# CLASSIFICATION IN CLINICAL PRACTICE

## A GUIDE TO MANAGING CLASSIFICATION DILEMMAS IN CHILD AND ADOLESCENT PSYCHIATRIC PRACTICE

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Accountability
This guide was prepared by a project group in response to a wide call from child and adolescent psychiatrists. In three sessions – under the leadership of a core team consisting of child and adolescent psychiatrists, a philosopher of science, and ethicist specialising in psychodiagnostics and a process supervisor – a broad theoretical and practical framework was used to identify which classifications are useful in which contexts, and what the risks of classification are. This involved analysing dilemmas encountered in practice and considering specific courses of action. Based on this input, which was supported by a selective literature review (see references), the core team developed the initial versions of the guide. These versions were discussed with the project group and presented to a peer review group consisting of child and adolescent psychiatrists who were not involved in the development of the guide. The guide was adopted by the board of the Department of Child and Adolescent Psychiatry (KJP) in 2024.

The guide is based on expert opinion. The core team has relied on existing insights and literature in the field of classification in (child and adolescent) psychiatry (see references). No systematic literature analysis was performed.

The NVvP and the authors of the guideline accept no liability for any unexpected inaccuracies in the guide or any consequences thereof. Suggestions for improving the form and/or content of this guide are welcomed by the core team.

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# PREFACE & INTRODUCTION

# PREFACE

If there are significant advantages and disadvantages to establishing a psychiatric classification, what do you do? Child and adolescent psychiatrists regularly face this dilemma. As carefully described in the psychiatric diagnostic guideline ('Richtlijn Psychiatrische Diagnostiek'), classification plays a limited role in the diagnostic process. Even so, it is an important part of our day-to-day work. Questions regarding classification often weigh heavily on the minds of family members: does he have ADHD? Is she suffering from depression? This guide serves as a tool to help make informed decisions, in consultation with the family, about individual dilemmas regarding psychiatric classification.

## Background

Young people and families with emotional, thinking and behavioural problems can turn to youth care services or youth mental health organisations for help. professionals work with families to try to understand and interpret these problems. Together, they can decide on the best path towards change. Descriptive diagnosis is a valuable structure in the psychiatrist's interpretation of these problems. This is often followed by a DSM-5 classification. Classifying with DSM-5 can present dilemmas, as classifications have multiple advantages, but also pose different risks. Classifications play a role not only in the therapeutic context, but also in the broader societal context, in the organisation of care and in the context of research. In the decision to classify (or not), there are both individual and societal interests at stake. In certain cases, classification may be useful in one context, but come with significant risks in another.

## Reading guide

This guide has been prepared to assist professionals in individual situations where the decision to apply a DSM classification (or not) presents a dilemma. No general statements about the current role of the DSM classifications in psychiatry are made. The guide has been written by child and adolescent psychiatrists. This does not preclude its use by other disciplines.

The document is made up of six steps (1 to 6) and four overviews (A to D).

The six steps can be followed by the professional to make explicit the considerations of whether or not to classify according to DSM-5, in order to reach a careful, informed decision in individual situations. Each step is described briefly.

The four overviews can be used as a resource, separately or as you work through the steps. They provide:

A. Case studies where a classification can create tension
B. Advantages and risks of psychiatric classification
C. A description of several dilemmas in clinical practice
D. Possible courses of action in the event of classification

# INTRODUCTION

Over the past few decades, the Diagnostic and Statistical Manual of Mental Disorders (DSM) classifications have come to play a role in our daily work, research, guidelines, financial considerations, and social conversations. The DSM (now 5-TR) was written with the aim of facilitating dialogue between professionals and enabling research into groups with similar complaints. Throughout the years, classifications have come to serve multiple purposes. For individuals, professionals, policy makers, and in the broader societal context.

Children and adolescents with a classification and their families can experience a classification as a form of support, but also as a burden. It can open doors, and close others. Classification can offer guidance in an uncertain world where someone feels stuck. It can bring sudden clarity, but also be restrictive or inhibiting. Under the label of a classification, individuals and families are able to unite with peers and exchange all sorts of advice, but they can also start to feel inferior to others when it comes to one (admittedly important) aspect of their functioning.

DSM-5 classification makes sense in a number of ways, but it also carries risks and raises questions. Practical dilemmas can arise in various areas when applying or not applying the DSM classifications. Conversations and discussions about classification sometimes become heated and lack nuance, whereas in the consulting room, constructive conversations about complaints, how to understand them and how to classify them (or not) take place on a daily basis. The purpose of this guide is to assist the professional in this task.

