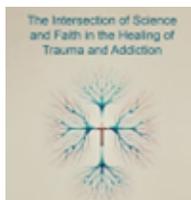


This post was taken down by CMDA due to protest of psychiatry. I am reposting it here along with my replies to CMDA

Psychiatry's Dirty Secret: How Big Pharma Hijacked Mental Health Care

Jeffrey E. Hansen, Ph.D.



Let's be honest—modern psychiatry has sold out to Big Pharma. In 1980, with the release of the DSM-III, the field took a sharp turn away from human-centered mental health care and fully embraced the disease model, aligning itself with pharmaceutical giants. The result? A medical-industrial complex that turned normal human emotions into disorders, overprescribed psychotropics, and put profits over patient well-being.

And the numbers don't lie. In 1987, Americans spent about 80 million dollars on psychotropics. By 2007, that number had skyrocketed to 40 billion dollars—a 50-fold increase in just 20 years. Today, antidepressants are the second most-prescribed medication in the United States, behind only antibiotics.

Although this discussion focuses on antidepressants, the same patterns of pharmaceutical corruption, overprescription, and long-term harm apply to other classes of psychotropic medications as well. Antipsychotics, benzodiazepines, stimulants, and mood stabilizers have all been subject to misleading marketing, suppressed research, and reckless prescribing practices. Each of these drug classes comes with its own risks, including withdrawal syndromes, cognitive impairment, emotional blunting, metabolic issues, and in some cases, permanent neurological damage.

[The Serotonin Myth: The Lie That Launched an Industry](#)

For decades, the chemical imbalance theory of depression—specifically, the idea that depression results from low serotonin levels—was presented as scientific fact. But the truth is that it was never proven. Not then, not now.

Leading critics, including Dr. Joanna Moncrieff and Dr. Mark Horowitz, have dismantled the serotonin hypothesis, showing that antidepressants do not fix an imbalance—because no



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imbalance exists. Yet, pharmaceutical companies and complicit prescribers continued pushing SSRIs as the answer, despite strong evidence that they are only marginally more effective than placebo in mild to moderate depression.

The Price of Overprescription: Real Harm, Real Consequences

Psychotropics do affect the brain—but not in the way people have been told. The long-term effects of antidepressants are underreported, poorly researched, and too often dismissed.

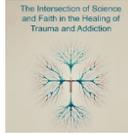
Consider these disturbing findings:

- Emotional numbness – 71 percent of users report feeling detached from emotions
- Cognitive impairment – Documented decline in information processing, memory, and focus
- Weight gain – A 30 percent higher likelihood of obesity after 10 years of antidepressant use
- Increased dementia risk – A 34 percent higher chance of developing dementia in long-term users
- Bleeding risks – SSRIs reduce platelet serotonin, increasing the risk of serious bleeding
- Sexual dysfunction – 25 to 80 percent experience loss of desire, arousal issues, or inability to orgasm—sometimes permanently, known as Post-SSRI Sexual Dysfunction
- Suicide risk in young people – The FDA's Black Box Warning states that antidepressants can increase suicidal thoughts in people under 24

The Brave Few Who Dare to Speak the Truth

Thankfully, not everyone has fallen in line with Big Pharma's agenda. A handful of courageous professionals have risked their careers to expose the truth about psychotropics and the corruption within psychiatry. These are the people I admire deeply:

- Robert Whitaker – Investigative journalist who exposed the dark side of psychiatry in *Anatomy of an Epidemic*
- Dr. Joanna Moncrieff – Psychiatrist who debunked the serotonin myth and challenges the overmedicalization of distress
- Dr. Mark Horowitz – Psychiatrist and neuroscientist who experienced his own battle with antidepressant withdrawal and now educates prescribers on safe tapering
- Dr. David Healy – A relentless critic of pharmaceutical corruption who has documented antidepressant-induced suicides and sexual dysfunction



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- Dr. Peter Gøtzsche – Co-founder of the Cochrane Collaboration, who has called out Big Pharma's deceptive research tactics
- Dr. James Davies – A psychologist who exposed how psychiatry's alliance with drug companies expanded the definition of mental illness for profit
- Dr. Josef Witt-Doerring – A former FDA psychiatrist turned whistleblower, who now educates the public about the dangers of psychiatric medications and exposes how regulatory agencies prioritize pharmaceutical interests over patient safety

Dear Prescribers: Please Do Better

To the prescribers who are recklessly handing out psychotropics like candy, you need to do better. Too many patients are put on these drugs without full informed consent, without a real discussion of side effects, and without a clear plan for discontinuation. This is malpractice—plain and simple.

To be fair, not all prescribers are part of the problem. There are many who practice responsible, evidence-based psychiatry, who use medication only when truly necessary, and who work to ensure their patients are fully informed. To those clinicians: I salute you.

