DSM-IV-TR/DSM-5, An Evidence-Based Comparative Analysis with Focus on the Cultural Context of Mental Health Illness of: Bipolar Disorders, Depression, Autism Disorders, Anxiety and ADHD.

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### DSM-IV-TR/DSM-5, AN EVIDENCE-BASED COMPARATIVE ANALYSIS

**With focus on the cultural context of mental health illness of: Bipolar Disorders, Depression, Autism Disorders, Anxiety and ADHD.**

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Family Service Rochester  
Robin R. Wingo MSW, LISW – Academic Advisor  
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#### Purpose

The DSM-5 presents many changes in the criteria and categories used in the clinical diagnosis of clients. In addition, the proposed changes within the DSM-5 also attempt to address some of the concerns regarding the lack of a contextual assessment process regarding the role of culture within the lives of clients (Warren, 2013). This research aims to create a comparison between the DSM-IV-TR and the DSM-5 of some of the most common diagnosis used by Family Service Rochester including: bipolar disorder, depression, autism disorder, anxiety and ADHD. In addition, this project also intends to develop a comprehensive cultural analysis of the already mentioned disorders to enlighten future culturally appropriate interventions for individuals who face mental health challenges.

#### Methodology

- An extensive systematic literature review through the MSU library data-bases such as, ProQuest, SAGE journals, PsycINFO, Google, Google Scholar, Social Services Abstracts, electronic resources, books, manuals, professional and educational magazines, was completed.  
- A comprehensive review process to analyze the differences between the DSM-IV-TR and DSM-5 manuals of the top-five most common diagnosis used by Family Service Rochester was completed. In addition,  
- Special attention is directed to the African-American, Asian, Hispanic and the Somali cultures and is presented here.  
- Finally, The information obtained from the research was analyzed, organized, and compiled into a research-based comparison manual, available for review.

#### Neurodevelopmental Disorders

<table>
<thead>
<tr>
<th>Autism Spectrum Disorder</th>
<th>Cultural Analysis</th>
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</thead>
</table>
| **African-American:**  
*According to a study published by the Minnesota Department of Health in 2009, there might be a higher incidence of autism within Somali children, but the evidence is not complete.*  
*In the popular press and media communications we are beginning to see more and more the higher incidence of autism in the Somali children.* |
| **Asian:**  
*There is little research documenting the experiences of immigrant families of children with autism and their experiences during diagnosis, accessing appropriate services and understanding of the disability (Dyches, Wilder, Sudweeks, Obilak, & Algozzine, 2004).*  
*In an ethnographic study conducted in the U.S., South Asian Muslim parents of children with autism believed that they were ‘chosen’ by Allah to take care of their special child and viewed disability as a gift for them (Jagathesan, Fowler and Miller, 2010).* |
| **Hispanic:**  
*Studies found that the number of autism diagnosis was lower for Hispanics than for non-Hispanics; but Hispanic rated their children’s autism as more severe (Liptak et al., 2008).*  
*Hispanic children may also be more likely to receive an alternate diagnosis, such as specific language impairment, and may not be evaluated for an ASD when an intellectual impairment is observed (de la Pena, Cope, Aguinaga, & Morton, 2013).* |
| **Somali:**  
*According to a study published by the Minnesota Department of Health in 2009, there might be a higher incidence of autism within Somali children, but the evidence is not complete.*  
*In the popular press and media communications we are beginning to see more and more the higher incidence of autism in the Somali children.* |