When a dilemma arises in the consulting room or within a team, this guide can be used as a ‘walkthrough’. A dilemma differs from the solution-oriented issues we often face as professionals.A dilemma has no easy solution and requires making a choice considering various risks and advantages.. Selecting one option will subsequently draw attention to the options that were not chosen and the aspects of those options that will be lost.

# NAVIGATING DILEMMAS IN PSYCHIATRIC CLASSIFICATION

# STEP 1: IDENTIFYING THE DILEMMA

During the diagnostic process, doubt may arise as to whether a classification should be made. Even if the criteria for classification are met. This doubt is usually related to the fact that classification involves both advantages and risks, creating a dilemma. A first step in dealing with this doubt is to identify the existence of a dilemma.

In a clinical dilemma, both classifying and not classifying carry advantages and risks. There is no simple 'right' answer: the professional must choose between a range of non-ideal scenarios. Characteristic of a dilemma is that each choice comes at a certain cost.

> *Overview A (see right) includes two case studies from child and adolescent psychiatry that present a dilemma about whether or not to assign a DSM-5 classification.*

The professional may be the one to identify the dilemma, or perhaps the child/adolescent, family members or colleagues express their doubts regarding the advantages and/or risks of classification. It is up to the professional to consider these and identify (step 1), analyse (step 2) and articulate (step 3) the dilemma.

# OVERVIEW A CASE STUDIES FROM THE CHILD AND ADOLESCENT PSYCHIATRY

When assigning (or not assigning) a DSM-5 classification in daily practice, a dilemma regularly occurs. Below are two illustrative case studies.

### CASE STUDY 1

For years, Hanna has felt different from her classmates. She has difficulty reading faces and is allergic to change. Her parents recently divorced after years of quarrelling and conflict, during which they paid little attention to Hanna. As a result, they failed to understand her and support her at school, which has created a distance between them. They are of the opinion that the situation at home has not influenced Hanna's development. An ASD classification would make it easier for others to understand her sometimes erratic reactions and how she struggles to read others. A classification also opens up a wide range of treatment options for Hanna, including a coach to support her at school. Hanna's parents are hoping for a classification so that Hanna can finally get the help she needs.

### CASE STUDY 2

Sam and his parents are seeking help due to Sam's restless behaviour at school (12 years, primary school). Together with the youth mental health counsellor (Jeugd GGZ), Sam and his parents draw up a clear description of Sam's strengths and challenges. Together, they consider what can be done to channel Sam's development. Sam's parents see no value in using the label ADHD, as they are afraid that Sam will be seen as 'that busy little boy' in class and will start behaving accordingly. They are also worried that Sam will be stuck with the classification for the rest of his life, while they are curious to see how he will develop in high school. The school psychologist, however, requires an ADHD statement before he can admit Sam to a group that will help him plan and organise his schoolwork.

## STEP 2: ANALYSING THE DILEMMA

A second step in dealing with a clinical dilemma is to identify exactly what the dilemma entails. Which advantage of classifying (or not classifying) conflicts with which risk? It is often difficult to oversee this all at once. The various purposes of classification may, at the same time, conflict with multiple risks.

*Overview B (see right) provides a framework for understanding the advantages or purposes of classifications and the various risks of using classifications. Peer consultation is a powerful tool for clarifying the different sides of the dilemma at hand.*

## OVERVIEW B ADVANTAGES AND RISKS OF CLASSIFICATION

This review briefly describes the advantages and risks of classification across four different contexts: the therapeutic, social, scientific and organisational. Classification may be useful in one context, but pose a risk in another. For the sake of readability, this overview presents advantages and risks from a classification perspective. A further elaboration of the listed advantages and risks can be found in the annex.

