OASIS · AT A GLANCE

Co-Occurring Mental Health Conditions: When It's Not 'Just Autism'

A clinician who attributes every symptom to autism isn't being thorough. They're skipping the exam. This single diagnostic habit causes more untreated suffering than almost anything else in this field.

BY JIM PALASTY · 11 MIN READ · A HABIT WITH A NAME, AND A REAL COST

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PERCENT OF AUTISTIC ADULTS ESTIMATED TO ALSO HAVE AN ANXIETY DISORDER

Estimates range from 40 to 50 percent for anxiety alone, alongside elevated rates of depression, OCD, and PTSD. Most of it goes undiagnosed, attributed instead to 'just autism.'

How it works

THREE STEPS

STEP 1

Diagnostic overshadowing has a name and a pattern

Clinicians documented across research consistently attribute new or worsening symptoms to autism rather than investigating a separate condition.

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STEP 2

Co-occurring conditions are common, not rare

Anxiety, depression, OCD, and PTSD all occur at meaningfully elevated rates in autistic adults compared to the general population.

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STEP 3

Presentation looks different in Level 2/3 adults

Behavioral communication of a mental health condition can look entirely unlike the textbook description clinicians expect.

Co-occurring condition rates in autistic adults

Anxiety disorders	Estimated 40-50% prevalence
Depression	Estimated 20-30% prevalence
OCD	Elevated rates compared to general population
PTSD	High rates, often linked to medical or systemic trauma
All frequently underdiagnosed	Diagnostic overshadowing suppresses recognition across all four

THE DEPRESSION THAT LOOKED LIKE 'JUST AUTISM' FOR TWO YEARS

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Grant's withdrawal from activities he'd previously enjoyed was attributed, by three different providers over two years, to a natural autism-related preference shift. A fourth provider asked one specific question: had anyone actually screened for depression using a tool adapted for his communication style. Nobody had. He met criteria clearly. Treatment brought back activities and engagement that had quietly disappeared for two years, mistaken the entire time for simply who he was.

TWO YEARS OF "THAT'S JUST HIS AUTISM" WERE ACTUALLY TWO YEARS OF UNTREATED DEPRESSION NOBODY HAD THOUGHT TO SCREEN FOR.

What matters, at a glance

Diagnostic overshadowing, defined

The documented clinical tendency to attribute all of a person's symptoms to their known disability, missing a separate, treatable condition underneath.

The numbers are not small

Anxiety at 40-50%, depression at 20-30%, and elevated OCD and PTSD rates all represent common, not rare, co-occurring realities.

Behavioral communication gets systematically ignored

A depressed or anxious Level 2/3 adult often can't say so directly. The behavior that communicates it gets labeled 'just autism' instead.

Presentation looks different here

Depression might look like increased self-injury rather than verbalized sadness. Anxiety might look like rigidity rather than reported worry.

Treatment considerations differ too

Standard treatment protocols sometimes need real adaptation for this population, not simple substitution of medication alone.

Advocacy language changes outcomes

A specific, direct request for mental health assessment gets taken more seriously than a general concern about 'behavior changes.'

BRING THESE · CHECK AS YOU GO

- [ ] A log of specific behavioral changes, with dates and context
- [ ] Awareness of adapted screening tools for limited verbal communication
- [ ] Patience; this often takes more than one appointment to resolve
- [ ] A direct question ready for your provider about ruling out co-occurring conditions
- [ ] A second-opinion provider identified in advance, if needed

YOUR MOVE

When you suspect something beyond autism itself, here is how to advocate

1. Ask directly whether a co-occurring condition has been ruled out or assumed away.
2. Request screening using tools adapted for limited verbal communication.
3. Document specific behavioral changes, with dates and context.
4. Ask what would be different about the treatment plan if this weren't autism.
5. Seek a second opinion if diagnostic overshadowing seems to be happening.
6. Revisit the mental health question periodically, not as a one-time check.

"That's just his autism" is sometimes true. It's also, far too often, a diagnosis nobody actually made. Ask the question that forces the distinction.

CO-OCCURRING MENTAL HEALTH RESOURCES

The National Institute of Mental Health (nimh.nih.gov) publishes research on co-occurring mental health conditions in autistic populations and diagnostic overshadowing.

AASPIRE (aaspire.org) conducts autism-specific health research, including work on accessible mental health screening approaches for this population.

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ABOUT THE AUTHOR

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