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Tracking the American Epidemic of Mental Illness - Part I

By Evelyn Pringle

Over a twenty year span, starting when Prozac came on the market in 1987, the number of people on government disability due to mental illness went from 1.25 million to more than 4 million today. There has been a 35-fold increase in the number of children disabled by mental illness who receive federal disability payments, rising from 16,200 in 1987, to 561,569 in 2007.

These statistics come from a new book titled, "Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness, in America," by award winning journalist, Robert Whitaker, who also authored "Mad in America."

For the book, Whitaker reviewed 50 years of outcomes in the medical literature, for adults with schizophrenia, anxiety, depression, and bipolar illness, and the childhood disorders of ADHD, depression and juvenile bipolar disorder, to see whether medications had altered the long-term course of the disorders and whether drugs could bring on new or more severe psychiatric symptoms.

His intent was to assess whether this paradigm of care increased the risk that a person would become chronically ill, or ill with disabling symptoms, he reports in his "Mad in America" blog, on the Psychology Today website.

"Although we, as a society, believe that psychiatric medications have "revolutionized" the treatment of mental illness, the disability numbers suggest a very different possibility," he wrote in the April 28, 2010, Huffington Post.

On April 29, 2010, Alternet published an interview with Whitaker by Dr Bruce Levine, with the headline question of, "Are Prozac and Other Psychiatric Drugs Causing the Astonishing Rise of Mental Illness in America?"

The "literature is remarkably consistent in the story it tells," Whitaker told Levine. "Although psychiatric medications may be effective over

the short term, they increase the likelihood that a person will become chronically ill over the long term."

"In addition, the scientific literature shows that many patients treated for a milder problem will worsen in response to a drug-- say have a manic episode after taking an antidepressant -- and that can lead to a new and more severe diagnosis like bipolar disorder," he said. "That is a well-documented iatrogenic pathway that is helping to fuel the increase in the disability numbers."

During the interview, Whitaker discusses his research on the increase of juvenile bipolar disorder in the US, as an example of how prescribing psychiatric drugs to children can actually cause mental illness.

"When you research the rise of juvenile bipolar illness in this country, you see that it appears in lockstep with the prescribing of stimulants for ADHD and antidepressants for depression," he reports.

"Prior to the use of those medications, you find that researchers reported that manic-depressive illness, which is what bipolar illness was called at the time, virtually never occurred in prepubertal children," he explains.

"But once psychiatrists started putting "hyperactive" children on Ritalin, they started to see prepubertal children with manic symptoms," he reports.

"Same thing happened when psychiatrists started prescribing antidepressants to children and teenagers," Whitaker says. "A significant percentage had manic or hypomanic reactions to the antidepressants. "

"Thus, we see these two iatrogenic pathways to a juvenile bipolar diagnosis documented in the medical literature," he states.

The bipolar kids often end up on cocktails of heavy-duty drugs, including antipsychotics such as Zyprexa, Risperdal, Invega, Seroquel, Abilify and Geodon, which cause a host of physical problems and possible cognitive decline over the long term, he told Levine.

"When you add up all this information, you end up documenting a

story of how the lives of hundreds of thousands of children in the United States have been destroyed in this way," Whitaker says.

In fact, he thinks that "the number of children and teenagers that have ended up "bipolar" after being treated with a stimulant or an antidepressant is now well over one million."

"This is a story of harm done on an unimaginable scale," he told Levine.

Levine, an author himself of "Surviving America's Depression Epidemic," describes "Anatomy of an Epidemic," as the "most important book on psychiatric treatment in a generation."

Role of American Psychiatric Association

In 2006, the 38,000 member strong, American Psychiatric Association, received 30% of their funding, or more than \$20 million, from the pharmaceutical industry.

This year's attendees at the group's annual meeting last month in New Orleans "had to brave 200 protestors chanting "no drugging kids for money" and "no conflicts of interest" to get into the convention hall," according to Martha Rosenberg's May 30, 2010 report in OpEd News.

"If there were a take home message at the APA meeting about the blizzard of ADHD, bipolar and personality disorders threatening adults and children, it was don't wait," Rosenberg says. "These dangerous conditions, likened to cancer and diabetes, won't go away."

"Thanks to genetic advancements, psychiatric disease risks can now be detected and treated before symptoms surface, said presenters, fostering early treatment paradigms that are pretty Brave New World: People being told they have a disease they can't feel that needs immediate and lifelong treatment at hundreds of dollars a month or their health will suffer," she reports.

"Preemptive psychiatric drugging is likely the most dangerous idea that has come along since lobotomy," warns the prolific anti-drugging activist, Vince Boehm.

As far as drugs, there was no star of the show, Rosenberg says. "The Next Big Thing was not a new drug at all but *adjunctive therapy* also known as adding *existing drugs* to *existing drugs* because they don't work right."

"Throwing good drugs after bad, popularized with the antipsychotic Abilify," she explains, "has only been enhanced by a study in the

January JAMA that found antidepressants don't work for mild depression at all."

