

Psychiatric diagnostic tools may not be valid for African Americans

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Depression in African Americans, according to Sirry Alang, assistant professor of sociology and anthropology at Lehigh University, is expressed in ways that are inconsistent with symptoms of depression laid out in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). The DSM-V is the primary source of diagnostic information, relied upon by not only clinicians and researchers, but also psychiatric drug regulation agencies, health insurance companies, pharmaceutical companies, the legal system, and policy makers.

After spending twelve months in a disadvantaged predominantly Black neighborhood in the Midwest to understand how African Americans perceive [depression](#), Alang suggests that clinicians and researchers should be asking if the instruments they use to diagnose and assess depression are really valid among African Americans. She details her findings in a [study](#) called "'Black folk don't get no [severe depression](#)': Meanings and expressions of depression in a predominantly black urban neighborhood in Midwestern United States" published in *Social Science & Medicine* Journal.

In the study, Alang suggests that African Americans perceive depression as a weakness inconsistent with notions of strength in the community, rather than as a health condition. The study results have significant implications for the clinical assessment of depression and for the measurement of depression in community surveys.

"It is impossible to effectively diagnose and treat depression among

African Americans if their perspectives about depression are not taken into account," she explains.

According to Alang, although the population she studied expressed depression through classic depressive [symptoms](#)—such as feeling hopeless, loss of sleep, and losing interests in activities—symptoms like anger, agitation, and the frantic need for human interaction were also considered by them to be indicative of depression. These symptoms are inconsistent with symptoms outlined in the DSM-V.

"For example, clinicians might 'miss' symptoms like anger if they are focused on depression as defined by the DSM-V," says Alang. "But they won't miss these symptoms altogether if they are open to the possibility that some African Americans have their own beliefs about depression, and that they might express symptoms consistent with those beliefs but inconsistent with how the DSM-V classifies depression."

To collect data for the study, Alang participated in and shadowed activities with residents of the neighborhood. She conducted informal interviews with key contacts in their homes, at church, during community events and in other public places including streets, barber shops, hair salons, and bus stops.

She found that despite disproportionate exposure to social and economic disadvantage, the African Americans she studied perceive themselves to be resilient.

"Depression does not exist in a vacuum, but is linked to racial discrimination that is insidious and persistent within the context in which African Americans live," she says.

Alang concludes that improving Black mental health calls for meaningful engagement in analyzing the racial effects of policies, practices, and

programs.

More information: Sirry M. Alang, "Black folk don't get no severe depression": Meanings and expressions of depression in a predominantly black urban neighborhood in Midwestern United States, *Social Science & Medicine* (2016). [DOI: 10.1016/j.socscimed.2016.03.032](https://doi.org/10.1016/j.socscimed.2016.03.032)

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