

**SUBMISSION TO HEALTH SUBCOMMITTEE ON  
OVERSIGHT AND INVESTIGATIONS**

**RE: HEARING: HELPING FAMILIES IN MENTAL HEALTH  
CRISIS ACT OF 2013 (H.R. 3717)**



**A SUBMISSION BY CITIZENS COMMISSION ON HUMAN RIGHTS  
INTERNATIONAL**

**APRIL 2, 2014**

**SUBMISSION TO HEALTH SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS  
RE: HEARING: HELPING FAMILIES IN MENTAL HEALTH CRISIS ACT OF 2013  
(HR 3717)**

**PREAMBLE**

The Citizens Commission on Human Rights (CCHR) is a non-profit, non-political and non-religious mental health watchdog. It works to enact protections for and increase consumer rights especially informed consent rights, and raises public awareness about psychiatric abuses.

It has assisted many thousands of individuals who have been adversely treated in the U.S. mental health system and around the world. It is the only group that has obtained more than 160 consumer/mental health patient-protection laws in the world, receiving recognition from the Special Rapporteur to the United Nations Human Rights Commission for being “responsible for many great reforms.”

Several Congressional recognitions of our work includes a Resolution by Congressman Diane Watson, which “highly commends CCHR for securing numerous reforms around the world, safeguarding others from abuses in the mental health system and ensuring legal protections are afforded them.”

The Energy and Commerce Oversight Subcommittee’s research says that the current mental health system is “broken” and is operating on “ineffective policies.”

We couldn’t agree more.

But H.R. 3717 seeks to fix this broken system with yet more costly and ineffective government bureaucracy.

We offer a perspective to Congressional Members that we suggest should not be ignored when considering the future of those in need of mental health care.

We respectively ask Members of Congress that before committing to the Helping Families in Mental Health Crisis Act of 2013, a cost-benefit analysis be conducted of federal wholly or partially-funded mental health hospitalization, civil commitment and out-patient treatment outcomes, including the rate of relapse and deaths associated with psychotropic drug use and other treatment modalities.

Furthermore, the research presented to legislators ignores the increasing concern and professional criticism that the mental health system is based on a book *The Diagnostic and Statistical Manual (DSM)* that experts say is devoid of science.

Dr. Allen Frances, professor emeritus of psychiatry, Duke University, who chaired the task force to revise DSM-IV, said DSM5 “will dramatically expand the realm of psychiatry and narrow the realm of normality — converting millions more people from being without mental disorders to being psychiatrically sick.”

Even leading NIMH-funded researchers of schizophrenia in a 2012 study stated: “The validity of psychiatric diagnosis and the DSM process is the focus of criticism because we have not identified the lesions, the diagnostic process depends upon ‘soft’ subjective phenomena....”

We call for full transparency and accountability for existing programs before more funding is appropriated for new programs or before enacting laws that mandate enforced treatment, especially in the community.

We propose that one cannot view the need for new appropriations and mental health services without first looking at the abuses and the massive reliance upon biological approaches to mental health care in this country, especially psychotropic drugs and brain-intervention treatments that, according to countless thousands patients, reporting damage. We call on Congress to search for and help fund more humane mental health treatment approaches.

It is important for Members to understand that the mental health system in the U.S. has, to a large degree, been reduced to little more than a purveyor of psychotropic drugs. These drugs are the subject 22 international drug-regulatory warnings causing violent behavior, mania, psychosis, as well as suicidal and homicidal ideation.

The research behind H.R. 3717 took little or no notice of this and other important facts. Many of the provisions would perpetuate and expand a model that has been proven to be both costly and largely unworkable given the increasing—not decreasing—numbers of mentally ill.

We invite Members to review some of the facts herein.

**BRUCE WISEMAN  
NATIONAL U.S. PRESIDENT  
CITIZENS COMMISSION ON  
HUMAN RIGHTS INTERNATIONAL  
APRIL 2, 2014**

## EXECUTIVE SUMMARY

### INSPECT THE COSTS & RESULTS

- Psychiatric prescription drugs represent more than 10% of *all health* drug costs in the U.S.
- Medicaid spent \$4.5 billion on behavioral drugs in 2008 alone—about a fifth of the \$22.5 billion spent by the program on *all* pharmaceuticals combined.
- NIH has provided more than \$34.6 billion in research grants to study mental health since 2010.
- Despite the appropriations, 90% of the world’s consumption of stimulants (Ritalin, Adderall) prescribed to treat Attention Deficit Hyperactivity Disorder (ADHD) is still in the U.S.
- ADHD is diagnosed about 25 times more often in the U.S. than in the U.K.
- A leading psychologist who has specialized in researching and treating ADHD called the number of children labeled with ADHD a “national disaster”—a “concoction to justify the giving out of medication at unprecedented and unjustifiable levels.”
- The number of U.S. children under 2 years old prescribed psychotropic drugs in 2013 could fill 3½ football stadiums.
- In 2009, more money was spent on treating children diagnosed with mental disorders than for any medical condition, costing \$8.9 billion. The cost of treating trauma-related disorders, including fractures, sprains, burns, and other physical injuries from accidents or violence was only \$6.1 billion.

