

Mental health 'labels' can do more harm than good, warn researchers

August 18 2015, by Andy Dunne



Labels such as 'borderline personality disorder' or 'schizophrenia' may be having adverse negative effects on the patients diagnosed with them, according to new research from our psychologists.

Diagnosing patients with medical labels to describe mental health conditions or severe mental health illnesses such as 'personality disorder' or 'schizophrenia', can have negative impacts on professionals working with them and could lead to less effective treatments being delivered, according to leading clinical psychologists based at our University.

According to the charity Mind, three to five people in every 100 are estimated to be diagnosed with 'personality disorders' in the UK, with one to three in every 100 living with 'schizophrenia'. However the use of such labels, the researchers argue, can create a 'self-fulfilling prophecy', which could exacerbate a patient's conditions and lead to less well targeted treatments and interventions.

It is commonly believed that some [psychiatric diagnoses](#) are stigmatising and lead to negative evaluations by the public, family members and even the person with [mental health](#) problems themselves.

Yet, whereas [previous work](#) mostly assumed those working within the mental health professions would be immune to such beliefs, the latest research published in the journals British Journal of Clinical Psychology and Behavioural & Cognitive Psychotherapy found this not always to be true. According to the research team, labelling patients with these conditions risks not only stigmatisation in wider society, but also within the helping professions.

Wrongly judging a book by its cover

The researchers behind two new studies suggest a diagnosis of 'borderline personality disorder' may be particularly problematic in this way. A person with a 'disordered personality' might be regarded as especially damaged in all areas of life and therefore to be kept at arm's length due to negative perceptions which exist about the behaviours that tend to accompany such diagnoses.

This in turn might lead clinicians to wrongly assume tendencies and behaviours that may not be present. The researchers suggest this is akin to wrongly judging a book by its cover – offering treatments in response to conditions but not fully taking into account an individual's specific needs.

In a controlled experiment, they used a video of someone suffering from a relatively simple anxiety problem then randomly allocated mental health therapists into groups, each given different amounts of incidental background information.

Before the video started, one group was given simple descriptions about

a patient; another was given additional information corresponding to behaviours linked to [personality disorders](#); whilst a final group was also told that a psychiatrist had previously suggested a diagnosis of personality disorder. The therapists were then asked to watch and then assess what they saw on the video itself.

In fact the diagnosis was incorrect; the person in the video only had an anxiety disorder, yet the research found that therapists' judgements of the patient were negatively influenced by the label '[borderline personality disorder](#)', but not by the description of the behaviours corresponding to the diagnosis, or what was observed on video.

Assessing the impact of a label

This is the first time researchers have been able to tease apart the impact of the diagnostic label over other factors such as the behavioural description which may have led to that diagnosis. It seems that it is not the behaviour that influenced therapists, but the addition of the diagnosis, which made them inappropriately pessimistic.

Author and Professor of Clinical Psychology and Applied Science at Bath, Paul Salkovskis explained: "We know that therapists' expectations when they first assess patients will influence the later course of treatment. This is why diagnostic labels can be so damaging for a patient as well as ineffective at treating the conditions they exhibit.

"Those working with patients with mental illness need to be extremely cautious both in the use of diagnostic labels to describe a patient and mindful of the influence that such labels can have on their own clinical judgements."

Clinical Tutor for the Doctorate in Clinical Psychology Programme at Bath, Lorna Hogg, added: "What is particularly interesting about the

findings is that evidence clearly indicates that having a personality disorder as well as anxiety doesn't make it any harder to treat the anxiety. So it is really important that clinicians stay up-to-date with current evidence and make all-important decisions about treatability based on this.

"Training and supervision are also really important to help clinicians become more aware of the judgements they make that might affect treatment and crucially challenge these."

Improving provision

In order to improve treatments and support available to patients, greater awareness of the negative impacts such labels can have should be shared throughout the professions in particular in training, the authors suggest.

Dr Danny C K Lam, co-author, said: "The findings in these two research studies show that medical labels can be an obstacle not only to the treatment process and outcome, but can also be problematic to how the individual being labelled perceives him or herself as a person. The label is "sticky" and stigmatising, hard to remove and is unlikely to be helpful to the individual's understanding of his mental health problem.

"Mental health professionals could explore the bio-psycho-social factors in the assessments of patients in order to better understand what the problem is and how these symptoms of the problem developed, are maintained or get worse. This would help improve the treatment efficiency, lessen the stigmatising nature of medical labels, and avoid the unwanted influence such labels can have on clinicians' judgements."

More information: "Judging a book by its cover': An experimental study of the negative impact of a diagnosis of borderline personality disorder on clinicians' judgements of uncomplicated panic disorder."

British Journal of Clinical Psychology. doi: 10.1111/bjc.12093

Provided by University of Bath

Citation: Mental health 'labels' can do more harm than good, warn researchers (2015, August 18)
retrieved 2 May 2024 from <https://medicalxpress.com/news/2015-08-mental-health-good.html>

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