

## INTRODUCTION

I received the following phone calls last week:

“The school principal just called and said our son Steven, a fourth grader, was overheard talking with some friends about bringing a knife to school. He has a history of misbehavior, but recently he has gotten worse. He has been fighting a lot, not following rules, talking back, leaving the classroom without permission, and now this. I’m freaking out. When can we see you?”

“Our fourteen-year-old daughter, Jessica, has been sad since her grandma died six months ago. She’s been withdrawn, sleeping a lot, and hardly eats. At first we sympathized with her and gave her space. But this morning I looked in her diary and read a note in which she talked about yearning to be dead and join her grandma in heaven. I think this is much worse than just grieving. What should we do?”

“Marty, our eleven-year-old son, has always been shy. Ever since we can remember, he was scared to do anything new. We would have to accompany him everywhere—school, camp, after school activities, and the like. He could never go on a play date without great fear. He never made close friends. But now he is beginning to act really strange. He talks to himself, he is over-involved on strange websites, he smiles about things we can’t understand, and yesterday said something about being connected to other people through mindreading. I read something about psychosis on the Internet and he seems to fit the bill. I’m terrified something really serious is wrong with him.”

I get calls like these almost every day. Realizing that your child has a problem is scary. It can be devastating to learn that your child is physically sick, but discovering that your child suffers from a mental disorder adds another layer of confusion and anxiety. Mental disorders are not as well understood as physical disorders, and it is only recently that they have begun to be talked about openly. Add the fact that new diagnoses come up seemingly weekly, along with all the misinformation in the media about the medications used to treat mental disorders, and you have some very confused and worried parents. If you fall into that category, this book is for you. My goal is to address your questions, fears, and worries about giving your child or teenager medication for a diagnosed mental disorder.

Do children really suffer from mental disorders? Isn't that only the domain of adults?

Unfortunately, no. It might be helpful to consider the numbers. There are approximately 75 million children and teenagers in the country. About one in five young people less than eighteen years old are thought to suffer from a bona fide mental disorder. That is at least 15 million of our youth. In that number, approximately half suffer from a serious mental health disturbance and about half of those from what is called an extreme disturbance. Thus, it is no surprise that there has been a tremendous increase in the use of psychotropic drugs—medications which seek to affect behavior, thinking, or emotions—in children and teenagers over the last several decades. Newspaper headlines describe the use of these drugs as an epidemic. Political candidates have promised to investigate the trend. Although it is difficult to quantify, the increase seems to be at least four or five fold. It is estimated that several million young people now take these drugs, and while some feel that this is too many, people in the mental health field feel that this is probably

only a small percentage of those who need it. Furthermore, the numbers will only increase as diagnostic criteria are refined and medications become more available for children—two trends which have increased over the past decade.

As a prescribing child and adolescent psychiatrist, I have witnessed and participated in this virtual explosion of prescribing to children and teens. Although I am convinced of the enormous help that these medications provide if prescribed properly and in conjunction with other forms of therapy, I am also sensitive to the fears, reluctance, and questions that parents have. I am fully aware of the debates that accompany such rapid growth in the field. Questions and fears are based not only on parents' inherent and natural concerns about the welfare of their children, but also on the information—and misinformation, mainly through the media—that inundates us.

For some parents, the idea of children taking any medication can be scary. Psychotropic medications, however, seem to frighten nearly every parent. Everyday I hear anxious questions and statements from concerned parents when told that medication might help their child. Parents don't know what to do. Many have been frightened because of what they have read in newspapers and magazines or seen and heard on television and radio. Some are just opposed, while still others simply seek more knowledge before starting down the road of medication use by their child.

Recently, I jotted down the questions and comments of parents I saw in my practice. Here is a sample of what I heard:

“These drugs are harmful—we don’t even know how they work.”

“There is nothing really wrong with my child, it’s just a bit of extreme behavior, certainly not a disorder.”

“My neighbor’s daughter died from that medication.”

“I heard these medications are addictive.”

“Antidepressants cause suicide.”

“I just want to use natural remedies.”

“Won’t these chemicals affect my child’s brain development?”

“I don’t want my son to be a zombie all day.”

“I’m afraid the side effects will be worse than the disorder.”

“Mental disorder runs in the family. It’s impossible to fix.”

“Kids are kids; it’s ridiculous to give their behavior a clinical name.”

“Some guy on Oprah said Ritalin is just like cocaine.”

