

# PSYCHIATRIC DRUGS AND HARM TO CHILDREN AND ADOLESCENTS

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A selection of articles and papers reflecting concern about rates of prescribing of antidepressant and other psychiatric drugs (and their potential adverse and harmful effects) for children and adolescents

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## Introductory Statement

There is growing concern about increasing rates of prescribing of antidepressant and antipsychotic drugs for the general population. Most concerning, are rates of prescribing (and known adverse and harmful effects) for children and adolescents.

Many factors alien to an evidence based approach to prescribing appear conspicuously at play, factors including: political, corporate, economic, and ideological. Despite robust research and opinion critical of and contrary to predominant prescribing practices, there appears strong resistance to informed change and scant regard for the welfare of consumers in the current 'mental health' sector. Long overdue is an open and honest public debate about the problematic nature of this vitally important dimension of public health. Indeed, if the same benchmarks for risk and harm in drug prescribing applied in general medicine were demanded of prescribing in the 'mental health' field, the discrepancy and resultant alarm would be resounding.

## Papers and Articles (with excerpts)

### Association of antipsychotic treatment with risk of unexpected death among children and adolescents

<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2717966>

JAMA Psychiatry. 2019;76 (2):162-171. doi:10.1001/jamapsychiatry.2018.3421

**Conclusions and Relevance** The findings suggest that antipsychotic use is associated with increased risk of unexpected death and appear to reinforce recommendations for careful prescribing and monitoring of antipsychotic treatment for children and adolescents and to underscore the need for larger antipsychotic treatment safety studies in this population.

### The mental health of children and adolescents: report on the second Australian childhood and adolescent survey of mental health and wellbeing

[http://www.health.gov.au/internet/main/publishing.nsf/content/9DA8CA21306FE6EDCA257E2700016945/\\$File/child2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/9DA8CA21306FE6EDCA257E2700016945/$File/child2.pdf)

2.1 Overall prevalence of mental disorders in children and adolescents. In the 12 months prior to the survey around one in seven (13.9%) children and adolescents aged 4-17 years experienced a mental disorder (Table 2-1). This is equivalent to an estimated 560,000 Australian children and adolescents. ADHD was the most common mental disorder overall, with 7.4% of children and adolescents assessed as having ADHD in the previous 12 months. Anxiety disorders were the next most common (6.9%), followed by major depressive disorder (2.8%) and conduct disorder (2.1%). [Page 25]

14.1 Prevalence of selected mental disorders by sex and age group. Between 1998 and 2013-14, the prevalence of major depressive disorder increased (from 2.1% to 3.2%), while the prevalence of conduct disorder and ADHD decreased (from 2.7% to 2.1% for conduct disorder and from 9.8% to 7.8% for ADHD). The proportion of 6-17 year-olds who had any of these three disorders decreased slightly from 12.2% to 11.1% (Table 14-1). [Page 137]

### Longitudinal trends in the dispensing of psychotropic medications in Australia from 2009–2012: Focus on children, adolescents and prescriber specialty

<http://journals.sagepub.com/doi/full/10.1177/0004867414538675>

#### Conclusions:

Dispensing of psychotropic medications increased markedly from 2009 to 2012, with notable age-specific trends. General adherence to treatment guidelines is apparent, yet concerns exist regarding rapid increases in serotonin noradrenaline reuptake inhibitor (SNRI) antidepressant prescribing, the likely overmedication of persons with mild psychological distress, and the increasing use of powerful psychotropic medications in younger populations despite uncertain risk–benefit profiles.

### Antidepressants ineffective and harmful for children and adolescents, a major review finds

<https://www.smh.com.au/healthcare/antidepressants-ineffective-and-harmful-for-children-and-teens-major-review-finds-20160609-gpezxx.html>

Antidepressants prescribed for children are ineffective and may cause serious harm, including suicide attempts, a major review shows.

The findings had “disturbing implications” for treating major depression in children, warns an Australian psychiatrist, as the use of antidepressants and antipsychotics continues to rise among children as young as two years old.

...the rate of serious harms linked to other antidepressants, including paroxetine, sertraline, and citalopram may be underestimated due to selective reporting, the burying of unpublished trials showing adverse effects and poorly designed trials, the researchers warned in the [review published in \*The Lancet\* on Thursday](#).

