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Charity Number: 1188365

10 September 2026

Standards and Audience Protection Team

Ofcom

Riverside House

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By email to OfcomStandardsTeam@ofcom.org.uk.

Complaint under the Ofcom Broadcasting Code: "The Great ADHD Myth?", Channel 4, Tuesday 18 August 2026, 8pm

Ofcom complaint reference 02262409

Revised submission of 10 September 2026, replacing in full the version sent on 9 September 2026

Dear Sir or Madam,

ADHD UK lodged a complaint with Ofcom about the above programme immediately after it was broadcast, under the reference above. Enclosed is our full complaint in support of it, submitted within 20 working days of broadcast. We ask that it is assessed together with our initial complaint and with the complaints Ofcom has received from members of the public, which Ofcom's weekly reports put at 10,217 by 31 August.

This is a revised and complete submission. It replaces in full the version we emailed to this address on 9 September 2026, which we ask Ofcom to disregard. The reason is this. The transcript we relied on for that version was made from the press preview copy of the programme circulated before broadcast, not from the programme as transmitted. Having since compared it with the subtitle file of the version on Channel 4's streaming service, we found that one line, the presenter's summary of Professor Katya Rubia's contribution, differs between the two. Every quotation in this document has now been checked against the streaming version, timecodes have been added, and the corrected subtitle transcript is enclosed as Enclosure 4. The change strengthens rather than weakens the point at issue, for the reasons given in section 5.2, and we ask Ofcom to compare the press preview, the broadcast and the full interview. Nothing else of substance has changed.

In short: a peak-time, pre-watershed programme fronted by an NHS psychiatrist told viewers that it is a "myth" that ADHD is a neurodevelopmental disorder, that "we should not be medicating children so freely" and that the medication "simply mask[s] the symptoms"; its contributors called the medicines a "chemical cosh" and "slow-release cocaine". It did not tell

viewers that every relevant medical institution, including NHS England's own Independent ADHD Taskforce, takes the opposite view. Its one mainstream scientist says her interview was cut to misrepresent her. Its central experiment, a ten-year-old boy taken off his medication, failed: he went back on his medication and his schoolwork improved. That result was confined to a caption at the end, after the presenter's verdict, and three in ten of those who watched the whole programme did not register it. Nobody in the programme said that prescribed medication should not be stopped without medical advice. Within days, people with ADHD were being told by managers, colleagues and family members, with reference to the programme, that their condition was not real, and some had begun to consider stopping treatment.

We say the programme breached Rules 2.2, 2.1, 2.3, 1.28 and 1.29 of the Code, and Rules 5.5, 5.7, 5.9 and 5.10 (in the alternative, 5.11 and 5.12). The enclosed complaint sets out the evidence, the survey of 6,176 people we ran from the night of broadcast, the statements of the Royal Colleges and independent experts, the official NHS and government evidence the programme omitted, the Ofcom precedents we rely on, and our answers to the defences Channel 4 has already advanced in public. Section 11 sets out what we ask Ofcom to do.

We raised our concerns with Channel 4 in writing before broadcast, on 4 August 2026, and received its substantive reply on 10 August. Both are enclosed. Channel 4 has therefore had the opportunity to address them.

The survey remains open and its aggregate results are published live; if Ofcom would find an updated snapshot useful at any stage of its assessment, we will supply one on request.

We are content for this complaint and ADHD UK's identity to be disclosed to Channel 4. The survey respondents quoted are anonymous and gave consent to anonymous quotation in regulatory complaints. Please contact me if Ofcom needs anything further, including the underlying survey data in a form that protects respondents' anonymity.

Yours faithfully,

Henry Shelford

CEO and Co-Founder, ADHD UK

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Enclosed: the complaint (with Annexes A to F) and the enclosures listed at Annex F.

COMPLAINT TO OFCOM

Complaint under the Ofcom Broadcasting Code

"The Great ADHD Myth?" - Channel 4 - Tuesday 18 August 2026, 8pm

Complainant:	ADHD UK, registered charity 1188365
Ofcom reference:	02262409 (initial complaint lodged after broadcast; this is ADHD UK's full submission in support of it)
Submitted:	10 September 2026, within 20 working days of broadcast. Revised submission: replaces in full the version sent on 9 September 2026.

Submitted by Henry Shelford, CEO and Co-Founder, ADHD UK
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1. Summary

Channel 4 broadcast a sixty-minute programme, in peak time and before the watershed, in which the presenter, an NHS psychiatrist, concluded on air: "I'm now convinced it's a myth that ADHD is a neurodevelopmental disorder." The programme told viewers that the current understanding of ADHD "is not supported by the evidence, according to some of the most respected experts in the field". Its contributors described the medicines prescribed to hundreds of thousands of people in this country as a "chemical cosh" and "slow-release cocaine"; its presenter called them "mind-altering amphetamines". And it built its case on a ten-year-old boy who was filmed stopping his prescribed medication.

Channel 4 was entitled to make a programme questioning how ADHD is diagnosed and treated. It was not entitled to do it outside the Broadcasting Code. We say the programme breached the Code in five respects, and raises a sixth matter for Ofcom's own consideration.

It materially misled the audience (Rule 2.2). The programme withheld its own result. The boy went back on his medication two months after filming and his schoolwork improved. The presenter knew that when he delivered his verdict on air, and when he invited Daily Mail readers eight days before broadcast to watch and "find out what she chose". That fact was placed in a caption at the very end, after the verdict. Three in ten of those who watched the whole programme told us they were not aware of it; the Guardian's television review did not register it, and the newspaper published a correction. Viewers were also not told that the sceptics were a minority within medicine, or that the World Health Organization, NICE, the Royal College of Psychiatrists, the Royal College of General Practitioners and NHS England's own Independent ADHD Taskforce all treat ADHD as an established neurodevelopmental condition; two of the sceptics were introduced by the names of Royal Colleges whose current positions contradict them. Of 3,991 people who told us they watched the whole programme, 91% said it did not make clear that the sceptical views were minority positions. And the one mainstream scientist who appeared, Professor Katya Rubia, has said publicly that her interview was "cherry-picked, truncated and presented out of context".

It failed to protect viewers from harm (Rule 2.1). A doctor told a peak-time audience that "we should not be medicating children so freely", that ADHD medication "simply mask[s] the symptoms", and that the boy's difficulties were "not a problem with his brain". At no point did the programme say that prescribed medication should not be stopped without speaking to a prescriber. The Royal College of Psychiatrists said it for them the next day. Within nineteen days, 390 of our survey respondents said that they or someone in their household had considered stopping, or had stopped, ADHD medication because of the programme; 190 had considered stopping a child's medication; 222 had cancelled or considered cancelling an assessment; 570 had delayed seeking help.

It did not take due care over the welfare and dignity of a child (Rules 1.28 and 1.29). Whatever clinical advice was taken about the six-week medication break, the Code also covers the

consequences of broadcast. Channel 4 made an identifiable ten-year-old the national test case for whether his own diagnosed condition is a "myth", and broadcast his medication dose, his teacher's reports, his "poor exam results" and his family's dilemmas to millions, in the school holidays before he started secondary school. It told viewers almost nothing about how he was being protected. 82% of those who watched the whole programme told us that filming a ten-year-old stopping his medication for television was not responsible.

It caused offence that the context did not justify (Rule 2.3). The audience was given a single sentence about the child's safeguards. A programme about a recognised disability, made without any ADHD specialist who supports the diagnosis, presented the accommodations disabled children receive as something that "sets our young people up for failure". 59% of those who watched the whole programme reported significant or severe distress. Asked for one word to describe how the programme made them feel, more respondents chose "angry" than anything else. The second most common word was "invalidated".

It breached due impartiality on matters of current public policy (Rules 5.5, 5.7, 5.9 and 5.10). How the NHS diagnoses and treats ADHD, whether children should be prescribed stimulant medication, the NHS's use of private providers and how schools should respond to ADHD are live matters of public policy: NHS England's Independent ADHD Taskforce reported on them in 2025 and the Department of Health and Social Care has an Independent Review under way. The presenter argued a position on each. No alternative view was given due weight on any of them. The programme was not signalled as a personal view programme, and Channel 4 does not describe it as one.

Fairness to a contributor (Section 7): a matter we raise but do not bring. We do not have standing to complain for Professor Rubia or for the child and his family, and we do not try to. We set out the public record and invite Ofcom to consider it.

The public reaction is itself evidence. Ofcom recorded 9,656 complaints about the programme in the week of broadcast, the highest single-week total for any programme this year, and 10,217 by 31 August. Ofcom's spokesperson has said (to the Mirror, 2 September) that the complaints "relate to the representation of ADHD in the programme".

Channel 4 was told before broadcast, in writing and in detail, what was likely to go wrong: by us on 4 August, and by other charities and disability organisations. On 3 August the Royal College of General Practitioners made clear publicly that the quotation Channel 4 had used to promote the programme was not made on the College's behalf. Channel 4 declined a preview, did not respond to our request for a right of reply, and broadcast a programme that addressed none of the concerns raised. In 2008 Ofcom found Channel 4 in breach of the Code over "The Great Global Warming Swindle", an authored polemic against a scientific consensus that edited a mainstream scientist's contribution to suggest he agreed with it. The parallel is in the title.

We ask Ofcom to investigate, to find the programme in breach, to direct Channel 4 to broadcast a statement of Ofcom's findings in the same slot, and to consider a financial penalty.

2. Table of alleged breaches

The table locates each complaint in the programme. Timecodes are taken from the subtitle file of the programme as available on Channel 4's streaming service (Enclosure 4); Ofcom will have Channel 4's as-broadcast recording. Every passage quoted in this document has been checked against that file.

Where in the programme	What was broadcast	Rule	Why it matters
Opening narration (01:37 to 01:47)	"the current understanding of ADHD that it's a neurodevelopmental disorder… is not supported by the evidence, according to some of the most respected experts in the field"	2.2, 5.7	Misstates the weight of expert opinion; the consensus of every relevant institution is never mentioned (section 7.1(b))
Opening montage (02:13 to 02:59)	Contributors introduced as "past president of the Royal College of Psychiatrists" and "former president of the Royal College of General Practitioners"; "chemical cosh"; comparison with drugs used to "make people not homosexual"	2.2, 2.1, 2.3	Institutional authority lent to minority views; both Colleges' current positions omitted (7.1(b), 7.4)
Interview with Professor Rubia (09:51 to 11:20), intercut with a contributor (11:23 to 11:50), then the presenter's summary (12:12 to 12:52)	Contributor: brain differences "entirely absent"; ADHD "doesn't exist in the material reality of the brains and the bodies". Presenter: "So I discovered that there is currently no marker that distinguishes one brain with ADHD from another brain without it"; "are they suffering from some kind of neurodevelopmental condition? There is no evidence that that's the case"	2.2, 5.7	The only mainstream scientist's contribution converted into support for the programme's thesis; she says it misrepresents her (7.1(c), 7.6)
Medication passages (02:42; 06:37; 28:00 to 28:06)	Contributor: "they work in the same way as a slow-release cocaine". Presenter: "mind-altering amphetamines"; "This is why people take them recreationally. They are controlled drugs. There is good reason why we warn the rest of the population."	2.1	Denigration of a NICE-recommended treatment with no reference to its evidence base (7.2)

Where in the programme	What was broadcast	Rule	Why it matters
The medication withdrawal (14:27; 16:50; 18:20)	Single line of reassurance: "To ensure [the boy's] wellbeing, an independent doctor has assessed his medication break." Then: "he's coming off cold turkey"; "He'll probably have some withdrawal effects from the medication, but this is where you need to stick with it."	2.1, 1.28, 1.29, 2.3	A child's withdrawal depicted as content; audience told almost nothing of the safeguards; no advice to viewers (7.2, 7.3, 7.4)
Throughout (dose from 04:38; teacher's report 37:25)	The boy's name, face, diagnosis, dose ("20 milligram… 30… 40"), teacher's reports ("more disruptive, more talkative, more fidgety, disengaged"), "poor exam results"	1.28, 1.29	Consequences of broadcast for an identifiable ten-year-old (7.3)
Policy passages, second half (19:43 to 19:57; 38:21; 41:11; 41:52)	Contributor: NHS spending "close to £130 million" on private companies "funded by hedge funds"; contributor: "if I was in charge I would ban the label ADHD straight off and I would stop medicating this group of people"; presenter: "if it's the school system that can't accommodate [him] without medication… then this isn't a… neurodevelopmental problem, it's an educational one."	5.5, 5.7, 5.9, 5.10	Positions on live NHS and education policy with no alternative view given due weight; not signalled as personal view (7.5)
Final scene, before the caption (44:37 to 45:29)	Presenter: "I'm now convinced it's a myth that ADHD is a neurodevelopmental disorder… We should not be medicating children so freely. These medications don't actually cure anything. They simply mask the symptoms."	2.2, 2.1, 5.5	Verdict delivered by a doctor, with certainty, before the result (7.1(a), 7.2)
Closing caption, as the programme ended (burnt-in text, not in the subtitle file)	"2 months after filming [the boy] continued to struggle at school and after some poor exam results [his mother] made the difficult decision to put him back on his medication. [His] schoolwork has improved. He wants to come off the drugs again next summer."	2.2, 1.29	The programme's own result, placed after the conclusion it contradicts; 30% of full viewers unaware of it (7.1(a))
Whole programme	No statement that prescribed medication should not be stopped without medical advice; no signposting to support	2.1	The protection Ofcom's health-claims guidance anticipates was absent (7.2)

3. Who we are and how we come to complain

ADHD UK is a national charity, registered in England and Wales (number 1188365), founded by people with ADHD for people with ADHD. We provide information, peer support groups and campaigning across the UK, and we run an extensive programme of research into NHS ADHD services, including Freedom of Information requests on waiting times and access restrictions to every Integrated Care Board and health board in the country. We are funded by personal donations. We take no money from pharmaceutical companies. ADHD UK's CEO and co-founder, Henry Shelford, has ADHD.

