

New Study Confirms Child and Youth Suicide Risk with Antidepressants

Mental health watchdog, CCHR, warns 5.7 million 0-24-year-olds on antidepressants face increased suicide risks, as new study confirms.

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/EINPresswire.com/ -- In a new study published in

Neuropsychopharmacology, researchers have found selective serotonin reuptake inhibitors (SSRI) antidepressants increase the risk of suicide attempts threefold for those younger than 18 and up to twofold for those aged 18-24. They had no preventative effect at any age, even for those at high risk of suicide.[1] Mental health industry watchdog Citizens

Commission on Human Rights International says psychiatrists and doctors are taking enormous risks in continuing to prescribe these drugs to children, teens, and young adults, given long-term research findings. The IQVia Total Patient Tracker Database reports that in 2020, an estimated 5.7 million Americans ages 0-24 were prescribed antidepressants, of which 2.1 million were 17 or younger. More than 35,210 children were ages 5 or younger.[2]

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The study was led by Tyra Lagerberg at the Karolinska Institutet, a medical university in Stockholm, Sweden. It found a higher risk of suicidal behavior in individuals under 25 treated with SSRIs after a depression diagnosis compared to untreated counterparts. “There is evidence from randomized controlled trials (RCTs) that antidepressant treatment increases risk of newly onset suicide attempts or ideation in children and

adolescents.”[3]

Despite having evidence of the suicide risk in 1991, it took a 13-year campaign by parent groups, doctors, attorneys, and CCHR, to get the U.S. Food and Drug Administration (FDA) in 2004 to add a black box suicide warning to antidepressants, initially for children and adolescents, and in 2007 expanded to include ages up to 24.[4]

One expected to see a decline in their prescribing. A 2016 study published in the BMJ medical journal warned doctors to “avoid prescribing antidepressants to children and teenagers wherever possible because they are associated with a doubling in the risk of aggression and suicide.”[5]

However, profit—an estimated \$28.6 billion in global antidepressant sales in 2020—is a strong incentive for prescribers to ignore the warnings, Jan Eastgate, president of CCHR International, says.

Since the FDA warning, doctors and psychiatrists have continued to prescribe the powerful drugs to this age group. Indeed, the Neuropsychopharmacology study showed SSRI antidepressants are the first-line pharmacological treatment for depression and other mental issues. In May 2022 Frontiers Psychiatry reported, “the prevalence of antidepressant use in children and adolescents increased from 13 to 16% in the USA and from 07 to 11% in the United Kingdom in 2005–2012.”[6]

In April this year, a University of East London study reviewed media reports on nearly 8,000 coroners’ inquests and found that antidepressants were linked to 2,718 cases of hanging, 933 overdose deaths, and 979 suicides.[7]

CCHR recorded cases such as a 14-year-old Irish boy who shot and killed himself after 46 days on the antidepressant fluoxetine. His grieving mother said, “My son had no history of self-harm, depression or suicidal thoughts, he’d just had anxiety,” until prescribed the drug. The psychiatrist recommended the antidepressant to “help” the teen “with his exams,” after seeing him for only 10 minutes.[8]

One parent leading the campaign to expose psychiatric drug suicide risks is Mathy Milling Downing, whose 12-year-old daughter, Candace, tragically took her own life four days after starting on an antidepressant, also prescribed for exam anxiety.[9] Mrs. Downing is one of several mothers who speak candidly about being misinformed about antidepressants and other psychotropic drugs, with similar tragic results for their children. The mothers are part of CCHR’s must-see documentary for parents, [Dead Wrong: How Psychiatric Drugs Can Kill Your Child](#).

