CITIZENS COMMISSION ON HUMAN RIGHTS

April 12, 2022

House Finance Committee

Re: SB 80 relating to mental health education

Dear Chair and Committee Members:

SB 80 must be amended to address what the mental health education in the classroom will result in.

We all want what is best for our children, what will help them, what will help others, and keep them safe and sound throughout their lives.

Important questions should be asked of the bill's sponsor and supporters before SB 80 progresses any further. These are questions that are likely not to be answered or even really considered in mental health education unless SB 80 is amended:

1. When is normal childhood behavior a mental disorder? When is it not?
2. Why are no objective physical medical tests used to diagnose behavior as mental illness?
3. Are there other causes, physical causes of behavior that should be addressed before a child is diagnosed as "mentally ill" that mimic psychiatric disorders?
4. What is the role of the parent/legal guardian on opting out of this education and will they be adequately informed of what the education really covers?
5. Will Parents/legal guardians be made aware that there are alternative approaches to creating and maintaining mental health besides psychiatric labels and psychiatric drug treatments?
6. Will children (and parents) be educated about the dangers and failures of psychiatric labels, diagnosis and treatments? i.e. will they learn about the toxic and damaging nature of the drugs used as treatments and the common failures of these treatments?
7. What is the biggest reason individuals stop taking their prescribed psychiatric medication?
8. What are the dangers of sudden withdrawal from psychiatric drugs?
9. What is polypharmacy and how should this be addressed or avoided?
10. What is psychiatric drug-induced psychosis?
11. Can kids have suicidal thoughts as a result of taking psychiatric drugs themselves?
12. What are psychiatric drug side effects and do these exist separate from behavior?
13. What is the role of exercise, nutrition and spiritual assistance/guidance in mental health?
14. In regard to the emergency room visits by youth, is the stated proportion of youth in emergency room visits higher in percentage of total ER visits or in actual number of ER visits? (ER visits for

other healthcare reasons have been lower during covid, so if kids show up in the same number the "percentage" or "proportion" may be up, but this is not an actual increase)

15. How will mental health training deal with real world issues such as those identified in the Alaska Youth Risk Behavior Survey? Some of these health risk behaviors are: obesity, smoking, too much screen time, lack of physical activity, drug use, bullying, homelessness, sugary drinks, driving under the influence of drugs and texting while driving. How will training prevent these youth from being taken advantage of by being turned into psychiatric patients? Possibly for life?

To address some of the bill's deficiencies, we have identified the following 3 amendments:

1. Broaden the committee participants to include parents, other non-psychiatric healthcare professionals, spiritual advisors/leaders, business leaders who have experience dealing with youth using non-drug, non-coercive approaches in order to provide a holistic approach to mental health education for youth.
2. Incorporate language on how physical conditions can mimic psychiatric disorders and should be screened for by competent non-psychiatric doctors to prevent misdiagnosis and prevent unnecessary psychiatric labels and treatment with toxic psychiatric drugs.
3. Make the bill align with the State of Alaska Suicide Prevention Plan about creating Health and Wellness.

SB 80 raises many questions about the nature of what will be taught and the bill in its current form lacks accountability to the legislature and the children and families of Alaska. While parental control and informed consent requirement so that they can opt-out is a big advance, the larger consideration is what will the rest of the students be "educated" on?

Please amend SB 80 with our amendments (see attached). We would welcome the opportunity to discuss needed language and to provide more material on these points.

Sincerely,

Steven Pearce

Steven Pearce
Director

Attachment #1 Amendments:

The following 3 amendments – new text is underlined.

Amendment #1 - Page 1 Line 6
LEGISLATIVE INTENT. It is the intent of the legislature that the Board of Education

and Early Development develop guidelines for instruction in mental health in

in the framework of overall wellness to promote physical, emotional, and mental wellness to strengthen personal and community resilience in coordination with parents, spiritual advisors/leaders, business leaders, complementary and alternative healthcare providers and in

consultation with the Department of Health and Social Services, regional tribal health organizations, and representatives of national and state mental health organizations

and alternative and complimentary healthcare providers.

