



CITIZENS COMMISSION ON HUMAN RIGHTS

April 11, 2024

House Health & Social Services Committee

Re: SB 24 relating to mental health education

Dear Senator;

We feel that SB 24 must be amended in order to provide critical information to youth and parents on creating meaningful mental health.

Parents must be provided meaningful informed consent about the current mental health system's over-reliance on psychotropic drugs and waiting for children to face emotional crises before acting.

Schools should not be conduits or referral centers pushing exclusively psychiatric options on parents and youth.

We must compare physical health being taught in schools to the message of mental health being taught in schools. There is a healthcare and physical exercise business interest to be sure, but these do not have laws passed by the legislature that force children to eat their vegetables or walk 2 miles a day. However we do have laws passed by the legislature that could require all students be asked invasive questions of behavior that may show risk, laws that say certain people can evaluate kids and say they are mentally ill – without any physical or medical test to objectively prove this. And we also have laws that can force children to take psychiatric drugs and even laws that force youth into an in-patient setting to take mind-altering psychiatric drugs, all without any objective medical test to show anything is wrong with their brains.

It is in the interests of the State of Alaska to let parents know that psychiatric diagnosis is not based on objective medical testing, that mental health practitioners licensed by the state routinely prescribe psychiatric drugs for a variety of behavioral issues and that these drugs are not cures, and cause a wide number of side effects, including a worsening of the symptoms the child is facing, drug-induced psychosis and even suicide and death (as a side effect of the drugs themselves).

The bill as drafted will not require the parents or our children be informed of any of this. The former head of the National Institute of Mental Health for the United States stated:

“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, former head of the United States National Institute of Mental Health

And the media has reported these poor results as well:

[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

Many facets of mental health education in schools are cause for great concern and alarm. To illustrate this, you can read excerpts of the article from Psychology today – which we have provided a paragraph here and as an attachment #2 to our testimony.

“It becomes essential to question whether we are genuinely facing a mental health epidemic or if a more nuanced perspective deserves attention. ... Life is fraught with challenges, and experiencing feelings of unhappiness, stress, or insecurity when confronted with adversity is entirely normal. The past couple of years, characterized by enforced isolation, economic uncertainty, and job losses, have affected us all. But do these natural emotional responses automatically warrant the label of a mental “disorder,” such as depression?”

The bill can be amended as follows (the first 3 amendments are here – see attachment #1 for full listing):

A. Amend Legislative intent Section 1, Line 9, after organizations ...

...organizations, and alternative healthcare providers who emphasize non-drug, non-coercive diagnosis and treatment methods in accordance with the World Health Organization’s June 9, 2021 statement promoting a fundamental shift of rethinking policies, laws, systems and a move towards a balanced, person-centered, holistic and recovery-oriented approach implementing alternatives to coercion and psychiatric drug-delivery systems of today. At a minimum parents should be told that before anyone sees a psychiatrist/psychologist for a mental health evaluation they should be urged to get a complete physical evaluation to rule out non-medical causes of a person’s emotional state.

B. Amend Section 3, AS 14.30.360(a) [to enable non-drug and non-coercive mental health approaches.]

... environmental health, mental health, alternative mental health, physical health, ...

C. Amend Section 4, AS 14.30.360 (b) page 3 Line 5: after mental health organizations ...

... mental health organizations and an alternative mental health provider trained in differential medical diagnosis with a focus on non-coercive, non-psychiatric drug alternatives and to rule out treatable medical causes of emotional crisis that are known to mimic psychiatric disorders.

Amendments continued on attachment #1.

This bill is written and would direct predominantly mental health industry guidance to shape the mental health training. The remediation for this is to empower the parent to remove the child from this training. So there is recognition that this training will not be good for all.

On this basis the bill should be modified to make any mental health education created (if the school so decides) meaningful to youth and parents alike who are not subject matter experts and do not know the pitfalls and psychiatric failures.

Please amend SB 24 with the materials provided here. Parents, youth and society need solutions to move towards a non-coercive, non-drug centered approach to creating mental health.

Sincerely,



Steven Pearce
Director

Attachments:

- #1 - Amendments;
- #2 - Rethinking Mental Health;
- #3 - Alternative Mental Health;
- #4 – World Health Organization data;
- #5 – Difference between Medical and Psychiatric Diagnosis
- #6 – Common Psychiatric Drugs Information

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Attachment #1 - Amendments

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... mental health organizations and an alternative mental health provider trained in differential medical diagnosis with a focus on non-coercive, non-psychiatric drug alternatives and to rule out treatable medical causes of emotional crisis that are known to mimic psychiatric disorders.

