CITIZENS COMMISSION ON HUMAN RIGHTS
Alaska/Montana/Washington

May 12, 2021

House Judiciary Committee

Re: HB 172 mental health facilities & meds

Dear Chair and Committee Members:

HB 172 represents a dramatic expansion of the public mental health *system* and a reduction of the legal protections for any Alaskan subject to this bill as written. Criminals accused of a crime have better access to legal defense! We feel this issue must be addressed before this bill moves forward. If you are expanding the use of force by Government legislation, then you must also make the corresponding increases in legal protections for adults and youth. (Also see Attachment #2 & 3) What if a parent disagrees with their child being committed?

The Alaska Supreme Court already looked at this issue previously, and this is their conclusion:

> "Given the nature and potentially devastating impact of psychotropic medications — as well as the broad scope of the Alaska Constitution's liberty and privacy guarantees — we now similarly hold that the right to refuse to take psychotropic drugs is fundamental; and we further hold that this right must extend "equally to mentally ill persons," so that the mentally ill are not treated "as persons of lesser status or dignity because of their illness."
>
> [*Rivers*, 495 N.E. 2d at 341; *see also Rogers*, 458 N.E.2d at 315 ("To protect the incompetent person within its power, the State must recognize the dignity and worth of such a person and afford to that person the same panoply of rights and choices it recognizes in competent persons.")]

When governments and courts are lobbied to strengthen involuntary commitment and community treatment laws and establish systems that promote treatment they must also consider the lack of accountability that is currently built into the treatment system, and the lack of any real information on creating health in the people forced into treatment. We are told about "treatment failures" but what about recommended treatment that fails to produce the outcome psychiatry and advocates promoted?

To highlight this, one of the very few studies of actual public mental health system *health* outcomes was a study done in Seattle, where they analyzed their public mental health systems' treatment and recovery outcomes on an annual basis for several years until they did away with the report as it brought attention to the terrible results. The 2001 report is a damning indictment of the failure of psychiatric treatment generally. Patient benefit was measured, in part, in terms of being "recovered," "less dependent," and "dependent-not improving." After receiving their recommended treatment, of 9,302 patients serviced, *less than 1% recovered*, only 25% were less dependent and 75% remained dependent.

The legislature should require quarterly reports on not just system statistics, but actual health improvements or lack of improvements of those engaged in the system in order to effectively manage public mental health and provide accountability. You can see more information like this here: https://lackofresultswamh.com/lack-of-recovery-2/lack-of-health-outcomes/

ENACTING HEALTH OUTCOME MEASUREMENT BRINGS ACCOUNTABILITY AND SHOULD BE A KEY ELEMENT OF HB 172.

A quick look at the web pages of the advocates for this legislation: Crises Now, the Hospitals or NAMI and you will see none or at best very limited information about the toxic nature of psychiatric drugs, the long list of dangerous side effects which include violence and death, the addictive nature of some of the drugs, the common misuse of many of these drugs and especially withdrawal from these drugs. We advise anyone to look up the side effects of any psychiatric drug before taking it: https://www.cchrint.org/psychdrugdangers/ Also see Attachment #5 for more information on this.

Also, you will find no information on alternatives. Proper medical screening by non-psychiatric diagnostic specialists could eliminate more than 40% of psychiatric admissions. A sample of this is attached so you can see a long list of what can be done for individuals. See attachment #4.

We do recognize that individuals do experience emotional crises and represent harm to themselves or others and the legislature must work out a system to safeguard the public, but it must be done with safeguards for the individual as well society.

Summary

As currently written, we see the following issues with SB 124:

1. The bill has inadequate access to legal representation for the individual.
2. Opens the door to increased involuntary commitment of adults and youth raising concerns about parental oversight of their minor children
3. Lacks accountability and oversight for legislators and system managers
4. Lacks health outcome emphasis and tracking – does not emphasize health
5. Opens the door to unfettered expansion of psychiatric facilities

A real focus on a system that will create health and identify physical ailments and disorders that mimic psychiatric disorders will be far more beneficial to the citizens of Alaska that this bill will affect the most. See attachment #2 for information on how to create health. We are available for further discussion of this issue. Please see the multiple attachments addressing the amendments this bill needs.