## Do antidepressants make children and adolescents suicidal?

<https://onlinelibrary.wiley.com/doi/full/10.1111/jpc.12655>

### Discussion

The meta-analyses described have consistently indicated that there is an increased risk of suicidal thoughts and behaviours in the order of between seven and 20 incidents per 1000 of those treated with an antidepressant compared with placebo. These findings occur most consistently when the data are pooled. With the exception of venlafaxine, subgroup analyses do not provide an association between specific antidepressant agents and suicidal thoughts and behaviours, a finding that may be related to small sample sizes resulting in analyses that are underpowered to detect a difference. It has been accepted by the FDA that a 2% increase in risks of suicidal thoughts and behaviours for children and adolescents enrolled in an RCT can be extrapolated to an increased risk of suicide of a depressed adolescent medicated in the community.

## New study on the placebo effect and antidepressants in children and adolescents

<https://www.sciencedaily.com/releases/2017/09/170915095305.htm>

### Summary

Although the clinical efficacy of antidepressants in children and adolescents is proven, it is frequently accompanied by side effects. In addition, the influence of the placebo effect on the efficacy of antidepressants is unclear. A meta-analysis of data from over 6,500 patients has now shown that, although antidepressants are more effective than placebos, the difference is minor and varies according to the type of mental disorder.

University of Basel. “New study on the placebo effect and antidepressants in children and adolescents.” ScienceDaily. ScienceDaily, 15 September 2017. <[www.sciencedaily.com/releases/2017/09/170915095305.htm](http://www.sciencedaily.com/releases/2017/09/170915095305.htm)>.

## Comparative efficacy and tolerability of antidepressants for major depressive disorder in children and adolescents: a network meta-analysis

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30385-3/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30385-3/abstract)

### Interpretation

When considering the risk–benefit profile of antidepressants in the acute treatment of major depressive disorder, these drugs do not seem to offer a clear advantage for children and adolescents.

## Antidepressants for kids and teens ineffective, may even be harmful, study finds

By medical reporter [Sophie Scott](#) Updated 9 Jun 2016

A major review of antidepressants has found they are largely ineffective and may even be harmful for children and teens.

[The study, published in the prestigious medical journal, the Lancet](#), reviewed the scientific evidence for 14 different antidepressants in children and young adults.

“The true effectiveness and risk of serious harms such as suicidal thoughts remain unclear because of the small number of trials ... and the selective reporting of findings in published trials and clinical study reports,” Dr Cipriani said.

## **Antidepressants prescribed to children, babies**

<https://breggin.com/alert-54-school-is-back-and-so-are-the-drugged-children-and-teens/>

According to The Australian, almost 4,000 Australian children under the age of 10 received a prescription for antidepressant drugs in the last year, despite the fact that Australia has not approved the use of antidepressants in children or adolescents.

Of these, 553 of the children were under the age of five and 48 were babies. “At first pass, it is beyond comprehension that more than 500 Australian children – aged one to five years – have received an antidepressant drug,” said Gordon Parker, executive director of the Black Dog Institute, a non-profit devoted to education about depression and bipolar disorder. He raised concerns about side effects and efficacy, and suggested having physicians justify the prescriptions.

## **Still in a crib, yet being given antipsychotics**

<https://www.nytimes.com/2015/12/11/us/psychiatric-drugs-are-being-prescribed-to-infants.html>

“It was just ‘Take this, no big deal,’ like they were Tic Tacs,” said Genesis Rios, a mother of five in Rancho Dominguez, Calif. “He was just a baby.”

...Many doctors worry that these drugs, designed for adults and only warily accepted for certain school-age youngsters, are being used to treat children still in cribs despite no published research into their effectiveness and potential health risks for children so young.

Almost 20,000 prescriptions for risperidone (commonly known as Risperdal), quetiapine (Seroquel) and other antipsychotic medications were written in 2014 for children 2 and younger, a 50 percent jump from 13,000 just one year before, according to the prescription data company [IMS Health](#). Prescriptions for the antidepressant fluoxetine ([Prozac](#)) rose 23 percent in one year for that age group, to about 83,000.