[Information: “People with real or alleged psychiatric or behavior disorders are being misdiagnosed—and harmed to an astonishing degree....Many of them do not have psychiatric problems but exhibit physical symptoms that may mimic mental conditions, and so they are misdiagnosed, put on drugs, put in institutions, and sent into a limbo from which they may never return.” Charles B. Inlander, President of The People’s Medical Society, wrote in *Medicine on Trial*]

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E. Amend Section 2 -14.03.016(a) Add in item # (8) which is informed consent handout that should be provided to any parent: [These are some of the points that could/should be covered in with informed consent]

1. No objective medical test exists to show anyone has a psychiatric disorder. [“There are no objective tests in psychiatry-no X-ray, laboratory, or exam finding that says definitively that someone does or does not have a mental disorder.” “There is no

Attachment #1 – Amendments – Continued

definition of a mental disorder.— *Allen Frances, Psychiatrist and former DSM-IV Task Force Chairman*]

2. Due to the subjective nature of psychiatric diagnosis, it is recommended that the parents of any youth identifying signs of emotional distress seek out a full searching differential medical examination to rule out undiagnosed medical/nutritional/environmental issues that are known to cause emotional distress. [Out of control blood, sugar levels and hypothyroidism caused depression in one of my diabetic patients. According to the Diagnostic and Statistical Manual, I should have diagnosed her with “Mood Disorder Due to Diabetes and Hypothyroidism.” Instead, I adjusted her insulin and thyroid medication. - Dr. Mary Ann Block]
3. If someone is stating person X has a mental illness and needs to be treated, ask to see the scientific/medical test confirming any alleged diagnoses of psychiatric disorder. You have a right to review this information and refute any psychiatric diagnoses of mental “illness” that cannot be medically confirmed. [“Psychiatry makes unproven claims that depression, bipolar illness, anxiety, alcoholism and a host of other disorders are in fact primarily biologic and probably genetic in origin... This kind of faith in science and progress is staggering, not to mention naïve and perhaps delusional.” —*Dr. David Kaiser, psychiatrist*]
4. No medical testing, no searching differential diagnosis is typically done before anyone is diagnosed with a label of mental illness and given a treatment. [Dr. Mary Ann Block, author of *Just Because You Are Depressed Doesn't Mean You Have Depression*, says, “If a doctor does not have the time or does not know how to rule out various conditions, the patient should be referred to someone who can do these things. Above all, however, the temptation to rely on a simple psychiatric diagnosis must be rejected.” The majority of her patients “who have been prescribed psychiatric drugs do not have a psychiatric disorder. Normal life experiences or underlying medical problems actually lie at the heart of their symptoms.”]
5. Psychiatric labels in the DSM – the Diagnostic and Statistical Manual of Mental Disorders are voted into existence, and are not the same as a broken leg and cancer which medical tests can objectively identify. [“Unlike medical diagnoses that convey a probable cause, appropriate treatment and likely prognosis, the disorders listed in DSM-IV [and ICD-10] are terms arrived at through peer consensus.”— *Tana Dineen Ph.D.*]
6. Psychiatric drugs have side effects – common ones listed here:

Antidepressants: anxiety, impotence, fatigue, slow or rapid heartbeat, flu-like symptoms, body pain, hot flashes, pins and needles feeling in head/extremities, weight gain, abdominal pain, emotional numbness, irritability, akathisia (severe restlessness), hostility, mania, violent and suicidal behavior. Taken during pregnancy can cause life-threatening birth defects.

Antipsychotics: damage to the extrapyramidal system (the extensive complex network of nerve fibers that moderates motor control, resulting in muscle rigidity, spasms and involuntary movements). Tardive dyskinesia (*tardive*, “late” and *dyskinesia*, “abnormal movement of muscles”)—a permanent impairment of the power of voluntary movement of the lips, tongue, jaw, fingers, toes and other body parts. Also weight gain, fatal blood clots, heart arrhythmia (irregularity), heat

Attachment #1 – Amendments – Continued

stroke, impotence and sexual dysfunction, blood disorders, diabetes, seizures, birth defects and in the elderly with dementia, premature death.

Psychostimulants: Abdominal pain, aggression, angina (sudden acute pain), anorexia (eating disorder), blood pressure and pulse changes, blurred vision, depression, dizziness, hallucinations, headaches, heart palpitations, increased irritability, insomnia, involuntary tics and twitching (Tourette's Syndrome), loss of appetite, nervousness, psychosis, seizures, stomach pain, stunted growth, suicidal thoughts.

Anti-Anxiety drugs: addiction, insomnia, light-headedness, involuntary movement, anxiety, fatigue and tiredness, nausea/vomiting, diarrhea, irritability, dizziness, weakness, unsteadiness, drowsiness, ataxia (failure of muscular coordination), headache, muscular pain, slurred speech, confusion and disorientation, depression, impaired thinking and judgment, memory loss, forgetfulness.

