UNDERSTANDING CARE · ONE PAGE EXPLAINER

How a psychiatric diagnosis is made

From what you're going through to the words on the chart, one step at a time.

A psychiatric diagnosis isn't a blood test result. It's a careful match between what you're living with and a published description of a condition. A clinician listens, looks for a pattern, checks it against defined criteria, rules out other explanations, and then adds detail about the type and severity. Knowing the steps makes the note in your chart a lot less mysterious.

THE STEPS, IN ORDER

1. It starts with your story
What's been happening, since when, how often, and what it's costing you. Symptoms that tend to show up together in a recognizable way form a pattern clinicians call a syndrome.

2. The pattern meets the criteria
The DSM-5-TR spells out diagnostic criteria for each condition: which symptoms, how many, and for how long. Major depression, for example, requires at least five of nine listed symptoms over two weeks, one of them low mood or loss of interest.

3. It has to matter in your life
Symptoms have to be clinically significant, meaning they cause real distress or functional impairment: trouble at work or school, in relationships, or with taking care of yourself. A hard week isn't a diagnosis.

4. Other explanations get ruled out
Thyroid problems, medication side effects, substances, sleep disorders, and other psychiatric conditions can all look alike. Sorting through them is called differential diagnosis, and it often means a physical exam or blood work.

5. Specifiers add detail
A specifier is an add-on that describes the condition more precisely without changing it. Depression might be noted as recurrent, with anxious distress, or with a seasonal pattern. Each one can shift the treatment plan.

6. Severity gets rated
Most diagnoses carry a severity of mild, moderate, or severe, based on how many symptoms are present and how much they interfere with daily life.

7. It stays open to revision
A diagnosis is a working answer. New information, like a first manic episode or a better history from family, can change it. Good clinicians say so out loud.

HOW TO USE THIS PAGE

- Ask your clinician which criteria you meet and which you don't. It's a fair question, and the answer tells you what they're watching.
- Bring examples of how symptoms affect your week. Impairment is part of the diagnosis, and specifics help.
- If a diagnosis doesn't fit your experience, say so. Diagnoses get refined all the time.

Built on the structure of the American Psychiatric Association's DSM-5-TR and the World Health Organization's ICD-11.

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