

**From:** [Rebecca Lasley](#)  
**To:** [Sen. David Wilson](#)  
**Subject:** Vote NO on SB 24  
**Date:** Monday, March 20, 2023 7:16:49 PM

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Dear Senator Wilson:

The problem with this bill is that it authorizes the usual “authorities” who will create mental health training full of psychiatric ideals of chemical imbalance in the brain and psychiatric labels and use these to “educate” all school aged youth of the symptoms of being mentally ill and when to seek treatment. **All without parent input.**

Behavior is not a disease and the problems people face are not solved by taking mind altering drugs. No objective medical test exists to show anything is wrong with the brains of our youth.

Vote NO on SB 24

Kind Regards,  
Rebecca Lasley  
Eagle River, AK



## 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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**POB 19633 \* Seattle, WA 98109 \* 206.755.5230 \* cchrseattle@outlook.com**

**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.

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.

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

**End**

**From:** [Lucas Smith](#)  
**To:** [Senate Finance Committee](#)  
**Subject:** Public Testimony: SB24: PUBLIC SCHOOLS: MENTAL HEALTH  
**Date:** Friday, February 2, 2024 9:36:11 AM

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I submit the following as public testimony on SB24, a bill entitled *PUBLIC SCHOOLS: MENTAL HEALTH EDUCATION*, currently scheduled for hearing on February 7, 2024.

Below is a transcript of a mother's testimony to a public school board in South Carolina as published on YouTube by **BlackConservative24**:

... I've been really confused over the last five years as to why we spend 45 minutes to an hour of every public meeting talking about how great everyone is and how great everything is in the schools and now I figured it out. I figured it out. Because all these people came here to defend *you all* from hurtful words. This is obnoxious.

Let me just say, there is one goal for the educational system. It should be to prepare children to enter careers to be productive members of society. It is not a counseling session. It is not a self-help area. It is not somewhere to find yourself. And, we should not be led by the children for goodness sake.

The children are called dependents for a reason. They depend on us who have fully developed brains. You cannot feel your way through life. The issues that *we* are talking about... We are bringing you statistics. We are talking about scholastics. We are talking about funding. We are talking about busing. We are talking about trying to figure out how to make our children be as successful as possible, and I am *sure* that that is your goal. And, what we have been called tonight is what they're claiming that we're saying to children.

We're having an adult conversation. There are not children in this room. We aren't going into the schools and calling them names. They call us Marxists and hateful and bigots and everything else under the sun.

Let me tell you, less than 5% of the entire population of North Carolina identifies as LGBTQ. You guys all claim you want democracy. Well, you know what democracy is? It's the majority plus one. It's 50 + 1. You know what more than 50% of the people in this state claim that they believe in God almighty; God who made us male and female; God who made marriage between a man and woman; God who said that we must protect our children.

The fact that we can stand up here and we know we can brag about all of the wonderful graduations, but we know we know the statistics. 50% of children did not pass their end of grade test. What are we celebrating?

We have children coming up here telling us how horrible the mental health crisis is. Why? Most of us went to public school, and all of our all of our peers are not in mental health crises. We have to ask ourselves, 'What are we doing to our children?'

I'm going to say we are discussing things with them that they are not emotionally intellectually and morally able to handle. That is what is causing the anxiety. That is what is causing the depression. That is what is causing the confusion. We need our children to be able to be children; to be able to be innocent; to be able to enjoy childhood; and not know all of the drama and all of the difficulties in adult life. That is what we want we want our children to be able to read and write and to think for themselves and we demand that the children who fear God are protected in your schools.



Hello. My name is Gwyneth Eggleston, and I am a sophomore at Bettie Davis East Anchorage High School, and I am in favor of SB24 - proposing mental health education for students and teachers.

My family moved to Alaska when I was in the 2nd grade. We lived in Kotzebue, a rural community in the Northwest Arctic Borough, where my mom worked as an itinerant therapist. I lived there, off the road system and above the Arctic Circle, for most of my childhood. As amazing as my time living in Kotzebue was, I also witnessed the devastation my friends and community experienced from the lack of access to mental health education in rural Alaska. Now that I live in Anchorage, I can tell you that even with major differences between rural and urban communities, mental health education is severely inadequate for students in both environments.

