



Written by [Beverly K. Eakman](#) on July 22, 2010

Psychiatry's Brave New World

In July 1998, the U.K.'s Crime and Disorder Act enacted the "Anti-Social Behaviour Orders" (ASBOs) to tackle disagreeable and disruptive acts. ASBOs are court-ordered restrictions on "unsociable conduct" aimed at youngsters aged 10 or over. [Breaching an ASBO](#) is a *criminal* offense .

Eight years into the legislation, some 12,675 ASBOs had been issued. Nearly 2,000 youngsters, aged 10 to 17, were jailed by 2007 for an average of six months each for breaching ASBOs. Even that was not enough. According to *Mail Online*, May 27, 2007 ("[Revealed: Blair's secret stalker squad](#)"), the government attempted to widen the definition of "mental disorder" so that the right not to be detained in a psychiatric facility based on cultural, political, or religious beliefs would be forfeited.

PSYCHIATRY

KILLS !



By 2007, Britain had gone a long way to becoming the ultimate modern police state. The nation had more than 20 percent of the world's CCTV cameras incorporating automatic number-plate recognition, facial recognition and "suspicious behavior recognition" software, which analyzes clusters and movements in search of "behavioral oddities." Some £1 million was allocated for hidden loudspeakers so that camera operators could issue orders, very loudly, to anyone seen littering or committing other "gotcha crimes" (petty rules that are easier to enforce than dangerous acts). A competition was even launched in schools to find "socially conscious" children who might be used for voice-overs to "remind adults to act responsibly on our streets," according to the U.K.'s Home Office.

"Emotional literacy" classes were introduced in schools to teach children how to manage anger and jealousy and develop empathy and self-motivation. This move mirrors the touchy-feely curricular trends of American classrooms — "conflict resolution," "survival skills," "safe sex" and "self-esteem."

How did it come to this?

It started with post-war parents. Returning servicemen and women were anxious in 1946 to spare their offspring the ravages of conflict. Recognizing this, a burgeoning force of "child experts" redoubled its campaign to revolutionize parenthood via books, articles, and appearances on radio and TV. Thus did the U.K. and the United States get manipulated into implementing what is now a worldwide crusade to get inside everybody's head, beginning with toddlers, ostensibly to prevent them from becoming little Hitlers and Mussolinis.

Immediately following World War II, British and Canadian psychiatrists such as Drs. Brock Chisholm, James Rawlings Rees, and Ewen Cameron (mostly early-on luminaries at the World Federation of Mental Health) claimed that one in 20 people had a mental disorder and agitated for a more



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"professional" approach to childrearing. They were followed in rapid succession by American pop psychologists with a more media-savvy style: people like Drs. Benjamin Spock, Carl Rogers, Abraham Maslow and their disciples who, in turn, carried the messages to the popular culture.

Today, notables such as psychiatrist Patrick McGorry (Australian of the Year) are insisting that every *second* one of us has a mental disorder, and that nearly half the population will experience a mental illness during their lifetime. Just what that indicates about the track record of psychiatry — statistically, a 1000-percent failure rate in reducing "mental illness" — is debatable. It turns out that several "treatments," particularly psychotropic drugs, not only have failed to help patients, but may be complicit in the very horrific acts they were marketed to prevent.

Implausible myths that put a mental-illness spin on societal problems have become accepted, too. Recall, for example, the comment in [Part I of this series](#) by Dr. William K. Summers, the neuroscientist and physician based in Albuquerque, who said that schizophrenics make up the vast majority of the homeless population. He expanded on that in an e-mail July 5: "In the old days, these folks lived in colonies [at a] state hospital, and typically lived into their seventies. Courtesy of the Liberal Progressives and Jack Nicholson ("CooCoo's Nest") they were liberated to die under bridges in the snow. Their life expectancy is [now] probably below fifty...."

