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RECOGNITION OR OVERDIAGNOSIS?

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Abstract

This essay explores the relevant variables implicated in better mental health diagnoses. Through this inquiry, multiple sides of the discussion are assessed in their validity. This paper focuses on the idea that mental health conditions are better recognized than overdiagnosed and that we've come to recognize mental health struggles more effectively.

Keywords: *mental health, overdiagnosed, moral, psychiatry, asylum, recognition*

Introduction

In medieval Europe, people who heard voices, stayed withdrawn from society, or showed signs of unusual behavior were not presented to a mental health specialist. Instead, labels were placed on them, such as heretics, witches, or demonic vessels. People with labels of madness and lunacy were not given therapy or medication, but were subjected to exorcism, drilling of skulls, and burning alive. Inappropriate and ineffective treatments have been used against mental illness as a result of a fundamental lack of understanding in the realm of mental health, and the history of mental illness has been plagued by misrecognition that has shifted across multiple time periods.

In the eighteenth century, the 'moral treatment' movement was introduced, with physicians such as Philippe Pinel ordering the removal of chains from patients at the Bicêtre Hospital in 1793 and replacing these physical restraints with more humane treatments, including emotional support and more productive activities. However, the nineteenth century saw the rise of large but overcrowded institutional asylums, which, rather than serving their original reform purpose, became warehouses for individuals deemed too disruptive to remain in society. In the twentieth century, German psychiatrist Emil Kraepelin became a pioneer in a standardized system of diagnosis and categorization for mental illness, and his classifications of dementia praecox and manic-depressive insanity helped lay the foundation and groundwork for the diagnostic frameworks that we use today. From this, the destigmatization of mental health slowly evolved as the world around it progressed, including the strengthening of academic foundations in the 1960s, post-war deinstitutionalization in the 1970s

and 1980s (Lamb & Weinberger, 1998), and further acceleration in the 2010s, driven by social media and celebrity advocacy. As a result, public reception and focus of mental illness has shifted from locking the mentally ill in wards and asylums, and into more clinical and community-based settings, allowing a wider range of care.

In the modern world, mental health has shifted from a taboo topic to one that is widely recognized. At the same time, the number of diagnoses regarding mental health conditions has also risen significantly, with recent data from the World Health Organization stating that more than one billion people globally live with a mental health condition (World Health Organization [WHO], 2025), approximately one in eight people globally. The seemingly inordinate number of people with mental illness has sparked debate, as there is speculation of whether overdiagnosis or improved recognition of mental health is the cause of the increase in diagnoses (Bradford et al., 2024; Freckelton, 2018; Malla et al., 2015). Although concerns about overdiagnosis are valid in some cases, the overall rise in diagnoses is mainly due to improved recognition, decreased stigma, and better access to care. This essay will explore the relevant variables implicated in better mental health diagnoses. Through this discussion, the other side of the argument will also be assessed in its validity. While both arguments carry some weight, the paper will focus on the idea that mental health conditions are better recognized than overdiagnosed; this thesis will be supported by research, the literature, and everyday examples of how we have come to recognize mental health struggles more effectively.

Reduced Stigma

While millions of people have suffered in fear and silence, our overall understanding and acceptance of mental health conditions have evolved considerably. One of the primary reasons for the increase in modern diagnostic rates is the significant reduction in stigma surrounding mental illness. Many people are much more open to bringing up mental health in conversations, and organizations such as the American Psychiatric Association are helping to normalize discussions surrounding mental health with public educational campaigns in order to create more accessible knowledge and communication (American Psychiatric Association [APA], 2024). This cultural shift has made discussion of the subject more acceptable to patients and guardians across the globe, and due to more openness towards mental health, many undiagnosed illnesses and conditions are much better diagnosed and recognized among affected individuals.

In previous generations, many individuals have avoided talking about mental health due to associations with shame, weakness, and instability. Patients diagnosed with conditions such as schizophrenia or severe depression were frequently institutionalized, sometimes even for life, in facilities that were often unethical in practice, and patients were placed under punitive procedures (Walsh, 2004). The fear of being placed under harsh treatment in a psychiatric ward discouraged people from receiving treatment, and the effects of this stigma are still evident within groups in our society today. However, as the stigma has lowered considerably within recent decades, more people are open to coming forward; this is one of the primary causes for the rise in diagnosis rates.

Research Efforts and Better Diagnostic Frameworks

In addition to reduced stigma, the growth of mental health has led to the development of research and diagnostic processes throughout the years, as many systems have grown much more accurate and consistent in their diagnoses. Modern diagnostic frameworks, such as the DSM-5, often include clear criteria and instruction manuals for the diagnosis of mental disorders. However, modern diagnostic frameworks are also often revised to help clinicians refine and narrow their aim on mental illnesses, rather than to inflate them (American Psychiatric Association, 2022). Many mental health organizations, including the National Institute of Mental Health and the Centers for Disease Control, have also expanded treatment across the globe, which is primarily allowing more people to access mental health resources and evaluations. As a result, many individuals who have been overlooked in the past

by mental health providers have been able to receive help and better recognition from the mental health scene, and all of these factors are active contributors to why mental illness has been much better recognized rather than overdiagnosed.