### INVOLUNTARY COMMITMENT/MANDATORY OUT-PATIENT TREATMENT

- There is misleading information that the solution to the nation’s problem with violence also lies in increasing the powers of civil commitment and out-patient laws so that courts require the mentally ill to receive mandatory treatment.

- Most commitment and outpatient treatment laws are based on the concept that a person may be a danger to himself or others if not treated against their will. However, an American Psychiatric Association (APA) task force Brief to the U.S. Supreme Court said that, “Psychiatric expertise in the prediction of ‘dangerousness’ is not established.”
- Treatment in the community often involves antipsychotic drugs, which researchers of schizophrenia admit are “associated with a variety of movement disorders, some acute, some chronic, and some at times irreversible but all troublesome...we have now confronted another challenge in that some of the medications...are now associated with metabolic adverse effects, which can increase long-term health risks.”
- The drugs do not prevent violence. Rather side effects include agitation, hostility, manic reactions, and a severe restlessness that has been linked to violent behavior and assault.
- On February 11, 2014, a Chicago jury awarded \$1.5 million to an autistic child who developed a severe case of tardive dyskinesia (persistent or permanent movement disorder) and akathisia (restlessness) while being treated with the antipsychotics Risperdal and Zyprexa between 2002 and 2007. The youngster developed a severe case of tardive akathisia involving torturous internal agitation that drove him into constant, unrelenting motion.

#### **SCHOOL SHOOTINGS**

- An estimated that 90% of school shooters were users of antidepressants, which all carry an FDA “black-box” warning of “suicidality” and can cause mania and hostility.
- Researchers identified 25 psychotropic drugs disproportionately associated with violence, including physical assault and homicide.

#### **CHILDREN AT RISK: THE SIDE EFFECTS**

- Children and adolescents have suffered serious adverse drug effects, including weight gain, insulin resistance, type 2 diabetes, emotional numbness, blood disorders, developmental problems, irreversible damage to the nervous system resulting in debilitating movement disorders, addiction, heart irregularities, mania, psychosis, suicidal ideation and strokes.

## PSYCHIATRISTS CONCERNED THAT MENTAL DISORDER “EPIDEMIC” IS CREATED

- The increase in children being diagnosed with mental disorders stems from the *Diagnostic & Statistical Manual for Mental Disorders* (DSM) and psychiatric-pharmaceutical marketing of the disorders, especially through Direct-To-Consumer Advertising.
- Dr. Allen Frances, professor emeritus of psychiatry, Duke University, who chaired the task force to revise DSM-IV, said the “false epidemic” of ADHD, Bipolar Disorder and autism was *created*.
- The rates of ADHD have tripled, partly because new drug treatments were released that were aggressively marketed.
- Psychiatrist Robert Spitzer who was Chair of the DSM-III task force acknowledged the “exaggerated rates of mental disorders” could be as high as 40%.

## FOSTER CARE & MEDICAID-FUNDED CHILDREN NEED PROTECTION

- Over half (55%) of children placed in foster homes have been labeled with ADHD. Of these, 38% were prescribed stimulants and 36% prescribed antipsychotics.
- There was a 62% increase between 2002 and 2007 in the number of children enrolled in Medicaid who were prescribed antipsychotics.
- Of the 1.2 million low-income children in the U.S. who received Supplemental Security Income (SSI) checks in 2009, 53% (640,000) did so because of mental, learning, or behavioral issues—more than 255% greater than the 180,000 in 1997.
- Parents in need of income to survive seek prescriptions for powerful drugs for their children to obtain SSI—\$700 a month and near-automatic Medicaid coverage. “To get the check,” one mother confided, “You’ve got to medicate the child.”
- Based on psychiatric advice, child protective services have forcibly removed children from their home, charging their parents with medical neglect when they refused to administer a psychotropic drug (even when their family doctor had

recommended this.) International media has run on this grave situation in the U.S., yet there are no federal protections.

