



CITIZENS COMMISSION ON HUMAN RIGHTS

March 10, 2026

Senate Finance Committee SB 41 PUBLIC SCHOOLS: MENTAL HEALTH EDUCATION

Dear Committee Members:

SB 41 should receive a no vote. As drafted it is vague and overly broad and will end up being government paid education creating a conduit of mental health patients hooked on psychiatric drugs.

Review of bill by section.

Section 1: Intent is too vague with a generic outcome. The goal should be to identify and address and remedy medical, nutritional, environmental, school, family and social issues that impede student progress and success.

Section 2: This is mostly existing law. Parental involvement before invasive questioning or controversial mental health education is a must. Adults and the professionals in schools are already too steeped in mental health terminology and are not able to focus adequately on school performance and extra help that kids need to learn basics. Learning to read and understand the world around one is not optional for anyone attending school.

Section 3: Inserting a few words here and there about teaching mental health does not mean this leads to any improved outcome. All the legislature is requiring is more material to be taught in the existing framework.

Section 4: What does appropriate instruction in mental health mean? That is what the board and this bill aims to establish. Based on written and oral testimony by supporters of this bill there is ample evidence of the support for biological psychiatry, with its easy labelling and drugging that has been failing us for decades now. Why reinforce this trend towards failure?

“Whatever we’ve been doing for five decades, it ain’t working. And when I look at the numbers—the number of suicides, number of disabilities, mortality data—it’s abysmal, and it’s not getting any better.” - Thomas Insel, *former Director of National Institute of Mental Health*

Section 5: Report to the legislature. This is a great idea. It will be interesting to see what the time, effort and money has created for the youth and schools. Anchorage school district, the largest school population in the state, has already adopted their mental health education. It will take another 2 years to see what the results are of this legislation.

What will this mental health education fail to address? There is no indication it will address informed consent. There is no indication it will address alternatives to psychiatric labels and

drugs. What will be the true involvement of parents, spiritual leaders, community elders in creating an improved mental health for our youth?

We want to provide you with an outline of the alternative to psychiatric approach of labelling and drugging. (See attachment #1) Some of the points we would make are:

Do No Harm - and ensure they are not subjected to psychiatric treatments that use force and harm to control behavior

Find the Underlying Physical Problem - *A person who is mentally disturbed may be in a state of deficiency or have physical problems that prevent their recovery*

Help the children - The reality is that it's cruel, demoralizing, and unfair to tell a child that something is wrong with his brain that can only be fixed with a drug

Educational Solutions - The U.S. President's Commission on Excellence in Special Education found 40% of American children [2.8 million] in Special Education programs, labeled with "learning disorders," had simply never been taught to read.

Disciplinary Problems - Dr. Sydney Walker noted, "...If your child is undisciplined to begin with and is told that lying, insensitivity, yelling, overspending, hitting people, and not being able to tell right from wrong are symptoms of ADHD and ADD ... rather than controllable behaviors, do you think his or her behavior will get better or worse?"

Summary

The bill should clearly state the goal of a broad-based holistic educational approach to help our youth be understanding of environmental, familial and societal factors they have available and can use to help them navigate adolescence and schooling into adulthood.

Mental health education should not be a basics course in psychiatric terminology of disorders turning schools into psychiatric profit centers and creating treatment amenable citizens without objective diagnosis. See attachment 1 for more information on meaningful actions that can be taken.

We would welcome the opportunity to discuss the language needed and to provide more material on these points.

Sincerely,



Steven Pearce
Director

Attachments:

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Attachment #1 Alternative Mental Health:

Mental Health Care: What is the Alternative to Psychotropic Drugs?

**** EXCERPTS ****

DO NO HARM

The first action to take with someone mentally disturbed is to “do no harm.” That means, ensuring that they are not subjected to psychiatric treatments that use force and harm in an attempt to control behavior. More than anything, the person needs rest and security, which they will not find in current psychiatric institutions.

There is a world of difference between identifying symptoms and the science of finding and treating causes. Psychiatrists specialize in cataloguing and treating symptoms only. They do not treat the cause of a person’s problems.

