From: Steven Pearce <cchrseattle@outlook.com>
Sent: Tuesday, April 12, 2022 11:23 PM
To: House Finance
Subject: HB 172 MH facilities & meds House Finance 4/13 CCHR Testimony
Attachments: Testimony HB 172 CCHR Seattle 4-13-22.pdf

House Finance Committee

Re: HB 172 mental health facilities & meds

Dear Chair and Committee Members:

HB 172 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 individual's 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 and were unable to attend to their tasks? Having a uniform 72 hours for everyone could facilitate recovery for those most in need.

This is a stealth bill regarding minors. The bill briefly mentions minors in a couple of sections (page 4 line 18 and page 8 line 11) while staying away from the due process issues for minors and notification of parents/legal guardians. The bill should be amended to exclude application to minors or a parental notification section/language should be added. We can provide suggested language on this.

The third issue is the use of psychotropic medications on individuals detained in these facilities. Psychiatric treatment is mostly psychiatric drugs. No evidence has been submitted other than anecdotal statements that psychotropic drugs would be used as a last resort. Restraint and Seclusion are specifically mentioned by SAMSHA to be used as a last resort. SAMSHA states in their guidelines document what is a last resort and how common facility-based care is.

> "…restraint and seclusion are now considered safety measures of ***last resort***, not to be used as punishment, an alternative to appropriate staffing of crisis programs, a technique for behavior management, or a substitute for active treatment …"
>
> And
>
> "…approximately 70% of those engagements result in community stabilization. The remaining 30% should be connected to ***facility-based care*** that aligns with their assessed needs…" - National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit Knowledge Informing Transformation
>
> And
>
> "Approximately 1 in 4 patients in hospital emergency departments have a behavioral health diagnosis (ASHNHA, 2019)." Recover Alaska Letter/Testimony on HB 172 dated 3/28/22

Actually, testimony for this bill states this bill will increase treatment across the state:

> "HB 172 will improve access to treatment throughout the state." Recover Alaska Letter/Testimony on HB 172 dated 3/28/22

There is no reason for this information to be anecdotal. We request that this question be asked of existing admitting facilities in Alaska for actual information on the # of admittances and instances of administration of psychiatric drugs. Psychiatric drugs are the mainstay of psychiatric treatment. If psychiatric drugs are not being used then please make a follow-up request for what they are doing instead. This would be very useful for all legislators and the public to know. The facilities and providers are heavily promoting this bill, they should provide statistics on this issue.

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*.

A requirement should be added to HB 172 for anyone entering the public mental health system to receive a searching physical examination to locate undiagnosed, misdiagnosed and any number of ailments that mimic psychiatric disorders. See 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.

HB 172 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
Director

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CITIZENS COMMISSION ON HUMAN RIGHTS
Alaska/Montana/Washington

April 13, 2022

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Attachment # 1 Amendments

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Add language to 47.30

Part A: Add language to 47.30 to modify the definition of respondent under this bill to be "adult respondent" (not a minor).

Part B: Add language to 47.30 to include specific timelines and requirements for legal notification of Parents and Guardians and authorizations for treatment before psychotropic drugs are administered.

Remove any mention of minors unless specific and detailed protections and protocols are worked out in regard to timelines and rapid notification of parents/guardian. Include the stipulation that parental/guardian permission must be obtained before any treatment is initiated (this applies to administering psychotropic drugs) and the parents/guardian are fully informed of the possible side effects of whatever psychotropic drug the professional wishes to administer.

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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 …

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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.

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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)

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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.

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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