#### **IMPACT OF DIRECT-TO-CONSUMER ADVERTISING (DTCA) ON MENTAL HEALTH CARE**

- FDA relaxed drug advertising in 1997, with DTCA finalized in 1999. Stimulant prescriptions increased 37% between 1997 and 2001. Advertising expenditures for ADHD drugs averaged \$88 million per year from 2000-2011.
- Psychotropic drugs for adolescents aged 14 to 18 years increased by 250% between 1994 and 2001, with the greatest increase after 1999.
- A university study found that DTC ads “lack information about alternate therapies, efficacy, and cost, and often provide inappropriate or misleading information for target audiences.”
- Another DTCA study found that the DTCA is aimed to sell psychotropic medications only to make money and “has hindered public perceptions of what mental illnesses are and how they are treated.”

#### **FALSE & MISLEADING ADVERTISING PUTTING MENTAL HEALTH AT RISK**

- An investigative reporter found that DTCA escalates everyday problems into psychiatric disorders.
- 40 million Americans are taking antidepressants that were misleadingly marketed as correcting a chemical imbalance in the brain causing depression. Despite 50 years of research, medical experts say, “there is not one piece of convincing evidence the theory is actually correct.”
- In 2003, the Irish Medical Board prohibited GlaxoSmithKline, the manufacturer of the Paxil from advertising that the antidepressant corrects a chemical imbalance in the brain. There is no such ban in the U.S., despite the need for one being brought to the attention of the FDA.

#### **INFORMED CONSENT RIGHTS VIOLATED WHEN NOT INFORMED OF ALTERNATIVES**

- A DTCA study point out, “None of the [psychotropic drug] ads mention talk therapy or exercise, which have both been proven to help ease the stress of mental conditions....”

- The study cited one ad for the antidepressant Prozac, which dissuaded people from seeking alternative help, stating, “talk therapy cannot control the medical causes of depression.”
- Alternative approaches to helping children with behavioral or educational issues and all Americans with emotional issues are disregarded or suppressed, violating informed consent rights.

## **RECOMMENDATIONS**

- 1. Before committing to the Helping Families in Mental Health Crisis Act, a cost-benefit analysis should be conducted of federal wholly or partially-funded mental health hospitalization, civil commitment and out-patient treatment outcomes, including the rate of relapse and deaths affiliated with psychotropic drug use and other treatment modalities.**
- 2. Consult with mental health patient rights and advocacy groups such as but not limited to Mind Freedom and the National Coalition for Mental Health Recovery to hear into their concerns, as former patients, about the abuses in the mental health system.**
- 3. Enact federal regulations that would make it a requirement for state child protective agencies receiving federal funds to implement regulations that would prohibit investigating and prosecuting parents who choose not to medicate their child with psychotropic drugs.**
- 4. Investigate whether DTCA is adversely impacting Americans, escalating their everyday problems to psychiatric disorders, and why the FDA is seeking to reduce drug adverse effects in advertising.**
- 5. Ensure there is stronger Informed Consent to treatment requirements in the nation’s mental health system, including consumers having access to information about alternatives and non-physically harmful treatments for improved mental health.**



# SUBMISSION

## INSPECT THE COSTS & RESULTS

- A reported \$150 billion is spent annually on mental health treatment.<sup>1</sup>
- Psychiatric prescription drugs represent more than 10% of *all health* drug costs in the U.S.<sup>2</sup>
- Medicaid spent \$4.5 billion on behavioral drugs in 2008 alone—about a fifth of the \$22.5 billion spent by the program on *all* pharmaceuticals combined.<sup>3</sup>
- Most of Substance Abuse and Mental Health Services Administration’s (Samhsa) annual \$460 million in grants already goes to community mental-health centers.<sup>4</sup>
- NIH has provided more than \$34.6 billion in research grants to study mental health, schizophrenia, Attention Deficit Hyperactivity Disorder (ADHD), major depression, autism, PTSD, suicide and more since 2010.<sup>5</sup>
- Despite the appropriations invested into existing mental health programs, today, 90% of the world’s consumption of stimulants (Ritalin, Adderall) prescribed to treat ADHD is in the U.S.<sup>6</sup>
- On April 22, 2009, the Agency for Healthcare Research and Quality reported that in 2006, more money was spent on treating children aged 0 to 17 diagnosed with mental disorders than for any other medical condition, costing \$8.9 billion. By comparison, the cost of treating trauma-related disorders, including fractures, sprains, burns, and other physical injuries from accidents or violence was only \$6.1 billion.<sup>7</sup>
- ADHD is now the second most frequent long-term diagnosis made in children, narrowly trailing asthma, according to a *New York Times* analysis of Centers for Disease Control and Prevention (C.D.C.) data.<sup>8</sup> And it is diagnosed about 25 times more often in the U.S. than in the U.K.<sup>9</sup>
- This prompted Dr. Keith Conners, a psychologist and professor emeritus at Duke University and major advocate of ADHD to tell *The New York Times*, “The numbers make it look like an epidemic. Well, it’s not. It’s preposterous.” Further,

