

## PE1651/WWWWWWW

Anonymous submission of 19 March 2018

I would like to submit, as succinctly as I can, the appalling experience I had with prescribed anti-depressant, anti-psychotic and diazepam drugs in the period between June 2013 and April 2017.

In May 2013 I became highly stressed and exhausted with work related pressure, travelling and family responsibilities. I was having trouble sleeping and becoming frantic and starting to panic about my ability to continue working. I visited my local GP, and saw a locum, who heard my story very briefly and prescribed me beta blockers. On receipt of the medicine I checked the label and instructions and read that side effects were exactly what I was suffering already – namely anxiety, agitation and even palpitations. I was not warned about these effects of the medication by the GP, and decided not to take the drugs. My wife arranged another GP visit and I saw the regular GP, who heard my story and without reference to a psychiatrist, prescribed me Mirtazapine (I did not know this was an anti-depressant) to supposedly deal with anxiety and to help me sleep. The drug was supposed to start working in two weeks. During that two weeks I started to have thoughts of suicide and thought about throwing myself off an old railway bridge, near to where I was taking daily walks. Fortunately I resisted the urge to do that. Almost precisely two weeks after taking the drugs I became highly energetic and excited and felt 'high'. This lasted about two days, and then I returned to the state of anxiety and sleeplessness. I contacted the doctor again and she prescribed me a change in medication to a different anti-depressant, called Imipramine. I was told this would work after as many as six weeks, so I patiently came off the mirtazapine and started increasing the dosage, according to instructions from the GP, with Imipramine. My mood was worsening and the anxiety was increasing, once again I began to get thoughts of suicide. I went to the GP again and this time it was another GP, and he told me that 'I had to believe in the drugs for them to work'. You can imagine what disastrous effect this had on me – for a GP to have so little faith in the drugs that I had to **believe** in them first – and that somehow it was my thinking that must be at fault – not the drugs.

Things continued to worsen and I had no relief at all from the drugs. I was told by the GP that it was impossible to see a psychiatrist within 8 weeks – so in desperation we contacted the private hospital in Glasgow. There I received CBT and continued on the drugs – continuing to feel terrible and to have increasing problems with side effects. I tried coming off the anti-depressant, and was allowed to do this by the hospital psychiatrist – but when I returned home from the hospital, I went high again and was suddenly bursting with energy and not thinking straight. Once again this lasted a few days and then slumping back into what was beginning to be diagnosed as chronic depression. I endured all the misery of shifting between deep depression and severe anxiety. I was prescribed anti-psychotic drugs to try and deal with the anxiety, and also diazepam. After a month or two of struggling with this, we took

advice from friends in desperation and booked me into a private hospital in London. There I was prescribed not one, but two strong anti-depressants and at full dose. My suicidal thinking was now permanently with me and I thought about killing myself almost every minute of every day – only managing to get through the day by keeping company with others and thinking about my family and the appalling consequences for them if I took my life. I could see that others in the hospital were suffering exactly the same way as I, and we tried to support each other. The strain on so many of us was appalling to witness – living with the overwhelming desire to kill ourselves and just trying to get through the day – dreading that the next day could be even worse. None of us knew then what I know now – that it was the drugs that was driving the compulsion to kill ourselves, not our mental condition.

In desperation, and with no improvement – but with horrendous hospital bills, my family took me out of the hospital after about 2-3 months (I have little recollection of time in that period), and brought home to Scotland. There I continued on the regime of drugs until another psychiatrist I was now seeing in Edinburgh prescribed me a new combination (requiring periods of titration off and on to new drugs – causing appalling side effects, muscle pains, cramps, seeing things at night, crying out in my sleep, nightmares, palpitations, fluctuating blood pressure, constipation, severe headaches and perhaps worse of all was the constant incessant tinnitus, screaming in my ears). I spent the days saying nothing at all and staring out of the window, or sitting by the Aga, listening to the burner noises. I was constantly ruminating. My mind was constantly searching for the cause of my troubles and of all my physical pains – I would go over obsessively various things of the past that might have caused my mental collapse. Never at that time did I suspect the drugs, although I was starting to note some people advised against taking anti-depressant drugs and had recommended alternatives, such as meditation and relaxation. In hospital I had learnt about relaxation and meditation – so I tried to keep myself going with these things. But the suicidal thinking was constant.

