

The Greatest Failure in What used to be Called Medicine

A little over a year ago, the British Minister for Health (2018), Jeremy Hunt, said children's mental health was the greatest failing of the NHS.

Teenagers, primarily girls, are being seen by family doctors and referred to the secondary mental health services. The waits are so long, they attempt suicide by the time they get seen. A growing number succeed.

This is happening despite apparently ever more money being put into children's mental health services.

These teenagers attempt suicide although they have been put on antidepressants by their doctor to keep them going while they wait. By the time the secondary services see them, they are going to look very different to the person who presented to the family doctor in the first place. They will be more agitated. They have tried to kill themselves. There is a much greater chance they will end up being diagnosed as bipolar and will get stuck on a bunch more meds.

“Trust me, I’m a doctor.” Or perhaps you shouldn’t, as prescription drugs are the third leading cause of death, after heart disease and cancer. Look up the evidence yourself and take as little drugs as possible. Very few drugs are indispensable.

-Prof. Peter Gotzsche

PRESCRIPTIONS for psychiatric drugs including antidepressants, sleeping pills and antipsychotics are growing faster for children aged 10 to 14 than any other age group in Scotland - and the trend is accelerating.

In less than a decade, the number of 10 to 14-year-olds taking anti-anxiety and insomnia drugs such as diazepam, zopiclone and benzodiazepines – better known as sedatives or tranquilisers - has soared eight-fold, from 703 in 2009/10 to 5,533 by 2018/19.

Official guidelines stress that tranquilisers should be restricted to cases of anxiety which are "*severe, disabling or causing unacceptable distress*", or for the treatment of sleeping problems "*only after the underlying causes have been established and treated*".

But as of last year, one in 50 children aged 10 to 14 in Scotland was prescribed a sedative.

Over the same nine-year period in this age group, the number of children taking antidepressants has almost tripled, from 483 to 1,354, with the use of antipsychotics to relieve hallucinations, delusional beliefs, and disordered thoughts also up 27%, from 327 to 416.

Since 2009, the total number of Scots taking antidepressants has increased 48%, with 3.3% and 2.5% rises respectively in the number of people on sedatives and antipsychotics.

There are also signs that the use of psychoactive drugs in children is gaining momentum.

Although the use of both tranquilisers and antidepressants in 10 to 14-year-olds has been climbing steadily since 2009, the year-on-year increases have been going up - particularly since 2013 - and the spike in patient numbers between 2017/18 and 2018/19 was the largest yet recorded.

One in 200 10 to 14-year-olds was on an antidepressant last year.

Exactly what is behind the pattern - and whether it should be happening at all - remains contentious.

It is also impossible from the statistics, collated by ISD Scotland, to determine how many children were given a one-off prescription and how many are on long-term treatment.

However, it is also true that diagnoses of major depressive and anxiety disorders in young people have been growing rapidly, not only in Scotland **but across the UK** and in the United States.

John Read, a professor of clinical psychology at the University of East London who was among the expert panel for Public Health England's recent review into

prescribed drug dependence, said he was "alarmed but not surprised" by the Scottish figures.

He described it as an **"extremely worrying medicalisation of distress"**.

He added: "These children have got things going on in their lives that they need help with, but they don't have medical disorders that need medicating. We don't have any evidence that there's an increase in mental health problems in our youth.

"What there is, is a very effective marketing campaign by the drug companies. It's a known strategy they've used for 50 years: once they've saturated the adult market, for which there is research and regulation, they push beyond that in two directions.

"They push them into old people's homes, and they push down into the under-18 and under-16 bracket for which there is practically no research - certainly no long-term research - on the effects of these drugs on children's brains.

"We just have no idea what effect these chemicals have on the developing brains of our children.

"It's utterly unethical and certainly unscientific to be using these drugs on kids this young."

In June this year, NICE (National Institute for Health and Care Excellence) guidelines were also updated in support of using the antidepressant fluoxetine (Prozac) in five to 11-year-olds with moderate to severe depression, combined with psychological therapy. It was already indicated for use in the 12 to 17 age group.

Dr Aileen Blower, vice-chair of the child and adolescent faculty in Scotland for the Royal College of Psychiatrists, said that as long as they are prescribed cautiously, at low and gradually increased doses with careful monitoring, there was no evidence to suggest antidepressants were any more dangerous in young people than any other prescribed medications.