## **Anti-depressant, anti-psychotic medication prescriptions for kids on the rise, study finds**

<http://www.abc.net.au/news/2014-06-19/anti-depressant-prescriptions-for-kids-on-the-rise-study-says/5534530>

By medical reporter [Sophie Scott](#) Updated 19 Jun 2014, 12:03pm

University of Sydney researchers looked at prescribing patterns for children and adolescents from 2009 to 2012.

The number of children aged between 10 and 14 given antidepressants jumped by more than a third, while anti-psychotic medications rose by almost 50 per cent.

Prescriptions to treat Attention Deficit Hyperactivity Disorder (ADHD) rose by 26.1 per cent.

Health experts are concerned about the large increase in prescriptions, as few of the drugs have been trialled on children and can have serious side effects.

## **49,000 Australian children on antidepressants- Release of Australian documentary about the dangers of psychotropic drugs** News & Current Affairs | 21/03/2017

<https://www.medianet.com.au/releases/128498/>

A staggering 49,052 Australian children under 17 are on antidepressants, of which 1,459 are aged 2-6. Due to the skyrocketing numbers of children who are at grave risk from psychotropic drugs, the Citizens Committee on Human Rights (CCHR) produced and released its new documentary, *Psychiatry Friend or Foe? The Untold Story of Australian Psychiatry* at the Sydney Opera House on 20th March 2017.

... In 2004 the Therapeutic Goods Administration (TGA) issued a warning covering emergence of suicidal thinking and behaviour with SSRI antidepressants (eg. Prozac, Zoloft) in children and adults. No antidepressant is authorised for children under 18 for treatment of depression.

Despite this, the TGA's Adverse Drug Reactions Database for antidepressants reveals that as of 31/10/16 there are:

- 94 completed suicides, a 118% increase since April 2011. Of these, 4 were aged, 14 to 16.
- 848 reports for suicide attempts (311), suicidal ideation (511) and suicidal behaviour (26), a 46% increase since April 2011.

The latest figures show \$ 8 billion was spent on mental health in 2013/14.

A recent evaluation of psychiatrist Professor Patrick McGorry's headspace centres that received \$66.08 million in 2013/14 showed that of the 26,058 evaluated 12-25 year olds seen by headspace, only 13% had a "clinically significant improvement", 28% had no change and an astounding nearly 30% either declined or significantly worsened. Consultation costs alone ranged from \$136 to \$1,000.

CCHR's Executive Director, Shelley Wilkins, said, "Psychiatrists and the pharmaceutical industry are standing by silent because they are making a killing out of these drugs."

## **The psychoactive effects of psychiatric medication: The elephant in the room**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4118946/>

### **Abstract**

The psychoactive effects of psychiatric medications have been obscured by the presumption that these medications have disease-specific actions. Exploiting the parallels with the psychoactive effects and uses of recreational substances helps to highlight the psychoactive properties of psychiatric medications and their impact on people with psychiatric problems. We discuss how psychoactive effects produced by different drugs prescribed in psychiatric practice might modify various disturbing and distressing symptoms, and we also consider the costs of these psychoactive effects on the mental well-being of the user. We examine the issue of dependence, and the need for support for people wishing to withdraw from psychiatric medication. We consider how the reality of psychoactive effects undermines the idea that psychiatric drugs work by targeting underlying disease processes, since psychoactive effects can themselves directly modify mental and behavioural symptoms and thus affect the results of placebo-controlled trials. These effects and their impact also raise questions about the validity and importance of modern diagnosis systems. Extensive research is needed to clarify the range of acute and longer-term mental, behavioural, and physical effects induced by psychiatric drugs, both during and after consumption and withdrawal, to enable users and prescribers to exploit their psychoactive effects judiciously in a safe and more informed manner.

