CITIZENS COMMISSION ON HUMAN RIGHTS
Alaska/Montana/Washington

May 2, 2022

Re: SB 124 mental health facilities & meds

Dear Representative:

SB 124 deals with the deprivation of liberty of fellow citizens. It at best represents a streamlining of the detention system – but not a step forward in helping those detained in these facilities to resolve the problems they face.

There are several ways this bill needs to be improved.

The issue of having a hearing within 72 hours is a serious one. We are organizing public safety for society by detaining and holding individuals involuntarily. It only makes sense that 72 hours for some should not mean 96 or 120 hours or more for others. This is not justice for all. How many individuals, already struggling, will lose their job or housing because they were detained for a longer period of time and were unable to attend to their tasks? Having a uniform 72 hours for everyone could facilitate recovery for those most in need.

The bill has been amended to address the issue of minors and notification of parents/guardians upon admittance to facilities, before psychotropic drugging and specifying the rights of minors. We feel this is a step forward in protecting vulnerable youth from misdiagnosis and undue coercion upon entry into this fledgling system which is bound to have various fits and starts out of the gate.

The next issue is the use of psychotropic medications on individuals detained in these facilities. Aside from the updated language on parental/guardian notification for minors, there are no protections in this bill for the rest of those that enter this new system. Psychiatrists use psychiatric drugs as their frontline treatment, as witnessed by the almost 20% treatment rate of Americans in 2019 (CDC Data) and the 27.4 billion spent on psychiatric drugs globally.

Testimony for this bill states that it is designed to increase treatment across the state:

> "SB 124 will improve access to treatment throughout the state." Recover Alaska Letter/Testimony on SB 124 dated 3/28/22

The increased use of involuntary commitment facilities represents an increase of focus on system and resources for its own sake and not on the individual creation of health:

> "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. In the mental health service context specifically, this means a move towards more balanced, person-centered, holistic, and recovery-oriented practices that consider people in the context of their whole lives, respecting their will and preferences in treatment, implementing alternatives to coercion, and promoting people's right to participation and community inclusion. World Psychiatric Association – *Guidance On Community Mental Health Services: Promoting person-centered and rights-based approaches*.

The language on page 5, line 29, Sec 47.30.708 saying "shall be examined and evaluated as to mental and physical condition" … "by a mental health professional"… is an improvement, but will not accomplish the goal of identifying physical ailments causing or exacerbating psychosis; it will take individuals skilled at differential diagnosis.

> "DSM teaches psychiatrists to lump and label rather than to split and diagnose. It teaches them to disregard important symptoms that don't fit conveniently into a DSM list, to ignore patients, and to skip the scutwork of diagnosis--often with disastrous consequences." *Sydney Walker MD III,* A Dose of Sanity

Special additional training would have to be engaged in beyond typical training they receive to avoid this type of occurrence:

> "This case addresses the medical error of neglecting to assess possible underlying medical causes for symptoms in a psychotic patient. Medical symptoms in patients with psychiatric disorders are often ascribed to the psychiatric disorder. Unfortunately, patients with chronic psychiatric disorders are as likely as anyone else to develop new medical conditions. In this particular case, a 70-year-old man presented with delusional thinking. The presence of "normal labs" and a cursory non-focal neurologic examination led to "medical clearance" prior to a psychiatric admission. Once the medical system "decided" that this patient had a psychiatric disorder, many physical symptoms were then ascribed to that disorder rather than to a concurrent or underlying medical illness. New medical symptoms in psychiatric patients should be listed as separate problems rather than being "lumped" under the assumption that the psychiatric disorder explains everything. *When "Psychiatric" Symptoms Are Not* https://psnet.ahrq.gov/web-mm/when-psychiatric-symptoms-are-not Patient Safety Network An official website of the Department of Health & Human Services

We provide additional material on type of examination and what to look for in Attachments 2, 3 and 4; at attachment 3 – the exam created by Dr. Sydney Walker III, and also see attachment 4 which is a sample of Amendment/statute for the physical examination to rule out non-psychiatric causes of emotional crises.

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. The World Psychiatric Association (WHO) has released extensive material on the need for a Human Rights based approach in the mental health field and has provided research on these approaches.

We do recognize that individuals do experience emotional crises and can 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 as society.