“That kid on the news who killed his family was on Zoloft. They say it made him violent.”

“Don’t schools just want children medicated to make them easier to handle?”

From years of practice and education I have become familiar with the arguments about the use, and possible misuse, of psychotropic medication for young people. While good healthy debate helps us all, this subject has also attracted many who distort, exaggerate, and even make up stories. My participation on radio and television shows, in particular, sensitized me to the dangers of relying on sound-bite newscasts or talk show drama when it comes to terribly important topics. I have learned that many of the “experts” have had little or no experience in the

trenches working with children. But because they're on television, they are assumed to be knowledgeable and so become a source of misinformation for many viewers.

One time stands out in particular: I was on a national talk show, viewed by millions of parents, talking about the medications used for attention deficit hyperactivity disorder (ADHD) with another doctor who had written a popular book against the use of any medication for this disorder. During a commercial break, I asked the author how he had become so convinced that medications are dangerous, as I had never seen many of the problems he was describing. He told me that he was not a child psychiatrist, but a family medicine practitioner for adults and had never even treated a child or teenager with ADHD. He said he had written his book based on a literature search he had done on his computer. His book was doing well and the audience warmed to his comments, as he tapped into the great anxieties that most people have about giving their children medication. I worried that parents listening to him might withdraw life-saving, school-saving, family-saving, abuse-saving medication treatments because of his biased arguments—arguments not based on fact or experience.

I have also seen well-meaning but poorly informed newscasters and talk show hosts say things that are simply not true. Studies are quoted that do not exist. Personal experiences are presented after “careful screening” of guests who will present predictable and often prejudiced, distorted, and even false personal reports that play well on television but perpetuate unwarranted fears in millions of viewers. Horror stories about a dramatic “side effect” make the front pages even if, in fact, the side effect did not happen. In the event that it did happen, no one bothers to mention that the side effect is so rare that it is considered a freak occurrence.

Still, the parents' questions above are good ones and deserve thoughtful answers. These questions are the major motivation for this book. I want to answer all of them and more. To that end, this book will answer almost all the questions I have been asked by parents over the years. It will explain, in plain English, what mental disorders are and what treatments are available—with a focus on psychotropic drugs, as that is where most of the controversy is centered. I believe in the careful use of medication, but I am not blind to the controversies that exist and the many aspects of the mind that are still mysteries to all of us. With such mysteries come questions about treatments—that's only logical. The information in this book is based on long, hard, everyday clinical experience in the field treating young people. Differing points of view will be presented and the sensational fallacies pointed out. You will not come away from this book with absolute certainty about all aspects of giving children psychiatric medicine, but you will hopefully gain an appreciation of all the work that has gone into understanding children's problems and the enormous strides that have been made toward finding real solutions through the use of safe medications. While far short of miracle cures, psychotropic medications are safe and save lives, families, and futures.

Who Am I?

What qualifies me to write a book about young people taking psychotropic medication? I am a licensed psychiatrist specializing in children and adolescents and have been practicing in New York City for over thirty years. After medical school and an internal medicine internship, I

studied adult psychiatry and then child and adolescent psychiatry in two successive residencies. I also studied psychoanalysis.

In my practice I have evaluated, treated, and prescribed medication for literally thousands of children and teenagers and have followed their progress over the course of many years. I have seen children in nearly all settings, including hospitals, outpatient public clinics, residences, foster agencies, and in private practice. I have written three books on the subject of children and teens and have appeared on hundreds of local and national television and radio shows. I have also supervised child and adolescent psychiatric residents and I teach mental health professionals from all fields.

As a result of my specialty, I have extensive experience prescribing all of the current psychotropic drugs and have treated children and teenagers with all the varied disorders listed in the diagnostic manuals. I have seen the therapeutic effects of medication when administered properly, the harmful effects when they are abused or prescribed incorrectly, and I have seen the side effects that do, very rarely, occur.

While I certainly don't believe that all children with mental disorders need medication, I strongly feel that some do. To withhold these important therapeutic agents can be harmful and, in some cases, tragic. I understand the anxiety that parents have about giving their children psychotropic drugs, and I have seen the devastation that can result in a child or teenager not getting the treatment they need. This is another reason why I'm writing this book. I have a deep sympathy for the children who suffer from mental problems and equal compassion for their parents. I

respect the need for sound information, informed reassurance, and ongoing guidance during the time that a child is being treated.