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THE LABELLING  
OF CHILDREN WITH  
MENTAL ILLNESS:  
ADD/ADHD



A WARNING TO PARENTS

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## INTRODUCTION

**W**hat is one of the most destructive things in your world today?  
If you answered drugs, then you share that view with the majority of people in your community. Illegal drugs, and their resultant violence and crime, are recognized as a threat to children and society.

However, very few people recognize that illegal drugs represent only a part of today's drug problem. During the last 40 to 50 years there have been major worldwide changes in our reliance on another type of drug, namely prescription psychiatric drugs.

Once reserved for the mentally disturbed, today it would be difficult to find someone, a family member, a friend or neighbour, who hasn't taken some form of psychiatric drug. In fact, these have become such a part of life for many people that "life without drugs" is simply unimaginable.

Prescribed for everything from learning and behavioural problems, to bedwetting, aggression, juvenile delinquency, criminality, drug addiction, and smoking, to handling the fears and problems of our elderly,

at through peer consensus-literally, a vote by APA committee members-designed largely for billing purposes."

More and more frequently, psychiatrists and psychologists tell parents that their child suffers from a disorder affecting his or her ability to learn called a learning disorder (LD), Attention Deficit Disorder (ADD), or most commonly today, Attention Deficit Hyperactivity Disorder (ADHD).

DSM-IV lists the **ADHD symptoms as: fails to give close attention to details or may make careless mistakes in schoolwork or other tasks; has difficulty sustaining attention in tasks or play activities; fails to complete schoolwork, chores or other duties; often fidgets with hands or feet or squirms in seat; often runs about or climbs excessively.**

Virtually all children have enough symptoms to get a DSM label. As a result 17 million worldwide are now prescribed some form of dangerous psychotropic drug.

Dr. Mary Ann Block, author of *No more ADHD*, points out that "The psychiatrist does not do any testing. The psychiatrist listens to the history and then prescribes a drug.

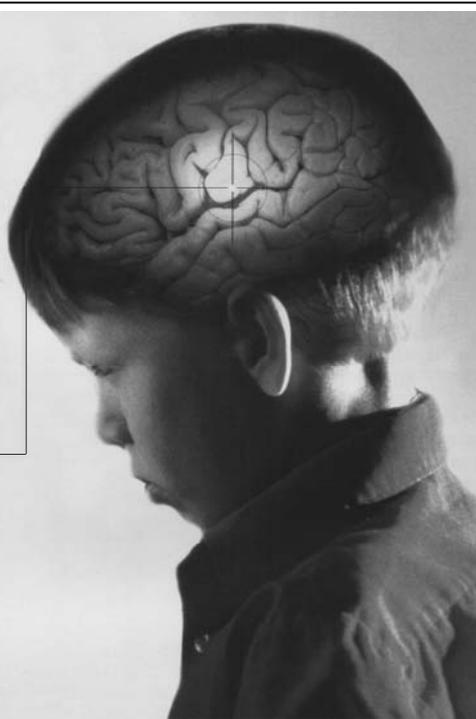
### INSIDE LOOK

#### THE MYTH OF CHEMICAL IMBALANCE

**A**s presented in countless illustrations in psychiatric and medical journals, the brain has been dissected, its parts labelled and analyzed, while the public has been assaulted with the latest psychiatric theories of how the physical and chemical composition of the brain determines behavior, mental disorders or disabilities. What is missing, in all this, is scientific fact.

**"[T]here are no tests available for assessing the chemical status of a living person's brain." Also, no "biological, anatomical or functional signs have been found that reliably distinguish the brains of mental patients."**

-Elliot S. Valenstein,  
Ph.D., Biopsychologist



"Making lists of behaviours, applying medical-sounding labels to people who engage in them, then using the presence of those behaviours to prove they have the illness in question is scientifically meaningless. It tells us nothing about causes or solutions. It does, however, create the reassuring feeling that something medical is going on."

