There has been a notable surge in the demand for mental health services within Israeli and diasporic Jewish communities in the aftermath of the October 7th attack on Israel and subsequent Israel-Hamas war, according to the American Psychological Association. At the same time, there is growing concern about the overdiagnosis and misdiagnosis of children with mental health conditions in a society that has lost sight of the fact that child development is a complex interplay between a child's biological characteristics and the environment. Psychologist Michael Gordon addresses this issue in the following article.

On the Distinction Between Symptoms and Impairment

by Michael Gordon, Ph.D.

I just finished speaking with the daughter of dear friends. She was concerned about her 10-year-old son, whom I'll call Max, who had gotten into another minor altercation at school followed by a brief "meltdown." Two years earlier, for similar reasons, she had taken him for a psychiatric evaluation at a major medical center. He was initially diagnosed with ADHD, and shortly afterward autism was added. He was also tried on several medications—stimulants and antidepressants among them. According to her, none of those interventions helped over time.

Children are notorious for traipsing in and out of typicality. Some "get with the program" early and often, others don't even know there is a program until their brains myelinate a bit, and still others encounter circumstances that push them temporarily off-track. Deviations from perfection are the rule, not the exception. If we diagnosed every child who went through a phase of being inattentive or oppositional as having ADHD, we might as well put Ritalin in the water supply.

The first step in diagnosis is assessing how much the child's behavior truly deviates from appropriate expectations. Are the symptoms impairing the youngster's ability to function? If so, how seriously? Across which settings: school, home, socially? When did the problems start—and are they improving or worsening?

Good mental health care begins with a clear understanding of severity and impact. You don't want to swat mosquitoes with a cannon or fend off a tiger with a toothpick. Whatever the challenge may be, a proportional response is best.

However, many providers move quickly to treatment recommendations before establishing the scope of the problem. They may hear about a symptom and presume a disorder that needs remediation. Reports of sadness must mean depression; worry must mean anxiety; inattention must mean ADHD, and so on. Labels can be applied even when the presenting concern may reflect personality traits or temporary developmental fluctuations rather than a fixed psychiatric condition. While many children unquestionably face serious challenges that warrant an assertive response, others may be going through short-term struggles or facing others' reactions to their personality style.

Which brings us back to Max. His story illustrates the risks of premature diagnosis. From what his mother shared, he did have occasional behavioral outbursts at school, particularly in the months after moving from another city. These incidents were noticeable and upsetting—but generally resolved within ten minutes. His teachers reported that he was at grade level in math and reading, though they believed he could do better if he were more attentive. He had a few good friends and was well-liked overall. In other words, he was operating within normal limits despite some challenges with adjustment.

Max's mother was reluctant to pursue another evaluation because she felt the first one had distracted her from more appropriate interventions. She told me that the providers never addressed what she considered the central question: "Are his difficulties substantial enough to require formal psychiatric treatment?" Instead, he was labeled, medicated, and sent on his way. She couldn't shake the feeling that the treatments "didn't work" because there simply wasn't enough of a problem for them to work on.

She was also troubled that Max had begun referring to himself as a "nut job" who needed medication because "his brain was broken." That is one of the potential hazards of moving too quickly to psychiatric treatment. If a youngster truly is in distress, treatment can be life changing. But when a relatively typical child begins to believe something is fundamentally wrong with them, it can subtly erode their developing sense of self. Sometimes, initiating treatment too aggressively or too early can have unintended consequences—a poor self-esteem being one of them.

I don't begrudge any parent who seeks help when a child's development seems to be veering off-track. That impulse is often caring and appropriate. It's just unfortunate that so many clinicians fail to provide them with the perspective they need to make sensible decisions. In Max's case, professionals rushing to judgment might have created a detour away from more appropriate treatment. His path makes clear that when we leap to labels instead of understanding, we may end up treating the diagnosis instead of the child.

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