Clinical context

| Advantages | Risks |
|---|---|
| • Coherence and interpretation of problems<br>• Relief from blame and acknowledgement of severity<br>• Support through guidelines<br>• Shared, transferable language | • Misrecognition: not doing justice to complexity<br>• Disregard for context<br>• Self-enforcing effects<br>• Prognostic pessimism<br>• Unrealistic expectations |

Social context

| Advantages | Risks |
|---|---|
| • Means of communication to the outside world<br>• Recognition of authenticity and severity<br>• Group formation, advocacy and information gathering | • Individualising social problems<br>• Stigma: prejudice and discrimination<br>• Narrowing of normal<br>• Undesirable medicalization |

Scientific context

| Advantages | Risks |
|---|---|
| • Comparing research worldwide<br>• Basis for evidence-based practice (e.g. RCT)<br>• Framework for acquired knowledge | • Knowledge gaps (lamppost effect)<br>• Limited knowledge due to heterogeneous groups<br>• False certainty: knowledge based on small group differences<br>• Group knowledge has limited applicability in practice |

Organisational context

| Advantages | Risks |
|---|---|
| • Basis for organisation and specialisation of care<br>• Tracking prevalence and demand for care<br>• Access to benefits and facilities | • Encourages (inappropriate) use of classification<br>• Great emphasis on classification<br>• Limited indicator of who requires care |

## STEP 3: ARTICULATING THE DILEMMA

A third step in dealing with dilemmas is to put them into words: formulate the dilemma as briefly and concisely as possible. Identify the main advantages and risks (short and long term).

The child/adolescent and/or the family can be actively involved in formulating the dilemma. Check whether they agree with both sides of the dilemma. They may identify additional advantages or risks of classifying (or not classifying). If necessary, repeat the previous step (Step 2: Analysis) with the child/adolescent and/or the family. Be sure to reach a shared articulation of the dilemma.

The following template may be helpful in this context:

| Scenario 1 | |
|---|---|
| Classifying of <name child/adolescent> | |
| Advantages and purposes are: | …. |
| Risks are: | …. |

| Scenario 2 | |
|---|---|
| Not classifying of <name child/adolescent> | |
| Advantages and purposes are: | …. |
| Risks are: | …. |

# OVERVIEW C ARTICULATION OF DILEMMAS

| | |
|---|---|
| CASE STUDY 1 For years, Hanna has felt different from her classmates. She has difficulty reading faces and is allergic to change. Her parents recently divorced after years of quarrelling and conflict, during which they paid little attention to Hanna. As a result, they failed to understand her and support her at school, which has created a distance between them. They are of the opinion that the situation at home has not influenced Hanna's development. An ASD diagnosis would make it easier for others to understand her sometimes erratic reactions and how she struggles to read others. A classification also opens up a wide range of treatment options for Hanna, including a coach to support her at school. Hanna's parents are hoping for a classification so that Hanna can finally get the help she needs. | |
| | Scenario 1: Classifying Hanna |
| Advantages and purposes are: | Clarification of complaints: *Hanna can relate her symptoms to the characteristics of ASD and learn more about how others deal with them.*<br>Understanding from the social environment: *Hanna can mention ASD when people ask her what she struggles with. People can look up ASD themselves.*<br>Access to treatment: *many treatment programmes are organised around classifications, making it easier to find appropriate services.* |
| Risks are: | Not doing justice to complexity: *by using only the term ASD, the nuance of the characteristics that Hanna does and does not recognise may be lost and her unique characteristics may receive less attention.*<br>Misconception of role of environmental factors*: in Hanna's family, parental relationship problems seem to influence Hanna's development. The ASD classification may give the parents reason to exclude this aspect from treatment and prevent them from looking more closely at their own role.* |
| | Scenario 2: Not classifying Hanna |
| Advantages and purposes are: | More attention to the family situation and environmental factors: *for Hanna, her parents and for the professional, there remains a need to always look at the factors that play a role in the emergence or persistence of symptoms and problems in this particular case.*<br>Specific approach: *Hanna can consider what she needs based on her own story and the things she encounters with her parents and professional.* |
| Risks are: | Difficult to gain understanding from environment: *Hanna now has the responsibility to articulate the things that bother her in a way that others can understand and explain why she reacts in a certain way.*<br>Difficult to identify own vulnerabilities: *without classification, it is hard for Hanna to find a peer group to share experiences and receive support.* |

