

DEPRESSION, A CRITIQUE OF THE PREVAILING VIEW: (Section Two)

DEPRESSION: A **CHEMICAL IMBALANCE?**



Dr. Terry Lynch,
physician, psychotherapist, author

www.doctorterrylynch.com

X 50 years

Brain chemical imbalances → Known feature → Depression

Main drivers: → Medical profession + Pharmaceutical industry

- Psychology
- Psychotherapy
- Counselling
- Social work
- Occupational therapy
- Psychiatric nursing
- Art therapy
- Social care workers
- Etc.

PERSUASION ← Other mental health professionals

PERSUASION → GENERAL PUBLIC

Recipients Peer workers Governments Mental health organisations

The truth

No brain
chemical
imbalances



Ever
identified



In
depression

Mass delusion:

Brain chemical imbalances are **known to occur** in depression ❌

These brain chemical imbalances **probably cause** depression ❌

Before any claims of chemical imbalances should be made

An actual existing chemical imbalance has to have been established



Basic common sense

Good practice

Chemical imbalance illnesses



Diabetes

Organ:

Pancreas

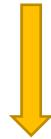
Pathology:

Structure:

Function:

Islets of Langerhans

↓ Insulin production



Raised blood glucose

Chemical imbalance:

Symptoms:

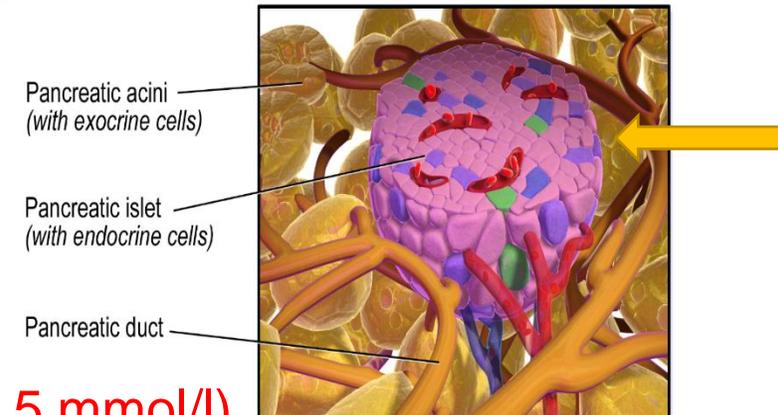
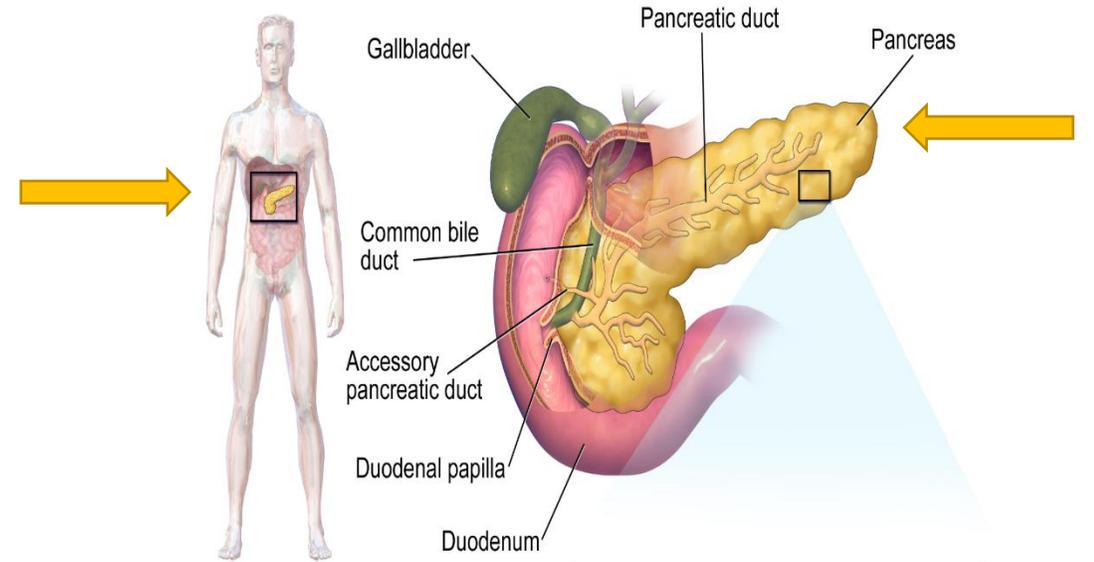
Signs:

Investigations:

Diagnosis:

Raised blood glucose levels (3.0 – 5.5 mmol/l)

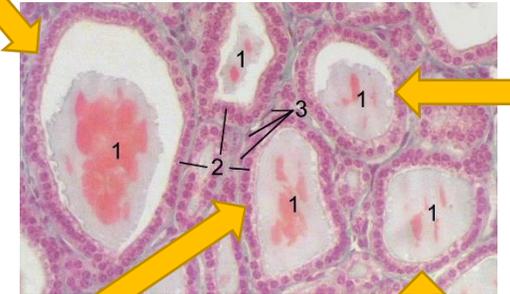
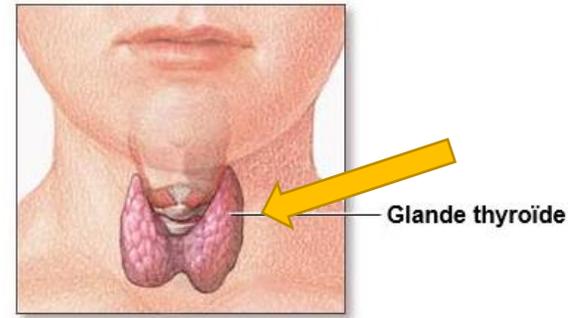
Rock solid scientifically

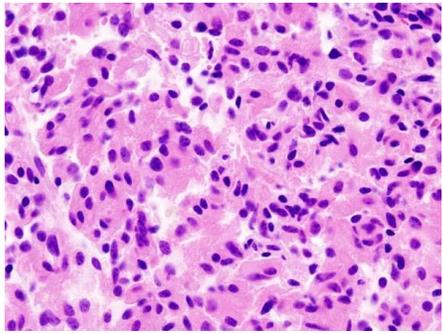


Pancreatic Tissue

Hypothyroidism

Organ:	Thyroid
Pathology:	
Structure:	Follicular cells
Function:	↓ thyroid hormone production
	↓ levels of thyroid hormone
Chemical imbalance:	
Symptoms:	
Signs:	
Investigations:	↓ thyroid hormone levels (Normal = 4.6-12 ug/dl) ↑ thyroid Stimulating Hormone levels (TSH) (Normal = 0.4-4.5 μ IU/mL)
Diagnosis:	Rock solid scientifically





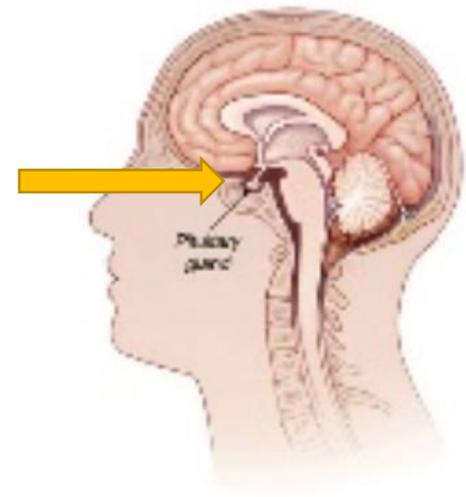
PITUITARY ADENOMA

Pituitary disease

Several chemical imbalances

Several medical problems

e.g. Growth Hormone overproduction



Organ:

Pituitary gland

Pathology:

Structure:

