

1. We welcome this opportunity to comment on the evidence session with the Minister for Mental Health, Maureen Watt, and Dr John Mitchell on 18 January 2018 and we agree with the overarching statement by Maureen Watt that “*We want our nation to be one in which mental healthcare is person centred and recognises the life-changing benefits of fast and effective treatment*”. This is the spirit in which our petition has been raised.
2. We were therefore stunned at the stance taken by Maureen Watt and John Mitchell on 18 January 2018 from the outset: they did not accept the premise of our petition, stating only that “*the petitioner feels that it has happened in some cases*”.
3. **We take very strong issue with the form of language used by Maureen Watt and John Mitchell throughout the evidence session, repeatedly substantially shifting patient and petitioner evidence to make out that it is just what ‘some’ individual and ‘unusual’ people may ‘feel’ and ‘believe’.** In my opinion, this is the sort of responsibility-shifting and demeaning language that affected patients experience from their doctors and prescribers over and over again whenever they try to raise their genuine concerns. As highlighted in our previous submissions, we are aware that doctors are actively being trained to disbelieve and shrug off patient experience in this way in their ‘doctor-patient conversations’ and we find this very deeply concerning¹. If this is what is thought to be the ‘direction of travel’ for the doctor/patient communication initiatives and ‘conversations’ for Realistic Medicine and Realising Realistic Medicine, then this is deeply worrying altogether.
4. It has become abundantly clear that patients’ own experience of taking antidepressants and/or benzodiazepines – and trying to reduce or withdraw safely - is not being believed by the medical profession, or anything learned from real life experience. Our petition has been raised to address the very serious issue where patients are suffering terrible harm and clear personal evidence of this patient experience has been provided in the numerous painful accounts submitted. This is absolutely not ‘rare’.
5. Using the same evasive language John Mitchell said: “*I recognise and accept the descriptions that people have given of the problems that they have had with prescribed medicine, although those descriptions do not represent the normal or average experience. They are situations that people have chosen to tell us about.”*
6. In response to a question about withdrawal problems Dr Mitchell stated: “*The life-limiting consequences are rare. If a person had on-going major and severe difficulties as a consequence, support is available to help with that.*”

¹ http://www.rcpsych.ac.uk/pdf/CHECKED%20MUS%20Guidance_A4_4pp_6.pdf

7. There is **no informed support whatsoever** for people in Scotland. We formed our independent self-help group (in 2013) and have been striving ever since to get recognition for the issues and proper support provided. We contributed to the BMA 2014 research, reported by BMA in October 2015 and resulting in the October 2016 BMA call for establishment of UK-wide support². We are asking the Scottish Government to participate, with the rest of UK, in the provision of this desperately needed support.

Maureen Watt stated *“We know that people with mental health conditions are likely to have their longevity reduced by 15 to 20 years, which is a health inequality that we must address.”*

8. **These prescribed medicines are neurotoxic** – toxic to neurons - so it is no wonder that people diagnosed and treated with these medicines for a ‘mental health condition’ have their longevity significantly reduced. Peter Breggin describes this most recently in his January 2018 article ‘What should we really call psychiatric drugs’.³ You have read the many patient submissions detailing horrendous experiences of neurotoxic damage sustained.
9. Dr Mitchell stressed that the GMC holds individual prescribers responsible for what they prescribe. Prescribing guidance has been heavily influenced by the pharmaceutical industry (risks played-down) and prescribers may be working to impossible time constraints to allow for the necessary ‘conversations’ leading to adequately informed decision-making. Doctors live and work in fear of complaint and litigation, and feel the need to ‘do as any other doctor would do’. (This has also been clearly evident in the case of PE01627.)
10. Alternatives mentioned in the Matrix⁴ do not seem to be available – and we raise alarm at Maureen Watt’s assertion that there is an increase in presentation of ‘mental illness’. We have learned that ‘Anti-Stigma’ initiatives (often backed by Charities which may be directly or indirectly supported by pharmaceutical concerns⁵) encourage people to *“...go to the Dr to get a diagnosis...so now you are not normal you have a label for normal life problem and then made a million times worse by the drug. Now no one believes you, because you have a mental health label. The minister suspects more people will be going to Dr for ‘mental health!’”* (I asked people on Facebook what they wanted my submission to convey. This quote is taken from that Facebook conversation).
11. The stigma and horror of then finding yourself being described and as ‘an addict’ (implying irresponsibility, recklessness and lack of credibility) - when you try to speak up and raise the alarm to prevent this happening to others - is crushing and demeaning in the extreme.
12. Maureen Watt (and John Mitchell), during their evidence session, placed great importance on the 2014 Scottish Government publication ‘Key information on the