Sincerely,

Steven Pearce

Steven Pearce
Director

POB 19633 * Seattle, WA 98109 * 206.755.5230 * cchrseattle@outlook.com

Attachment # 1 Amendments

Amend Section 4, 47.30.707 (b) to include language: when the court receives the request for additional detention the court must order legal representation for the respondent and the respondent can request a court hearing within 24 hours to contest any further commitment or drugging.

Amend Section 8, 47.30.805 delete "do not include Saturday's" and change to "does include Saturday's" and after "residential center;" add "hearings should be conducted on Friday for anyone delivered after 3pm on Friday and if delivered on Friday their hearing should be on the next business day after the weekend/Holiday."

Amend Section 2, 47.30.705(a) at the end to include language to the effect of: any individual being admitted for 24 hour stabilization or being considered for additional commitment evaluation must also be evaluated for medication psychosis caused by currently prescribed drugs; self-medicating with other drugs or psychoactive substances; or suffering drug withdrawal psychosis and seek consultation with qualified medical personnel to address what is found. See Attachment 4 about medical causes of ailments that mimic psychiatric disorders.

Amend Page 2 Section 4, L27: Psychotropic medication should be a last resort. Ascertain when was the last time a searching physical examination has been done, and run through a checklist of common known issues that can contribute to conditions that mimic psychiatric disorders. [material for this is the Loran Koran Exam that the State of California has used, the Incredible Walker Exam (both available on www.alternativementalhealth.com) and others listing medical causes)

Amendment: Outcomes – could be inserted towards the end of the bill in a new section 10. Health outcomes are essential to be tracked as part of the mental health systems day to day efforts and must go beyond system utilization to track the object effect of system efforts on the individual. Using an object scale such as the GAF – Global Assessment of Functioning one can readily observe level of function and communicate this level of functioning to legislators and non-mental health professionals and track program outcomes in human terms, with dignity and respect of their individuality.

Amendment: Require quarterly reports from all facilities described in this bill to report to Alaska Behavior Health who will combine data into one report for the Legislature.

Example of possible health outcomes tracking system, using the "GAF" Global Assessment of Functioning scale - described below.

Definitions. The definitions in this section apply throughout this ordinance unless the context clearly requires otherwise.

A. "Dependence" and "dependent" mean the client experiences significant disability, is not employable, and is served by the publicly funded mental health system and other programs. A dependent client may be characterized as having a Global Assessment of Functioning (GAF) Scale score of 50 or below.

B. "Less dependence" and "less dependent" mean the client exhibits some disability, but significantly less than that of a dependent client. A less dependent client has made progress toward self-esteem, quality of life and is more functional living in the community. A less dependent or recovering client may be characterized as having a GAF score between 51 and 80.

C. "Well" and "wellness" mean the client is free of disability, employable, connected with friends and family, and has a generally positive outlook on life. If the client is taking medications or nutritional supplements, then the client is also free of adverse side effects. If the client is in the age range of twenty-one to fifty-nine years, then the client is engaged in volunteer work, pursuing educational or vocational degrees, employed full or part time, or contributing to family support. A client in that same age range lives independently or has chosen other living arrangements to facilitate the client's activities with respect to volunteerism, education, work or family. An adult client who is well has been discharged from the county's publicly funded mental health system and is not receiving publicly funded mental treatment, except for occasional recommended periodic checkups. A client who is well may be characterized as having a GAF score of 81 or above.

D. "Recovery" is a process, a way of life, an attitude, and a way of approaching the day's challenges. It is the hope and expectation that a meaningful life is possible despite mental illness. Recovery emphasizes the restoration of self-esteem and on attaining meaningful roles in society. Recovery is about reclaiming the roles of a healthy person, rather than living the life of a sick person.

Additional Information on poor outcomes. Alaska should learn from other states that have simply expanded their involuntary commitment/treatment capacity, without doing anything to address the lack of improvement of health that universally exists in public mental health today.

Only 5.7% – 12.5% of adults achieve meaningful improvement in their psychological and social functioning after receiving treatment (WSIPP report 2008) Poor results are corroborated statewide
Washington State Institute for Public Policy (WSIPP) was directed by the 2001 Washington State legislature to conduct long-term outcomes studies of clients of the Washington State public mental health system. In 2008, WSIPP reported the results of a 4-year study on 39,039 clients of the Washington State public mental health system. Based upon their analysis of Global Assessment of Functioning scale scores, the Institute **report concluded that "5.7 to 12.5 percent of consumers** in the study cohort [cohort: the group of individuals who are the subjects of a study] **had a meaningful improvement in GAF scores** during the period of service." Significantly, the Institute stated, "Improvement levels did not appear to be related to utilization patterns." In other words, *those who received regular services did no better than those who received intermittent services*.