7. The Alaska Youth Risk Behavior Survey identifies actions and real world issues that are happening with and to youth. The 2019 report identifies Vaping, Obesity, Screen time, low physical activity levels, drug use, Drinking Alcohol, bullying, poor diet, promiscuity and sexual violence, only 38% talked with one of their parents about their school every day, and youth feel 59% of teachers care about them and encourage them. [Psychiatric disorders are not medical diseases. There are no lab tests, brain scans, X-rays or chemical imbalance tests that can verify any mental disorder is a physical condition. This is not to say that people do not get depressed, or that people can't experience emotional or mental duress, but psychiatry has repackaged these emotions and behaviors as "disease" in order to sell drugs. This is a brilliant marketing campaign, but it is not science. "...modern psychiatry has yet to convincingly prove the genetic/biologic cause of any single mental illness...Patients [have] been diagnosed with 'chemical imbalances' despite the fact that no test exists to support such a claim, and...there is no real conception of what a correct chemical balance would look like." —*Dr. David Kaiser, psychiatrist*]
8. Full disclosure of all documented risks of any proposed drug or "treatment." ["It is well established that the drugs used to treat a mental disorder, for example, may induce long-lasting biochemical and even structural changes [including in the brain], which in the past were claimed to be the cause of the disorder, but may actually be an effect of the treatment." —*Dr. Elliot Valenstein, biopsychologist, author, Blaming the Brain*]
9. The right to be informed of all available medical treatments which do not include the administration of a psychiatric drug or treatment. [Thousands of people around the world have recovered from mental health disorders and now enjoy the simple pleasures of a drug-free life. Most were told this was impossible. Yet we hear from these individuals regularly. Many others have been able to significantly reduce their dependency on psychiatric medication. Commonly, these people find that underlying their "mental" disorders are medical problems, allergies, toxic conditions, nutritional imbalances, poor diets, lack of exercise, or other treatable physical conditions.
www.alternativementalhealth.com]
10. The right to refuse any treatment the patient considers harmful. [Psychotropic (mind-altering) drugs are increasingly being exposed as chemical toxins with the power to kill. Psychiatrists claim their drugs save lives, but according to their own studies, psychotropic drugs can double the risk of suicide. And long-term use has been proven to create a lifetime of physical and mental damage, a fact ignored by psychiatrists.]

Attachment #2 Excerpts – Rethinking Mental Health

Excerpts from: Rethinking Mental Health: *Padriac Gibson D.Psych*, Challenging the Dangers of Labels - Paving the way for a compassionate scientific approach. Psychology Today 7/27/2023

“It becomes essential to question whether we are genuinely facing a mental health epidemic or if a more nuanced perspective deserves attention. ... Life is fraught with challenges, and experiencing feelings of unhappiness, stress, or insecurity when confronted with adversity is entirely normal. The past couple of years, characterized by enforced isolation, economic uncertainty, and job losses, have affected us all. But do these natural emotional responses automatically warrant the label of a mental "disorder," such as depression?”

“Concerns are emerging about the growing dominance of "scientism" within mainstream psychiatric literature. Scientism refers to the promotion of beliefs that seem scientifically credible but may lean more towards rhetoric than genuine scientific accuracy. While evidence-based medicine aims to improve decision-making, the encroachment of scientism has resulted in biased research and the perpetuation of certain concepts and treatments without solid scientific support. Some critics argue that pharmaceutical companies and market forces may have played a role in this process, potentially compromising the credibility of evidence-based practices.”

“Unlike physical medicine, which identifies the organic cause of a problem for specific treatments, mental health often relies on descriptive terms like "anxiety" and "depression" without pinpointing a clear underlying cause or etiology. Consequently, psychiatric diagnoses may describe symptoms without offering a comprehensive explanation of their root causes.” ... “In other words, these labels may be applied to behaviors, but they don't necessarily provide a deep understanding of the underlying causes behind those behaviors.

“Labelling individuals with mental disorders can be harmful...” ... This can include stereotypes and stigmatizing terms, which can lead to biased psychological labelling. Negative or limiting language perpetuates stereotypes and creates harmful labels that influence how individuals are perceived and treated by others.” ... individuals may internalize and conform to the labels assigned to them, potentially reinforcing certain traits due to performative aspects of communication. Labelling can overshadow understanding and lead individuals to adopt the identity of a mentally ill patient, even when their experiences are entirely normal given their life situations. When clinicians follow these rigid performative linguistic categories about mental health, it can create traps, and people may start behaving according to the labels given to them. This can lead to a cycle where the labels become true because of how people treat them...”

“For example, if we call someone "depressed," they may start to believe and act like it, influenced by how others treat them based on that label. This cycle can make the label stick, even if it may not accurately reflect their experiences.”

