Depression and Bipolar Support Alliance

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Policy Position Statement

Depression and Bipolar Support Alliance (DBSA)

On Public Statements Regarding the Safety of Antidepressant Medications

The Depression and Bipolar Support Alliance (DBSA) advocates for the rights of persons living with a mood disorder to choose their own paths to mental, emotional, and physical wellness while promoting structures and practices that advance whole health and accessible care for everyone. Recent contentious statements by prominent government officials have raised doubts about the role of antidepressants, a topic on which DBSA is well-informed to comment. DBSA applauds an emphasis on healthy eating habits, exercise, peer support, and other wellness strategies as foundational for managing mental health, including for people living with a mood disorder, but also recognizes the value of professionally guided treatments, including psychotherapy and psychiatric medication, as useful for many individuals.

Major depressive disorder and bipolar disorder are serious, potentially life-threatening medical conditions that affect millions of people in the United States and worldwide. According to the *World Health Organization (WHO)*, depression is a leading cause of disability globally.[1] For many individuals, antidepressants are a critical component of a comprehensive, personalized treatment plan that may also include psychotherapy, peer support, lifestyle strategies, and other medical interventions and are a cornerstone of safe, effective, evidence-based treatment.

Today, antidepressants are one of the most prescribed medication classes in the United States. There is no question that selective serotonin reuptake inhibitors (SSRIs) have transformed the lives of individuals, young and old, who struggle with major depressive disorder, bipolar depression (with a mood stabilizer), generalized and social anxiety disorders, obsessive-compulsive disorder, panic disorder, and post-traumatic stress disorder. The *American Academy of Child and Adolescent Psychiatry (AACAP)* states that SSRIs are effective and safe for pediatric-onset depression and anxiety when prescribed and carefully monitored by a licensed physician.[2] It is clear that the advent of SSRIs ushered in a new era of prescription pharmacology and increased awareness of mental health in general, and depressive and anxiety disorders in particular.

Evidence and Consensus

Established Safety and Efficacy

The safety and efficacy of antidepressant medications have been established through decades of rigorous scientific research, including randomized controlled trials, long-term observational studies, post-marketing surveillance, and oversight by the *U.S. Food and Drug Administration (FDA)*. The *American Psychiatric Association* Practice Guidelines state that antidepressant medications, when prescribed appropriately and monitored by qualified clinicians, are effective for the treatment of major depressive

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disorder and certain anxiety disorders.[3] Similarly, the *FDA* has approved multiple classes of antidepressants based on rigorous evaluation of clinical trial data demonstrating benefits that outweigh risks for approved indications.[4]

Risk and Monitoring

All medications carry potential side effects. Medical guidelines from both the *American Psychiatric Association* and the *American Psychological Association* emphasize that treatment must be individualized, with clinicians monitoring for benefits, side effects, and any signs of increased distress or suicidality, especially during treatment initiation or dose changes.[3,5]

The *National Institute of Mental Health (NIMH)* also highlights that abrupt discontinuation of antidepressants can lead to withdrawal-like symptoms and symptom recurrence, underscoring the importance of supervised treatment decisions.[6]

More than 40% of women discontinue antidepressants during pregnancy because of concerns about effects on the fetus, based on information from inadequately controlled studies.[7] The overall evidence has shown that SSRIs are safe in pregnancy and that most do not increase the risk of birth defects.[8] Medical guidelines from *the American College of Obstetricians and Gynecologists (ACOG)* strongly recommend that decisions on antidepressant treatment during pregnancy should be made individually, based on evidence from properly controlled studies, not on misleading information based on studies that have not controlled adequately for confounding factors.[9]

DBSA Principles

Person-Centered, Informed Care

Treatment decisions must be made collaboratively between patients and qualified healthcare professionals, grounded in the best available evidence and tailored to individual needs. People living with mood disorders deserve balanced, accurate information — not sensationalized narratives and unfounded claims that exaggerate risk.

Respect for Lived Experience

Many people report meaningful improvements in functioning and quality of life with antidepressant treatment. At the same time, individuals who experience side effects or treatment challenges deserve support and respectful acknowledgment of those experiences.

Protection Against Stigma and Misinformation

Mental health conditions are medical conditions. Suggesting standard, evidence-based treatments are inherently harmful without credible scientific consensus perpetuates fear and stigma and may prevent people from accessing life-saving care. The *American Psychiatric Association* has publicly affirmed the importance of accurate public communication about psychiatric treatments.[10] Recent public discussions—such as those prompted by Executive Order 14212, which questions the safety of SSRIs and

other psychotropic medications—risk undermining confidence in established, lifesaving treatments. Inaccurate claims that antidepressants are addictive or comparable to narcotics are not supported by scientific evidence. On the contrary, SSRIs are non-addictive and, when taken under medical supervision, provide stability that allows people to heal and thrive.

We have seen the dangers of misinformation before. After the FDA's 2004 boxed warning about antidepressant use in youth, suicide rates increased sharply among untreated adolescents with major depression—a stark reminder that undertreatment can be deadly.[11,12]

Commitment to Ongoing Research and Innovation
DBSA supports continued research to improve treatment effectiveness, reduce side effects, and expand options for individuals who do not respond to current therapies. Scientific inquiry must be rigorous and transparent, unclouded by misinformation.

Conclusion and Call to Action

We call on public leaders, media figures, and policymakers to communicate responsibly about mental health conditions and treatments. Public statements about antidepressants must reflect the complexity of clinical evidence and the real-world experiences of individuals living with mood disorders.

Words matter. Lives are at stake. Responsible leadership in mental health policy must prioritize scientific integrity, safety, and hope.

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