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4 August 2026

Priya Dogra, Chief Executive
Ian Katz, Chief Content Officer
Channel 4
124 Horseferry Road
London SW1P 2TX

By email. Copied to: Tim Hancock, Commissioning Editor; the Channel 4 Board; Minnow Films.

Open letter: The Great ADHD Myth?

Dear Ms Dogra and Mr Katz,

We are writing about *The Great ADHD Myth?*, announced by Channel 4 on 29 July. We are writing before broadcast, deliberately and on the record, because we have been here before - and so has Channel 4.

A question mark is not a get-out-of-harm-free card. The last time Channel 4 reached for this style of title it gave us *The Great Global Warming Swindle* - a programme Ofcom found breached the Broadcasting Code. Twenty years on, global warming is not a myth, and neither is ADHD. The damage of a title like this is done in the listings, in the commentary, before a single frame is broadcast.

ADHD is not scientifically controversial. It is recognised by the World Health Organization, the NHS, NICE and every major medical body on earth. Physicians described it in 1798 - two centuries before the smartphone and 150 years before ultra-processed food. If modern life invented ADHD, it managed to do so remarkably far in advance. In 2021, eighty of the world's leading researchers from 27 countries published the International Consensus Statement on ADHD: more than 200 evidence-based conclusions drawn from studies of millions of people. Twin studies place ADHD's heritability at around 74 per cent - among the highest of any psychiatric condition. Your programme sets a handful of contrarian voices against that mountain of evidence and calls it an open question. That is not balance. It is false equivalence.

You have already promised the answer. Your commissioning editor says the film takes "a science-led approach". Your executive producer, in the same press release, says it "promises to make viewers think very differently about how we are medicating a generation of children". A science-led investigation cannot promise its conclusion in advance. And your presenter has already published his. In *The Spectator* in December 2024, Dr Pemberton wrote that ADHD "is now wildly over-diagnosed - and that this is actually dangerous"; that "it's easier to whack a label on a child - to medicalise their behaviour - than it is to confront parents with the idea that they might be at least in part to blame"; and that "the solution isn't Ritalin, it's better parenting with less screen time". In the same article he approvingly cited, by name, one of the two experts now quoted in your press

release. Nineteen months later he tells us he “wanted to understand why”. The why was already in print, under his byline. We would also note that Dr Pemberton's published biographies describe his NHS specialism as eating disorders and addiction - not ADHD. This is not an open investigation. It is an argument, commissioned to a conclusion its own marketing has already promised.

Your own press release is materially misleading. It claims that boys aged 10-14 comprise “the largest group being medicated”, citing a paper published in 2017 using data from five countries. The most recent NHS prescribing data for England shows that the largest group of people prescribed ADHD medication today are adults, not children. And among children, the higher diagnosis rate for boys reflects a different national scandal: the chronic underdiagnosis of girls.

The premise that Britain is casually “medicating a generation of children” is wrong: ADHD medication follows specialist assessment under NICE guidance, and the real national story is not over-medication but families waiting years for an NHS assessment. We would happily help you make that documentary.

This is not a parlour debate. People die. UCL-led research using UK health records shows that adults with diagnosed ADHD die on average around seven years earlier for men and nearly nine years earlier for women. Research funded by Ireland’s National Office of Suicide Prevention found that 20 per cent of adults with ADHD had attempted suicide, and a further 61 per cent had experienced suicidal ideation - leaving only 19 per cent untouched by either. The same research found that half had self-harmed, starting at an average age of thirteen. Having ADHD is tough. Undermining the condition just makes it tougher. When a national broadcaster invites millions to file all of this under “myth”, people cancel assessments, parents doubt their children, employers doubt their staff, and lives are put at risk.

We know this because we measured it last time. After the BBC’s Panorama programme on ADHD in 2023, we surveyed more than 2,200 people with ADHD: 90 per cent said stigma had increased because of the programme, and 84 per cent said it would stop people with symptoms from seeking an assessment. We will run the same research the night this programme airs, and we will put the results to Ofcom, to Parliament and to the public.