See also:

## Psychiatric Drug Facts

<https://breggin.com/>

### Antidepressant Drugs Scientific Resources

<https://breggin.com/antidepressant-drugs-resource-center/scientific-resources/>

1. [Antidepressants Cause or Worsen Activation \(Over-stimulation\) and Mania](#)
2. [Antidepressant-induced Suicide](#)
3. [Antidepressant Violence, Aggression, Hostility, Irritability and Antisocial Behavior](#)
4. [Antidepressant-Induced Apathy in Children and Adults](#)
5. [Persistent Sexual Dysfunction](#)
6. [Antidepressants Full Prescribing Information \(the Label\) with Assorted Dates](#)
7. [Selection of Dr. Breggin's Antidepressant-Related Articles](#)
8. [Antidepressant Ineffectiveness](#)
9. [Antidepressant Damage to Brain and Body of Fetus, Infant and Adult Animals and Humans](#)
10. [Discontinuation or Withdrawal Syndrome](#)
11. [Miscellaneous FDA Document](#)
12. [Psychotherapy and Other Effective and Less Harmful Approaches to Depression](#)
13. [Head Injury Worsens Drug Reactions](#)
14. [SSRI-induced Abnormal Movements, TD, Dystonia \(also see Akathisia above\)](#)

## A report by the citizen commission on human rights international: the side-effects of common psychiatric drugs

[http://ru.cchr.org/sites/default/files/The\\_Side\\_Effects\\_of\\_Common\\_Psychiatric\\_Drugs.pdf](http://ru.cchr.org/sites/default/files/The_Side_Effects_of_Common_Psychiatric_Drugs.pdf)

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## Links to Papers and Relevant Media Articles

### 1 in 8 Australians on antidepressants

[https://www.newidea.com.au/antidepressant-overuse-in-australia?fbclid=IwAR3qdmokPx\\_USdPFdc9q5-jlxV-EpJaMApRSVD9hIEZnTHUIOVXi2dcY0EA](https://www.newidea.com.au/antidepressant-overuse-in-australia?fbclid=IwAR3qdmokPx_USdPFdc9q5-jlxV-EpJaMApRSVD9hIEZnTHUIOVXi2dcY0EA)

New data from the Pharmaceutical Benefits Scheme shows three million Australians – that's one in every eight people, including 100,000 children, are now reliant on anti-depressants.

The data shows people aged 38-57 were most likely to be using anti-depressants and has prompted concerns Australia is over-diagnosing and over-treating depression.

## More young Australians suicide/self-harm and use antidepressants while experts dismiss FDA warning

<https://www.psychwatchaustralia.com/post/more-young-australians-suicide-self-harm-and-use-antidepressants-while-experts-dismiss-fda-warning>

It is time to ask some confronting questions: Have Australia's leading suicide prevention organisations and experts got it horribly wrong? Despite their good intentions, could their advice have contributed to the avoidable deaths of young Australians?

## **Spike in number of Australian children put on antipsychotic drugs**

<https://www.news.com.au/lifestyle/health/health-problems/spike-in-number-of-australian-children-put-on-antipsychotic-drugs/news-story/4a4e4f373d3a98bdd5e8cfc66669e028>

## **The Increasing ADHD drugging of Australia's children**

<http://cchr.org.au/adhd>

## **Australian children and adolescents increasingly use psychotropic drugs: new study**

<http://sydney.edu.au/news/84.html?newsstoryid=13670>

## **Anti-depressant paroxetine linked to youth suicide and no more effective than a placebo, researchers find**

<http://www.abc.net.au/news/2015-09-17/anti-depressant-linked-to-youth-suicide-in-damning-review/6783332>

## **How "Mental Health Awareness" exploits schoolchildren**

<https://www.madinamerica.com/2019/03/mental-healthcare-in-schools/>

## **Suicidality in children and adolescents being treated with antidepressant medications**

<https://www.fda.gov/drugs/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders/ucm161679.htm>

## **Medicalisation-nation: Australia's growing public policy dependence on drugs**

<https://www.themandarin.com.au/104498-medicalisation-nation-australias-growing-public-policy-dependence-on-drugs/>

## **Going off antidepressants – Coming off your medication can cause antidepressant withdrawal**

<https://www.health.harvard.edu/diseases-and-conditions/going-off-antidepressants>

Scroll down for: **Antidepressant withdrawal symptoms**

## **The dangers of abruptly stopping antidepressants**

<https://www.healthline.com/health/depression/dangers-of-stopping-antidepressants#1>

