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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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.

### References are available upon request.

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**Anxiety Disorders**

- According to Paraide, Hatch & Friedman (1994) African-Americans with anxiety disorders are less likely to seek help from mental health professionals and more likely to be misdiagnosed when they do seek help.
- Anxiety symptoms reported by African-Americans participants include: chronic worrying, intrusive thoughts, and difficulties concentrating (Brown, Schulberg & Madonia, 1999).

**African-American:**

- According to Tae, Lee, & Sue (2001, 2000), a fair amount of research on anxiety has been devoted to Asian Americans, particularly recent immigrants and refugees.
- In accordance to Lee, Park & Kalbousteva (2013) certain factors related to immigration may decrease or increase the risk of anxiety, depressive, and substance related disorders in Asian Americans immigrants.

**Asian:**

- Anxiety is a very common problem for the Latino and Hispanic communities (Martinez, Polo & 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 (Roth & Denton, 2012).

**Somali:**

- The concepts of mental health and behavior health are nonexistent Somali culture.
- Somalis are more likely to report physical pain when they are experiencing depression or sadness including headaches, chest pain, sleep problems, nightmares, vomiting, decreased appetite, change in weight, low energy and increased fearfulness (Schuchman & McDonald 2004).

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**Bipolar Disorders**

- 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, 2004).
- According to Jackson et al., Causcians experience depression more often, but African Americans experience greater severity and persistence.

**Asian:**

- Depression is the second leading cause of death in Asia with the highest rate of suicide among women between 15 and 24 years of age (Nikolic, 2010).
- The stigma associated with mental illness within the Asian culture often prevents Asian-American communities to seek mental health help (Nikolic, 2010).

**Hispanic:**

- A review of the literature yielded very few articles pertaining to the prevalence of depression, or enfo de nervios within the Hispanic population.
- The term suicide may be used to refer to an individual's state of vulnerability and to other symptoms triggered by stress (Krause, Guarnaccia, Resnedy & Lu, 2009).
- Symptoms of suicide include, depression, inability, stomach disturbance, trembling, and dizziness.
- Suicide (fright) is another term used by the Hispanic or Latino community that relate to the conditions of a major depressive disorder (APA, 2013).

**Somali:**

- The concepts of mental health and behavior health are nonexistent Somali culture.
- Somalis are more likely to report physical pain when they are experiencing depression or sadness including headaches, chest pain, sleep problems, nightmares, vomiting, decreased appetite, change in weight, low energy and increased fearfulness (Schuchman & McDonald, 2004).

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

- According to Fram, Excor & Vega (2006) there is not available data with regards to the frequency among Hispanic mental health search a bipolar disorder.
- The stigma of having mental illness is one of the most significant obstacles preventing Latinos from seeking help.
- Latino ethnic groups use the term of "trujuo" term that refers to be a better form of Chronic psychosis (Krauter, Guarnaccia, Resnedy & Lu, 2009).

**Asian:**

- Depression is less likely to seek help from mental health professionals and more likely to be misdiagnosed when they do seek help.
- Symptoms of depression reported by Asian-Americans participants include: chronic worrying, intrusive thoughts, and difficulties concentrating (Brown, Schulberg & Madonia, 1999).

**African-American:**

- According toParaide, Hatch & Friedman (1994) African-Americans with anxiety disorders are less likely to seek help from mental health professionals and more likely to be misdiagnosed when they do seek help.
- Anxiety symptoms reported by African-Americans participants include: chronic worrying, intrusive thoughts, and difficulties concentrating (Brown, Schulberg & Madonia, 1999).

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**Autism Spectrum Disorder**

- According to Fram, Esco & Vega (2006) there is not available data with regards to the frequency among Hispanic mental health search a bipolar disorder.
- The stigma of having mental illness is one of the most significant obstacles preventing Latinos from seeking help.
- Latino ethnic groups use the term of "trujuo" term that refers to be a better form of Chronic psychosis (Krauter, Guarnaccia, Resnedy & Lu, 2009).

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**Cultural Analysis**

- The stigma of having mental illness is one of the most significant obstacles preventing Latinos from seeking help.
- The concepts of mental health and behavior health are nonexistent Somali culture.
- Somalis are more likely to report physical pain when they are experiencing depression or sadness including headaches, chest pain, sleep problems, nightmares, vomiting, decreased appetite, change in weight, low energy and increased fearfulness (Schuchman & McDonald, 2004).

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**Neurodevelopmental Disorders**

- 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, 2004).
- According to Jackson et al., Caucasians experience depression more often, but African Americans experience greater severity and persistence.

**Asian:**

- Depression is the second leading cause of death in Asia with the highest rate of suicide among women between 15 and 24 years of age (Nikolic, 2010).
- The stigma associated with mental illness within the Asian culture often prevents Asian-American communities to seek mental health help (Nikolic, 2010).

**Hispanic:**

- A review of the literature yielded very few articles pertaining to the prevalence of depression, or enfo de nervios within the Hispanic population.
- The term suicide may be used to refer to an individual's state of vulnerability and to other symptoms triggered by stress (Krause, Guarnaccia, Resnedy & Lu, 2009).
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