We wrote to Channel 4's Chief Executive and Chief Content Officer on 4 August 2026, before broadcast, setting out our concerns about the programme's framing and making seven requests: among them that Channel 4 make clear on screen where contributors' views sat relative to mainstream clinical consensus, disclose the presenter's previously published position, explain the medical-ethics oversight of the filmed medication withdrawal and what safeguarding assessment had been made of broadcasting its outcome, and broadcast signposting to support (Enclosure 1). Channel 4's Head of Documentaries and Factual Entertainment replied on 10 August (Enclosure 2). She declined an advance screening, did not address our request for a right of reply, and wrote that "the title is not a definitive statement" and that "the observational study of one boy is not presented as anything more than that in the programme". The programme as broadcast contradicts both statements. Her letter also corrected one figure in ours: NHS data show that boys aged 10 to 14 are the largest single age-and-sex group prescribed ADHD medication. We accept that correction. Nothing in this complaint depends on it.

We watched the programme. Our concerns were borne out. We lodged an initial complaint with Ofcom immediately after broadcast, under reference 02262409, as Ofcom's procedures permit where concerns have already been put to the broadcaster. This document is our full complaint in support of it.

We also did what we said we would do in our letter: we measured the effect. On the night of broadcast we opened a survey of people with ADHD, people who believe they may have it, and the parents and carers of children with ADHD. By midday on 6 September 2026 it had 6,176 responses. The method, question set and full results are in Annex A. Every quotation from a respondent in this document is from a person who answered yes to the question: "Can we quote your answers anonymously in ADHD UK's media work and regulatory complaints?" We also published, openly, a template that members of the public could use to complain to Ofcom, and asked each of them to add a sentence in their own words. We address that in section 10, because we expect Channel 4 to raise it.

Three things we are not asking for. We are not asking Ofcom to ban the programme, or to stop Channel 4 examining ADHD, its diagnosis or its medication; those are proper subjects for journalism and we said so before broadcast. We are not asking Ofcom to adjudicate scientific

truth; Ofcom said in the Global Warming Swindle decision that it will not, and we do not need it to. Every point in this complaint concerns what the audience was told, what it was not told, and what happened as a result. And we make no criticism of the family who took part. They agreed, in good faith, to something a public service broadcaster should not have asked of them.

4. The programme

"The Great ADHD Myth?" was a one-hour documentary made by Minnow Films for Channel 4, broadcast on Channel 4 on Tuesday 18 August 2026 at 8pm and available since on Channel 4's streaming service. It was presented by Dr Max Pemberton, an NHS psychiatrist on the GMC specialist register and a newspaper columnist. Channel 4's press release of 29 July 2026 said the film "seeks to determine whether ADHD is a genuine neurodevelopmental disorder, or a social construct"; its commissioning editor said the presenter and director had "taken a science-led approach"; its executive producer said the film "promises to make viewers think very differently about how we are medicating a generation of children" (Enclosure 3).

The programme has three strands. The first is a series of interviews with critics of the ADHD diagnosis, introduced in the opening minutes as "some of the most respected experts in the field". The second is the presenter's own private online ADHD assessment, which produced a diagnosis he rejects, after which he takes a dose of lisdexamfetamine on camera. The third, and the spine of the film, is "a carefully monitored experiment" in which a ten-year-old boy, diagnosed with ADHD and medicated for two years, stops his medication for six weeks while giving up screens, sweets and processed food and taking up yoga, supplements and time outdoors.

The interviewees included a former president of the Royal College of General Practitioners, a past president of the Royal College of Psychiatrists, a consultant child and adolescent psychiatrist associated with the critical psychiatry movement, clinical and educational psychologists, a developmental neuroscientist and the founder of a private clinic offering "drug-free interventions". One mainstream ADHD scientist appeared: Professor Katya Rubia of King's College London, who has spent thirty years imaging the brains of people with ADHD. No member of NHS England's Independent ADHD Taskforce, no representative of the Royal Colleges' current positions, no ADHD charity and no ADHD specialist who supports the diagnostic and treatment framework in NICE guidance took part. Apart from the family at the centre of the experiment, no one presented as having ADHD spoke, other than in brief social media clips in the opening montage.

Our reference transcript is enclosed (Enclosure 4). It is the timecoded subtitle file of the programme as available on Channel 4's streaming service, credited to Red Bee Media, downloaded on 10 September 2026. It carries no speaker labels; where we attribute a line below we do so because the speaker is identified on screen or by the presenter himself.

Timecodes are given in brackets. Ofcom will have Channel 4's as-broadcast recording. The version of this complaint sent on 9 September relied on an unofficial transcript made from the press preview copy of the programme; one passage differed, and it is corrected below and addressed in section 5.2. The passages we rely on most are these.

The presenter's opening narration (01:37): "But the current understanding of ADHD that it's a neurodevelopmental disorder, meaning that people's brains are wired differently, is not supported by the evidence, according to some of the most respected experts in the field." And (02:42): "many experts, including some NHS clinicians, are becoming increasingly concerned about the implications of giving children mind-altering amphetamines to treat it."

Contributors in the opening montage (02:13 to 02:59): "I'm past president of the Royal College of Psychiatrists. The industry around ADHD, it is about making money at the cost of misery of others." "I was a GP for 35 years and I'm a former president of the Royal College of General Practitioners. It's certainly not a medical condition as far as I'm concerned." "We are going to look back and think, did we actually put a chemical cosh on an entire developing generation of brains? I think it will be looked at in a similar way to using drugs to make people not homosexual anymore earlier in the 20th century."

On the medication, a contributor (06:37): "they work in the same way as a slow-release cocaine, which is quite shocking when you use that language." The presenter, before taking a dose himself (28:00): "This medication has some quite powerful effects on people's mental state. This is why people take them recreationally. They are controlled drugs. There is good reason why we warn the rest of the population." The presenter repeatedly refers to the medication as "drugs", as does the closing caption.

The boy's mother, before the experiment (07:10): "He was getting twos and threes out of 60 and then he started his medication and this was the first school report that we got where he's achieving where he's supposed to be. He's like on par with his peers." The boy (07:29): "Sometimes I really don't want to take it. But I have to, and it works."

Professor Rubia, as broadcast (09:51 to 11:20): "Based on group statistics, yeah, in groups of people with ADHD, have different… we call it connectivities. So these connections are less strong in ADHD, but the latest studies show that they're very tiny differences. Some statistical methods have actually shown that many children with ADHD have normal brains." Then: "It's just a cultural definition anyway." Then: "Because it's not a medical condition, we don't have a brain scan where you can say, 'You have abnormality here. Now you're ADHD.' This is not how it works. It's a concept which is based on behaviour." A contributor, intercut (11:23): "The scientific findings of something characteristically different that marks out people who get a diagnosis from people who don't is entirely absent. This is a classic example of what sociologists refer to as a social construct. Something that doesn't exist in the material reality of the brains and the bodies, but exists in the subjective imagination of the people who came up with the concept." The presenter's summary (12:12): "So I discovered that there is currently no marker that distinguishes one brain with ADHD from another brain without it. And so you

can't diagnose it from a brain scan. But if you make changes to your life, you can fundamentally change your brain." And (12:49): "But are they suffering from some kind of neurodevelopmental condition? There is no evidence that that's the case." In the press preview copy circulated before broadcast, the summary at 12:12 was: "So what [Katya] is saying is that there are no significant or consistent differences in the brains of people with ADHD. Diagnosis is all based on behaviour, not brain scans."

The only on-air reference to safeguards for the child (14:27): "To ensure [the boy's] wellbeing, an independent doctor has assessed his medication break."

On the withdrawal, in the family's home (16:50): "So coming off the drugs for [the boy] is going to be really difficult because he's coming off cold turkey." And (18:20): "He'll probably have some withdrawal effects from the medication, but this is where you need to stick with it."

In week five, the mother (37:25): "His teacher has written in his diary to say that he's more disruptive, more talkative, more fidgety, disengaged, not interested in school… he's not gonna be able to retain the information to pass these exams." The presenter (38:21): "It seems to me that if it's the school system that can't accommodate [him] without medication… then this isn't a… neurodevelopmental problem, it's an educational one."

On policy, the consultant child and adolescent psychiatrist (41:11): "we've replaced corporal punishment with a new way of disciplining kids, and this new way of disciplining kids is giving them a pill." The former president of the Royal College of General Practitioners (41:52): "if I was in charge I would ban the label ADHD straight off and I would stop medicating this group of people." A contributor on the NHS (19:43): "In last year, NHS has spent close to £130 million through private companies to provide services for ADHD assessments and intervention. But there is a serious danger that some of those companies and services are being funded by hedge funds and stock market."

The presenter's conclusion, delivered directly after the mother's decision to keep the boy off medication (44:37): "I'm now convinced it's a myth that ADHD is a neurodevelopmental disorder. Actually, I think it's a set of difficult behaviours, a social construct, not a disorder of the brain. People are really feeling these difficulties. We should not be medicating children so freely. These medications don't actually cure anything. They simply mask the symptoms. And in children, to me, that feels quite dystopian." And (45:17): "If [his mother] ultimately decides to put [him] back on medication, I understand it. But it's not a problem with his brain. It's because of the school environment."

Then, after that verdict, as the programme ended, a brief on-screen caption: "2 months after filming [the boy] continued to struggle at school and after some poor exam results [his mother] made the difficult decision to put him back on his medication. [His] schoolwork has improved. He wants to come off the drugs again next summer."

That caption is the programme's result. Its experiment failed on its own terms. The conclusion it had just broadcast was contradicted by its own footnote.

5. What viewers were not told

This section sets out the facts the programme omitted or misstated. It is confined to matters of record. None of it requires Ofcom to take a view on the science; it requires only a comparison between what the audience was told and what the relevant institutions say.

5.1 Where medical opinion stands

ADHD is classified as a neurodevelopmental disorder in the World Health Organization's ICD-11 and in DSM-5-TR. NICE guideline NG87 governs its diagnosis and management in the NHS. NHS England's Independent ADHD Taskforce, chaired by Professor Anita Thapar and reporting in 2025, records: "Both systems group ADHD as a neurodevelopmental disorder" (Part 1, page 11). The 2021 International Consensus Statement of the World Federation of ADHD, signed by 80 researchers from 27 countries, sets out 208 evidence-based conclusions. Twin studies put the heritability of ADHD at around 74%, among the highest of any psychiatric condition. The ENIGMA consortium, pooling brain scans from more than 3,200 people, found group-level structural differences in several brain regions. A physician described the condition in 1798.

The programme named the neurodevelopmental view as "the current understanding" and then told viewers that expert opinion had moved against it. It did not tell them that every relevant classification system, guideline body and Royal College maintains it.

The day after broadcast the President of the Royal College of Psychiatrists, Professor Subodh Dave, said the College "takes an evidence-based approach", that research suggests 3 to 5% of the population have ADHD "indicating that it is still under-recognised, under-diagnosed and under-treated in the UK", and that the focus should be on waiting lists, "not questioning the legitimacy of a well-established neurodevelopmental disorder" (Enclosure 6). Before broadcast, on 3 August, the Royal College of General Practitioners had made clear that the quotation Channel 4 used in its press release from a former president "was not made on behalf of the college" and that "the college recognises ADHD as a neurodevelopmental condition and supports evidence-based care for people with ADHD in line with current national guidance" (Enclosure 10). Neither institutional position was put to the audience, although the programme relied on both Colleges' names to give its contributors authority.

Professor Thapar, who chaired the Taskforce, said of the programme: "The programme did not use experts in clinical research on ADHD or consider all the risks of ADHD that have been shown. It seemed one sided and used sensational language e.g. likening medication to corporal punishment" (Science Media Centre, 19 August 2026, Enclosure 7). On 2 September the BMJ published an opinion piece by Professor Thapar, Dr Jessica Eccles (Chair of the Royal College of Psychiatrists' Neurodevelopmental Psychiatry Special Interest Group) and Dr Heidi Phillips (the RCGP's Clinical Advisor for Neurodiversity) under the title "The Great ADHD Myth documentary is misleading and misinformed" (Enclosure 9). Its authors write that the

documentary "made the scientifically inaccurate claim that brain imaging studies have shown that ADHD is not a condition of the brain or development".

We asked people who watched the whole programme: "Did the programme make clear that the sceptical views featured are minority positions within medicine?" 3,640 of 3,991 (91.2%) said no. 176 (4.4%) said yes. That is not a view about the science. It is a measurement of what the programme communicated. Our respondents mostly knew the consensus already; a general audience, which did not, was more exposed, not less.

