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## The Scapegoating of American Children

By PETER R. BREGGIN

The widespread use of psychiatric diagnosis, drugs and mental hospitalization raises serious questions about how we should deal with emotional stresses among children. Does psychiatry provide us answers—or an escape from our own problems at the expense of our children?

The total number of psychiatric hospitalizations of youngsters under age 18 rose from 82,000 in 1980 to 112,000 in 1986, with most of the increase in private for-profit institutions. The numbers continue to escalate, and the president of the American Academy of Child and Adolescent Psychiatry calls recent increases "enormous."

The July 7 issue of *Psychiatric News*, the official newspaper of the American Psychiatric Association, describes the abuses surrounding the psychiatric hospitalization of youngsters as scandalous. Paul Fink, past president of the association, is quoted as saying that "most of the criticism is justified." Vice President Lawrence Hartmann, chairman of the association's committee to study the problem, cited "short-sighted profiteering" by some private for-profit hospitals. These are strong statements from an organization devoted to furthering the interests and image of the profession.

Many pressures within psychiatry account for the growing hospitalization of children and adolescents. Financially, psychiatry has been doing relatively poorly since the 1970s, with psychiatrists ranking low on the medical income scale. Psychiatrists offering outpatient psychotherapy,

including child or family therapy, have been forced to cope with drastic cutbacks in health-insurance coverage for psychotherapy, and vigorous competition from less expensive non-medical therapists. Thus, they can find it more practical and remunerative to hospitalize youngsters for the duration of their insurance.

These same pressures have motivated psychiatry to place a growing emphasis on diagnosing children as mentally ill and treating them with drugs in or out of hospitals. Organizations such as the National Institute of Mental Health (NIMH) and the American Psychiatric Association have produced estimates that 20% or more of American children need psychiatric care. In the press, these pronouncements are reported as "scientific surveys" rather than as hardsell advertising and lobbying.

Many diagnosed children are treated with drugs, and as many as one million children are now prescribed Ritalin, a drug that sedates unruly, rebellious or troubled children, almost always boys. I have seen cases in which children and adolescents have been hospitalized as a result of the harmful effects of these drugs, which are addictive and can produce the very problems they are supposed to treat, inattention and hyperactivity.

Being a parent is the hardest job in the world and psychiatrists have no specific qualifications or job training in that field. When a parent comes to a modern psychiatrist for advice on how to deal with a child there is little reason to assume that the psychiatrist's ideas on the subject are as

sound as those of a kindly, experienced neighbor or grandparent. Increasingly, psychiatrists are predominantly trained in the "hard sciences," such as medicine, biochemistry, neuroanatomy and psychopharmacology. Naturally the psychiatrist will turn to solutions that he or she identifies with and knows best—diagnosis, drugs and hospitalization.

Other pressures for hospitalizing children lie outside of psychiatry but within the delivery of medical services in general. Burgeoning chains of for-profit hospitals have generated stiff competition for patients and have increasingly relied on relatively low-overhead, high-profit psychiatric beds. Efforts by the federal government and private insurers to control the costs of medical hospitalization have driven hospitals to seek easier profits in the less regulated psychiatric arenas.

In the 1960s many books, reports and commissions declared that the public schools were becoming unfit for child consumption. Reforms were needed to deal with energetic young human beings cramped into understaffed, boring, authoritarian classrooms. Few of these reforms took place. Instead, the schools turned to psychiatric diagnosis and treatment as a solution to "behavior" and "learning" problems. A massive mental-health industry furthered the blaming of children for the problems of the family and society.

The September 1989 issue of *Clinical Psychiatric News* reports a study indicating that "the amount of trouble children are causing adults, particularly teachers, appears to be the driving force determin-

ing children's referral to mental health services." Those referred for psychiatric treatment were viewed as troublesome by teachers and were "more likely to be black, male, and poor."

Within the family, several trends have made it increasingly difficult for parents to rear their children. Two working parents have become the rule and latchkey children have become commonplace. A recent study shows that these children are twice as likely to turn to drugs.

Within broken families, harried mothers, often doubling as full-time wage earners, can find it extremely difficult to raise their children. A single working mother, with no father actively involved in childrearing, may find it nearly impossible to raise a rambunctious young boy. The child easily becomes diagnosed as suffering from "hyperactivity" (HA) or the latest fad diagnosis, "attention deficit disorder" (ADD). I have coined the diagnosis DADD—"Dad Attention Deficit Disorder"—to describe the situation of most "unmanageable" young boys.

As a psychiatrist, I am especially concerned about how the mental-health professions play into blaming the child for the problems of parents, families, schools, and society. Increasingly, schools and parents find it comforting to accept the new biological psychiatry approach that declares the youngster to be genetically and biologically defective, and suitable for psychiatric treatment, including drugs and hospitalization. Parents forsake responsibility for raising their own children, not only injuring their offspring but depriving themselves of the satisfaction of being good parents. The children are stigmatized and feel to blame for problems that are almost wholly beyond their control.

We need a dramatic turnabout in which we, as responsible adults, retake responsibility for our children.

*Dr. Breggin, a Bethesda, Md., psychiatrist long critical of treatment impinging on individual rights, is to publish his next book with St. Martin's Press next year.*