

CHILD BIPOLAR DISORDER: A FIGMENT OF PSYCHIATRIC IMAGINATION?



By Rick Malter, Ph.D.

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In the Spring of 2007, I was stunned and outraged to read a news story on www.msnbc.com about the tragic death of Rebecca Riley, age 4. At age 2 ½, Rebecca had been “diagnosed” with “bipolar disorder” by a psychiatrist at Tufts Medical Center in Massachusetts. As Rebecca got progressively worse on a bizarre combination of psychotropic drugs, she died at age 4 of a drug overdose. Rebecca’s tragic case prompted me to look more in depth at what I view as an ominous trend in child psychiatry

There are important new developments in child psychiatry and drug marketing that do not bode well for the mental and physical health of children, including pre-schoolers like Rebecca. Child psychiatry and the drug companies have a huge new market for powerful toxic drugs to put into young innocent children. Their parents are convinced by mental-health professionals that child bipolar disorder is a new advance in “diagnosis” and treatment. Harvard Medical School and Massachusetts General Hospital are leading players in what I view as another fraud perpetrated as “legitimate” mental health diagnosis and treatment in young children. There are increasing numbers of internet references providing information about child bipolar disorder.

The rationale given for “diagnosing” bipolar disorder in young children is really bizarre. I think the rationale reflects a new psychological syndrome that I call “Psychiatric Thinking Disorder.” It involves grasping at straws, bundling them all together, giving a “diagnosis” of child bipolar disorder, and writing prescriptions for powerful psychotropic drugs to be given to young children. I believe that this is a delusional disorder found in adults who usually have M.D. degrees and a prescription pad for writing *Off Label* prescriptions of very toxic and dangerous drugs for young children. A key part of the Psychiatric Thinking Disorder involves the belief that one is “diagnosing” a real mental disorder in children who require strong drugs to control their behavior. There is an inability in these MDs to distinguish normal developmental behavior from a real developmental delay or disorder.

Also, extending adult criteria for “diagnosing” bipolar disorder to young children is an application of the “homunculus

theory of development” that was popular in the Middle Ages. In other words, it simplistically assumes that the young child is a miniature adult! This approach to “diagnosing” child bipolar disorder is devoid of any sense that young children are developmentally very different from adults.

When a disastrous outcome occurs after a child has been taking these toxic medications, then the ploy is to quickly blame the parents for overdosing their child. Psychiatrists deny professional responsibility for the tragic outcome. They claim that the diagnosis and prescriptions are the advanced “Standard of Care” for child psychiatric practice. Then, they bring in their professional “expert” colleagues to support the “diagnosis” and toxic prescriptions. They convince other professionals – social workers, teachers, school principals, psychologists, etc. – that the “diagnosis” and drug treatment represent cutting-edge advances in psychiatric practice. These other professionals are expected to defer to the MD’s so-called greater expertise and not to question the diagnosis and prescriptions. Also, psychiatrists claim that in the absence of adequate research with children, the psychiatrist has relied on the DSM-IV diagnostic criteria for diagnosing ADULT bipolar disorder and applied these criteria to young children’s behavior even though there is no scientific research to support this practice.

In my view, over the past 30 years, the development of the psychiatric diagnostic manuals – first, the DSM-III and then the DSM-IV – has resulted in a “dumbing down” of mental-health diagnosis from a highly-sophisticated diagnostic system that was developed right after World War II, primarily by clinical psychologists. This “dumbing down” diagnostic process has produced the “Psychiatric Thinking Disorder” that leads to prescribing extremely dangerous and toxic drugs to be given to young children. There is also a strong grandiosity associated with this thinking disorder. As for child bipolar disorder and the “Psychiatric Thinking Disorder,” it is sometimes hard to tell which psychiatrists and Medical Schools, Universities, and Hospitals are just blatantly corrupt and evil, and which ones are just grandiose, believing that they are doing valid diagnoses of children’s “psychiatric” problems.