5.2 What the featured scientist said, and what viewers were told she said

Professor Rubia said on camera that groups of people with ADHD show differences in brain connectivity, that recent studies show those differences to be small, and that scans cannot diagnose an individual. She also said, in the edit as broadcast, that diagnostic criteria are set by psychiatrists reaching consensus and "change all the time". None of that is controversial: no psychiatric condition is diagnosed by a scan, and diagnostic thresholds in every branch of medicine are set by expert consensus.

What the audience was told she said was different. Her contribution was cut to fragments: "very tiny differences", "many children with ADHD have normal brains", "just a cultural definition anyway", "because it's not a medical condition". It was intercut with a contributor asserting that any such difference "is entirely absent" and that ADHD "doesn't exist in the material reality of the brains and the bodies". The presenter then summarised what he had learned: "there is currently no marker that distinguishes one brain with ADHD from another brain without it", and within forty seconds told viewers that whether people are "suffering from some kind of neurodevelopmental condition" is a question to which "there is no evidence that that's the case". Her published conclusions over three decades, which document group-level differences, were not mentioned. The effect was to present the leading UK scientist in the field as the source of the programme's thesis.

There is a further fact Ofcom should know. In the press preview copy of the programme circulated to journalists before broadcast, the presenter's summary at this point was different: "So what [Katya] is saying is that there are no significant or consistent differences in the brains of people with ADHD. Diagnosis is all based on behaviour, not brain scans." That line attributed to her, by name, a conclusion she does not hold. In the version on Channel 4's streaming service it has been replaced by the first-person line quoted above. Everything around it, her fragments, the intercut contributor and the presenter's conclusion, is unchanged. Two things follow. First, the natural inference is that at some point between the press preview and the version now available the production recognised that its summary of Professor Rubia could not stand as written, and changed the words while leaving the edit that produced the impression intact. Second, the impression itself survived the change: the fragments, the juxtaposition and the presenter's "no evidence" conclusion carry it without the attribution. We do not know from the files available to us whether the preview line or the

replacement was broadcast on 18 August, and we ask Ofcom to establish that from Channel 4's as-broadcast recording, to obtain the press preview copy, and to compare both with the full interview.

Professor Rubia says that is a misrepresentation. Through the Science Media Centre, within a day of broadcast: "My own contribution to this programme has been largely misrepresented as my comments were cherry-picked, truncated and presented out of context to make them fit into the programme's narrative that ADHD does not exist and there is no brain basis to the social construct." To New Scientist: "My interview was hours long and they cherry-picked the bits that suited their push for presenting ADHD as a myth." To the Guardian on 20 August: "I agreed to take part in this documentary because I knew it was aiming to show ADHD was a myth and I wanted to provide an alternative view… But they cherrypicked, largely misrepresented, truncated and presented my comments out of context to make them fit into their narrative." She warned that the programme "will have detrimental effects", including parents taking children off medication (Enclosures 7 and 8).

Channel 4 told the Guardian: "We are satisfied that Katya Rubia's contribution has been edited fairly, is an accurate representation of the interview she gave and that her consent was informed." Informed consent to take part in a programme with a known premise is not consent to have one's views misrepresented within it; the Code's requirement that edited contributions be "represented fairly" (Practice 7.6) and that "views and facts must not be misrepresented" (Rule 5.7) exists precisely for contributors who knew what they were walking into. Whether the edit was fair is something Ofcom can test by asking for the full interview. What matters for a standards complaint is the effect on the audience, and there is independent evidence of it: the Guardian's television critic, whose favourable review was published as the programme went out and was therefore written from the preview copy, paraphrased Professor Rubia as saying "there is no convincing data that 'ADHD brains' are any different from 'normal brains'". On 25 August the Guardian corrected that as inaccurate (Enclosure 8). That is what a professional reviewer took from the edit Channel 4 supplied to the press. The edit of her interview was the same in the version now available; only the presenter's summary was reworded.

5.3 The outcome of the experiment

The programme knew how its experiment ended long before it was broadcast. Its own content places the six weeks of filming in the early months of this year: the boy was in Year 6, his teacher compared his work with "pre-Christmas", and his SATs were approaching. The caption says he returned to his medication two months after filming, after poor exam results. The programme was broadcast on 18 August. Eight days earlier, in an article promoting the programme in the Daily Mail, the presenter wrote: "At the end of the six weeks [his mother] had an agonising decision to make: whether [he] should go back on to the drugs (you'll have

to watch to find out what she chose)." On the programme's own chronology, that decision had by then been reversed.

In the programme itself, the presenter's verdict, "I'm now convinced it's a myth", was delivered after the mother's decision and before the caption. The conclusion was not revised in the light of the result. The result was appended to it. The caption's final sentence, "He wants to come off the drugs again next summer", returns the viewer to the programme's thesis rather than to its finding.

We asked people who watched the whole programme: "Regarding the child in the programme, were you aware that he later returned to his medication and his schoolwork improved?" 1,063 of 3,991 (26.6%) said no and a further 122 (3.1%) were not sure: 29.7% in all. Among everyone who watched all or part of the programme, 34.9% were not aware or not sure. Those answers were given up to nineteen days after broadcast, by which time the caption had been widely reported in the press, so they are more likely to understate than overstate the proportion who missed it on the night. The Guardian's critic was among those who missed it: her review, published as the programme ended, closed its account of the boy with his mother's decision to keep him off medication; the newspaper amended it and later published a correction noting that the review "omitted mention of a caption at the end of the programme noting that the boy resumed medication after a poor set of school exam results".

5.4 How the programme presented itself

The programme is structured as an inquiry. "I want to understand something fundamental." "I want to find out if his behaviours could be managed without them." "I'm now convinced…" Channel 4's press release described "Max Pemberton's investigation" and a "science-led approach". The presenter wrote in the Daily Mail on 10 August: "My hope is that anyone watching this documentary comes away not with an answer, but with permission to start asking better questions."

The conclusion was not new. In The Spectator in December 2024 the presenter had written 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" (Enclosure 12). He cited approvingly in that article one of the contributors who then appeared in the film. Professor Rubia's account is that she knew before filming that the programme "was aiming to show ADHD was a myth". The executive producer promised in July that the film would "make viewers think very differently about how we are medicating a generation of children".

The presenter was entitled to his view. Our point is about what the audience was told about the nature of what it was watching: an investigation arriving at a conclusion, rather than a case being made for a conclusion already held. That bears on the context in which Ofcom

assesses the misleading elements above, and on Rule 5.10 (section 7.5). The Code regulates the broadcast, not the magazine article; the article is evidence about the broadcast.

5.5 The numbers

The programme's case for over-diagnosis and over-medication rested on rising counts: "ADHD diagnosis has more than doubled in children aged 10 to 17 in the last eight years. And the use of stimulant medication to treat children has increased by almost 90% in that time." "Ten years ago, ADHD was relatively rare in children and it was hardly ever seen in adults."

The official evidence points the other way, and it is not obscure. NHS England's Independent ADHD Taskforce found that "in England, clinician-defined ADHD is under-recognised, under-diagnosed and under-treated"; that the population prevalence of 3 to 5% has not risen ("there is no evidence that the prevalence has increased since 1999"); that recorded prevalence is 2.55% in boys, 0.67% in girls, 0.74% in men and 0.20% in women; and that "only 25% of children and 15% of adults with ADHD received pharmacological treatment… we are under-prescribing ADHD medication in England" (Part 1, pages 3, 14 and 15). The Department of Health and Social Care's Independent Review, chaired by Professor Peter Fonagy, is explicitly neutral on the contested questions and says so; but its interim report this year records that GP-recorded prevalence in June 2025 was 1.19%, that this "complicates any straightforward account of 'overdiagnosis'", that one interpretation is "continued underdiagnosis across the life course", and that among children the proportion of diagnoses followed by medication "has roughly halved in the post-pandemic period". The 1.19% figure comes from the primary care records analysis published by University College London in The Lancet Regional Health - Europe in June 2026, whose authors set it against an expected prevalence of 3 to 5% and concluded that ADHD is under-recognised. A March 2026 paper in the British Journal of Psychiatry by Professor Samuele Cortese and colleagues found, in the words of the University of Cambridge's release of it, "no robust evidence that ADHD is over-diagnosed in the UK". The programme's own figure of "over 2.5 million people in the UK" with ADHD is a prevalence estimate: the number of people who have the condition whether or not they are diagnosed, built on the very prevalence assumptions the programme disputes. NHS England's equivalent figure for England alone is 2,478,000.

The real national story is the queue. In June 2026 there were up to 959,662 open referrals in England that may be for an ADHD assessment, and we calculate from the accompanying NHS data that around 296,000 of them had been open for more than two years (NHS England ADHD Management Information, August 2026). The Parliamentary and Health Service Ombudsman reported in August 2026 that complaints about ADHD and autism services had risen by over 200% in four years, and published cases in which NHS bodies had wrongly refused or delayed ADHD care (Enclosure 14). A rising count of diagnoses from a very low base, in a system that turns away or delays most of the people who meet the criteria, is not

evidence of a fashion. Presenting it as one, to a peak-time audience, without the base rate, is misleading.

5.6 The medicines

The programme's contributors described ADHD medication as a "chemical cosh" and "slow-release cocaine" and compared its use to corporal punishment and to drugs once used to "make people not homosexual"; the presenter called it "mind-altering amphetamines" and concluded that it "simply mask[s] the symptoms". The programme said nothing about the published evidence base.

That evidence base is among the largest in child health. A 2018 network meta-analysis in The Lancet Psychiatry drew on 133 double-blind randomised controlled trials involving more than 14,000 children and adolescents and 10,000 adults. The Taskforce records that stimulants have "one of the highest effect sizes for efficacy, not only in psychiatry but across medications used in general medicine" and that they "decrease the risk of mortality". A 2024 study in JAMA of nearly 150,000 people found that starting ADHD medication was associated with lower all-cause mortality, driven by fewer deaths from unnatural causes. A 2025 study in the BMJ found that treatment was associated with 17% fewer first suicidal behaviours, 15% less substance misuse, 12% fewer transport accidents and 13% less criminality. Adults with diagnosed ADHD in the UK die on average around seven years earlier for men and nearly nine years earlier for women than their peers.

None of this was in the programme. Nor was the one piece of advice any responsible health programme would carry: that nobody should stop prescribed medication without speaking to their prescriber. The Royal College of Psychiatrists issued that advice the next day.

We are not asking Ofcom to weigh these studies. We are asking Ofcom to note that a programme fronted by a doctor described a medicine as a "chemical cosh", and the doctor himself concluded that it "simply mask[s] the symptoms", and that the audience was given no indication that any contrary evidence existed.

6. The harm

Ofcom's guidance on Rule 2.2 says that whether a programme is materially misleading depends "above all" on "either what the potential effect could be or what actual harm or offence has occurred". In the Global Warming Swindle decision the Rule 2.2 complaint failed for want of evidence of harm. We have therefore documented it.

6.1 The survey

ADHD UK opened an online survey on the evening of 18 August 2026, promoted through our own channels and subsequently reported in the press. By midday on 6 September it had

received 6,176 responses: 3,991 from people who watched the whole programme, 760 who watched part of it, 357 who saw clips and 1,001 who had read or heard about it. 47 people who had no exposure at all were routed past every question about the programme, so the base for those questions is 6,129. 3,895 respondents (63.6%) have a diagnosis of ADHD; 1,956 (31.9%) are the parent or carer of a child with a diagnosis; 1,128 (18.4%) do not have ADHD themselves. 254 respondents are under 18. Results are published live at adhduk.co.uk/challenging-c4-the-great-adhd-myth/reaction-survey-results, so that anyone, including Channel 4, can check them.

The survey is self-selected and we present it as such. It is not a poll of the general audience; it measures the programme's effect on the people it was about. Some of its questions are direct, and the full wording is in Annex A and Enclosure 5; the questions that matter most are the ones about behaviour, and those are neutral in form. Three things bear on its weight. First, the headline figures have barely moved as the sample tripled: at 2,032 responses the day after broadcast, 94% said the programme had increased stigma; at 6,129 they still do. Second, it asked about behaviour as well as opinion. Third, its findings are corroborated independently by the Royal College of Psychiatrists, by the programme's own featured scientist, by GPs and by the authors of the BMJ piece.

For questions about what the programme conveyed, the best witnesses are those who watched all of it, so we give that base alongside the base of everyone exposed to it. For questions about effect, exposure of any kind is relevant, because the programme's message travelled through clips and coverage as well as the broadcast.

