March 12, 2025

Rep. Maxine Dibert
Alaska State Capitol, Rm 126
Juneau, AK 99801

Sent electronically to Rep.Maxine.Dibert@akleg.gov

Dear Rep. Dibert,

We appreciate your sponsorship of House Bill 52 which aims to increase transparency and parental oversight of Alaska children who are placed in psychiatric hospitals.

The United States Department of Justice stated in their Investigation of the State of Alaska's Behavioral Health System for Children in December 2022, *"In Alaska, children with behavioral health disabilities are institutionalized at high rates and for long periods because the State does not ensure that community-based services are available and accessible. Hundreds of children, including Alaska Native children in significant numbers, receive treatment in institutional settings within Alaska each year, often far from their homes and communities. Hundreds more are sent to segregated facilities in states as distant as Texas and Missouri."*

The report issued by the United States Department of Justice was alarming for all of us and highlights actions are needed now to increase safety and transparency. HB52 brings three important reforms to reduce the risk of abuse, strengthen family connections, and improve transparency of Alaska's psychiatric hospitals. The reforms will enhance communications with parents or legal guardians, require unannounced inspections annually, and ensure that facilities are transparent about the use of seclusion and restraints.

It is vitally important that these reforms are passed to protect our children who need care in psychiatric hospitals and inform the families and public about their rights as well. HB52 provides reforms that are moving in the right direction. We also cannot ignore the fact that community-based services are not adequate in Alaska. We hope that the state legislature and administration will continue to look for more ways to increase community-based services throughout the state. Our children deserve better, and everything should be done to ensure they can stay close to home and their families.

Gunalcheesh/Quyana/Mahsi/Thank you,

Benjamin Mallott
President

March 18, 2025

Representative Genevieve Mina, Chair
House Health & Social Services
House.Health.And.Social.Services@akleg.gov

Ben Jones, J.D., Director of Legal and Policy Initiatives, Lives in the Balance

Re: Support of HB 52, Protecting Alaska's Children

Dear Rep. Mina, Chair, and House Health & Social Services Committee members:

My name is Ben Jones and I am the Director of Legal and Policy Initiatives at Lives in the Balance, a national non-profit organization that advocates for our most vulnerable kids, and helps caregivers intervene in evidence-based ways that are collaborative, proactive, non-punitive, non-exclusionary, and effective.

We write in support of HB 52 to shine a light onto psychiatric hospitals, holding them accountable to both the state and to families. We have worked with staff in schools and treatment facilities across the country and see firsthand the importance of reporting dangerous practices, so that we can measure the effectiveness of safe alternatives. The use of these practices, including restraint and seclusion, is a red flag that something is not working.

HB 52 adds protections for child-patients and provides additional oversight of locked facilities. One, it ensures an opportunity for confidential video communication between children and parent/guardian. Two, it requires unannounced inspections of facilities by licensing authorities, with inspectors interviewing at least 50% of child-patients. Three, facilities would be required to report uses of restraint and seclusion to the state and to parent/guardian within one day of use.

Families and the state deserve to know what is happening to children when they are confined to a psychiatric hospital. This issue has heightened importance for its civil rights implications and disproportionate impacts - around 17% of the state are Alaska Native, but a third of the children who received state funding for residential psychiatric treatment were Alaska Native.

We urge you to vote in favor of HB 52. Thank you for the opportunity to testify.

Ben Jones, J.D.

Dot Lake Village
President

PO Box 70488
Fairbanks, AK 99707
(907) 347-1251
tracy.charles-smith@dotlakevillage.org
www.dotlakevillage.org

March 18, 2025

Representative Maxine Dibert
State Capitol, Room 128
Juneau, AK
99801

Representative Dibert,
As the President of the Native Village of Dot Lake, AK. I offer you this letter of support for House Bill 52. This bill will go a long way in protecting our children in the state of Alaska.
As a tribal leader, it is my duty to serve my tribal members who have duly elected me, you as an elected leader are doing the same thing to protect our youth.
You have my full support on this bill to introduce reforms in the care of our children who need behavioral health treatment.
Thank you for your efforts to protect all children in Alaska and help protect them from harm.
Please continue your efforts to provide better behavioral health treatment to our children.

