

# Parents Offered “Fight for Kids” Website as Resource on Antidepressant Risks

*Mental Health Watchdog raises bar on alerting parents during Mental Health Month about psychotropic drug adverse effects, concerned by 6.7 American kids on them*

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advises parents during Mental Health Month in May to take advantage of its FightforKids website to obtain information about current mental health treatments given children, especially antidepressants offered that may induce suicidal behavior. CCHR was inspired by a father whose teen son died by suicide who wants parents to research and ask questions about antidepressants prescribed to their children.[1] Many parents believe they've been under- or mis-informed about these risks.

CCHR produced the [FightforKids.org](#) website to provide information not generally provided by those prescribing antidepressants and other psychotropic drugs to children and adolescents.

Of the 6.7 million children and teens aged 0-17 prescribed psychotropic drugs in the U.S., 2.1 million are taking antidepressants. A further 1 million are prescribed powerful antipsychotics, some potentially in combination with the antidepressant.[2] In a recent *Frontiers in Psychiatry* article, researchers defended the 2004 decision of the FDA to issue a Black Box warning on the potential risk of suicidality in youth being administered antidepressants.[3]

In 2007, the FDA ordered a review, expanded the directive to include anyone 24 years old or younger and added warnings to the black box about the higher risk of suicidality during the first 1 to 2 months of treatment.[4]



Mental Health Watchdog raises the bar on alerting parents during Mental Health Month about psychotropic drug adverse effects, concerned by 6.7 American children on psychiatric drugs and rising

A Lancet study also warned that the vast majority of antidepressants given to children and teens are ineffective and potentially dangerous. Dr. Jon Jureidini, a child psychiatrist at the Robinson Research Institute at the University of Adelaide in Australia, stated: "What we're up against is the marketing enterprise of the pharmaceutical industry..."[5]

According to Professor Peter Gotzsche, a lead author of a study published in the British Medical Journal, "antidepressants don't work in children, that is pretty clear, in the randomized trials children say that they don't work for them, but they increase their risk of suicide." After reviewing and analyzing 70 antidepressant clinical trials, including reading patient narratives and appendices of more than 18,000 participants, he also concluded that antidepressants doubled the risk of aggression and suicide in children and teens.[6]

Yet another study published in PLOS Medicine found young adults between the ages of 15 and 24 were nearly fifty percent more likely to be convicted of a homicide, assault, robbery, arson, kidnapping, sexual offense or other violent crimes when taking antidepressants than when they were not taking the psychiatric drugs.[7]

The marketing of antidepressants in the U.S. is currently on the rise. In many medical facilities in the country today, when patients come for a service, they are required to fill out a lengthy survey inquiring about their emotional states so that they can be offered more psychiatric drugs, including especially antidepressants.[8]

In April 2020, a study published also reported the risks of antidepressants to children not yet born. Children whose mothers that took SSRI antidepressants during pregnancy have an increased risk of deficits in language and cognition, compared to children of mothers who did not take antidepressants, according to findings in a new University of Manitoba study in Pediatrics, the official journal of the American Academy of Pediatrics. The study is one of the world's first population level investigations into the relationship between maternal antidepressant use during pregnancy and children's neurodevelopment outcomes in kindergarten.

"Our findings raise a concern that these medications are not benign to the developing fetus. This study highlights the importance of presenting a broader approach to managing maternal mental health, especially the consideration of non-pharmacologic approaches," said Dr. Deepa Singal, an adjunct researcher at the Manitoba Centre for Health Policy.[9]

CCHR is concerned that antidepressants are now being recommended for treating viral inflammation. Dr. Moira Dolan, author of Boneheads & Brainiacs: Heroes and Scoundrels of the Nobel Prize in Medicine, says that there are attempts to use antidepressants to treat an over-vigorous immune response, but a 2017 report by researchers in Canada described how people with chronic lung disease are adversely affected by psychiatric drugs that are marketed as SSRIs or as SNRI antidepressants. Community-dwelling chronic obstructive pulmonary disease (COPD)

patients on the psychiatric drugs had significantly higher rates of hospitalization for COPD or pneumonia, significantly higher rates of emergency room visits for these and significantly higher death rates from them.[10]

“The mental health industry is not going to be left out of the money grab on the wave of this pandemic...psychotropic drug makers are leveraging the general agitation to jump in with a dangerous approach by proposing that a psychiatric drug can fight the disease,” Dr. Dolan said. Antidepressants, which can double the risk of aggression and suicide in children, are shown to be ineffective and may cause physical disabilities and birth defects, should not, by anyone’s standards, be called safe treatment for youngsters. Parents need to weigh up the facts, including seeking information on non-harmful and educational solutions to children’s behavioral or educational concerns.

The first step is to become informed; FightforKids and CCHR’s psychiatric drugs side effects database are resources that can assist in providing information that is often withheld from parents, CCHR say. A section on [alternatives](#) is also available for parents wanting information on sound medical care, good nutrition, a healthy, safe environment and workable educational solutions that can be far more helpful to children.

CCHR is the mental health watchdog responsible for more than 180 laws that now protect patients from damaging practices. DONATE to support its work here:

<https://www.cchr.org/cchr-donate/>

[1] <https://www.daytondailynews.com/news/local/teens-and-antidepressants-what-parents-need-know-about-suicide-warnings/R0m9XB0p5rXsRG1wUBWUcP/>

[2] <https://www.fightforkids.org/number-of-children-taking-psychiatric-drugs>

[3] <https://www.frontiersin.org/articles/10.3389/fpsy.2020.00363/full>

[4] <https://www.verywellmind.com/fluoxetine-learn-how-prozac-works-2671743>

[5] <https://www.statnews.com/2016/06/08/antidepressants-teens-kids/>

[6] Tarang Sharma, et al., “Suicidality and aggression during antidepressant treatment: systematic review and meta-analyses based on clinical study reports,” The British Medical Journal, 2016, <http://www.bmj.com/content/352/bmj.i65>;

<https://www.stuff.co.nz/world/europe/76388990/antidepressants-raise-risk-of-suicide---study>

[7] Yasmina Molero, Paul Lichtenstein, et al., “Selective Serotonin Reuptake Inhibitors and Violent Crime: A Cohort Study,” PLOS Medicine, Sept. 15, 2015,

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001875>.

[8] <https://patch.com/massachusetts/backbay/antidepressants-side-effects-individuals-our-civilization>

[9] <https://news.umanitoba.ca/um-study-one-of-first-to-explore-link-between-antidepressants-during-pregnancy-and-child-development-in-kindergarten/>

[10] <https://moiradolan.com/cashing-in-on-covid-part-1-pretending-psychiatric-drugs-treat-disease/>

Amber Rauscher  
Citizens Commission on Human Rights  
+12137983761

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