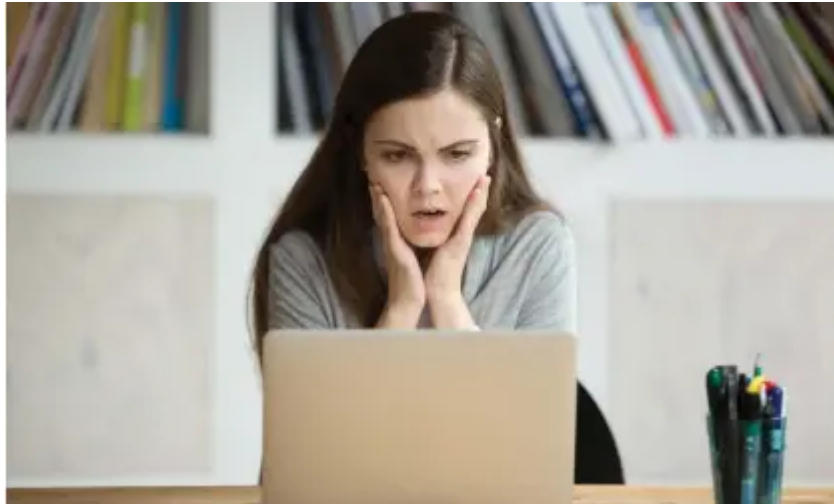


- Health self-care

Diagnosing yourself with a mental health issue may bring comfort, but it can be dangerous

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In the age of information overload, where a world of knowledge lies just a click away, the temptation to self-diagnose mental health conditions has become an all-too-common trend for many people. There is an allure in online quizzes and symptom checklists that promise a diagnosis within minutes as they can offer a sense of control over your psychological wellbeing. But beneath this there can be a great deal of misinformation, misinterpretation and conflicting advice.



When I first met Emily* she was a bright and ambitious finance student at university navigating the tumultuous waters of young adulthood. I asked her why she was here and she informed me she had anxiety, depression and attention deficit hyperactivity disorder (ADHD). In her pursuit of self-understanding, she recounted stumbling upon a trove of articles and online discussions exploring various mental health conditions. This discovery sparked her curiosity, propelling her into a quest to unravel the mysteries of her own mind.

She meticulously dissected her thoughts and feelings, cross-referencing symptoms with diagnostic criteria – and with each new revelation, she told me she felt a surge of validation, as if she had unearthed the missing pieces of her identity. Initially, Emily said her self-diagnosis seemed accurate. She attributed her restless energy and scattered thoughts to ADHD, her persistent worries to anxiety, and her fluctuating moods to depression. It was a comforting narrative and easily digestible for her and her closest friends who knew she was struggling. Yet, beneath the surface lay a tangled web of complexity.

As time passed, Emily's symptoms worsened, intertwining and overlapping in what we know as comorbidity. The lines between her self-diagnosed conditions blurred, leaving her questioning whether she had been accurate. Her university studies suffered and she began to close herself off to family and friends. What had begun as a quest for understanding had actually caused her to spiral into a maze of confusion, frustration and despair. A few months later, Emily's fragility was further shattered by the loss of her mother. Their relationship had been complicated and she found herself haunted by flashbacks and nightmares. It was only then that she sought professional help.

Emily told me that she had been self-diagnosing her mental health symptoms for nearly six years. "It started in my late teens – I felt ashamed and didn't want to talk to anyone about it," she revealed.

Through therapy, we began to unravel the tangled threads of her mind, gradually empowering her to regain power over her life. As we delved deeper, the layers of her past unfolded, revealing a tapestry woven with child-

hood trauma and troubling family dynamics. Emily recounted experiences of neglect under the care of her single-parent mother, who was tirelessly striving to provide for Emily and her older brother. Painfully, Emily disclosed her mother's admission that she had initially desired only her brother, and upon learning of her unexpected pregnancy eight years later, had entertained thoughts of terminating Emily before anyone found out she was pregnant.

It became evident that Emily was grappling with complex trauma, as well as ADHD. Her mood swings and anxiety stemmed from disrupted attachment patterns, impulsivity and reliance on maladaptive coping mechanisms such as drinking. Her periods of low mood were not merely isolated occurrences but rather symptomatic of the broader complex trauma she endured.

Looking back, Emily realises how illadvised her DIY diagnosis was. What had seemed like a shortcut to self-awareness had instead led her down a perilous path of uncertainty and self-doubt. It was the human connection through group and individual therapy sessions that offered healing. Through these interactions, Emily learned to establish healthy boundaries, experienced a significant alleviation of her low moods and witnessed a notable enhancement in her sense of self-worth.

It's important to recognise the relationship between our mental health and physical health. When people self-diagnose they might not take a holistic view of their overall health.

Vitamin deficiencies, iron levels, thyroid problems and sleep disturbances can mimic symptoms of mental health disorders, leading to misdiagnosis and inappropriate treatment. For instance, a vitamin D deficiency has been associated with symptoms such as fatigue, low mood and cognitive impairment, which can resemble depression or anxiety. Similarly, inadequate levels of vitamin B12 can manifest as irritability, mirroring symptoms of mood disorders. Additionally, disruptions in sleep patterns, whether due to insomnia or sleep apnoea, can exacerbate symptoms of anxiety, depression and ADHD, further complicating the diagnostic process. It's crucial for healthcare providers to consider these physiological factors when evaluating patients for mental health concerns, as addressing underlying deficiencies and sleep disturbances can alleviate or even resolve apparent psychiatric symptoms.

Mental health conditions are complex and multifaceted, defying easy categorisation or interpretation. While the internet can be a valuable tool for education and awareness, it is no substitute for the expertise of trained professionals.

*Name has been changed for privacy and Emily's story is an amalgam of several cases

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In Australia, support is available at Beyond Blue on 1300 22 4636, Lifeline on 13 11 14, and at MensLine on 1300 789 978. In the UK, the charity Mind is available on 0300 123 3393 and Childline on 0800 1111. In the US, call or text Mental Health America at 988 or chat 988lifeline.org