

Fears that 6.7 Million U.S. Children on Mind-Bending Drugs Will Escalate

Mental health watchdog, CCHR, advises parents to be better informed about dubious child mental health screening during home and school restrictions

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/EINPresswire.com/ -- The [Citizens Commission on Human Rights International](#) (CCHR) is drawing parents' attention to its [Fight for Kids](#)

(FFK) website to become better informed of psychotropic drug risks, which be recommended for children in the wake of stay-at-home and school restrictions. CCHR says a survey of parents claimed that children's mental health had worsened by 14% since March. But the group says that the survey questions are likely

pathologizing a normal response to an abnormal situation. It is concerned that the 6.7 million American children already prescribed psychotropic drugs—of which over half are aged 0-12 years—could dramatically increase.[1]

Mental health screening and surveys have notoriously been criticized for subjectivity and lack of science, causing false positives. The late Karen Effrem, M.D., a renowned pediatrician and researcher, found that increased screening results in "the increased psychiatric drugging of children and adolescents," with significant evidence of "harmful, if not fatal side effects, including suicide, violence, psychosis, hallucinations, diabetes, and movement disorders." [2]

Associate Editor of The BMJ, Jeanne Lenzer, critically called into question the research methodologies and data underlying a U.S. task force recommendation to routinely screen for depression in certain age groups.[3] Researchers published in the Canadian Journal of Psychiatry that there is insufficient evidence to show that any questionnaires can accurately screen 6- to 18-



Mental health watchdog advises parents to be better informed about dubious child mental health screening during home and school restrictions: Recommended psychotropic drug treatment can carry risks. Log onto educational site: [FightForKids.com](#)

year-olds for the depression. Using existing screening tools, “many non-depressed children and adolescents would be mistakenly identified as depressed,” said Brett Thombs, who is affiliated with McGill University's Faculty of Medicine. “This could lead to the unnecessary prescription of potentially harmful psychiatric medications and negative messages about the mental health of some children.”[4]

Thombs described the potential harm involved in pathologizing sadness in adolescence.[5]

Effrem’s educational watchdog found “Mental health diagnostic criteria are very vague and subjective. The very studies and reports cited by proponents of universal screening are full of contradictions. These experts admit the lack of science underlying psychiatric labels.”[6]

The criticism of psychiatry’s subjective screening is escalating now with the use of artificial intelligence (AI) using behavioral symptoms that cannot be verified by any biological test to develop algorithms to “identify” potential “mental disorders.” A study published in *Psychiatric Services* in 2017 pointed out that “the diagnostic schema that forms the basis for [psychiatric/behavioral] labels are highly imprecise.”[7]

TIME reported AI may be the way to “save psychiatry.” But not its patients, CCHR says. Rather, it has the potential to harm them.

AI identifies and diagnoses from speech patterns of young children and can monitor everything from their googling, texting, Facebook use and Twitter. One system asserts it can detect cyber-bullying, self-harm, and grief sentiments in students’ email and in Google/OneDrive. Its analysis algorithm claims it can “infer the sentiment behind the messaging.”[8] AI notifications may be monitored 24/7 by Student Safety Analysts (specialists with backgrounds in psychology, counseling, etc.), raising serious questions about privacy.

There is no standardized process for evaluating the validity of such research.

Psychotropic drugs are already among the most widely prescribed drugs in the U.S., without adding AI to capture more patients.[9] The drugs are often prescribed “off-label,” meaning the FDA has not approved them for use in children based on the demonstration of safety and efficacy in adequate, well-controlled clinical trials.[10]

Danielle Stutzman, PharmD, BCPP, a psychiatric pharmacist at Children’s Hospital Colorado in Aurora, said that off-label prescribing increases children’s risk for polypharmacy.[11]

Polypharmacy and prescribing off-label have been widely reported in child and adolescent psychiatry and in the larger field of pediatrics, with some estimates as high as 80% for off-label prescribing and estimates of polypharmacy being 52.4%, according to a study published in the *Journal of Psychiatric Practice*. The study says its “risky due to developmental influences on the absorption, distribution, metabolism, excretion, or toxicity of medications and the risk for side effects in children.”[12] CCHR argues that such drugs should not be prescribed to children at all,

given their risks.