Sincerely,

Tracy Charles-Smith
President
Dot Lake Village

CITIZENS COMMISSION ON HUMAN RIGHTS

March 18, 2025

HOUSE HEALTH AND SOCIAL SERVICES COMMITTEE

HB 52 – MINORS & PSYCHIATRIC HOSPITALS

Dear Representative:

HB 52 Aims to help these vulnerable minors and we support the main points of this legislation as stated by the sponsor:

- House Bill 52 brings three reforms to reduce the risk of abuse, strengthen family connections, and improve the transparency of Alaska's psychiatric hospitals.
- First, the bill ensures that children can maintain communication with their parents or legal guardians while institutionalized.
- Second, the bill requires unannounced, thorough inspections by state public health officials twice annually.
- Third, the bill ensures that facilities are transparent about the use of seclusion and restraint.
- The bill also requires Alaska Department of Health to write and release a report to the Legislature with data from these psychiatric hospitals where minors are held.

A major point that also must be addressed is the treatment itself that youth are being subjected to.

The Disability Law Center made recommendations in their letter, as follows:

> "Review the current approach to emergent medications, with consideration of using atypical neuroleptics such as diphenhydramine or lorazepam."

This does not go nearly far enough. We would clarify this recommendation to state the following:

> Review the current approach of using powerful mind-altering psychiatric drugs by moving to a new focus of treatment in providing non-coercive drug-free approach that moves youth towards recovery of health. It must be pointed out that psychiatric drugs are not cures and no objective medical test shows anything to be wrong with the brains of these youth.

This viewpoint may be new to many of you so we present you the following:

> ". . . Coercive practices are so widely used that they seem to be unavoidable, but I suggest turning our thinking and action the other way around. Let us assume that each case of using nonconsensual measures is a sign of systemic failure, and that our common goal is to liberate global mental healthcare from coercive practices. We should search, with concerted efforts, for creative ways to replace substitute decision-making with support according to an individual's will and preferences. And this applies to all individuals with psychosis. If we do not move in this direction, arguments for coercion will continue to be used, and misused. - UN Special Rapporteur Dainius Pūras, M.D., *The Psychiatric Times*

To further amplify this, we must look at how we as a society have been indoctrinated into the false theory that mental illness is a chemical imbalance of the brain. (Also see Attachment #3)

> "… all mental health problems – as they're now referred to – are overwhelmingly seen as medical conditions arising from a chemical imbalance, or something similar, which needs correcting with drugs just like other diseases."
>
> "My view on depression is that it's a complex emotional state usually arising from life difficulties, rather than a biologically determined condition…" Emphasizes the importance people are "properly informed about what they take."
>
> **"**The fact is the theory that depression is caused by low serotonin is not supported by reliable evidence. Put simply, the emperor has no clothes – and this matters, because our widespread use of antidepressants for mental health problems is grounded in this myth.**"** – Joanna Moncrieff, Professor of Psychiatry, University College London

Minors who are admitted should be given a thorough medical screening to address undiagnosed/misdiagnosed medical issues that can cause and contribute to emotional distress. See Attachment #1.

Human Rights and humane care go hand in hand so we have provided our Mental Health Declaration of Human Rights at Attachment #2.

Please support a version of HB 52 that addresses parent/patient/facility communication, coordination and transparency. This legislation should also state the will of the citizens of the state for treatment to be humane, free from force and coercion and mind-altering toxic drugs

Sincerely,

Steven Pearce
Director

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

Attachment #1:

We must focus on what we can do for any individual presenting with psychiatric symptoms, which means any individual presenting with psychiatric type symptoms must receive a full and proper medical examination to identify non-psychiatric causes of their emotional distress.

> **Rights of anyone admitted to a psychiatric crisis/evaluation/treatment facility:**
>
> *(1) Each person who taken to a crisis center/evaluation facility or treatment facility shall be given a physical examination by a health practitioner authorized by law to give such examinations, within 12 hours after arrival at such facility.*
>
> *(2) 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.*

Attachment #2:

Mental Health Declaration of Human Rights

by Citizens Commission on Human Rights

All human rights organizations set forth codes by which they align their purposes and activities. The Mental Health Declaration of Human Rights articulates the guiding principles of CCHR and the standards against which human rights violations by psychiatry are relentlessly investigated and exposed.