"Antipsychotics are also being "enhanced" by adding drugs to offset weight gain and lethargic side effects," she reports.

"The pharmaco-fraudulence which has taken over psychiatry today is absolutely breathtaking," says Dr Nathaniel Lehrman, former Clinical Director of Kingsboro Psychiatric Center, Brooklyn NY.

"There is absolutely no rationale for adding antipsychotics to antidepressants in the treatment of depression other than the hope that somehow the patient will feel better when new medication is added when the old is not enough," he reports.

Lehrman can think of no medication "which is really specific for anything in psychiatry."

"The effect of all these medications is largely happenstance," he says. "If something happens to make the patient feel better while taking a particular medication, the latter will be credited."

Catalog of Mental Disorders

In January 2010, the APA released a draft for the 5th edition of the Diagnostic and Statistical Manual, or DSM-V, also known as the Billing Bible of psychiatry, with the official definitions of normal and abnormal. Criticisms of the revisions and the task force have been non-stop.

In a March, 2010, analysis in Psychiatric Times, Lisa Cosgrove and Harold Bursztajn reported that approximately 68% of the members of the DSM5 task force had financial ties to the pharmaceutical industry, a 2% increase over the task force members of the DSM4 with such ties.

The draft criteria for "Temper Dysregulation Disorder with Dysphoria," has specifically come under attack as "one of the most dangerous and poorly conceived suggestions for DSM5," by Dr Allen Frances, who was chairman of the DSM-IV Task Force, in his "DSM5 in Distress" blog on the Psychology Today Website.

"Apparently, the Work Group was trying to correct excessive diagnosis of childhood bipolar disorder--but its suggestion is so poorly written that it could not possibly accomplish this goal and instead would it would create a new monster," he advises.

"The "diagnosis" would be very common at every age in the general population and would promote a large expansion in the use of antipsychotic medications, with all of the serious attendant risks," he warns.

"While trying to rescue kids who are now misdiagnosed as bipolar," Frances says, "it will undoubtedly open the door to the misdiagnosis of

normal kids who happen to be temperamental or in difficult family circumstances."

The syndrome was first called "severe mood dysregulation (SMD)," but the Childhood Disorders Work Group decided to rename it "temper dysregulation with dysphoria (TDD)," because (a) the new name is more descriptive; and (b) the name of DSM diagnoses does not typically include a denotation of severity, according to the group's report.

In any event, the prescribing of psychiatric drug cocktails will continue no matter what they end up calling the new disorder. If TDD is a form of BD, "first-line treatment would consist of atypical antipsychotic medication and/or mood stabilizers," the group states in the report. "On the other hand, if TDD is on a continuum with unipolar depressive disorders, anxiety disorders, and ADHD, first-line treatment would consist of serotonergic reuptake inhibitor antidepressants (SSRI's) and stimulants."

In a March 8, 2010 article in Skeptic Magazine, Dr John Sorboro warned that the "folks writing the new *DSM-V* are even considering a new classification of "prodromal" disorders, which means you may qualify for diagnosis of a mental disorder just based on the hunch of your psychiatrist. "

"Psychiatrists get paid for treating mental illness," he says. "There is a strong motivation for them to look at things they used to attribute to chronic personality, or just life, and see them as psychiatric illness. "

"These changes have nothing to do with any real definitive science or specific tests that can effectively demonstrate who has a disorder," Sorbora notes. "It's little more than psychiatry repackaging people with different labels."

"Who gets what label has a lot more to do with politics and the economics of psychiatry than it does with any true understanding of the developmental or biologic underpinnings of specific behavior let alone whether we choose to see "different" as "disordered," he points out.

Sorbora says following the money has led many people to seriously question "the motivations of some of psychiatry's most prolific researchers who shape how people get diagnosed, what disorder label they are given, and what drugs they are prescribed."

He notes Senator Charles Grassley's ongoing investigation to determine the full extent of industry fees paid to psychiatric researchers, and that some of the biggest names in the business have been accused of misconduct.

The "biggest names in the business," identified by Grassley thus far, include Harvard University's Joseph Biederman, Thomas Spencer and Timothy Wilens; Charlesemerold and Zachery Snowe from Emory University; Melissa Delbecq and the University of Cincinnati; Alan Reid from Stanford University; Martin Reifel-Brown from the University of California; John Wagner and A. John Rush from the University of Texas; and Frederick Goodwin, the former host of a radio show called "Infinite Minds," broadcast for years by National Public Radio.

"Among all the problematic suggestions for DSM5, the proposal for a

"Psychosis Risk Syndrome" stands out as the most ill conceived and potentially harmful," according to Dr Frances, in his "DSM5 in Distress" blog on the Psychology Today Website.

"This is a clearly the prescription for an iatrogenic public health disaster," he warns.

"The whole concept of early intervention rests on three fundamental pillars- being able to diagnose the right people and then providing them with a treatment that is effective and safe," he explains.