## **'This is Us' Takes on antidepressant withdrawal. How serious is it?**

<https://www.healthline.com/health-news/how-serious-is-antidepressant-withdrawal>

## **The mental health pill linked to suicide**

<https://www.couriermail.com.au/news/the-mental-health-pill-linked-to-suicide/news-story/ea67444c8379625b670e5697dbb1785>

**Experts say people can face serious side effects if they abruptly stop taking their antidepressant medications.**



## **Children of disadvantaged families more often prescribed antipsychotic drugs**

<https://www1.racgp.org.au/newsgp/clinical/children-from-disadvantaged-families-prescribed-an>

## **Antidepressant withdrawal symptoms severe, says new report**

<https://www.theguardian.com/society/2018/oct/02/antidepressant-withdrawal-symptoms-severe-says-new-report>

**Existing guidance that symptoms are minimal leads to misdiagnosis and ‘harmful long-term prescribing’**

## **Mental Health – The alarming impact of the diagnostically-based paradigm of care on children**

[http://www.mengage.org.au/images/May\\_Bulletin\\_-\\_Issue\\_5.pdf](http://www.mengage.org.au/images/May_Bulletin_-_Issue_5.pdf)

## **WA kids under 7 years-old on antidepressants**

<https://thewest.com.au/news/wa/wa-kids-under-7-years-old-on-antidepressants-ng-b88445165z>

## **Children YOUNGER than SIX are being prescribed antidepressants by doctors who are using them as a ‘sticking plaster’, experts warn**

<https://www.dailymail.co.uk/health/article-4621124/Antidepressants-prescribed-children-six.html>

## **EXCLUSIVE: ‘Daddy, please kill me I can’t do this anymore’: Meet the CHILDREN prescribed anti-depressants for anxiety that ‘made them suicidal’ – as scores of parents join in a class action**

<https://www.dailymail.co.uk/news/article-4431472/Anti-depressants-caused-suicidal-thoughts-children.html>

## **NSW dad’s antidepressant warning after eight-year-old son tries to take his life**

<https://www.9news.com.au/national/2018/01/23/12/45/nsw-dads-antidepressant-warning-after-eight-year-old-son-tries-to-take-his-life>

## **10 days ago my son tried to end his life**

<https://honey.nine.com.au/2018/01/18/07/53/10-days-ago-my-son-tried-to-end-his-life>

## **The mental health pill linked to suicide**

<https://www.couriermail.com.au/news/the-mental-health-pill-linked-to-suicide/news-story/eea67444c8379625b670e5697dbb1785?nk=82a05e20736749cb2b7ae44224206841-1518418776>

## **British Medical Journal study into paroxetine, Aropax, reveals suicide risk**

<https://www.smh.com.au/healthcare/british-medical-journal-study-into-paroxetine-aropax-reveals-suicide-risk-20150916-gjo0fj.html>



## **Tens of thousands of children prescribed ‘potentially harmful’ antidepressants – Experts warn doctors are ‘medicalising adolescence’**

<https://www.independent.co.uk/news/uk/home-news/children-antidepressants-prozac-school-age-drugs-pills-brain-doctors-a8458236.html>

## **More than 70,000 children are being prescribed anti-depressants despite concerns that the pills may damage their developing brains**

<https://www.dailymail.co.uk/news/article-5976587/Doctors-prescribe-pills-depression-70-000-children.html>

## **Psychiatric Drugs For Babies? More Kids Aged 2 And Under Getting Prescribed Antipsychotics**

<https://www.medicaldaily.com/psychiatric-drugs-babies-more-kids-aged-2-and-under-getting-prescribed-antipsychotics-365236>

## **Number of children and teens on anti-depressants doubles**

[https://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=11870484](https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11870484)

## **Comic books. Lesson plans. How drug companies target kids**

<https://www.statnews.com/2016/06/02/drug-marketing-kids/>

## **Teenage antidepressants ‘doing more harm than good’**

<https://www.bbc.com/news/uk-scotland-42917452>

## **Family of a 14-year-old girl who tragically killed herself after overdosing on anti-depressants sue doctors who prescribed her the drug**

<https://www.dailymail.co.uk/news/article-4701282/Family-teenager-killed-sue-doctors.html>

