, an approach that is collaborative, flexible and sensitive to the individual’s needs and preferences is suggested.

This review is still underway, and therefore the above data is considered preliminary and subject to revision through iterative analyses.

Perspectives and experiences of the process of mental health diagnosis: a systematic review

Amorette Perkins1, Joseph Ridler1, Dr Guy Penyer1, Dr Caitlin Notley1, Dr Corinna Hackmann1

1Norfolk and Suffolk NHS Foundation Trust, Norwich, UK; University of East Anglia, Norwich, UK; correspondance author: amorette.perkins@nft.nhs.uk

Databases searched

• PsychoINFO, Embase, Medline and CINAHL (database inception to October 2016).

Inclusion criteria

• Adults (18+) who have received a mental health diagnosis in a western health setting, their carers or family, or clinicians involved in giving mental health diagnoses.

Exclusion criteria

• Developmental disorders, substance abuse disorders, somatic disorders, dementia and brain injury.

Eligible study designs

• Formal qualitative methodology, with primary data on service user / carer / family / clinician views, experiences or recommendations for adult mental health diagnosis.

Critical appraisal

• Quality was critically assessed with reference to the CASP qualitative assessment checklist, supplemented with a narrative approach.

Analysis

A standardised form was used to extract demographic information. Qualitative data extraction involved line by line coding using NVivo-11. Codes were used to collate descriptive and analytical themes, accounting for the number of times a code occurred, alongside relevance, usefulness, and transferability. Data extraction and thematic synthesis are still ongoing.

References

1. Hagen, M. Experiencing psychiatric diagnosis: client perspectives on being named mentally ill / Psychol Heal Mente 2003; 17:72-92
5. Amorette Perkins, Joseph Ridler, Dr Guy Penyer, Dr Caitlin Notley, Dr Corinna Hackmann. Perspectives and experiences of the process of mental health diagnosis: a systematic review. University of East Anglia, Norwich, UK; University of East Anglia, Norwich, UK; Corresponding author: amorette.perkins@nft.nhs.uk

Implications and further research

This review is part of a programme of research to support a better understanding of service user, carer / family and clinician needs and preferences regarding the diagnostic process. It will inform future qualitative research to develop recommendations for best practice.

"I can’t emphasise this enough… I would have accepted it more if they explained what schizophrenia was…"

Service user p.731

"…provide some sort of hope… like letting someone know that there are a range of interventions… also without sort of providing false hope.

Clinician p.743

"I am impressed by the number of people with schizophrenia who I meet who do not know their diagnosis and the largely positive effects telling the diagnosis has."

Clinician p.338

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University of East Anglia

Norfolk and Suffolk NHS Foundation Trust

Norwich, UK

University of East Anglia

Norwich, UK

Correspondence author: amorette.perkins@nft.nhs.uk

Norwich, UK

University of East Anglia

Norwich, UK

Correspondence author: amorette.perkins@nft.nhs.uk

Norwich, UK

University of East Anglia

Norwich, UK

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Norwich, UK

University of East Anglia

Norwich, UK

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