Abnormal + increased proliferation of pituitary cancer cells

Function:

↑ levels of Growth Hormone

Chemical imbalance:



Symptoms:

Signs:

Giantism

Acromegaly



Investigations:



Growth Hormone levels

< 226 pmol/L

Diagnosis:

Rock solid scientifically



Chemical imbalance illnesses - characteristics

Imbalanced chemical:	Identified scientifically
Function of chemical:	Known
Normal range:	Known
Abnormal levels:	Known
Pathology:	Known STRUCTURE abnormality FUNCTION abnormality
Diagnostic test:	Available
Diagnosis:	Laboratory confirmation always required
Treatment:	Linked to + guided by ongoing lab tests
Replacing like with like:	Insulin; Thyroid Hormone; Growth Hormone;

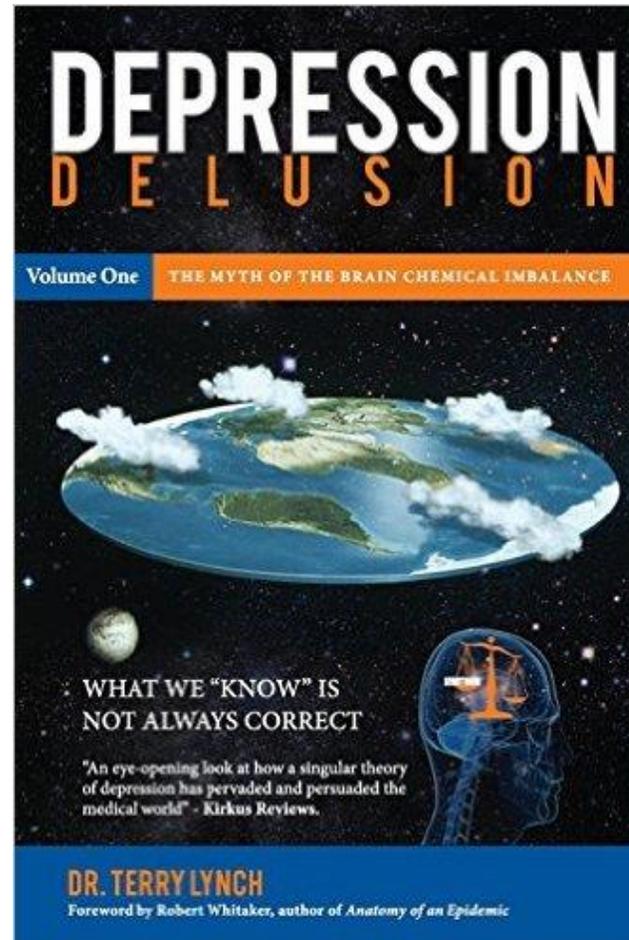
Depression

Organ:	Brain
Pathology:	
Structure:	None identified
Function:	None identified
Chemical imbalance:	None identified ‘Imbalanced chemical’ not even identified
Symptoms:	Experiences and behaviours reclassified as “symptoms” ?
Signs:	None specific for depression
Investigations:	No part No depression investigations exist
Diagnosis:	No basis whatsoever in science

Chemical imbalance illnesses – characteristics: Depression

Imbalanced chemical:	Identified scientifically	✗
Function of chemical:	Known	✗
Normal range:	Known	✗
Abnormal levels:	Known	✗
Pathology:	Known	✗
	STRUCTURE abnormality	✗
	FUNCTION abnormality	✗
Diagnostic test:	Available	✗
Diagnosis:	Laboratory confirmation always required	✗
Treatment:	Linked to + guided by ongoing lab tests	✗
Replacing like with like:	Insulin; Thyroid Hormone; Growth Hormone	✗

Depression Delusion, Volume One: The Myth of the Brain Chemical Imbalance



The Pharmaceutical Basis of Therapeutics

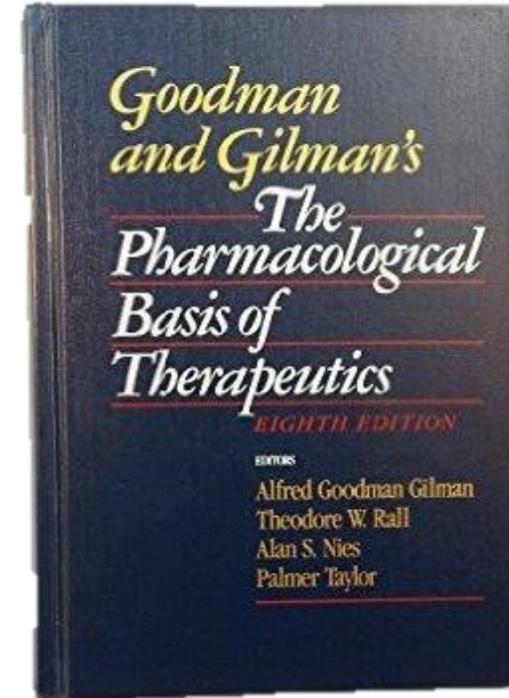
1990

Two years after Prozac

A. Gilman, T. Rail, A. Nies,
and P. Taylor, P (eds.),
*Goodman and Gilman's
The Pharmacological
Basics of Therapeutics*,
8th edition, New York:
Pergamon Press, 1990,
p. 1811.

Data for the neurotransmitter hypothesis
of mood disorders such as depression:

“Are inconclusive and have not been consistently useful
either diagnostically or therapeutically.”



Biochemistry: Molecules, Cells and the Body

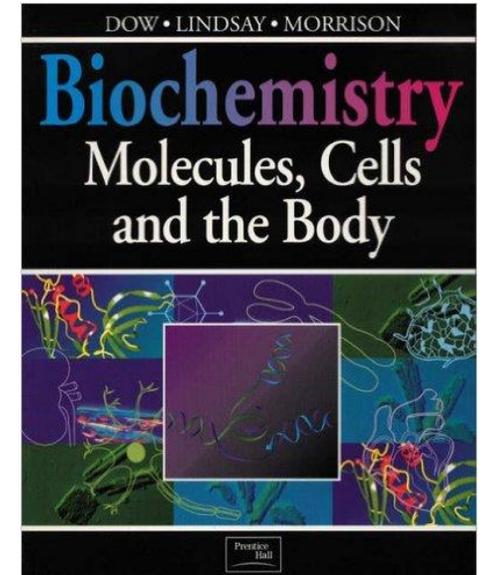
1995

Seven years after Prozac launch

Medical
textbook

592
pages

Jocelyn Dow,
Gordon Lindsey
& Jim Morrison,
*Biochemistry:
Molecules, Cells
and the Body*,
Harrow: Addison-
Wesley, 1995.



Depression not mentioned anywhere in book

No index entry for depression 1 for serotonin (Depression) ✘ 0 for antidepressants

Diabetes: 3 pages on biochemistry of diabetes

Four index entries for diabetes 19 for glucose 10 for insulin

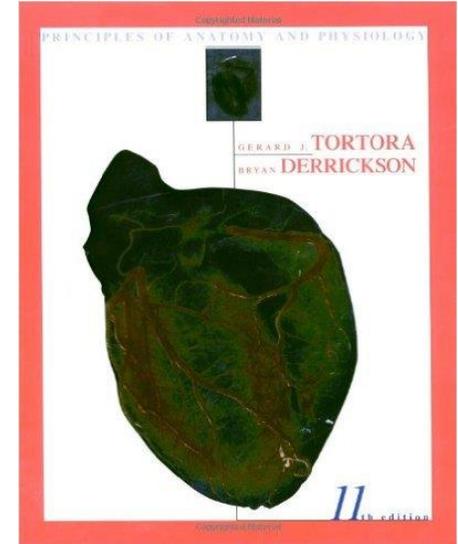
Principles of Anatomy and Physiology

Gerard J. Tortora &
Bryan Derrickson,
*Principles of
Anatomy and
Physiology*, 11th
edition, New
Jersey: John Wiley
& Sons, Inc, 2006,
p. 429.

