

Professionals' addiction to medical labels is changing our children's experience of childhood

School A, chronically under-resourced, is under pressure to demonstrate ever-improving academic achievement in their pupils. It lacks the staffing to give the time to children whose behaviour demands extra input. John is one of the more distractible and boisterous pupils. His parents read about attention deficit hyperactivity disorder (ADHD) in the paper, take John to their GP and thence to a consultant, who diagnoses ADHD and prescribes Ritalin. It's a miracle cure, his parents say: John can sit still, he can learn, he is so much happier. The teachers now see that John has had a medical disorder all along; he isn't just badly behaved, and that now it's being treated he is much easier to manage.

John's teacher thinks Paul, another of her pupils, is similarly distractible and boisterous. She meets with Paul's parents and tells them that she wonders if Paul also has ADHD, and advises them to see their general practitioner. Paul too gets referred to a consultant, gets diagnosed with ADHD, and starts taking Ritalin. Soon other teachers have started identifying children in their classes like John and Paul. Some worry about medicalising children, but they think the children must be 'unwell' or they wouldn't respond to the drugs.

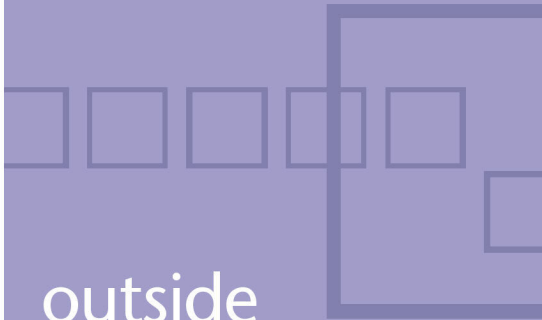
Meanwhile John and Paul's parents have been given booklets on ADHD by the consultant, who has attended a couple of drug company sponsored seminars and has been visited by a drug company representative. The booklets describe ADHD as caused by an inherited chemical imbalance in the brain and have pretty pictures of nerve cell synapses to show exactly what's going on in 'ADHD brains'. This literature now goes into circulation locally and other parents whose children maybe aren't getting on so well in school, are fidgety and demanding, start contacting their GPs expressing concern that their child may have ADHD. A local parents' support group is set up, and they join a national consumer pressure group that has a newsletter and organises annual conferences, all generously funded by a drug company. The parents are interviewed by the local paper and talk about 'hidden disabilities', how for years they struggled but no one recognised their children's psychiatric problems. In this way ADHD becomes firmly established in

our culture, with economically and politically powerful groups (drug companies, doctors and teachers) having had a major, but often unacknowledged, role. A new phenomenon has emerged – that of the ADHD child.

These days children (particularly boys) are increasingly attracting psychiatric labels such as ADHD, autism, Aspergers and childhood depression, and receiving psychiatric drugs (often a cocktail of them) in ever-greater amounts. There are physical dangers for individual children in exposing them to highly toxic drugs that may be addictive and where there remains a black hole in our knowledge of their long-term effects on the developing brain. But there are also public health dangers that, although more subtle, are just as real.

The emergence of these childhood psychiatric epidemics is saying something about how we in the west regard children. Our idea of normal childhood is narrowing. We are getting less tolerant of children's behaviours, thoughts and feelings. Instead of welcoming joyfully the diversity that children bring, we are demanding stricter conformity (at the same time as telling parents and teachers that traditional ways of achieving this are not allowed). Children are now put under intense, critical scrutiny from the day they are born: by doctors, psychologists, social workers, teachers – by a whole army of professionals. We are told we have to carry out developmental checks at younger and younger ages to identify future psychiatric disorders.

What's this like for our children? This high-level, individual scrutiny to which we subject our children eventually gets internalised into self-scrutiny and self-doubt, which then follows us into adulthood. We constantly measure ourselves against those around us, fighting that 'self-esteem' battle with the negative self-definitions that we may have attracted when growing up. We thus become perfect fodder for a lifetime of medicalising any problems we experience – perfect potential customers for the 'pill for all life's ills' philosophy. I am not saying that we shouldn't have all these professionals working with children; I am saying that professionals' increasing addiction to these medical labels is changing our children's experience of childhood, and possibly the rest of their lives, in an unhelpful direction. ■



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