Britain’s Charles Medawar in his compelling book, *The Antidepressant Web— Marketing Depression and Making Medicines Work*, reported that about 80% of patients diagnosed with “depression” recover without treatment, citing studies including one that said certain disorders, “have a very high rate of spontaneous remission” given sufficient time.¹³

Find the Underlying Physical Problem

A person who is mentally disturbed may be in a state of deficiency or have physical problems that prevent their recovery. Broken bones, pinched nerves, pain—all can affect the body and, thereby, affect the person’s mental outlook. The person is medically ill or injured, not “insane.” He may not even be aware that he is experiencing the pain or unwanted sensation and thinks that this is a “normal” way of life. He may not be able to eat and sleep properly and his condition could worsen by exhaustion.

However, once the medical problem is addressed, he can experience resurgence and whatever else may be troubling him can then be more easily addressed. This is not to say that mental troubles are physical. They are not.

Psychiatrists argue that mental disorders are biologically based to justify using treatments that cause more physical stress and further overwhelm the mind. Therefore, the correct action on a seriously mentally disturbed person is a full searching clinical examination by a competent medical doctor.

The California Department of Mental Health Medical Evaluation Field Manual states: “Mental health professionals working within a mental health system have a professional and a legal obligation to recognize the presence of physical disease in their patients...physical diseases may cause a patient’s mental disorder [or] may worsen a mental disorder....”¹⁵

Psychiatrists claim that depression is an “illness, just like heart disease or asthma” but physicians who conduct thorough physical exams say this simply isn’t true. Harvard’s Dr. Joseph Glenmullen warned, “...[T]he symptoms [of depression] are subjective emotional states, making the diagnosis extremely vague.”¹⁸

The superficial checklist rating scales used to screen people for depression, he said, are “designed to fit hand-in-glove with the effects of drugs, emphasizing the physical symptoms of depression that most respond to antidepressant medication....While assigning a number to a patient’s depression may look scientific, when one examines the questions asked and the scales used, they are utterly subjective measures based on what the patient reports or a rater’s impressions.”¹⁹

HELPING CHILDREN

More than 20 million children worldwide are labeled with a psychiatric “disorder” that no diagnostic test can confirm. Prescribing psychotropic drugs for a disease that doesn’t exist, neurologist Sydney Walker III wrote in *The Hyperactivity Hoax*, is a tragedy because “masking children’s symptoms merely allows their underlying disorders to continue and, in many cases, to become worse.”³³

According to Dr. William Carey, a highly respected pediatrician at the Children’s Hospital of Philadelphia, “The current ADHD formulation, which makes the diagnosis when a certain number of troublesome behaviors are present and other criteria met, overlooks the fact that these behaviors are probably usually normal.”³⁴

Joe Turtel, author of *Public Schools, Public Menace*, tells parents: “[W]hat child does not have ADHD? Having to sit in boring classes for six to eight hours a day, what teenager would not want to squirm, fidget, run around, not pay attention, or escape any way that they can? These are the kinds of things that normal, energetic children want to do when they are bored or frustrated, as any mother will tell you.

“To call these behavior patterns a disease, however ‘carefully examined’ by a child psychologist or psychiatrist, is absurd...and immoral. To then use these normal behavior patterns as an excuse to feed mind-altering drugs to children, borders on the criminal or worse.”³⁵

Howard Glasser M.A., in his book *101 Reasons to Avoid Ritalin Like the Plague*, warns, “[T]he truth is when we tell ourselves or our children that ADHD symptoms are caused by a biochemical imbalance, we are lying, just as doctors and promotional materials have done to us... **The reality is that it’s cruel, demoralizing, and unfair to tell a child that something is wrong with his brain that can only be fixed with a drug.** From that point on, he will see himself as sick or different, and that will alter his entire self-image—the way in which he values himself and the way in which he relates to the world.”³⁶

Parents are often led to believe they don’t have a choice but to administer their child a drug to treat disruptive or hyperactive behavior. Responding to this, Australian psychiatrist Lois Achimovich said that “Any child behavior that looks abnormal, parents think is ADHD and they know there’s medication for it. Pills have become a cheap alternative to this problem.”³⁷

Dr. Mary Ann Block, who has helped thousands of children safely come off psychotropic drugs says, “Many doctors don’t do physical exams before prescribing psychiatric drugs...[children] see a doctor, but the doctor does not do a physical exam or look for any health or learning problems before giving the child an ADHD diagnosis and a prescription drug. This is not how I was taught to practice medicine. In my medical education, I was taught to do a complete history and physical exam. I was taught to consider a ‘differential diagnosis.’ To do this, one must consider all possible underlying causes of the symptoms.”³⁸

Labeling a child “mentally ill” without any medical evidence to substantiate it is child abuse; prescribing psychotropic drugs for these conditions is poisoning. Children very often just need sufficient sleep, good nutrition and a high level of activity.