#### Attention-Deficit/Hyperactivity Disorder (ADHD)

<table>
<thead>
<tr>
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</table>
| **African-American:**  
*Recent studies suggested that African-American children were 5.1 times more likely than white children to receive a diagnosis of adjustment disorder than of ADHD (Mandel, Bidell, Levy, & Pinto-Martin, 2007).* |
| **Asian:**  
*According to Hong (as cited in Cho, 1997) the term ADHD was introduced in Korea in 1987.*  
*In 2004-2005 the concept of ADHD introduced by the Korean Academy for Child and Adolescent Psychiatry to the general public.*  
*Researchers found that schools in Thailand have fewer students with ADHD because children are trained to behave and talk quietly in public.* |
| **Hispanic:**  
*Several studies reported that Hispanic youth are less likely than non-Hispanic youth to identify ADHD symptoms are present, received proper diagnosis, and treatment (Berger, et al., 2014).*  
*The belief system of less acculturated Hispanic groups might be different from the traditional practices and beliefs of acculturated U.S. residents.*  
*Mexican might use the services of a curandero (practitioner of folk medicine) to treat the mal puesto (ill).*  
*Puerto Ricans also believe in espiritismo, a belief system consisting of an invisible world populated by spirits that surrounds the visible world.* |
| **Somali:**  
*In cases of mental distress Somali migrants have no concept of mental illness for themselves.*  
*In extreme cases, one is either crazy or sane (Schuchman & McDonald, 2004).*  
*For the Somali culture, counseling is done with the family or with community elders (Schuchman & McDonald, 2004).* |

#### Bipolar Related Disorders

<table>
<thead>
<tr>
<th>Cultural Analysis</th>
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</table>
| **African-American:**  
*According to Barnes (2008) the bipolar disorders are underdiagnosed in African Americans.*  
*African-Americans with bipolar disorder may experience high stigma and distrust of psychiatric care that may obstruct the treatment engagement (Carpenter-song, 2009).* |
| **Asian:**  
*There is limited data available that correlates the relationship between ethnicity and bipolar Disorder (Duranova & Sue, 1996).*  
*Researchers identified several barriers for Asian Americans to seek mental health services including a delay in recognizing symptoms and seek for help, stigma and shame over utilizing existing services, beliefs system, lack of financial resources, language and cultural differences (Sue, Cheng, Saad, & Chu, 2012).* |
| **Hispanic:**  
*In accordance with Marin, Escobar & Vega (2006) there is not reliable data with regards to the frequency among Hispanic of mental health search a diagnosis of bipolar.* |
| **Somali:**  
*According to a study published by the Somali Academy for Child and Adolescent Psychiatry to the general public.*  
*In 2004-2005 the concept of ADHD introduced by the Korean Academy for Child and Adolescent Psychiatry to the general public.*  
*Researchers found that schools in Thailand have fewer students with ADHD because children are trained to behave and talk quietly in public.* |
| **Somali:**  
*In cases of mental distress Somali migrants have no concept of mental illness for themselves.*  
*In extreme cases, one is either crazy or sane (Schuchman & McDonald, 2004).*  
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#### Depressive Disorders

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| **African-American:**  
*Major depressive disorder (MDD) is more likely to be chronic and disabling in African Americans than among non-Hispanic whites (Bailey, Blackmon & Stevens, 2009).* |
| **Asian:**  
*Depression is the second leading cause of death in Asians with the highest rate of suicide among women between 15 and 24 years of age (Nikolich, 2010).* |
| **Hispanic:**  
*The term servicia is a somato-emotional illness that may be used to refer to an individual’s state of vulnerability and to other symptoms triggered by stress (Kramer, Guarnaccia, Resendez & Lu, 2009).* |
| **Somali:**  
*Ataque de nervios may be used to refer to an acute attack of nervousness within the Somali population.* |

#### Anxiety Disorders

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| **African-American:**  
*Anxiety is a very common problem for the Latino and Hispanic communities (Martinez, Pol & Carter, 2012).*  
*Due to the emphasis on family in many Latino and Hispanic cultures, a strong family cohesion may be associated with a reduced likelihood of having an anxiety disorder (Piotet & Denton, 2012).* |
| **Somali:**  
*Fqirsho (2012) reports that anxiety is a concept that is seeing within the Somali culture as a general lack of well-being.*  
*Somali’s beliefs perceived as an effective treatment for anxiety includes reading the “Quran” (Schuchman & McDonald, 2004).* |

References are available upon request.