Attachment #2 Excerpts – Rethinking Mental Health - Continued

“The prevailing ideologies surrounding mental health pose serious challenges for mainstream services, beyond issues of funding or access. These ideologies perpetuate the notion that mental disorders are widespread and require a diagnosis for effective treatment, fueling an industry centered around psychiatric labels.”

“Consequently, these ideologies have seeped into our daily lives, making us feel like we are potential patients, alienating us from normal emotions, and making us believe that our experiences indicate deep-rooted problems in our minds. Many people can end up seeing themselves as broken and in need of fixing instead of understanding that their emotions are part of normal, natural human experiences that call for empathy, connection, and compassion.”

Rethinking Mental Health: *Padriac Gibson D.Psych*, Challenging the Dangers of Labels - Paving the way for a compassionate scientific approach. Psychology Today 7/27/2023

Attachment # 3 Alternative Mental Health:

Welcome to the world's largest site on non-drug approaches for mental health.

Thousands of people around the world have recovered from mental health disorders and now enjoy the simple pleasures of a drug-free life. Most were told this was impossible. Yet we hear from these individuals regularly. Many others have been able to significantly reduce their dependency on psychiatric medication. Commonly, these people find that underlying their "mental" disorders are medical problems, allergies, toxic conditions, nutritional imbalances, poor diets, lack of exercise, or other treatable physical conditions.

<https://www.alternativementalhealth.com/>

Attachment #4: World Health Organization

Guidance on community mental health services: promoting person-centered 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>

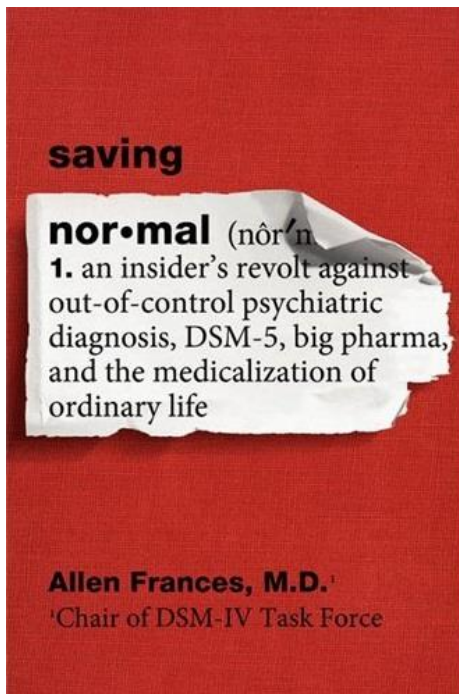
Mental health, human rights and legislation

Guidance and practice

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

End

The Difference Between A Medical And Psychiatric Diagnosis And Facts About The “Chemical Imbalance In The Brain” Myth



“Mental illness’ is terribly misleading because the ‘mental disorders’ we diagnose are no more than descriptions of what clinicians observe people do or say, not at all well-established diseases.”[1] – Prof. Allen Frances, psychiatrist and former DSM-IV Task Force Chairman

“While DSM has been described as a ‘Bible’ for the field, it is, at best, a dictionary.... The weakness is its lack of validity. Unlike our definitions of ischemic heart disease, lymphoma, or AIDS, the DSM diagnoses are based on a consensus about clusters of clinical symptoms, not any objective laboratory measure. In the rest of medicine, this would be equivalent to creating diagnostic systems based on the nature of chest

pain or the quality of fever.”[2] – Thomas Insel, Former Director of the National Institute of Mental Health (NIMH)

The Chemical Imbalance Myth



In July 2022, a landmark study by scientists at the University College London, finally [disproved the chemical imbalance theory of depression](#). The study, published in *Molecular Psychiatry*, was a systemic review of 17 major studies published over several decades and found no convincing evidence to support the chemical imbalance theory. The scientists concluded that the general public had been falsely led to believe that abnormalities in serotonin or other biochemical abnormalities are responsible for their moods when no scientific evidence existed to support the theory. The

researchers warned, “In particular, the idea that antidepressants work in the same way as insulin for diabetes is completely misleading. We do not understand what antidepressants are doing to the brain exactly, and giving people this sort of misinformation prevents them from making an informed decision about whether to take antidepressants or not.”[3]

Christopher Lane, Ph.D., author of the blog *Side Effects* described the study as “a decisive blow to the serotonin hypothesis of depression.”[4]

As evidenced by the quotes below, all issued prior to the publication of the University of College London study, this information was known to the psychiatric profession for decades, yet it took

until 2022 for the public to be made fully aware that the chemical imbalance theory had never been supported by scientific evidence.

