A grown-up approach

Children, far from suffering widespread mental illness, simply need less rigidly protective treatment by adults

The Mental Health Foundation's report, The Big Picture, has generated much anxious publicity about the state of children's mental health. It suggests that mental illness now affects one in five young children. Children are reported to find the demands of everyday life more and more difficult to cope with.

The foundation's director, June McKerrow, suggests obsessive parents have closeted children, who consequently are not given opportunities to take risks or learn from their mistakes. This must be of concern to nurses and midwives.

Before recommending children be referred en masse to 'child and family consultation services', calling parents obsessive for overprotecting them is hardly helpful without exploring why.

Child protection has become a national pre-occupation. Not a day goes by without some aspect of child safety being highlighted - accident prevention, diet, child abuse, stranger danger, paedophilia and bullying, to name a few.

Parents infer that growing up in the 1990s is hazardous and tricky for children and that they have to protect them, whatever the cost.

Children grow up fearful of people they do not know. They exercise less, experiment less, are less challenged, make fewer independent decisions and take longer to grow up. So, is it surprising that they may be emotionally immature and more susceptible to mental health problems?

Difficult behaviour is being medicalised. Advice on behaviour management, once a routine part of a health visitor's work, is now the province of child psychologists and psychiatrists.

Challenging behaviour is reclassified as a mental health problem. Because it is such an amorphous term, subjective rather than objective criteria determine its 'diagnosis'.

Where behaviour such as disobedience, fidgeting, refusing to settle, and being difficult or non-compliant were once thwarted by parental or classroom discipline, they are now referred on to health professionals, who are rapidly inventing new labels with which to categorise children.

If a child has a 'medical' condition it takes the onus off parents or teachers or any of us to find ways of dealing with the problem.

Children are healthier, safer, and better nourished and educated than ever before. The problem lies with adults. We are being diverted from recognising that not all children have mental health problems.

The government should allow parents to bring up their children as they see fit.

Talking sense

Were academics from Leeds University right to call for wheelchair users and people with sensory impairments to be admitted to nurse education? We asked our readers panel...

Patient care is the priority

I would be the last person to stop disabled people taking as full a part in society as possible. However, when it comes to nursing there may be severe difficulties in caring for patients safely. For instance, how could a blind person draw up drugs or set up equipment? How would a person confined to a wheelchair help move a patient who is unconscious or even severely dependent? We need to ensure patients are safe - unfortunately, staff with severe disabilities will compromise that.

Chris Bassett is a lecturer in nursing at Sheffield University

Pure academic nonsense

Nursing is a very poor academic discipline - there is much that is based purely on reacting to sensory messages and the outcomes to these reactions. Much of nursing is unquantifiable and very much an art. Only an academic, far removed from nursing practice, could call for such 'equal opportunities'. Surely the concept is pure nonsense, unless of course, nursing is no longer a practical activity, but simply a Cinderella arm of sociology departments.

Many nurses argue, at risk of being called reactionary, that nursing is best learnt with nurses, in a clinical environment. If it is best learnt in an academic setting, it must be available to all. But who is going to do the nursing?

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