

Mental Health Watchdog Updates Report on Psychotropic Meds' Role in Violence

CCHR's definitive report on psychotropic meds linked to mass violence and suicide is being updated, with cases documented since 2018

LOS ANGELES, CALIFORNIA, UNITED STATES, June 13, 2022

/EINPresswire.com/ -- When the mental health industry watchdog [Citizens Commission on Human Rights International](#) started its "Fight for Kids" campaign in the 1990s, it wasn't expecting the need to research and publish its report [Psychiatric Drugs Create Violence and Suicide](#). But the group has now been documenting cases of mass violence committed since the Columbine High School shooting in 1999. Published in 2017

(and available free on CCHR's website), the report details many teens prescribed psychotropic drugs who became cold-blooded killers. Because of the recent spate of acts of mass violence, CCHR is now producing an addendum of cases since the beginning of 2018.

A veteran law enforcement officer and expert on counter and domestic terrorism had originally requested the report because the officer felt fellow police, FBI agents and legislators needed the facts about the role of psychiatric drugs and treatment in incidents of violence. The officer wanted to see toxicology tests conducted on those responsible for the acts of mass violence so that a database could be established showing which drugs may have been involved—licit or illicit. The recent Uvalde, Texas shooting has reinforced that need.

This original report includes over 60 cases of violence committed by perpetrators of all ages on psychiatric drugs and the addendum will expand this. There are also more than 30 studies in which researchers have linked mind-altering prescription drugs as the factor which potentially drove individuals to commit senseless acts of violence. Additional studies are being researched.



CCHR's definitive report on psychotropic meds linked to mass violence and suicide is being updated, with cases documented since 2018 and more medical studies/drug regulatory agency warnings about aggression and suicide risks.

As the police officer stated: "I found this report a vital resource for all in law enforcement. The statistics in this report are staggering and the studies and expert opinion cannot be ignored. It is an important resource that needs to be made broadly available to our law enforcement community, our military and government officials."

Studies included one published in 2006 in PLoS Medicine in which researchers reported: "Both clinical trial and pharmacovigilance data point to possible links between these drugs and violent behaviors." Further, "The association of antidepressant treatment with aggression and violence reported here calls for more clinical trial and epidemiological data to be made available," the researchers implored.[1]

They stressed that treatment-induced emotional blunting may contribute to hostile events. "Several reports published since 1990 have linked SSRI intake with the production of emotional blunting, detachment, or an a motivational [sense of apathy, socially disinterested] syndrome, described in one report as the equivalent to a 'chemical lobotomy,'" according to the study.

Furthermore, post-withdrawal symptoms from psychotropics "may last several months to years" and include disturbed mood, emotional lability [excessive emotions and frequent mood changes], and irritability, according to a study published in Psychotherapy and Psychosomatics.[2]

However, the addendum will go beyond psychiatric drugs to include other "mental health services" the perpetrator underwent, including court-ordered "anger management" courses and counseling.

It will detail those killers who committed suicide, as in a sample of 11 mass killers on psychotropics drugs, over 50% suicided. It will document how many perpetrators were killed by responders—potentially acts of "suicide by cop."

CCHR is also concerned about how some violent incidents are reported to officials. For example, in the case of a 19-year-old boy who went on a shooting spree in 2021 before shooting and killing himself, a psychologist claimed in a report for police that he had no prior mental health history. CCHR said this was misleading because while he may not have undergone treatment as a child, he had had drug treatment prior to the violent act. The teen had spent a year in a juvenile detention "rehab" center for a previous crime, during which he was on an antipsychotic. After being released—with a psychiatric evaluation which stated that he was a potential violence risk—he remained under "supervision" until July 2021 and within a month had killed others and himself.

Jan Eastgate, president of CCHR International, who authored the original report, said, "Our current research is finding more cases where suspects were part of behavioral programs, including in schools or detention centers, which could be impacting the minds of

students—especially those bullied in school, which a number of shooters were—or where they constantly view violent images online, and where psychotropic drugs are added, this can become a recipe for violent rages. There should be little cost to conduct toxicology tests and see if drugs are a common denominator.”

She said that all aspects of these senseless acts of violence should be inspected, without bias from those in the mental health industry that refuse to look at any potential role of treatment-induced violence.

As a public service for consumers and families, CCHR also decoded the Food and Drug Administration’s adverse drug reaction Medwatch program to produce the free online [Psychiatric Drug Side Effects Search Engine](#), where adverse effects of specific psychotropic drugs or classes of them can be searched.

[1] David Healy, M.D., et, al., “Antidepressants and Violence: Problems at the Interface of Medicine and Law,” PloS Med., Sept. 2006, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1564177/>

[2] <https://www.cchrint.org/2021/07/13/cchr-wants-consumers-and-police-better-informed-about-hidden-source-of-violence/> citing: “Patient Online Report of Selective Serotonin Reuptake Inhibitor-Induced Persistent Post-Withdrawal Anxiety and Mood Disorders,” Psychotherapy and Psychosomatics, 19 Jan. 2012, <https://www.karger.com/Article/FullText/341178>

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