Question	All exposed (base 6,129)	Watched the whole programme (base 3,991)
Was the programme fair in its representation of ADHD as a condition? No	5,790 (94.5%)	3,715 (93.1%)
Impression given about whether ADHD is a real medical condition: "clearly suggested it is not real"	5,199 (84.8%)	3,455 (86.6%)
"left it open to doubt"	821 (13.4%)	468 (11.7%)
"clearly said it is real"	44 (0.7%)	34 (0.9%)
Did the programme make clear that the sceptical views are minority positions within medicine? No	5,423 (88.5%)	3,640 (91.2%)
Were you aware the child later returned to his medication and his schoolwork improved? No or not sure	2,485 (40.5%)	1,185 (29.7%)
Was it responsible for a broadcaster to film a ten-year-old stopping his ADHD medication for television? No	5,249 (85.6%)	3,289 (82.4%)
Has the programme increased stigma about ADHD? Yes	5,802 (94.7%)	3,702 (92.8%)

Question	All exposed (base 6,129)	Watched the whole programme (base 3,991)
Will the programme stop people who may have symptoms from seeking an assessment? Yes	4,927 (80.4%)	3,153 (79.0%)
Has the programme caused you distress? Severe or significant	3,661 (59.7%)	2,358 (59.1%)
Since the broadcast, has anyone (family, colleague, employer, school) said something dismissive to you about ADHD and referenced the programme? Yes	1,936 (31.6%)	1,274 (31.9%)
Too early to tell	3,626 (59.2%)	2,309 (57.9%)
Expect to be personally negatively affected	4,559 (74.4%)	2,879 (72.1%)
Trust in Channel 4 decreased	5,596 (91.3%)	3,544 (88.8%)

Asked, "As a result of the programme, have you or anyone in your household" done any of the following (respondents could tick more than one): 390 had considered stopping or had stopped ADHD medication; 190 had considered stopping a child's medication; 222 had considered cancelling or had cancelled an ADHD assessment; 570 had delayed seeking help. In our export of 20 August (3,929 responses), 673 respondents, 17%, had ticked at least one of these. Of 2,766 parents and carers who answered, 2,104 (76.1%) expect their child to be negatively affected. Asked to describe in one word how the programme made them feel, the most common answers were "angry" (717), "invalidated" (346), "disappointed" (305), "dismissed" (249), "frustrated" (241) and "disgusted" (185).

6.2 What people told us

Behind the numbers are accounts of the harm mechanism working in real time. A selection is in Annex B; these are representative. Quotations are reproduced as written, with obvious typing errors corrected and anything identifying removed.

A parent, who watched the whole programme: "After watching this with my eldest teenage child, they expressed an interest in wanting to 'experiment' themselves, by going off of their prescribed ADHD medication to see if they felt different and 'more myself', which is a rhetoric repeated several times throughout this documentary."

A parent of a child with a diagnosis: "My daughter is now arguing she wants to stop her medication."

A parent: "my child is now 13 years old and is starting to refuse his medication."

An adult with ADHD, who watched the whole programme: "My managers have already refused to make reasonable adjustments and told me they'd watched the programme. I'm constantly scared of losing my job and feel even more scared now if this narrative is believed."

A respondent with ADHD, in work: "I am applying for reasonable adjustments. My manager mentioned the programme today whilst saying I didn't have ADHD."

An adult with ADHD: "My family have watched it and questioned my diagnosis. I'm 63."

A 16-year-old girl with ADHD: "My family were just coming around to the understanding that ADHD is real after I received my diagnosis. Since watching the programme they now believe that ADHD is a myth and I shouldn't be taking medication. I am back to square one because of this 'documentary'."

A therapist: "I am a therapist who works and advocates for young people with neurodiversity… This programme has a direct negative effect on those people and consequently my work."

A viewer, on the caption: "Interesting that they literally hid the results of the 'experiment' in the end credits, directly after Dr Max Pemberton saying that he thinks ADHD is not a medical condition." Another: "I completely missed the few second update before the credits that the boy had gone back on medication."

6.3 The independent warnings

Professor Rubia: "Biased programs like this one that push their view of ADHD as a mythical entity are irresponsible and will have detrimental effects… Parents of children with ADHD may take their children off medication as seen on the program, which could potentially lead to an increase of the risk of longer-term adverse outcomes of untreated ADHD such as increased anxiety and depression, lower self-esteem, greater risk of substance abuse, suicide." The President of the Royal College of Psychiatrists: the way we speak about these conditions "can fuel harmful stigma experienced by people living with the condition and risk discouraging people from seeking the support and treatment they need." Dr Katie Bramall, chair of the BMA's GP Committee UK: the documentary "may lead many parents of ADHD children to internalised guilt - blaming themselves, questioning meds, trying to cope" (Pulse, 24 August 2026). Dr Eccles, Dr Phillips and Professor Thapar in the BMJ: "Medical misinformation has consequences: it creates confusion for non-specialist clinicians and could therefore be detrimental to clinical care, timely diagnosis, and access to appropriate support for people with ADHD."

6.4 Why the harm is serious

Ofcom's guidance on health claims identifies the factors that raise the level of potential harm: the severity of the condition; whether the content is targeted at vulnerable people; the authority of the speaker; the absence of a range of views; whether claims are presented with

certainty or as direction; and the size and timing of the audience. Each points the same way here.

ADHD carries a markedly elevated risk of suicide and premature death, and NHS England's Taskforce describes unsupported ADHD as "a potent route into educational failure, long-term unemployment, crime, substance misuse, suicide, mental and physical illness". The programme was addressed squarely at families of children with ADHD, through a family of that kind. Its central voice was an NHS psychiatrist, and its sceptics were introduced by the titles of Royal Colleges. No range of views was given weight. Its conclusion was expressed with certainty ("I'm now convinced"); the family, and through them the audience, were told to "stick with it" through withdrawal effects; the presenter said we "should not be medicating children so freely". It went out at 8pm on a public service channel, to an audience that included children with ADHD: 175 of our respondents under 18 watched the whole programme.

Ofcom's words in the Global Warming Swindle decision describe the risk exactly. Broadcasters "should exercise an appropriate degree of caution. This would particularly be the case when scientific (including medical) issues, with which many viewers will be unfamiliar with the scientific detail, are dealt with and if there is a material risk of a programme causing viewers to change their behaviour in a manner which is adverse to themselves or society in general. In these circumstances, broadcasters should be wary of presenting a theory or views as fact, or of not providing viewers with sufficient information so that claims are placed in context."

6.5 Ofcom's own postbag

Ofcom's weekly audience complaints report for 18 to 24 August 2026 lists "The Great ADHD Myth?" as the only programme that week to meet the 50-complaint threshold, with 9,656 complaints. The report for 25 to 31 August adds 561, making 10,217 by the end of August (Enclosure 13). We have collated every weekly report Ofcom has published in 2026. 9,656 is the highest number of complaints Ofcom has recorded against any programme in a single week this year, and 10,217 is the highest total for any Channel 4 programme in 2026 by a factor of nearly eight. Ofcom's spokesperson has said publicly (to the Mirror, 2 September) that the complaints "relate to the representation of ADHD in the programme". Volume is not proof of a breach. It is evidence of offence, and of the scale of the audience the programme reached and alienated.

7. The breaches

7.1 Rule 2.2: the programme materially misled the audience

Rule 2.2: "Factual programmes or items or portrayals of factual matters must not materially mislead the audience."

We start with the limits of the rule, because Channel 4 will. Ofcom does not regulate accuracy in non-news programmes as such; its guidance says complaints "that relate solely to inaccuracy, rather than with harm or offence, will not be entertained", and in the Global Warming Swindle decision Ofcom described the requirement not to materially mislead as "necessarily a high test". We accept both. This is not an accuracy complaint. Each element below is a way in which the audience was misled about a matter bearing directly on health decisions, and section 6 documents the decisions that followed. That is the ground on which Ofcom has found breaches of Rule 2.2 in recent years: GB News was in breach because a programme "may have resulted in viewers making important decisions about their health" (Mark Steyn, Bulletin 469, March 2023); Loveworld was in breach of Rules 2.1 and 2.2 because misleading claims about treatment "had the potential to lead to viewers making important health decisions based on seriously inaccurate information" (Bulletin 436, 2021).

Ofcom has also said that breaches which mislead the audience "have always been considered by Ofcom to be among the most serious that can be committed by a broadcaster, because they go to the heart of the relationship of trust between a broadcaster and its audience", and that this "is particularly pertinent in the case of a public service broadcaster" (BBC, "Gaza: How to Survive a Warzone", Bulletin 531, October 2025); and that the test is "particularly important in factual programmes, such as current affairs programmes or programmes of an investigative nature, as the level of audience trust and the audience's expectation that such programmes will not be materially misleading is likely to be higher" (Steyn). This programme was billed by Channel 4 as an investigation with a science-led approach, fronted by a doctor. Audience trust could not have been higher.

(a) The experiment's result. The programme's conclusion was contradicted by its own outcome, and the outcome was placed where it would do least damage to the conclusion. This is misleading by omission and by prominence. In the Gaza decision Ofcom found a breach where an omission "meant that the audience did not have critical information which may have been highly relevant to their assessment" of the programme's central voice. Here the critical information for assessing an hour built on one child's experience was that the experience had ended in a return to medication and improved schoolwork. It was withheld from the body of the programme, withheld from the presenter's verdict, and confined to a closing caption that three in ten of those who watched the whole programme told us they were not aware of. Channel 4 will say that disclosing it at all is the opposite of misleading. A disclosure that comes after the conclusion, does not alter the conclusion, and is missed by a large part of the audience does not cure the misleading impression; it shows the broadcaster knew the impression was misleading when it created it.

(b) The state of medical opinion. The programme named the orthodoxy and then told viewers that expert opinion had turned against it: the current understanding "is not supported by the evidence, according to some of the most respected experts in the field". It introduced its sceptics by the names of Royal Colleges whose current positions contradict them. It never

told viewers that theirs are minority views, or that every relevant classification system, guideline body and Royal College, and NHS England's own Taskforce, takes the opposite position. In the Global Warming Swindle case Ofcom's test was whether viewers were "misled as to the weight which is given to these opinions in the scientific community". 91% of those who watched the whole programme say it did not make that weight clear.

Channel 4 will point out that in 2008 Ofcom found no breach on this ground. The reasons it gave are the reasons this case is different. Ofcom accepted then that man-made global warming was "extremely well represented in the mainstream media", so "the likely audience would have a basic understanding of the mainstream" view and could weigh the polemic against it. There is no equivalent public familiarity with the scientific standing of ADHD. NHS England's Taskforce records that people with ADHD face "stigma, misinformation and misunderstanding, including among some professionals", and "disbelief from others about the authenticity of their ADHD diagnosis" (Part 2, pages 5 and 16); within nineteen days of this broadcast, 1,936 of our respondents had had it quoted at them dismissively by family, colleagues, employers or schools. An omission of the consensus is material precisely because the audience did not bring it with them. Ofcom also relied in 2008 on the fact that the programme "did not advocate that the audience should" change its behaviour. This one did: "We should not be medicating children so freely."

(c) The featured scientist. Professor Rubia's interview was cut to fragments ("very tiny differences", "many children with ADHD have normal brains", "just a cultural definition anyway"), intercut with a contributor asserting that such differences are "entirely absent", and followed by the presenter's summary that "there is currently no marker that distinguishes one brain with ADHD from another brain without it" and his conclusion that "there is no evidence" that people are "suffering from some kind of neurodevelopmental condition". That sequence conveyed to viewers that the science of ADHD brain imaging, in the person of its leading UK practitioner, supports the programme's thesis. She said on air that group differences exist; her published work documents them; she says her interview was cut to remove the alternative view she took part to give. In the press preview copy the presenter's summary went further and attributed the conclusion to her by name; it was reworded before the version now on Channel 4's streaming service, but the edit around it was not changed (section 5.2). Rule 5.7 says views and facts must not be misrepresented. Where the alleged misrepresentation concerns the central scientific evidence in a health programme, it is also materially misleading under Rule 2.2. The Guardian's correction shows the message landed with a professional viewer. Ofcom can resolve the dispute of fact by asking for the full interview, and can settle which summary was broadcast from the as-broadcast recording.

The context. Ofcom's guidance says materiality depends on "the context, the editorial approach taken in the programme, the nature of the misleading material and, above all, either what the potential effect could be or what actual harm or offence has occurred". The editorial approach here was an investigation format, fronted by a doctor, billed as science-

led, arriving at a conclusion the presenter had published twenty months earlier (section 5.4). The potential effect was on decisions about prescribed medication for children. The actual effect is in section 6.

7.2 Rule 2.1: the programme did not provide adequate protection from harm

Rule 2.1: "Generally accepted standards must be applied to the contents of television and radio services… so as to provide adequate protection for members of the public from the inclusion in such services of harmful and/or offensive material."

Ofcom's guidance on health claims warns specifically about content "accompanied by dismissive or derogatory comments about more conventional treatments or advice"; about persuasive messages targeted at vulnerable people "with either the intention or the likely effect that they will act on that advice, for example by discontinuing existing medical treatment in favour of alternative treatments"; about the "authority of speaker"; about "the absence of a range of opinions or sources of information"; and about claims "presented with a high degree of certainty" or "phrased as an explicit call or direction to action".

This programme did each of those things. It denigrated a conventional, NICE-recommended treatment as a "chemical cosh" and "slow-release cocaine" that "simply mask[s] the symptoms". It showed a child discontinuing that treatment in favour of a regime of supplements, diet and yoga devised by a private practitioner, presented approvingly by a doctor. It told the family, and through them the audience, to "stick with it" through "withdrawal effects". No range of views was given weight. Its central message was delivered with certainty by an NHS psychiatrist: "We should not be medicating children so freely."

And it contained no protection for the audience: no spoken or on-screen advice that medication should not be stopped without medical supervision, no signposting, no contextual information about the evidence for the treatment. Ofcom's guidance says that even where a warning is given, "the effectiveness of a warning is likely to be significantly limited if the programme strongly contradicts the message". Here there was no warning to contradict. The Royal College of Psychiatrists issued one the next day. The BMJ authors noted that the documentary "did not flag" the need to discuss any decision to stop medication with the treating clinician. If Channel 4 says a continuity announcement or information card followed the programme, Ofcom can check the recording; nothing of the kind appeared within it. The programme's page on Channel 4's streaming service carries only the generic line that appears across its catalogue, "Affected by issues in the show? Visit 4Viewers", linking to a general directory of charities; it says nothing about medication and is not part of the programme.