"Dr Aileen Blower, vice-chair of the child and adolescent faculty in Scotland for the Royal College of Psychiatrists, says depression pills "definitely reduce suicide risk" in children. They increase suicide risk. Why do leading psychiatrists lie to us? *-Prof. Peter Gotzsche*

A major study published in the British Medical Journal in 2016 did find that **under-18s taking antidepressants were three times more likely to think about and attempt suicide than those on a placebo. The same increase was not found in adults.**

Beverley Thorpe, a researcher for the Council for Evidence-based Psychiatry, which lobbies on the potentially harmful effects of psychiatric drugs, believes "bombarding" young people with the awareness message has been counterproductive.

She said: **"Many of the things children are experiencing are probably normal childhood experiences; the problem is that nowadays we're told we need help for it."**

So, if ever more money is going into children's mental health, why are things not getting better?

It's because the money is going into screening programs and auditors to ensure the few remaining clinical staff keep to guidelines and use antidepressants and do so even more intensely as the rate of suicidal events in children goes up and more children get diagnosed as bipolar than they ever did before. And it's going into managers to construct even more flowcharts and tickable boxes which will make everything okay, and who will hire ever more screening staff and auditors from money saved on vacant clinical posts.

This is great for pharma because this ever-increasing expenditure, driven by drugs like the antidepressants, is not going on drugs. This allows pharma to claim we aren't using more drugs – the drugs component to the NHS budget is the same as it always has been for over 50 years.

- **Every trial of antidepressants in childhood depression is negative**
- **The trials that got Prozac licensed are negative**
- **Prozac is the drug with the most negative trials in children's mental health**
- **Prozac triples the rate of suicidality.**
- **In one trial (TADS) there are 34 suicidal events on Prozac compared to 3 on placebo**

- Every trial of antidepressants in children has produced an excess of suicidal acts
- Every trial up to the ghost-writing scandal of 2004 were ghost or company written
- Companies may hide their tracks better now but there is nothing independent about later trials
- Later trials on drugs like vortioxetine and vilazodone are of even worse quality than earlier trials
- There is no access to the data from any of these trials
- FDA and MHRA do not have the trial data
- NICE and other guidelines are based on ghost-written articles and not on data
- Antidepressants now appear to be the most commonly used drugs by teenage girls after oral contraceptives
- Many of these teenagers will be on drugs for life because of this.

This is the greatest failing of current healthcare. There is almost no point taking your daughter/son to a doctor. Doctors have been badly duped. The contracts of some will even say they are obliged to follow the Guidelines. You may end up saying you don't blame the doctors – they were just keeping the guidelines. You should blame the doctors. They've known for over 15 years about this. The Royal College of Psychiatrists in particular have known about this.

“Suicides in USA go down when access to firearms drops and go up when use of depression pills go up. Pills double suicide risk, both in children and adults. Suicide prevention programs must avoid pills...”

-Prof. Peter Gotzsche

This leaflet is to encourage people to investigate the truth for themselves, yet people have been educated not to ask questions but to believe the doctor knows best. We need to wake up, recognise the side-effects on body and mind of pharmaceutical drugs to young people, be serious about seeing and sharing the truth to stop further harm to young lives.

Comment:

“...In September this year (2019) I shall have been continuously studying/practising medicine for exactly half a century. I could never have believed the profession to which I was so deeply committed could be responsible for the iatrogenic morbidity and mortality resulting from denial and deception that has left prescribers of psychotropic drugs in such ignorance of the real toxicities of their alleged medications. Once labelled with a psychiatric “diagnosis” for an unrecognised Adverse Drug Reaction, a young person with everything to dream of in life is designated; “Human Reject”. Their educational, employment, economic, relationship, marriage, childbearing, home owning prospects are in effect exterminated.

The enchanting, unique and charismatic personality is permanently extinguished by acute, subacute, chronic and legacy injuries caused by pointless, callous and dangerous prescription drugging. Some are killed. Those who “survive” are the living-dead, their families enduring an almost unbearable, life-long iatrogenic bereavement. Any current or future physical illness is most likely assumed to be a consequence of their fictitious past history of “Mental Health”.