A. The right to full informed consent, including:

1. The scientific/medical test confirming any alleged diagnoses of psychiatric disorder and the right to refute any psychiatric diagnoses of mental “illness” that cannot be medically confirmed.

2. Full disclosure of all documented risks of any proposed drug or “treatment.”

3. The right to be informed of all available medical treatments which do not include the administration of a psychiatric drug or treatment.

4. The right to refuse any treatment the patient considers harmful.

B. No person shall be given psychiatric or psychological treatment against his or her will.

C. No person, man, woman or child, may be denied his or her personal liberty by reason of mental illness, so-called, without a fair jury trial by laymen and with proper legal representation.

D. No person shall be admitted to or held in a psychiatric institution, hospital or facility because of their political, religious or cultural beliefs and practices.

E. Any patient has:

1. The right to be treated with dignity as a human being.

2. The right to hospital amenities without distinction as to race, color, sex, language, religion, political opinion, social origin or status by right of birth or property.

3. The right to have a thorough, physical and clinical examination by a competent registered general practitioner of one's choice, to ensure that one's mental condition is not caused by any undetected and untreated physical illness, injury or defect and the right to seek a second medical opinion of one's choice.

4. The right to fully equipped medical facilities and appropriately trained medical staff in hospitals, so that competent physical, clinical examinations can be performed.

5. The right to choose the kind or type of therapy to be employed, and the right to discuss this with a general practitioner, healer or minister of one's choice.

6. The right to have all the side effects of any offered treatment made clear and understandable to the patient, in written form and in the patient's native language.

7. The right to accept or refuse treatment but in particular, the right to refuse sterilization, electroshock treatment, insulin shock, lobotomy (or any other psychosurgical brain operation), aversion therapy, narcotherapy, deep sleep therapy and any drugs producing unwanted side effects.

8. The right to make official complaints, without reprisal, to an independent board which is composed of nonpsychiatric personnel, lawyers and lay people. Complaints may encompass any torturous, cruel, inhuman or degrading treatment or punishment received while under psychiatric care.

9. The right to have private counsel with a legal advisor and to take legal action.

10. The right to discharge oneself at any time and to be discharged without restriction, having committed no offense.

11. The right to manage one's own property and affairs with a legal advisor, if necessary, or if deemed incompetent by a court of law, to have a State appointed executor to manage such until one is adjudicated competent. Such executor is accountable to the patient's next of kin, or legal advisor or guardian.

12. The right to see and possess one's hospital records and to take legal action with regard to any false information contained therein which may be damaging to one's reputation.

13. The right to take criminal action, with the full assistance of law enforcement agents, against any psychiatrist, psychologist or hospital staff for any abuse, false imprisonment, assault from treatment, sexual abuse or rape, or any violation of mental health or other law. And the right to a mental health law that does not indemnify or modify the penalties for criminal, abusive or negligent treatment of patients committed by any psychiatrist, psychologist or hospital staff.

14. The right to sue psychiatrists, their associations and colleges, the institution, or staff for unlawful detention, false reports or damaging treatment.

15. The right to work or to refuse to work, and the right to receive just compensation on a pay scale comparable to union or state/national wages for similar work, for any work performed while hospitalized.

16. The right to education or training so as to enable one to earn a living when discharged, and the right of choice over what kind of education or training is received.

17. The right to receive visitors and a minister of one's own faith.

18. The right to make and receive telephone calls and the right to privacy with regard to all personal correspondence to and from anyone.

19. The right to freely associate or not with any group or person in a psychiatric institution, hospital or facility.

20. The right to a safe environment without having in the environment, persons placed there for criminal reasons.

21. The right to be with others of one's own age group.

22. The right to wear personal clothing, to have personal effects and to have a secure place in which to keep them.

23. The right to daily physical exercise in the open.

24. The right to a proper diet and nutrition and to three meals a day.

25. The right to hygienic conditions and non-overcrowded facilities, and to sufficient, undisturbed leisure and rest.

Attachment #3:

Psychology Today

Depression Is Not Caused by Chemical Imbalance in the Brain

We don't know how antidepressants work.