"We do not have a clean-cut lab test" to determine a chemical imbalance in the brain."[\[5\]](#) – **Dr. Steven Sharfstein, president, American Psychiatric Association in 2005**

"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."[\[6\]](#) Further, "Patients should be informed that there is no evidence that antidepressants work by correcting a chemical imbalance, that antidepressants have mind-altering effects, and that evidence suggests they produce no noticeable benefit compared with placebo."[\[7\]](#) – **Prof. Joanna Moncrieff, Professor of Critical and Social Psychiatry at University College London**

"Contemporary neuroscience research has failed to confirm any serotonergic lesion in any mental disorder, and has in fact provided significant counterevidence to the explanation of a simple neurotransmitter deficiency...to propose that researchers can objectively identify a 'chemical imbalance' at the molecular level is not compatible with the extant science. In fact, there is no scientifically established ideal 'chemical balance' of serotonin, let alone an identifiable pathological imbalance."[\[8\]](#) – **Jonathan Leo, Ph.D. is an Associate Professor of Neuroanatomy at Lincoln Memorial University in Harrogate TN; Jeffrey R. Lacasse, MSW is a Visiting Lecturer at the Florida State University**

While there has been "no shortage of alleged biochemical explanations for psychiatric conditions...not one has been proven. Quite the contrary. In every instance where such an imbalance was thought to have been found, it was later proven false."[\[9\]](#) – **Dr. Joseph Glenmullen, Harvard Medical School psychiatrist, author of Prozac Backlash**



"The theories are held on to not only because there is nothing else to take their place, but also because they are useful in promoting drug treatment."[\[10\]](#) – **Dr. Elliot Valenstein Ph.D., author of Blaming the Brain**

"Despite nearly 50 years of investigation into the theory that chemical imbalances are the cause of psychiatric problems, studies in respected journals have concluded that there is not one piece of convincing evidence the theory is actually correct."[\[11\]](#) – **James Davies, Senior Lecturer in Social Anthropology and Psychotherapy, University of Roehampton, London;**

author of Cracked: Why Psychiatry is Doing More Harm than Good

"...modern psychiatry has yet to convincingly prove the genetic/biologic cause of any single mental illness...Patients [have] been diagnosed with 'chemical imbalances' despite the fact that no test exists to support such a claim, and...there is no real conception of what a correct chemical balance would look like."[\[12\]](#) – **Dr. David Kaiser, psychiatrist**



"There's no biological imbalance. When people come to me and they say, 'I have a biochemical imbalance,' I say, 'Show me your lab tests.' There are no lab tests. So what's the biochemical imbalance?"[\[13\]](#) – **The late Dr. Ron Leifer, psychiatrist**

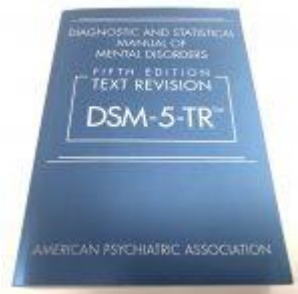
"Many of us know that taking paracetamol can be helpful for headaches, and I don't think anyone believes that headaches are caused by not enough paracetamol in the brain. The same logic applies to depression and medicines used to treat depression."[\[14\]](#) – **Dr. Michael Bloomfield, a**

consultant psychiatrist and principal clinical research fellow at University College London

The incredible recent advances in neuroscience, molecular biology, and brain imaging that have taught us so much about normal brain functioning are still not relevant to the clinical practicalities

of everyday psychiatric diagnosis. The clearest evidence supporting this disappointing fact is that not even *one* biological test is ready for inclusion in the criteria sets for DSM-5. [\[15\]](#) – **Prof. Allen Frances, former DSM-IV Task Force Chairman**

DSM: No Science



“The *DSM* is more a political document than a scientific one. Decisions regarding inclusion or exclusion of disorders are made by majority vote rather than by indisputable scientific data.” [\[16\]](#) – **Ofer Zur, Ph.D., et al., The Zur Institute**

The “developers of the *DSM* assume that a group of psychiatrists agree on a list of atypical [new] behaviors, the behaviors constitute a valid mental disorder. Using this approach, creating mental disorders can become a parlor game in which clusters of all kinds of behaviors (i.e. syndromes) can be added to the manual.” [\[17\]](#) “*DSM* is a book of tentatively assembled agreements. Agreements don’t always make sense, nor do they always reflect reality. You can have agreements among experts without validity. Even if you could find four people who agreed that the earth is flat, that the moon is made of green cheese, that smoking cigarettes poses no health risks, or that politicians are never corrupt, such agreements do not establish truth.” [\[18\]](#) – **Professors Herb Kutchins and Stuart A Kirk, authors of Making Us Crazy: DSM – The Psychiatric Bible and the Creation of Mental Disorders**