But lo and behold, on July 11 an article [appeared in the Washington Post](#) debunking that notion as "a popular myth." Dennis Culhane, professor of social policy at the University of Pennsylvania and director of research for the National Center on Homelessness Among Veterans, wrote:

Because the relatively small number of people living on the streets who suffer from paranoia, delusions ... are very visible, they have come to stand for the entire homeless population — despite the fact that they are in the minority. As a result, many people falsely concluded that an increase in homelessness in the 1980s resulted from the deinstitutionalization of psychiatric care in the 1960s and 1970s.

The same thing has happened with Post-Traumatic Stress Disorder (PTSD), just as Barack Obama was pledging on July 10 [to make it easier for veterans to receive federal benefits for PTSD](#) on the subjective bases of "fearing a [future] traumatic event even if it doesn't occur" and "endur[ing] the trauma of war even if never [actually] engaged in a firefight." Here was the President, opening the floodgates to skewed criteria that would vastly increase the tax burden on average citizens, while soldiers suffering amputations [were being asked to pay a new tax](#) for their prosthetic limbs!

Mr. Obama's foray into psychiatric politics will help boost mental-screening programs passed by Congress under former President George W. Bush. Among the less-publicized schemes was the 2008 Early Childhood Home Visitation Program, then in pilot stage. Home visiting programs, especially Nurse-Family Partnerships (NFPs), were being introduced as "models" to improve social and emotional development for infants and children. It was based in the 2004 New Freedom Commission Report recommending early detection and treatment of mental disorders as well as interventions.

Dr. Karen Effrem, pediatrician and member of the National Physicians Center Board of Directors, testified against the proposal before the House Subcommittee on Education Reform. She quoted credible experts who wound up calling the entire proposal into question:

- "Not a single peer-reviewed article ... supports claims of serotonin [i.e., biochemical] deficiency in any mental disorder." (Lacasse & Leo, 2005)

And from the 1999 Surgeon General:



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- "The diagnosis of mental disorders is often believed to be more difficult than diagnosis of somatic or general medical disorders since there is no definitive lesion, laboratory test or abnormality in brain tissue that can identify the illness."
- "... what it means to be mentally healthy is subject to many different interpretations that are rooted in value judgments that may vary across cultures."
- "[Psychiatric] science is challenging because ... the normally developing child hardly stays the same long enough to make stable measurements. Adult criteria for illness can be difficult to apply ... when the signs and symptoms of mental disorders are often also the characteristics of normal development."

The focus on children by Dr. Effrem substantiates comments made by Dr. Allen Frances, professor emeritus and former chief of psychiatry at Duke University, in his June piece for *Psychology Today* ([see Part II of this series](#)), explaining that "the recent [psychiatric] 'epidemics' have all occurred in the childhood disorders." Children's "disorders" are where the money is; they provide a rationale for mass screening as well as some outrageous "interventions" that compromise parents' civil rights.

School psychiatrists and counselors have been traveling this path since the 1990s. Today's schools serve as foot soldiers for U.K.-like ABSO legislation. A counselor may tell a student, for example, to draw stick figures of his parents. If daddy is portrayed as, say, watching television, the school psychiatrist may insist that the father is disinterested or uninvolved in the child's life.

It doesn't take much imagination to see how this could lead to disruption for children and families, both at the hands of a nanny state, and at the hands of zealous "researchers." Dr. John H. Gilmore, the lead on UNC's schizophrenia study, proclaimed his intention to follow his young subjects all the way through school and into adulthood. His team intends to track babies with "larger brains" throughout their lifetime under the auspices of assessing language skills, motor skills, and memory development — no doubt with a little opinion-monitoring thrown in, inasmuch as thoughts and worldviews comprise in large part what it means to be "rational."

If we continue on this course, we'll all be British: There won't be a school, physician, hospital or law enforcement agent anywhere that won't be forced to report "mental health" findings of citizens to bureaucrats, given the new incursions by government into health care under the Obama Administration.

Previous Installments in this series:

[A Breakthrough for Schizophrenia? Part I: Speculation Surrounds Babies' MRIs](#)

[A Breakthrough for Schizophrenia? Part II - Medicalizing and Treating Thought Disorders](#)



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