-John Read, senior lecturer in psychology,  
Auckland University, New Zealand

"If there is no valid test for ADHD," Dr. Block adds, "no data proving ADHD is a brain dysfunction ... why in the world are millions of children, teenagers and adults ... being labelled with ADHD and prescribed these drugs?"

Beverly Eakman, best selling author and president of the U.S National Education Consortium, provides this answer: **"These drugs make children more manageable, not necessarily better. ADHD is a phenomenon, not a 'brain disease.' Because the diagnosis of ADHD is fraudulent, it doesn't matter whether a drug 'works.'**

**Children are being forced to take a drug that is stronger than cocaine for a disease that is yet to be proven."**

from the cradle to the grave we are bombarded with information pushing us towards this type of chemical "fix."

Have you ever heard of the following *mental* disorders: reading disorder, disruptive behaviour disorder, disorder of written expression, mathematics disorder, caffeine intoxication, nicotine withdrawal disorder, non-compliance with treatment disorder?"

These are a few of the 374 mental disorders that are listed in the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders (DMS-IV)* or in the mental disorders section of the World Health Organization's *International Classification of Diseases (ICD)*.

Depicted as diagnostic tools, the *DSM* and *ICD* are not only used to diagnose mental and emotional disturbances and prescribe "treatment," but also to resolve childhood custody battles, discrimination cases based on alleged psychiatric disability, augment court testimony, modify education and much more. In fact, whenever a psychiatric opinion is sought or offered, the *DSM* or the *ICD* are presented and increasingly accepted, as the final word on sanity, insanity and so-called mental illness.

Canadian psychologist Tana Dineen reports, "Unlike medical diagnoses that convey a probable cause, appropriate treatment and likely prognosis, the disorders listed in the *DSM-IV* [and *ICD-10*] are terms arrived

In the past 20 years, psychiatry has shifted its income base from primarily treating adults to primarily treating children. If you have children, your medical insurance may be a target of the psychiatric industry. In the past five years, the number of children in psychiatric hospitals has gone up nearly 400% and child suicide, almost unheard of only a decade ago, has increased by almost 500%.

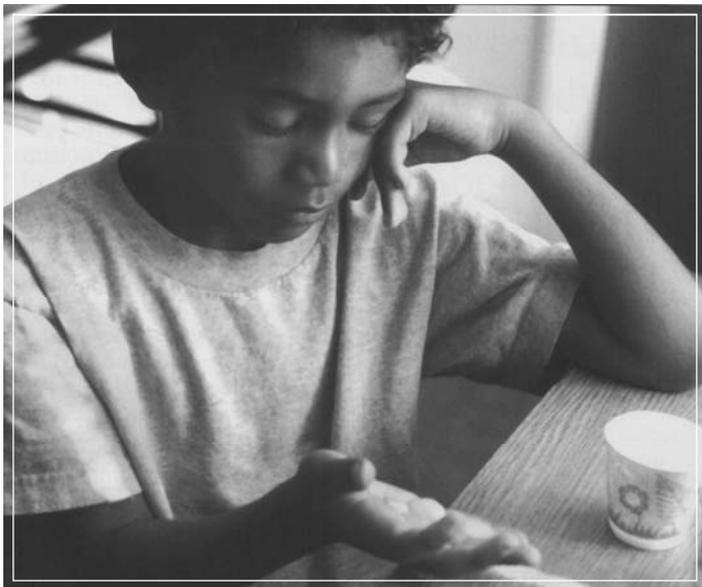
Over the same period of time, the number of children being diagnosed with "mental illness" is up over 1000%. Many of these children have been said to have "Attention Deficit Disorder" and have been given very dangerous and addictive drugs like Ritalin, an amphetamine-like drug (the type known on the streets as "speed"), or the central nervous system stimulant Cylert.

