Written by **Selwyn Duke** on May 8, 2026

Cuckoo's Nest: Mental-health Awareness Is "Backfiring" and "Manufacturing Illness"

My time working with kids, decades ago, left me with some interesting stories. One of them involved a boy of about 10 — I'll call him Joe (not his real name) — who'd been diagnosed with "ADHD." His mother told me a mental-health professional gave them a book for him to read on children thus diagnosed. She ended up taking it away from Joe, however. Why?

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He began, she explained, copying the bad behavior of the archetypal ADHD child in the book.

On another occasion, Joe was sitting in the lobby of my workplace, preoccupied with something. His mother called his name two or three times, with no response. I then called his name once. He immediately looked up. The difference was conditioning: Joe knew that with me disobedience brought consequences (with his mother, not so much). So during our sessions, his ADHD temporarily went on vacation.

This all came to mind again with a recent article I read titled, "Mental Health Awareness Is Backfiring: New Science Shows How 'Helpful' Campaigns Are Manufacturing Illness." The issue? Citing a major new paper in *Nature Reviews Psychology*, author Monty Donohew wrote at American Thinker last week that for

> decades, the mental health industry and its allies in media, government, and education have operated on a simple assumption: the more mental health awareness we spread, through campaigns, school programs, social media, and public service announcements, the better. Raise awareness, reduce stigma, encourage help-seeking, and mental health will surely improve.

Yet just the opposite has happened. In 1970, probably fewer than one in 10 youths (ages ~6-17) experienced a "mental health disorder" in a given year. Today the figure is one in five to one in six. Some will say this is merely due to greater awareness; children no longer languish undiagnosed.

Mental-illness Factory

In reality, there's far more to it. As Donohew explains:

> Well-intentioned awareness efforts are actively backfiring, manufacturing distress, inflating diagnoses, and turning normal human emotions into chronic "disorders."

Michael Inzlicht Ph.D., a professor of psychology at the University of Toronto and co-author of the *Nature* paper, explained further. As he wrote on X April 29:

> Imagine a 19-year-old scrolling TikTok. She watches a creator list five "signs you have undiagnosed anxiety." She recognizes three in herself. By the end of the week, she's describing herself as anxious to her friends. A month later, she's avoiding situations she used to handle fine.
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> What went wrong?

Note that this is much as with little Joe's story. "Learning" about the problem became a self-fulfilling prophecy.

Inzlicht then explained the phenomenon:

> 1. Awareness lowers the threshold for what counts as a disorder.
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> 2. It [hyper-awareness] trains people to scan their inner lives for symptoms and reinterpret normal distress as pathology.
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> 3. Once someone adopts an illness identity, they behave in ways that confirm and deepen it.
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> The evidence is wide. Learning that loneliness is harmful makes solitude feel worse. Learning that stress is harmful worsens well-being and performance. Awareness videos about fake conditions like "wind turbine syndrome" produce real headaches. Trigger warnings raise anticipatory anxiety without reducing distress.

Donohew points out that many lonely voices "have warned about this for years." He writes that today's

> therapeutic culture, pushing "validate every feeling," "trauma is everywhere," and endless "awareness" without resilience education and training, turns normal human struggle into identity and disability. It's the same dynamic seen in the explosion of rapid-onset gender dysphoria, ADHD self-diagnoses, and anxiety epidemics among affluent, screen-addicted youth. When every discomfort is a "disorder," resilience atrophies.

Of course, it wasn't always like this.

The Way We Were

Raised by old-school, WWII-era parents, if I'd exhibited "ADHD," the D, H, and D would've been beaten out of me. And the dichotomy between the traditional and all-is-disorder worldviews has been portrayed, often amusingly, in entertainment. Just consider the very short clip below from the film *Crocodile Dundee* (1986). In it, main character Mick Dundee explains how his outback Australian village handles "mental" problems.

Then there's the following segment from the movie *Blood Diamond* (2006). In it, protagonist Danny

Archer, a tough-as-nails "soldier of fortune," scoffs at the "American" focus on feelings.

Archer was responding to a female journalist who said that when her father returned from Vietnam, it "took him 20 years to get right in the head." This fiction reflects a reality, too. Consider my late dad, a WWII veteran.

He fought in Europe during the war; among his experiences was seeing a buddy's head blown open by mortar shrapnel. He later was captured in battle and was a POW in Germany till the conflict's conclusion.

Despite this, my father didn't feel or seem "not right in the head." He didn't talk about his feelings. He answered the call, did his duty, then returned home and proceeded with life.

Oh, this doesn't mean psychological trauma isn't a reality. My dad balked at movies portraying 20th-century wars, for example. When I asked him why as a child, he just said casually that he didn't like them. As an adult, however, I realized that they probably stirred bad memories.

But the point is that for most of history, man didn't fixate on his feelings. Life was hard, with real problems to address (e.g., not starving to death). There wasn't time to manufacture new ones.

Incentivizing Illness

It used to be, even when I was a child, that there was stigma attached to having a "mental disorder." This has not only changed, but reversed. Our society now exalts "victim groups," and having been "diagnosed" can earn membership in one. It can mark you as brave, someone soldiering on — "against all odds" — despite your "condition." Why, you earn passing grades even with your burden. Imagine if you didn't have that cross to bear!

A diagnosis can also bring special consideration and attention. Just consider, for example, how clusters of girls from the same school may all claim "transgender" status (statistically impossible). We know for a fact this results from "social contagion." After all, the right diagnosis is now "cool" — and enables you to exert power over others. Teachers and schoolmates being coerced into using your "personal pronouns" is an example.

Another story from my days working with kids is apropos here. A girl I'll call Jennifer, who was about nine, would always look profoundly glum every time she appeared. Disney dwarf Bashful couldn't have been more morose. So one day I casually said to her, "Jennifer, why do you always look so sad? Don't you know it's more fun to be happy than to be sad?" Well, she confidently said that wasn't true, and I asked why.

Her response: "Because you get more attention when you're sad."

This was striking, as it perfectly reflected something late psychologist William S. Glasser asserted in his book *Control Theory* (1984). He maintained that people don't "get depressed" — rather, they "depress themselves" *as a learned and chosen behavior*. It then with age can become habitual.

I'm not contending here that this is or isn't so with every case of depression, mind you. The point is only that *we get what we incentivize*.

That *Other* Motive

This brings us to the mental-health profession's incentives. Family psychologist and columnist John Rosemond once lamented his own field's mentality. Years ago, he said, we viewed bad behavior as a

moral problem. The issue today is that we view it as a psychological problem.

This is convenient, however. What happens every time what once was considered a sin or typical human flaw is redefined as a "disorder"?

The mental-health profession's market — and hence its power, including earning power — widens.

Thus do we have the following officially designated as disorders in the Diagnostic and Statistical Manual of Mental Disorders-5-TR:

- Oppositional Defiant Disorder: turns childhood rebelliousness into a clinical disorder.
- Disruptive Mood Dysregulation Disorder: when a child has frequent temper tantrums.
- Intermittent Explosive Disorder: much like the above, but can also be diagnosed in adults (e.g., road rage).
- Binge-Eating Disorder: medicalizes gluttony.
- Hoarding Disorder: pathologizes sentimental attachment.
- Mild Neurocognitive Disorder: normal forgetfulness (e.g., "senior moments") in the elderly.

Of course, another disorder-creation incentive is that pathologizing moral problems/weakness eliminates personal responsibility. But creating a civilization in which no one is responsible — just ill — is a recipe for disaster. For insofar as you manufacture illness, you won't be manufacturing greatness.