



CITIZENS COMMISSION ON HUMAN RIGHTS

February 7, 2024

Senate Finance Committee

Re: CSSB 24 relating to mental health education

Dear Senator:

Please vote no on CSSB 24 as drafted; it needs further amendments. This bill could be vastly improved with several amendments that would define the mental health education Alaskan children are to receive.

1. Amend 14.03.016(a) add point #8:

“The focus of mental health education shall be on prevention and non-coercive/force concepts of mental health and adding in informed consent of alternatives to the psychiatric labelling and drug delivery system for parents to consider.”

2. Amend 14.30.360 (a) to add on line 28 after health services.

“The focus of mental health education shall be on prevention and non-coercive/forced concepts of mental health moving away from focus on the psychiatric drug delivery system.”

3. Amend AS 14.30.360 (b) on page 3 line 5 after mental health organizations.

“Consult the U.N. World Health Organization reports for education on mental health services that are person-centered, recovery-oriented and adhere to human rights standards.”

Without further amendments such as these we are concerned that the resulting education on mental health would simply turn the students and schools into a pipeline for referral for diagnosis, labelling and treatment with psychiatric drugs, while making no effective dent in the mental health crisis, suicide rates, etc.

Public mental health already suffers from the system's inability to create health. This was recognized by the New York Times, by psychiatrists such as Allen Frances, M.D. who led the development of DSM IV and Thomas Insel who was the head of the National Institute of Mental Health.

[Psychiatry has done] “little to improve the lives of the millions of people living with persistent mental distress. Almost every measure of our collective mental health—rates of suicide, anxiety, depression, addiction deaths, psychiatric prescription use—went the wrong direction, even as access to services expanded greatly.” New York Times 2021

“Drug companies take marketing advantage of the loose DSM [Diagnostic and Statistical Manual of Mental Disorders] definitions by promoting the misleading idea that everyday life problems are actually undiagnosed psychiatric illness caused by a chemical imbalance and requiring a solution in pill form.” *Professor Allen Frances M.D.*

“While we studied the risk factors for suicide, the death rate had climbed 33 percent” despite increased treatment, reporting that, “Since 2001, prescriptions for psychiatric medications have more than doubled, with one in six American adults on a psychiatric drug.” - *Thomas Insel, Psychiatrist*

With these system failures in mind, the legislature has the opportunity to focus on the future of mental health education that correlates to a workable plan to safeguard young citizens from the failed approach of force/coercion and drug-centered programs designed to manage behavior chemically.

“With a focus on the transformation of mental health systems and the promotion, protection and fulfilment of human rights, dignity, autonomy, and inclusion for all, it offers practical advice to align laws, policies and practices with international human rights obligations and the development of person-centered care and support, taking into account gender, age, cultural acceptability and other considerations that safeguard human rights.” - *Mental health, human rights and legislation: guidance and practice* World Health Organization and United Nations, 2023 [see attachments for more info]

Please amend CSSB 24 with our amendments as noted above. We must include a broader scope of what constitutes mental health, and this must be made known to everyone in the system, from the kids, parents, teachers, schools, and anyone in contact or involved in schools. We would welcome the opportunity to discuss needed language and to provide more material on these points.

Sincerely,



Steven Pearce
Director

Attachments:

“The task we set ourselves—to combat psychiatric coercion—is important. It is a noble task in the pursuit of which we must, regardless of obstacles, persevere. Our conscience commands that we do no less.”
- *Dr. Thomas Szasz, Professor of Psychiatry*

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Attachment #1:

Guidance on community mental health services: promoting person-centred and rights-based approaches



“Yet often services face substantial resource restrictions, operate within outdated legal and regulatory frameworks and an entrenched overreliance on the biomedical model in which the predominant focus of care is on diagnosis, medication and symptom reduction while the full range of social determinants that impact people’s mental health are overlooked, all of which hinder progress toward full realization of a human rights-based approach. As a result, many people with mental health conditions and psychosocial disabilities worldwide are subject to violations of their human rights – including in care services where adequate care and support are lacking.”

<https://iris.who.int/handle/10665/341648>

Attachment #2:

Mental health, human rights and legislation

Guidance and practice

<https://www.ohchr.org/en/publications/policy-and-methodological-publications/mental-health-human-rights-and-legislation>

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 “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

Attachment #3 continued:

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, 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>

Attachment 4 - Excerpt only – see link below for full article:

Psychiatric Presentations of Medical Illness

An Introduction for Non-Medical Mental Health Professionals

Ronald J Diamond M.D.

University of Wisconsin Department of Psychiatry

6001 Research Park Blvd

Madison, Wisconsin 53719

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/>

End