End Attachment 1 Amendments

Attachment #2

To: Senator Wilson

From: Nancy Meade, Alaska Court System

Subject: SB 124 – Clarification of Testimony

At yesterday's Health and Social Services Committee hearing, I responded to a question about whether a respondent had an attorney in the proceeding. I would like to supplement my answer, because I now believe the question was likely meant to address different stages of the process.

I was asked whether a respondent who would be held at a crisis residential center would be appointed an attorney to represent his or her interests. I pointed out page 5, lines 14-18 and the process described there for having a hearing, and the specific provision for the Public Defender to represent the respondent. That provision applies when a person leaves a crisis residential center, is readmitted within 24 hours of leaving, and is not willing to remain there voluntarily.

But that does not apply to a person's initial admission to a crisis residential center. For the initial admission, the person does not have a right to have an attorney appointed, as I read the bill. Instead, under section 4, page 3, lines 3-12, a person may be initially admitted to a crisis residential center for up to 120 hours under a court order that could be issued after a "professional person in charge" submits an ex parte application to the court. According to section 4 of the bill, the court bases its decision as to whether the person should be detained on the ex parte application, and the respondent is not entitled to appointed counsel at that stage of the process. If the process moves forward into an involuntary hospitalization, involuntary mental commitment, or involuntary administration of certain medication, then the existing statutory procedures, which include the right to counsel, would apply.

Thank you for the opportunity to clarify my response with respect to the separate processes and stages as described in SB 124.

End of Attachment #2

Attachment #3

The Alaska Supreme Court addressed the seriousness of the involuntary commitment issue:

The Alaska Supreme Court looked at the case of Faith Myers who appealed a Superior Court decision that authorized involuntary drugging. Ms. Myers “suffered with mental illness for over 20 years” but weaned herself off psychotropic drugs, “believing that the drugs actually worsened her condition.” She “believed that API [Alaska Psychiatric Institute] had … “failed to show that involuntary medication was a [“least”] restrictive means” of advancing any state interest.”

> “Where a patient, such as Ms. Myers, has a history of undergoing a medical treatment she found to be harmful, where she is found to lack capacity to make her own medical decisions and a valid debate exists in the medical/psychiatric community as to the safety and effectiveness of the proposed treatment plan, it is troubling that the statutory scheme apparently does not provide a mechanism for presenting scientific evidence challenging the proposed treatment plan.” Alaska Supreme Court, Myers vs API

The lawyer on the case summed it up this way:

> “The Alaska Supreme Court decision noted the trial court's concern that the statute did not allow the court to consider the problems with the drugs even though "a valid debate exists in the medically/psychiatric community as to the safety and effectiveness of the proposed treatment plan." With this decision, trial courts are now required to consider the safety and effectiveness of the drugs in deciding whether the proposed psychiatric drugging is in the patient's best interest.” - Jim Gottstein

Their conclusion:

> “Given the nature and potentially devastating impact of psychotropic medications — as well as the broad scope of the Alaska Constitution’s liberty and privacy guarantees — we now similarly hold that the right to refuse to take psychotropic drugs is fundamental; and we further hold that this right must extend “equally to mentally ill persons,” so that the mentally ill are not treated “as persons of lesser status or dignity because of their illness.”
>
> [*Rivers*, 495 N.E. 2d at 341; *see also Rogers*, 458 N.E.2d at 315 (“To protect the incompetent person within its power, the State must recognize the dignity and worth of such a person and afford to that person the same panoply of rights and choices it recognizes in competent persons.”)]

End Attachment #3

Attachment #4

Looking for a Medical Cause

When a person remains depressed despite normal efforts to remedy the problem, a physical source of the depression should be considered. This is particularly true in the case of debilitating or suicidal depression.
Physiological causes of depression are so common, in fact, that the American Assn. of Clinical Endocrinologists states, "The diagnosis of subclinical [without obvious signs] or clinical hypothyroidism must be considered in every patient with depression."

