How does a diagnosis of attention-deficit/hyperactivity disorder (ADHD) affect children’s perceived self-competence and ultimately, teacher-rated social and academic behaviors at school? Does this diagnostic effect vary for children from high socioeconomic status (SES) as opposed to low-SES backgrounds?

Diagnosis can bring positives, like proper treatment, extra testing time, and social support, but may also trigger negatives, like stigmatization. Although rates of diagnosis are high across SES groups, the balance of positive and negative consequences of diagnosis may differ by SES. In high-SES communities, mental health diagnoses are less stigmatized and parents have greater ability to connect children to support resources, suggesting greater positive effects of diagnosis for high-SES children. Alternatively, the greater academic pressure present in high-SES communities may amplify the negative effects of mental health stigma, suggesting larger negative diagnostic effects.

The present study addresses these competing hypotheses by empirically disentangling the effects of an ADHD diagnosis from that of children’s underlying behaviors, social contexts, and medication treatment. To do so, I used coarsened exact matching (CEM) and propensity score matching (PSM) techniques to compare diagnosed and otherwise similar undiagnosed children within the Early Childhood Longitudinal Study–Kindergarten Cohorts of 1998–99 and 2010–11. Each cohort, respectively, contains a nationally representative sample of U.S. kindergartners in 1998 and 2010.

**KEY FINDINGS**

- ADHD diagnosis is tied to worse approaches to learning, more behavior problems, and poorer academic self-competence in fifth grade but only for children in upper- and middle-SES families.
- For children in low-SES families, ADHD diagnosis is not significantly tied to any of the outcomes considered here.
- For upper-SES children, ADHD diagnosis is significantly tied to poorer learning approaches and greater externalizing problems regardless of whether they are receiving medication for ADHD. By contrast, ADHD diagnosis is only tied to academic self-competence for those upper-SES children who are receiving medication.
- Across all three outcomes (child-perceived self-competence and teacher-rated positive approaches to learning and externalizing problems), diagnosed and medicated upper-SES and middle-SES children fare comparably to undiagnosed lower-SES children.

**POLICY IMPLICATIONS**

This study carries several practical implications for policy and practice. It might caution against parents, educators, and medical providers considering an ADHD diagnosis for middle- and upper-SES children at the first signs of behavioral difficulties. For example, prior research points to potential negative diagnostic effects on later academic achievement among children who had only mild prediagnosis behavioral problems. Further research is needed to understand diagnostic effects on academic outcomes among high-SES children, but the current research suggests that positive and negative consequences of diagnosis should be considered. Findings should not dissuade ADHD diagnosis for high-SES children who have severe symptoms.