| | |
|---|---|
| CASE STUDY 2 Sam and his parents are seeking help due to Sam's restless behaviour at school (12 years,primary school). Together with the youth mental health counsellor (Jeugd GGZ), Sam and his parents draw up a clear description of Sam's strengths and challenges. Together, they consider what can be done to channel Sam's development. Sam's parents see no value in using the label ADHD, as they are afraid that Sam will be seen as 'that busy little boy' in class and will start behaving accordingly. They are also worried that Sam will be stuck with the classification for the rest of his life, while they are curious to see how he will develop in high school. The school psychologist, however, requires an ADHD statement before he can admit Sam to a group that will help him plan and organise his schoolwork. | |
| | Scenario 1: Classifying Sam |
| Advantages and purposes are: | Clarity of issues: *Sam's various behaviours can now be categorised, making them easier to explain.*<br>Use of language that makes other caregivers recognise severity: *Sam's behaviour obviously presents distress and requires care, otherwise the classification would not be made.*<br>Using language that allows others to make choices about how to provide the support needed: *in the transition to high school, it is immediately clear that Sam is a boy who needs support. The school is also given a direction in which to look.* |
| Risks are: | Identifying with the term ADHD: *Sam may feel that ADHD defines who he is and that there is nothing to be done about his behaviour or the challenges he faces.*<br>Complicating development: *with these expectations, Sam may see himself in a different light and those around him may start to interact with him in ways that prevent him from achieving all aspects of his development.* |
| | Scenario 2: Not classifying Sam |
| Advantages and purposes are: | Preventing system discrimination: *by organising appropriate support for Sam in this way, the school demonstrates that a person-centred approach does not require classification.*<br>Avoiding internalised stigma: *Sam is simply Sam, and not 'that boy with ADHD', thus preventing him from experiencing certain expectations associated with that.* |
| Risks are: | Failure to communicate severity of behaviour to other caregivers: *when Sam enters a new (learning) environment, it will not be readily apparent that he needs support with certain aspects of learning. It depends on the system whether or not he needs classification for this.*<br>Not getting access to needed support: *Sam and his parents have to explain in detail each time what Sam's challenges are and do not know if they will (continue to) receive support.* |

## STEP 4: SELECTING

A clinical dilemma raises the question: how should I proceed? Do I classify or not? To answer this question, it helps to have a clear and shared understanding of the dilemma, but also of the possible courses of action: what options do I have to choose from?

> *Overview D (see right) provides a number of possible courses of action in the event of classification. This overview is not exhaustive, but outlines a range of options that may be considered.*


The fourth step thus involves selecting one or more appropriate courses of action. The professional can do this on their own or in consultation with colleagues or the family. If weighing the options (step 5) reveals that none of the options are appropriate, this step can be revisited.

# OVERVIEW D POSSIBLE COURSES OF ACTION IN THE CONTEXT OF CLASSIFICATION


This overview provides a range of possible courses of action when faced with a classification dilemma: classifying, withholding or delaying classification, not classifying.

| *Classifying* | *Withholding or delaying classification* | *Not classifying* |
|---|---|---|
| • Provide a classification as an addition to the descriptive diagnosis.<br>• Classify with special emphasis on the difference between classification and diagnosis.<br>• Classify with the disclaimer that the classification cannot be read without a descriptive diagnosis.<br>• Classify with the addition that it does not say anything about causes, but is merely a summary of different behavioural traits.<br>• Classify with the addition that classification may change over time and that it is possible that someone may not meet the criteria at a later stage and that the classification may be re-evaluated after a certain period of time.<br>• In the case file, link the contextual factors to the classification, e.g. in the comments field. | • Refer to the classification as a working hypothesis and list the treatment options that will be explored under this hypothesis.<br>• Provide a descriptive diagnosis with classification terms in it, without establishing it as a conclusion ('this could be described as autism or autistic traits, but for these reasons we think it is too premature to establish this').<br>• Mention the DSM classification, but also state what you would like to explore (further) together with the family before making a decision (e.g. the effect of adjustments at school).<br>• Revisit the request for help: What is it that bothers the child/adolescent the most? Find out whether sufficient care can be set up based on the call for help (classifying can be done at a later stage).<br>• In descriptive diagnosis, articulate behavioural characteristics and context. In classification, add 'excludes' or 'process diagnosis' to keep the question of classification open. | • Provide only the descriptive diagnosis.<br>• In descriptive diagnosis, explain the dilemma and why no classification was made (despite meeting the criteria).<br>• Choose an alternative model to articulate problems.<br>• Explicitly acknowledge the severity of the problems without classifying them. This can be done, for example, by clearly describing the burden and carefully detailing the situations in which it occurs, possibly with discussed directions for resolution.<br>• Work with the family to come up with an appropriate short explanation. Think of a few words that indicate what the problem is. An explanation that is short and clear enough to work in the schoolyard, for example. |