DSM “is the fabrication upon which psychiatry seeks acceptance by medicine in general. Insiders know it is more a political than scientific document. To its credit it says so, although its brief apologia is rarely noted. *DSM IV* has become a bible and a money making best seller—its major failings notwithstanding. It confines and defines practice, some take it seriously, others more realistically. It is the way to get paid...The issue is what do the categories tell us? Do they in fact accurately represent the person with a problem? They don’t, and can’t, because there are no external validating criteria for psychiatric diagnoses.” [\[19\]](#) – **The late Loren Mosher, psychiatrist and former Chief of NIMH’s Center for Studies of Schizophrenia, head of Schizophrenia Research, National Institute of Mental health**

Psychiatrist Loren Mosher, former head of US research on Schizophrenia, NIMH



[To read Loren Mosher’s resignation letter to the American Psychiatric Association, click here](#) **As former Chief of Research on Schizophrenia for the US Government’s National Institute of Mental Health, Loren Mosher long maintained that schizophrenia was not a medical disease and that patients diagnosed with schizophrenia fared better without the administration of powerful antipsychotic drugs. [For more information click here.](#)**

“No behavior or misbehavior is a disease or can be a disease. That’s not what diseases are. Diseases are malfunctions of the human body, of the heart, the liver, the kidney, the brain. Typhoid fever is a disease. Spring fever is not a disease; it is a figure of speech, a metaphoric disease. All mental diseases are metaphoric diseases, misrepresented as real diseases and mistaken for real diseases.” Further, “There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases. If such a test were developed ... then the condition would cease to be a mental illness and would be classified, instead, as a symptom of a bodily disease.” [\[20\]](#) – **The late Dr. Thomas Szasz, Professor Emeritus of Psychiatry, New York University Medical School, Syracuse**



“There are no objective tests in psychiatry—no X-ray, laboratory, or exam finding that says definitively that someone does or does not have a mental disorder.... There is no definition of a mental disorder. It’s bull—t. I mean, you just can’t define it.”[\[21\]](#) – **Prof. Allen Frances, psychiatrist and former DSM-IV Task Force Chairman**

“The way things get into the *DSM* is not based on blood test or brain scan or physical findings. It’s based on descriptions of behavior. And that’s what the whole psychiatry system is.”[\[22\]](#) – **Dr. Colin Ross, psychiatrist**

“Diagnoses frequently and uncritically reported as ‘real illnesses’ are in fact made on the basis of internally inconsistent, confused and contradictory patterns of largely arbitrary criteria. The diagnostic system wrongly assumes that all distress results from disorder, and relies heavily on subjective judgments about what is normal.”[\[23\]](#) – **Professor Peter Kinderman, University of Liverpool**

“Although diagnostic labels create the illusion of an explanation they are scientifically meaningless and can create stigma and prejudice.”[\[24\]](#) – **Dr. Kate Allsopp, University of Liverpool**



“Psychiatry [makes]... unproven claims that depression, bipolar illness, anxiety, alcoholism and a host of other disorders are in fact primarily biologic and probably genetic in origin... This kind of faith in science and progress is staggering, not to mention naïve and perhaps delusional.”

Further, “It has occurred to me with forcible irony that psychiatry has quite literally lost its mind, and along with it the minds of the patients they are presumably supposed to care for.”[\[25\]](#) – **Dr. David Kaiser, psychiatrist**

“Perhaps it is time we stopped pretending that medical-sounding labels contribute anything to our understanding of the complex causes of human distress or of what kind of help we need when distressed.”[\[26\]](#) – **Professor John Read, Ph.D., University of East London**

“Unlike medical diagnoses that convey a probable cause, appropriate treatment and likely prognosis, the disorders listed in DSM-IV [and ICD-10] are terms arrived at through peer consensus.”[\[27\]](#) – **Tana Dineen Ph.D., psychologist**

“Unlike the rest of medicine, which has developed diagnostic systems that build on an etiological framework, psychiatric diagnostic manuals such as DSM-IV and *ICD-10* have failed to connect diagnostic categories with any etiological processes. Thus there are no physical tests referred to in either manual that can be used to help establish a diagnosis.”[\[28\]](#) – **Dr. Sami Timimi, UK child & adolescent psychiatrist**

“The notion of scientific validity...is related to fraud. Validity refers to the extent to which something represents or measures what it purports to represent or measure. When diagnostic measures do not represent what they purport to represent, we say that the measures lack validity. If a business transaction or trade rested on such a lack of validity, we might say that the lack of validity was instrumental in a commitment of fraud.”[\[29\]](#) – **Prof. Jeffrey A. Schaler, Ph.D., retired professor of justice, law, and society at American University, and former member of the psychology faculty at Johns Hopkins University**

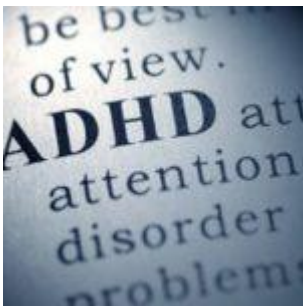
No Genetic Basis



"In the future, we *hope* to be able to identify disorders using biological and genetic markers that provide precise diagnoses that can be delivered with complete reliability and validity. Yet this promise, which we have anticipated since the 1970s, remains disappointingly distant."[\[30\]](#) [Emphasis added] – **David Kupfer, Chairman of the American Psychiatric Association's DSM-5's Task Force**