**"We believe this trend is damaging to children. There is not a single normal childhood activity which the psychiatrists have not labelled as "mental illness".**

**As Ritalin is so often used on children, we feel it is vital that you have the following information on Ritalin"**

## WITHDRAWAL DANGERS OF RITALIN

**WARNING: RITALIN** (Methylphenidate), like other amphetamine-like drugs (sometimes called "speed"), is a very dangerous drug to be "on." However, withdrawal from or reduction of the use of such drugs can cause life-threatening situations as well. For this reason, before going into the dangers of using the drug, we want to cover some of the dangers of withdrawal from Ritalin and reduction of its dosage, and pass on some suggestions made by competent non-psychiatric physicians.



One of the major dangers of Ritalin use is that the psychiatrist will blame the child for adverse reactions and side effects which are actually caused by the drug. Psychiatrists often say, imply, or let parents believe, that symptoms of being on such psychiatric drugs as well as the withdrawal symptoms are "symptoms of underlying mental illness coming to the surface." In this way the child is often re-diagnosed as being "depressed" or even "suicidal" and then "treated" for this "new disease." The new "diagnosis" often stays with the child into adult life. Parents need to know the facts.

Parents should also know that as harmful as Ritalin can be to the person on it, and as much as a parent may want to take the child off the drug, there are precautions to be observed during withdrawal. This withdrawal from "speed-like" substances, according to the psychiatrists, "always involves depressed mood, plus fatigue, disturbed sleep, or increased dreaming." Also, you should know that psychotic episodes, severe prolonged depression, paranoia and bed-wetting are usual.

It is well known that withdrawal from "speed-like" drugs can create severe disturbances. Sometimes these also appear when the dosage is reduced. The parents should be aware of and watch for signs of severe drug induced depression, fatigue, severe sleep disturbances, bed-wetting, and increased dreaming with nightmares.

### RITALIN - SUICIDE RISK

**WARNING: RITALIN** withdrawal or reduction of dosage can cause children to become severely depressed and suicidal. Prolonged depression resulting in suicide is a very real risk during withdrawal or reduction of dosage. This is particularly the case if the child and parents don't understand what the child is going through and do not realize the child is suffering from the effects of drug withdrawal.

Parents may think the child is simply being "crazy" or even going insane rather than seeing the effects of the drug for what they are. Symptoms of withdrawal last for months and sleep disturbances last for a minimum of several weeks [Note: When Ritalin use is started, the drug often takes at least a month before it's complete effect is seen on the child. It is little wonder the withdrawal takes so long].

Ritalin's withdrawal symptoms usually appear within three days of stopping its use or reducing the dosage. The immediate reaction to withdrawal usually peaks within the first week but severe depression and

irritability can last for months. For these reasons it is best to have the child's withdrawal supervised by a competent medical doctor of non-psychiatric specialty.

The doctor chosen should be one who understands the symptoms and risks to health that this type of drug, and withdrawal from it, pose to the child. It is recommended that this doctor not be a psychiatrist due to the obvious vested interest (money interest) such a person will have in labelling the child "mentally ill." Ritalin may also create nutritional deficiencies, thus a nutritionist may also be helpful.

### THE FOLLOWING ARE SOME OF THE DANGERS IN USING RITALIN:

1. **WARNING: RITALIN** must not be used on children under six years old. This is a manufacturers warning. How Ritalin works in the body is not understood and the overall long-term effects have not been completely established. For this reason parents should consider its use as experimental. One of the known, long-term effects of Ritalin use in children is stunting of growth (both height and weight). It is also known that Ritalin must never be used on those with glaucoma (eye disease) or if there is an "allergic" reaction to the drug.

2. **WARNING: RITALIN** can cause anxiety, tension and agitation. These can be markedly intensified in children who already have these difficulties, thus giving the appearance of psychosis in the child.

3. **WARNING: RITALIN** should not be used on children who are depressed. Such depression will likely intensify. Any use may induce depression. Mood swings are common as are nervousness, insomnia, dizziness, headaches and appetite loss.

Some of the other adverse reactions or effects, which may require medical attention and discontinuance of use, are: unexplained fever, blurred vision, joint pain, uncontrolled movement, rash or hives, sore throat, nausea, abdominal pain, chest pain, fast and/or irregular heart beat, unusual bruising and unusual tiredness.