Eventually I was given an NHS psychiatrist to look after me, and while I was home I could see a mental health nurse, who was a psychotherapist – she helped me enormously. Speaking to her once per week gave me some semblance of hope and, looking back, I realise that hope and encouragement are the strongest possible medicines for depression, and come with no side effects.

However, my suicidal thinking was a constant worry for my wife and the psychiatrist agreed to have me placed into the local psychiatric ward of a hospital. Here my prescriptions of anti-depressants continued, but I saw yet another psychiatrist who decided I was bi-polar and needed to start taking Lithium as well as the other two anti-depressant drugs – all of which were on maximum dose. My mental health plummeted yet further and I simply could no longer resist the urge to kill myself. Having led mountaineering expeditions to the Himalaya, to the Alps and to South America, and all over Scotland, it was in the mountains where I wanted to die. I tried to kill myself five times at the top of Glen Clova, in Angus – but on each occasion,

either my wife came after me and found me, or I was approached by a keeper (on one occasion), and I was so lucky that these events happened, often by coincidence, to save my life. Other efforts to kill myself revolved about driving into a tree or wall, and on one occasion by hanging, and another occasion by jumping off a high bridge into the river South Esk – but on each occasion either the shame of leaving my family to deal with my death, or worrying about not doing the job properly enough (leaving me paraplegic etc) somehow prevented me from actually carrying out the act. The one occasion when I tried to hang myself in the tool shed – I did put the noose around my neck, but I was standing on a Lloyd loom chair – which is made up of wire with twisted paper wound around the wire. I have been in the paper industry all my career, and seeing that it was a Lloyd loom chair I was standing on made me hesitate, take the rope from around my neck and sit down to think a bit more. Just then my wife's car pulled into the driveway outside and I knew she would immediately start looking for me. She opened the door of the shed and saw me standing underneath a noose – I hope you can understand what an appalling sight that must have been for a wife to witness.

So I was found another bed in the local hospital, more for my own safety, and I was entered for Electro Convulsive Treatment, with yet another psychiatrist. I think I had 14 treatments (I lost count), and none of them did any good at all. Perhaps I felt a little better for a day or so, after having the course of 8 the first time around, but it did not last, and I was told a side effect would be problems with long and short term memory for ever more.

Hence I stopped the second session of 8 treatments after 6 had proved to be useless – and frankly barbaric, I can say now. But in the hospital I received nothing but kindness and support from the nurses, and the patients all tried to support each other and spend the days talking as much as possible and lending a sympathetic ear to each-others' troubles. There was also a place to sit quietly – a library, and to look out of the window, and feel safe from the plaguing demands to kill myself.

After some weeks I was discharged back home, on the basis that I would receive daily visits from a crisis team and continue my weekly visits to my psychotherapist. The crisis team were brilliant and I really found that talking therapy helped me and kept me going. Unfortunately there were cut backs and the crisis team could not continue to support me, and this put huge pressure on my wife. Fortunately there were local friends, who would arrange, with my wife, to visit me to go out for a walk or something or teach me some sketching, and allow my wife to have a break and go out to work (which was part time) nearby. These visits also helped me to keep going.

My psychiatrist wanted another opinion, or my wife was urging for another opinion and I visited a more senior psychiatrist. After a full morning of assessments he told me I was suffering more from General Anxiety Disorder than from depression, and that I did not need to continue the lithium (in other words I was probably not bi-polar – despite having now been treated for bi-polar for more than 2 years). As I came off

the lithium I felt a little better (less dizzy and nauseous, and with less palpitations) – and my anti-depressant drugs were changed again to a single anti-depressant, which once again was Imipramine. I had also been diagnosed, by one of the psychiatrists as suffering from chronic, treatment resistant depression – which was truly the worst thing to have been told as a depression sufferer.

I continued with this latest prescription for months with no improvement and with continuing problems with suicidal thinking as well as many other of the side-effects of the drug. A friend encouraged me to enter into a Tai Chi and meditation class once a week. I managed to attend, with my wife's help and encouragement. After a few weeks, the lady taking the class, who was a nutritionist, suggested that I might also look into my diet and cut out wheat, carbohydrates and sugars (all of which I was eating to excess, and gaining a lot of weight) – she would also help me to overcome a problem with candida (yeast infection), which she was sure I had – and which coincidentally I had suffered (candida) in my twenties after a long prescription of antibiotics for a throat infection (tonsillitis). She also suggested that I check with my psychiatrist as to whether it may be possible to come off my anti-depressant drugs, if I felt happy to try that.

