Staying Focused

According to the American Psychiatric Association, attention deficit hyperactivity disorder (ADHD) is defined as "*a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, present in multiple settings such as school and home*."[1]

In recent decades, awareness of ADHD has grown significantly, and the prevalence is estimated to be approximately 10% of children ages 4-17 in the United States and 5-8% worldwide.[2,3] Though the functional instability may improve with time, the condition itself persists.

The components of ADHD, which may appear together or separately, include:

- **Attention problems** – such as difficulty paying close attention to details, trouble maintaining focus on tasks, appearing not to listen when spoken to, and being easily distracted by outside stimuli.
- **Hyperactivity** – such as fidgeting, inability to remain seated (when expected), feeling restless or being "on the go", and having difficulty engaging in activities quietly
- **Impulsivity** – such as blurting out answers, having difficulty waiting one's turn, and interrupting others' conversations or activities.

Treating ADHD during childhood is now recognized as essential for healthy development. Treatment helps prevent academic problems, learning gaps, and difficulties in relationships with friends and family. Without it, children often face growing frustration, and their symptoms may worsen over time.

The debate over medication for ADHD

The debate over medical treatment of ADHD extends beyond the scope of this essay. However, many fathers raising sons with ADHD face a specific question: Does the mitzva

---

[1] American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787. Accessed October 29, 2025.

[2] Li, Y., Yan, X., Li, Q., *et al.* (2023). Prevalence and trends in diagnosed ADHD among US children and adolescents, 2017-2022. *JAMA Network Open*, 6(10), e2336872. https://doi.org/10.1001/jamanetworkopen.2023.36872. Accessed October 29, 2025.

[3] Salari, N., Ghasemi, H., Abdoli, N. et al. The global prevalence of ADHD in children and adolescents: a systematic review and meta-analysis. *Ital J Pediatr* 49, 48 (2023). https://doi.org/10.1186/s13052-023-01456-1. Accessed October 29, 2025

obligating them to educate their sons in Torah study also require them to provide medical treatment that enables effective learning when necessary?

haGaon Rav Asher Weiss *shlit"a* addressed this question:

> A person is obligated to study Torah according to the natural abilities granted to him by the *Nosain haTorah*, and he is not required to undergo medical or other treatments to enhance his capabilities. However, in general, it is advisable to receive treatment – not only to improve one's capacity to engage in Torah study, but also to enhance one's overall ability to learn Torah and to lead a healthy and productive life.

In other words, a father has no Halachic obligation to obtain medical treatment specifically to improve or enhance his son's learning abilities. Since these are the child's natural capacities, his father's duty is to teach him according to his capabilities and temperament.

However, it is reasonable that the Mitzvah of *Chinuch (*guiding the child toward a successful and ethical life and fostering healthy physical and mental development) encompasses helping one's son overcome significant challenges and difficulties. This would include providing medical treatment when properly diagnosed and prescribed by a qualified physician.

Rav Asher also addressed several specific halachic questions on this topic:

1. Is it permissible to take ADHD medication on Shabbos?

   Generally, *Refua* is forbidden on Shabbos due to the *Gezeira* of *Shechikas Samemanim* (see *Shulchan Aruch, O.C.* 328). However, according to Rav Asher, any treatment that cannot be categorized as "medicine" but regulates normal bodily function and is not intended to heal illness or pain, does not fall under the *Gezeira* and is entirely permitted on Shabbos.

   Rav Asher articulates this principle in *Shu"t Minchas Asher* (2:38) and applies it to various oral medications, such as vitamins, sleeping pills, and contraceptives, that share the common feature of regulating bodily functions to enable proper functioning rather than treating an illness.

2. Regarding taking central nervous stimulants (*e.g.,* methylphenidate – Ritalin) on Yom Kippur, Rav Asher writes:

   "I have expressed on many occasions that I am not pleased with those who are lenient regarding fasts, especially Yom Kippur, because of headaches, weakness, or similar discomforts. After all, we were commanded to fast in order to suffer, and fasting is one of the five forms of affliction that atone for sin. It is fitting and proper if a person suffers a little from fasting.

However, suppose the headache is exceptionally severe, to the extent that it prevents one from properly concentrating on the day's service. In that case, it is permitted to swallow a pill, since this does not constitute eating. If there is a great need, one may take a sip of water that is unfit for drinking.

Regarding our question: if it is a difficult case where the child might become unruly or suffer to the point that he cannot Daven properly, he should take the pill even on Yom Kippur. It is preferable to take it without water, but if that is not possible, he may swallow it with water that has been rendered unfit for drinking.

3. Must one disclose a diagnosis of ADHD in *Shiduchim*?

   When those accustomed to taking medication for ADHD enter *Shiduchim,* they often hesitate to disclose their diagnosis, fearing that it may be misunderstood or perceived disproportionately. They raise several arguments:

   (i) Many people have undiagnosed and untreated ADHD. If these individuals do not need to disclose anything in *Shiduchim*, why should someone who responsibly sought diagnosis and treatment – and is now functioning better – be disadvantaged?

   (ii) Those familiar with ADHD, particularly those with firsthand knowledge, understand that it is manageable and will not overreact to the disclosure. However, it may lead to unwarranted alarm in people unfamiliar with the condition.

   (iii) In many cases, the individual functions adequately without medication and continues taking it only to optimize performance and concentration.

   Given these complexities, Rav Asher stated, "It is difficult to draw a clear line in this matter." Each case may require deliberation and consultation with a Rav. However, one principle is clear: severe ADHD that significantly impairs functioning must certainly be disclosed to a prospective match.

   That said, tens of thousands have only mild or borderline ADHD without even knowing it, and many have achieved remarkable success in their careers and personal lives. Therefore, if a person leads a normal, healthy life, disclosure may not be necessary.

   Nevertheless, Rav Asher concludes:

   "*In any case, it is good and proper to act with complete transparency and not to conceal anything from the prospective match. One who acts with integrity will merit Heavenly assistance.*"