## **Antidepressants – communicating risks and benefits to patients**

<https://www.tga.gov.au/publication-issue/medicines-safety-update-volume-7-number-5-october-december-2016>

Scroll down to: **Antidepressants – communicating risks and benefits to patients**

## **Medicines Safety Update, Volume 9, Number 2, June 2018**

<https://www.tga.gov.au/publication-issue/medicines-safety-update-volume-9-number-2-june-2018#a2>

## **Look out for the warning signs**

<https://ajp.com.au/news/look-out-for-the-warning-signs/>

## Video Clips

### TT Adelaide | Child Antidepressants Posted by Today Tonight Adelaide

<https://www.todaytonightadelaide.com.au/stories/kids-anti-depressants>

### From Tragedy to Crusade—A Mother's Antidepressant Warning

<https://www.youtube.com/watch?v=zzKnysJR058>

### Psychiatry Friend or Foe: The Untold Story of Australian Psychiatry

[https://vimeo.com/209204579?ref=fb-share&1&fbclid=IwAR1Hgn63tb\\_6FRjacFVWdRn4JxH9Qs1sjcv97Q-fQ1Fhvc91Flr7V1skrgE](https://vimeo.com/209204579?ref=fb-share&1&fbclid=IwAR1Hgn63tb_6FRjacFVWdRn4JxH9Qs1sjcv97Q-fQ1Fhvc91Flr7V1skrgE)

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## Definitions

**Akathisia**, (cannot sit) side-effect; creates a distressing and dangerous condition, only caused by medicines. Intermittent can't-sit-down restlessness; involuntary unwelcome thoughts of suicide or killing, of death and dying.

**Akinesia**, (cannot move) side-effect; fatigue that ropes you to the bed, masking or alternating with akathisia.

**Antidepressants**; drugs whose product information warns they cause worsening depression and suicidality, anxiety, agitation, panic attacks, insomnia, irritability, hostility (thinking of killing violently), impulsivity, akathisia (severe restlessness), and mania (which is not the same as real manic depression). Include tri- and tetracyclics (TCAs): amitriptyline, clomipramine, dothiepin, doxepin, imipramine, nortriptyline, imipramine; monoamine oxidase inhibitors (MAOIs): isocarboxazid, moclobemide, phenelzine, tranylcypromine; serotonin boosters (SSRIs): citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine. Trade names and side effects are easily found on Google.

**Dyskinesia**, side-effect; body movements, spasms, grimacing, sticking out the tongue, or smacking of the lips.

**Genetically compromised metabolizers**; the cytochrome P450 gene family produce drug metabolizing enzymes. Cytochrome P450 enzymes are essential for the metabolism of many medications. Genetic variability (polymorphism) in these enzymes may influence a patient's response to commonly prescribed drug classes.

**Medications for psychosis**; initially marketed as major tranquilizers until the word *antipsychotic* was invented. All produce hallucinations, delusions, schizophreniform reaction, and toxic psychosis in some users.

**Metabolic Syndrome**; side-effect that increases risk for death from heart disease, diabetes, and stroke including insulin resistance, obesity, high cholesterol and blood pressure.

**Neuroleptics**; drugs targeting neurones

**Neuroleptic Malignant Syndrome (NMS)**; life-threatening, idiosyncratic reaction to neuroleptic medications: brain tissue injury, fever, muscular rigidity and breakdown, altered mental status, dizziness and fainting on standing up, an inability to alter heart rate with exercise. Untreated, NMS may cause brain injury called substance/medication-induced neurocognitive disorder or drug-induced dementia.

**Serotonin Syndrome**, serotonin toxicity; side-effect of all antidepressants and olanzapine (Zyprexa), which is marketed as an antipsychotic; irritability, confusion, disorientation, anxiety, jerks and spasms, tremors, shivering, diarrhoea, high blood pressure, nausea, hallucinations, akathisia, seizures, irregular heartbeat, heating of the body and dilated pupils. In severe cases, unrecognized, it leads to unresponsiveness, delirium, coma, seizures, irregular heartbeat and death.

**Toxic hallucinations**; sensory experience of something that does not exist outside the mind, caused by various physical and mental disorders, or by reaction to certain **toxic** substances, and usually manifested as visual and/or auditory hallucinations.