“This is a concoction to justify the giving out of medication at unprecedented and unjustifiable levels.” Dr. Connors called it a “national disaster.”<sup>10</sup>

- The number of U.S. children under 2 years old prescribed psychotropic drugs in 2013 could fill 3½ football stadiums. More than 1.1 million 0-5 year-olds were prescribed mainly anti-anxiety drugs, antidepressants and stimulants.<sup>11</sup>
- Children are now being prescribed a combination of stimulants and powerful antipsychotics that can permanently disable their young bodies in the treatment of ADHD. Use of the combination of drugs increased 600% between 1990 and 2007.<sup>12</sup>

#### **INVOLUNTARY COMMITMENT/MANDATORY OUT-PATIENT TREATMENT**

- There is misleading information being conveyed to legislators that the solution to the nation’s mental health problems and violence also lies in increasing the powers of civil commitment and out-patient laws so that courts require the mentally ill to receive mandatory treatment.
- Countless thousands of Americans are already involuntarily committed and treated against their will in the U.S. Treatment often consists of powerful antipsychotics in a community mental health setting, a deinstitutionalization program that, according to researchers, can result in “homelessness, drug addiction, crime, disturbance to public peace and order, unemployment, and intolerance of deviance.”<sup>13</sup> Consumer advocate Ralph Nader called CMHCs a “highly touted but failing social innovation” that “wound up only recapitulating the problems they were to solve...”<sup>14</sup>
- Researchers, one of whom is a lead investigator for NIMH’s RAINE (The Recovery After an Initial Schizophrenia Episode) study, admit: “Antipsychotic medications were initially associated with a variety of movement disorders, some acute, some chronic, and some at times irreversible but all troublesome...we have now confronted another challenge in that some of the medications...are now associated with metabolic adverse effects, which can increase long-term health risks.”<sup>15</sup>
- In an eight-year-study, the World Health Organization found that severely mentally disturbed patients in three economically disadvantaged countries whose treatment plans do not include a heavy reliance on drugs did dramatically

better than those in the United States and four other developed countries. A follow-up study confirmed this.<sup>16</sup>

- Most commitment laws outpatient treatment laws are based on the concept that a person may be a danger to himself or others if not treated against their will. However, an American Psychiatric Association (APA) task force Brief to the U.S. Supreme Court said that, “Psychiatric expertise in the prediction of ‘dangerousness’ is not established.”
- On February 11, 2014, a Chicago jury awarded \$1.5 million to an autistic child who developed a severe case of tardive dyskinesia (persistent or permanent movement disorder) and akathisia (restlessness) while being treated with the antipsychotics Risperdal and Zyprexa between 2002 and 2007. The youngster developed a severe case of tardive akathisia involving torturous internal agitation that drove him into constant, unrelenting motion.<sup>17</sup>

## SCHOOL SHOOTINGS

Between 1999 and 2005, spending on Direct-To-Consumer Advertising (DTCA) for antidepressants increased almost four-fold. The use of antidepressants nearly doubled between 1996 and 2005.<sup>18</sup> One of the first highly publicized school shootings was in 1999 in Columbine, Colorado.

Dr. David Healy, M.D., a former secretary of the British Association for Psychopharmacology and author of 20 books, including *The Antidepressant Era* and *The Creation of Psychopharmacology*, **estimates that 90 percent of school shooters were users of antidepressants**, which all carry an FDA “black-box” warning of “suicidality.”<sup>19</sup>

As far back as 2006, Dr. Healy warned: “We’ve got good evidence that the drugs can make people violent and you’d have to reason from that that there may be more episodes of violence.”<sup>20</sup>

**There are 22 international drug-regulatory warnings issued on psychiatric drugs causing violent behavior, including mania, psychosis and homicidal ideation. Researchers have identified 25 psychotropic drugs disproportionately associated with violence, including physical assault and homicide.**<sup>21</sup>

**See Appendix:** Samples of Court decisions regarding psychiatric drugs and violent behavior.

## CHILDREN AT RISK: THE SIDE EFFECTS

Children and adolescents have been put at risk of serious adverse effects from these drugs, including weight gain, insulin resistance and type 2 diabetes, emotional numbness, blood disorders, developmental problems, irreversible damage to the nervous system resulting in debilitating movement disorders, addiction, heart irregularities and strokes.