Since I began my psychology career in the late 1960s, I have observed the “medicalization” of Learning Disabilities into ADHD. (Neurologist Dr. Fred Baughman calls the diagnosis of ADHD a fraud – a bogus disease). More recently, when stimulant drugs like Ritalin sent some of these “ADHD” kids into manic or anger explosions, psychiatrists came up with the bizarre idea that the ADHD diagnosis really should have been “bipolar disorder.” It never seems to occur to these prescribing MDs that perhaps the stimulant drug that they prescribed for the child resulted in the manic or aggressive behavior. The resulting drug-induced manic or aggressive behavior is then used as a rationale to “diagnose” bipolar disorder in the child. This is another example of what I refer to as the Psychiatric Thinking Disorder.

When psychiatrists discuss whether the pre-school child’s “correct” diagnosis is ADHD or bipolar disorder, it reminds me of medieval clerics debating how many angels can stand on the head of a pin! It is psychological nonsense that can have disastrous outcomes when powerful toxic psychotropic drugs are given to a young child based upon such superficial thinking. It also is an example of the “homunculus” theory of development applied to child psychiatry.

With the vast financial resources of the drug companies supporting them, university departments of psychiatry and their teaching and research hospitals have substantially taken over the mental health field. This unsavory alliance between drug companies and organized psychiatry has produced the DSM series of diagnostic and statistical manuals of the American Psychiatric Association. The DSM-III and DSM-IV editions became the diagnostic “bibles” used by health-insurance companies and the government to determine eligibility for reimbursement. In effect, this system has established firm control of the mental-health enterprise in the hands of organized psychiatry as the dominant authorities. All the other mental-health-related professions have been forced to use the DSM-IV as the only acceptable diagnostic framework. Since the DSM-IV is so closely related to organized psychiatry and the drug companies, virtually all DSM-IV diagnoses mandate a drug prescription as a primary treatment modality. Psychotherapy and counseling are viewed as adjunct therapies to add to drug treatment.

The drug companies and their psychiatric “experts” have been able to get Congress and the State legislatures to legally establish the legitimacy of psychiatric diagnoses as “scientifically” valid and the “standard of care.” A tragic example of this travesty of science and clinical care can be seen in the case of Rebecca Riley. A psychiatrist “diagnosed” her with child bipolar disorder at age 2 1/2 and then prescribed “off label” a bizarre combination of toxic drugs that included a highly-addictive drug and a liver-toxic “black

box” drug. Since there is no scientific basis for a diagnosis of child bipolar disorder, psychiatrists simply apply adult diagnostic criteria to children in a vague, confused manner that is totally devoid of any sensitivity to the developmental differences between children and adults.

Psychiatrists also assume that each child that they see is neurologically intact, has normal sensory-motor, auditory and visual processing, no toxic metals, and no substantial nutrient mineral imbalances that could affect their neuro-endocrine system as well as their glucose metabolism. Of course, there are no biochemical or neuro-endocrine assessments done in cases of ADHD or “child bipolar disorder,” nor is there any consideration of possible toxic-metal effects on the child’s nervous system.

Unfortunately, the bottom line is that there is no real interest in using any other conceptual framework besides the simplistic psychiatric diagnoses that are found in the DSM-IV. The DSM-IV is used to rationalize any diagnosis that can justify writing a prescription for one or more toxic drugs as an “acceptable” treatment even if the prescription is “off label.” By fiat, this becomes the accepted “standard of care,” i.e. supporting the drug racket in psychiatric practice that is promoted and sold as “scientifically” or “evidence” based. In my view, the “Psychiatric Thinking Disorder” permeates this whole fraudulent process that is aptly described by Dr. Fred Baughman from a neurologist’s perspective.

What is of real concern regarding the well-being of children, their parents, and society is that this psychiatric fraud has been promoted as “scientifically” and “evidence” based. It is sold as “acceptable” treatment of children and is likely to become the “standard of care.” Under these conditions, tax dollars through Medicaid and other government programs are then used to buy the toxic drugs that are put into very vulnerable children. In this way, government has become a partner to this outrageous treatment of children’s emotional/behavior/learning problems. Health-insurance dollars are used in a similar manner. Schools and mental-health clinics are also jumping on this bandwagon just as they did with ADD and ADHD. In my view, “child bipolar disorder” is essentially a drug-marketing scheme that has no scientific or clinical foundation. HFN

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Only 8% of the voters think members of U.S. Congress should be re-elected. *New York Times, February 2010*