2005

Medical
textbook

1,264
pages



Depression: “A downward movement of a part of the body”

One index entry for serotonin:

- Serotonin deficiency ✘
- Serotonin abnormality ✘
- Depression ✘

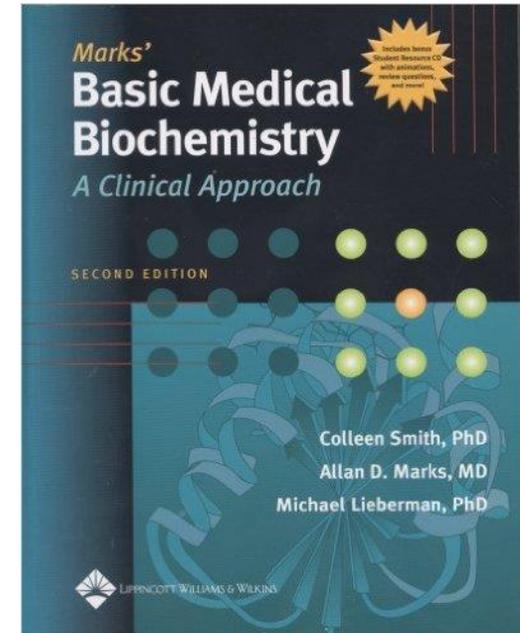
Mark's Basic Medical Biochemistry: A Clinical Approach

2005

Allan D. Marks,
Michael Lieberman &
Coleen Smith, Mark's
Basic Medical
Biochemistry: A
Clinical Approach,
2nd edition,
Lippincott, Baltimore:
Williams & Wilkins,
2005.

Medical
textbook

977
pages



Index: 5 entries for diabetes

19 for blood glucose

42 for insulin

0 entries for depression

1 for serotonin (Depression) ✘

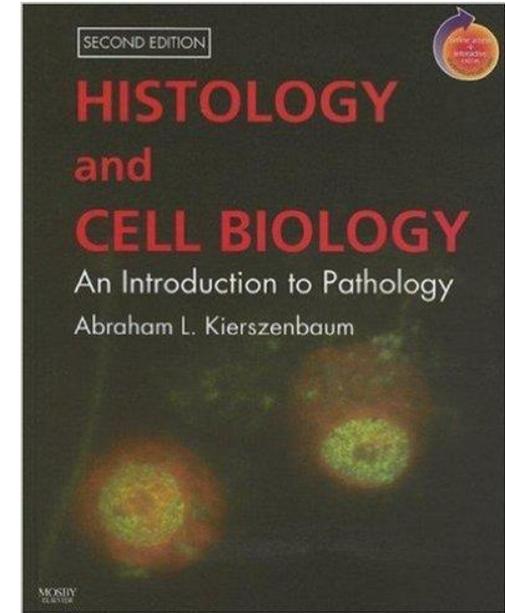
Histology and Cell Biology: An Introduction to Pathology

Abraham L. Kierszenbaum and Laura L. Tres, Histology and Cell Biology: An Introduction to Pathology, 3rd edition, Philadelphia: Elsevier Saunders, 2012.

2012

Medical textbook

688 pages



32-page chapter on brain + nerve tissue + illnesses

Depression ✘

22-page chapter on neuro-endocrine system

Depression ✘

Index: 0 entries for depression

3 for diabetes

12 for insulin

Serotonin: 1 mention

neurotransmitter

0 references in book

Brain neurotransmitter imbalances/abnormalities ✘

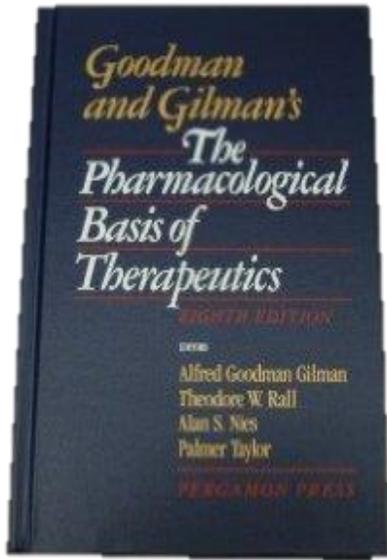
1978

Dr. L. Ratna

Psychiatrist

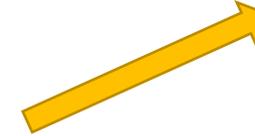
“Although it is stated by practically all the (psychiatric) textbooks that the aged are more prone to depression of an endogenous nature, we believe that the **unhappiness** which is misdiagnosed and treated as an endogenous illness is a legitimate response to the plight that many of the aged find themselves in. The so-called depression therefore, is not primarily due to a **biochemical upset** but an **understandable reaction** to the alienation, rejection, isolation and social stress that the aged are subject to”.

L. Ratna, “Crisis Intervention in Psychogeriatrics: A Two-Year Follow-up Study”, in L. Ratna, L., (ed.), *The Practice of Psychiatric Crisis Intervention*, 1978, Hertfordshire: League of Friends, Napsbury Hospital, UK.



1990

“A ‘bible’ . . . a most valued volume”



Solomon H. Snyder
“Book Review—
Goodman and Gilman’s
The Pharmacological
Basis of Therapeutics”,
New England Journal of
Medicine, 28 February
1991; 324:636-637,
[http://www.nejm.org/doi/full/
10.1056/NEJM19910228
3240919](http://www.nejm.org/doi/full/10.1056/NEJM199102283240919), accessed 18
May 2014.

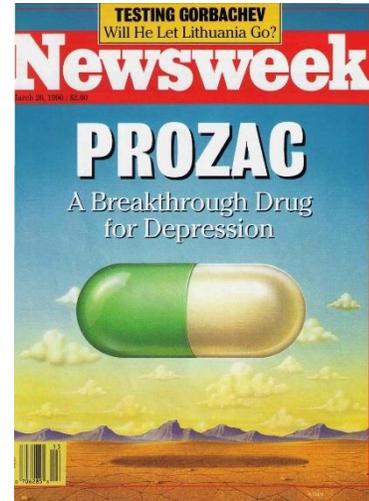
The data for the neurotransmitter hypothesis
of mood disorders such as depression:

“Are **inconclusive** and have not been consistently useful
either **diagnostically** or **therapeutically**.”

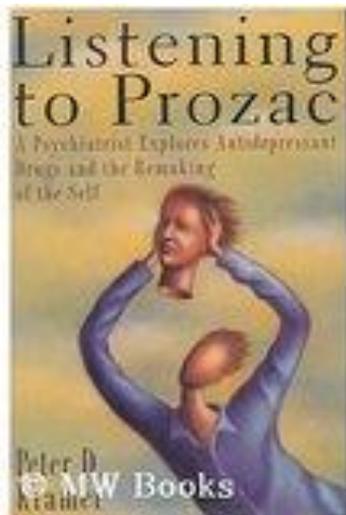
Published two years **after** Prozac

A. Gilman, T. Rail, A. Nies, and P. Taylor, P (eds.), *Goodman and Gilman’s The Pharmacological Basics of Therapeutics*, 8th edition, New York: Pergamon Press, 1990, p. 1811.