The Path Forward: Rethinking Mental Health Treatment

So, where do we go from here? We start by rejecting the one-size-fits-all, medicate-first model that psychiatry has sold us. We need:

- Therapy – Addressing the root causes of distress, not just suppressing symptoms
- Community – Genuine human connection, not just a prescription bottle
- Lifestyle changes – Exercise, nutrition, sleep, and purpose-driven living
- Spiritual engagement – Finding meaning beyond a medicalized identity

Psychotropics can be helpful for severe cases, but they are not the answer for everyone, and they should never be prescribed without full transparency about their risks.

As the Bible reminds us:

The prudent see danger and take refuge, but the simple keep going and pay the penalty. — Proverbs 27:12

It is time to take refuge in the truth, to hold the psychiatric industry accountable, and to reclaim mental health care from the grip of pharmaceutical greed.



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My Response to CMDA leadership:

Subject: CMDA: A Necessary Conversation on Truth, Psychiatry, and Our Role as Christian Clinicians

To Jeff and Mike,

First, I want to thank you, Jeff, for taking the time to call me personally rather than sending an email or text. That kind of direct communication—especially around a difficult topic—shows a level of respect that I genuinely appreciate. It reflects your integrity and commitment to relationship, and it means a great deal to me.

That said, I need to express my disappointment with CMDA's decision to remove my recent post addressing the pharmaceutical corruption within modern psychiatry and the devastating impact of psychotropic overprescription, particularly on children and adolescents.

I fully understand that this may not be a priority issue for CMDA leadership right now—you have other irons in the fire, and I respect that. But perhaps this *should* be one of those fires. Because we are witnessing a mental health crisis that is being exacerbated—not resolved—by the current overreliance on medications. And if we as Christian clinicians are not willing to speak into that with courage, then who will?

The professionals I referenced in my post are not fringe voices. They are highly credentialed, widely respected individuals who have paid a price to speak the truth:

- **Robert Whitaker**, investigative journalist and author of *Anatomy of an Epidemic*
- **Dr. Joanna Moncrieff**, psychiatrist and professor at University College London, known for her work debunking the serotonin hypothesis
- **Dr. Mark Horowitz**, psychiatrist and neuroscientist at University College London, who has personally experienced and now researches antidepressant withdrawal
- **Dr. David Healy**, psychiatrist and pharmacologist, noted for his work on SSRI-induced suicidality and sexual dysfunction
- **Dr. Peter C. Gøtzsche**, co-founder of the Cochrane Collaboration and author of *Deadly Medicines and Organized Crime*



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- **Dr. James Davies**, psychotherapist, medical anthropologist, and author of *Cracked: The Unhappy Truth About Psychiatry*
- **Dr. Josef Witt-Doerring**, former FDA psychiatrist and current whistleblower and educator on psychotropic safety

These individuals are sounding an alarm that should be taken seriously by anyone committed to ethical, patient-centered care. Their critiques are rooted in research, lived clinical experience, and documented harm. My views reflect theirs because I have seen the same damage—overmedicated teens, blunted affect, dependence, and despair—play out in the lives of my own patients.

To take down my post simply because some were made uncomfortable is not just disappointing—it raises questions about CMDA's willingness to engage in difficult, but necessary, conversations. Are we still a community where thoughtful dissent is welcomed, or have we begun to mirror the very cancel culture we so often criticize—where truth is silenced because it makes someone uneasy?

This issue is not going away and I am not going away and no one will silence me. Our children are being medicated at unprecedented levels. Antipsychotics are being prescribed to children. Teens are numbed with SSRIs instead of being invited into authentic relationship, healing, and purpose. Adults are being told they have chronic brain diseases that require lifelong pharmacological management, even when the science doesn't support it. These are not isolated problems—they are systemic. And they are moral.

As Christian clinicians, we are called to be salt and light in a system that is increasingly shaped by profit, convenience, and ideology rather than truth and compassion. If CMDA cannot make space for voices that challenge the status quo—even when those voices are rooted in evidence, clinical experience, and concern for the vulnerable—then we risk losing our prophetic role in medicine altogether.

I say all of this with respect, but also with deep conviction. This is not just another professional disagreement. It is a matter of integrity. It is a matter of conscience. And yes, it is a hill I am willing to die on.

Again, thank you, Jeff, for the phone call. And thank you both for hearing me out. If only we could continue this conversation in a spirit of truth, humility, and courage, but I fear we may not.



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With gratitude and resolve,
Jeff

*“Speak up for those who cannot speak for themselves, for the rights of all who are destitute.
Speak up and judge fairly; defend the rights of the poor and needy.” Proverbs 31:8-9*

Jeffrey E. Hansen, Ph.D.

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