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# INTRODUCTION

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## The Destruction of Children

CRAIG NEWNES AND  
NICK RADCLIFFE

Do you feel lucky? Are you a parent with productive, funny, creative children? If so, then you are one of millions. Do you celebrate your good fortune? The first author's mum used to say she thanked providence on a daily basis for her health. We do much the same for the health and happiness of our families and friends, well paid jobs and stimulating lives. Critically, we do feel lucky, having long ago learnt that almost everything that leads to what the world calls success is based on luck. For example, the first author was fortunate enough never to have been referred to a child psychologist, social worker or psychiatrist despite being pretty difficult at school. He has never been told he has a biochemically induced brain disorder leading to the demand for numbing drugs. His parents were never told that charging up and down the playground, staring out of windows and falling out of trees was due to hyperactivity. They were assured such behaviour was natural exuberance coupled with boredom in class and he would grow out of it—they're still waiting.

Importantly the village school he attended as an infant happened to have no shortage of open spaces to expend energy. That meant that pupils were relatively subdued in some lessons and teachers felt less harassed. Parents coped with their kids' conduct and only took them to general practitioners when they were actually ill or needed inoculations.

Of course the system has shifted: now parents or teachers take children to doctors who, quite naturally, view everything on a continuum of ill to well. So all conduct is viewed this way. Some children can be very challenging indeed. The GP will lean towards a diagnosis legitimising medication. A referral to a child psychiatrist may also lead to medication. Kids might even take it for a while. Then they might sell it on the streets.

The majority of children will benefit from being with adults who have emotional (social support and self-confidence) and financial means. This will include access to local knowledge and understandings about children passed down through parenting and between parents in their communities. Children will be loved and nurtured, their uniqueness encouraged and their behaviour generally tolerated. Importantly, the child's relationships with these adults will serve as a natural protective layer against many things including the potentially harmful effects of professional services.

Not all children are so lucky. Many children live in circumstances where one or more of the elements making up the protective layer are missing. They may live in poverty and debt brought on perhaps by family breakdown, loss, or by parents not keeping up with the pace of living. These adults may have struggled as children and now they struggle as parents. Their own children are now disadvantaged and, like the parents, they feel isolated. Many parents live with little emotional or financial support and increasing pressures from every angle. Being complained at by other adults to do something about their child's behaviour is a common experience. But they feel powerless to act. The stories told in the media about being a parent or adult are increasingly at odds with the actual lived experience of raising children. Raising a family is difficult at the best of times. If children are upset we find it hard to cope. If they are frightened and angry, one possible reaction from parents is fear and anger—hence the title of Dorothy Rowe's chapter: ADHD: Adults' fear of frightened children.

In such circumstances adults are less available to their children. They have less time, less energy and less curiosity. Their natural capacity for empathy and reflexivity might be temporarily disengaged. It is safer to seek the palliative of medicine than risk, on top of everything else, being told you are losing your mind.

## **Drugging children**

Twenty years ago the journalist Matthew Parris attempted to live on unemployment benefit on an estate in Newcastle. When he returned recently he was aghast to find swathes of the population on antidepressants and their children on Ritalin. His findings are of course confirmed in the statistical evidence of the prescription of antidepressants and Ritalin: in the last ten years, prescriptions for psychiatric drugs to children and adolescents in the US have nearly tripled from pre-nineties levels.<sup>1</sup> According to the US Food and Drug Administration (FDA), 11 million prescriptions for antidepressants were written for children under 18 in 2002. Similarly, there has been an estimated 580 per cent rise in antidepressant use in the under-6 population.<sup>2</sup>

Before 1990 there were barely 5000 children in the UK diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). There are now over 200,000. Ritalin remains the commonest treatment and, as Sami Timimi and Nick Radcliffe

say in their chapter, there are increasing claims that children who are difficult to manage have a neuro-developmental disorder. Children that are in most peril are those that have lost the protection of familiar open-minded adults and find themselves in the care system. These children are five times more likely to have a psychiatric label and on all measures of development are disadvantaged when compared to their peers not in the care system.

What does all this mean? Has there really been an explosion of brain disorders in our children leading them to act in ways we find extremely challenging? There is a simple test of any such claim. If you were told that your child had a physical disorder, for example, cancer, you would ask for blood and other tests to confirm the diagnosis before risking potentially harmful chemotherapy. Applying this logic to any similar claim that your child's behaviour is due to a biochemical imbalance, ask this to be tested for. You will be offered no test. Like the overwhelming majority of psychiatric diagnoses the idea that challenging and downright odd behaviour is caused by faulty brain chemistry is just that, an idea. There are no tests for such faulty biochemistry but the claim does legitimise the use of psychiatric drugs. In her chapter, Grace Jackson explores the darker side of the impact of such 'dromospheric pollution'. The idea of faulty biochemistry also takes the focus off a host of other factors: the school, the neighbourhood where you live, parenting problems, and so on. In some ways, everyone benefits: child mental health professionals look like experts, schools can continue to increase class sizes as if this doesn't matter, parents can be reassured that difficult kids are not their fault and will be in the safe hands of the system. A diagnosis will also lead to much needed state financial aid for the family. As ever, psychiatry is being used to manage guilt and anxiety rather than have a serious look at the root causes of the problem: poverty, unemployment or soulless employment, the need for drug companies to maximise profit, and so on.

In recent years the general message from the child professional world has been 'children are problems'. Influential children's organisations like Young Minds make claims like 20 per cent of children will suffer from a mental disorder. These claims tend to reinforce the idea that 'the problem resides in the child'. This, again, is the discourse of individualism, which has been so crucial to the physical sciences' understanding and manipulation of our physical world; however it wreaks havoc in the world of the living where some of the most elementary understandings about psychology are being overlooked, for example, the crucial importance of relationships. The chapter by Baker and Newnes in this volume explores the discourse of individualism further with reference to the notion of personal responsibility.

Many users of mental health services liken their experience to entering another world—where their native experiences are re-described in a different language. A child in the clinic room for assessment for ADHD may repeatedly demonstrate positive and attentive behaviours but these behaviours are missed as the adults are talking about diagnosis. In a Pupil Referral Unit, the same child sits, works and achieves. Yet in the clinic room that child is given the diagnosis ADHD. The

wholesale manufacturing of the neuro-developmental disorders branch of child psychiatry is leading to an almost exponential explosion in the use of drugs like Methylphenidate with children. It has also led to an impoverished form of inquiry into the relational and cultural meaning of behaviour.

## **The future**

It is hard, in a world of profiteering and violence, to feel hopeful for the future of our children. It would appear that children have become another potential casualty in the war for big bucks. There are alternatives to labelling and drugging our children. There are alternatives to sitting on year-long waiting lists for professional therapy services. These alternatives have always been with us—neighbourliness, commitment and community action. For examples, look no further than the Family Well-Being Project in Birmingham or Imagine Chicago, both described in this volume.

Such options can take a long time. Our children deserve no less. They are, after all, the future.

## **Endnotes**

1. Zito, J.M., Safer, S.J., dosReis, S., Gardner, J.F., Magder, L., Soeken, K. et al. (2003). Psychotropic practice patterns for youth: A 10-year perspective. *Archives of Pediatric & Adolescent Medicine*, 157(1), 17–25.
2. Zito, J.M., Safer, S.J., dosReis, S., Gardner, J.F., Boles, M., and Lynch, F. (2000). Trends in the prescribing of psychotropic medications to preschoolers. *Journal of the American Medical Association*, 283(8), 1025–30.