26th March 1990

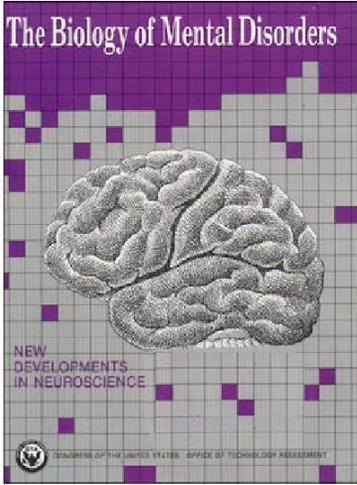


1992



“They work
by correcting
an underlying
brain chemical imbalance”

“Better than well”



1992

The U.S. Congress Office of Technology

“The Biology of Mental Disorders”,
U.S. Government
Printing Office, 1992.

“Prominent hypotheses concerning depression

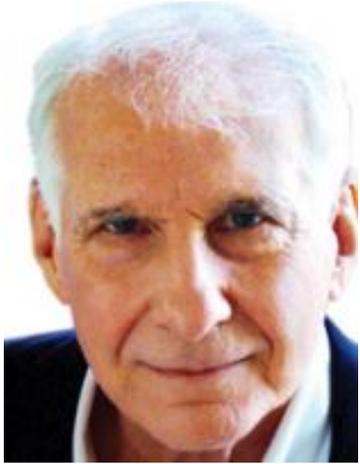
have focused on altered function of the group of neurotransmitters called monoamines,
particularly norepinephrine and serotonin

. . . studies . . . have found no specific evidence of an abnormality to date.

Currently, no clear evidence links abnormal serotonin receptor activity
in the brain to depression . . .

the data currently available do not provide consistent evidence

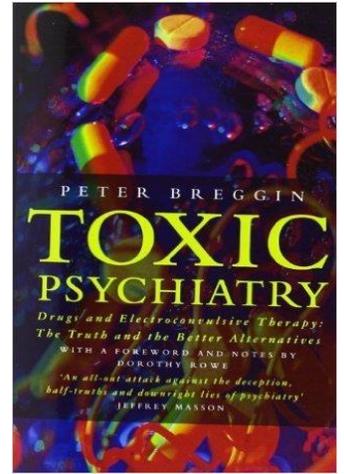
either for altered neurotransmitter levels or for disruption of normal receptor activity”.



1993

Dr. Peter Breggin

American psychiatrist



“Scientific reviews of the biochemistry of depression have failed to identify a consistent biochemical basis.

The most recent psychiatric textbooks review the biochemistry of depression, sometimes in detail, as if a great deal must be known about the subject; but they end up admitting that the theories are conflicting and remain speculative.”

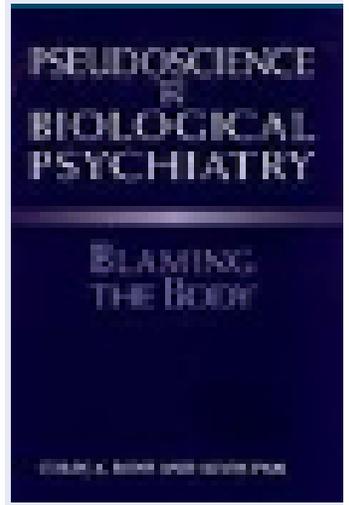
Peter Breggin, *Toxic Psychiatry*, London: HarperCollins, 1993, pps. 173-5.



1995

Dr. Colin Ross

American psychiatrist



“There is no scientific evidence whatsoever that clinical depression is due to any kind of biological deficit state”.

Colin Ross, *Pseudoscience in Biological Psychiatry*, New York: John Wiley & Sons, 1995, p. 111.



1997

Dr. Andrew Nierenberg

Professor of Psychiatry, Harvard Medical School

Harvard Medical School conference

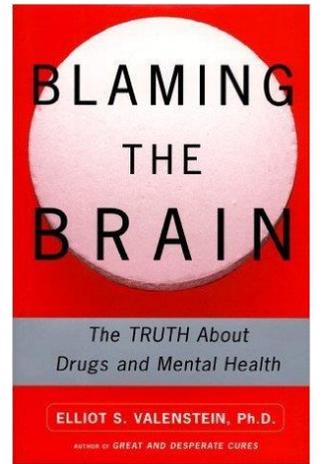
. A. Nierenberg,
“Antidepressants:
Current Issues and
New Drugs”, Harvard
Medical School/
Massachusetts
General Hospital
Conference of
Psychopharmacy,
17-19 October 1997.

“The dark side of all this
is that we have many elegant models
but the real fact is,
that when it comes to the exact mechanisms by which these things work,
we don't have a clue.”

1998

Dr. Elliot Valenstein

Professor Emeritus of Psychology and Neuroscience
University of Michigan



“It may surprise you to learn that there is **no convincing evidence** that most mental patients have any **chemical imbalance**.

Yet many **physicians tell their patients** they are suffering from a chemical imbalance despite the reality that there are **no tests available** for assessing the chemical status of a living person’s brain.

The truth is that **we still do not know what causes any mental disorder**

Yet, despite this, the theory that mental disorders arise from biochemical imbalance is **widely accepted**”.

Elliot S. Valenstein, *Blaming the Brain: The Truth About Drugs and Mental Health*, New York: The Free Press, 1998.

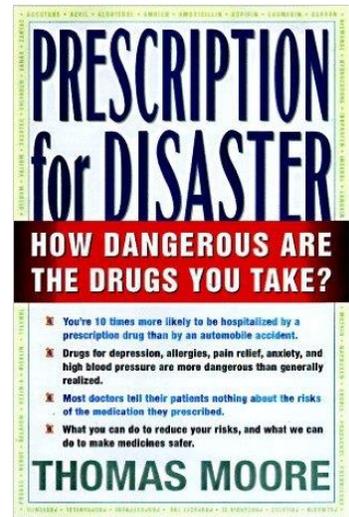


1998

Thomas J. Moore

Senior Fellow in Health Policy

George Washington University Medical Centre



“The chemical imbalance theory has not been established by scientific evidence”.

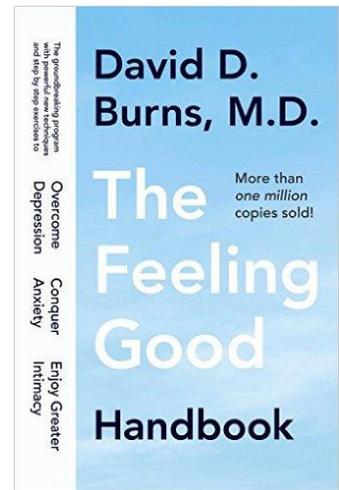
Thomas Moore, *Prescription for Disaster: The Hidden Dangers in your Medicine Cabinet*, Dell, 1998,
<http://www.bible.ca/psychiatry/psychiatry-mental-illness-myths-chemical-imbances.htm>, accessed 27 February 2014.



1999

Dr. David D. Burns

Clinical Associate Director of Psychiatry
and Behavioural Sciences
Stanford University Hospital of Medicine



“Some psychiatrists appear to **confuse theory** with **fact**.

They tell depressed patients that they have **chemical depressions** that must be treated with antidepressants.

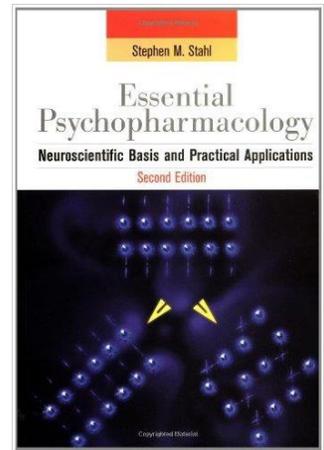
I would prefer that psychiatrists not do this, because it creates an impression of certainty in the patient’s mind that is **not justified** by **current scientific evidence**

David D. Burns, *The Feeling Good Handbook*, New York: Plume, 1999.



