

# The Brave New World of Pre-Drugging Kids

Patrick McGorry &  
“Psychosis Risk Syndrome”

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**I**magine being a parent taking your 10-year-old daughter to the doctor where she gasps for air and suddenly dies in your arms. You are informed afterwards that a toxic dose of prescribed medication caused her death.

Imagine leaving your house to have lunch with friends, while your husband and 11-year-old daughter are happily cuddled together watching your daughter's favourite TV show Animal Planet. You return home hours later, walk upstairs to her bedroom and find her hanging from the valence of her bed.

Imagine your teenage son is prescribed a medicine because a teacher said he needs it to curb his disruptive behaviour. Months later he is diagnosed with severe diabetes – a known but covered up side effect by the makers of the medicine. He dies shortly afterwards from complications.

These are not isolated incidents. They are representative of those thousands of children and adolescents who died while taking prescribed psychotropic (mind-altering) drugs in the United States. In the above cases, the drugs were prescribed to treat anxiety experienced while sitting for exams or for so-called “Attention Deficit Hyperactivity Disorder” (ADHD), the symptoms of which include fidgeting, losing your pencils, not sitting still, running about or excessively climbing, and butting into other's conversations.

## **Australian Child Deaths**

An estimated 1,900 Australians under the age of 19 have died while on antidepressants and antipsychotics. More than 30,700 under 18-year-olds were prescribed antidepressants in 2007-2008, including 550 aged 5 and under. Side effects include hallucinations, hostility, psychosis and suicide.

During the same period, more than 9,300 children under

18 – some as young as one – were prescribed antipsychotics, costing the government \$3.4 million. Of the 477 deaths reported to the Australian Therapeutic Goods Administration (TGA) linked to antipsychotics, 15 were for ages 0 to 19, including intrauterine deaths. Experts estimate only 1 percent of Adverse Drug Reactions (ADRs) are reported to the TGA, so deaths could be as high as 1,500.

Common side effects of antipsychotics include excessive weight gain, life-threatening diabetes, and an irreversible neurological effect called Tardive Dyskinesia that manifests in uncontrollable twitching of the muscles and extremities and tongue movements. Another adverse effect, Neuroleptic malignant syndrome (NMS) can cause sudden death.<sup>1</sup> Statistics the Citizens Commission on Human Rights obtained from the TGA in 2009 revealed 14 incidents of 10 to 19 year olds experiencing NMS were reported to it.

The psychiatric drug abuse of young Australians prompted one Western Australian MP recently to call for a national inquiry into the use of psychotropic drugs in children. To date, the federal government has yet to act.

Instead, it has potentially exacerbated the situation, handing over more than one hundred million taxpayer dollars to Patrick McGorry, Professor of Youth Mental Health at the University of Melbourne, Executive Director of ORYGEN Research Centre, and founder of the youth mental health centre chain, headspace.

## **Psychosis Risk Syndrome Creates Harm**

McGorry's Australian of the Year Award hardly had time to settle on the mantelpiece before the psychiatrist demanded millions more for his brand of youth services.<sup>2</sup> Established in 2006 and funded by the Commonwealth Government of Australia, McGorry's headspace, the National Youth Mental Health Foundation, are one-stop-shops that

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have a range of health professionals covering in addition to general health, mental health and counselling, education, employment and alcohol and other drug services.<sup>3</sup>

It sounds reasonable. Some of the services are undoubtedly valuable. However, there is an ominous side. McGorry not only promotes youths being put on antipsychotics and antidepressants, he goes a giant step further: He promotes drugging them *before* they've even developed a "psychiatric" disorder.

It's based on an invented disorder called "Psychosis Risk Syndrome" (PRS) – a subjective checklist of symptoms that psychiatrists claim to be predictors of early onset psychosis or schizophrenia, called prodromal (early symptoms). It's speciously marketed as "preventive medicine" or "early intervention." The upshot of it is that youths are drugged for mental disorders they don't have.<sup>4</sup>

The US group Association for the Accreditation of Human Research Protection Programs (AHRPP) likens this to "performing mastectomies on women who are at risk of – but do not have – breast cancer."<sup>5</sup>

As Richard Gosden, Ph.D., a highly respected Australian author and academic pointed out in 1999, "Apart from the risks involved in the prophylactic [protective] use of neuroleptic drugs, so-called preventive medicine might be variously seen as an unnecessary expansion of social control, a threat to human diversity through the enforcement of hypernormality, a violation of human rights, and a marketing ploy for the new generation of atypical [new] neuroleptic drugs."<sup>6</sup>

PRS is proposed to be included the next edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). The American Psychiatric Association (APA) developed the DSM in 1952 and since then psychiatrists around the world have and continue to use it to obtain insurance reimbursement for treating patients. There are already 374 "disorders," including, depression, ADHD, caffeine-related disorder, disorder of written expression, conduct disorder, mathematics disorder, nicotine use or withdrawal, sibling rivalry disorder and the all-encompassing "Phase of Life Problem." Proposed new disorders include Internet addiction and compulsive shopping disorder. Psychiatrists refer to it as their "billing bible."