These are in addition to mania, psychosis, and suicidal ideation.

The treatment of these drug-induced conditions further drive up healthcare costs.

ADHD drugs are linked to serious side effects, including liver toxicity, weight loss, sleep problems, mood swings, and, as noted above, even thoughts of suicide. They can also interfere with growth, according to researchers in a *British Medical Journal* published study in 2013. “Despite extensive research into factors contributing to ADHD etiology, we are no closer to understanding the cause or causes of this disorder,” the authors stated.<sup>22</sup>

## PSYCHIATRISTS CONCERNED THAT MENTAL DISORDER “EPIDEMIC” IS CREATED.

- In 2013, the Centers for Disease Control and Prevention (C.D.C.) reported that nearly one in five high school age boys in the US and 11% of children aged between 4 and 17—or 6.4 million— have received a diagnosis of ADHD, according to a 2013 report from This represents a 41% rise in the past decade.<sup>23</sup>
- About two-thirds (4.3 million) of those with an ADHD diagnosis receive prescriptions for stimulants like Ritalin or Adderall.<sup>24</sup> This is up from about 150,000 children and adolescents in the late 1970s, or a 2,766% increase.<sup>25</sup>
- The increase in children being diagnosed with ADHD and other mental disorders stems from the *Diagnostic & Statistical Manual for Mental Disorders* (DSM) and psychiatric-pharmaceutical marketing of the disorders, especially through Direct-To-Consumer Advertising.
- Dr. Allen Frances, professor emeritus of psychiatry, Duke University, who chaired the task force to revise DSM-IV, admitted that the “false epidemic” of ADHD, Bipolar Disorder and autism was *created*.<sup>26</sup>

- “We now have a rate of autism that is 20 times what it was 15 years ago. By adding bipolar II [to DSM], that has resulted in lots more use of antipsychotic and mood-stabilizer drugs. We also have rates of ADHD that have tripled, partly because new drug treatments were released that were aggressively marketed.”<sup>27</sup>
- Psychiatrist Robert Spitzer who was Chair of the DSM-III task force acknowledged the “exaggerated rates of mental disorders” could be as high as 40%.<sup>28</sup>
- A *New York Times* article stated: “Like most psychiatric conditions, ADHD has no definitive test, and most experts in the field agree that its symptoms are open to interpretation by patients, parents and doctors.”<sup>29</sup>
- Leading NIMH-funded researchers of schizophrenia in a 2012 study stated: “The validity of psychiatric diagnosis and the DSM process is the focus of criticism because we have not identified the lesions, the diagnostic process depends upon ‘soft’ subjective phenomena....”<sup>30</sup>
- The publication of DSM-5 in 2013 has raised grave concerns about further epidemics of childhood mental disorders being created.
- Dr. Frances said DSM-5 “will dramatically expand the realm of psychiatry and narrow the realm of normality — converting millions more people from being without mental disorders to being psychiatrically sick.”<sup>31</sup>
- A 2013 study in the *Journal of Law, Medicine and Ethics* reported: “It is of no coincidence that this manual (DSM5) relies on a biological disease model of mental illness that is not well supported by the evidence but that does promote the commercial agenda of drug firms...conflicts of interest compromise the judgment of physicians who conduct and interpret studies, develop diagnostic categories and draft Practice guidelines.”<sup>32</sup>
- In 2013, Professor of psychiatry David Kupfer who chaired the DSM5 Task Force conceded that “biological and genetic markers that provide precise diagnoses that can be delivered with complete reliability and validity” are still “disappointingly distant.”<sup>33</sup>
- According to *PM Market*, a pharmaceutical industry newsletter, the increase in antipsychotic use in the U.S. was due to the FDA approval for the drugs to treat multiple diagnoses from the DSM: “By increasing uses of these products, the

manufacturers expanded the number of patients who could be treated ... and provided more materials and messages for marketing.”<sup>34</sup>