Physical sources of depression include:

- Nutritional deficiencies
- Lack of exercise
- Lack of sunshine
- Hypothyroidism
- Hyperthyroidism
- Fibromyalgia
- Candida (yeast infection)
- Poor adrenal function

Other hormonal disorders including:

- Cushing's Disease (excessive pituitary hormone production)
- Addison's disease (low adrenal function)
- High levels of parathyroid hormone
- Low levels of pituitary hormones
- Hypoglycemia
- Food Allergies
- Heavy metals (such as mercury, lead, aluminum, cadmium, and thallium)
- Selenium toxicity
- Premenstrual syndrome
- Sleep disturbances
- Dental problems
- TMJ (Temporo Mandibular Joint) Problems

Infections including:

- AIDS
- Influenza
- Mononucleosis
- Syphilis (late stage)
- Tuberculosis
- Viral hepatitis
- Viral pneumonia

Medical conditions including:

- Heart problems
- Lung disease
- Diabetes
- Multiple sclerosis
- Rheumatoid arthritis
- Chronic pain
- Chronic inflammation
- Cancer
- Brain tumors
- Head injury
- Multiple sclerosis
- Parkinson's disease
- Stroke
- Temporal lope epilepsy
- Systemic lupus erythematosus
- Liver disease

Drugs including:

- Tranquilizers and sedatives
- Antipsychotic drugs
- Amphetamines (withdrawal from)
- Antihistamines
- Beta-blockers
- High blood pressure medications
- Birth control pills
- Anti-inflammatory agents
- Corticosteroids (adrenal hormone agents
- Cimetidine
- Cycloserine (an antibiotic)
- Indomethacin
- Reserpine
- Vinblastine
- Vincristine

https://www.alternativementalhealth.com/the-physical-causes-and-solutions-of-depression-2

End Attachment #4

Attachment #5

Psycho-Pharma Front Groups

It was revealed that in two years alone (2006-2008) the pharmaceutical industry (Pharma) funded NAMI to the tune of $23 million, representing about three-quarters of its donations. NAMI still partners with psychotropic drug manufacturers.

Other groups of concern were Children and Adults with Attention Deficit Hyperactivity Disorder (CHADD), the Depression and Bipolar Support Alliance (DBSA), and Mental Health America (MHA), formerly the National Mental Health Association, to name but a few.

- As *Mother Jones* exposed, public-relations firms launched campaigns to promote a new mental disease, "using dramatic statistics from corporate-sponsored studies…patient groups are recruited to serve as the 'public face' for the condition, supplying quotes and compelling human stories for the media; many of the groups are heavily subsidized by drug makers, and some operate directly out of the offices of drug companies' P.R. firms. The strategy has enabled the pharmaceutical industry to squeeze millions in additional revenue from the blockbuster drugs known as selective serotonin reuptake inhibitors (SSRIs), a family of pharmaceuticals that includes Paxil, Prozac, Zoloft, Celexa, and Luvox."[2]

- A *Clinical Psychology Review* report cited the incestuous relationship between NAMI, the American Psychiatric Association (APA), NIMH [National Institute for Mental Health], and the pharmaceutical industry, as a "powerful quartet of voices [that] came together during the 1980s eager to inform the public that mental disorders were brain diseases. Pharmaceutical companies provided the financial muscle. The APA and psychiatrists at top medical schools conferred intellectual legitimacy upon the enterprise. The NIMH put the government's stamp of approval on the story. NAMI provided moral authority. This was a coalition that could convince American society of almost anything…."[3]

- The pharmaceutical industry magazine *Pharmaceutical Executive* published a report by PR expert Teri Cox called "Forging Alliances, Advocacy Partners." According to Cox, partnering with advocacy groups helps drug companies to "diffuse industry critics by delivering positive messages about the healthcare contributions of pharma companies to legislators, the media, and other key stakeholders." They also help influence the decisions of policy-makers and regulators.[4]

- In their 2020 book *Children of the Cure: Missing Data, Lost Lives and Antidepressants,* Professor David Healy, a psychiatrist and international expert on psychopharmacology and his co-authors wrote, "In the 1990s, when the SSRIs [antidepressants] were being marketed, no academic could state publicly that serotonin was low in people with depression. So, the role of persuading people to restore their serotonin levels to 'normal' fell to patient representatives and patient groups—heavily funded by pharmaceutical companies. The lowered serotonin story took root in the public domain. The public's concept of serotonin was like Freud's notion of libido—vague, and incapable of testing."[9]

- NAMI's philanthropic partners in 2019 included at least 15 pharmaceutical companies.[15] Of these, 14 had been exposed for some type of notorious conduct or criminal or civil misconduct, with those sued or coming under Department of Justice investigation often settling their cases, while admitting no liability. Fines and settlements were a combined total of more than $24.8 billion between 2002 and 2020, although $22 billion was in the last decade (2010-2020). Numerous psychiatrists are speakers or researchers for such companies or their advisors.