Posted July 24, 2022 | Reviewed by Jessica Schrader

KEY POINTS

- There is no convincing evidence that depression is caused by serotonin abnormalities.
- Many people take antidepressants believing their depression has a biochemical cause. Research does not support this belief.
- The notion that antidepressants work by elevating serotonin levels is not supported by the evidence.

Major depression is one of the most common psychological disorders, affecting more than 23 million adults and adolescents each year in the U.S. It carries economic costs in the hundreds of billions and is a major risk factor for suicide.

The causes of depression have been long debated, yet a common explanation holds that the culprit is

Attachment #3 Continued:

"chemical imbalance" in the brain. This notion emerged, not coincidentally, in the late '80s with the introduction of Prozac—a drug that appeared to be helpful in treating depression by increasing levels of the brain neurotransmitter serotonin.

Pushed heavily by the pharmaceutical industry, as well as reputable professional organizations such as the American Psychiatric Association, this storyline has since become the dominant narrative with regard to depression, accepted by the majority of people in the U.S., and leading more and more people to think of their psychological difficulties in terms of chemical brain processes. Depression treatment, in turn, has leaned ever more heavily on antidepressant medications, widely touted as the first, and best, intervention approach.

The idea that depression is caused by chemical imbalance in the brain—specifically lower serotonin levels—and can therefore be treated effectively with drugs that restore that balance appeared for a while to be an all-around winner. It provided clear answers for both physicians

and their suffering patients—an elegant explanation of the symptoms and a readily available remedy in pill form; pharma companies made money.

Before long, however, two nontrivial problems have emerged regarding this promising storyline. First, antidepressant drugs turned out to be far less effective in treating depression than once hoped and advertised. About half of patients get no relief from these medications, and many of those who do benefit find the relief to be incomplete and accompanied by distressing side effects.

Moreover, research has shown that drug effects are often no better than those achieved via placebo, and may not lead to a better quality of life in the long term. A 2010 review of the literature summarized: "Meta-analyses of FDA trials suggest that antidepressants are only marginally efficacious compared to placebos and document profound publication bias that inflates their apparent efficacy… Conclusions: The reviewed findings argue for a reappraisal of the current recommended standard of care of depression." Antidepressant medication is no miracle cure.

Second, the "chemical imbalance" hypothesis—the notion that low serotonin causes depression and that antidepressants work by elevating those levels—has failed to find empirical support. Over the past several decades, research into the serotonin-depression link has branched out into multiple lines of inquiry. Studies have looked to compare levels of serotonin and serotonin products—as well as variations in genes involved in serotonin transport—for depressed vs. non-depressed people. Other studies sought to artificially lower serotonin levels (by depriving their diets of the amino acid required to make serotonin), looking to establish a link between low serotonin and depression.

A recent (2022) exhaustive "umbrella review" (a review of meta-analyses and other reviews) of this diverse literature by Joanna Moncrieff of University College London and colleagues examined the accumulated evidence in all the above lines of inquiry. The conclusions are clear: **"The main areas of serotonin research provide no consistent evidence of there being an association between serotonin and depression, and no support for the hypothesis that depression is caused by lowered serotonin activity or concentrations."**

Lead author Joanna Moncrieff said, "**I think we can safely say that after a vast amount of research conducted over several decades, there is no convincing evidence that depression is caused by serotonin abnormalities, particularly by lower levels or reduced activity of serotonin... Many people take antidepressants because they have been led to believe their depression has a biochemical cause, but this new research suggests this belief is not grounded in evidence**."

The review did find a strong link between adverse and traumatic life events and the onset of depression, which points to the possibility that environmental stress factors in the emergence of the disorder more heavily than do internal brain processes. Moncrieff notes: "**One interesting aspect in the studies we examined was how strong an effect adverse life events played in depression,**

Attachment #3 Continued

suggesting low mood is a response to people's lives and cannot be boiled down to a simple chemical equation."

The upshot of all this for laypersons is twofold. First, you should realize that while antidepressants may work for you, they do not work for everybody, and we do not know how they work. Anyone who tells you differently is lying—to you or to themselves (or both).

Second, if you hear a medical professional using the term "chemical imbalance" to explain depression, you are hearing a fictional narrative (or a sales pitch), not scientific fact. Look for better-quality care.

https://www.psychologytoday.com/us/blog/insight-therapy/202207/depression-is-not-caused-chemical-imbalance-in-the-brain

End