SB 124 at best represents a streamlining of the detention system – but not a step forward in helping those in emotional crises resolve those issues. What is really needed is a system with a focus on creating health. The system would identify physical ailments and disorders that mimic psychiatric disorders and life and environmental factors that can be addressed and resolved so individuals can recover their basic human rights and not be sentenced to psychiatric disability and dependence.

We are available for further discussion of this issue. Please see amendments and the multiple attachments addressing the issues raised here.

Sincerely,

Steven Pearce

Steven Pearce
Director

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

Attachment # 1 Amendments

////////////////////////////////

Sec 18 – on page 8 starting on line 22 - 47.30.805 (a) should be amended as follows – insert text in bold:

…legal holidays, **if the person is picked up on Wednesday or Thursday the hearing deadline is Monday, if person is picked up on Friday/Saturday the hearing deadline is Tuesday**, or any period …

//

Amend Section *13, **Sec. 47.30.707 Admission to and hold at a crisis stabilization center or crisis residential center; psychotropic medications; rights; notifications;** (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 Section 13, **Sec. 47.30.709 Rights of respondents at crisis stabilization centers and crisis stabilization centers ; psychotropic medication; time. At the end of (d) add:** 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)

//

Add *Sec 29. (a) Outcomes –. 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.

(b) 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.

//

Attachment #2

Existing mental health systems often continue to fail those seeking support.

Either because many people with psychosocial disabilities and with mental health conditions are still either lacking access to recovery-based support services, or because they are caught in a vicious cycle of violence in their interaction with them.

Would you seek mental health support from a system that denies you choice and control over decisions that affect you, lock you up and prevent you from having contact with friends and family? If you managed to overcome these challenges, could you go back to this system?
Let us consider two scenarios.

If a person in emotional distress is met with violence when searching for health care, it is fair to say they may never want to re-engage with such a service. Reoccurring lack of support increases the risk of exclusion, homelessness and further violence.

On the other hand, what if a person's encounter with the mental health system is one where their dignity and rights are respected? Where relevant professionals understand that how their intersecting identities impact how they access and navigate the system? A system that will not only empower an individual as an agent of their own recovery, but it will support their journey of health and well-being.

This system is based on human rights. It is an approach that promotes trust, enables recovery and provides both users and professionals with a framework in which their dignity and rights are valued and respected.
…

In line with the Convention on the Rights of Persons with Disabilities, there needs to be an urgent shift away from institutionalization and towards inclusion and the right to independent living in the community.

That requires greater investment in community-based support services that are responsive to people's needs Governments must also increase investments in narrowing human rights gaps that can lead to poor mental health – such as violence, discrimination and inadequate access to food, water and sanitation, social protection and education.

Michelle Bachelet - *UN High Commissioner for Human Rights <> End*

End Attachment #2

Attachment #3

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 #3

Attachment #4

Sample statute of physical examination to rule out non-psychiatric causes

Question: When does a patient need to be examined by a health practitioner?
Answer: Florida Statute 394.459 Rights of patients, Section (2) RIGHT TO TREATMENT, Subsection (c) states:

"(c) Each person who remains at a receiving or treatment facility for more than 12 hours shall be given a physical examination by a health practitioner authorized by law to give such examinations, within 24 hours after arrival at such facility."

It is important to understand that according to the Florida Administrative Code 65E-5.160 Right to Treatment that this examination must include a determination that abnormalities of thought, mood or behavior due to non-psychiatric causes have been ruled out.

"(3) The physical examination required to be provided to each person who remains at a receiving or treatment facility for more than 12 hours must include:

(a) A determination of whether the person is medically stable; and

(b) A determination that abnormalities of thought, mood, or behavior due to non-psychiatric causes have been ruled out."

It is medically known that there is a very real possibility that what seems to be a psychiatric problem can be caused by some physical illness with more than 100 medical disorders having been documented to mimic mental illness symptoms.

There are many different physical disorders that may lead a doctor to misdiagnose someone as having depression or bi-polar disorder such as influenza, infectious mononucleosis, viral pneumonia, cancer, sleep apnea and thyroid disease to name just a few.

Ideally this examination would be by a non-psychiatric and independent medical doctor and documented as having been administered to rule out non-psychiatric causes of thought, mood or behavior including the following tests to rule out physical ailments that can present as mental illness:

- sTSH (thyroid test)
- CBC (complete blood count)
- SGOT (liver function test)
- Serum albumin
- Serum calcium
- Vitamin B12
- Urinalysis
- 12 panel drug test

End