## Useful Websites and Resources

These links are provided as a useful example of the broad range of relevant information and research that is available and generally readily accessible in relation to the theme of psychiatric drugs and prescribing to children and adults.

### Mad in America

<https://www.madinamerica.com/>

<https://www.madinamerica.com/parent-resources-2/>

<https://www.madinamerica.com/anatomy-of-an-epidemic/>

<https://www.madinamerica.com/science-of-psychiatric-drugs/>

### PsychWatch Australia

<https://www.psychwatchaustralia.com/>

### Facebook #donoharm

<https://www.facebook.com/groups/554681531570642/about/>

### Male Suicide Prevention

<http://malesuicidepreventionaustralia.com.au/resources/>

[http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/06/Situational-Approach-Document\\_web.pdf](http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/06/Situational-Approach-Document_web.pdf)

[http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/06/Mental\\_Health\\_Literacy\\_Paper\\_web.pdf](http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/06/Mental_Health_Literacy_Paper_web.pdf)

<http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2018/09/The-Madness-of-Our-Mental-Health-System-v21.pdf>

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## Selected Research References

Cipriani, A., Zhou, X., Del Giovane, C., Hetrick, S., Qin, B., & Whittington, C. et al. (2016). Comparative efficacy and tolerability of antidepressants for major depressive disorder in children and adolescents: a network meta-analysis. *The Lancet*, 388(10047), 881-890. doi: 10.1016/s0140-6736(16)30385-3

Gordon, M., & Melvin, G. (2014). Do antidepressants make children and adolescents suicidal?. *Journal Of Paediatrics And Child Health*, 50(11), 847-854. doi: 10.1111/jpc.12655

Jureidini, J., Amsterdam, J., & McHenry, L. (2016). The citalopram CIT-MD-18 pediatric depression trial: Deconstruction of medical ghostwriting, data mischaracterisation and academic malfeasance. *International Journal Of Risk & Safety In Medicine*, 28(1), 33-43. doi: 10.3233/jrs-160671

Karanges, E., Stephenson, C., & McGregor, I. (2014). Longitudinal trends in the dispensing of psychotropic medications in Australia from 2009–2012: Focus on children, adolescents and prescriber speciality. *Australian & New Zealand Journal Of Psychiatry*, 48(10), 917-931. doi: 10.1177/0004867414538675

Le Noury, J., Nardo, J., Healy, D., Jureidini, J., Raven, M., Tufanaru, C., & Abi-Jaoude, E. (2015). Restoring Study 329: efficacy and harms of paroxetine and imipramine in treatment of major depression in adolescence. *BMJ*, h4320. doi: 10.1136/bmj.h4320

- Moncrieff, J., Cohen, D., & Porter, S. (2013). The Psychoactive Effects of Psychiatric Medication: The Elephant in the Room. *Journal Of Psychoactive Drugs*, 45(5), 409-415. doi: 10.1080/02791072.2013.845328
- Raven, M. (2012). *Depression and antidepressants in Australia and beyond: a critical public health analysis*. (Doctoral thesis) (pp. 13- 14) University of Wollongong, Faculty of Arts.
- Zhou, X., Cipriani, A., Furukawa, T., Cuijpers, P., Zhang, Y., & Hetrick, S. et al. (2018). Comparative efficacy and tolerability of new-generation antidepressants for major depressive disorder in children and adolescents: protocol of an individual patient data meta-analysis. *BMJ Open*, 8(1), e018357. doi: 10.1136/bmjopen-2017-018357
- Ashfield, J., Macdonald, J., Francis, A. and Smith, A. "A 'Situational Approach' To Mental Health Literacy In Australia". (2017): n. pag. Web. 30 May 2017. <https://doi.org/10.25155/2017/150517>
- Ashfield, J., Macdonald, J. and Smith, A. "A 'Situational Approach' To Suicide Prevention". (2017): n. pag. Web. 31 May 2017. <https://doi.org/10.25155/2017/150417>
- John Ashfield, P. (2019). The Madness of Our Mental Health System – Mad In America. Retrieved from <https://www.madinamerica.com/2018/12/madness-mental-health-system/>