Studies show that tutoring leads to improvements in academic outcomes.³⁹ If a child is not learning or is behind in school, or simply doesn’t enjoy his or her classes or can’t seem to concentrate, find a competent tutor who gets results. And let the teacher know that the child needs to fully understand first phonics, then words, using a simple dictionary.

One mother was forced through her son’s school to put him on stimulants. Tim began to lose his appetite, have headaches, tire easily and it seemed impossible for him to sleep at night. On the advice of a friend, the mother took her son to a doctor who used complimentary (alternative) medicine. He weaned Tim off the drugs and gave him nutrients and vitamins. He found him allergic to certain foods. With this corrected, Tim began to eat again and could fall asleep naturally.

It was then discovered that since starting school, Tim had been taught using a psychology-based method and, as such, didn't understand what he had been reading in class. His mother purchased a "phonics game" for him. She taught him grammar. Within a few months, his reading level increased from second to sixth grade level.

Another young mother had to fight to get her pre-school son a referral to an ear, nose and throat specialist when she suspected he had a hearing problem. The school nurse referred him instead to a psychologist, who labeled him as having ADHD and needing Ritalin. The mother fought for four months to get the referral she wanted; eventually the specialist discovered the boy had a chronic case of fluid buildup and 35-decibel hearing loss as a result. Within a month the boy was in the hospital: a 15-minute surgery prevented what could have been a childhood spent on psychiatric drugs.

- Children diagnosed with ADHD etc. may be experiencing "early-onset diabetes, heart disease, worms, viral or bacterial infections, malnutrition, head injuries, genetic disorders, allergies, mercury or manganese exposure, petit mal seizures, and hundreds—yes hundreds—of other minor, major, or even life-threatening medical problems. Yet all these children are labeled hyperactive or ADD," wrote Dr. Walker III.

- The internationally renowned Feingold Approach is a doctor-designed, extensively researched elimination diet that carefully cuts out synthetic additives, preservatives, artificial sweeteners and dyes/colorings from a child's diet. In the June 2004 Archives of Diseases of Childhood, researchers tested the Feingold diet on 3-year-old children with "hyperactive" symptoms. These children significantly improved when the additives and preservatives were withdrawn, and worsened when they were restored to the previous diet. It took only 20 mg of artificial coloring to worsen the symptoms.⁴⁰

- W.V. Tamborlane, Professor of pediatrics at the Yale University School of Medicine, reported that when 14 healthy children were given a dose of sugar equivalent to two frosted cupcakes for breakfast, adrenalin levels rose to ten times their baseline levels, suggesting "children may be prone to such symptoms as anxiety, irritability and difficulty concentrating following a sugary meal."⁴¹

- A high protein, low carbohydrate and sugar free diet has helped reduce excessive activity in children. In a study conducted on 20 "learning disabled" children who were placed on such a diet, 90% showed widespread improvements in hyperactive symptoms.⁴²

Healthy Exercise

In September 2005, the British National Health Service Institute for Health and Clinical Excellence released a Clinical Guideline for treatment of "Depression in Children and Young People." It advised that because "all antidepressant drugs have significant risks when given to children and young people," they should be "offered advice on the benefits of regular exercise," "sleep hygiene," "nutrition and the benefits of a balanced diet."³⁰

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"BIPOLAR"

As reported in the Medicine Journal: "The etiology [cause] and pathophysiology [functional changes] of bipolar disorder (BPD) have not been determined, and no objective biological markers exist that correspond definitively with the disease state."⁴³

On the contrary, psychiatric drugs cause the symptoms that psychiatrists claim represent BPD. In 2006, the FDA warned that stimulants such as Ritalin, Adderall and Celexa actually cause "bipolar" symptoms.⁴⁴

After years of adverse publicity about the failure to prove that ADHD is a neurobiological disorder, psychiatrists claimed the children were wrongly diagnosed and they really suffered from bipolar. Dr. Ty Colbert, Ph.D. warned: "Children labeled ADHD, who are put on Ritalin, begin demonstrating [so-called] obsessive-compulsive and depressive symptoms (side effects of Ritalin). Then they are put on [antidepressants] and the parents are told that the real problem was the obsessive-compulsive behavior from the depression. Then due to the side effects of the [antidepressants], the child may be labeled bipolar...."⁴⁵