4. **WARNING: RITALIN** can confuse the child and cause behaviour problems. This reaction is often quite intense in children who already have such problems.

5. **WARNING: RITALIN** can cause Tourette's syndrome. This is a condition characterized by the child developing ticks or spasms, making barking sounds and then going into screaming babble. In over 50% of these cases the child will scream obscenities in the babble phase. The condition is permanent and irreversible.

6. **WARNING: RITALIN** apparently lowers the "convulsive threshold". This means children with no previous history of seizures may become epileptic with seizures, convulsions or fits. All such seizures can cause permanent brain damage.

7. **WARNING: RITALIN** use may bring on either grand mal or petit mal epileptic seizures, convulsions or fits. [Note: Petit mal seizures are very short, apparent lapses of attention with occasional body twitches often lasting only a few seconds; grand mal seizures are more intense periods of violent muscular spasms or fits with unconsciousness. Grand mal seizures last for several minutes].

8. **WARNING: RITALIN** can intensify the disease of epilepsy in children with a history of the disease and probably will do so. All epileptic seizures carry the potential to cause irreversible brain damage. Children with epilepsy should never be put on Ritalin.

9. **WARNING: RITALIN** should not be used with drugs which prevent or lessen epileptic seizures, convulsions or fits. Such use has never been shown to be safe and may cause other severe medical problems.

10. **WARNING: RITALIN** use should be stopped at the first sign of seizures, convulsions or fits. All the above precautions regarding withdrawal should be observed and the immediate assistance of a competent neurologist is highly recommended. Children on Ritalin should be very closely watched for signs of convulsions, including the momentary lapses described above.

11. **WARNING: RITALIN** can cause high blood pressure or worsen the problem with those with the condition. Foods containing Tyramine may interact with Ritalin. Tyramine is a normal component of the body that helps sustain blood pressure. It can rise to fatal levels in combination with some drugs. Tyramine is found in many foods including: breads, alcoholic beverages, fats like sour cream, fruits like bananas, figs, red plums, avocados and raisins, certain meats and meat substitutes including liver, canned meats, salami, sausage, cheese, salted dried fish, pickled herring, vegetables including Italian broad beans, green bean pods and eggplant, as well as yeast concentrates or extracts, soup cubes, soy sauce and any protein food that has been stored improperly or is spoiled.

12. **WARNING: RITALIN** should be considered addictive. People on it sometimes increase the dosage on their own initiative. Long-term use leads to marked tolerance and dependency and the possibility that the drug will be used intravenously as addiction sets in.

13. **WARNING: RITALIN** can make children extremely agitated. If this occurs, Ritalin use should be discontinued immediately under competent non-psychiatric medical supervision with the above precautions on withdrawal in mind.

14. **WARNING: RITALIN** over dosage causes over stimulation of the central nervous system and can cause death. Signs and symptoms of over dosage include: vomiting, agitation, tremors, exaggeration of reflexes, muscle twitching, convulsions which may be followed by coma, euphoria, confusion, hallucinations, delirium, sweating, flushing, headache, high fever, abnormally rapid heart rate, irregular heart beat, pounding heart, high arterial blood pressure, pupil dilation and dryness of mucous membranes.

**NOTE:** If Ritalin over dosage occurs, intensive and immediate medical care must be provided to maintain adequate blood circulation and breathing. External cooling may be required to prevent brain damage due to extremely high body temperature.

**Seek immediate medical attention.**

**Dial 10177 for help.**

15. **WARNING: RITALIN** is also used on adults, particularly the elderly. Adverse reactions and side effects may be more frequent and severe in older patients.

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**CAUTION:** No one should stop taking any psychiatric drug without the advice and assistance of a competent non-psychiatric medical doctor.

