

The Causes of “Clinical Depression”: “Long-lasting Sadness and Behavioral Dysfunction” among American Girls

A Response to a Radio Interview With Two Academic Psychiatrists

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Theme: [Science and Medicine](#)

This morning I listened, with a lot of frustration, to the usually very informative and usually quite balanced morning radio interview program “On Point Radio with Tom Ashbrook”

(<http://www.wbur.org/onpoint/2017/02/14/depression-teens-girls-study>).

The program “revealed” supposedly new information about the high incidence of so-called “clinical depression” among American girls. The two guests on the program were actually academic psychiatrists who had recently had their research published in the Journal of Pediatrics.

The high incidence of long-lasting sadness and behavioral dysfunction among girls is actually very old news and the fact that it is getting worse should come as no surprise. 99% of our celebrity-worshipping and excessively fashion-conscious American girls are trying to survive in a junk culture while simultaneously being mal-nourished, sleep-deprived, over-stressed, over-drugged, over-vaccinated, sexually-harassed, sexually-abused, and screen time- and pornography-toxified all the while trying to pretend to be happy and not emotional distressed! Impossible!

Here is the bulk of my letter that I emailed to host Tom Ashbrook:

Tom, at the end of the radio program this morning, many of you listeners will surely have come to the mistaken conclusion that the solution to the vast problem of pervasive adolescent female sadness isn't to logically address the obvious potentially preventable causes of mental ill health. I got the impression that the solution was to get them seen by a prescribing psychiatrist and “get them treated with drugs!”

Nothing that was said from your guests put much emphasis on anything other than drug treatment. I noticed that there were no call-ins from the millions of folks who surely have experienced psychiatric drug-induced suicidality, homicidality, psychosis, worsening depression, etc, etc.

What wasn't mentioned this morning was that a person who is sad or anxious because he or she is a victim of cyber-abuse should NOT be given dangerous psych drugs!! The guests did not mention that most psych drugs haven't been FDA-approved for use in the under-18 age group!

Nor are potentially addictive, potentially brain-damaging drugs the cure when someone's

abnormal thinking and/or behaviors have been caused by being a victim of poverty, racism, sexism, xenophobia, psychological trauma, malnutrition, living in a war zone or just living in a junk culture that teaches junk values! The cure can only come when root causes are addressed.

The first step that all doctors are taught in med school when starting therapy with ANY patient is a PROLONGED, flexible intake history that will examine ALL aspects of the patient's past, including details of pre-natal life, infancy, childhood, adolescence and adulthood, including psychological traumas, neglectful or abusive parenting, toxic environmental exposures, drug use, nutritional status through the life cycle, toxic interpersonal relationships, and even, in the face of the new evidence of cumulative vaccine toxicity and the fairly recently described ASIA syndrome – of which psychiatrists, pediatricians and most physicians are studiously ignorant.

Although the enormously over-looked vaccine injury issue is a huge topic that can't be thoroughly discussed here, it is important to point out that repeated exposures to the intramuscularly injected and highly neurotoxic metals that are in most vaccines (especially mercury, aluminum and the many other metallic vaccine contaminants) are not appreciated for being the central nervous system and DNA toxins that they are, and therefore the neurological disorders that they can cause are usually mis-diagnosed and therefore mis-treated as mental illnesses.

If they have active clinical practices at all, academic psychiatrists such as your two guests usually only see tertiary patients who have already been mis-diagnosed with a mental illness of unknown etiology and therefore mis-treated with drugs and perhaps even electroshocked. Surely most of them will have been neurologically sickened by the over-drugging for years and they may even have suffered withdrawal syndromes over that time that also may have been mis-diagnosed as relapses.

By the time such potentially doomed patients come to see academic psychiatrists (or even non-academic psychiatrists) they will likely have developed psychiatric drug-induced brain disorders that can make them appear or act like they have a mental illness. But rather than being diagnosed with a mental illness "of unknown etiology", these tertiary patients actually have an iatrogenic disorder (doctor-caused or prescription drug-caused), namely, a psychiatric drug-induced brain disorder. It is important at this point to understand that America's large numbers of iatrogenic illnesses are not to be discussed in polite company and are therefore covered-up with another diagnosis that claims to be "of unknown etiology".

The underlying motivation of your two guests seemed to me to be to get everybody alarmed that these girls are being inadequately diagnosed with mental illnesses and therefore are being insufficiently "treated" (read "drugged with psychiatric medications").

Therefore, I implore you and your producers to arrange a series of interviews with a number of the authors listed in the bibliography at the end of the article below. They will convincingly refute much of the Big Pharma propaganda that your guests were able to spout without a dissenting voice.

Your guests were obviously firmly in the pro-Big Pharma camp. It is well-known that most psychiatrists reflexively prescribe cocktails of psych drugs to 99+% of their patients, and they usually do it in an alarmingly unscientific trial and error manner. And what should be

truly alarming it that those cocktails have never been proven to be safe in either animal labs or in clinical trials.

It is also well known that most academic psychiatrists have heavy financial conflicts of interest with the pharmaceutical industry, and, of course, most physicians have deep professional conflicts of interest (and thus they often blindly – and obediently – follow the community standards of care that have been set up by authorities that may also have been under the influence of corporate powers that may have undeclared conflicts of interest).

It seemed obvious to me that your guests were not-so-subtly promoting the specialty psychiatric industry (and thus indirectly promoting the increased use of Big Pharma's lucrative brain-disabling drugs).

The publication of their research in the Journal of Pediatrics, probably means that the psychiatric industry must be trying to promote the diagnosing and drugging of more and more so-called mental illnesses by pediatricians (and therefore indirectly attracting more referrals to psychiatrists). One of the negative consequences for increased diagnosing and increased prescribing of potentially addictive psych drugs to more and more kids is that most of these kids may only have temporary symptoms that may spontaneously disappear or be cured by good psychotherapy. Starting kids on drugs almost always has seriously negative long-term consequences, including psych drug-induced dementia.

It needs to be pointed out that the first of your guests, Dr Mark Olfson, was a major player in the now-discredited TeenScreen program that, unbeknownst to most parents at the beginning of the program, was allowed into middle schools and high schools and then tried to convince very suggestible, otherwise normal kids, that they were mentally ill and should consult with a professional. TeenScreen was conceived, funded and promoted by BigPharma, and Dr Olfson was deeply involved. His bio at Columbia makes it sound like he is still proud of that effort!

Enough said. Tom, I want to say that I think that your show is one of the best on radio, but I hope, in the interest of balance, that you and your staff will study the following article about why Big Psychiatry's pro-corporate agendas desperately need exposure.

Otherwise your listeners will become accomplices to and promoters of the over-diagnosing and over-drugging of vulnerable American children.

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(Many of my articles that enlarge upon and provide the documentation for the statements above are archived at: http://duluthreader.com/search?search_term=Duty+to+Warn&p=2,)

Dr Kohls is a retired physician from Duluth, MN, USA. In the decade prior to his retirement, he practiced what could best be described as "holistic (non-drug) and preventive mental health care". Since his retirement, he has written a weekly column for the Duluth Reader, an alternative newsweekly magazine.

His columns mostly deal with the dangers of American imperialism, friendly fascism, corporatism, militarism, racism, and the dangers of Big Pharma, psychiatric drugging, the over-vaccinating of children and other movements that threaten American democracy, civility, health and longevity and the future of the planet.

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