I have friends that struggle to “fix” or manage their mental wellbeing on their own. They suffer because they don’t have access to effective tools or emotional education. They learn to cope by using unhealthy strategies like isolation, lashing out, using drugs or alcohol, or in some more extreme cases by adopting verbally or physically abusive behavior. The very sad but real truth is that without community support, some students eventually reach the point where they self-harm or even begin to think about ending their life because they can’t see an alternative way to deal with their problems.

For so long too many youths in Alaska have lost their lives to suicide. According to [health.Alaska.gov](http://health.Alaska.gov), 90% of people who lose their life to suicide have diagnosable, treatable mental health or substance use disorders.

Too many students do not know how to truly regulate and manage their emotions all on their own. Another reality is that currently, our teachers do not have the time or resources to understand and comprehensively address students’ mental health. For the reasons I have stated previously, I believe this bill is important. It would give students in **EVERY** part of Alaska, rural and urban alike, a chance to learn more about how to appropriately address their mental health.

Specifically, in SB24 it is proposed that we implement health and personal safety education programs which will help students achieve a better, safer, healthier life. School staff will be provided with the opportunity to learn how to understand what their students are going through and how to support them most effectively.

My question for you today is, if this bill is not passed, is there any other bill that can give students and educators in Alaska the education and support for mental that we the really truly need? Because the more we just sit on the issue of youth mental health education the more the problem will grow. This bill is something that can help but we cannot implement this bill without funds and an increase to \$1413 in the BSA would help provide much needed mental health education recourses for all students in Alaska. There is no way we can expect better test scores or academic excellence from our students unless there is some intervention. The truth is, students cannot focus on education if their mental health is suffering.

Thank you for your time.



# Anchorage School District

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## Education Center

5530 E. Northern Lights Blvd. • Anchorage, AK 99504 • 907-742-4000 • [www.asdk12.org](http://www.asdk12.org)

February 12, 2024

Senator Elvi Gray-Jackson  
State Capitol Room 30  
Juneau, Alaska 99801

Dear Senator Gray-Jackson,

We are writing to express our strong support for Senate Bill 24 Public Schools Mental Health Education, which requires districts across Alaska to provide mental health education for K-12 students. As leaders of the Anchorage School District, we believe this bill is crucial in providing students with essential knowledge and resources to support their social and emotional well-being.

In recent years, ASD has seen higher suspension rates, increased suicide risk assessments, increased behavioral issues, and a growing need for mental health services. In many cases, mental health issues go undetected and untreated, leading to long-term consequences for students and society as a whole.

We must address these issues early and honestly with students, and SB 24 as proposed offers positive solutions to begin tackling these problems. By integrating mental health education into our curriculum, a practice ASD is already doing, we can empower our students to recognize the signs and symptoms of mental health disorders, understand the importance of seeking help, and access appropriate resources and treatment. Additionally, access to strong mental health supports has a direct impact on students' educational outcomes.

SB 24 aligns with our commitment to provide a comprehensive education that addresses the holistic needs of our students. Mental health education not only promotes emotional resilience and well-being, but also reduces stigma surrounding mental illness, fostering a supportive and inclusive school environment.

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*Educating All Students for Success in Life*

Anchorage School Board Margo Bellamy, President

Carl Jacobs, Vice President

Dora Wilson, Clerk

Kelly Lessens, Treasurer

Dave Donley

Pat Higgins

Andy Holleman

Superintendent Dr. Jharrett Bryantt

We recognize that implementing mental health education may require additional resources and training for educators. However, the long-term benefits far outweigh the initial investment, though we would ask the State to support districts in this effort through an increase to the Base Student Allocation (BSA).

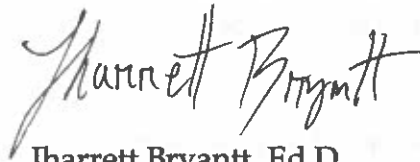
By prioritizing the mental health of our students, we are investing in their future and the well-being of our communities. We are excited to support SB 24, and are hopeful for its passage.