To be clear, people with mental issues clearly deserve the best care, especially as they are often seeking relief from emotional turmoil. That makes the misuse of them all the more egregious—having them support groups heavily built upon pharmaceutical funding and a "biological model." Group members may be unaware that the biological theory of "mental ills" is not founded on science; the theory emphasizes treatment to target presumed biological abnormalities that, unlike for physical illnesses, no medical or physical tests can prove.

End Attachment #5

DISABILITY LAW CENTER

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Anchorage, AK 99503

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May 13, 2021

by scan and e-mail to House.Judiciary@akleg.gov

The Honorable Matt Claman
Chair, House Judiciary Committee
State Capitol
120 Fourth St., M/S 3100
Juneau, Alaska 99801-1182

Re: HB 172

Dear Chair Claman and Members of the Judiciary Committee:

Thank you very much for the opportunity to present written testimony about HB 172.

Last year, Disability Law Center and DHSS settled a case which, from our perspective, made it less likely that people possibly needing civil commitment would be held for long periods in hospital emergency rooms or jails awaiting civil commitment evaluations, which API in particular did not have capacity to conduct. HB 172 would make it much easier for people in crisis to get short-term mental health treatment, and would help to ensure that if someone does have to wait for a civil commitment evaluation, the wait can be at a crisis residential center which can provide some of the services the person needs.

HB 172 is a good bill, and Disability Law Center generally supports it.

Copies of the settlement document and of a very recent Alaska Supreme Court decision are attached. The Alaska Supreme Court decision made it clear that forcing people to wait for over two weeks in hospital emergency rooms because API is at capacity and cannot admit them for evaluation violates those people's substantive due process rights.

In terms of the things set out in or implied in the settlement that could be more cleanly incorporated into the bill, at least four items occur to us:

Proposed AS 47.30.707 and revised AS 47.30.700 and .710. The bill should clarify that counsel be appointed to represent someone who is being held at a crisis residential center in the court order that authorizes the crisis residential center to hold the person.

Proposed AS 47.30.707 and revised AS 47.30.915. The bill should clarify that crisis residential centers that have been designated by the Department as "evaluation facilities" should be able to do civil commitment evaluations on-site without having to transfer the person to a hospital, such as API.

Proposed revised 47.30.710. The bill should either delete the reference to "prior authorization from the department" when someone is being readmitted to a crisis residential center, or explain the prior authorization standards that the Department would be using and clarify what happens to the person if prior authorization is denied.

Proposed revised AS 47.30.715. The bill should clarify what it means for an evaluation facility to admit someone "when it may safely do so." If this is a reference to an evaluation facility like API being at capacity, that's what the bill should say.

During the interim, we would be glad to work with committee staff and the Department on how to make these and other improvements. Thank you very much, again, for the opportunity to provide written testimony.

Sincerely,

Mark Regan
Legal Director

Enclosures: Final Judgment in Disability Law Center v. State, No. 3AN-18-09814CI
Matter of Hospitalization of Mabel B., Op. No. 7525 (Alaska, May 7, 2021)

From: [redacted]
To: House Judiciary
Subject: Opposing public testimony on HB172
Date: Thursday, May 13, 2021 3:46:56 PM

Dear House Committee,

HB 172 is a negligently vague bill and does not afford minors or disabled persons the legal protections, rights, or access to guardianship that should be required. Not only that, this bill is so undeveloped that it would bring many more problems that are even harder to fix than if the committee delays this to the interim and gives it the appropriate and necessary amount of work, thought, and development that it needs. Don't push it through just because it's the governor's bill, do the right thing for the people it intends to serve and put in the work to make it a bill worthy of passing.

Parker Rittgers email
[redacted]

From: [redacted]
To: House Judiciary
Subject: HB 172
Date: Friday, May 14, 2021 8:52:29 AM

House.judiciary@akleg.gov

May 14, 2021

RE: HB172

Dear Committee:

My name is Joy Lynn McCavit, and I am representing myself and my family. We have had two children who have been in the mental health system of Alaska and I am here to say that this bill does not heighten the quality or the level of care that is truly needed for Alaskans, whether they be adults or minors.