2000

Professor Stephen M. Stahl
Psychiatrist



“So far, there is **no clear and convincing evidence** that monoamine deficiency accounts for depression; that is, **there is no “real” monoamine deficit.**”

Stephen M., Stahl, *Essential Psychopharmacology: Neuroscientific Basis and Practical Applications*, Cambridge: Cambridge University Press, 2000, p. 601.



2000

Dr. Steven Hyman

American psychiatrist

Director, National Institute of Mental Health (NIMH)

World Health Organisation

The genetics of mental illness: implications for practice

Steven E. Hyman¹

Also too simple was the concept, born of early pharmacological successes, that abnormal levels of one or more neurotransmitters would satisfactorily explain the pathogenesis of depression or schizophrenia.

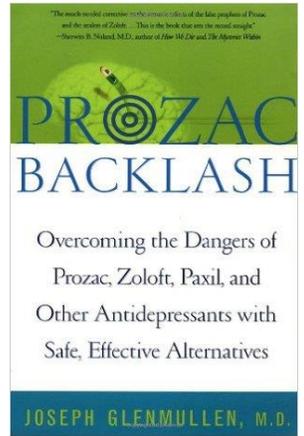


2001

Dr. Joseph Glenmullen

American psychiatrist

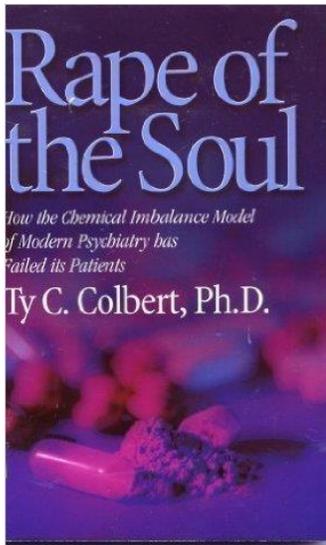
Harvard Medical School



“A serotonin deficiency for depression has not been found
There has been no shortage of alleged biochemical explanations
for psychiatric conditions. Not one has been proven. Quite the contrary.
In every instance where such an imbalance was thought to have been found,
it was later proven **false**.”

Still, patients are often given the impression
that a definitive serotonin deficiency in depression is firmly established.”

Joseph Glenmullen, *Prozac Backlash: Overcoming the Dangers of Prozac, Zoloft, Paxil and Other Antidepressants with Safe, Effective Alternatives*, Simon & Shuster, 2001.



2001

Ty C. Colbert, Ph.D.

Clinical psychologist and author

“Biopsychiatrists have created the myth that psychiatric ‘wonder’ drugs correct chemical imbalances.

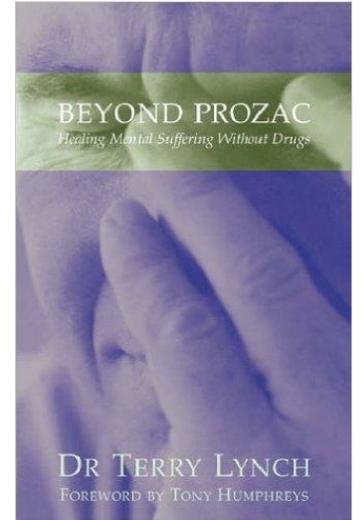
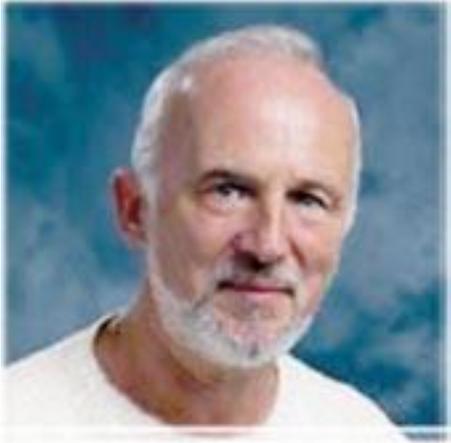
Yet there is no basis for this model because no chemical imbalance has even been proven to be the basis of a mental illness.”

Ty Colbert, *The Rape of the Soul: How the Chemical Imbalance Model of Psychiatry has Failed its Patients*, California: Kevco Publishing, 2001, p. 79.

2001

Dr. Tony Humphreys

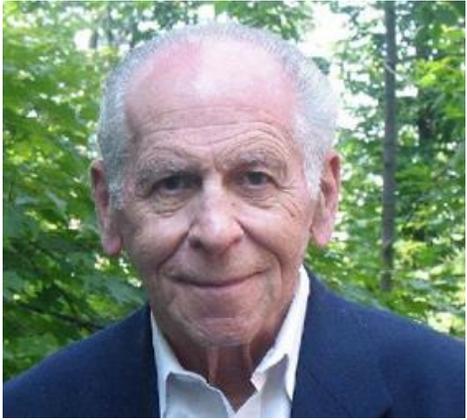
Irish psychologist and author



“In spite of 200 years of research,
no enduring evidence has emerged to substantiate
the medical model of psycho-social distress.

Indeed, there is no evidence that conditions such as
bipolar depression, schizophrenia, personality disorder,
obsessive-compulsive disorder and endogenous depression
have a biochemical, biological or hereditary basis.”

Dr. Tony Humphreys, in foreword to *Beyond Prozac: Healing Mental Suffering Without Drugs*,
Dublin: Marino Books, 2001, p. 11.



2002

Dr. Thomas Szasz

Professor Emeritus of Psychiatry
New York University Medical School, Syracuse

Thomas Szasz, in
“Psychiatric Hoax:
The Subversion of
Medicine”, Citizen’s
Commission on
Human Rights, 2002.

“There is no blood or other biological test
to ascertain the presence or absence of mental illness,
as there is for most bodily diseases.

If such a test were developed,
then the condition would cease to be a mental illness
and would be classified, instead, as a symptom of bodily disease.”

2003

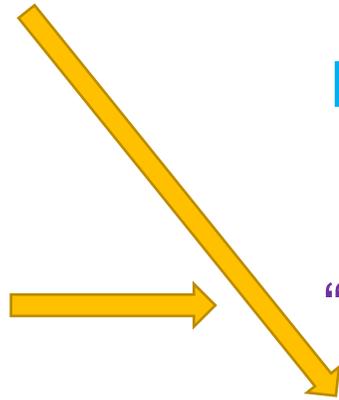


IRISH MEDICINES BOARD



Patient information leaflet

Seroxat (Paxil)



“Works by bringing serotonin levels back to normal”

“There is no scientific investigation to measure what are normal serotonin levels in the human brain receptors.

As such, claiming that a particular medicinal product works by bringing serotonin levels back to normal is not accurate”

<http://www.cmaj.ca/content/174/6/754.2>

2002



IRISH MEDICINES BOARD

Seroxat (Paxil) patient information leaflet:

“The Irish Medicines Board has been reviewing this matter with its experts for some time, and is in agreement that the statement that SSRIs ‘work by bringing the levels of serotonin back to normal’ is not consistent with the literature.

The company has been asked to review the patient information leaflet accordingly.
Thank you for your interest in this matter.”

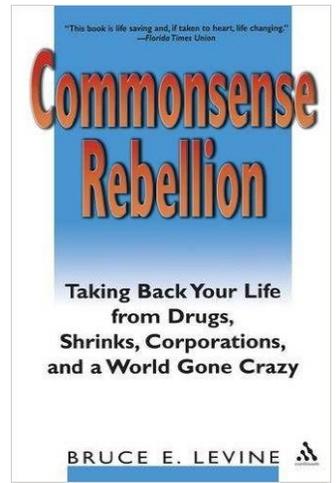
Letter from Irish Medicines Board to me, November 2002.