Orthomolecular (mega doses of vitamins and minerals) research has shown that B complex deficiencies commonly occur in 80% of individuals diagnosed with "bipolar disorder." According to Joan Matthews Larson, Ph.D., founder of the Minnesota esteemed Health Recovery Center, anemia is also a major factor in the cause of "bipolar" symptoms.⁴⁶

Dr. Carl Pfeiffer discovered through scientific studies that blood histamine levels were elevated in lab tests of individuals diagnosed with the symptoms of so-called obsessive-compulsive disorders. As these patients improved, their histamine levels dropped, and their symptoms disappeared.⁴⁷

Several recent studies point out that these symptoms were typically triggered by throat infections at a very early age. One study in particular showed that among 50 children, 31% had suffered documented throat infection, 42% showed symptoms of pharyngitis (throat infection) or upper respiratory infection.⁴⁸

The studies suggested that in some susceptible individuals, the symptoms psychiatrists label as "obsessive-compulsive disorder" may be induced by an autoimmune response to streptococcal infections.⁴⁹

"Charlie" was a 10-year-old who suffered violent mood swings, yelled obscenities, kicked his sister, and could not control his temper. His mother was told, "You have two choices: give him Ritalin, or let him suffer." Charlie was put on Ritalin, but a second medical opinion—based on physical examination and thorough testing—discovered he had high blood sugar and low insulin. "Either condition, if uncontrolled, can lead to mood swings, erratic behavior, and violent outbursts—the very symptoms 'hyperactive' Charlie had exhibited," Dr. Sydney Walker III, a respected neurologist, psychiatrist and author of *A Dose of Sanity* and *The Hyperactivity Hoax* stated. After proper medical treatment, his "behaviors cleared, his aggression and tantrums stopped...."

EDUCATIONAL SOLUTIONS

As stated above educational problems may be the result of a lack of or no phonics (understanding the sounds of letters and their combinations) in school.⁵⁰ Tutoring may be needed.

The U.S. President's Commission on Excellence in Special Education found 40% of American children [2.8 million] in Special Education programs, labeled with "learning disorders," had simply never been taught to read.

Creative and/or intelligent children become bored and will not focus, fidget, wiggle, scratch, stretch and start looking for ways to get into trouble.⁵¹

Thousands of children put on psychiatric drugs are simply "smart" wrote Dr. Walker, "They're hyper not because their brains don't work right, but because they spend most of the day waiting for slower students to catch up with them. These students are bored to tears, and people that are bored fidget, wiggle, scratch, stretch, and (especially if they are boys) start looking for ways to get into trouble."

There may also be a lack of interest. Ask any child: "How much attention can you give to what you like doing?"

Justin was sent to a boys' home by a children's court. A psychologist had told him he had ADHD because he was disruptive in class. But when the manager of the home asked him, "What's the longest time you've ever talked with a girl on the phone?" Justin answered, "Three to five hours!" And "How

long can you play basketball for?" "About four hours," Justin answered. He could also read books that he liked and play video games all day, if he could get away with it.

The point is that he could focus his attention on anything in which he was interested. Ensure your child is involved in sufficient activities that are of interest to him or her.

DISCIPLINARY PROBLEMS

Dr. Walker noted, "...If your child is undisciplined to begin with and is told that lying, insensitivity, yelling, overspending, hitting people, and not being able to tell right from wrong are symptoms of ADHD and ADD [as a modern book on ADD suggests] rather than controllable behaviors, do you think his or her behavior will get better or worse?"

"The medicalization of normal boyish behavior stems, in part, from changes in schools' disciplinary procedures," Dr. Walker wrote. Nowadays, "even verbal discipline is frowned upon if it lowers a child's 'self-esteem.' Some schools have been sued for attempting to discipline students who misbehave. The new philosophy, therefore, seems to be, 'If you can't beat'em, treat'em.' Teachers often see a disability label as the only effective means of getting help in dealing with students who are out of control but can't be disciplined in any effective manner," he added.

Dr. Fred A. Baughman, Jr., a pediatric neurologist and author of *The ADHD Fraud*, says that parents, teachers and children have been horribly betrayed when a child's behavior is labeled as a disease. Children, he says, "believe they have something wrong with their brains that make it impossible for them to control themselves without using a pill." This is reinforced by "having the most important adults in their lives, their parents and teachers, believe this as well."