² <https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/prescribed-drugs-dependence-and-withdrawal>

³ Mad in America website – Peter Breggin MD Blog

⁴ <http://www.nes.scot.nhs.uk/media/20137/Psychology%20Matrix%202013.pdf>

⁵ “How Pharma Uses the Charge of “Stigma” To Sell Psychiatric Drugs”, The Epoch Times, 27 December 2017

use of antidepressants in Scotland'.⁶ and stated confidently: "Now, higher average doses are prescribed for longer, more appropriate periods. That is a more effective approach, which reduces the risk of recurrent bouts of illness in the long term." (RCPsychiatrists and RCGP seem to be in agreement with this approach.) **We take very strong issue with this statement. The proof of the outcome of basing policy on Scottish research conducted in 2010/11⁷, covering only new and relatively short-term antidepressant prescribing, is proving to be utterly disastrous. It is forcing people into dependency, resulting in 'medically unexplained symptoms'⁸, long-term illness and disability and effectively forfeiting the opportunity for people to recover from stressful periods and successfully resume normal healthy life. The horrifying evidence of refusing to recognise that the drugs are causing harm is contained within the many accounts that have been submitted to the Committee.**

13. Dr Mitchell says that discontinuation reactions for antidepressants (he does not use the term 'withdrawal') are mild and self-limiting and quotes the RCPsychiatrists tapering advice for antidepressants being 'over four weeks' as per their leaflet on the website⁹. **Again we take strong issue with this – the actual experience being, for many people, very different to the inaccurate and inadequate expectations suggested – both by RCPsych and by NHS Inform.** Dr Mitchell also said that a GP will hold review consultations at stages with a patient who is on antidepressants, and any decision to take a person off them will be taken by the patient in conjunction with the prescriber. We would highlight research conducted by SAMH which tells a very different story^{10 11}, and which is more than confirmed by the numerous petitioner accounts. The recommended RCPsychiatrists (and BNF) guidance for tapering antidepressants is found to be far too fast and throws people into withdrawal.
14. Maureen Watt was keen to point out that "NES has produced a booklet for the general public that is titled "Psychological Therapies in Scotland: Information for Service Users and Carers"¹², and the Matrix sets out those therapies, HEAT targets psychological therapies¹³".
15. However access to practical alternatives is sparse and unrealistic and so 'medication' – and especially enthusiastic prescribing of antidepressants - has trumped everything else. It turns out that this is actively encouraged by the 2014 'Key Information' publication. This was further emphasised by John Mitchell.
16. To sum up it seemed that Maureen Watt and John Mitchell preferred to continue to turn a blind eye to all evidence contrary to their beliefs. They want people to 'go back to their prescriber' if they run into difficulties with prescribed medicines. So the advice given over and over again is to 'visit your GP' – first of all if you are

⁶ <http://www.gov.scot/Resource/0045/00456540.pdf>

⁷ <http://bjgp.org/content/62/595/e104>

⁸ http://www.rcpsych.ac.uk/pdf/CHECKED%20MUS%20Guidance_A4_4pp_6.pdf

⁹ <http://www.rcpsych.ac.uk/healthadvice/treatmentsandwellbeing/antidepressants/comingoffantidepressants.aspx>