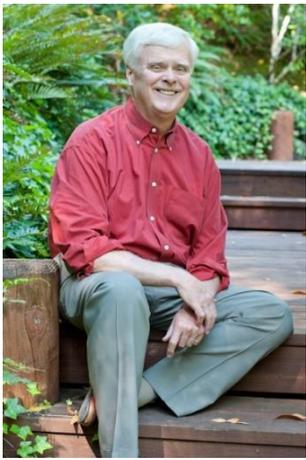
2003

Bruce Levine, Ph.D.

American psychologist & author

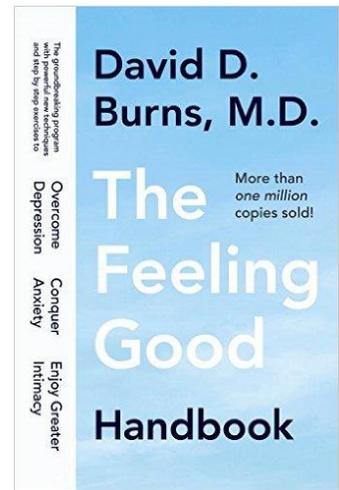


“No biochemical, neurological, or genetic markers have been found for attention deficit disorder, oppositional defiant disorder, depression, schizophrenia, anxiety, compulsive alcohol and drug abuse, overeating, gambling or any other so-called mental illness, disease, or disorder.”



2003

Dr. David D. Burns
Clinical Associate Director of Psychiatry
and Behavioural Sciences
Stanford University Hospital of Medicine



“I spent the first several years of my career doing full-time brain research on brain serotonin metabolism but I never saw any convincing evidence that any psychiatric disorder, including depression, results from a deficiency of brain serotonin. In fact, we cannot measure brain serotonin levels in living human beings so there is no way to test this theory.”

Psychiatrist David Burns, when asked about the scientific status of the serotonin theory in 2003, in J. R. Lacasse and T. Gomory, “Is graduate social work education promoting a critical approach to mental health practice?”
J Soc Work Educ 2003, 39: 383–408.

2004

Jonathan Leo

Professor of Neuroanatomy

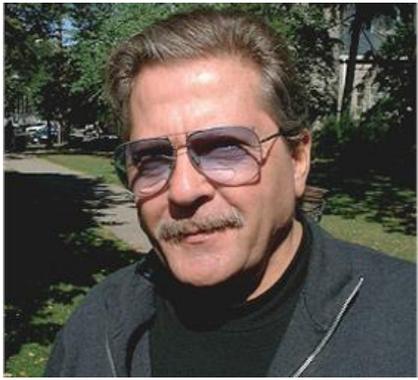


“Never has a theory with so little scientific evidence been so well accepted by the American public.”

If a psychiatrist says you have a shortage of a chemical, ask for a blood test and watch the psychiatrist’s reaction.

The number of people who believe that scientists have proven that depressed people have a low serotonin is a glorious testament to the power of marketing.”

Jonathan Leo, “The Biology of Mental Illness” *Society*, July/August 2004, Volume 41, Issue 5, pp. 45-53, <http://link.springer.com/article/10.1007%2F02688217#page-1>



Dr. Ron Leifer

New York psychiatrist

“There’s no biological imbalance.

When people come to me and they say, ‘I have a chemical imbalance’, I say, ‘Show me your lab tests’. **There are no lab tests.** So what’s the chemical imbalance?

There is **no such thing** as a chemical imbalance, and any psychiatrist that you talk to, if you ask them that question, they’ll all admit it in private but they won’t admit it in public.

It’s a scandal.”

<https://www.anxietycentre.com/anxiety/chemical-imbalance.shtml>

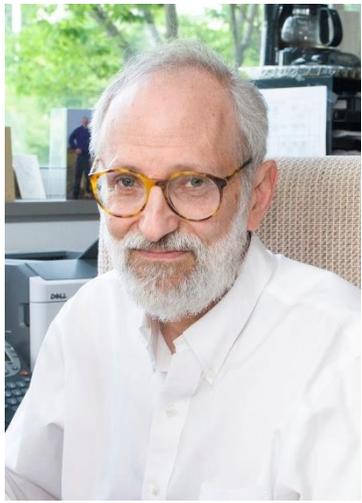


2004

Dr. Darshak Sangavi

Clinical fellow at Harvard Medical School

“Despite **pseudoscientific** terms like ‘chemical imbalance’, nobody really knows what causes mental illness. There’s no blood test or brain scan for major depression.”



2005

Dr. Kenneth Kendler

American psychiatrist

co-editor-in-chief of *Psychological Medicine*

“We have hunted for big simple neurochemical explanations for psychiatric disorders and have not found them”.

Kenneth S. Kendler, M.D., “Towards a Philosophical Structure for Psychiatry”, *American Journal of Psychiatry*,
01 March 2005, 162:433-440. Doi:1176/appi.ajp.162.3.433
<https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.162.3.433>

2005

Dr. Joanna Moncrieff

Senior lecturer in psychiatry at University College, London



“The pharmaceutical industry has managed to convey a misleading picture. I speak to quite a few journalists, and they are quite shocked to hear that the link between serotonin and depression is very tenuous and the research conflicting and not convincing.

The psychiatric profession and academic researchers are probably also partly to blame for glossing over the weakness of the research.”

Joanna Moncrieff, quoted in “Advertisements for SSRIs May Be Misleading”, by Laurie Barclay, MD, *Medscape*, 08 November 2005, <http://www.medscape.com/viewarticle/516262>



Jonathan Leo

Professor of
Neuroanatomy

2005

Jeffrey Lacasse

Professor of
Social Work



“During the past fifty years, a steady stream of researchers have attempted to identify direct evidence for the monoamine theory of depression, of which the serotonin hypothesis is one aspect.

They have consistently failed to do so.

Indeed, as many scientific researchers have demonstrated, most of the evidence they found either directly contradicted or did not support this theory.

In fact, there is no scientifically established ideal ‘chemical balance’ of serotonin, let alone an identifiable pathological imbalance”.



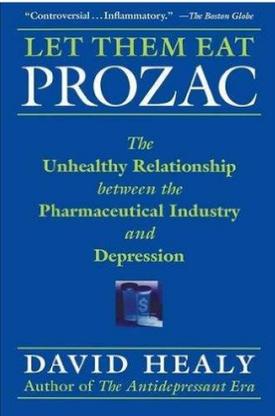
2006

Professor David Healy

Psychiatrist and psychopharmacologist, University of Wales

British Association for Psychopharmacology

Historian of psychiatric drugs



“It is now widely assumed that our serotonin levels fall when we feel low but there is no evidence for any of this, nor has there ever been
No abnormality of serotonin in depression has ever been demonstrated.”

David Healy, *Let them Eat Prozac: The Unhealthy Relationship between the Pharmaceutical Industry and Depression*, New York: New York University Press, 2006.



Dorothy Rowe

Psychologist and author

The Real Causes of Depression (February 2007)

How many times have you heard it said, 'Depression is caused by a chemical imbalance in the brain'? If you've been depressed and consulted a doctor it's very likely you've been told this in tones of absolute certainty. If you've been prescribed one of the SSRI antidepressants like Prozac or Sexoxat you were probably told that this drug would replace the serotonin that was missing from your brain. The SSRI drugs certainly do put serotonin in the brain, but there wasn't any missing in the first place. There never has been any evidence that any brain chemical was depleted when a person was depressed. However, psychiatrists kept hoping that one day their hypothesis that depression was caused by a chemical imbalance would be proved to be right. Now, thirty years after the hypothesis was first produced, the Royal College of Psychiatrists and the Institute of Psychiatry have accepted that depression isn't caused by a chemical imbalance. But you'll find this out only if you visit their websites. They haven't issued a press release saying, 'We were wrong.'