A child is at the centre of your experiment. Your press release describes a boy replacing his prescribed medication with lifestyle changes over several weeks, on camera, to see whether he can “come off medication altogether”. Please tell us what independent medical-ethics oversight this experiment received, who held clinical responsibility for the child throughout, and what clinical oversight is in place for him long term. ADHD is a lifelong condition - a few weeks doesn’t cover it. We commonly hear from people who chose to stop ADHD medication, were discharged, and then could not restart treatment without a new assessment - and a new NHS assessment can be years, in places more than a decade, away, with serious consequences in the meantime. If private services were used, what safeguards ensure the child can continue that care financially, with ongoing reviews and check-ins? And what safeguarding assessment was made of broadcasting the outcome to the nation?

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One boy is not a study. ADHD medication is among the most studied treatments in child health: 133 randomised, double-blind controlled trials, covering around 18,000 people, underpin its use, and its measured benefit is among the largest in psychiatry. Against that, your film offers one child, observed for a few weeks, unblinded and uncontrolled, receiving several interventions at once - plus the undivided attention of a film crew and a celebrity doctor. A study of one isn't science - it's an anecdote. Science has known since the Hawthorne factory studies a century ago that being watched changes behaviour. And a good few weeks of filming tests nothing anyway: the test of ADHD treatment is the classroom, homework, exams, friendships and adolescence - the years after the cameras have gone.

Sport is support, not a substitute. Exercise, time outdoors, less screen time and creative activity are part of good ADHD care - NICE recommends them alongside medication, not instead of it, and no one champions them more than we do. They help a child live with ADHD; they do not switch it off. Medication is not right for every child. But for those who need it, research links treatment with better school performance, fewer accidents and injuries, and reduced suicide risk. If your experiment nudges even a fraction of parents into binning a prescription their child needs, the harm will be real, personal and quiet - and no broadcast apology will reach it.

Channel 4 knows better - it has told us so. This is the channel of the Paralympics, whose own commissioned research celebrates that its coverage "shifted public perceptions and challenged prejudice around disability". The channel with a published disability strategy and guidance on the portrayal of disability. The channel that eighteen months ago commissioned a landmark film championing children with dyslexia - another neurodevelopmental condition - as diverse thinkers failed by "an archaic education system", commissioned by the same editor now presenting ADHD as a possible "myth". Ms Dogra, on your appointment you described Channel 4's mission as "to challenge, to reflect and represent voices across the UK". Your press release for this film contains no ADHD voice at all: no one who lives with it, no mainstream ADHD clinician, no ADHD organisation. Which voices does this commission reflect?

We therefore ask Channel 4 to:

1. Review the title and promotional framing against Channel 4's own Online Complaints Code, which requires that materially misleading information is not published, and is corrected where it has been (Practices 1.1 and 1.2).
2. Correct the press release's out-of-date claim about who is being medicated.
3. Offer ADHD UK, and others who have written to you, a preview screening and a right of reply, within the programme or in accompanying coverage.
4. Make clear on screen where contributors' views sit relative to mainstream clinical consensus - and disclose the presenter's previously published position on ADHD.
5. Set out the medical-ethics oversight of the filmed medication-withdrawal experiment.
6. Broadcast clear signposting to support, in line with Ofcom guidance on content dealing with suicide and self-harm.

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7. Explain how this commission is consistent with Channel 4's published disability strategy and its guidance on the portrayal of disability.

We are not asking Channel 4 to duck hard questions about ADHD. Waiting lists, service failure and the gulf between need and provision deserve every camera you can point at them. We are asking you to aim at the right target.

This letter is public. Should the broadcast repeat the failings of its promotion, we will have no choice but to refer the matter to Ofcom.

We would welcome a meeting at your earliest convenience, and in any event ask for a response either before broadcast or within ten working days, whichever is sooner.

Yours sincerely,

Henry Shelford
CEO and Co-Founder, ADHD UK

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