However, many researchers note that overdiagnosis is not entirely unfounded, citing several trends (Frances, 2013; Freckelton, 2018). The first argument that may be presented is about how diagnostic criteria have been more generalized and broadened, potentially leading to the inappropriate classification of normal emotions as mental illness (Frances, 2013). Specialists may occasionally associate feelings such as sadness, grief, and social anxiety with a mental disorder. Mental health terminology on social media platforms is also frequently misused and oversimplified, leading to a massive increase in false self-diagnosis of these feelings without proper evaluation and medication. Additionally, many researchers note that healthcare and pharmaceutical companies may indirectly encourage higher diagnosis rates through the expansion of treatment markets and disease mongering (Moynihan et al., 2002).

Even though concerns about overdiagnosis exist, evidence still suggests that improved recognition has a larger influence and is a better explanation for these diagnosis rates. Historically, underdiagnosis has been a much larger problem than overdiagnosis, demonstrating itself as a more damaging and widespread issue. People who had mental disorders in the past few decades have had to face stigmatization, leading to many people masking and hiding their symptoms and avoiding proper treatment. Disorders such as depression, anxiety, bipolar disorder, and PTSD often went unseen and undiagnosed as a result, leading to last-minute treatment of patients only in severe stages of mental illness. Without this proper diagnosis, increased rates of medical health issues can affect individuals and add difficulties to academic and professional areas, substance abuse, and even suicide (NIMH, n.d).

Conclusion

Debates between better recognition and overdiagnosis are ongoing within the world of modern mental health studies, and this issue will most likely not be resolved through one single concrete view. While both behaviors and phenomena are present within our current world, evidence suggests that better recognition is among the largest factors contributing to the rise in mental diagnosis rates. Reduction in stigma, better diagnostic procedures, abundant mental health research, and wider access to medical healthcare are conditions in our modern world that contribute to the rise of diagnostic rates among individuals who have been historically overlooked and untreated. Furthermore, the awareness of mental health among underserved populations has led to these people receiving better and more appropriate mental health support.

In our modern society, however, it is more important to look at how ethical and helpful the diagnoses for patients are, rather than the number of people who are being diagnosed with mental illnesses. It has been shown that throughout history, the effectiveness of modern and refined diagnostic systems largely depends on how well diagnoses get patients to receive helpful care, and ensuring that patients can get well-equipped and specialized care should be prioritized, rather than hurriedly labeling patients with mental illness.

References

Aboraya, A. (2019). The Reliability of Psychiatric Diagnoses: Point-Our psychiatric Diagnoses are Still Unreliable. Psychiatry (Edgmont (Pa: Township)), – 4(1). – P. 22–25. URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2922387

American Psychiatric Association. (2022, March 18). Psychiatry.org – APA Releases Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision DSM-5). URL: https://www.psychiatry.org/News-room/News-Releases/APA-Releases-Diagnostic-and-Statistical-Manual-of

American Psychiatric Association. (2025). What is the DSM? Psychiatry.org. URL: https://www.psychiatry.org/patients-families/what-is-the-dsm

Bradford, A., Meyer, A., Khan, S., Giardina, T. D., & Singh, H. (2024). Diagnostic error in mental health: A review. BMJ Quality & Safety, – 33(10). – P. 663–672. URL: https://doi.org/10.1136/bmjqs-2023-016996

Cambridge Dictionary. (2026, May 13). overdiagnosis. @CambridgeWords. URL: https://dictionary.cambridge.org/dictionary/english/overdiagnosis

Frances, A. (2013). The new crisis of confidence in psychiatric diagnosis. *Annals of Internal Medicine*, – 159(3). – P. 221–222. URL: https://doi.org/10.7326/0003-4819-159-3-201308060-00655

Freckelton, I. (2018). Overdiagnosis in Psychiatry: How Modern Psychiatry Lost Its Way While Creating a Diagnosis for Almost All of Life's Misfortunes, by Paris Joel. Psychiatry, Psychology, and Law, – 25(2). – P. 325–327. URL: https://doi.org/10.1080/13218719.2018.1463588

Lamb, H. R., & Weinberger, L. E. (1998). Persons With Severe Mental Illness in Jails and Prisons: A Review. Psychiatric Services, – 49(4). – P. 483–492. URL: https://doi.org/10.1176/ps.49.4.483

Malla, A., Joober, R., & Garcia, A. (2015). "Mental illness is like any other medical illness": A critical examination of the statement and its impact on patient care and society. Journal of Psychiatry & Neuroscience, – 40(3). – P. 147–150. URL: https://doi.org/10.1503/jpn.150099

Moynihan, R., Heath, I., & Henry, D. (2002). Selling sickness: the pharmaceutical industry and disease mongering. *BMJ*, – 324(7342). – P. 886–891. URL: https://doi.org/10.1136/bmj.324.7342.886

National Institute of Mental Health. (n.d.). *Mental health medications and the risk of untreated illness*. U. S. Department of Health and Human Services, National Institutes of Health. Retrieved from URL: https://www.nimh.nih.gov/health/topics

Walsh, R. (2004, November 30). Home life tough for the mentally ill. NZ Herald; The New Zealand Herald. URL: https://www.nzherald.co.nz/nz/home-life-tough-for-mentally-ill/JZICLY7AL7QYG5KWWL7B7MREWY

World Health Organization. (2022, June 17). Mental health: Strengthening our response. URL: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

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