"[T]he underlying science remains immature...The molecular and cellular underpinnings of psychiatric disorders remain unknown; there is broad disillusionment with the animal models used for decades to predict therapeutic efficacy; psychiatric diagnoses seem arbitrary and lack objective tests; and there are no validated biomarkers with which to judge the success of clinical trials." [\[31\]](#) – **Dr. Stephen Hyman, neuroscientist and former Director of NIMH**

Pathologizing Life as "Disorders"



"There are no laboratory tests, neurological assessments, or attentional assessments that have been established as diagnostic in the clinical assessment of Attention-Deficit/Hyperactivity Disorder."[\[32\]](#) – **American Psychiatric Association**

"Virtually anyone at any given time can meet the criteria for bipolar disorder or ADHD. Anyone. And the problem is everyone diagnosed with even one of these 'illnesses' triggers the pill dispenser."[\[33\]](#) – **Dr. Stefan Kruszewski, psychiatrist**

"We do not have an independent, valid test for ADHD, and there are no data to indicate ADHD is due to a brain malfunction."[\[34\]](#) – **Final statement of the panel from the National Institutes of Health Consensus Conference on ADHD**

"This whole trend toward giving pills to children as a solution to everything, particularly in the absence of evidence that they work, is fundamentally unethical. It's driven by the convenience of the doctor, the profitability of the drug company and the notion that there is nothing more meaningful to life than biochemistry."[\[35\]](#) Furthermore, "ADHD is a prime example of a fictitious disease."[\[36\]](#) – **The late Dr. Leon Eisenberg, "scientific father of ADHD," leader in child psychiatry for more than 40 years**

"There is no evidence to suggest there is a medical condition called ADHD. It is a cultural concept, which is creating a market in various labels.... There's money in it."[\[37\]](#) – **Dr. Sami Timimi, UK child & adolescent psychiatrist**



For "mental/psychiatric disorders in general, including depression, anxiety, schizophrenia and ADHD, there are no confirmatory gross, microscopic or chemical abnormalities that have been validated for objective physical diagnosis."[\[38\]](#) – **Dr. Supriya Sharma, Director General, Department of Health, Canada**

"All psychiatrists have in common that when they are caught on camera or on microphone, they cower and admit that there are no such things as chemical imbalances/diseases, or examinations or tests for them. What they do in practice, lying in every instance, abrogating [revoking] the informed consent right of

every patient and poisoning them in the name of 'treatment' is nothing short of criminal." – **Dr. Fred Baughman Jr., pediatric neurologist, author of The ADHD Fraud**

The *DSM* went "far beyond pathologizing the problems of war veterans" [re PTSD] It "has become the label for identifying the impact of adverse events on ordinary people. This means that normal responses to catastrophic events often have been interpreted as mental disorders. Moreover, people must demonstrate how 'sick' they are in order to get help; that is, assistance is offered to victims only after they demonstrate how mentally ill they have become. *DSM* is the vehicle for establishing this sickness."^[39] – **Professors Herb Kutchins and Stuart A Kirk, authors of Making Us Crazy: DSM – The Psychiatric Bible and the Creation of Mental Disorders**

Kutchins and Kirk further wrote:

"Where you thought your friends were just having normal troubles, the developers of the American Psychiatric Association's diagnostic bible raise the possibility that you are surrounded by the mentally ill." The inclusion of "so many common quirks and experiences" covers such behaviors as: Not sleeping (Major Depressive Disorder), smoking (Nicotine Dependence), being alone (Schizoid Personality Disorder), trouble at school (Oppositional Defiant Disorder), hangover (Alcohol Abuse), feeling blue (Dysthymic Disorder), and worrying (Generalized Anxiety Disorder."^[40]

"The truth is that, unlike all other doctors, psychiatrists do not do physical tests to confirm their diagnoses. The reason is simple: it is not seen as necessary to prove that there is something wrong with the brains of patients diagnosed as schizophrenic, bipolar, depressed and so on. The organic hypothesis, however, remains unproven."^[41] – **Craig Newnes, Ph.D., editor of The Journal of Critical Psychology, Counselling and Psychotherapy**

A Drug Sales/Profit-Driven Diagnostic System



"The way to sell drugs is to sell psychiatric illness."^[42] – **Carl Elliott, bioethicist, University of Minnesota**

"Psychiatry has been almost completely bought out by the drug companies.... We're so busy with drugs that you can't find a nickel being spent on [non-drug] research."^[43] – **Dr. Loren Mosher**