In November 2016 I started this strict diet, which replaced wheat, sugars and carbs with fruit, fibre and salads – a totally natural diet. She considered a healthy body starts with healthy digestion and she encouraged this new approach, which I fully supported – really in desperation. In 2 months I lost almost three stones, and was feeling much, much better – and this coincided with an agreed approach with my psychiatrist to gradually reduce my dose of anti-depressant. My psychiatrist agreed to this only on the basis that I took responsibility and that it was 'my decision'. After just five weeks I started to emerge from depression. It happened just in short spells at first – really like surfacing from a terrifying quagmire of evil and blackness – and suddenly seeing things as they should be – all in balance and in order and no longer a threat or in confusion – a truly wonderful feeling. But if I did not stick to my diet perfectly, the depression would return, terrifyingly – this was a very hard period for my wife – seeing me almost recover and then slip back down, as if something under the water was grabbing me by the ankles and dragging me, helpless, under the waves of misery and despair. But, I continued to come off the drugs and as the dosage reduced I had more periods and longer periods out of depression and feeling really quite normal. However there were very severe side-effects and withdrawal problems coming off the drugs after such a long time – in particular was constipation and bleeding from the rear passage. This had to be checked by my GP, and then I was sent for an endoscopy. Before that I had to take horrible laxatives that totally cleared me out, in great discomfort, and I underwent a very painful endoscopy. Once again the problem was not a polyp or anything cancerous, but the side-effects of the drug, causing constipation and rectal bleeding.

Another terrible side-effect was very severe stomach pains. The main constituent of Imipramine anti-depressant is Hydrochloride. This has a very severe effect on the

stomach lining and was obviously causing me harm, after taking it for such a long time. I called my psychiatrist on 5<sup>th</sup> April 2017, and asked him if I could speed up coming off the drug, since it may be causing severe stomach pains. He replied that at the current low dose of the drug, the drug was no longer at a 'therapeutic' level, and I could forthwith stop taking the drug completely, straight away. So, on 5<sup>th</sup> April 2017 I had taken my last anti-depressant drug, and vowed **NEVER to take them again**. My mental strength continued to return and my physical strength slowly recovered with exercise and visits to the gym. I took interest in the garden again and was enjoying the art class I had recently joined in Dundee. I began to see friends again and continued my high fibre, low carb, no sugar, no wheat diet – making sure my weight stayed stable at the reduced level.

On June 12<sup>th</sup> I attended an appointment with my psychiatrist. He told me I appeared, indeed, perfectly recovered and well in all aspects. I asked him whether he thought I was bi-polar – he said no, and also that I had never been bi-polar, from the way I was behaving with him now. I asked him what he thought about my suicidal thinking and had it been caused by the drugs? He said it was unusual for someone of my age (56) to suffer from suicidal thoughts, as it was more common in younger patients. He said this without any sign of empathy towards either me or to younger patients who might suffer from it – so I did say that suicidal thinking is an appalling state of mind and should not be underestimated – to which he did acknowledge that it must be very difficult, BUT that 'the overwhelming evidence showed that anti-depressant drugs saved more lives than if they were not prescribed'. Of course I could hardly believe, with my experience, that this could possibly be true – but did not argue with him, out of respect for his position, as a man who had to believe the drugs were helpful or would not be able to work in psychiatry at all.

On 12<sup>th</sup> September 2017, I had my final review meeting with my psychiatrist – simply to confirm that I was continuing to be well and could now be discharged with full clearance to return to work, and I received (eventually) a letter from the psychiatrist to that effect – declaring that I am 'not ill at all'. I did ask my psychiatrist, at this our last meeting, whether he could explain why I had recovered from my 'treatment resistant depression' by actually stopping the anti-depressant medication that was prescribed to me.. and he replied that I was a 'special case'. He did not elaborate in what way I was a special case – but when I look in the mirror I see a perfectly normal human being, who was once stressed and exhausted, was prescribed anti-depressant drugs and plunged into a four year nightmare that truly beggars belief, and was at the hands of modern medicine – prescribed by the NHS.

