# Transdiagnostic Approaches to Mental Health and Neurodevelopment

From the Special Interest Research Groups for Language, Communication and Mental Health and for Embracing Complexity in Neurodevelopmental Conditions and Mental Health.

## Who are we

Embracing Complexity is a coalition of 62 organisations supporting people with neurodevelopmental conditions (NDCs)–conditions such as ADHD, autism, Down Syndrome, dyslexia, dyspraxia, learning disability, Tourette Syndrome and many more which affect how people think and interact with the world.

## The current situation

Commonly, clinical services and research into mental health disorders and neurodevelopmental conditions are organised around a set of ordered diagnoses. For example, "obsessive compulsive disorder", "panic disorder" and "selective mutism" are all distinct mental health diagnoses with their own criteria, and the latter two are both classed as "anxiety disorders". However, this structure does not reflect the fact that meeting criteria for multiple diagnoses is more common than a single diagnosis.

Furthermore, some conditions that are presented as distinct, or for which services are organised separately, share features or difficulties. Indeed, this overlap is not just at the behavioural level, but also at the neurobiological level, with conditions sharing many linked genes, psychosocial risk factors, and/or other features, further suggesting that the biological underpinnings of seemingly separate diagnoses are not specific.     This has led some researchers and clinicians to argue for a transdiagnostic approach.

## A transdiagnostic approach

At its core, a transdiagnostic approach seeks to look beyond and across diagnostic categories, studying cohorts which more accurately reflect the real complexity of these co-occurring and overlapping conditions. This approach could help with the problem of heterogeneity in research: within a population of people with a diagnosis of autism for example, there is a large amount of variation in characteristics, abilities and needs. In fact, the variation within a diagnostic category might be as large as that between separate diagnostic categories (for example, between ADHD and autism, which co-occur frequently and share many traits). viii

## Challenges to working this way

In a recent report by Embracing Complexity and Emerging Minds,[viii] researchers reported difficulties recruiting large and representative samples of people with multiple diagnoses, interpreting data that could be affected by several factors, and lack of opportunities to collaborate with researchers working on other conditions. This leaves huge knowledge gaps in supporting people with multiple conditions; for example, an Autistica review of over 1,400 clinical trials of anti-epileptic medications did not find a single well-controlled trial for autistic people,[xi] despite the high risk of early death facing autistic people with epilepsy. [x]

Similarly, mental health conditions in neurodivergent people often go undiagnosed and untreated due to diagnostic overshadowing. This is where a person's difficulties, which might be due to an independent problem, are put down to a person's diagnosis and not investigated further or treated.

Anxiety in autism is a good example of this: anxiety is very common in people with learning disabilities, but a person's anxiety might be dismissed as a feature of their learning disability, or not recognised because the symptoms of anxiety may look different compared to people without learning disability. This can lead to people not receiving treatment for their anxiety.

These challenges highlight that a radical transdiagnostic approach would be very difficult to apply in clinical practice, at least before research has clearly defined a transdiagnostic framework of needs and difficulties, around which services could be designed. In the meantime, a better, compromised approach, might to be encourage research and services to recognise co-occurring and overlapping conditions in their work. This would mean having researchers and services acknowledge the high rate of co-occurrence within their programmes and consider multiple diagnoses at once. The recent report by Embracing Complexity and Emerging Minds recommends investing in shared infrastructure for research across these conditions; such as cataloguing existing research cohorts, participant registries, and joint priority-setting. [xi]

## References

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