## STEP 5: WEIGHING THE OPTIONS

The fifth step is to weigh the selected options. A dilemma requires weighing up the advantages and risks of different scenarios in order to arrive at an appropriate choice. In deciding whether or not to classify, we consider both the interests of the individual and the interests of society. Choosing a course of action also requires reflection on what will be lost or what risks are involved in that choice. Weighing the selected options can be divided into two thought steps:

> (1) For each of the selected courses of action, consider: how will this affect this child/adolescent and/or this family? Given the dilemma, what are the advantages of this choice, and what are the risks?
> (2) What else can you do or say to overcome these risks or concerns? A concern that can be easily allayed, can pave the way for a certain choice.

A careful, considered choice will maximise the advantages for both the child/adolescent and the family, and reduce or prevent as much risk as possible. It is the choice that will ultimately help the child/adolescent and/or family the most.

## STEP 6: MAKING A CHOICE

The final step is to decide on classification. Weighing the options and ultimately choosing a course of action will always involve coordination with the child/adolescent and/or their family.

At this stage, the professional has gained more insight into what the child/adolescent and family gain and lose from a particular choice of action, and can articulate this clearly and thus share it with others. The professional can explain why this choice has emerged as the best course of action given all the alternatives. In this way, shared decision-making – or at the least informed consent – among stakeholders can be achieved.

It is important that these considerations are included in the report so that it becomes clear why the decision has been made to (or not to) classify. The process is highly suitable to be repeated with the child/adolescent and the family (iterative use) if no agreement is reached with the person seeking help.

# ANNEXES & REFERENCES

# ANNEX ELABORATION OF ADVANTAGES AND RISKS

This annex provides further explanation of the advantages and risks of classification.

| THERAPEUTICAL CONTEXT | |
|---|---|
| Advantages | Risks |
| Coherence and interpretation of problems<br>For the child/adolescent and family, classification creates coherence between perceived problems. The totality of problems and vulnerabilities is reduced to a single term, giving them something to hold onto. | Misrecognition: not doing justice to complexity<br>By definition, classification does not justify complex phenomena such as individual life histories and meaning-making, or the socio-cultural reality in which behaviour and experience are situated. In practical terms, classifications emphasise the limited similarities that exist within a group, neglecting the differences between people. This can lead to a situation where people (eventually) do not identify with the group in which they are placed. It is also possible for a person to fall between different classifications. |
| Relief from blame and acknowledgement of severity<br>Classification gives recognition to the severity of the problems. It makes the problems real in the experience of those seeking help. It also implicitly suggests that the disorder, rather than the child/adolescent, is responsible for problem behaviour or deficits. | Disregard of context<br>Classification says nothing about the aetiology, yet it implicitly places the problem within the individual (the child/adolescent *has* the disorder). In this way, classification can de-contextualise perceived problems. Predisposing and supporting factors outside the person are therefore given relatively little attention in defining the problem. |
| Support through guidelines<br>Classification helps guide care providers. Classification indicates which treatment options (including medication) can be explored; consequently providing restrictions and protecting the person seeking help from therapeutic arbitrariness and inappropriate prescription of medication. | Self-enforcing effects<br>Classification can reinforce behavioural traits in a number of ways. Classification can create a pattern of expectation causing someone to unconsciously behave in a certain way; classification can become part of a person's identity; classification can yield 'secondary gain' and classification can be seen as chronic, which can undermine attempts at change. |

| | |
|---|---|
| Shared, transferable language<br>Classification provides a common language for all stakeholders in the care chain. It promotes consistency in communication about the problems and facilitates transfer to and from other care providers. | Prognostic pessimism<br>Classification may lead to unnecessary prognostic pessimism on the part of the professional, especially when it is characterised as a neurobiological disorder. This is despite the fact that the prognostic validity of the DSM classification is limited. |
| | Unrealistic expectations<br>Once a classification has been established, those involved may expect that it is now also clear which treatment will help. Reality, however, is far more unpredictable. |