¹⁰ https://www.samh.org.uk/documents/A_SAMH_Survey_of_general_practitioners_in_Scotland.pdf

¹¹ https://www.samh.org.uk/documents/what_s_the_script_final_%281%29.pdf

¹² http://www.nes.scot.nhs.uk/media/3489916/nes_service_user_web_1_1.pdf

¹³ <https://www.isdscotland.org/Health-Topics/Waiting-Times/Publications/2017-12-05/2017-12-05-WT-PsychTherapies-Summary.pdf>

experiencing symptoms of stress and distress (when your GP, having precious little else to offer, will most likely prescribe medication believed to be 'safe and effective' – and cheap?), and then when you 'have any concern about your medication' (when your GP will probably not believe you and, in any case, will not have the knowledge or expertise to help you - for example with safe tapering advice).

17. ***"I never had any of these horrendous symptoms prior to meds now when I go to my doctors everything is related to my mental health depression and anxiety and I am constantly being told by them it's my condition that is causing all the problems . I am labelled as a mental patient with depression , not labelled a person with severe adverse effects caused by over medication with serious drugs by a doctor , it's so very wrong".*** (Also from Facebook).
18. We are aware that there have been many new written submissions of evidence. We thank the Petition clerks for their hard work to process these and trust that the harrowing personal accounts have been read and taken into serious consideration by the Committee, as well as important contributions from individual professionals, institutes and organisations.
19. We have come to realise, and the accounts received confirm, that many sufferers of harm from prescribed drugs are experiencing symptoms very much like to those experienced by people with Myalgic Encephalomyelitis (ME/Chronic Fatigue Syndrome (CFS). Some sufferers have been told that they are suffering CFS. We suspect that ME/CFS research will reveal very similar evidence of neurological and mitochondrial anomalies. ME/CFS was the topic of a recent event at Scottish Parliament¹⁴ and there is to be a debate about the controversial PACE trials (for treatment for ME) at Westminster Hall on 20 February 2018¹⁵.
20. Please read this new Petitioner submission in conjunction with our previous Petitioner Submissions (PE1651/J, 1651/Q, and 1651/OOO). The many patient accounts submitted have added deeply distressing details and personal life consequences to the summary diagram outlining a typical 'Patient journey' submitted in June 2017 (PE01651/J), and also referred to in my oral statement on 29 June 2017.
21. The Welsh petition¹⁶ is progressing through the Welsh Assembly process and it is to be hoped that the Scottish and Welsh petitions committees will liaise with each other to share relevant evidence.
22. On 24 January 2018 Public Health England announced that it has launched 'A review of the evidence on the scale and nature of problems with some prescription medicines and how they can be prevented and treated'¹⁷ ¹⁸. A

¹⁴ meaction.net – "Unrest' at the Scottish Parliament", 7 February 2018

¹⁵ meassociation.org.uk - Westminster Hall Debate: The PACE trial and its effect on people with M.E. – A meeting with Carol Monaghan MP | 08 February 2018

¹⁶ <http://www.senedd.assembly.wales/i/IssueDetails.aspx?Id=19952&Opt=3>

¹⁷ <https://healthmedia.blog.gov.uk/2018/01/26/government-launches-landmark-review-into-prescription-drug-addiction/>

¹⁸ <https://www.gov.uk/government/news/prescribed-medicines-that-may-cause-dependence-or-withdrawal>

meeting of the All Party Parliamentary Group for Prescribed Drug Dependence (APPG-PDD) took place at Westminster on the same day¹⁹

23. So what about Scotland now?

24. The very substantial collection of written evidence submitted for this Scottish Public Petition can surely serve as a very valuable resource giving Scotland a head start to lead the way - by putting in place, as soon as possible, practical measures to address this very serious issue: people being made very ill and disabled - by commonly used neurotoxic medicines, taken as prescribed.

¹⁹ <http://prescribeddrug.org/>