



CITIZENS COMMISSION ON HUMAN RIGHTS

March 23, 2023

SENATE HEALTH & SOCIAL SERVICES COMMITTEE

Re: SB 24 - An Act relating to mental health education

Dear Senator:

SB 24 should be carefully reviewed and amended to move beyond a wish list from the psychiatric lobby and actually provide meaningful and effective education that will lead the next generation of Alaskans towards health and wellness.

We have been told for decades that a chemical imbalance in the brain is what drives mental illness. However, this last July it was found the chemical imbalance theory is not supported by evidence.

“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.**” Psychology Today, July 2022

It is very clear now that the main argument justifying the psychiatric drugging of youth, adults and the elderly is marketing, not science.

“We have a mistaken view of what psychiatric drugs are doing.” ... “This idea that they work by targeting the underlying biological mechanisms that produce the symptoms of mental disorders is actually not supported by evidence for any type of mental disorder, whether that’s depression or schizophrenia or whatever.” - *Antidepressants Work Better Than Sugar Pills Only 15 Percent of the Time* - Newsweek Magazine 9-12-22

We should then ask the question “why do people stop taking their antipsychotic drugs? One of the most important studies of antipsychotic drugs, the National Institute of Mental Health’s (NIMH) “Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE), had this finding:

”found that 74% of the patients quit the antipsychotic drug they were taking “owing to inefficacy or intolerable side effects or for other reasons.”

With the invalidation of one of the justifiers of psychiatric drugging, the chemical imbalance theory, it shows how arbitrary and subjective psychiatric labelling really is, and it also shows the dangers of expanding the usage of psychiatric principals that do not create health or well-being.

“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.

Another area that mental health education must address is the psychiatric failure to warn anyone coming into contact with their treatments, that they carry great liabilities. Psychiatric drugs are documented in studies to induce suicidal thoughts and actions, but this is never discussed as part of suicide prevention awareness month. The increasing use of antidepressants has been linked to rising suicides.

Since 2000, there have been at least 27 acts of mass violence in schools committed by those taking or withdrawing from psychiatric drugs or having undergone unnamed mental health treatment, resulting in 33 deaths and 83 wounded. At least seven of the killings involved stabbings. *Something* drove them to kill.

We can do more for youth and adults to provide help that does not compromise the medical "do no harm" mandate while offering a path for individuals to work thru their emotional crises. One such doctor who gives her own options is Kelly Brogan.

"Were you told that your only hope is to manage your symptoms by taking lifelong medications? What if you could eliminate this diagnosis by simply fixing nutrient deficiencies or correcting physiologic imbalances? As such, proper blood tests can highlight these vulnerabilities and guide healing protocols." ... "This is why it's all the more important to explore reversible causes of what we are calling depression." – Kelly Brogan, M.D. - *Five Lab Tests Your Doctor Isn't Ordering*

The form of education that schools should provide students cannot be marketing and hype of yesterday's failed psychiatric ideals. To come up with a curriculum for the future, the makeup of the board putting this together must be expanded to be representative of the creation and maintaining of health, not the forwarding of psychiatric failures of yesteryear.

Sincerely,



Steven Pearce
Director

"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

This bill can be immensely improved by addressing these areas:

1. Training must address psychiatric failings, and recent news, such as the invalidation of the chemical imbalance theory, the World Health Organization material on the need to transform mental health systems away from force and coercion and forced drugging, the danger of psychiatric drugs causing suicidal ideation and suicide, dangers of psychiatric drug withdrawal, psychiatric drug induced psychosis.
2. Offer parents the right to opt out of this mental health education.
3. 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.
4. 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.
5. Make the bill align with the State of Alaska Suicide Prevention Plan about creating Health and Wellness.

Attachment #2

Psychology Today

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.

...

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 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>

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