The documentary host, Celest Steubing, courageously speaks out about her 18-year-old son, Matthew, who climbed an aging bridge and jumped, killing himself from the fall. Matthew had been a vibrant child, happy and full of life. But after a rough patch in his senior year of high

school left him feeling down, a psychologist suggested the antidepressant escitalopram. He then became withdrawn and anxious, which Celeste said led to his suicide just nine weeks after starting the drug.[10]

Antidepressants can also have violent adverse effects for some. In a paper entitled, "Antidepressants and murder: case not closed," renowned researcher Peter C. Gøtzsche warned of adverse effects such as hostility, aggressiveness, and impulsivity "in adult and pediatric patients." "It can no longer be doubted that antidepressants are dangerous and can cause suicide and homicide at any age....," he said.[11]

Using Freedom of Information laws, BBC Panorama in England found 28 cases where antidepressants were implicated in a murder and 32 where users complained of murderous thoughts, reported to the UK Medicines and Healthcare Products Regulatory Agency.[12]

CCHR's report, [Psychiatric Drugs Create Violence and Suicide](#), records 32 cases of violent killings since the FDA warning in 2004, committed by children and young adults ages 12 to 24 on psychotropic drugs. Not all public reports specify the name but of those that do, 14 mention antidepressants or drugs to treat depression. The youngest was aged 12 and was taking fluoxetine when he shot and killed a teacher and wounded two classmates.

Jan Eastgate says, "It is astounding and egregious that children and teens are still prescribed antidepressants that could drive some to commit suicide and murder. These adverse effects are widely known to prescribers who should be held culpable for patients who kill themselves or others. Consumers should never suddenly stop taking prescription psychotropic drugs but always seek medical assistance to wean off them safely."

[Read the entire article here.](#)

[1] Lagerberg, T., Matthews, A. A., Zhu, N., Fazel, S., Carrero, J. J., & Chang, Z. (2023). Effect of selective serotonin reuptake inhibitor treatment following diagnosis of depression on suicidal behaviour risk: A target trial emulation. *Neuropsychopharmacology*, 28 2023 July 2023. <https://doi.org/10.1038/s41386-023-01676-3>

[2] <https://www.cchrnt.org/psychiatric-drugs/people-taking-psychiatric-drugs/>

[3] Lagerberg, T., et al., <https://doi.org/10.1038/s41386-023-01676-3>

[4] <https://www.cchrnt.org/2023/04/24/new-study-links-suicides-to-antidepressants-reinforcing-fdas-black-box-warning/>; <https://www.frontiersin.org/articles/10.3389/fpsy.2022.880496/full>

[5] Jacqui Wise, "Antidepressants may double risk of suicide and aggression in children, study finds," *BMJ*, 2016, <https://www.bmj.com/content/352/bmj.i545>

[6] Lagerberg, T., et al., <https://doi.org/10.1038/s41386-023-01676-3>

[7] <https://www.cchrnt.org/2023/04/24/new-study-links-suicides-to-antidepressants-reinforcing-fdas-black-box-warning/>

[8] <https://www.cchrflorida.org/14-year-old-child-commits-suicide-while-on-prozac/> citing Jerome Burne, "Weeks after being put on Prozac, Jake, 14, took his own life – so why aren't parents being warned about the suicide risk for children on anti-depressants?" The Daily Mail, 21 Mar. 20216, <https://www.dailymail.co.uk/health/article-3503456/Weeks-Prozac-Jake-14-took-life-aren-t-parents-warned-suicide-risk-children-anti-depressants.html>

[9] <https://www.cchrnt.org/2023/05/30/patients-not-the-fda-have-been-leaders-in-exposing-psychiatric-drug-side-effects/>

[10] <https://www.cchrnt.org/2010/11/27/parents-warn-of-possible-psychiatric-drug-dangers/>

[11] Peter C Gøtzsche, "Antidepressants and murder: case not closed," BMJ, 2 Aug. 2017, <https://www.bmj.com/content/358/bmj.j3697/rr-4>

[12] Nick McDermott, "Common antidepressants 'linked to at least 28 murders,'" New York Post, 26 July 2017, <https://nypost.com/2017/07/26/common-antidepressants-linked-to-at-least-28-murders/>

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