
From: Shannon O'Connell [REDACTED]
Sent: Tuesday, April 26, 2022 1:05 PM
To: House Finance
Subject: HB60

To Whom it May Concern,

I am writing to you regarding bill HB60 requiring the development of guidelines for instruction on mental health in public schools.

I'm a social worker who's witnessed the long-term impact of severe mental health disabilities in adults. I can speak from experience that education in addressing mental health early on is essential for not only the prevention of suicide, substance abuse and homelessness but also to build on resilience and empower children to manage the stresses of life which will help them for long-term success.

Mental health and emotional health are just as important as physical health, it impacts our ability to focus on tasks, to organize and understand ideas, pay attention, how we interact with people and our own self-concepts. These are all essential functions for academic success and quality of life.

As humans we all experience emotions, if we don't teach students how to manage and cope with them, they will turn to unhealthy habits to deal with them such as substance abuse, lashing out, violence, the list goes on. By educating students on mental health and healthy coping skills, it will lead to a reduction in unhealthy habits of coping and isolation. Education in mental health will also break down the stigma of reaching out for help, it will increase positive support systems and relationships when students need it most.

Especially now, after the impact of COVID-19, when education on mental health is needed most...I ask you to please pass bill HB60 to make positive, meaningful change in the future for our youth.

Kindest Regards,

Shannon O'Connell, BSW, MSW, LEND Fellow.

[REDACTED]



CITIZENS COMMISSION ON HUMAN RIGHTS

April 10, 2022

House Finance Committee

Re: HB 60 relating to mental health education

Dear Chair and Committee Members:

HB 60 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 HB 60 progresses any further. These are questions that are likely not to be answered or even really considered in mental health education unless HB 60 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 4 amendments:

1. Offer parents the right to opt out of this mental health education.
2. 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.
3. 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.
4. Make the bill align with the State of Alaska Suicide Prevention Plan about creating Health and Wellness.

HB 60 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.

Please amend HB 60 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
Director

SERVING ALASKA / MONTANA / WASHINGTON

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Attachment #1 Amendments:

The following 4 amendments – new text is underlined.

Amendment # 1 – Parents Exemption (text from SB 80)

* **Sec.** AS 14.30.360 is amended by adding a new subsection to read:

19 (e) A district may not instruct a student in mental health as part of a program
20 in health education under (a) of this section without informed consent from the
21 student's parent or guardian. The district shall inform the child's parent or guardian, in
22 the native language of the parent or guardian, of the time, date, and content of the
23 mental health instruction, that consent is voluntary, and that consent may be revoked
24 at any time. Before instructing a student in mental health, the district shall obtain
25 written consent from the parent or guardian indicating that the parent or guardian
26 understands and agrees to the student's participation in the mental health instruction.

Amendment #2 - 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 #3

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 complimentary and alternative approaches to mental health and emphasize non-drug approaches and the need to require physical examination to identify disorders that mimic psychiatric behavior that can be treated and remedied.

Amendment #4

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 complimentary 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.cchrnt.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 HB 60 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.

End