"Despite what the pharmaceutical companies would have us believe, we don't need 'a better life through chemistry'. (Books like) *The Drug May Be Your Problem* will help debunk this myth and provide practical advice on

how to avoid psychiatric drugs and get off them."^[44] – **Dr. Loren Mosher**

"The emphasis on verifiable symptoms and the adoption of the disease model helped to secure psychiatry's reputation as a medical specialty at a time when its professional reputation was in question. This elevation in status continues to give psychiatry—and thus the *DSM*—legitimacy, but it also opened the door to an improper dependence on [the pharmaceutical] industry... The APA's annual revenues rose from \$10.5 million in 1980 to \$65 million in 2008, by which time at least \$14 million came from pharmaceutical companies."^[45] – **Lisa Cosgrove, Ph.D. University of Massachusetts Boston; Emily E. Wheeler, University of Massachusetts Boston**

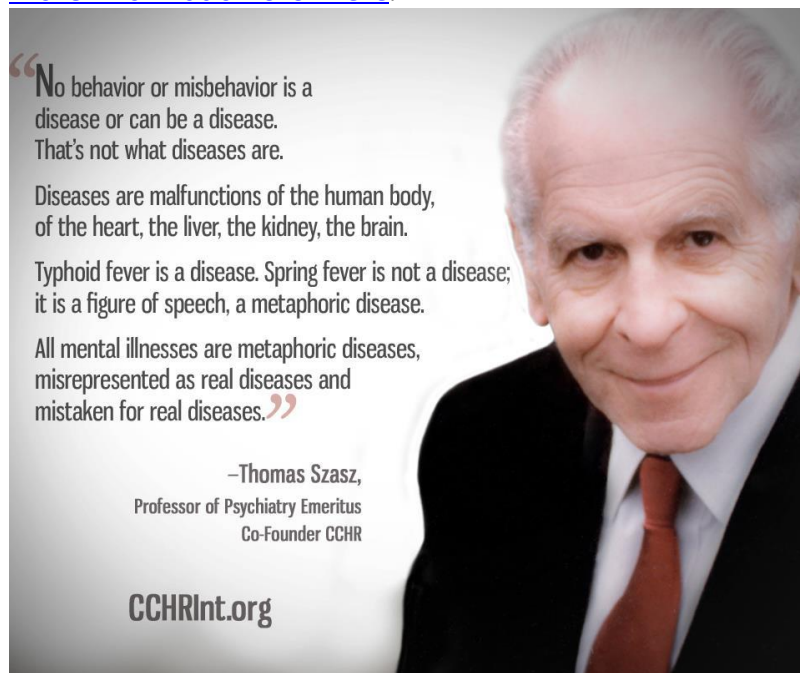
"The popularity of the 'chemical imbalance' theory of depression has coincided with a huge increase in the use of antidepressants." Then, "Thousands of people suffer from side effects of antidepressants, including the severe withdrawal effects that can occur when people try to stop them, yet prescription rates continue to rise. We believe this situation has been driven partly by the false belief that depression is due to a chemical imbalance. It is high time to inform the public that this belief is not grounded in science."^[46] – **Prof. Joanna Moncrieff, Professor of Critical and Social Psychiatry at University College London**

"In short, the whole business of creating psychiatric categories of 'disease,' formalizing them with consensus, and subsequently ascribing diagnostic codes to them, which in turn leads to their use for insurance billing, is nothing but an extended racket furnishing psychiatry a pseudo-scientific aura. The perpetrators are, of course, feeding at the public trough."[\[47\]](#) – **The late Dr. Thomas Dorman, internist and member of the Royal College of Physicians of the UK**



"The DSMs have introduced many new diagnoses that were no more than severe variants of normal behavior. Drug companies then flexed their powerful marketing muscle to sell psychiatric diagnoses by convincing potential patients and prescribers that expectable life problems were really mental disorders caused by a chemical imbalance and easily curable with an expensive pill... an amazing 20% of the US population now takes a psychotropic drug and psychotropic drugs are star revenue producers – in the US alone \$18 billion/year for antipsychotics, \$12 billion for antidepressants, and \$8 billion for ADHD drugs."[\[48\]](#) As such, "One of the disasters of the diagnostic inflation is that expectable and desirable individual difference is so often mislabeled as a mental disorder."[\[49\]](#) In addition, "My advice to clinicians, insurance companies, educators and policy makers is simply to ignore DSM-5. Its suggestions are reckless, unsupported by science, and likely to result in a great deal of loose, inaccurate diagnosis and unnecessary, harmful and costly treatment."[\[50\]](#) – **Prof. Allen Frances, former DSM-IV Task Force Chairman**

Note: [No one should attempt to get off of psychiatric drugs without a doctor's supervision. For more information click here.](#)



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