Channel 4 will point to the line that "an independent doctor has assessed his medication break", to the presenter's remark that he would "understand" a return to medication, and to the caption. The first concerns the boy's supervision, not the viewer's; a statement that one child was medically supervised is not advice to the audience that they should be. The second

and third came after the verdict. Channel 4 may also cite Professor Philip Asherson's comment to the Science Media Centre that stopping stimulant medication abruptly is "in most cases not a problem"; he added, in the same answer, "If on medication and thinking about this I would always discuss first with an experienced professional." That is the sentence the programme never contained.

Ofcom found a breach of Rule 2.1 in the London Live case (ESTV, 20 April 2020) because unchallenged claims by a speaker given a platform for 80 minutes had "the potential to undermine confidence in the motives of public authorities" and "discourage viewers from following" official health advice, and said it was the licensee's responsibility to protect viewers "by, for example, challenging those views and placing them in context". That is the mechanism here, applied to a condition whose untreated course carries a markedly elevated risk of suicide and early death, and to an audience of the families concerned. The survey evidence in section 6 shows viewers considering and taking the decisions the guidance anticipates.

7.3 Rules 1.28 and 1.29: due care for the child

Rule 1.28: "Due care must be taken over the welfare and the dignity of people under eighteen who take part or are otherwise involved in programmes. This is irrespective of any consent given by the participant or by a parent, guardian or other person over the age of eighteen in loco parentis."

Rule 1.29: "People under eighteen must not be caused unjustified distress or anxiety by their involvement in programmes or by the broadcast of those programmes."

Ofcom has described the standards it sets for the protection of children as "amongst the most important" (Boys and Girls Alone, Channel 4, Bulletin 144, 2009), and its role under Rule 1.28 as ensuring "that the broadcaster has taken due care before, during and after production" (Panorama, Bulletin 359, 2018). Channel 4 has told us, and the press, that "an independent doctor, his GP, a medical risk assessment company and three independent psychiatrists were all engaged to advise on the medication break"; its later statements describe the company as "a health and safety company". We take Channel 4 at its word that clinical advice was taken about the six weeks. In Boys and Girls Alone Ofcom found no breach of the child-welfare rules because Channel 4 could show "clear procedures in place and sufficient expert advice", with experts consulted "throughout the pre-production and production process" and welfare monitored on the ground. Channel 4 will rely on that case. The question it poses is whether the same documented care exists here for the whole of the child's involvement, including the broadcast and its aftermath. On the public record, that is where the gap is.

First, the broadcast. Rule 1.29 expressly covers distress or anxiety caused "by the broadcast of those programmes". Ofcom's guidance directs broadcasters to consider "the social media and media attention which may be generated following transmission", the "risk of bullying",

and the child's capacity to understand "any likely consequences of participation". Channel 4 broadcast, to a peak-time national audience, an identifiable ten-year-old's diagnosis, his escalating medication dose, his teacher's reports that he was "disruptive", "fidgety" and "disengaged", his family's dilemmas over his treatment, his "poor exam results", and his and his brother's on-camera unhappiness. It did so in a programme whose title asked whether his condition is a myth and whose presenter concluded that it is. On the programme's own account he was in his final year of primary school; it was broadcast in the summer holidays before he started secondary school, where his new classmates and teachers can watch it on demand. The programme placed the decision about his medication on him ("[he] will then decide if he wants to stay off them for good") and closed by telling the nation that "he wants to come off the drugs again next summer". A child was made the vehicle for a national argument about whether children like him should be believed. That is a question of dignity, and the Code says consent does not answer it.

Second, the aftermath. Channel 4's letter of 10 August (Enclosure 2) does not say who holds clinical responsibility for the child now, whether a consistent point of contact remains in place (Channel 4's own guidelines say there should be one "up to and after broadcast"), whether anyone assessed the effect on him of national coverage of an experiment that ended in his return to medication, or whether the family was advised about the foreseeable public reaction. We asked those questions before broadcast. They were not answered in substance: no one with continuing responsibility was identified. Ofcom's guidance is explicit that broadcasters should not "rely solely on the assurances of parents or guardians, particularly where vested interests may be involved", and that many parents "may only be able to see what they perceive to be the benefits of their child taking part". The programme presents the experiment as arising from the mother's wish that her son should not be medicated. We make no criticism of her. The vested interest that concerns us is the broadcaster's: a family's hope became the editorial engine of a film whose conclusion was already written. That is exactly the situation in which the Code places the duty on the broadcaster and not the parent.

We ask Ofcom to obtain from Channel 4 the documented risk assessments, expert advice, welfare arrangements and aftercare plan for the child, including any assessment of the consequences of broadcast, as the guidance says should be available to Ofcom "should regulatory matters arise after transmission".

7.4 Rule 2.3: offence not justified by context

Rule 2.3 requires that material which may cause offence is justified by the context, lists among such material "treatment of people who appear to be put at risk of significant harm as a result of their taking part in a programme" and "discriminatory treatment or language (for example on the grounds of… disability)", and adds: "Appropriate information should also be broadcast where it would assist in avoiding or minimising offence."

The audience watched a ten-year-old taken off prescribed medication for television and was given one sentence about his protection. In Boys and Girls Alone Ofcom found Channel 4 in breach of Rule 2.3 because "the information provided to the audience by the broadcaster… about the welfare of the children was insufficient to reassure viewers that the children were being cared for and protected appropriately", and reminded broadcasters that "factual programmes involving children must be, where appropriate, carefully balanced against the need to make clear to the audience what measures were in place to protect those children". Ofcom's Section One guidance makes the same point: "the level of care taken by broadcasters to protect under-eighteens is not always evident to the audience", and broadcasters "should consider whether 'appropriate information' could be broadcast". Here the offence the guidance anticipates is measured: 82% of those who watched the whole programme said the filming was not responsible.

The wider context aggravates rather than justifies. ADHD is, for many of the people who have it, a disability within the meaning of the Equality Act 2010. The programme treated it as a possible myth, its diagnosis as something people obtain to avoid responsibility, and its accommodations as an indulgence: a contributor described a child receiving a queue-jump pass at a theme park because of her diagnosis and said, "I'm all about accommodation when people need accommodation, but I think what is it that we're teaching young people that your inability to tolerate waiting and boredom is now a disability that requires accommodation? I think that sets our young people up for failure." It did so without any disabled voice beyond the family, on a channel whose Disability Code of Portrayal promises "nothing about us, without us" and "senior editorial disabled input in core disability stories". No warning, balancing information or institutional position was broadcast. The evidence of offence is in section 6: 59% of full viewers reporting significant or severe distress; "angry", "invalidated", "dismissed" as the words people reached for; 1,936 people who had already had the programme quoted at them within days.

7.5 Section 5: due impartiality on matters of current public policy

The Code applies the impartiality rules to "matters relating to current public policy", which "need not be the subject of debate but relate to a policy under discussion or already decided by a local, regional or national government or by bodies mandated by those public bodies to make policy on their behalf". Ofcom's guidance (paragraph 1.38) says that in considering whether an issue is controversial "or has been broadly settled", relevant factors "may include, as appropriate, independent reports commissioned by, for example, the UK Parliament and whether the issue has already been scientifically established and does not appear to be challenged by, for example, established political parties or other significant domestic or international scientific institutions".

That paragraph does two jobs here. It confirms that the existence of ADHD as a neurodevelopmental condition is settled, which is why the programme's treatment of it falls

under Rule 2.2 rather than Section 5. And it confirms that how the NHS should diagnose and treat ADHD is live public policy: NHS England commissioned an Independent Taskforce in 2024 whose 2025 reports made 27 recommendations to government, which has not yet responded; the Department of Health and Social Care's Independent Review is running now; NICE guideline NG87 governs prescribing; NHS England issued advice to systems on ADHD service prioritisation in October 2025; and SEND policy is under reform. In the Global Warming Swindle decision Ofcom drew exactly this line: the scientific argument did not engage Section 5, but when the programme turned to "the policies alleged to result" from the mainstream position, it did, and the absence of alternative views breached Rules 5.11 and 5.12.

For the avoidance of doubt, the matters of current public policy engaged are three. First, the prescribing of stimulant medication to children in the NHS: NICE guideline NG87 governs it, NHS England's Taskforce made recommendations on it in 2025 to which the government has yet to respond, and the Department of Health and Social Care's Independent Review is examining it now. Second, the NHS's use of independent-sector providers for ADHD assessment and treatment, including under the patient's legal right to choose: NHS England issued advice to systems on ADHD service delivery and prioritisation on 6 October 2025, and the contributor's "hedge funds" passage went to exactly that question. Third, how schools should accommodate children with ADHD and other special educational needs: the government's Schools White Paper of 23 February 2026 proposes the largest reform of that system in a decade, its consultation closed on 18 May 2026, and the government's response is awaited. On each, the presenter or a contributor advanced a position as the programme's conclusion; on none was an alternative view given due weight.

Channel 4 will cite paragraph 1.37 of the guidance, which excludes policy references that are "essentially descriptive and incidental" and "'personal view' testimony on particular matters included within factual programming". We do not rest the point on contributors' asides. We rest it on the presenter's own prescriptive conclusions, delivered as the programme's findings: "We should not be medicating children so freely." "School should be more adaptive for children with their different learning needs. Being able to offer more art or more sport, or a less rigid curriculum." "The truth about ADHD is it's not our brains that need fixing, but rather it's the system that we are expecting our children to survive in that does. That's what we need to fix." These are positions on prescribing policy for children and on education policy, presented as the destination of an hour of argument in which contributors had called for the label to be banned, medication of children to stop, and NHS spending on independent providers to be treated as a "serious danger".

On none of these questions did the programme give an alternative view due weight. Channel 4 will cite the mother's early account that medication had lifted her son from "twos and threes out of 60" to "on par with his peers", the teacher's remark that he was easier to teach on medication, and a clinical psychologist's line that at the extremes "medication and intervention… is incredibly important". Each was included and each was then argued away:

the teacher's evidence was reinterpreted as an indictment of schools; the mother's was overtaken by the narrative; the psychologist's qualification was the preamble to a complaint that diagnosis is starting "to pathologise normal variation". Ofcom's guidance says alternative views must not be included "only in a dismissive way, and only as a means of punctuating the presenter's own viewpoint" (paragraph 1.57). No member of the Taskforce, no NICE voice, no ADHD specialist supporting the treatment framework and no ADHD charity was heard. The Times's reviewer, who admired the film, wrote that "there was no real counter-argument offered to the idea of ADHD as a 'myth'" and that "this was, really, a polemic".

If it was a polemic, the Code required it to be "clearly signalled to the audience at the outset" as a personal view programme (Rule 5.10) with alternative viewpoints "adequately represented" (Rule 5.9). It was not so signalled. It opened as an inquiry; its billing described an investigation with a science-led approach; the conclusion it presented as the fruit of that inquiry had been published by the presenter in December 2024 (section 5.4). If Channel 4 relies on a continuity announcement or on-screen billing, Ofcom can check the recording. Channel 4 has in any case never described it as a personal view programme; it told the Guardian the film "hears from an extensive range of senior medical experts, with a variance of views". If it was instead, as Channel 4 says, a factual documentary reflecting a range of views, then Rule 5.5 required due impartiality within the programme and Rule 5.7 required that views be "presented with due weight" and that "views and facts must not be misrepresented". Either way the Code was breached. Ofcom's guidance adds that "complying with Rule 5.10 on its own does not mean that a broadcaster has preserved due impartiality", and that programme content "should not be skewed (e.g. through the editing of views) in a manner that undermines impartiality" (paragraphs 1.60 and 1.53). Professor Rubia's account is of exactly such skewing.

Channel 4 told the Mirror that it "has also aired a number of other programmes on the topic of ADHD, which cover a variety of other viewpoints", naming three. The Code permits due impartiality to be achieved "over a series of programmes taken as a whole", but defines a series as programmes "editorially linked, dealing with the same or related issues within an appropriate period and aimed at a like audience", and Rule 5.6 says such links "should normally be made clear to the audience on air". The programmes Channel 4 names were broadcast in earlier years, were not editorially linked to this one, and were not referred to on air. In 2008 Ofcom rejected the same argument from the same broadcaster: the programmes it cited "were not sufficiently timely or linked", nor could "general and wide ranging media output" satisfy the Code.

We say Rules 5.5, 5.7, 5.9 and 5.10 were breached. Given the national significance of the matters engaged, we say in the alternative that Rules 5.11 and 5.12 were breached, as they were in 2008.

7.6 Section 7: a matter raised, not brought

Professor Rubia's public statements raise, on their face, questions under Rule 7.1 and Practice 7.6 ("When a programme is edited, contributions should be represented fairly"). In the Global Warming Swindle case Ofcom's Fairness Committee partly upheld a complaint by Professor Carl Wunsch, finding that "the use of Professor Wunsch's contribution in the programme was likely to have left viewers with the impression that he agreed with the premise of the programme", an impression "inconsistent with the views Professor Wunsch expressed during his full untransmitted interview". Ofcom did not find in that case that the extracts of Professor Wunsch's interview had themselves been unfairly edited. It found that he had not been adequately informed of the programme's nature, and that the use made of his contribution within the programme was unfair because of the impression it created. Professor Rubia, unlike Professor Wunsch, says she knew the programme's premise; her complaint is about the use made of her contribution, which is the second of those findings and does not depend on any alteration of her words.