As someone who has been the parent and guardian of patients who have been given psychotropic drugs, I am here to state for public record that this bill provides no protection to the patient and erodes the authority of the family and any legal representation that the patient has.

The judicial process outlined in this bill does not allow for intervention of the families or attorneys on the patient's behalf before such medications are administered and completely disregards informed consent even if the patient is able to give it, in reference to section 9. The administration of psychotropic medication is significant and has a great effect on the patient. It should be an absolute LAST resort, and should never be the first course of action. This bill gives no verbiage or suggestions that the administration of such drugs would in fact BE a last resort. At

it’s core, this bill has little to do with mental health, and anyone who votes for it is no longer voting with their constituent’s best interests at heart.

As a mom who has watched her children grow up and need extensive counseling and emotional support to overcome the experiences they were subjected to at the hands of mental health professionals during inpatient and outpatient care, their future possibilities were narrowed and eliminated by their unwilling part in the administration of various therapies to include psychotropic medications. A patient’s best advocate is their loving family members, who will be with them long after mental health professionals have clocked out and gone home.

Some of the employees my children were cared for by were wonderful, but most simply didn’t understand them or have the commitment or time to get to know or understand them. The professional psychiatrists who walked in once or twice a month did not know my children except on paper. They put my children on multiple psychotropics that were highly inappropriate and damaging to my children’s physical and mental health at the time of medicating and future ramifications are being lived with now 10 to 15 years later.
This bill WILL NOT correct any of that.

Thank you for your time and for your consideration of my parental and life experience over the past decade and a half while lovingly advocating for my children and family.

Sincerely,

Joy Lynn McCavit

[redacted]

From: [redacted]
To: Rep. Matt Claman
Subject: Re:HB 172
Date: Friday, May 14, 2021 8:11:39 AM

Dear Rep Claman,

I am a life-long -Alaskan and heard recently that HB 172 was being looked at.
I am asking that you please vote no on this bill, or not allow it to go any further , as it is a very bad direction I feel to expand more involuntary drugging and commitment time.

There needs to be more study done of the long term effects of such actions, and it's a scary route to go without enough data.

I have concern for my fellow Alaskans that their basic human rights may be taken away or harmed, and that is why I am writing this.

By Expanding this , I fear too what could happen if there were abuse or injustice , as we find so often happens when too much power is given. Please help keep a restraint on a potential abuse of power in this area of commitment and drugging, and human rights of people to remain strong.

Thank you for reading this and for considering my request.

Best regards,

Charles Black
Anchorage , Alaska

From: [redacted]
To: Rep. Matt Claman
Subject: Vote NO on HB 172
Date: Friday, May 14, 2021 8:43:49 AM

Dear Representative Claman,

This bill should not be funded.

HB 172 represents a dramatic expansion of the public mental health system and is designed to increase involuntary commitment and treatment across Alaska of adults and youth. The bill poorly defines the legal rights of adults and how parents will deal with youth who may have been committed. It will lengthen the amount of time that an individual can be held and drugged involuntarily. It lacks legal safeguards for anyone committed.

This is not a very clearly written bill and if passed leaves a lot open for lawsuits and grief. Such an expansion of the mental health system needs more study to ensure people's rights are protected.

Please vote NO!

A Concerned Parent & Citizen,

Rebecca Lasley

CITIZENS COMMISSION ON HUMAN RIGHTS

January 11, 2022

Dear Representative:

Over the last few years there has been a lot of mental health legislation. Both for youth and adults. Despite the estimated 7 million youth in the US and a reported one 1 in 6 Americans taking a psychiatric drug, the push for coercive mental health programs continues every year.

Current legislation will inevitably continue these trends to increase coercive practices and the drugging of toddlers, youth and adults. Nothing we have discerned is designed to be a quality rights based, non-drug approach or to de-emphasize the use of trauma-inducing force and mind-altering drugs in mental health. Nor are there any programs calculated to minimize the risk of toxic reactions to psychiatric drugs that are so frequently forced on Alaskans.

Psychiatric disorders are not defined by any biological pathology and there is a lot of opinion with regard to psychiatric diagnosis and treatment. For example, it is often not the child that needs to be "diagnosed." It may be family problems, traumatic experiences, some other dysfunctional life situation, or a general lack of support that a child is reacting too. Too often the child is blamed for reacting as any child (or adult for that matter) would react to their environmental circumstances.