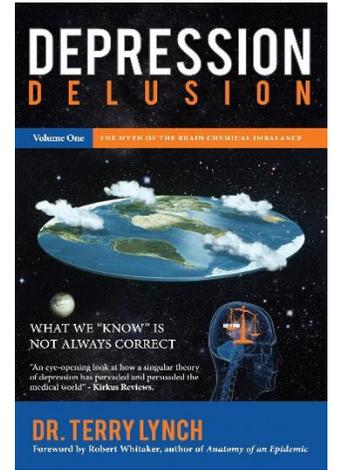
The website of the Royal College of Psychiatrists has dropped all references to chemical imbalance causing depression.



Robert Whitaker

Journalist, author,
Pulitzer Prize finalist for Public Service 1999

Foreword



he provides a thorough record of how a number of scientists, for the past 30 years, have been telling us that the story is false and that the science doesn't add up.

Yet, and this is the amazing thing, it is the false story that took hold in the public mind, rather than the scientific one that told of a hypothesis that doesn't pan out.

Introduction

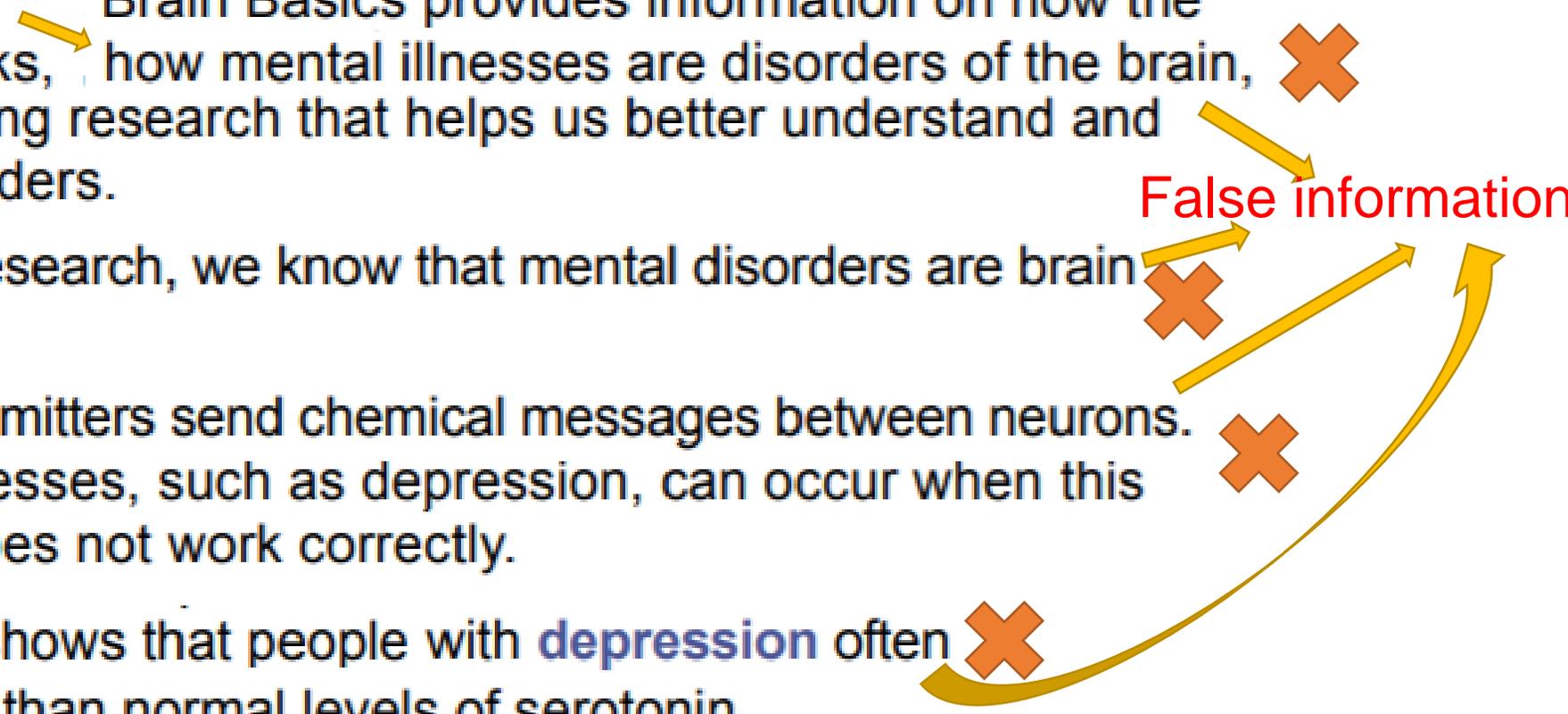
Brain Basics provides information on how the brain works, how mental illnesses are disorders of the brain, and ongoing research that helps us better understand and treat disorders.

Through research, we know that mental disorders are brain disorders.

Neurotransmitters send chemical messages between neurons. Mental illnesses, such as depression, can occur when this process does not work correctly.

Research shows that people with depression often have lower than normal levels of serotonin.

False information

A diagram consisting of several orange arrows pointing from various parts of the text to a red label 'False information'. There are four orange 'X' marks: one at the top right, one in the middle right, one in the lower right, and one at the bottom right. A large, thick, curved orange arrow starts from the bottom right 'X' and points towards the 'False information' label.



Royal College of Psychiatrists  @rcpsych · 3 Aug 2017

Hi there, the **old idea that ADs correct** a chemical imbalance in the brain is an over-simplification and we do not support this view - CP

@HD-Counselling @HDCounselling

Q: What is the evidence that depression is due to a 'chemical imbalance' in the brain? I have clients who believe this. #ADsMythBuster



Royal College of Psychiatrists  @rcpsych · 27 Jun 2018

'ADs don't correct a **chemical imbalance** in the brain' this criticism of ADs comes from old belief that depression due to low levels of 5HT and/or low adrenaline in the brain.

<https://twitter.com/rcpsych/status/1011884904630620160>



Imperial College
London

PROFESSOR DAVID NUTT DM, FRCP,
FRCPSYCH, FSB, FMEDSCI



he is a Fellow of the

Royal Colleges of Physicians and of Psychiatrists



Claims antidepressants don't work 'dangerous', doctors say

Cecile Meier · 20:23, Feb 28 2018

Imperial College London neuropsychopharmacology professor David Nutt,

There was "overwhelming evidence" supporting the view that mental health problems were caused by chemical imbalances in the brain.

RxISK @RxISK · 30 Jul 2018

Here's how Prof David Nutt of Imperial College London explained things to the public on a recent lecture tour of New Zealand: stuff.co.nz/the-press/news...

Psychiatric drugs had side effects "like any other medication" but modern antidepressants were "one of the safest medicines in the history of the world." There were long-term trials showing antidepressants were effective, especially to prevent relapse.

→ *There was "overwhelming evidence" supporting the view that mental health problems were caused by chemical imbalances in the brain. "It's like the climate change debate. Some people do not want it to be true but there is a biological element. It's not a myth. We know the chemistry of depression."*



Michael P. Hengartner, PhD @HengartnerMP · 31 Jul 2018

Oh my gosh... Please tell me he was joking.

<https://twitter.com/HengartnerMP/status/1024167692742406144>



Michael Pascal Hengartner

Zurich University of Applied Sciences | ZHAW · School of Applied Psychology

37.77 · PhD

I am a senior researcher and lecturer. My area of expertise includes psychiatric epidemiology, public mental health, psychosomatics, health services research, social psychiatry, and psychopathology. I am further interested in systematic method biases, scientific flaws, and conflicts of interest in psychological and biomedical research.



