



# Psychiatric Times

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## Giftedness Should Not Be Confused With Mental Disorder

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Mar 13, 2013

- [ADHD, ADHD, Couch in Crisis](#)

The 3% to 5% of kids who are particularly gifted are also at special risk for being tagged with an inappropriate diagnosis of mental disorder. Marianne Kuzujanakis, MD, MPH is the perfect person to explain why. She is a pediatrician and a director of [SENG \(Supporting Emotional Needs of the Gifted\)](#)— an organization dedicated to helping the gifted and their parents. She is also a cofounder of the [SENG Misdiagnosis Initiative](#).

Dr Kuzujanakis writes:

*The 2010 American Academy of Pediatrics Task Force on Mental Health reported that 37% of children and adolescents either meet the DSM criteria for a mental health diagnosis or show some impairment in functioning. Diagnoses of ADHD and autism continue to rise. Pediatric primary care physicians do much of the psychiatric diagnosis and prescribe most of the psychotropic medicine—but a recent survey showed that only 10% felt adequately prepared by their training to do so. They see kids for very brief visits, and many are too influenced by drug marketing (as are parents and teachers). Overdiagnosis and overtreatment are commonplace.*

*Highly gifted children are a particular diagnostic challenge, with errors that can occur both ways. When pediatric diagnoses are carelessly applied, gifted children are frequently mislabeled with ADHD, autistic, depressive, or bipolar disorders. Yet sometimes being gifted effectively hides these same conditions. So, while some gifted kids are erroneously labeled and medicated for mental health disorders they do not have, others are unrecognized for learning or mental disorders they do have.*

*And many gifted children are never identified as gifted. Wasting much of their day in unsuitable classrooms, they may behave in unacceptable ways. Despite giftedness being akin to a special need, funding for it is scarce and the needs of gifted minority and poor children are shamefully overlooked. Very few articles are found in the pediatric medical literature about giftedness.*

*Teachers and physicians also receive minimal instruction on the identification and management of gifted children and the fact that they seem to be wired differently and have developmental trajectories that differ from the norm. Many gifted kids experience the world with heightened and vivid intensities and sensitivities that may be a big plus (allowing them to become creative artists, scientists, inventors, and humanitarians), but also can be a big minus (subjecting them to sometimes overwhelming emotions and worrisome and unacceptable behaviors).*

*Normal giftedness can easily be confused with DSM mental disorder. Gifted kids may talk a lot, have high levels of energy, and be impulsive or inattentive or distractible in some settings—similar to symptoms of ADHD. It's not unusual for gifted kids to struggle socially, have meltdowns over minor issues, or have unusual all-consuming interests—all pointing to an inappropriate diagnosis of autism. Often perfectionistic, the gifted are more likely to be introverted and may feel alone and alien in a world that doesn't fully understand them.*

*Giftedness is not always seen as a socially positive and valued trait. Many gifted kids are bullied, others underachieve to hide their abilities, and some experience anxiety and depression with increased risk for self-harm. As many as 20% may drop out of school.*

*Here is some advice to parents, teachers, and medical professionals:*

- Throw away preconceptions of what giftedness should look like or where giftedness is found. Giftedness is not always equivalent to high academic achievement, and isn't limited to race, ethnicity, gender, or affluence. Gifted kids do sometimes have learning or mental health disorders*
- Throw away the idea that normal must be defined by a narrow set of criteria. Not everyone processes information and sensory inputs in the same way, nor does everyone develop along the same expected timeline. Variability does not automatically indicate a disorder. Be insistent that both weaknesses and strengths are equally acknowledged and supported.*
- It is important to determine who is suffering with an observed behavioral issue—the child or those around him/her. Labels, treatments, and medications are meant to alleviate suffering in the recipients, not as a means to make those around them happy. It's OK to not have all the answers. Take the initiative to find out more about giftedness and gifted misdiagnosis.*

*Here are some valuable resources:*

*<http://www.sengifted.org/resources/resource-library/recommended-reading>*

*Seek out organizations like SENG, [National Association for Gifted Children \(NAGC\)](#), [Davidson Institute](#), [CEC-TAG](#), [Uniquely Gifted](#), [World Council for Gifted and](#)*

*Talented Children, Hoagies' Gifted, and your state gifted associations for opportunities to learn more.*

Thanks so much, Dr Kuzujanakis. One of the disasters of the diagnostic inflation is that expectable and desirable individual difference is so often mislabeled as mental disorder.

Caution is particularly necessary in diagnosing kids. They are so developmentally labile and have such a short track record that diagnostic mistakes are frequently made, and once made are extremely difficult to undo.

### **Source**

<http://www.psychiatrictimes.com/adhd/giftedness-should-not-be-confused-mental-disorder>