A recent report from the United Nations - WHO *Guidance on community mental health services: Promoting person-centered and rights-based approaches* highlights what is missing from mental health practice and planning today:

> "Reports from around the world highlight the need to address discrimination and promote human rights in mental health care systems. This includes eliminating coercive practices such as forced admission and forced treatment, as well as manual, physical and chemical restraint and seclusion and tackling the power imbalances that exist between health staff and people using the services." – United Nations - WHO *Guidance on community mental health services: Promoting person-centered and rights-based approaches*

The Mental Health Community and State lawmakers must immediately focus on person-centered, rights based, recovery approaches to mental health rather than the "business as usual" strategy of the psychiatric lobby which is to increase funding and system resources for diagnosing, labeling and coercing treatment of those deemed mentally ill.

There are serious problems with the business-as-usual approach. This business-as-usual for the psychiatric lobby is to increase funding and system resources for diagnosing, labeling, and coercing treatment of those deemed mentally ill. After decades of advocating for this, where has this landed us?

> "… the problems of mental health provision cannot be addressed by simply increasing resources. In fact, in many services across the world, current forms of mental health provision are considered to be part of the problem. Indeed, the majority of existing funding continues to be invested in the renovation and expansion of residential psychiatric and social care institutions. … Mental health systems based on psychiatric and social care institutions are often associated with social exclusion and a wide range of human rights violations." *Guidance On Community Mental Health Services - World Health Organization*

By their own admission, psychiatrists cannot predict dangerousness and often release violent patients from facilities, claiming that they are not a threat to others, or grant them privileges that lessen security procedures in place for them.

> "A fundamental shift within the mental health field is required, in order to end this current situation. This means rethinking policies, laws, systems, services and practices across the different sectors which negatively affect people with mental health conditions and psychosocial disabilities, ensuring that human rights underpin all actions in the field of mental health." *Guidance On Community Mental Health Services - World Health Organization*

One issue that needs to be addressed is the over-emphasis and reliance on psychiatric drugs.

> "In addition, the stigmatizing attitudes and mindsets that exist among the general population, policy makers and others concerning people with psychosocial disabilities and mental health conditions – for example, that they are at risk of harming themselves or others, or that they need medical treatment to keep them safe – also leads to an over-emphasis on biomedical treatment options and a general acceptance of coercive practices such as involuntary admission and treatment or seclusion and restraint." *Guidance On Community Mental Health Services - World Health Organization*

We see that a detention and confinement system, not a recovery system.

> "For many people recovery is about regaining control of their identity and life, having hope for their life, and living a life that has meaning for them whether that be through work, relationships, spirituality, community engagement or some or all of these." *Guidance On Community Mental Health Services - World Health Organization*

Please read the report (which we can also forward to you) *Guidance On Community Mental Health Services – from the World Health Organization*, and let's work to revise HB 172/SB 124 to represent a step forward for the approximately 7,000 individuals who are locked up and detained in Alaskan psychiatric facilities each year.

Sincerely,

Steven Pearce

Steven Pearce
Director

Testimony to: The House Judiciary Committee 2/11/22

Language that should be added to Senate Bill 124 and House Bill 172.

Any psychiatric facility or unit where a person stays overnight and is provided or given psychotropic medication must provide the Department of Health and Social Services the following statistics weekly:
The number and type of patient injuries and the cause, the number and type of patient complaints and the resolution, the number and type of traumatic events experienced by patients within a psychiatric facility or unit as defined by being strapped to a gurney, placed in isolation, placed in restraints including handcuffs, or physically restrained.
DHSS must make the statistics readily available to the legislature and the general public.

--A fair psychiatric patient grievance and appeal process must be added to HB172 and SB124.

--And that would include a requirement that independent assistance is provided to a patient when filing a grievance or appeal.

--There must be a requirement in HB172 and SB124 that there is an independent review of all psychiatric patient complaints and grievances. As a note: Medicaid and Medicare see a complaint and a grievance as interchangeable.

--A requirement should be added to HB172 and SB124 for on-site state oversight of psychiatric facilities or units bi-annually.

--A requirement should be added to HB172 and SB124 that DHSS is required to keep on file a copy of psychiatric patient grievance procedures of facilities that are financially supported through direct funding or state grant money.

--There should be a requirement for uniformity in the psychiatric patient grievance and appeal processes.

Mental Health Advocates, Faith J. Myers/ Dorrance Collins, [redacted]