Mental Health and Autism Spectrum Disorder: The Elephant in the Room

James Coplan, MD
Neurodevelopmental Pediatrics of the Main Line, PC
COPLAN@DRCOPLAN.COM
www.drcoplan.com

Revised December 2, 2013

ASD and MH: The Myth

ASD and MH: Reality

- Nowhere is this effort to erect an artificial barrier between ASD and Mental Health more evident than in the official reactions of the autism community to the Newtown Massacre. The attempts by major Autism advocacy groups to distance themselves from the event, and engage in blame shifting (He may have had ASD, but he also had mental illness) does a disservice to both the autism and mental health communities.

Autism Canada’s Statement On The Sandy Hook Elementary School Tragedy 12/17/2012

- It has been reported that the shooter at Sandy Hook Elementary School had autism. In the weeks and months to come there will be much more information about his condition, but today it has never been more important to understand that autism / Asperger’s is not a mental health condition. Autism is a neurological condition...
ARI Statement on the Newtown, CT Tragedy

The staff at the Autism Research Institute is deeply saddened by yesterday’s tragic events at Sandy Hook Elementary School in Newtown, Connecticut...

Some public comments have drawn potentially inaccurate and stigmatizing conclusions about a link between the diagnosis [of autism] and a propensity for violence and lack of empathy...

Autism is not a mental health disorder - it is a neurodevelopmental disorder...

• Not only are these statements a disservice to persons with ASD as well as persons with mental illness; they are scientifically unsound, bordering on silly.

• In fact, ASD and Mental Illness are intertwined and inseparable...

Autism Society of America Statement 12/17/2012

• No evidence exists to link autism and premeditated violence...

• Individuals with autism who act aggressively typically do so because they are reacting to a situation...

• Many of the individuals with Asperger’s syndrome who have committed crimes had co-existing psychiatric disorders...

• We know this first of all from family studies, which show a dramatic increase in the frequency of neuropsychological and psychiatric impairment among the close relatives of the child or adult with ASD.

• Frequently, the child with ASD represents the tip of an iceberg, with various expression of developmental and MH issues among family members

• These epidemiologic observations are corroborated through basic research, as scientists are identify shared genes among ASD, ADHD, and common mental illnesses, including Bipolar Disorder, Major Depressive Disorder, and Schizophrenia

• ASD and mental illness are related not just epidemiologically, but are interconnected at a fundamental biological level

Not only are these statements a disservice to persons with ASD as well as persons with mental illness; they are scientifically unsound, bordering on silly.

In fact, ASD and Mental Illness are intertwined and inseparable...
• In other words, not only do ASD and MH disorders co-exist within different members of the family... ASD and impaired Mental Health co-exist within the individual with autism.

• ASD improves over time, especially in higher functioning children.
• In fact, as children with “high functioning autism” move through childhood into young adulthood, their mental health issues often overshadow their autistic behaviors.

• Even as some of these children are outgrowing an ASD diagnosis, however, they are growing into one or more mental health diagnosis – often expressing their family genetic endowment.
• Given the shared underlying biological factors between ASD and mental illness, this metamorphosis is not surprising.

• Somewhere during childhood or adolescence, the treatment approach for these children needs to shift from a Developmental Disabilities model (focusing on milestone acquisition) to a Mental Health model (focusing on emotional well-being).
• Notice that Cognitive Rigidity – difficulty “shifting gears” is a persistent feature. For example, the young child who obsesses over Thomas the Tank Engine may become an adult who obsesses over social rejection.
So, when considering ASD, first we focus on the core symptoms (eye contact, speech, etc.)
Then we focus on the associated neuropsychological features like cognitive rigidity, or dysregulation of attention, arousal, and sensory processing.
Finally, like the outermost rings of Saturn, we come to the mental health issues of adolescence and adulthood.

There is no bright line separating one stage from the next, or one diagnosis from the next. In fact, it is probably better to think of MH disorders as comprising an integral element of ASD – different expressions of the same underlying condition, at different points in time - just as a caterpillar remains “the same creature,” even though its outward form has metamorphosed into a butterfly.

Summary

ASD in a child is a red flag for developmental and/or mental health disorders in parents / siblings.
Optimal outcome for the child depends upon addressing the parents’ mental health issues, as well as the child’s developmental and mental health needs.

Need for Adult Services
- Clinics for “Long-Term Survivors of Childhood ASD” patterned after Long-Term Survivors of Childhood Cancer
  - Mental Health
  - Job coaching
  - Social contact
  - Family / Caregiver support (parents, partners)
  - Developmental screening of offspring

Need for Better Research
- Prevalence of ASD in adults?
- Psychiatric Comorbidity
- Obstacles
  - Privacy issues
    - “Informative censoring”
  - Cross-Disciplinary collaboration
    - Child / Adult
    - DD / Mental Health
  - Long-term funding

Rather than blame-shifting (“Adam Lanza may have had Asperger’s but he also had a Mental Health Disorder...”), the autism community needs to make common cause with the MH community, insofar as advocacy, research, funding, and community services are concerned. To do otherwise is to ignore the elephant in the room.