I submit that a full review needs to be taken concerning the efficacy of anti-depressive drugs and a fully INDEPENDENT assessment (free from interference from pharmaceutical companies) into the benefits and successes of alternative, non-medical/non-chemical, treatments of depression – such as psychology, psychotherapy, talking therapy, light exercise, discussion groups, art, music, reading, pets, natural diet (no processed foods). The restoring of good digestive systems in

people with depression is essential. The hormones that we need for the proper functioning of the brain are derived from the natural foods we eat and from which we need best possible digestion so that the gut lining, pancreas, and liver can produce the precise levels of hormones needed for mental functioning. None of this can be achieved by swallowing huge quantities of hydrochloride in anti-depressants.

I have submitted some of this already to my MSP, Mairi Gugeon, and my MP Kirstene Hair. I have made a submission to the Review of the Mental Health Act 1983, being carried out by Sir Simon Wesseley – who is an avowed supporter of anti-depressant drugs for depression and declares that even more of them need to be prescribed. You cannot expect someone who has suffered so terribly under anti-depressants to have a kind word to say about the Royal College of Psychiatry, of which, Dr Wesseley is a former President.

Sir Simon Wesseley has been appointed to chair the review of the 1983 Mental Health Act, and all its implications. A BBC program called 'Trust me I'm a doctor', Sir Wesseley was asked by Dr Mosely how do the anti-depressant drugs actually work. Sir Wesseley replied that it was not known how they work, but that they simply do work and that the problem with the growth in cases of depression in the UK was simply the lack of detection and the under-prescription of psychiatric drugs.

How can it be acceptable to not know how the drugs work, but for psychiatrists seem to know enough about the appalling side effects to print them in an instruction leaflet within the medicine box, and to no doubt use it as a disclaimer in the event of any legal action.

I hope this reaches you safely, please excuse its length. I can give further details on the many anti-depressant drugs I was prescribed and can provide all the names of the psychiatrists and GP's that saw me, if required.

The warning/information leaflet<sup>1</sup> with the anti-depressant Imipramine – it is not a good scan, but the important part is readable under **'Thoughts of suicide and worsening of your depression and anxiety disorder'** : **'If you are depressed and/or have anxiety disorders you can sometimes have thoughts of harming or killing yourself. These may be increased when first starting anti-depressants, since these medicines all take time to work, usually about 2 weeks but sometimes longer'**.

Is it not absolutely astounding that a medicine carrying a printed warning such as this is actually licensed for prescription to the public?? The advice is vague, imprecise and gives the false impression that the medicine does work, but that it is not really known when.

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<sup>1</sup> <https://www.medicines.org.uk/emc/product/5789/pil>

I have had a career in the paper industry and if I was to tell my customers that I did not how my packaging paper would work on their machines 'but it just does' – I would be laughed out of the building.

I have written to the Times Newspaper, following the now infamous printing of a front page article, publicising, and seeming to support the findings of a very questionable study into anti-depressant drugs at Oxford University. The spectre of Pharmaceutical influence is everywhere in these studies, and I know that it would be wonderful for many of us who have suffered so terribly to have Government take a long hard look into the influence of Pharmaceutical Companies into their relationships with Psychiatrists and with GP's throughout Scotland. In my industry – the Paper industry, there are VERY strict regulations concerning the relationships between Companies and the customers, and that Anti-Trust and Anti-Corruption regulations have to be respected at all times. As employees of a publicly listed Company, we were obliged to follow strict rules in respect of any contact with suppliers or customers, including quarterly signed disclosures (perhaps this should apply also to psychiatrists and GP's?)

My question to Government would be how much scrutiny is there of the practices of the Royal College of Psychiatry? Do psychiatrists have to report to the Regional Health Boards. There appear to have been cases where psychiatrists have been struck off by the Royal College if they have spoken out against certain 'protocol' that is set by the College – should this not be something for the Regional Health Board, not for the College. Psychiatrists should be allowed to speak freely to their employer – the NHS, without fear of interference from the Royal College.

I made notes throughout my experience (as recommended as a CBT activity), except during the period when I could not write due to the shaking in my hands, caused by Lithium. So I have quite a detailed account of the actual daily experiences of anti-depressant drugs, Lithium, anti-psychotics and Diazepam – the physical impacts of these drugs are very extensive and truly appalling. I would be prepared to submit information about these things in front of a committee, if the information was properly respected and used only for the purposes of the Petition and resulting policy.