# Medical Labels Are Slapped on to Rambunctious Kids

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**Why am I not surprised to discover the number of Australian schoolchildren diagnosed with psychological or emotional disorders is increasing at a dramatic rate?**

Because in Australia, as in every Anglo-American society, it is normal to treat the routine troubles of childhood as a mental health issue.

Since the 1980s the manufacture of child-related mental health pathologies has turned into a growth industry. Children's behaviour is constantly portrayed through a psychological label. These days confused and insecure children are likely to be diagnosed as depressed or traumatised.

Virtually any energetic or disruptive youngster can acquire the label of attention deficit hyperactivity disorder. If you give your teachers a hard time or argue with adults it is likely you are suffering from oppositional defiant disorder.

If you are a little bit shy you are afflicted with social phobia. And if for some reason you don't like school it is only a matter of time before a mental health professional comes up with the diagnosis of school phobia. The rising number of referrals for school phobia in Britain indicates it is only a matter of time before a mental health professional invents aversion to getting out of bed syndrome. The medicalisation of childhood and of education has assumed alarming dimensions.

In Australia the proportion of students with a disability rose from 2.7 per cent of all Australian students to 6.7 per cent in the past 10 years. In Britain and the US the numbers of children diagnosed with a learning disability has increased year by year since the 1990s.

Consequently, schooling has been reorganised around a two-tier system of ordinary and special needs education.

Worse still, children diagnosed with behavioural problems are increasingly managed through medication. There has been a huge year-on-year increase during the past decade in drugs prescribed by doctors for the behavioural and emotional disorders among children. Ritalin has become the drug of choice that disoriented mental health professionals and anxious parents stuff down the throats of ostensibly hyperactive — that is, naughty — children. **Sadly even children aged two to four are sometimes put on psychoactive medication.**

So what is driving the diseasing of childhood? The explanation for this trend does not lie in the field of epidemiology but in the realm of a culture that invites adults to classify children as ill. It is not the emergence of a new disease but changing cultural attitudes that led to a 500 per cent increase in the production of Ritalin in the US between 1990 and 1995.

**Today, Western societies find it difficult to accept that youngsters possess a formidable capacity for resilience.**

Many professionals involved in the field of child care and education have an inflated conception of children's vulnerability to emotional damage. Consequently, any child who has a normal reaction to adverse circumstances in their lives is assumed to have mental health problems.

That is why childhood is now seen as a marker for mental illness. Reports regularly claim the incidence of childhood mental illness, particularly of depression, is steadily increasing. A British-based study, Child and Adolescent Mental Health (2006), is typical in this respect. It states that one in 10 children under 16 suffers from a clinically diagnosed mental health disorder. The diseasing of childhood is continually promoted through surveys, reports, self-help books and newspaper articles insisting that the life of youngsters is shockingly bad.

**The tendency to associate children's troubles with psychological problems has had a significant influence on the way parents interact with their youngsters.**

**Today, medical labels are eagerly sought by some parents for their children. Some say they feel relieved when they discover their child has a mental health problem and so is not responsible for their behaviour. A diagnosis of ADHD eases the difficulty of dealing with problem behaviour.**

When parents feel confused about their children's behaviour, a medical diagnosis has the virtue of providing a ready-made explanation of a child's predicament. A disease explains an individual's behaviour and it even helps to confer a sense of identity. Moreover, a mental health diagnosis allows individuals to gain moral sympathy.

A diagnosis also represents a claim for resources. There is considerable evidence that teachers and parents collude in the popularisation of the learning-disabled classification in schools. One of the most effective ways for parents to get help for their children is to demand special treatment on account of their disability. Schools find it easier to attract funding for special education than for basic compensatory programs and are therefore often happy to classify children as having a learning disability.

**Sadly, the introduction of new therapeutic techniques in the classroom distracts schools from challenging and inspiring students. So the medicalisation of the classroom has the unintended consequence of undermining the quality of education.**

The most insidious consequence of the diseasing of childhood is that it directly threatens young people's sense of adventure, independence and wellbeing. The narrative of illness does not simply frame the way children are expected to feel and experience problems, it constitutes an invitation to infirmity.

Through medicalising children's normal emotional upheavals, young people are trained to regard troublesome experience as the precursor of an illness for which help must be found. Consider a recent example. During the past decade, experts and therapists have tended to re-present the transition from primary school to secondary school as a traumatic event for children. Instead of discussing children's arrival at "big school" as an exciting experience, experts offer transitional counselling for what was regarded, for decades, as a normal and banal aspect of young people's lives.

**Transitional counselling, like many forms of therapy, has a habit of turning into a self-fulfilling prophecy. Once children pick up on the idea that going to secondary school is a traumatic experience, many of them start to interpret their normal anxieties and insecurities through the idiom of psychology. The result is a growing number of children who understand their life experiences in pathological terms and become disoriented.**

**What children need from adults is not a diagnosis but guidance, inspiration and understanding. It is time we put a stop to the medicalisation of children's lives.**

Frank Furedi is a professor of sociology at the University of Kent in England. His book Wasted: Why Education is Not Educating (Continuum Press ) is out in October.