

PE1651/WWWWWWWWW

Petitioner submission of 15 March 2021

This submission is to update the Petitions Committee on newly published material directly relating to the issues under discussion in PE01651. The many submissions to this petition have become a unique 'patient voice' record. These patient accounts provide a rich and genuine source of individual 'patient voice' material which has been collated to reveal important 'evidence' and systemic insights into 'what has been happening' to people. [PE1651_RRRRRRRRR.pdf \(parliament.scot\)](#)

The international Journal of Critical Psychology, Counselling & Psychotherapy (JCPCP) Vol 20 No 4: 'Special Edition: Withdrawal from Prescribed Drugs' carries an article by petitioners Marion Brown (Scottish PE01651) and Stevie Lewis (Welsh P-05-784): *The Patient Voice: Antidepressant Withdrawal, Medically Unexplained Symptoms and Functional Neurological Disorders*. (March 2021).

[\(2\) \(PDF\) JCPCP v20 i04 Brown&Lewis \(researchgate.net\)](#)

There is extensive reference to this Petition, including quotes such as:

Back in June 2017, in her opening statement as Petitioner for the Scottish Petition, Marion Brown encapsulated the experience of so many of her clients:

"I am here today to represent many people in Scotland who are not well enough to be here in person. Some courageous individuals have provided clear evidence to the committee on the terrible suffering that is being endured as a consequence of taking antidepressants and/or benzodiazepines, as prescribed by their trusted doctors..."

Clinical trials of medicines are usually carried out over relatively short periods. Patients may be prescribed these medicines over very long periods, perhaps in combination with other medicines. We have found that individual reported patient experience is frequently ignored, put down and disbelieved by clinicians.

There are now many people who have been on antidepressants and/or benzos for twenty years or a lot longer. Long-term harm is now clearly apparent. Safe tapering after different periods of prescribed treatment is fraught with difficulties for patients. The very few – mostly online - support groups that exist have for years been informally gathering evidence on a trial-and-error, ad hoc, patient-report and patient self-help basis. That genuine experiential patient learning and sharing has been largely dismissed, disregarded and even denigrated by the medical profession.

*Now that there is a great deal of patient communication via online social media, as well as extensive internet availability of research and medical information, patients often come to know much more about their own conditions than their doctors possibly can. **When patients try to discuss what they have learned, doctors patronise them and say that they should not believe anything that they find on***

Facebook or the internet. Those patients find themselves perceived by their doctors as troublesome and difficult heart-sink patients, and acquire psychiatric diagnoses such as personality disorders and medically unexplained somatic, functional or conversion disorders.” (The Scottish Parliament, 2017b)

The concluding statement of this JCPCP article reads:

The impact of prescribed drug withdrawal being swept under the carpet for the past 20 years has had profound consequences for both the UK National Health Service (NHS) and individual patients. For the NHS, the cost of misdiagnosis and over-prescribing must be huge - not to mention the costs of treating illnesses that arise as adverse effects of psychotropic drugs... individuals ... are told they have ‘relapsed’, they have Medically Unexplained Symptoms (MUS), Functional Neurological Disorders (FND), Bodily Distress Syndrome (BDS), chronic fatigue, irritable bowel, and a range of other diagnoses. When in reality a simple reinstatement of the drug and a long slow taper could result for many in the well-being they were originally seeking when they visited the doctor in the first place.

We have ourselves been trying to communicate with GP prescribers, where there seems to have been enormous reluctance/resistance to any such actual communication here in Scotland. The BJGP published this e-letter 8 March 2021: [Each of our patients is unique: the limits of biomedical entities | British Journal of General Practice \(bjgp.org\)](#)

We urge GPs to read our ‘Patient Voice’ paper, to refer to the new 2020 NICE-endorsed RCPsych information about ‘stopping antidepressants’, and for the RCGP to urgently provide updated guidance for all prescribers reflecting this published and emerging evidence.

Stevie Lewis’s BJGP article ‘Guidance for psychological therapists: information for GPs advising patients on antidepressant withdrawal’ is relevant. Patients will increasingly be asking their prescribers to support their need for informed autonomy to manage and reduce their antidepressant burden so as to minimise further harm.

We urge individual prescribers to always raise, with their patients, possibilities such as antidepressant adverse effects and/or potential dose-change and withdrawal issues before initially prescribing

A very relevant article by Adele Framer, “What I have learnt from helping thousands of people taper off antidepressants and other psychotropic medications” has just been published and includes reference to our own ‘Patient Voice’ Sage paper (Ref 47). [What I have learnt from helping thousands of people taper off antidepressants and other psychotropic medications - Adele Framer, 2021 \(sagepub.com\)](#)

Meanwhile it seems that Scottish Government is intent on ever-repeating old mantras – and showing reckless wilful blindness to what is actually happening. All around us.