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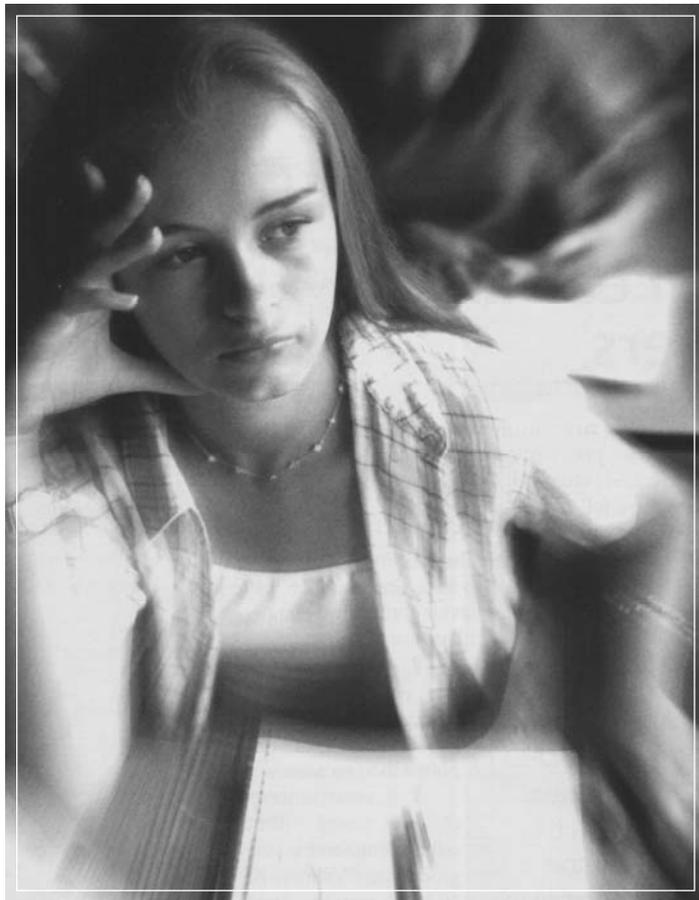
### **OTHER HARMFUL DRUGS USED ON CHILDREN**

Ritalin is by no means the only harmful and extremely dangerous drug which children are being given. Some of the other commonly prescribed brand-name drugs include: **Cylert, Dexedrine, Mellaril, Haldon and Thorazine.**

While this information letter is specifically on Ritalin, we would like you to have some basic information on one of the other drugs, namely Thorazine. When Thorazine came into use in the early 1950's it was known as the "chemical lobotomy." The reason for this name is that psychiatrists in the institutions of the day, which were full of people who had been lobotomized, could not tell the difference between a person who had been lobotomized and a person on Thorazine.

[Note: A lobotomy is an operation wherein an ice pick-like instrument is inserted behind the eyeball, through the socket, forced through the thin bone behind the eye and swiped back and forth, tearing up the frontal lobe of the brain].

All over the world "patients" on Thorazine characteristically display a set of mannerisms known as the "Thorazine shuffle". These luckless souls develop a shuffled gait of short foot dragging steps while they stare into a void in the direction of the ground about ten feet in front of them. They are typically slack-jawed and often drool. Their palms turn back and out, their arms hang slack at their sides.



Children have been known to develop something called Tardive Dyskinesia after being on Thorazine for less than six months. Tardive Dyskinesia is a grotesque permanent condition brought about by brain damage from the drug wherein the face, neck and mouth muscles spasm uncontrollably while the tongue, rolled under, protrudes from the open mouth. Limbs which spasm and shake as though with Parkinson's disease, are another tragic and irreversible effect of Thorazine and the other drugs such as Haldon which are called "major tranquilizers". Over 50% of adults on these drugs for over two years develop Tardive Dyskinesia. Children are more sensitive to the devastating results of psychiatric drugs and are at severe risk of developing these irreversible conditions.

### **YOUR RIGHT TO KNOW**

We believe this information should be very widely known. Any parent has a right to know this data.

The information above is not all that is known about these drugs. However, this is the data parents have been found to need the most. It is often omitted by those prescribing the drug or presented in a form which is not easily understood.

Parents who still believe a child is too active or suffers from some psychiatric condition should also know there are alternatives to the drugging of the child. Extensive information is available on the alternatives as well. But the first alternative to drugging the child which the parent must recognize and choose is to "not drug the child".

