OPINION PIECE

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What's Wrong With Me? Whats Wrong With You? The Issue of Over-Diagnosing ADHD in Children

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ABSTRACT

Historically, the field of mental health has been shrouded in controversy and conflict. The problems associated with diagnosing mental illnesses are still prevalent today, and this process becomes even more complicated when assessing children, who have yet to develop mature social skills and cognitive functioning. Attention-deficit hyperactivity disorder (ADHD) is one of the mental health conditions that is diagnosed using the Diagnostic and Statistical Manual of Mental Disorders (DSM). Overwhelming support from the primary literature suggests that the current procedures of diagnosing ADHD - which begin during childhood - allow for a high degree of subjectivity, inconsistency, and uncertainty. For these reasons, the issue of over-diagnosing ADHD in children has become more significant, and more plausible than ever before. By outlining the key factors that contribute to this problem, certain modifications can be made to improve the ADHD diagnostic procedures for future applications. These changes can increase the accuracy of mental health assessments, thus minimizing the number of false positive diagnoses of ADHD in children worldwide.

Keywords: ADHD, children, mental, health, overdiagnosis, DSM

INTRODUCTION

Attention-deficit hyperactivity disorder (ADHD) is described as "a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development"[1]. ADHD is the most common mental disorder among children and teenagers (5.9%-7.1%), and the prevalence rates of ADHD diagnoses of this cohort have been increasing steadily over time[2-4].

What mechanism or explanation can be used to justify these findings? Has there truly been an increase in the number of children with ADHD over time? Many researchers in the field of mental health do not believe so, and instead suggest the possibility that a large majority of these ADHD diagnoses are false positives. That is, many children diagnosed with ADHD do not actually suffer from the disorder. Perhaps these observations are not representative of increases in ADHD prevalence. Instead, they are a portrayal of the underlying problems with the current mental health assessment system of children.

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FACTORS THAT CONTRIBUTE TO ADHD OVER-DIAGNOSIS IN CHILDREN

DSM Criteria and Diagnostic Procedures

The problem begins with the procedures in which healthcare professionals diagnose ADHD in children, and the definition of the condition itself. The Diagnostic and Statistical Manual of Mental Disorders (DSM) provides guidelines for diagnosis and criteria of each type of mental illness. Each condition is described by a standardized set of symptoms[5]. On the surface, the premise and design seem simple. However, this is far from the reality. The main problem with the DSM is the presence of bias, and inconsistency during assessment. For instance, one of the criteria for "hyperactivity and impulsivity" associated with ADHD is: "Often talks excessively"[1]. "Excessively" is a subjective term; one professional's interpretation of an excessive behaviour may not be the same for another. This is problematic considering that even the slightest difference in understanding of DSM criteria can result in a misdiagnosis of a mental disorder.

In addition, ADHD diagnosis begins at a young age, so clinicians receive information about a child's behaviour from individuals who regularly interact with and observe them (parents, teachers)[6]. This may further contribute to false positive ADHD diagnoses because the accounts from these informants may be uninformed and introduce a higher degree of subjectivity. Consider the following finding: studies show that teachers are more likely than parents to report disruptive behaviour in school-age children[7]. However, their reports might be biased based on the circumstances in which they make their observations. For instance, if a classroom is predominantly filled with introverted students, a teacher may be more likely to report an individual student as hyperactive, if they do not follow the norms established by their peers. Even if the student does not suffer from ADHD, their teacher's reports may play a deciding factor in the diagnostic process.

Comorbidity

Another factor associated with over-diagnosing ADHD in children is the issue of comorbidity; the simultaneous presence of two or more conditions. It was found that up to 75% of children diagnosed with ADHD also meet criteria for other mental health disorders[8]. This is because many symptoms of ADHD are also considered characteristic of other disorders (e.g. attention deficits are commonly seen with anxiety and depression)[9]. This means that the observed symptoms may not be indicators of ADHD, but something else entirely.

Unique Developmental Trajectories

The last, and arguably most sensitive, factor that contributes to over-diagnosis of ADHD in children is the fact that many of the DSM's defining traits of ADHD are merely a part of a child's normal cognitive development. Take the following criteria: "Often has difficulty waiting their turn", and "Often unable to play or engage in leisure activities quietly"[1]. These features are often demonstrated by many young children because they have not yet fully matured or adapted to society and its norms. Everybody learns at a different rate, and perhaps some of these individuals require more time to understand acceptable behaviours and mindsets. However, this is not necessarily evidence of a mental disorder, and these individuals do not deserve to suffer the social and psychological consequences of such a label.

LOOKING AHEAD

Mental health is unlike any other form of physiological equilibrium; it is often referred to as a spectrum because the line between healthy and unhealthy is blurred. Unfortunately, there are no current methods of correctly diagnosing ADHD with absolute certainty. Even the DSM itself has been significantly modified overtime because experts in the field are constantly changing the ways that mental health is defined and understood[10].

Moving forward, the responsibility of this issue rests primarily on the shoulders of the health care system, and the contributors of the DSM. One potential change is to include more specific criteria and guidelines of mental health disorders, thus establishing concrete signs and symptoms, so that less of the diagnostic process is left to interpretation. For instance, the aforementioned ADHD criteria "often talks excessively" could be improved by measuring tangible aspects of speech, such as the amount of time that the individual

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speaks during conversations with a clinician. Another suggestion is to refrain from assessing a child's mental health until a certain age (unless presented with an extreme case), in order to promote their development and maturity.

The procedures used to diagnose ADHD in children today are filled with uncertainties and inconsistencies, but it is currently the best that science has to offer. All that is known for certain is that the mental health of children around the world must be treated with the utmost respect, and care. One misdiagnosis can lead a young child into thinking that there is something "wrong" with them. When in reality, it was their health care system and professionals that wronged them.

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