Under the Broadcasting Act 1996 a fairness complaint must come from the person affected, and ADHD UK does not bring one on Professor Rubia's behalf or on behalf of the child and his family. We note that Ofcom's procedures allow it to consider fairness and privacy issues on its own initiative in exceptional circumstances; that Ofcom observed in 2008 that unfairness to a contributor "may result in relevant material not being included in the programme and that in itself may give rise to issues under standards"; and that the alleged misrepresentation of Professor Rubia is squarely relevant to Rules 2.2 and 5.7. We invite Ofcom to obtain the full interview.

8. Aggravating factors

Ofcom's sanctions procedures treat a breach as more serious where it is deliberate, reckless or repeated. Four things bear on seriousness here.

Channel 4 was warned. Our letter of 4 August set out, before broadcast, the risk of misleading viewers about the state of medical opinion, the risk of harm from depicting a child's medication withdrawal without protection for the audience, and the need to disclose the presenter's published position and to signpost support. Amnesty International UK's Disabled People's Human Rights Network asked Channel 4 on the same day to provide "advice not to alter prescribed medication without clinical guidance". ADHD Embrace and the Scottish ADHD Coalition raised the same concerns publicly before broadcast. The Royal College of General Practitioners had already made clear that the promotional quotation was not made on its behalf. The All-Party Parliamentary Group for ADHD, in a letter to Channel 4's Chief Executive dated 18 August, the day of broadcast, led by Adam Dance MP and signed by more than thirty MPs and peers from several parties (and, among the charities and advocates who co-signed, by ADHD UK's chief executive), asked Channel 4 not to present "as an open scientific question,

something for which there is already a substantial and well-established evidence base" and to explain the safeguards for the child (Enclosure 11). Channel 4 declined a preview, did not respond to our request for a right of reply, and broadcast a programme that addressed none of these concerns.

The precedent. In July 2008 Ofcom found "The Great Global Warming Swindle", an authored polemic against a scientific consensus, in breach of Rules 5.11 and 5.12 and, on three fairness complaints, of Rule 7.1, including for using a mainstream scientist's contribution in a way that suggested he agreed with the programme. Channel 4 defended that programme on its remit; Ofcom said that "material transmitted by UK broadcasters must comply with the Code". We rely on that decision as precedent rather than as compliance history. But a broadcaster that has once been found in breach for a programme of this design is on notice of the risks of repeating it.

A public service broadcaster with its own published standards. Ofcom has said the seriousness of misleading an audience is "particularly pertinent in the case of a public service broadcaster". Channel 4 publishes a Disability Code of Portrayal, Disabled Contributors' Welfare Guidelines and detailed compliance guidance on viewer trust and on filming with under-18s (extracts at Enclosure 15). That guidance says interviews must be edited so as not to "distort or misrepresent the person's known views", that personal-view content "must be clearly signalled to viewers as being so at the outset", and that a "known and consistent point of contact" should oversee a young contributor's welfare "up to and after broadcast". The programme as broadcast shows no sign of the first two, and Channel 4 has not said whether the third exists.

The response since. Channel 4's statements after broadcast have restated its remit and asserted that "this programme was produced in compliance with the Ofcom Broadcasting Code". As at the date of this letter it has corrected nothing, has added no advice about prescribed medication to the on-demand version, and has not answered the questions about the child's aftercare that we and others put to it. The programme remains available on its streaming service. The contrast with the Gaza case is instructive: within a day of the concern being raised the BBC had added an explanatory text to the programme on iPlayer, and within three days it had withdrawn the programme pending review. Channel 4 has done neither in three weeks.

9. Freedom of expression

Ofcom applies the Code in accordance with Article 10 of the European Convention on Human Rights, and so do we. Channel 4 had, and has, the right to make a programme questioning how ADHD is diagnosed and treated, to give sceptical clinicians a platform, and to provoke. Its remit under section 265 of the Communications Act 2003, to make available content that demonstrates innovation, experiment and creativity and exhibits a distinctive character, is

real. So is the audience's right to receive challenging ideas. None of that is at issue. As Ofcom put it in the Steyn decision, "this editorial freedom comes with the obligation on broadcasters to ensure that programmes comply with the Code and, in particular, that factual programmes must not materially mislead the audience".

What is at issue is narrow and specific: whether a broadcaster may tell a peak-time audience that it is a myth that a recognised condition is neurodevelopmental, without telling them that every relevant medical institution disagrees; whether it may present a scientist's words in a way she says misrepresents her; whether it may build an hour on an experiment whose result it withholds until after its verdict; whether it may have a doctor advise a national audience against medicating children without a word about consulting a prescriber; whether it may make a ten-year-old the public face of that argument without demonstrating due care for the consequences; and whether it may argue live questions of NHS and education policy without an opposing voice given weight. Each is an identifiable failure. Each is tied to a concrete harm. A finding on each is a proportionate response to the pressing need to protect audiences from harm and children from the consequences of broadcast, which are the legitimate aims the Act and the Code serve. Ofcom's finding against "The Great Global Warming Swindle" did not silence the climate debate. A finding here will not silence the debate about ADHD services. It will restore the requirement that the debate be conducted without misleading the people whose lives depend on it.

Ofcom is also a public authority under section 149 of the Equality Act 2010, with a duty to have due regard to the need to eliminate discrimination and advance equality of opportunity for disabled people, and under section 3(4) of the Communications Act 2003 must have regard to "the vulnerability of children" and "the needs of persons with disabilities" in performing its duties. Both point towards taking this complaint seriously.

10. Channel 4's likely defences, answered

We have read Channel 4's letter to us, its statements to the BBC, the Guardian, the Independent, the Mirror and HuffPost, and its arguments to Ofcom in 2008. We expect the following, in substance.

Channel 4's remit is to challenge the status quo and stimulate debate. Accepted, and beside the point. Ofcom said in 2008 that Channel 4 "had the right to show this programme provided it remained within the Code", and in 2009, in Boys and Girls Alone, that "even taking into account Channel 4's remit to produce innovative and distinctive programmes", the Code applied. The remit is a licence condition that sits beside the Code, not above it.

There is considerable public debate about ADHD. There is debate about waiting lists, assessment quality, private providers and prescribing. We take part in it daily and we invited Channel 4 to make that film. There is no debate among the relevant institutions about whether ADHD is a neurodevelopmental condition. Channel 4's defence conflates the two. Its

statement to the Guardian that "it is not misleading to suggest that these views exist" answers a complaint nobody has made. Our complaint is that the programme misled viewers about the standing of those views, and about its own result.

The government's own Review shows the question is open. The Department of Health and Social Care's Review is examining trends in prevalence, diagnosis and service demand, and it says it is not aligning itself with either side of that debate. It also records that recorded prevalence remains below the epidemiological benchmarks, that this "complicates any straightforward account of 'overdiagnosis'", and that the medication of diagnosed children has roughly halved. Nothing in it suggests that ADHD is a social construct rather than a neurodevelopmental condition, or that children in England are over-medicated. A review of how a health system is coping with demand is not a licence to tell that system's patients that their condition may not exist.

The title is a question, not a statement. The programme answered its own question, on air, through its presenter: "I'm now convinced it's a myth." 86.6% of those who watched the whole programme said it "clearly suggested [ADHD] is not real"; 0.9% said it "clearly said it is real". A question mark is not a defence to what follows it.

Opinions were clearly presented as opinions. They were presented as the opinions of "some of the most respected experts in the field", of a "past president of the Royal College of Psychiatrists" and a "former president of the Royal College of General Practitioners", and of an NHS psychiatrist who investigates and concludes. The programme was not signalled as a personal view programme; Channel 4 does not say it was. In any event Rule 5.9 requires alternative viewpoints to be adequately represented even in personal view programmes, and Ofcom's guidance says opposing views must not be included "only in a dismissive way".

Professor Rubia took part knowing the premise, and was edited fairly. Her knowledge of the premise is not in dispute; it is why she took part, to provide the alternative view. Her complaint is that the alternative view was cut out. Whether the edit fairly represented what she said is a question Channel 4 can settle by giving Ofcom the full interview. What the edit conveyed to viewers is shown by the Guardian's correction, and the rewording of the presenter's summary between the press preview and the version now available shows that the production itself saw the problem (section 5.2).

The programme disclosed that the boy went back on medication. That is transparency. The disclosure came after the verdict, changed nothing in the verdict, and was missed by three in ten of those who watched the whole programme; the Guardian's review did not register it either, and the newspaper corrected it. Eight days before broadcast the presenter was still inviting readers to watch to find out what the mother decided, when on the programme's own chronology that decision had already been reversed. A caption is not a correction. The place for the result of an experiment is before the conclusion drawn from it.

The child's welfare was paramount: an independent doctor, his GP, a risk assessment company and three psychiatrists. All of that concerns the six-week medication break. None of it addresses the broadcast: the identification of the child, the national exposure of his school difficulties, the timing before secondary school, the framing of him as the test case for a "myth", or his care once the production had finished. Channel 4's own accounts vary between "a medical risk assessment company" and "a health and safety company". Rule 1.29 covers distress caused "by the broadcast". We ask Ofcom to see the file.

There is no evidence of harm; the survey is self-selected and run by a campaign group. The Code asks about potential as well as actual harm, and Ofcom's health-claims guidance describes this programme's features one by one. The survey's method is disclosed, its results are public and stable across a tripling sample, it measured behaviour as well as feeling, and it is corroborated by the Royal College of Psychiatrists, by the programme's own scientist, by GPs and by the authors of the BMJ piece. We are a charity for people with ADHD; measuring what happens to them is our job.

This is an orchestrated campaign. We openly asked people to complain and gave them a starting text, and we asked each of them to say in their own words what the programme had meant for them. The substance of a complaint does not depend on how many people make it, and Ofcom's assessment will not. But the numbers are not ours: 9,656 complaints reached Ofcom in the first week, more than for any programme in any week this year, and Ofcom says they concern the representation of ADHD.

The press release and the Spectator article are not broadcast content. Correct, and we do not rely on them as breaches. Promotional material is relevant context under Section 2 ("the extent to which the nature of the content can be brought to the attention of the potential audience") and under the meaning of due impartiality ("the extent to which the content and approach is signalled to the audience"). The article is evidence about the broadcast: it shows that the on-air conclusion pre-dated the on-air inquiry.

Ofcom cannot adjudicate on science. We do not ask it to. Whether the audience was told the truth about the standing of a view, about what a scientist said, and about the result of an experiment are questions of fact about the broadcast. Ofcom decides those every week.

Other Channel 4 programmes about ADHD provide balance. Not under the Code's definition of a series, and Ofcom rejected the identical argument from Channel 4 in 2008.

Signposting is not required for this content. We do not plead signposting as a freestanding rule. We say that a programme in which a doctor argues against medicating children and shows a child stopping medication cannot provide "adequate protection" under Rule 2.1 if it says nothing about not stopping prescribed medication unsupervised. Ofcom's guidance on health claims contemplates exactly that omission.

11. What we ask Ofcom to do

1. To treat this submission as ADHD UK's complaint under reference 02262409, and to assess it together with the complaints Ofcom has received from members of the public.
2. To open an investigation into the programme under Rules 2.2, 2.1, 2.3, 1.28 and 1.29, and Rules 5.5, 5.7, 5.9 and 5.10 (and in the alternative 5.11 and 5.12) of the Broadcasting Code.
3. In the course of that investigation, to require Channel 4 to provide: the full as-broadcast recording, including any continuity announcement and information card; the press preview copy circulated before broadcast; the documented risk assessments, expert advice, welfare arrangements and aftercare plan for the child participant, including any assessment of the consequences of broadcast; and the full recorded interview with Professor Rubia.
4. To find the programme in breach of each of those rules.
5. To consider a statutory sanction, given the seriousness of misleading an audience on a matter of health, the involvement of a child, the scale of the audience affected, and the specific written warnings Channel 4 received before broadcast. We ask Ofcom to direct Channel 4 to broadcast a statement of Ofcom's findings on Channel 4 at 8pm and to direct that the programme is not repeated in its current form; and to consider whether a financial penalty is also warranted.
6. To consider, of its own initiative, the fairness and privacy questions raised by the treatment of the child and of Professor Rubia. We note that the child's family, or a person closely connected with him, may complain in their own right under section 111 of the Broadcasting Act 1996.
7. To note that the programme remains available on Channel 4's streaming service without correction or any advice to viewers about prescribed medication, and to take whatever steps are open to Ofcom in respect of the on-demand version.
8. If Ofcom decides not to investigate, to publish its reasons, as it has done for other complaints of public interest.

The survey remains open and its aggregate results are published live. If Ofcom would find an updated snapshot useful at any stage, we will supply one on request.

We are content for this complaint, and our identity, to be disclosed to Channel 4. The survey respondents quoted are anonymous and consented to anonymous quotation in regulatory complaints; we ask that no attempt is made to identify them.

