In 2004 a meta-analysis of data out of studies of SSRIs in children and adolescents was published by Whittington and colleagues [48]. This review revealed that most of these substances have no benefit but may cause harm in minors. Alarmed by reports in the media about suicides among youths prescribed an SSRI, official regulatory authorities then conducted audits of the data from pharmaceutical companies concerning all trials and results by these trials with minors. The major results of these audits were both alarming and informative. First, the pharmaceutical companies had published the results of trials very selectively: ‘good news’, such as data about effectiveness of SSRIs, was published, whereas ‘bad news’, the data about side-effects or inefficacy, was not published. Second, an analysis of all trials and published and unpublished data by Hammad and colleagues [41] revealed that there was an increased risk for suicidal behaviour among children and adolescents using SSRIs. This revelation has led to black-box warnings against all antidepressants and resulted in a decrease of use in some countries. The consequent decreased use is now thought to be responsible for an increase in suicides among youths and the FDA has been criticised for this outcome[42, 43]. This complex issue is discussed by Zito and Safer [44] and the long-term effects of this research scandal are yet to be revealed. Publishing policy has changed since the SSRI debacle and journals have revised their policies about publishing studies showing inefficacy.