The DSM is driven not by science, but instead caters to the pharmaceutical industry. Disorders are voted into existence, not *discovered* as in real medicine. Medical conditions can be substantiated with blood work, urine or other tests, x-rays and brain scans. There are no such tests for any psychiatric disorders. In fact, Andrew Witty the CEO of Glaxo-SmithKline (GSK) announced the company was dumping future antidepressant research as it was too hard to prove the drugs worked because "patient improvement is measured by subjective mood surveys" – based on DSM – "not by any blood or biological test" used to confirm medical diseases.<sup>7</sup>

A study published in the April 2006 edition of *Psychotherapy and Psychosomatics* determined that 56 percent of the psychiatrists who decided which "mental disorders" were included in the DSM-IV edition had undisclosed financial ties to pharmaceutical companies. One hundred percent of those sitting on DSM-IV panels overseeing so-called "mood disorders" (including "depression," "bipolar") and

"schizophrenia/psychotic disorders" were financially involved with drug companies.<sup>8</sup> For the DSM-V, a study found that 18 of the 20 members overseeing the revision of clinical guidelines for treating *three* "mental disorders" alone had financial ties to drug companies.<sup>9</sup>

Dr. Irwin Savodnik, an assistant clinical professor of psychiatry at the University of California, Los Angeles, says: "The very vocabulary of psychiatry is now defined at all levels by the pharmaceutical industry."<sup>10</sup>

## **Big Pharma & Australian Psychiatrists**

The conflicts of interest between the APA and the pharmaceutical industry were the subject of a US Senate Finance Committee investigation in 2009, an action the Australian Federal Government would do well to follow.

McGorry has received unrestricted research grant support from Eli Lilly, Janssen-Cilag, Bristol Myers Squibb, Astra-Zeneca, Pfizer, and Novartis.<sup>11</sup> He is a paid consultant for, and has received speaker's fees from, most of these companies.<sup>12</sup>

His research arm, ORYGEN, with its Early Psychosis Prevention and Intervention Centre (EPPIC) and a "preventive" treatment clinic for young people called Personal Assessment and Crisis Evaluation (PACE), has received drug company funding from Janssen-Cilag, the maker of the antipsychotic drug Risperdal or risperidone.<sup>13</sup>

EPPIC assumed a leadership role in Australia in the 1990s after winning the government tender to establish the *Australian Clinical Guidelines for Early Psychosis* (NEPP). These guidelines extend the definition of psychosis to include "the period described as the prodrome." The list was originally adopted without comment from a publication called the Early Psychosis Training Pack – attributed to McGorry and another colleague, the principal authors being the Director and Assistant Director of EPPIC. However, a British public relations company, Gardiner-Caldwell Communications that specialised in pharmaceutical marketing, produced the document. The training pack was funded by an "educational grant" from Janssen-Cilag.<sup>14</sup>

As Gosden stated: "This may have paid off handsomely for the company.... It may not be coincidental that a half page of the *Clinical Guidelines* is dedicated to dosage recommendations for using risperidone in first-episode psychosis. The *Clinical Guidelines* do not extend these dosage recommendations to include other schizophrenia drugs and the recommendations for risperidone give the appearance of an official endorsement of the drug."<sup>15</sup>

In 1996, McGorry and fellow pharmaceutical company-funded researcher Alison Yung set up the clinic in Australia to monitor young people considered at a "high risk" for developing psychosis and McGorry conducted a world-first trial on "early intervention" for this.<sup>16</sup> A follow up study was conducted in 2002, funded with an unrestricted grant from Janssen-Cilag and supported by US psychiatric-pharmaceutical front groups National Alliance for Research on Schizophrenia and Depression (NARSAD) and the Stanley Foundation, as well as several Australian agencies. McGorry and

colleagues found that Janssen's risperidone reduced the risk of "transition to psychosis" in young people.<sup>17</sup>

The subjective 16-item list of "Prodromal Symptoms and Signs" of psychosis includes: Suspiciousness; Depression; Anxiety; Tension; Irritability; Mood swings; Anger; Sleep disturbances, Appetite changes; Loss of energy or motivation; Memory or concentration difficulties; Perception that things around them have changed; Belief that thoughts have speeded up or slowed down; Deterioration in work or study; Withdrawal and loss of interest in socialising; Emerging unusual beliefs.<sup>18</sup>

Summarising his paper "Pre-Psychotic Treatment for Schizophrenia: Preventive Medicine, Social Control, or Drug Marketing Strategy?" Gosden states: "A preventive medicine campaign based on the type of prodromal symptoms and risk factors specified in the *Australian Clinical Guidelines for Early Psychosis* potentially defines the whole generation of young people as being at risk and in need of treatment."

### **McGorry's Brave New World**

The entire concept of pre-drugging children sounds like a page out of Aldous Huxley's 1932 novel, *Brave New World*. In it, Huxley depicts a "utopian" but totalitarian society, one that is insane and bent on control using the "technique of suggestion – through infant conditioning and, later, with the aid of drugs."<sup>19</sup>

Psychiatrists took this to heart in 1967 when a group of prominent psychiatrists and doctors met in Puerto Rico to discuss the plan for psychotropic drug use on "normal humans" in the year 2000. The report on that meeting stated that the "breadth of drug use may be trivial when we compare it to the possible numbers of chemical substances that will be available for the control of selective aspects of man's life in the year 2000."