Dr. Terry Lynch @DrTerryLynch · 31 Jul 2018

Replying to @HengartnerMP @RxISK and 9 others

Disgraceful to see @ProfDavidNutt get away with such blatant lies. Is there no sanction from @rcpsych @ParienteSPIlab @wendyburn @WesselyS when colleagues so grossly misinform? A classic example of why I keep emphasising the URGENT need for external #accountability for psychiatry

NO RESPONSE
NO ACCOUNTABILITY

Within the brotherhood

THAT IS

Mainstream psychiatry

RCSI ✓

@RCSI_Irl

Official Twitter account for RCSI - Royal College of Surgeons in Ireland. Leading the world to better health.



RCSI ✓

@RCSI_Irl

mental health difficulties are chemical imbalances in your brain - its not as simple as saying 'Im not feeling great' [#RCSIMiniMed](#)

8:28 PM - 29 Oct 2014



Talla Trialogue @TallaTrialogue · 29 Oct 2014



Replying to [@RCSI_Irl](#)

[@RCSI_Irl](#) Simply untrue Helen Coughlan [#RCSIMiniMed](#) youtu.be/IV1S5zw096U

Joanna [@JoannaMoncrieff](#) Psychiatrist 'Myth of Chemical Cure'



RCSI 
@RCSI_Irl

Follow



mental health difficulties are chemical imbalances in your brain - its not as simple as saying 'Im not feeling great' [#RCSIMiniMed](#)

8:28 PM - 29 Oct 2014



Dr. Terry Lynch
@DrTerryLynch

To [@RCSI_Irl](#) Withdraw immediately ur "chemical imbalances" claim 29.10.14. Outrageous. Not true and you shud know it.

4:08 PM - 5 Sep 2015

<https://twitter.com/DrTerryLynch/status/640164524264435712>



RCSI ✓
@RCSI_Irl

Follow



mental health difficulties are chemical imbalances in your brain - its not as simple as saying 'Im not feeling great' #RCSIMiniMed

8:28 PM - 29 Oct 2014



James Moore @jf_moore · 9 Jul 2017

Replying to @RCSI_Irl

.@DrTerryLynch @ClinpsychLucy words fail me, it's unethical for professional bodies to be making statements about chemical imbalances #myth

https://twitter.com/jf_moore/status/883976905514512384



RCSI 
@RCSI_Irl



Only way to restart wound healing is to reverse body's imbalance = seek specialist advice early on [#RCSIMiniMed](#)

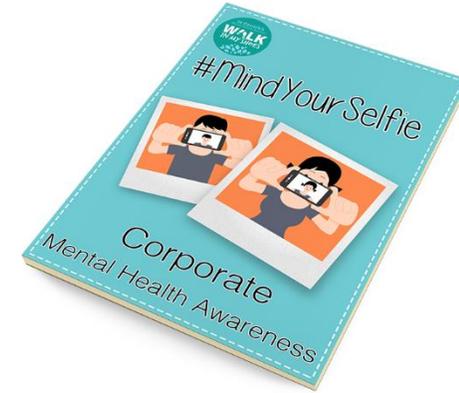
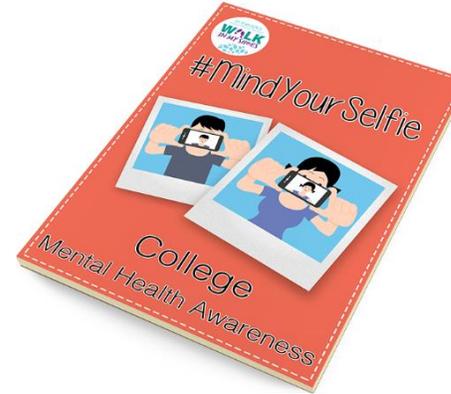
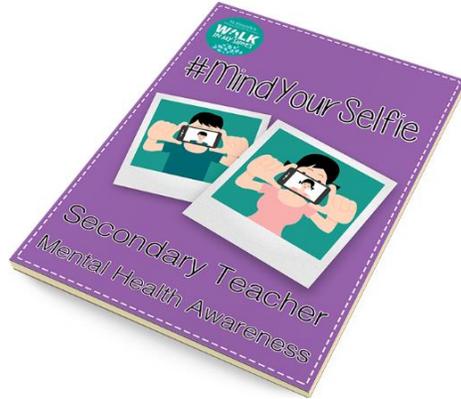


9:27 PM - 29 Oct 2014

WALK IN MY SHOES



St Patrick's
Mental Health Services
Empowering recovery



Causes of Mental Health Difficulties

Biological factors which can include:

- Genetic
- Chemical imbalances in the body
- Damage to the central nervous system, such as a head injury

"Factors that may contribute to the development of mental health difficulties include:

- Chemical imbalances, substance use, stress
- Life events, social isolation

Mental Health Difficulties can be influenced by:

- Biological factors which include:**
- Genetic
 - Chemical imbalances in the body
 - Damage to the central nervous system, such as a head injury

Causes of Mental Health Difficulties

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Causes of Mental Health Difficulties

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Summary

No situation can rightly be called a chemical imbalance illness

Unless a pre-existing chemical imbalance has actually been fully established

No pre-existing or subsequent chemical imbalance has been established in depression

Depression is NOT a chemical imbalance illness

This fact does not deter

MANY MEDICAL SOURCES



Claiming otherwise
Misinforming/misleading

INDIVIDUALS/PUBLIC



In whom they place their trust/lives/health



A Short Guide to Psychiatric Diagnosis

17 September 2018

Surely modern technology has found physical signs or markers in the brains of people who experience mental distress?

Despite many, often misleading, reports in the media, scientists have yet to discover any genetic markers, chemical imbalances or other differences in brain function which reliably predict or identify mental illness.

EMANATE FROM

Trusted medical/research sources



Kristen Bell discusses long-term struggle with depression: 'I have no shame in that'

Maya Oppenheim | @mayaoppenheim | Sunday 8 May 2016 16:33

The actress said that a serotonin imbalance runs in her family and it is often passed from female to female, with both her mother and grandmother suffering at points in their lives.

Her mother, who is a nurse,

“She said, “If you do decide to go on a prescription to help yourself, understand that the world wants to shame you for that, but in the medical community, you would never deny a diabetic his insulin.””



INDEPENDENT

Kristen Bell discusses long-term struggle with depression: 'I have no shame in that'

Maya Oppenheim | @mayaoppenheim | Sunday 8 May 2016 16:33

“[My mom's] a nurse and when I was 18 said,
‘If you start to feel like
you are twisting things around you, and you feel
like there is no sunlight around you and you are
paralyzed with fear, this is what it is’”.

Kristen Bell has revealed she has struggled with depression since she was a young girl and urged the public to tackle the stigma associated with mental illness.



INDEPENDENT

Kristen Bell discusses long-term struggle with depression: 'I have no shame in that'

Maya Oppenheim | @mayaoppenheim | Sunday 8 May 2016 16:33

The actress opened up about her need to liked by her peers at all times Bell explained that she often felt the need to overcompensate because was overwhelmed by the desire to be liked to her peers.

“I'm extremely co-dependent,” she said. “I shatter a little bit when I think people don't like me.”

“That's part of why I lead with kindness and I compensate by being very bubbly all the time, because it really hurts my feelings when I know I'm not liked. And I know that's not very healthy, and I fight it all the time.”



Kristen Bell Explains There Is No Shame In Feeling Anxiety & Depression

1,140,932 views

theoffcamerashow ✓

Published on Apr 6, 2016

https://www.youtube.com/watch?v=mYUQ_nIZgWE