#### **FOSTER CARE & MEDICAID FUNDED CHILDREN NEED PROTECTION**

- There was a 62% increase between 2002 and 2007 in the number of children enrolled in Medicaid who were prescribed antipsychotics; 50% of children taking antipsychotics in 2007 were diagnosed with ADHD.<sup>35</sup>
- In 2008, the most recent year for which complete data are available, Medicaid spent \$3.6 billion on antipsychotic drugs, up from \$1.65 billion in 1999.<sup>36</sup>
- A study on “Stimulant and Atypical [new] Antipsychotic Medications for Children Placed in Foster Homes,” found over half (55%) of children recently placed in foster homes were labeled with ADHD. Of these, 38% were taking stimulants and 36% were on atypical antipsychotics.<sup>37</sup>
- Children on Medicaid government health insurance were prescribed antipsychotics at four times the rate of privately insured children, according to a study by Stephen Crystal, a professor of health policy at Rutgers University that looked at data from 2004 on 6- to 17-year-old children in seven states.<sup>38</sup>
- Of the 1.2 million low-income children in the U.S. who received Supplemental Security Income (SSI) checks in 2009, 53% or 640,000, qualified because of mental, learning, or behavioral issues. This is a more than 255% over figures in 1997 (180,000). In 2007, there were 562,000 in this category. By significant margins, the top two disorders are ADHD and delayed speech in young children, followed by autism spectrum disorders, Bipolar Disorder, depression, and learning problems, according to the Social Security Administration.<sup>39</sup>
- SSI has also created, for many needy parents, a financial motive—\$700 a month and near-automatic Medicaid coverage—to seek prescriptions for powerful drugs for their children. It means some families count on a child’s remaining classified as disabled, according to a Boston Globe investigation.<sup>40</sup>
- “To get the check,” one mother confided, “You’ve got to medicate the child.”<sup>41</sup>
- A private psychologist who conducts hundreds of independent disability evaluations each year for the Social Security Administration said children who

grow up on SSI often could not see themselves ever living outside the system. “They develop an identity as being disabled,” he said.<sup>42</sup>

- Based on psychiatric advice, child protective services have forcibly removed children from their home, charging their parents with medical neglect when they refused to administer a psychotropic drug (even when their family doctor has recommended it.) International media has run on this grave situation in the U.S., yet there are no federal protections.

## THE IMPACT OF DIRECT-TO-CONSUMER ADVERTISING (DTCA) ON MENTAL HEALTH

The U.S. is unique in that it is only one of two countries in the world that has Direct-To-Consumer Advertising (DTCA), which has influenced the number of Americans being diagnosed with a mental disorder they may not have.

- The FDA relaxed advertising regulations in 1997, with revised DTCA finalized in 1999. Stimulant prescriptions to treat ADHD increased 37% between 1997 and 2001 alone.<sup>43</sup>
- Advertising expenditures for ADHD drugs averaged \$88 million per year from 2000-2011.<sup>44</sup>
- Since 2000, the FDA has cited every major ADHD drug manufacturer for false and misleading advertising, some multiple times.<sup>45</sup>
- Prescriptions for all psychotropic drugs for adolescents aged 14 to 18 years increased by 250% between 1994 and 2001, with the greatest increase after 1999, the year DTC pharmaceutical advertising guidelines were finalized.<sup>46</sup>
- According to a Grand Valley State University, MI study, there is concern that “DTC advertising campaigns for pharmaceuticals lack information about alternate therapies, efficacy, and cost, and often provide inappropriate or misleading information for target audiences.”<sup>47</sup>
- Despite alarming statistics of increasing numbers of people taking prescription psychotropic drugs, and the impact on DTCA on the number of children being diagnosed as “disordered” and medicated, in February 2014, the FDA announced that it is looking at reducing the number of drug risks that companies would be required to list in ads.<sup>48</sup>

- Another DTCA study from SUNY Oswega, found “Most pharmaceutical companies are aiming to sell psychotropic medications for the obvious goal of making money; however this has hindered public perceptions of what mental illnesses are and how they are treated. The drug companies have offered false and incomplete information to attract consumers, rather than truly inform them.”<sup>49</sup>

## FALSE & MISLEADING ADVERTISING

An investigative reporter writing in the Huffington Post in 2012 reported that DTCA escalates everyday problems into psychiatric problems. For example, a three-page consumer ad in the late 2000s conveyed that everyday psychological traits could actually be dire mental problems that required medication. If you are “talking too fast,” “spending out of control,” “sleeping less,” “flying off the handle” and “buying things you don't need,” you could be suffering from bipolar disorder, said the ads.

