

## Chapter 10

# Transdiagnostic Treatment Approach in Children and Adolescents' Mental Health: A Wave of the Future

**Anamika Sahu**

*National Institute of Mental Health and Neurosciences, India*

**Harshini Manohar**

*National Institute of Mental Health and Neurosciences, India*

**Preeti Gupta**

*Central Institute of Psychiatry, India*

### ABSTRACT

*In clinical and community settings, youth generally present with high rates of comorbidity and rapid developmental change, requiring the clinician's attention to manage multiple facets of the disorder. Though evidence-based treatments (EBTs) have been developed for young people and have shown promising results, these EBTs do not usually guide how to deal with associated comorbid conditions. Meanwhile, transdiagnostic treatment approaches (TTA) go beyond the diagnosis and address shared mechanisms across disorders. TTA takes multidimensional action to support youth through eclectic treatment strategies. This chapter summarizes the complexities associated with child and adolescent mental health, transdiagnostic processes underlying youth psychopathology, and the need for transdiagnostic intervention over disorder-specific treatment. Furthermore, it gives a snapshot of transdiagnostic intervention protocols and advocates for more methodologically rigorous evidence.*

## INTRODUCTION

Children and adolescents (interchangeably referred as “youth”) may face unique demands and challenges during various developmental phases and deal with them using a range of coping strategies. While some of the strategies could be adaptive, other could be unhelpful and maladaptive (Compas et al., 2017). In the absence of protective buffers, persistent challenges and difficult experiences during this developmental phase could result in mental health concerns and impairment in socio-academic functioning. As a consequence, a considerable number of children and adolescents can suffer from mental health problems and a spectrum of diagnosable mental health conditions. Most mental health conditions begin in the youth (12-24 years of age), though they first detected in adult life (Patel et al., 2007). At least one out of every four to five young people in the general population suffer from at least one mental health disorder in any given year (Patel et al., 2007), although information on youth mental health from many developing countries are largely unavailable (Erskine et al., 2017). According to the Global Burden of Disease in young people (10-24 years), about 45% of Years Lost to Disability (YLD) is accounted for by neuropsychiatric disorders, which is among the three most common causes (Gore et al., 2011).

In the Indian context, the National Mental Health Survey conducted in 2016 reported 7.3% prevalence rates of mental health conditions among adolescents aged 13 – 17 years (Murthy, 2017). The most common disorders in youth are emotional disorders including anxiety, depression, substance use disorder, and neurodevelopmental disorders, with severe mental illness having comparatively lower prevalence. Youth mental health is a global public health concern and is shown to significantly increase burden and disability, not only due to the direct consequences of the mental health condition, but also due to loss of normative opportunities that are critical during this developmental phase. This highlights the need for early identification and effective management (Baranne and Falissard, 2018).

Evidence-based psychological interventions which are ‘disorder-specific’ are available, proven to be effective, and are widely practiced. Most of the evidence-based ‘disorder-specific’ psychological interventions have been developed for adults and have been over time adapted for application in children and adolescents with a prime focus on developmentally-appropriate psychotherapeutic processes using the same core principles. Cognitive behavioural therapy (CBT) is recommended as a first-line intervention in many disorders by NICE guidelines and has been proven effective for disorders such as depression, anxiety, disruptive behaviour disorders, eating disorders etc in child and adolescent population. It is known that comorbidity is a norm rather than an exception in this population. Also, key developmental needs (e.g., autonomy, affiliation) and vulnerabilities (e.g., impulsivity, developing socio-emotional regulatory capacities) pose unique challenges in child and adolescent psychotherapy. In addition, they may also have other associated psychological issues that need the clinician’s attention. For example, adolescents with temperamental difficulties, poor parent-child relationship and interpersonal conflicts in the home context may develop depression which may be primarily characterised by externalising tendencies and novelty seeking behaviours to alleviate low mood. In the context of such complexities, ‘disorder-specific’ approaches could be reductionistic, and there is a need to consider high comorbidity rates, shifting symptom profiles, symptom dimensions and severity, complex family and other key developmental contexts (school, peer relationships) etc in formulating psychotherapeutic interventions for children and adolescents. It is therefore essential to adopt transdiagnostic approaches that focus on vulnerabilities and processes across disorders and contexts.

The transdiagnostic treatment approach (TTA) is more relevant in youth population and fits well. The TTA applies process-based principles that targets key mechanisms of psychopathology across diagnostic

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