Further: "Those of us who work in this field see a developing potential for nearly a total control of human emotional status, mental functioning, and will to act. These human phenomena can be started, stopped or eliminated by the use of various types of chemical substances. What we can produce with our science now will affect the entire society."<sup>20</sup>

An online opinion written earlier this year by Melissa Raven, psychiatric epidemiologist and policy analyst, adjunct lecturer in Public Health at Flinders University, South Australia, and David Webb, board member of the World Network of Users and Survivors of Psychiatry, who works with the research/policy office of the Australia Federation of Disability Organisations, reflects this: "McGorry's campaign is part of a wider push to promote the medicalisation of mental health (for which psychosocial wellbeing is a better term)."

"Further doubts must be raised about McGorry's agenda

when you see the substantial funding his organisation (Orygen Youth Health) receives from the pharmaceutical industry and also from the US Stanley Foundation, which is notorious for its particularly aggressive approach to the detention and mandatory treatment of people labelled with psychiatric disorders," they continue. He has "personally received funding from many manufacturers of antipsychotics, frequently reports no conflicts of interest, particularly in his many recent *Medical Journal of Australia* articles, including a supplement on early intervention that repeatedly advocates the use of antipsychotics."<sup>21</sup>

Adding controversy to this is the fact that McGorry credits PRS to Dr. Ewen Cameron, the Canadian psychiatrist famous for performing cruel and brain-damaging drug and electroshock experiments on his patients in the 1950s and 1960s with funding from the CIA.<sup>22</sup> (Cameron's victims sued and on October 5, 1988, the CIA settled with the plaintiffs for \$750,000.)

The fact that McGorry and colleagues recommend antipsychotics to treat PRS should be raising alarm bells – not further research dollars – with Australian authorities. Even psychiatrists point out the harm of PRS.

Allen Frances, professor emeritus, former chairman of the department of psychiatry at Duke University and chair of the DSM-IV Task Force, wrote an opinion on PRS published in *Psychiatric Times* and *Psychology Today*

in March. He said PRS "stands out as the most ill-conceived and potentially harmful." The syndrome fails badly on all three counts: "1. It would misidentify many teenagers who are not really at risk for psychosis; 2. The treatment they would most often receive (atypical antipsychotic medication) has no proven efficacy; but, 3. It does have definite dangerous complications."

Australian psychiatrist Niall McLaren says the diagnostic criteria for PRS "has no scientific validity whatsoever... it can never be reliable and... will have huge unforeseen consequences." Essentially, it means "putting large numbers of teenagers and young adults under the long-term supervision and control of psychiatrists" and that "supervision" includes the "aggressive, indefinite prescription of antipsychotic drugs." It is the "clearest example I know of pseudoscience. Not since [lobotomies] has psychiatry stumbled so far from the principle of *Primum, non nocere*. First, do no harm."<sup>23</sup>

Adds Frances: "Drug company marketing would influence parents and clinicians to be especially alert to any strangeness in teenagers." False positives could be as high as 70-90 percent. Moreover, "It has not yet been established that antipsychotic medications are effective in preventing psychotic episodes or in improving life course in those who would meet the criteria for 'risk syndrome'."<sup>24</sup> "Misidentified



youths,” Frances wrote in another article, “would receive medications that can cause enormous weight gain, diabetes and shortened life expectancy.”<sup>25</sup>

No one denies that people experience serious problems in life, that they can be mentally traumatised, even psychotic. But it violates the informed consent rights of all consumers when they are not informed that there is no science to diagnosing psychiatric disorders, that psychiatry’s diagnostic manual is more political than medical, and that even psychiatrists say is a “monster out of control.” Labeling someone with a mental disorder, even depression, can sometimes prevent their searching for non-invasive and workable medical solutions.

Allen Frances is, at least, candid in stating that the, “First draft of the next edition of DSM... is filled with suggestions that would multiply [psychiatrists’] mistakes and extend the reach of psychiatry dramatically into the ever-shrinking domain of normal.... The pharmaceutical industry would have a field day – despite a lack of solid evidence of any effective treatments for these newly proposed diagnoses” (PRS inclusive).

McGorry seems cautious about publicly endorsing the inclusion of PRS in DSM. In an online chat on Schizophrenia Research Forum in July 2009, he said caveats and warnings are needed if a more narrowly defined PRS is included in DSM, otherwise it could lead to “widespread over-treatment with medications which possess many harmful as well as beneficial effects.” It wouldn’t belong in a school or general population setting, he said, but “to those seeking help from an early intervention/early psychosis or youth mental health service.”<sup>26</sup>

In other words – those in contact with McGorry’s headspace/youth mental health foundation, to which millions of dollars are now being funnelled without, it seems, anyone questioning his Brave New World of pre-drugging kids.

### Footnotes:

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