Dr. Walker also pointed out: "One of the greatest sins of doctors who label normal children hyperactive is that they are telling children, in effect, 'You're not responsible for your behavior.' In addition, they are telling parents that simple discipline won't work, because their children have brain disorders that prevent them from behaving. Excusing out-of-control behaviors in a normal, healthy child simply causes more such behaviors—and the range of behaviors that are being attributed to hyperactivity and attention deficits, and which can thus be excused by children as out of their control—borders on the ludicrous."

Dr. Julian Whitaker, author of the respected "Health & Healing" newsletter, says: "When psychiatrists label a child or [adult], they're labeling people because of symptoms. They do not have any pathological diagnosis; they do not have any laboratory diagnosis; they cannot show any differentiation that would back up the diagnosis of these psychiatric 'diseases.' Whereas if you have a heart attack, you can find the lesion; if you have diabetes, your blood sugar is very high; if you have arthritis it will show on the X-ray. In psychiatry, it's just crystal-balling, fortune-telling; it's totally unscientific."

Sound medical attention, good nutrition, a healthy, safe environment and activity that promotes confidence do far more than the brutality of repeated drugging and other psychiatric abuses. However, do not expect the psychiatrist to consider these alternatives before prescribing mind-altering drugs.

SUMMARY – WHAT TO DO

There are far too many workable alternatives to psychiatric drugging to list them all here. Psychiatry on the other hand, would prefer to say there are none and fight to keep it that way. That leaves a medical practitioner with a choice between fact and fiction, between cure and coercion, and between medicine and manipulation.

Melvyn R. Werbach, M.D., Assistant Clinical Professor at the University of California at Los Angeles School of Medicine recommends that physicians should check "dietary history and current eating patterns," "examine the patient for signs of nutritional deficiencies as part of the medical examination" and "if indicated, perform selective evaluative laboratory testing." All underlying, untreated physical conditions should be ruled out.

Disturbed individuals deserve and need our protection from abuse. As a brief guide, always:

1. Help a person with quiet, food, rest, and, only if necessary to achieve rest, a mild drug so that he or she can rest properly and sufficiently.

2. Never turn someone who is mentally disturbed over to people who use force, seclusion, or physically damaging practices and “treatments.”
3. Ensure that a full and searching medical examination is conducted to determine any undiagnosed and untreated medical conditions.
4. Always find the cause of the person’s problem. Never be satisfied with a mere explanation of the symptoms.

In a wish list for mental health reform, science writer **Robert Whitaker**, author of the acclaimed book, **Mad in America** stated, “At the top of this wish list, though, would be a simple plea for honesty. Stop telling those diagnosed with schizophrenia that they suffer from too much dopamine or serotonin activity and that the drugs put these brain chemicals back into ‘balance.’ That whole story is a form of medical fraud, and it is impossible to imagine any other group of patients—ill say, with cancer or cardiovascular disease—being deceived in this way.”

The current system of forced drugging, outpatient therapy, hospitals, halfway houses, and prisons that now dominates mental health care, he says, is nothing more than “indefinite psychiatric probation.”⁵⁴

While this report addresses alternatives to psychiatry’s unworkable and dangerous methods, ultimately, there is truly only **one way to reform the field of mental health and that is to remove psychiatry’s monopoly of it that has led only to upwardly spiraling mental illness statistics and no cures.**

Mental healing treatments should be gauged on how they improve and strengthen individuals, their responsibility and their spiritual well-being— without relying upon powerful and addictive drugs. Treatment that heals should be delivered in a calm atmosphere characterized by tolerance, safety, security and respect for people’s rights.

CCHR

Mission Statement: The Citizens Commission on Human Rights (CCHR) is a non-profit, non-political, non-religious mental health industry watchdog whose mission is to eradicate abuses committed under the guise of mental health. We work to ensure patient and consumer protections are enacted and upheld as there is rampant abuse in the field of mental health. In this role, CCHR has helped to enact more than 190 laws protecting individuals from abusive or coercive mental health practices since it was formed over 50 years ago.

Commissioners: CCHR’s Board of Advisers, called Commissioners, include doctors, scientists, psychologists, lawyers, legislators, educators, business professionals, artists and civil and human rights representatives. There are more than 250 CCHR chapters in 34 countries, with the international headquarters based in Los Angeles, California.

Footnotes:

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