ALTERNATIVE SOLUTIONS FOR CHILDHOOD MENTAL HEALTH PROBLEMS
Pediatric neurologist, Dr. Fred A. Baughman, Jr. says that parents, teachers and children have been horribly betrayed when a child’s behavior is labeled as a disease. Children, he says, “believe they have something wrong with their brains that make it impossible for them to control themselves without using a pill.” This is reinforced by “having the most important adults in their lives, their parents and teachers, believe this as well.” What can parents do when faced by irrational, disruptive behavior in their child?

Many non-psychiatric, humane and workable practices do exist, even for the most severely disturbed. However, psychiatrists and psychiatric drug makers would prefer this information was not made known or was nullified. The following is a sample.

- People can be driven “insane” by the suppressed agony of actual physical illnesses and injury. The correct action is a full and searching clinical examination by a competent medical—not psychiatric—doctor to find the underlying undiagnosed and untreated physical problem. Real medical problems have physical treatments that correct, alleviate or cure the condition. Mental health professionals have a professional and a legal obligation to recognize the presence of physical disease in their patients.

- All children should have what is called a “differential diagnosis.” The doctor obtains a thorough history and conducts a complete physical exam, rules out all the possible problems that might cause a set of symptoms. Dr. Mary Ann Block, author of Just Because You Are Depressed Doesn't Mean You Have Depression, says, “If a doctor does not have the time or does not know how to rule out various conditions, the patient should be referred to someone who can do these things. Above all, however, the temptation to rely on a simple psychiatric diagnosis must be rejected.” The majority of her patients “who have been prescribed psychiatric drugs do not have a psychiatric disorder. Normal life experiences or underlying medical problems actually lie at the heart of their symptoms.”

- Medical doctors have established that environmental toxins, mercury poisoning, and allergies may cause symptoms misconstrued as “mental disorder.” If a child is labeled with “hyperactivity” or a “learning disorder,” he or she should be tested for toxins or medical problems, correct diet and sleep.

- In February 2006, scientists addressed a teachers’ conference Scotland, warning that poor diet had been linked to ADHD, dyslexia and other learning problems. Children were not getting sufficient amounts of fatty acid Omega-3 (fish oil), which is vital for developing brains in unborn children. Recommended foods include fish, eggs, fruit, nuts, broccoli and beans.

- Tutoring and educational solutions can be vital for resolving behavioral problem. In 2002, the US President’s Commission on Excellence in Education revealed that 40 percent (2.8 million) of the children in Special Education programs labeled with learning disorders had simply never been taught to read.

- The Feingold approach is a doctor-designed, extensively researched elimination diet that carefully eliminates synthetic additives, preservatives, artificial sweeteners and dyes/colorings from a child’s diet. In the June 2004 Archives of Diseases of Childhood, researchers tested the Feingold diet on 3-year-old children with “hyperactive” symptoms. The children significantly improved when the additives and preservatives were withdrawn, and worsened when they were restored to the previous diet. It took only 20 mg of artificial coloring to worsen the symptoms.
The British National Health Service Institute for Health and Clinical Excellence released a Clinical Guideline for treatment of “Depression in Children and Young People.” It advised that because “all antidepressant drugs have significant risks when given to children and young people,” children should be “offered advice on the benefits of regular exercise,” “sleep hygiene,” “nutrition and the benefits of a balanced diet.”

Gifted and intelligent children are often misdiagnosed as ADHD. However, “They’re hyper not because their brains don’t work right, but because they spend most of the day waiting for slower students to catch up with them. These students are bored to tears, and people who are bored fidget, wiggle, scratch, stretch, and (especially if they are boys) start looking for ways to get into trouble,” advised psychiatrist and neurologist Dr. Sydney Walker.

Dr. Walker also pointed out: “One of the greatest sins of doctors who label normal children hyperactive is that they are telling children, in effect, ‘You’re not responsible for your behavior.’ In addition, they are telling parents that simple discipline won’t work, because their children have brain disorders that prevent them from behaving. Excusing out-of-control behaviors in a normal, healthy child simply causes more such behaviors—and the range of behaviors that are being attributed to hyperactivity and attention deficits, and which can thus be excused by children as out of their control—borders on the ludicrous.”

“A child’s behavior can be markedly improved without the use of drugs through improved parenting methods,” wrote David P. Stein, Ph.D., author of Unraveling the ADD/ADHD Fiasco, which outlines successful programs he developed for parents. Further: “I teach children that hard work is an essential ingredient for personal happiness.... When one focuses on one’s work, then one cannot focus on things that are troubling.”

Lorrin M. Koran, Medical Evaluation Field Manual, Department of Psychiatry and Behavioral Sciences, Stanford University Medical Center, California, 1991, p. 4.

Dr. Mary Anne Block, Just Because You’re Depressed Doesn’t Mean You Have Depression,” (Block Systems Books, 2007), pp. viii, 9, 20, 21.


“A New Era: Revitalizing Special Education for Children and Their Families,” Reports—President’s Commission on Excellence in Special Education, 1 July 2002.

David P. Stein, Ph.D., author of Unraveling the ADD/ADHD Fiasco, (Andrews McMeel Publishing, Kansas City, MO, 2001), p. 236,