Today, the mass medication of kids continues and “ads are aimed at parents as unabashedly as breakfast cereal. Give your kid the bubble gum flavored ADHD med LiquADD, says one ad. “Give 'em the Grape” says another for the grape flavored ADHDmed, Methylin.<sup>50</sup>

Forty million Americans are taking antidepressants that were marketed to be correcting a chemical imbalance in the brain causing depression.<sup>51</sup> Yet, this was simply a marketing campaign and not supported by scientific evidence.

In 2013, James Davies, Senior Lecturer in Social Anthropology and Psychotherapy at the University of Roehampton in London said, “despite nearly 50 years of investigation into the theory that chemical imbalances are the cause of psychiatric problems, studies in respected journals have concluded that there is not one piece of convincing evidence the theory is actually correct.”<sup>52</sup>

The New York DTCA study found: “Drug companies use a few easily identifiable incorrect claims in their advertisements. First, they wrongly attribute the root cause of depression as a chemical imbalance...A major misunderstanding was created between the scientific evidence and the public knowledge, causing a myth that is still used in describing the causes of depression today.”<sup>53</sup>

In 2003, the Irish Medical Board prohibited GlaxoSmithKline, the manufacturer of the antidepressant Paxil (Seroxat, paroxetine), from advertising or inserting in patient information leaflets that the drug corrects a chemical imbalance in the brain.<sup>54</sup>



No such ban has been made on any antidepressant advertising in the U.S. despite being brought to the attention of the FDA.

Further the DTCA study determined that such advertising ignores that there are alternative means of dealing with emotional problems: “The biggest problem behind advertising the chemical imbalance theory is that this leaves out the fact that depression can be caused and resolved by life’s events. Suggesting there is a neurological problem in the brain conveys to consumers that they could be walking down the street one day and out of thin air become clinically depressed due to a random change of chemical levels in the brain. Because of the way this is worded, consumers are led to believe that the only true way to control their depression is to seek medical treatment, which again is a claim not based on evidence.”<sup>55</sup>

#### **INFORMED CONSENT RIGHTS VIOLATED WHEN NOT INFORMED OF ALTERNATIVES**

The DTCA study also pointed out, “None of the advertisement include detailed information on talk therapy or exercise, which have both been proven to help ease the stress of mental conditions—In fact, advertisements often go as far as to claim that ‘only your doctor can diagnose depression,’ when this simply is not true.” This then directs the person to a doctor’s office where they’re most likely to receive a prescription.<sup>56</sup>

The study cited one ad for the antidepressant Prozac which stated that “talk therapy cannot control the medical causes of depression.”<sup>57</sup>

Alternative approaches to helping children with behavioral or educational issues are disregarded or suppressed, violating informed consent rights.

“There’s a tremendous push where if the kid’s behavior is thought to be quote-unquote abnormal — if they’re not sitting quietly at their desk — that’s pathological, instead of just childhood,” said Dr. Jerome Groopman, a professor of medicine at Harvard Medical School and the author of *How Doctors Think*.<sup>58</sup>

Dr. Hyla Cass, psychiatrist, reported that many drugs, such as the stimulants Ritalin and Adderall can reduce appetite. This, in turn, decreases the intake of beneficial nutrients. Some antidepressants also tend to have this appetite-reducing effect. Many of the neuroleptics (antipsychotic drugs) and some antidepressants cause insulin resistance or metabolic syndrome, with resulting blood sugar swings.<sup>59</sup>

In the U.S. in the 1970s, the former head of NIMH Schizophrenia Studies, psychiatrist Dr. Loren Mosher conducted a Soteria House experiment, which was based on the idea that schizophrenia could be overcome without drugs. Soteria clients who didn't receive psychotropic drugs did the best, compared to hospital and drug-treated control subjects. Swiss, Swedish and Finnish researchers have replicated and validated the experiment and are still using this program today. Yet the U.S. has ignored this highly valuable alternative to treating those with serious mental health issues.

In Italy, Dr. Giorgio Antonucci dismantled some of the most abusive psychiatric wards by treating severely disturbed patients with compassion, respect and *without* drugs. Within months, the most violent wards became the calmest.

A cost-effective analysis must be done on existing mental health programs and the impact of these on the mental health of the nation—at the exclusion of alternative methods of help.