Trusted with the care for our mentally disturbed, psychiatry has failed utterly to provide any humane solutions to their plight. In fact, medical, not psychiatric doctors can treat such disturbances far more effectively. Charles B. Inlander, president of the Peoples Medical Society, wrote in *Medicine on Trial*, "**People with real or alleged psychiatric behavioural disorders are being misdiagnosed and harmed to an astonishing degree. ... Many of them do not have psychiatric problems but exhibit physical symptoms that may mimic mental conditions, and so they are misdiagnosed, put on drugs, put in institutions, and sent into a limbo from which they may never return.**"

This booklet has been aimed at alerting you to the dangers that falsely pose as medicine in our education system, how psychiatrists and



psychologists have invaded our once successful education systems and converted them into behavioural laboratories.

However, there are many courageous individuals who have succeeded in the face of this decay. Take the example of the young mother who had to fight to get her preschool son a referral to an ear, nose and throat specialist when she suspected he had a hearing problem. The school nurse referred him instead to a psychologist, who labelled him as having "ADD" and needing a drug. The mother fought for four months to get the referral she wanted; eventually the specialist discovered the boy had a chronic case of fluid build-up and 35-decibel hearing loss as a result. Within a month the boy was in a hospital: a 15-minute surgery prevented what could have been a childhood spent on psychiatric drugs.

Another mother was called into the school principal's office where a psychologist explained that her son's brain had an inability to send signals correctly, which was why he couldn't concentrate. Tim was put on

Ritalin. He began to lose his appetite, have headaches and tire easily, yet it seemed impossible for him to sleep at night. Tim pleaded that he didn't want to depend on a pill and said, "I'm smart enough on my own, Mom." On the advice of a friend, the mother took her son to a doctor who practices alternative medicine. The doctor took Tim off the drugs, and began giving him nutrients and vitamins. He found that Tim had food allergies. With this corrected, Tim began to eat again and could fall asleep naturally.

## CONCLUSION

While life is full of problems, and sometimes those problems can be overwhelming, it is important to know that psychiatry, its diagnoses and its drugs are the wrong direction to go. The drugs can only chemically mask problems and symptoms; they cannot and never will be able to solve problems. Once the drug has worn off, the original problem remains. As a solution to cure life's problems, they do not work. Meanwhile, numerous safe and workable alternatives do exist, solutions that psychiatrists refuse to recognize. Persons who feel they suffer or that their children suffer from any of the symptoms in this booklet should have a full medical examination by a competent non-psychiatric medical specialist.

All data in this publication has been taken from authoritative medical and pharmaceutical references. For those who wish to do their own study on the harmful effects of these drugs, the following references are recommended:

1. Dr. Tana Dineen, Ph.D., *Manufacturing Victims*, Third Edition, (Robert Davies Multimedia Publishing, Montreal, 2001), Pg. 86.
2. John Read, "Feeling Sad? It doesn't mean you're sick," *New Zealand Herald*, 23 June 2004.
3. Beverly K. Eakman, "Anything that Ails You, Woman on Tranqs in a Self-Serve Society," *Chronicles*, Aug. 2004.
4. Dr. Caligari's Psychiatric Drugs—from Network Against Psychiatric Assault. (NAPA). 2054 University Ave., Berkeley. CA 94704.
5. *Drugs*. By H. Winter Griffith. M.D. Books.
6. *Physicians Desk Reference*. Media Economics Company. Also helpful are the package inserts which are included with the drugs and available through pharmacists and physicians.
7. For non-medical persons, a large medical dictionary as well as a large standard dictionary should be used as the information can be quite technical and is sometimes in medical terminology.

**For more data and workable alternatives to psychiatric drugs,  
contact the Citizens Commission on Human Rights:**

**Hotline: 083 595 4925 • e-mail: [truth@cchr.co.za](mailto:truth@cchr.co.za) • Website: [www.cchr.co.za](http://www.cchr.co.za)**

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