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Despite a 28% decrease in 0- to 5-year-old U.S. children taking psychostimulants since 2017, new changes to an international mental disorders manual could revert this and put them at risk. Watchdog relauches PSAs for parents warning “Childhood is not a mental disorder.”

by [CCHR International](#), The Mental Health Industry Watchdog
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CCHR International warns there could be an increase in the number of children and adolescents prescribed powerful, addictive stimulants for Attention Deficit Hyperactivity Disorder (ADHD) with the new insurance billing codes released this month in the 11th edition of the *International Classification of Diseases (ICD)*, Mental Disorders Section. For years, CCHR International, based in Los Angeles, has conducted a “[Fight for Kids](#)” public awareness campaign about the risks of childhood and teen behavior being mis-diagnosed as disorders and “medicated.”

However, changes to *ICD-11* reinforce this and as such, it relaunched two Public Service Announcements (PSAs) reminding

parents that “Childhood is not a Mental Disorder.”

CCHR welcomes a 28% decrease in U.S. children aged 0-5 years old being prescribed psychostimulants between 2017 and 2020. According to the IQVia Total Patient Tracker database that CCHR obtained for 2017 and 2020, there were 80,235 children in this age group in 2017 prescribed stimulants compared to 58,091 in 2020. Overall, for the 0-17 age group, there was a 14% decrease in the numbers taking psychostimulants.

The U.S. *Diagnostic & Statistical Manual of Mental Disorders* (DSM-5, being updated in March 2022) and *ICD-11* have redefined and categorized ADHD as a “neurodevelopmental disorder,” making it appear to be a neurological or brain-based physical disease when scientific evidence does not substantiate this.

Dr. Fred Baughman, Jr., a retired pediatric neurologist and author of *The ADHD Fraud: How Psychiatry Makes “Patients” of Normal Children*, said that psychiatric associations representing ADHD as a biologic abnormality of the brain is “neurobiological propaganda” because “psychiatry has never validated ADHD as a *biologic* entity.”[\[1\]](#)

Prof. Allen Frances, the former Chairman of the *DSM-IV* Task Force said that the *DSM-IV*, published in 1994, already created “false epidemics” of ADHD.[\[2\]](#) He wrote that twenty years later, “The rate of ADHD in the U.S. has tripled to a ridiculously inflated 11%. Sales of ADHD medications are approaching an obscenely profitable \$10 billion a year.” Frances was forthright about how diagnoses such as ADHD are determined: “There are no objective tests in psychiatry—no X-ray, laboratory or exam finding that says definitively that someone does or does not have a mental disorder....”[\[3\]](#) Inclusion of a disorder in the *DSM* is by consensus vote.

As such, the fact that *ICD-11* and *DSM-5* claim ADHD is

neurobiological is misleading for parents who could erroneously believe that their child has a faulty brain requiring “medication” rather than an issue which can be handled with behavioral, dietary and educational solutions. Dr. Baughman adds that children have also been led to “believe they have something wrong with their brains that makes it impossible for them to control themselves without a pill.”[\[4\]](#) In saying that, he is not saying that children do not sometimes have trouble with their behavior, focusing, or their emotions; it just simply isn’t neurobiological.

CCHR produced several PSAs to help parents to see that [childhood is not a mental disorder](#), and for children—[represented by a young skateboarder](#)—to show that their rambunctious zest for life or creative efforts do not make them dysfunctional or “ill.”

March 21 this year marks the 22nd anniversary of 14-year-old Matthew Smith’s death from a cardiac arrest while skateboarding. Oakland County (Michigan) Medical Examiner Ljubisa Dragovic determined that the skateboarding did not kill Matthew but rather the damage done to his heart from 10 years of taking prescribed methylphenidate, an ADHD psychostimulant that caused a “chronic change of the heart muscle and the small blood vessels in the heart.”[\[5\]](#) Michael’s tragic death was part of the impetus that started CCHR’s Fight for Kids campaign and PSAs.

In 2014, researchers from the University of Delaware and Drexel University College of Medicine reviewed research on the effects of psychostimulants like methylphenidate. They found the drug can impact the brain’s plasticity, interfering with a person’s ability to plan, switch between tasks, and be overall flexible in their behaviors. For a drug that’s supposed to offer better mental performance, they found that the long-term effects appear to do the opposite.[\[6\]](#)

“All proposed ADD and ADHD treatments” are “aimed at modifying observable behaviors rather than in treating their underlying causes,” say other researchers, including Dr. Howard Glasser, writing in *Ethical Human Psychology and Psychiatry*.[\[7\]](#)

In his last interview before his death in 2009, Dr. Leon Eisenberg, the “scientific father of ADHD” and a leader in child psychiatry for more than 40 years, admitted “ADHD is a prime example of a fictitious disease.”[\[8\]](#) The symptoms are so common that anyone could believe they have ADHD: fails to give close attention to details or may make careless mistakes; work is often messy or disorganized; has problems staying focused on tasks or activities; fails to complete schoolwork, chores or other duties; often fidgets with hands or feet or squirms in seat; often talks excessively and interrupts or intrudes on others (e.g., cuts into conversations).