Before the broadcast we told Channel 4, in writing, what we feared this programme would do. It did all of it. It told a peak-time audience that it is a myth that ADHD is a neurodevelopmental disorder, on the strength of one child's six weeks, and it left out until the credits the part where the child needed his medicine after all. The people who live with ADHD have paid for that

programme in disbelief at home, at work and at school, and some of them are now weighing whether to stop treatment that keeps them well. Ofcom is the only body that can hold Channel 4 to account for it. We ask it to do so.

Yours faithfully,

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Annex A. The ADHD UK survey: method and results

Method

The survey opened on the evening of Tuesday 18 August 2026, within an hour of the end of the broadcast, and remains open. It is hosted on adhduk.co.uk and was promoted through ADHD UK's website, newsletter and social media channels, and subsequently reported in the press. It is anonymous. Respondents could optionally leave contact details for follow-up. Two consent questions were asked: "Can we quote your answers anonymously in ADHD UK's media work and regulatory complaints?" and "Can we contact you about your answers?" Only respondents who answered yes to the first are quoted in this complaint.

The first question established exposure: watched the whole programme; watched part of it; watched clips on social media; read or heard about it; or no exposure. Respondents reporting no exposure were routed past every question about the programme's content and effect. Percentages for those questions therefore use a base of 6,129 (the 6,176 responses received by 12.40pm on 6 September 2026, less the 47 with no exposure), or the narrower base stated. The demographic table below uses all 6,176 responses.

Aggregate results are published live at adhduk.co.uk/challenging-c4-the-great-adhd-myth/reaction-survey-results. The dated findings documents on which the earlier snapshots in this annex are based are in Enclosure 5.

The survey is self-selected and is presented as such. It measures the programme's effect on the population it was about: people with ADHD, people who believe they may have it, and the parents and carers of children with ADHD. Some questions are direct in wording; the behavioural questions, which matter most, are neutral in form and are reproduced in full below.

Who responded (base 6,176)

	Number	%
Watched the whole programme	3,991	64.6%
Watched part of the programme	760	12.3%
Watched clips on social media	357	5.8%
Read or heard about the programme	1,001	16.2%
No exposure (routed past programme questions)	47	0.8%
Other	20	0.3%
England / Scotland / Wales / Northern Ireland	5,385 / 412 / 214 / 75	87.2% / 6.7% / 3.5% / 1.2%

	Number	%
Other part of the UK / outside the UK	13 / 77	0.2% / 1.2%
Aged under 18	259	4.2%
Aged 65 or over	224	3.6%

Of the 6,129 exposed respondents: 3,895 (63.6%) have a diagnosis of ADHD; 451 (7.4%) think they have ADHD and are on a waiting list; 403 (6.6%) think they have ADHD and are not on a waiting list; 252 (4.1%) are not sure; 1,128 (18.4%) do not have ADHD. 1,956 (31.9%) are the parent or carer of a child with an ADHD diagnosis and a further 810 (13.2%) think their child has ADHD.

Verdict on the programme

Question and answer	All exposed (6,129)	Whole programme (3,991)
"Do you think the Channel 4 programme 'The Great ADHD Myth?' was fair in its representation of ADHD as a condition?" No	5,790 (94.5%)	3,715 (93.1%)
Yes	266 (4.3%)	238 (6.0%)
Not sure	73 (1.2%)	38 (1.0%)
"What impression did the programme give you about whether ADHD is a real medical condition?" Clearly suggested it is not real	5,199 (84.8%)	3,455 (86.6%)
Left it open to doubt	821 (13.4%)	468 (11.7%)
Clearly said it is real	44 (0.7%)	34 (0.9%)
No impression	65 (1.1%)	34 (0.9%)
"Did the programme make clear that the sceptical views featured are minority positions within medicine?" No	5,423 (88.5%)	3,640 (91.2%)
Yes	222 (3.6%)	176 (4.4%)
Not sure	484 (7.9%)	175 (4.4%)
"Regarding the child in the programme, were you aware that he later returned to his medication and his schoolwork improved?" Yes	3,644 (59.5%)	2,806 (70.3%)
No	2,171 (35.4%)	1,063 (26.6%)
Not sure	314 (5.1%)	122 (3.1%)
"Was it responsible for a broadcaster to film a 10-year-old stopping his ADHD medication for television?" No	5,249 (85.6%)	3,289 (82.4%)

Question and answer	All exposed (6,129)	Whole programme (3,991)
Yes	411 (6.7%)	336 (8.4%)
Unsure	469 (7.7%)	366 (9.2%)
"Do you think the Channel 4 programme 'The Great ADHD Myth?' has increased stigma about ADHD?" Yes	5,802 (94.7%)	3,702 (92.8%)
No	225 (3.7%)	207 (5.2%)
Not sure	102 (1.7%)	82 (2.1%)

Among the 4,751 who watched all or part of the programme, 1,489 (31.3%) were not aware that the child had returned to his medication and a further 170 (3.6%) were not sure.

Impact

Question and answer	All exposed (6,129)	Whole programme (3,991)
"Do you think the programme will stop people who may have symptoms of ADHD from seeking an ADHD assessment?" Yes	4,927 (80.4%)	3,153 (79.0%)
No	329 (5.4%)	266 (6.7%)
Not sure	873 (14.2%)	572 (14.3%)
"Has the programme caused you distress?" Severe	1,103 (18.0%)	757 (19.0%)
Significant	2,558 (41.7%)	1,601 (40.1%)
Some	2,040 (33.3%)	1,274 (31.9%)
None	428 (7.0%)	359 (9.0%)
"Since the broadcast, has anyone - family, colleague, employer, school - said anything dismissive to you about ADHD and referenced the programme?" Yes	1,936 (31.6%)	1,274 (31.9%)
No	419 (6.8%)	319 (8.0%)
Too early to tell - I've not yet interacted with many people	3,626 (59.2%)	2,309 (57.9%)
Other (free text)	148 (2.4%)	89 (2.2%)
"As a result of the programme, have you or anyone in your household: (tick all that apply)" Considered stopping / stopped ADHD medication	390 (6.4%)	295 (7.4%)
Considered stopping a child's medication	190 (3.1%)	151 (3.8%)
Considered cancelling / cancelled an ADHD assessment	222 (3.6%)	146 (3.7%)

Question and answer	All exposed (6,129)	Whole programme (3,991)
Delayed seeking help	570 (9.3%)	338 (8.5%)
Prefer not to say	482 (7.9%)	283 (7.1%)
None of these	4,634 (75.6%)	3,023 (75.7%)
"Do you think this programme will impact you personally?" Yes, negatively	4,559 (74.4%)	2,879 (72.1%)
No personal impact	761 (12.4%)	549 (13.8%)
Yes, positively	137 (2.2%)	126 (3.2%)
Not sure	672 (11.0%)	437 (10.9%)
"Do you think this programme will impact your child/children with ADHD?" (parents and carers; bases 2,766 and 1,879) Yes, negatively	2,104 (76.1%)	1,413 (75.2%)
No personal impact	242 (8.7%)	187 (10.0%)
Yes, positively	26 (0.9%)	24 (1.3%)
Not sure	394 (14.2%)	255 (13.6%)
"Has the programme changed your trust in Channel 4?" Decreased	5,596 (91.3%)	3,544 (88.8%)
No change	435 (7.1%)	359 (9.0%)
Increased	98 (1.6%)	88 (2.2%)

In the export of 20 August 2026 (3,929 responses), 673 respondents (17.1%) had ticked at least one of the four action boxes: 125 cancelling or cancelled an assessment, 264 stopping or stopped their own medication, 139 stopping a child's medication, 358 delayed seeking help.

One word

Respondents were invited to describe in one word how the programme made them feel. The most frequent answers: angry (717), invalidated (346), disappointed (305), dismissed (249), frustrated (241), disgusted (185), furious (98), sad (81), annoyed (79), upset (68), infuriated (47), appalled (44), hopeless (43), unseen (41), belittled (41). Words expressing anger of one kind or another were used by more than 1,000 respondents.

Stability of the headline figures as the sample grew

Measure	19 Aug, 2pm (n=2,032)	20 Aug, 12.33pm (n=3,929)	6 Sep, 12.40pm (n=6,176)
Increased stigma	94%	94%	94.7%
Not fair	94%	94%	94.5%
Will deter assessment-seeking	80%	80%	80.4%
Trust in Channel 4 decreased	91%	91%	91.3%
Not responsible to film the child	84%	85%	85.6%
Significant or severe distress	60%	60%	59.7%
Viewers (all or part) not aware of the child's return to medication	33%	33%	31.3%

Annex B. What respondents told us

All of the following are from respondents who consented to anonymous quotation in regulatory complaints. They are reproduced as written, with obvious typing errors corrected and anything that could identify a person removed. The attribution gives the respondent's own description of their situation and their exposure to the programme.

Children and medication

"After watching this with my eldest teenage child, they expressed an interest in wanting to 'experiment' themselves, by going off of their prescribed ADHD medication to see if they felt different and 'more myself', which is a rhetoric repeated several times throughout this documentary. After sitting down with them and showing them the other perspective (actually facts backed up by science), they have since changed their mind about this, but that fact impressionable young people could watch this and take it for gospel without having someone there to discuss it properly with them is incredibly worrying." Parent of a child with a diagnosis, who works in diagnosing ADHD in children; watched the whole programme.

"My daughter is now arguing she wants to stop her medication." Parent of a child with a diagnosis; watched the whole programme.

"My child is now 13 years old and is starting to refuse his medication." Parent of a child with a diagnosis; watched the whole programme.

"Partner has been negative towards child's diagnosis and is now fully unbelieving of the diagnosis." Parent of a child with a diagnosis; watched part of the programme.

"I am a 16 year old girl and this programme has impacted my life significantly. My family were just coming around to the understanding that ADHD is real after I received my diagnosis. Since watching the programme they now believe that ADHD is a myth and I shouldn't be taking medication. I am back to square one because of this 'documentary'." Girl aged 16 with ADHD; watched the whole programme.

Work

"My managers have already refused to make reasonable adjustments and told me they'd watched the programme. I'm constantly scared of losing my job and feel even more scared now if this narrative is believed." Adult with ADHD; watched the whole programme.

"I am applying for reasonable adjustments. My manager mentioned the programme today whilst saying I didn't have ADHD." Respondent with ADHD, in work; watched the whole programme.

"Recent adult diagnosis, female, just started on meds and getting more confident about being honest with people. Was hoping to tell my employer. Heard people laughing about ADHD in staff room after watching the documentary and now feel too embarrassed." Adult with ADHD; watched the whole programme.

"I can confidently say I will not ever be revealing I've got ADHD to any future employer for this reason, just in case. This will mean less flexibility in my jobs and will lead to more burn out." Adult with ADHD; watched part of the programme.

Family

"My family have watched it and questioned my diagnosis. I'm 63." Adult with ADHD; watched the whole programme.

"Already family have questioned my diagnosis of ADHD and expressed that this documentary has 'confirmed their suspicions' that ADHD is not real. This has led me to argue, feel pushed away, mocked and disbelieved." Adult with ADHD; watched the whole programme.

"My partner watched it and now thinks my ADHD isn't real." Respondent with ADHD; watched part of the programme.

Distress

"It made me feel sad and invalidated, because ADHD is a very real part of my life and the programme made me feel like my experiences could be dismissed as a myth." Adult with ADHD; watched the whole programme.

"I have come away feeling anxious, sad, invalidated and questioning myself all over again after years of research and struggle. I feel unheard as nowhere was there voices from adults

particularly late diagnosed females with ADHD or specialists who regularly assess ADHD." Adult who believes she has ADHD; watched the whole programme.

Professionals

"I am a therapist who works and advocates for young people with neurodiversity. I work hard to support families and validate, affirm the individuality of each person I meet. This programme has a direct negative effect on those people and consequently my work." Therapist; watched the whole programme.

"I dread to think of the poor children who will now have to go into school with their peers and teachers potentially having watched this documentary and now not believing their condition is real and not taking their needs seriously." Professional working in the diagnosis of ADHD in children (the same respondent as the first quotation above); watched the whole programme.

The caption

"Interesting that they literally hid the results of the 'experiment' in the end credits, directly after Dr Max Pemberton saying that he thinks ADHD is not a medical condition." Adult with ADHD; watched the whole programme.

"I completely missed the few second update before the credits that the boy had gone back on medication." Adult with ADHD; watched the whole programme.

Annex C. Chronology

Date (2026)	Event
29 July	Channel 4 press release announces the programme: it "seeks to determine whether ADHD is a genuine neurodevelopmental disorder, or a social construct"; a "science-led approach"; "promises to make viewers think very differently about how we are medicating a generation of children".
3 August	Royal College of General Practitioners states publicly (Pulse) that the quotation from a former president used in the press release "was not made on behalf of the college" and that "the college recognises ADHD as a neurodevelopmental condition".
4 August	ADHD UK open letter to Channel 4's Chief Executive and Chief Content Officer, copied to the Commissioning Editor, the Board and Minnow Films, setting out concerns and seven requests. Published the same day. Amnesty International UK's Disabled People's Human Rights Network publishes its concerns, including a request for advice "not to alter prescribed medication without clinical guidance".
Early August	Standard response from Channel 4 Viewer Enquiries. ADHD UK escalates.