Amendment #2 - Amend/revise Sec. 2. AS 14.30.360(a): Page 2 line 2
…
use of health services. *The mental health instruction is to include pros and cons of mental health treatment including creating health without psychiatric drugs, informed consent, polypharmacy, psychiatric drug withdrawal symptoms, Akathisia, Tardive Dyskinesia, Addiction to Psychiatric Drugs, Drug Induced Psychosis and complementary and alternative approaches to mental health and emphasize non-drug approaches and the need to require physical examination to identify disorders, nutritional, toxic reactions and environmental factors that mimic psychiatric behavior that can be treated and remedied.*

Amendment #3 - And amend/revise Sec 3. AS 14.30.360(b) [see page 2 of bill line 6]

… education program. Guidelines for developmentally appropriate instruction in mental health
including creating health without psychiatric drugs, informed consent, polypharmacy, psychiatric drug withdrawal symptoms, Akathisia, Tardive Dyskinesia, Addiction to Psychiatric Drugs, Drug Induced Psychosis and complementary and alternative approaches to mental health and emphasize non-drug approaches
shall be developed in consultation with the Department of Health and Social Services, regional tribal health organizations, and representatives of

End

Attachment #2 Additional data:

In the U.S. today, we have over 6 million youth from the ages of 0-17 on psychiatric drugs. This breaks down to 418,000 ages 0-5, 2.6 million ages 6-12, and over 3.1 million ages 13-17. If we take the statement from advocates that 70-80 % of children are not in treatment, it means they want to increase the above numbers 4X. So they want to see 24 million youth age 0-17 on psychiatric drugs in the U.S? This does not make sense.

The issue of stigma is used to silence the voices of people objecting to psychiatric proposals like this.

> "With a seemingly altruistic agenda, the fact is campaigns aimed at ending the "stigma" of mental illness often have a hidden agenda: they are driven and funded by those who benefit from more people being labeled mentally ill and drugged—the psychiatric-pharmaceutical industry. The conflicts of interest with many of these groups is so pervasive that in 2009, a U.S. Senate investigation probed into the nation's largest mental illness advocacy group, the National Alliance on Mental Illness (NAMI). The group was asked to disclose any financial backing from drug companies or from foundations created by the industry."
>
> "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." – Psycho-Pharma Front Groups https://www.cchrint.org/issues/psycho-pharmaceutical-front-groups/#_edn1
>
> "Psychiatry remains blind to the fact that it is its own spurious pathologizing of its clients that creates the stigma. It has no interest in genuine reform, but instead is embarked on a tawdry PR campaign to whitewash its transgressions and sell its concepts to the media, stakeholders, and the general public. …" Philip Hickey, Psychologist

Physical health should not be separated from mental health. If you don't screen for and address physical and environmental issues, you will fail to benefit the individual and society. This aligns with the thinking of the Statewide Suicide Prevention Council, showing the need for change, and they have this to say:

> "… the Council is encouraging Alaskans to recast that net and continue to promote physical, emotional, and mental wellness and strengthen personal and community resilience — to prevent suicide by promoting the health of our people, families, and communities."

To address the physical side of mental health we must address the medical causes of emotional crises. If doctors are not trained in this and not adept at addressing this in their patients, individuals will suffer from toxic psychiatric drugs – which are known to create disability and long-term dependence. See material from Robert Whitaker on this.

> "All patients should have what is called a "differential diagnosis." The doctor obtains a thorough history and conducts a complete physical exam, rules out all the possible problems that might cause a set of symptoms and explains any possible side effects of the recommended treatments." - Dr. Mary Ann Block, author of *Just Because You Are*
>
> " Psychiatry, unlike other fields of medicine, is based on a highly subjective diagnostic system. Essentially you sit in the office with a physician and you are labeled based on the doctor's opinion of the symptoms you describe. There are no tests. You can't … be analyzed for a substance that definitively indicates that "you have depression" much in the way a blood test can tell you that you have diabetes or are anemic." – Kelly Brogan, M.D.

Other issues of mental health education that should be touched on, are psychiatric drug side effects, drug withdrawal effects, addiction to psychiatric drugs, and violence from psychiatric drugs and psychiatric drug toxicity/drug induced psychosis. Here is something on Akathisia – a dangerous side effect:

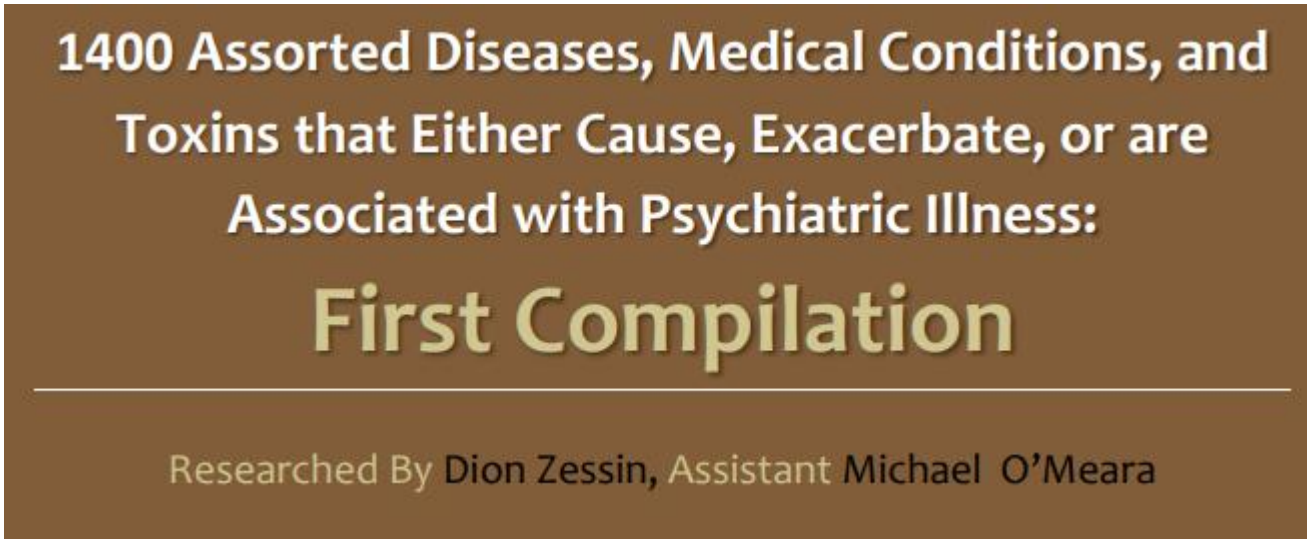
> Akathisia is an extremely distressing neurological disorder characterized by severe agitation, an inability to remain still, and an overwhelming sense of terror. These symptoms are so tortuous that it can lead to violence and suicide. Akathisia is primarily caused by prescribed medications. The most frequent offenders are antipsychotics, antidepressants, anti-nausea medications, and antibiotics, but it can be caused by many other medications as well. It is also common in benzodiazepine withdrawal (e.g., Ativan, Klonopin), especially after long-term use. It most often occurs when starting, stopping, or changing the dose of a medication, but it can occur at any time during treatment and even months after it is discontinued." - website - https://akathisiaalliance.org/

The main issue of education in schools should focus on health, creating health and returning individuals to health after emotional crises. Issues youth face are real and varied and are not just "mental" phenomena. These issues create emotional crises that Parents, Families, Friends and Communities must act to address.

These issues are outlined in the Alaska Youth Risk Behavior Survey (2019).

These issues include: Drug use, bullying, violence, low rates of physical activity, poor diet, smoking, and drinking and more.

Parents must be allowed to direct what their children are being taught in school with regards to mental health. This is necessary with the biased and consumer marketing driven nature of current mental health education that would be provided if SB 80 is not modified to provide a balance approach on what people are experiencing with modern psychiatry. The state should not be acting as an agent for psychiatric diagnosis and drug delivery.



https://www.alternativementalhealth.com/wp-content/uploads/2017/05/1400-causes-of-mental-health-issues.pdf

Psychiatric Presentations of Medical Illness

An Introduction for Non-Medical Mental Health Professionals

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Revised 1/7/2002

Editor's note: The following is the finest article we have found on the subject of medical causes of severe mental symptoms. We are grateful to Dr. Diamond for his permission to reprint.

The reader should note that this article only covers standard medical causes of mental symptoms and does not include many other physical causes, such as nutritional imbalances and metabolic abnormalities, listed in other articles on AlternativeMentalHealth.com. It should also be noted that some studies have shown that, when extensive testing is done, medical causes may account for substantially more than 10% of patients with mental symptoms (particularly Hall [reporting a 46% causal connection], American Journal of Psychiatry, 1980 and Koranyi, Archives of General Psychiatry, 1979). Lastly, many clinicians believe that patients may suffer from medical conditions, such as hypothyroidism, that can be missed by standard medical lab tests and, therefore, be overlooked on studies applying standard medical screening. Editor's note: The following is the finest article we have found on the subject of medical causes of severe mental symptoms. We are grateful to Dr. Diamond for his permission to reprint.

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https://www.alternativementalhealth.com/psychiatric-presentations-of-medical-illness-2/

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