

Study Funds Should Review Child Deaths, Suicide and Violence from Psych Drugs

CCHR says that while SAMHSA announces \$15M to study outcomes of services for disturbed children, studies are needed on outcomes of drugging 6.7 million children

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/EINPresswire.com/ -- [Citizens Commission on Human Rights International \(CCHR\)](#), a mental health

industry watchdog based in Los Angeles, wants the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to investigate the outcomes, including violence, suicide and deaths from psychotropic prescribed to 6.7 million American children. SAMHSA just announced \$15 million in grants to study services for children with serious emotional

disorders to “improve the mental health outcomes for children and youth, birth through age 21.” However, CCHR says outcome research must include how the behavioral health system and powerful psychiatric drugs are taking a terrible toll on children’s lives.

CCHR and many other groups have raised concerns during the past year about troubled teens being incarcerated in for-profit behavioral facilities when 82% of residential facilities have used traumatizing tactics such as seclusion and restraints.[1] At least 145 children have died from preventable causes in residential treatment centers; at least 62 from asphyxiation or injury caused by restraint.[2]

America has 6.7 million 0–17-year-olds taking a psychotropic drug, according to IQVIA statistics for 2019. An astonishing 530,169 of these are 0-5 years old. Antidepressants were prescribed to 2,148,971 0–17-year-olds, despite a Food and Drug Administration (FDA) warning that the drugs can induce suicidal reactions in this age group. Yet, SAMHSA released a report in December on



CCHR reports that while SAMHSA announces \$15 million to study the outcomes of services for disturbed children, studies are needed on the outcomes of drugging 6.7 million children with psychotropic drugs linked to serious and lethal adverse events

treatment for suicidal ideation and suicide attempts among youth that gives a cursory mention only about antidepressants and potential suicide. Prescribers, clients, and their families are merely told to “closely monitor for adverse behavioral changes.”

Antidepressants are also linked to violent behavior. A Swedish study showed young adults between the ages of 15 and 24 who had filled prescriptions for the drugs were more likely to be convicted of a homicide, assault, robbery, arson, kidnapping, sexual offense or other violent crime when they were on the drugs than when they weren't. There was a 43% increase in their risk of committing violent crime while taking them.[3]

New American reported that “there is a striking connection between school shootings and psychotherapeutic drugs,” naming 10 examples,[4] also addressed in CCHR's 2018 report [Psychiatric Drugs Create Violence and Suicide](#).

Dr. David Healy, an international expert in psychopharmacology, estimates that 90% of school shootings, over more than a decade leading up to 2012, were linked to SSRI antidepressants (e.g., fluoxetine, paroxetine, sertraline).[5] Dr. Healy warned: “Violence and other potentially criminal behavior caused by prescription drugs are medicine's best kept secret.”[6]

More than 3.3 million children and adolescents received stimulants and other drugs to treat Attention Deficit Hyperactivity Disorder (ADHD), according to IQVIA. The Drug Enforcement Administration states that their use can lead to "severe psychological or physical dependence" and are also considered dangerous." The DEA warns that a key ADHD drug, methylphenidate, produces many of the same effects as cocaine.[7]

When Andrew Thibault, Co-Founder of Parents Against Pharmaceutical Abuse, a parent movement opposed to over-diagnosis and over-medication of children, began to research the safety of a stimulant recommended to his son, he culled from FDA's Adverse Event Reporting System 2,000 pediatric fatalities from psychotropic drugs and 700 homicides.[8]

IQVIA reports that 305,792 children aged 0 to 5 were prescribed anti-anxiety drugs that can become addictive after 14 days.

Another million children are prescribed antipsychotics that can cause obesity, diabetes, stroke, cardiac events, respiratory problems, delusional thinking and psychosis. They are so powerful they can cause brain atrophy (shrinkage).

In 2018, Cambridge University Press published that “reports of sudden death” in those taking antipsychotic drugs have been “a source of public and professional controversy for three decades,” also noting “sudden death in young patients,” often from cardiac events.[9]

From 1999-2013, psychiatric drug prescriptions increased by a whopping 117% concurrent with a 240% increase in death rates from these.[10]

Jan Eastgate, president of CCHR International says SAMHSA should seriously review the decades of information about not just poor, but damaging outcomes from the mental health treatment already given children in this country.

Licensed psychologist Phil Hickey, Ph.D., on his blog called it out as “psychiatry today is drug-pushing.”[11] While a 2006 article from Alliance for Human Research Protection still rings true today, CCHR says. AHRP stated, “Parents should be warned that psychiatry is a profession overrun by monsters in the guise of doctors who use their license to unleash psychiatry’s toxic pharmacological arsenal on America’s children. The motive is money. An insatiable appetite for pharmaceutical industry consultancy and retainer fees often disguised as ‘educational’ grants.” We don’t need psychotropic drug studies in children, AARP continued. “We need non-drug therapies for children who are truly disturbed—drugs make things worse.”[12]

CCHR hopes SAMSHA will provides grants for such therapies as AARP suggest to obtain better outcomes for children.

CCHR is responsible for more than 180 laws that protect patients from damaging psychiatric practices. DONATE to support its work <https://www.cchrnt.org/cchrnt-donate/>

[1] Sharon Green-Hennessy, Kevin D Hennessy, "Predictors of Seclusion or Restraint Use Within Residential Treatment Centers for Children and Adolescents," Psychiatric Quarterly, Dec. 2015, Vol. 86, Issue 4, <https://pubmed.ncbi.nlm.nih.gov/25733324/>

[2] “Unrestrained: While evidence of abuse of the disabled has piled up for decades, one for-profit company has used its deep pockets and influence to bully weak regulators and evade accountability,” ProPublica, 10 Dec. 2015, <https://www.propublica.org/article/advoserv-profit-and-abuse-at-homes-for-the-profoundly-disabled>

[3] C. Mitchell Shaw “Study: Psychiatric Drugs Linked to Violent Crime,” The New American, 21 Oct. 2015, <https://thenewamerican.com/study-psychiatric-drugs-linked-to-violent-crime/>

[4] Ibid.

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[6] John Horgan, “What ‘60 Minutes’ Gets Wrong in Report on Mental Illness and Violence,” Scientific American, 2 Oct. 2013, <https://blogs.scientificamerican.com/cross-check/what-e2809c60-minutese2809d-gets-wrong-in-report-on-mental-illness-and-violence/>.

[7] <https://www.cchrnt.org/2017/08/23/teen-overdose-deaths-from-adhd-anti-anxiety-drugs-on->

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[8] Kelly Brogan, MD, "The Violence-Inducing Effects of Psychiatric Medication," Circa 2017, <https://kellybroganmd.com/the-violence-inducing-effects-of-psychiatric-medication/>

[9] "Sudden unexplained death in psychiatric in-patients," The British Journal of Psychiatry, Vol. 176, Issue 5, May 2000, pp. 405–406, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/sudden-unexplained-death-in-psychiatric-inpatients/AC30A63FE2B4CA0EE7F555055C96B73C>

[10] Op. cit., Kelly Brogan, MD

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[12] "NIMH pushes psych drugs for preschool tots," AHRP, 19 Oct. 2006, <http://ahrp.org/nimh-pushes-psych-drugs-for-preschool-tots/>

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