## RECOMMENDATIONS

- 1. Before committing to the Helping Families in Mental Health Crisis Act, a cost-benefit analysis should be conducted of federal wholly or partially-funded mental health hospitalization, civil commitment and out-patient treatment outcomes, including the rate of relapse and deaths affiliated with psychotropic drug use and other treatment modalities.**
- 2. Consult with mental health patient rights and advocacy groups such as but not limited to Mind Freedom and the National Coalition for Mental Health Recovery to hear into their concerns, as former patients, about the abuses in the mental health system.**
- 3. Enact federal regulations that would make it a requirement for state child protective agencies receiving federal funds to implement regulations that would prohibit investigating and prosecuting parents who choose not to medicate their child with psychotropic drugs.**
- 4. Investigate whether DTCA is adversely impacting Americans, escalating their everyday problems to psychiatric disorders, and why the FDA is seeking to reduce drug adverse effects in advertising.**

5. **Ensure there is stronger Informed Consent to treatment requirements in the nation's mental health system, including consumers having access to information about alternatives and non-physically harmful treatments for improved mental health.**

## THE CITIZENS COMMISSION ON HUMAN RIGHTS

The Citizens Commission on Human Rights (CCHR) is a non-profit, non-political and non-religious mental health watchdog. It investigates and exposes psychiatric violations of human rights, works to enact protections for and increase consumer rights, especially informed consent rights, and raises public awareness about psychiatric abuses. It provides up to date information and commentaries on mental health issues at [www.cchr.org](http://www.cchr.org).

CCHR created an online psychiatric drug side effects database, which provides easily understood information about drug adverse events and international drug regulatory warnings about these drugs. <http://www.cchr.org/psychdrugdangers/>

CCHR was established in 1969 by the Church of Scientology and Dr. Thomas Szasz, professor of psychiatry emeritus from the Syracuse University of New York Health Science Center. Today, it comprises hundreds of chapters in more than 30 countries. Its board of advisors, called Commissioners, includes doctors, psychologists, attorneys, educators, artists, businessmen, and civil and human rights representatives.

CCHR's work aligns with the UN Universal Declaration of Human Rights, in particular the following precepts:

- Article 3: Everyone has the right to life, liberty and security of person,
- Article 5: "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment," and
- Article 7: "All are equal before the law and are entitled without any discrimination to equal protection of the law."

CCHR has inspired many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.

**MISSION STATEMENT:** CCHR works shoulder-to-shoulder with like-minded groups and individuals who share a common purpose to clean up the field of mental health. It shall continue to do so until psychiatry's abusive and coercive practices cease and human rights and dignity are returned to all.

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## APPENDIX: LEGAL PRECEDENTS REGARDING PSYCHIATRIC DRUGS AND VIOLENCE

- **December 2011:** Winnipeg, Canada judge Justice Robert Heinrichs ruled that a 15-year-old boy murdered his friend due to the effects of Prozac. The teen thrust a 9-inch knife into the chest of his close friend Seth Ottenbredt and pleaded to second-degree murder. The judge stated, "He had become irritable, restless, agitated, aggressive and unclear in his thinking. It was while in state he overreacted in an impulsive, explosive and violent way. Now that his body and mind are free and clear of any effects of Prozac, he is simply not the same youth in behavior and character."<sup>60</sup>
- **June 2001:** A Wyoming jury awarded \$8 million to the relatives of a man, Donald Schell, who went on a shooting rampage after taking Paxil and killing his wife, daughter and his baby granddaughter. The jury determined that the drug was 80% responsible for inducing the killing spree. Testifying in the Schell case was Harvard psychiatrist John Maltzberger who said that SSRI manufacturers should warn that SSRIs can cause some patients to experience akathisia and mania, which, can induce violent behavior and suicide.<sup>61</sup>
- **May 25, 2001:** An Australian judge blamed the antidepressant Zoloft for turning a peaceful, law-abiding man, David Hawkins, into a violent killer. Judge Barry O'Keefe of the New South Wales Supreme Court said that had Mr. Hawkins not taken the antidepressant, "it is overwhelmingly probable that Mrs. Hawkins would not have been killed..."<sup>62</sup> Further, "The killing was totally out of character" and "inconsistent with the loving, caring relationship which existed between him and his wife and with their happy marriage of 50 years."<sup>63</sup>
- **January 1999:** University of North Dakota student Ryan Ehlis, 27, shot and killed his five-week-old daughter and wounded himself after taking the stimulant Adderall for several weeks. Ehlis' girlfriend, the mother of his children, testified that Ehlis stopped acting like himself the first day he took Adderall. After the first week, he began to describe delusions and hallucinations. Shire Richwood, the manufacturer of Adderall, issued a statement to the court that psychosis is a side effect of this class of stimulants. Charges were dismissed against Ehlis after various doctors testified that he suffered from "Amphetamine-Induced Psychotic Disorder."<sup>64</sup>

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