Please remember that the most dangerous thing we can do to our children is to let them see a psychiatrist.

After my fifty medical years I conclude that the mainstream practice of psychiatry... with all of its dogma, absence of empathy and brutality, is unrelated to any token of medical integrity. How truly shameful that those responsible, deny all who are so dreadfully

injured, any objective discussion as to how and why they have suffered so terribly in their “medical hands”.”

Comment:

“The Trauma & Havoc wrought on the lives of these victims & their families is serious. Abuse of Power is the worst possible human behaviour by those in positions of power; Narcissism, Sociopathy/Psychopathy, the Pack-mentality, sheer Arrogance, etc... (just Evil). And then one has the inevitable rest of the population of on-lookers displaying the usual [at best] traits of Apathy, Ignorance, Indifference, Self Preservation, Look-the-other-way, etc... (Power can’t & doesn’t, function in a vacuum).”

Comment:

“Have just finished executor duties for the estate of a close friend who died by the prescribing hand of her doctor. It took only two weeks of an antidepressant given for the adverse/depressive effect of a heart medication. She ended her own life. I arranged for the clean-up of her bodily fluids, bits of scalp and hair on the floor of her apartment. Her doctor should have been forced to clean up. This morning I learned of the death by hanging of an eleven-year old boy.”

Comment:

“The issue is that mental health problems are now of epidemic proportions, in the UK, and no one, as far as I can tell, is prepared to treat it as such and investigate the root causes.”

References:

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‘The Greatest Failure in What used to be Called Medicine’ - Dr. David Healy, Wales
<https://davidhealy.org/>

‘Suicide in the Age of Prozac’ <https://www.madinamerica.com/2018/08/suicide-in-the-age-of-prozac/>

‘Elderly people being ‘poisoned’ by medication, say drug experts’ -The Guardian
<https://www.theguardian.com/society/2019/oct/29/elderly-being-poisoned-by-medication-say-drug-experts?>

‘Trust Me I’m a Doctor’ -Prof. Peter Gøtzsche
<https://www.deadlymedicines.dk/trust-me-im-a-doctor/>

CASE STUDY: 16 year old girl

Amiee Folan from Glasgow had a troubled childhood and was diagnosed as bipolar when she was 12.

At the age of 16, when she was staying at a children's unit in Scotstounhill, she went to see her GP and was prescribed antidepressants that had a devastating effect - within a week she had attempted suicide.

She told BBC Scotland: "I went there to ask for help, counselling or something with a therapist, but they prescribed antidepressants and sent me on my way after a 10-minute appointment."

Amiee says the doctor warned that the drugs could make her feel "low" for a few days.

"They didn't say I would get to the point where I was hearing voices and seeing people who were not there," she says.

Amiee says she had night terrors and voices in her head telling her to hurt herself and her partner, symptoms she had never experienced before.

"It was quite a traumatic experience," she says.

She became so desperate she attempted suicide...

Amiee who is now 20 said, "I thought it was quite scary that I could just walk in and say 'I'm depressed' and basically they just handed them to me."

CASE STUDY: 30-year-old healthy woman on antidepressant study trial

After a few days on sertraline, she experienced agitation and anxiety, racing thoughts and restlessness, says the study. "Over the first weekend she had a nightmare about having her throat slit so that it gaped open and she imagined she bled to death in the bed." Other versions of the nightmare recurred during the next two nights.

At the start of week two, she remained restless, withdrawn and preoccupied. By Wednesday she was tearful and did not seem herself. She described swings of emotion, with misery predominating but she was not depressed. She was advised to stop taking the drug and agreed to do so. She did not stop. In retrospect, it was almost as if she could not stop herself from taking the tablets."

On Thursday, the study monitors stopped her medication but the effects persisted. "That night she was seriously suicidal... On the Friday she telephoned early in the morning, distressed and tearful after the previous night. Her conversation was garbled. She described almost going out

and killing herself."

She described feeling hopeless and alone and becoming obsessed with the idea of throwing herself under a car or perhaps a train.

"This clear thought appeared irresistible and its appearance seemed to put an end to the anxiety. It was trance-like and only broken by a telephone call, which came when she was about to act on the basis of this idea." She remains very disturbed by what happened.