| SOCIAL CONTEXT | |
|---|---|
| Advantages | Risks |
| Means of communication to the outside world<br>Classification provides an effective way for a child/adolescent and their environment to communicate with the outside world. One word sums up the problem and makes it clear that the usual social expectations do not apply. In addition, there is no need to explain everything again and again: the recipient can look up the relevant information themselves. | Individualising social problems<br>Classification can individualise collective issues. Think of work and performance pressure, poverty, racism, sexism or other forms of discrimination. These social problems should not be addressed and medicalised on an individual level. |
| Recognition of authenticity and severity<br>Classification helps to communicate the severity and reality of the problems experienced to the outside world. Partly because this severity, when classified, is endorsed by professionals. | Stigma: prejudice and discrimination<br>Classifications can become the social identity for those classified, causing them to be viewed as inferior. Classifications lead to persistent stereotyping, which can lead to prejudice and ultimately forms of discrimination. |
| Group formation, advocacy and information gathering<br>Classification makes it easier to find peers. As a collective, children and families can also be advocates for the interests of the group. Classification makes it easier to find relevant information about schools, care and institutions. | Narrowing of normal<br>Classification plays a role in determining what is normal and socially acceptable behaviour. Classifications sometimes follow norms, but can also be norm-setting or norm-affirming. Labelling certain behaviours as a disorder can narrow the range of what is considered or accepted as normal. |
| | Undesirable medicalization<br>Typical emotional or behavioral differences are interpreted as clinical conditions requiring intervention. |

| SCIENTIFIC CONTEXT | |
|---|---|
| Advantages | Risks |
| Comparing of research worldwide<br>DSM classifications have a relatively high degree of reliability, allowing research findings to be compared across the world. | Knowledge gaps (lamppost effect)<br>Less research may be done on factors that are not described as DSM classifications. Research that does look into this is harder to compare because a (slightly) different group is chosen each time. |
| Basis for evidence-based practice (a.o. RCT)<br>To meet the standard of Evidence-Based Practice, working with DSM classifications is currently unavoidable. The highest standard of experimental scientific research, the Randomised Controlled Trial (RCT), requires a compilation of defined and reproducible groups. The DSM classifications with associated inclusion criteria represent a delineation that is used around the world. Knowledge of what works (on average) for which group is largely based on the DSM classification. | Limited knowledge due to heterogeneous groups<br>Many different combinations of symptoms and behaviours are grouped together as one disorder in the DSM classifications. In addition, research so far suggests that the DSM classifications do not point to clear, common causal structures. This clearly limits the potential of knowledge based on DSM classifications. |
| Framework for acquired knowledge<br>DSM classifications provide the framework into which acquired scientific and practical knowledge can be placed. The resulting guidelines have thus been established and organised on the basis of DSM classifications. In textbooks, knowledge is often organised by classification and training programmes (partly) follow this same organising principle. | False certainty: knowledge based on small group differences<br>Much of the available knowledge is based on (small) group differences. When this knowledge is applied to the individual person seeking help, it can create a false sense of security. For example, in the DSM classifications, where certain brain regions are, on average, of different sizes, this difference does nog actually apply to the majority of individuals who receive that classification. |
| | Group knowledge has limited applicability in practice<br>The available knowledge is based on research on a very narrow group of people (e.g. little/no comorbidity). The question: does the resulting knowledge also apply to the person sitting across from me, is a difficult one to answer. Because: (1) few people seeking help match the 'pure' study groups (e.g. without comorbidity), |

| | |
|---|---|
| | (2) often the research did not include how individual context factors should be weighted. |

| ORGANISATIONAL CONTEXT | |
|---|---|
| Advantages | Risks |
| Basis for organisation and specialisation of care<br>Classification provides an opportunity to optimise facilities for a particular target group. Examples include care pathways, treatment centres and expert groups. | Encourages (inappropriate) use of classification<br>Since many forms of care and services are only (or much more easily) accessible (or reimbursed) through classification, perverse incentives to obtain a classification may arise. |
| Tracking prevalence and demand for care<br>Classification is used to record the frequency with which certain problems occur. The uniform criteria of the DSM classifications and their use throughout society allow for the identification and comparison of care needs. | Great emphasis on classification<br>The classification-specific treatment pathways and reimbursement structure can create a strong emphasis and focus on classifications. Not only does this increase the pressure on mental health services, but it also gives a relatively high weight to classification compared to other factors such as support needs or descriptive diagnosis. |
| Access to benefits and facilities<br>DSM classifications often form the basis for budgeting care and special care services. | Limited indicator of who requires care<br>In a context of scarce resources, classification is a limited and biased indicator of who is most in need of (publicly funded) care and support. Classification has an exclusionary effect as well: relatively severe problems that do not fit into pre-determined categories sometimes fall by the wayside and do not receive the desired care and attention. |

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