12.4 Classification and Diagnosis of Schizophrenia: Test Pack

AQA 7182 · about 15 minutes

Total Marks

Name: _____ Date: ____ / ____ / _____

Answer ALL questions.

1 Outline two positive symptoms of schizophrenia with brief descriptions.

(Total for Question 1 is 2 marks)

2 Explain gender bias in diagnosis and provide supporting observation.

(Total for Question 2 is 3 marks)

3 Identify and explain two methods to improve validity of diagnosis.

(Total for Question 3 is 4 marks)

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4 Explain co-morbidity, give an example and a brief consequence for diagnosis.

(Total for Question 4 is 2 marks)

5 Outline culture bias in diagnosis and give an example.

(Total for Question 5 is 2 marks)

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Mark scheme · 12.4 Classification and Diagnosis of Schizophrenia: Test Pack

Question 1

names one positive symptom and gives a brief description, e.g. hallucinations, perceptual experiences without external stimulus, often auditory voices oe	**B1**
names a second positive symptom and gives a brief description, e.g. delusions, firmly held false beliefs not shared by culture, such as paranoid delusions oe	**B1**

Answer: Examples: Hallucinations, perceiving sights or sounds that are not present, often hearing voices. Delusions, strongly held false beliefs such as paranoid beliefs that others intend harm.

Question 2

explains gender bias: clinicians may over- or under-diagnose schizophrenia in one gender due to stereotypes or gendered presentation of symptoms oe	**M1**
gives an observation or evidence, e.g. men are more often diagnosed at younger ages and show higher recorded rates of schizophrenia in some datasets, which may reflect bias or true epidemiological differences oe	**A1**
briefly explains why this matters, e.g. different diagnostic thresholds by gender could affect treatment access and stigma oe	**A1**

Answer: Gender bias is when diagnostic practice treats men and women differently, for example men are often diagnosed younger and have higher recorded rates in some studies. This could reflect bias in recognition or real differences in onset, and it matters because it affects access to care and the understanding of the disorder.

Question 3

identifies one method, e.g. using structured clinical interviews and standardised assessment tools (SCID, PANSS) oe	**M1**
explains how this improves validity, e.g. provides systematic symptom assessment and reduces reliance on unstructured judgement oe	**A1**
identifies a second method, e.g. obtaining longitudinal information and collateral history from family or services oe	**M1**
explains how this improves validity, e.g. establishing symptom duration and relation to mood episodes helps distinguish schizophrenia from mood disorders with psychosis oe	**A1**

Answer: Examples: use of structured interviews and standardised rating scales to ensure systematic assessment of symptoms, and gathering longitudinal and collateral history to confirm symptom timing and duration. Both reduce misclassification and improve diagnostic validity.

Question 4

defines co-morbidity: the presence of one or more additional disorders occurring alongside the diagnosis of schizophrenia in the same individual oe	**M1**
gives an example and consequence, e.g. substance misuse or depression commonly co-occur and this can mask or mimic schizophrenia symptoms, making diagnostic decisions harder oe	**A1**

Answer: Co-morbidity is when another mental disorder occurs alongside schizophrenia, for example substance misuse or major depression. Co-morbidity complicates diagnosis because symptoms may overlap or one disorder may mask the other.

Question 5

defines culture bias: diagnostic criteria and clinicians' interpretations may reflect the norms of one culture, disadvantaging patients from other cultural backgrounds oe	**M1**
gives an example, e.g. hearing voices or spiritual experiences may be interpreted as psychosis in one culture but regarded as culturally normal in another, leading to misdiagnosis oe	**A1**

Answer: Culture bias is when diagnostic norms reflect one culture and lead clinicians to misinterpret culturally normal beliefs or experiences as symptoms. For example, spirit possession or culturally sanctioned voices may be treated as psychotic symptoms by clinicians unfamiliar with that culture.

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