In 2019, the NEJM published a review of an analysis of Medicaid data, which found higher antipsychotic doses are associated with elevated risk for unexpected death in youth compared with non-antipsychotics—a 3.5 greater risk for unexpected deaths not due to overdose and 4.29 greater risk for cardiovascular or metabolic death. “Today, concerns about safety have grown with increased prescriptions of antipsychotic drugs in youth, particularly for off-label use,” the review reported.[13]

Suicide is also linked to the drugs. “Since the introduction of the antipsychotics,” David Healy, a professor of psychopharmacology, stated, “the rates of suicide have risen 10- or 20-fold.”[14]

An analysis of those aged 10-18 found that antipsychotic use was associated with a 50% increase in the risk of developing type 2 diabetes. This was even higher for youth who used antidepressants and antipsychotics concurrently.[15]

According to IQVia Total Patient Tracker Database for 2019, more than one million 0-17 year olds in the U.S. were prescribed antipsychotics. Of these, 61,000 were aged five or younger and 392,000 were aged 6-12.[16]

Parents should be extremely well informed of behavioral treatment recommended for their children and can start with FightforKids.com

CCHR is a mental health watchdog responsible for more than 180 laws that protect patients from damaging psychiatric practices. DONATE to support its work here: www.cchr.org/cchr-int-donate/

[1] <https://www.cchr.org/psychiatric-drugs/children-on-psychiatric-drugs/>

[2] <http://edlibertywatch.org/wp-content/uploads/2014/11/Rutherford-Report-Final-Redacted.pdf>

[3] “Experts Concerned That Depression Screening Will Lead to Overdiagnosis: Behind the U.S. task force recommendation to screen all children and adults for depression,” MAD, 3 Mar. 2017, <https://www.madinamerica.com/2017/03/experts-concerned-depression-screening-will-lead-overdiagnosis/>

[4] “Depression screening tools not accurate for children and adolescents: Researchers advise against routine screening in this age group,” Science News, 2 Aug 2016, <https://www.sciencedaily.com/releases/2016/08/160802125608.htm>

[5] Op. cit., “Experts Concerned That Depression Screening Will Lead to Overdiagnosis...”

[6] <http://www.edwatch.org/pdfs/Mental%20Health%20Briefing%20Myths%20and%20Facts.pdf>

[7] Peggy L. O'Brien, Ph.D., et al., "Off-Label Prescribing of Psychotropic Medication, 2005–2013: An Examination of Potential Influences," *Psychiatric Services*, 68:6, June 2017, <https://ps.psychiatryonline.org/doi/pdfplus/10.1176/appi.ps.201500482>

[8] <https://blog.securly.com/2020/07/14/ai/>

[9] Ibid.

[10] <https://www.fda.gov/drugs/drug-information-consumers/drug-research-and-children>

[11] Frieda Wiley, PharmD, "Psychotropic Drugs in Pediatrics: Looking at the Whole Child," *Drug Topics*, 21 Dec. 2018, <https://www.drugtopics.com/view/psychotropic-drugs-pediatrics-looking-whole-child>

[12] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6208135/>

[13] "What Is the Risk for Unexpected Death Among Children and Youths Taking Antipsychotics?," *NEJM, Journal Watch*, 4 Jan. 2019, <https://www.jwatch.org/na48169/2019/01/04/what-risk-unexpected-death-among-children-and-youths>

[14] "Antipsychotics Tied to Higher Risk of Death in Children," *Psychology Today*, 28 Dec. 2018, <https://www.psychologytoday.com/us/blog/side-effects/201812/antipsychotics-tied-higher-risk-death-in-children>

[15] "Growing Use and Safety Concerns for Antipsychotic Medication among Medicaid-Enrolled Children," *Policy Lab*, <https://policylab.chop.edu/project/growing-use-and-safety-concerns-antipsychotic-medication-among-medicaid-enrolled-children>

[16] <https://www.cchrint.org/psychiatric-drugs/children-on-psychiatric-drugs/>

Amber Rauscher

Citizens Commission on Human Rights

+1 323-467-4242

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