

Young people and diagnostic labels

Current Debates in Mental Health | Week 3

This session explores overdiagnosis alongside young people's use of diagnostic labels, with particular attention to secondary school. We will consider what labels may offer, what they may obscure, and how adults can respond thoughtfully.

ADHD is our main example, not a basis for conclusions about every condition. ADHD is a neurodevelopmental condition.

Starting with your observations

- When you say young people diagnose themselves, what have you noticed? What concerns you, and what might you be curious about?
- What might a label communicate: difficulties, a request for support, an explanation, identity or belonging?
- How might our discussions of trauma and Open Dialogue inform how we listen?

My starting thoughts

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Keeping the distinctions clear

Self-identification or self-diagnosis: recognising oneself in a description or applying a label without a professional assessment. This alone does not establish either that the label is accurate or that it is inaccurate.

Professional diagnosis: an assessment by an appropriately qualified practitioner. For ADHD, NICE describes a specialist assessment that considers development, functioning and more than one setting, rather than relying on a checklist alone.

Overdiagnosis: in a benefits-and-harms framework, an accepted diagnosis may bring more harm than benefit. Definitions vary (Kazda et al., 2021). Misdiagnosis means an incorrect diagnosis; underdiagnosis means missed recognition.

Medicalisation: understanding experiences or social problems primarily in medical terms. This is a broader question than whether a particular young person meets diagnostic criteria.

Discuss: How could greater self-recognition, professional overdiagnosis and missed diagnosis all be present at the same time?

A fictional secondary school case

Sam is 15 and tells a member of school staff: “I know I have ADHD. The videos describe exactly what I’m like.” Sam describes losing things, struggling to start homework and finding lessons difficult to follow. Sam has not had a professional assessment.

Sam says the label is a relief: “I thought I was just lazy.” Some staff have noticed incomplete work; others say Sam concentrates well on preferred activities. Sam is worried that adults will dismiss the concern as “just TikTok”.

Take a few minutes to consider the case. The task is to explore an appropriate conversation, not to decide whether Sam has ADHD.

- What would you want to understand about Sam’s difficulties, strengths, history and circumstances?
- What does the label mean to Sam? What might it help Sam communicate?
- How could staff take the difficulties seriously while remaining open about the explanation?
- What support could be explored now, and what might warrant further assessment?

Questions I would ask Sam

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Further information to discuss together

Sam recalls similar difficulties in primary school. A parent remembers frequent lost belongings and unfinished tasks, but says Sam’s good grades meant the difficulties attracted little attention. Sam is also sleeping poorly and feeling anxious about exams. Sam says: “The videos didn’t start the problems. They gave me words for them.”

What changes in your thinking? Which explanations need further exploration? How could you avoid both premature certainty and dismissing longstanding difficulties?

What I would explore next

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Reading and questioning the evidence

Read only the selected sections. We are considering three different questions: professional overdiagnosis, the quality of online information, and what an assessment involves.

1 Is there evidence of professional overdiagnosis

[Kazda et al. \(2021\) — ADHD overdiagnosis in children and adolescents](#)

Read the abstract and Limitations section. The review reports evidence of overdiagnosis, while identifying gaps in evidence about long-term benefits and harms for young people with milder symptoms.

- What supports the conclusion, and where is the evidence less certain?
- Why would increasing diagnosis rates alone be insufficient evidence?
- Does this review establish how accurate young people's self-identification is?

One finding and one limitation

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2 What can research on TikTok tell us

[Yeung, Ng and Abi-Jaoude \(2022\) — TikTok and ADHD](#)

Read the abstract and the discussion of limitations. This study evaluates video content. It does not test whether individual viewers have ADHD or show that watching the videos causes professional overdiagnosis.

- How were videos selected and judged? What could that miss?
- What is the difference between sharing an experience and making a diagnostic claim?
- How could online material help someone describe difficulties, even where some content is misleading?

3 What does an ADHD assessment involve

[NICE NG87 — Diagnosis](#)

Read recommendations 1.3.1 to 1.3.4. Compare the information needed for assessment with what we currently know about Sam. What can school observations contribute, and what can they not establish alone?

Responding in a school setting

Discuss: “How should school staff respond when a young person says they have a condition that has not been professionally assessed?”

Consider these two fictional responses. What might each convey, and what would you change?

Response A: “Lots of people see those videos and think they have ADHD. Try not to label yourself.”

Response B: “That sounds like ADHD. Now we know why you struggle with homework.”

- What might each response miss about Sam’s experience?
- How could you acknowledge the difficulties without confirming or dismissing the diagnosis?
- What would you ask about the content Sam found helpful?

A more helpful opening response

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Developing a thoughtful approach

Develop up to five principles for responding to a young person. Consider listening, uncertainty, useful school observations, appropriate assessment pathways and support based on current needs. Apply each principle to Sam.

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Closing reflection

What has shifted in your thinking? What remains unresolved? What might you ask differently when a young person uses a diagnostic label?

Sources: Kazda et al. (2021), JAMA Network Open, 4(4), e215335; Yeung, Ng and Abi-Jaoude (2022), The Canadian Journal of Psychiatry, doi:10.1177/07067437221082854; NICE, ADHD diagnosis and management, NG87. Links appear on page 3.