

Your diagnosis might be wrong. That's not your fault.

You went to a professional. You described what you were feeling. You got a label.

But what if the system that produced that label was built on categories that don't match how the mind actually works?

The problem isn't you.

The problem is the map they're using to describe you.

Swipe to learn 5 things you need to know 

1 Mental health diagnoses are categories. Your mind is not.

The system most clinicians use sorts people into boxes: you either have depression or you don't. You either have ADHD or you don't.

But mental health exists on continuous dimensions. You can score highly on attention problems without meeting the cutoff. You can have features of multiple conditions at once.

The categories are administrative conveniences, not descriptions of how the mind works.

A diagnosis tells you which box you fit into. It doesn't tell you **where you actually are.**

2 Comorbidity isn't a coincidence. It's a clue.

If you've been diagnosed with two or three conditions at once, you're not unusual.

Anxiety and depression co-occur so often that researchers question whether they're really separate things. BPD correlates with almost every other diagnostic category.

Newer frameworks recognize that these conditions share underlying dimensions, which is why they travel together.

When half of all patients have “comorbid” conditions, maybe the categories are the problem.

3 A better map already exists. Most people haven't heard of it.

Researchers have built a framework that describes mental health as a spectrum, not a checklist.

Instead of asking "does this person have disorder X," it asks "where does this person fall along these dimensions?"

It explains why conditions overlap, why people get misdiagnosed, and why the same treatment works for seemingly different problems.

It's called the Hierarchical Taxonomy of Psychopathology. It's not fringe science.
It's the direction the field is heading.

4 Your childhood patterns didn't disappear. They evolved.

Patterns of distress in childhood follow people into adulthood, but they don't always look the same.

A child with separation anxiety might become an adult with generalized anxiety. A kid with conduct problems might develop substance use issues.

A dimensional approach can trace the thread, showing how the same tendency expresses itself differently across a lifetime.

Your diagnosis at 12 and your diagnosis at 32 might have **the same root**. The current system isn't built to see that.

5 Nonsensical labels impact lives

Someone in a psychiatric emergency who gets a label in 15 minutes and a prescription before discharge.

A teenager told they have three separate disorders when one profile would explain everything.

A veteran cycling through diagnoses because no single category captures what happened.

A person who stopped seeking help because the last label didn't feel like them.

Better science already exists. The gap is between the research and the people it could help.

What you can do right now

- ✗ Don't treat a diagnosis as the final word on who you are.
- ✓ Ask your clinician: "Where do I fall on the spectrum?" is a better question than "What do I have?"
- ✓ If you have multiple diagnoses, ask how they might be related rather than treating each one separately.
- ✓ Look into HiTOP. The consortium's work is publicly available and the core idea is accessible to anyone.
- ✓ **Share this with someone who's struggling with a diagnosis that doesn't feel right.** That matters most.

Be the person who shows someone else.

The science of the mind is changing.
The systems most people interact with haven't caught up yet.

That gap has consequences. The people paying the price are the ones who most need the science to be right.

✉ Share this with someone who needs to see it.

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