Date (2026)	Event
10 August	Reply from Channel 4's Head of Documentaries and Factual Entertainment: advance screening declined; "the title is not a definitive statement"; "the observational study of one boy is not presented as anything more than that". Same day, Daily Mail article by the presenter: "you'll have to watch to find out what she chose".
18 August	Pre-broadcast statements of concern from ADHD Embrace and the Scottish ADHD Coalition. The All-Party Parliamentary Group for ADHD's letter to Channel 4's Chief Executive, dated this day and signed by more than thirty MPs and peers, is sent (made public the next day). 8pm: broadcast on Channel 4. Evening: ADHD UK opens its survey and lodges an initial complaint with Ofcom (reference 02262409).
19 August	Royal College of Psychiatrists statement; Science Media Centre expert reaction, including Professor Rubia and Professor Thapar; New Scientist; BBC News; ADHD UK on ITV's Good Morning Britain; the APPG letter is made public.
20 August	The Guardian reports Professor Rubia's account that her contribution was misrepresented; Channel 4 says it is "satisfied" the edit was fair.
25 August	The Guardian publishes a correction to its review of the programme regarding the end caption and the paraphrase of Professor Rubia.
By 28 August	Ofcom weekly audience complaints report for 18 to 24 August published: 9,656 complaints.
By 2 September	Ofcom report for 25 to 31 August: a further 561, total 10,217. Ofcom spokesperson: complaints "relate to the representation of ADHD in the programme".
2 September	BMJ opinion: "The Great ADHD Myth documentary is misleading and misinformed" (Eccles, Phillips, Thapar).
5 September	Scottish ADHD Coalition lodges its own complaint with Ofcom.
9 September	ADHD UK's full complaint submitted to Ofcom by email.
10 September	ADHD UK identifies that its transcript was made from the press preview copy and that the presenter's summary of Professor Rubia differs between the preview and the streaming version. This revised submission replaces the 9 September version in full.

Annex D. Statements about the programme relied on in this complaint

Sources are enclosed or publicly available as listed in Annex F. For candour: Dr Jessica Eccles has declared research funding from ADHD UK among her competing interests in the BMJ; ADHD UK's chief executive is one of the charity and advocate co-signatories of the APPG letter (Enclosure 11), alongside more than thirty MPs and peers; ADHD UK had no role in the Science Media Centre round-up, the RCPsych statement or the BMJ article.

Professor Katya Rubia, Professor of Cognitive Neuroscience, King's College London; contributor to the programme. Science Media Centre, 19 August: "My own contribution to this programme has been largely misrepresented as my comments were cherry-picked, truncated and presented out of context to make them fit into the programme's narrative that ADHD does not exist and there is no brain basis to the social construct." "This 'experiment' provided nothing but anecdotical evidence confounded by a host of factors." "Biased programs like this one that push their view of ADHD as a mythical entity are irresponsible and will have detrimental effects." New Scientist, 19 August: "My interview was hours long and they cherry-picked the bits that suited their push for presenting ADHD as a myth." The Guardian, 20 August: "I agreed to take part in this documentary because I knew it was aiming to show ADHD was a myth and I wanted to provide an alternative view… But they cherrypicked, largely misrepresented, truncated and presented my comments out of context to make them fit into their narrative."

Professor Subodh Dave, President, Royal College of Psychiatrists. 19 August: "While we understand individuals may have their own opinions about the diagnosis and treatment of ADHD, the College takes an evidence-based approach. Research suggests 3 to 5% of the population have ADHD, indicating that it is still under-recognised, under-diagnosed and under-treated in the UK." "Invalidating the condition does a disservice to people with ADHD and professionals involved in their care." "The focus should be on improving access to high-quality assessments and care by addressing waiting lists that leave many people without vital support for years at a time, not questioning the legitimacy of a well-established neurodevelopmental disorder." "We would advise anyone who wants to stop taking their ADHD medication to speak with their doctor first."

Royal College of General Practitioners. 3 August (Pulse): the quotation attributed to a former president "was not made on behalf of the college. The college recognises ADHD as a neurodevelopmental condition and supports evidence-based care for people with ADHD in line with current national guidance."

Professor Anita Thapar, Cardiff University; former Chair of NHS England's Independent ADHD Taskforce. Science Media Centre, 19 August: "It's not a helpful argument to say ADHD is a 'social construct'." "The programme did not use experts in clinical research on ADHD or consider all the risks of ADHD that have been shown. It seemed one sided and used sensational language e.g. likening medication to corporal punishment."

Dr Jessica Eccles, Chair of the RCPsych Neurodevelopmental Psychiatry Special Interest Group and member of the Taskforce's Clinical Reference Group. Science Media Centre, 19 August: "What is presented as an experiment is a single, unblinded, uncontrolled case study, filmed for television, in which a family who had already decided to try coming off medication were coached through six simultaneous lifestyle changes at once." On the fifth week: "That is the clinical picture the medication had been controlling, re-emerging on cue - which is closer to evidence for the diagnosis than against it."

Professor Philip Asherson, Emeritus Professor of Neurodevelopmental Psychiatry, King's College London. Science Media Centre, 19 August: "Certainly they portrayed a boy with ADHD. Not a myth or social construct." On stopping medication: "If on medication and thinking about this I would always discuss first with an experienced professional."

Dr Katie Bramall, Chair, BMA General Practitioners Committee UK. Pulse, 24 August: the documentary "may lead many parents of ADHD children to internalised guilt - blaming themselves, questioning meds, trying to cope". "You could make the same documentary about so many other conditions where there is no 'proof' e.g. migraine springs to mind. But we wouldn't dream of doing so."

Dr Jessica Eccles, Dr Heidi Phillips and Professor Anita Thapar, BMJ, 2 September 2026. "The documentary has contributed misinformation and confusion to the already fraught discourse around ADHD." "It is important to discuss any decision to stop medication with the treating clinician, but the documentary did not flag this." "The documentary made the scientifically inaccurate claim that brain imaging studies have shown that ADHD is not a condition of the brain or development." "Medical misinformation has consequences."

Professor Gina Rippon, Aston University. The Guardian, 20 August: "Was it really science-led? The answer is a resounding 'no'. It bore little relation to a genuine scientific debate; in fact, there was no evidence of a debate at all."

The Times (review, favourable to the programme, as quoted in Broadcast's critics round-up, 19 August). "If this had been designed as a dispassionate science film, it would have been flawed by a lack of balance: there was no real counter-argument offered to the idea of ADHD as a 'myth'. Except this wasn't Horizon; this was, really, a polemic."

All-Party Parliamentary Group for ADHD (letter to Channel 4's Chief Executive dated 18 August 2026, led by Adam Dance MP, Vice-Chair and Acting Chair, signed by more than thirty MPs and peers and by charities, clinicians and advocates). "Debate about how ADHD is identified, diagnosed and treated is legitimate. Debate about whether ADHD is real, is not." The APPG asked Channel 4 to "explain clearly the safeguards and clinical oversight surrounding any experiment involving a child stopping prescribed ADHD medication" and whether "any enhanced psychological, behavioural or educational support was provided during the experimental period, as such support may not be routinely available to children receiving NHS ADHD care".

Annex E. Sources for the official and scientific evidence

Source	What it establishes	Where cited
NHS England, Report of the Independent ADHD Taskforce, Part 1 (2025)	ADHD "under-recognised, under-diagnosed and under-treated" in England (p.3); prevalence 3 to 5%, not risen since 1999 (pp.3, 14); recorded prevalence 2.55% boys, 0.67% girls, 0.74% men, 0.20% women (p.15); 25% of children and 15% of adults with ADHD medicated, "we are under-prescribing" (p.15); stimulant effect sizes among the highest in general medicine and reduced mortality (pp.15-16); "Both systems group ADHD as a neurodevelopmental disorder" (p.11); unsupported ADHD "a potent route into… suicide" (p.3); £17 billion (p.3)	5.1, 5.5, 5.6, 6.4
NHS England, Report of the Independent ADHD Taskforce, Part 2 (November 2025)	Stigma, misinformation and "disbelief from others about the authenticity of their ADHD diagnosis" (pp.5, 16); "Medication should not be the only option… but should be offered when needed" (p.15); 17% of children in youth justice and 25% of prisoners reported to have ADHD (p.20); lived-experience call for "a supportive media that doesn't use ADHD as clickbait" (p.5)	7.1(b)
Department of Health and Social Care, Independent review into mental health conditions, ADHD and autism: interim report (2026)	GP-recorded prevalence 1.19% (June 2025); "complicates any straightforward account of 'overdiagnosis'"; "continued underdiagnosis across the life course"; child diagnosis-to-medication conversion "roughly halved"; "Individuals now receiving diagnoses of autism or ADHD are experiencing impairment"	5.5, 10
NHS England, ADHD Management Information, August 2026	2,478,000 people in England estimated to have ADHD; up to 959,662 open referrals that may be for ADHD assessment (June 2026); new referrals up 46.7% year on year; 259,395 mental health service referrals and 36,662 community paediatric referrals open more than two years	5.5
Parliamentary and Health Service Ombudsman, Improving ADHD and autism services: commissioning with confidence (August 2026)	ADHD and autism complaints up over 200% (410 to 1,257); upheld complaints where NHS bodies wrongly refused or delayed ADHD care	5.5

Source	What it establishes	Where cited
The Lancet Regional Health - Europe (June 2026; UCL)	1.19% of England's population with a recorded ADHD diagnosis against 3 to 5% expected; authors conclude ADHD is under-recognised	5.5
Cortese and colleagues, British Journal of Psychiatry (March 2026), "ADHD (over) diagnosis: fiction, fashion, and failure"	Authors' summary: "no robust evidence that ADHD is over-diagnosed in the UK"	5.5
Cortese and colleagues, The Lancet Psychiatry (2018)	Network meta-analysis of 133 double-blind randomised controlled trials, 14,346 children and adolescents and 10,296 adults	5.6
Li and colleagues, JAMA (2024)	148,578 people; initiation of ADHD medication associated with lower all-cause mortality, driven by unnatural causes	5.6
Zhang and colleagues, BMJ (2025)	148,581 people; medication associated with 17% fewer first suicidal behaviours, 15% less substance misuse, 12% fewer transport accidents, 13% less criminality	5.6
O'Nions and colleagues, British Journal of Psychiatry (2025)	UK primary care cohort of 30,039 adults with diagnosed ADHD: life expectancy reduced by 6.78 years (men) and 8.64 years (women)	5.6
WHO ICD-11; DSM-5-TR; NICE guideline NG87	ADHD classified as a neurodevelopmental disorder; NHS diagnosis and management framework	5.1
World Federation of ADHD International Consensus Statement (Faraone and colleagues, 2021)	208 evidence-based conclusions; 80 authors; 27 countries	5.1
Faraone and Larsson (2019); Hoogman and colleagues, The Lancet Psychiatry (2017, ENIGMA); Crichton (1798)	Heritability around 74%; group-level brain differences across 3,242 participants; first medical description	5.1
Ofcom weekly audience complaints reports, 18 to 24 and 25 to 31 August 2026; ADHD UK collation of all 2026 reports	9,656 and 561 complaints; highest single-week total of 2026; highest Channel 4 total of 2026	6.5

Annex F. Enclosures

1. ADHD UK, open letter to Channel 4, 4 August 2026.
2. Channel 4, letter to ADHD UK from the Head of Documentaries and Factual Entertainment, 10 August 2026.
3. Channel 4 press release, 29 July 2026.
4. Reference transcript of "The Great ADHD Myth?": the timecoded subtitle file of the programme as available on Channel 4's streaming service (credited to Red Bee Media), downloaded by ADHD UK on 10 September 2026, together with the text of the closing caption. Enclosure 4a: ADHD UK's unofficial transcript of the press preview copy, made on 17 August 2026, for comparison at 12:12. Ofcom will have Channel 4's as-broadcast recording.
5. ADHD UK survey: findings and consented quotes as at 20 August 2026 (5a); question set and live results as at 6 September 2026 (5c). The underlying response data contains personal information and is not enclosed; it is available to Ofcom on request in a form that protects respondents' anonymity.
6. Royal College of Psychiatrists, statement, 19 August 2026.
7. Science Media Centre, expert reaction, 19 August 2026.
8. New Scientist, 19 August 2026; The Guardian, 20 August 2026; The Guardian corrections and clarifications, 25 August 2026.
9. BMJ, "The Great ADHD Myth documentary is misleading and misinformed", 2 September 2026.
10. Pulse, RCGP statement, 3 August 2026; Pulse, 24 August 2026 (BMA GPC UK chair).
11. All-Party Parliamentary Group for ADHD, letter to Channel 4's Chief Executive, 18 August 2026 (Adam Dance MP and co-signatories), reproduced from page images with a searchable text layer.
12. The Spectator, "How real is your ADHD?", Max Pemberton, December 2024; Daily Mail, 10 August 2026.
13. Ofcom weekly audience complaints reports, 18 to 24 August and 25 to 31 August 2026.
14. Extracts: NHS England Independent ADHD Taskforce reports, Parts 1 and 2 (2025); DHSC Independent Review interim report (2026); NHS England ADHD Management Information (August 2026); PHSO report (August 2026).
15. Extracts: Channel 4 Disability Code of Portrayal (2022); Channel 4 compliance guidance on viewer trust, due impartiality, filming with under-18s and duty of care; Broadcast critics round-up, 19 August 2026.