The consequences of the drugs prescribed to quell such symptoms are telling: The U.S. Drug Enforcement Administration reports methylphenidate can lead to addiction and “psychotic episodes, violent behavior and bizarre mannerisms have been reported” with its use.[\[9\]](#) The manufacturer admits it is a drug of dependency.[\[10\]](#) Suicide is a major complication of withdrawal from it and similar amphetamine-like drugs.[\[11\]](#) FDA also warns of the risks of heart-related problems.

CCHR says the direction *ICD-11* and *DSM-5* have taken is not in sync with current thinking. Former United Nations Special Rapporteur Dainius Pūras, M.D., in a June 2021 interview with *Psychiatric Times*, said there is too much reliance upon “the biomedical model and biomedical interventions” for people with mental health or behavioral issues and this represents a “biased use of knowledge and evidence.” In 2017, he also called for a revolution in mental health care around the world, writing: “There is now unequivocal evidence of the failures of a system that relies too heavily on the biomedical model of mental health services, including the front-line and excessive use of psychotropic medicines, and yet these models

persist.”[\[12\]](#)

CCHR brought their concerns about the worldwide mass diagnosing of ADHD and prescribing of stimulants to the attention of the UN Committee on the Rights of the Child, which responded with hearings and a recommendation for the establishment of a system for “monitoring of the excessive use of psychostimulants to children.” It also said that governments should “take the necessary measures to prevent any pressure on children and parents to accept treatment with psychostimulant drugs.”[\[13\]](#)

ICD-11 says it changed the category under which ADHD has been placed from “hyperkinetic” to “neurodevelopmental disorders” so that it is not equated as being “disruptive behavior,” but conveys the idea that a child has a deficiently developed brain disease, which experts say it is not. [\[14\]](#)

Child and adolescent video-gamers will also be a potential market under *ICD-11* with “gaming disorder.”[\[15\]](#) This has been included in a newly added diagnostic grouping under *ICD-11* called “disorders due to addictive behaviors,” again not in response to any scientific evidence but “to global concerns about the impact of problematic gaming, especially the online form.”

As for nebulous “conduct disorders,” such as oppositional defiant disorder and conduct-dissocial disorder, these are grouped into a new label, “disruptive behavior and dissocial disorder.” *ICD-11* also expanded these from being limiting to children to include *across the lifespan*.[\[16\]](#) Disorders are no longer grouped by age but reflect a continuous lifespan approach[\[17\]](#)—anyone can be labeled and stigmatized.

Moreover, *ICD-10*’s so-called gender identity disorders have been renamed as “gender incongruence” (the condition of not matching or being in agreement) in the *ICD-11* and moved from the mental disorders chapter to the new “sexual health

chapter,” meaning that a transgender identity is no longer to be considered a mental disorder.[\[18\]](#) Under *DSM*, gender identity was called gender dysphoria (unwanted emotional state).[\[19\]](#)

Such arbitrary and capricious diagnosing has come under earlier criticism when in 1973, the American Psychiatric Association committee members voted—5,584 to 3,810—to delete homosexuality as a mental disorder from *DSM* after gay activists picketed the APA conferences.[\[20\]](#) As *The Atlantic* reported, “It’s not always that explicit, and the votes are not public. In the case of the *DSM-5*, committee members were forbidden to talk about it, so we’ll never really know what the deliberations were. They all signed non-disclosure agreements.”[\[21\]](#)

Lawrence Stevens, a former Assistant District Attorney in California, commented: “If mental illness were really an illness in the same sense that physical illnesses are illnesses, the idea of deleting homosexuality or anything else from the categories of illness by having a vote would be as absurd as a group of physicians voting to delete cancer or measles from the concept of disease.”[\[22\]](#)

The late Dr. Keith Conners, who “put ADHD on the medical map,” conducted the first formal trials on the use of methylphenidate. But in 2013, when he was asked to address the American Professional Society of ADHD and Related Disorders, he was so appalled at how many children had been saddled with ADHD, he called it “a national disaster of dangerous proportions.”[\[23\]](#)

The *ICD-11* and *DSM-5 update* can only exacerbate the disaster. Parents, pediatricians, family doctors, and educators should be informed that ADHD is not a proven neurobiological disorder. The behavioral symptoms could be representative of any normal childhood behavior. In an article that has been widely quoted in literature, James T. Webb, Ph.D., reviewed

the symptoms of ADHD and noted “almost all of these behaviors are found in bright, talented, creative, gifted children.” [24] Dr. Mary Ann Block, author of *No More ADHD* advises to look for and treat the underlying causes; don’t just cover symptoms with drugs but “find the cause and fix the problem.” [25]

All of which adds up to: Childhood, including ADHD, is not a mental disorder.

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