"Psychosis Risk Syndrome" fails badly on all three counts, he warns.

"The false positive rate would be alarming," he says, "70% to 75% in the most careful studies and likely to be much higher once the diagnosis is official, in general use, and becomes a target for drug companies."

"Hundreds of thousands of teenagers and young adults (especially, it turns out, those on Medicaid) would receive the unnecessary prescription of atypical antipsychotic drugs," he warns.

"There is no proof that the atypical antipsychotics prevent psychotic episodes," he says, "but they do most certainly cause large and rapid weight gains (see the recent FDA warning) and are associated with reduced life expectancy--to say nothing about their high cost, other side effects, and stigma."

"Imagine the human tragedies that follow the mislabeling of 70% of children as severely mentally ill, who are then exposed to extremely toxic drugs that induce diabetes, cardiovascular disease, and a host of other severe adverse effects," warned Vera Hassner Sharav, founder and president of the Alliance for Human Research Protection, in a February 10, 2010 Infomail.

Unnecessary Drugging

"We are going to have an epidemic of young adults with yet-to-be-determined neurological problems due to the long term use of psychotropic drugs," warns Washington DC psychiatrist Dr Joseph Tarantolo, Board Chairperson of the International Center for the Study of Psychiatry and Psychology.

An epidemic is defined as 1% of the population and there will be far more than 1% injured by these drugs, he says.

Every human being is at risk of becoming "psychotic," he states. "It has been said that in the German concentration camps psychosis was 100%."

"Once one agrees that something is universal, one is simply trying to describe the human condition, not make a medical diagnosis," Tarantolo advises.

Dr Stefan Kruszewski, a graduate of Princeton University and Harvard Medical School, has seen many patients who experienced one or more episodes of psychosis from medications, illicit drug withdrawal, acute stress, metabolic conditions, PTSD or other psychiatric diagnoses, "who recovered and did not re-experience problems later in life."

In his extensive clinical experience with psychotic individuals, "recovery after psychosis has been the "norm," not the exception," he says

"More significantly, and somewhat contrary to the prevailing psychiatric professional view," he notes, "the overwhelming majority of my clients in who I observed this "norm' did NOT require psychiatric medicines to sustain them."

"And, many of them who were prescribed antipsychotic medications to 'thwart' another psychotic episode fared somewhat worse than those who were not prescribed any combination of antipsychotics and mood stabilizers," he adds.

Dr Thomas Edward Bratter is president and founder of the John Dewey Academy in Massachusetts, a residential, voluntary, educational-treatment school for gifted but self-destructive adolescents. This drug and medicine-free facility uses compassionate psychotherapy.

Most students arrive at the Academy with multi DSM-IV labels to justify prescribing psychotropic poisons and receiving third party payments, Bratter says, and have been "raped by the pejorative psychiatric cartel."

He calls the "Psychosis Risk Syndrome" criminal because "such a diagnosis ignores the awesome toxic power of a negative self-fulfilling prophesy which maximizes failure by perpetrating the unproven myth of mental illness."

"There needs to be a class action against those who would endorse this movement," he says, and Bratter would gladly testify on behalf of children and adolescents who need to be protected from such a toxic and damaging conspiracy.

Toxicology expert, Dr Lawrence Plumlee, is president of the Chemical Sensitivities Disorders Association, and editor of, "The Environmental Physician of the American Academy of Environmental Medicine."

The Chemical Sensitivity Disorders Association was established to provide information and support to chemically sensitive people; to disseminate information to physicians, scientists and other interested persons; and to encourage research on chemical sensitivity disorders and minimizing hazards to human health.

Plumlee is concerned about the DSM5 proposal by the Somatic Symptom Disorders Work Group, to change the name of the category "Somatic Symptom Disorders," to "Complex Somatic Symptom Disorder."

"The new draft DSM manual proposes that chronic fatigue syndrome, fibromyalgia, and multiple chemical sensitivity are "somatiform" disorders requiring psychiatric consultation," he says. "It's the same old story of Psychiatry trying to extend its diagnostic labels and drug treatments to new populations."

This is "an effort by psychiatry to psychiatrize physical illnesses and to try to suppress the complaints of these patients by prescribing psychiatric drugs," Plumlee says.

"But experience is showing that the psychiatric procedures and drugs are making patients worse," he advises.

Using psychiatric diagnoses and drugs on diseases of neurotoxicity helps the chemical companies in two ways, he reports. "It fools some people into thinking that poisoned people are crazy, thus getting the poisoners (chemical companies) off the hook," and two, "it sells more chemicals (psychiatric drugs) to treat those who really need detoxification, not more chemicals in their bodies. "

(Part II of this series will show how tax dollars are being used to fuel the American Epidemic of Mental Illness)

Evelyn Pringle

(This series is sponsored by the International Center for the Study of Psychiatry and Psychology <http://icspponline.org/index.html>)

Author's Bio: Evelyn Pringle is an investigative journalist and researcher focused on exposing corruption in government and corporate America.

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