Thank you for your attention to this critical issue.

Sincerely,



Margo Bellamy  
School Board President



Jharrett Bryantt, Ed.D.  
Superintendent

Carl Jacobs  
School Board President

Kelly Lessens  
School Board Treasurer

Dora Wilson  
School Board Clerk



# Anchorage School District

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## Education Center

5530 E. Northern Lights Blvd. • Anchorage, AK 99504 • 907-742-4000 • [www.asdk12.org](http://www.asdk12.org)

February 12, 2024

Senator Elvi Gray-Jackson  
State Capitol Room 30  
Juneau, Alaska 99801

Dear Senator Gray-Jackson,

On behalf of the Anchorage School District, we are writing to express our wholehearted support for Senate Bill 131, which requires school districts across Alaska to teach students about the history and contributions of Asian Americans and Pacific Islanders (AAPI). As leaders of the largest and most diverse school district in Alaska, we firmly believe this bill is a crucial step towards promoting diversity, equity, and cultural understanding in our schools.

We are particularly grateful for your leadership and advocacy in championing this important cause. ASD currently serves roughly 43,000 students, over 17 percent of which are Asian American and Pacific Islanders. Nearly 7,400 students across our elementary, middle, and high schools are of Asian and Pacific Islander descent. The impact and contributions of AAPI to Alaska and our city are profound and deserving of recognition through a formal program to educate students.

By supporting Senate Bill 131, we are not only honoring the rich heritage and contributions of Asian American and Pacific Islander communities, but also providing students with a more comprehensive understanding of our nation's history and the diverse tapestry of its enriching cultures.

The history and contributions of AAPI have often been overlooked or left out of traditional curriculum. By including this vital aspect of our shared history in school curricula, we can ensure that future generations of Alaskan students have a better understanding of the incredibly rich history and cultures of Asian American and Pacific Islanders in Alaska.

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*Educating All Students for Success in Life*

Anchorage School Board Margo Bellamy, President

Carl Jacobs, Vice President

Dora Wilson, Clerk

Kelly Lessens, Treasurer

Dave Donley

Pat Higgins

Andy Holleman

Superintendent Dr. Jharrett Bryantt

This knowledge will not only foster representation of the experiences of AAPI individuals, but also empower students to become informed and engaged citizens in an increasingly interconnected world. Research shows that representation within the classroom not only increases feelings of belonging but also supports a positive school environment in which students feel more confident in their abilities and accelerates academic achievement.

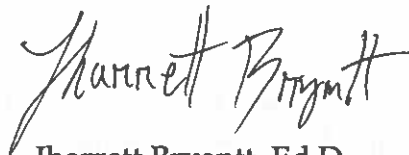
We urge the Legislature's support and passage of Senate Bill 131 this session. By working together to promote inclusive education, we can build a brighter future for all students in Alaska.

Thank you for your attention to this important matter.

Sincerely,



Margo Bellamy  
School Board President



Jharrett Bryantt, Ed.D.  
Superintendent

Carl Jacobs  
School Board President

Kelly Lessens  
School Board Treasurer

Dora Wilson  
School Board Clerk

March 20, 2023

Alaska State Legislature  
Alaska State Capitol  
120 4<sup>th</sup> Street  
Juneau, AK 99801

RE: Support Senate Bill 24 – Youth Mental Health Education (ver. A)

Members of the Alaska State Legislature,

We, the undersigned organizations, extend our collective support for Senate Bill 24, "an act relating to mental health education." Allowing school districts the guidance and opportunity to provide age-appropriate mental health education to Alaska's students will offer additional supports to parents, reduce stigma surrounding mental health, and promote resilience within our children and youth in their darkest moments.

Well before this global pandemic disrupted their lives, young Alaskans have been crying out for help. Alaska's adolescent suicide rate has long been among the highest in the country, with self-harm deaths among 12-19 year-olds tripling the national average during 2016-2018. In 2019, suicide was the leading cause of death for Alaskans aged 15-24, and 22% of high school students reported having planned a suicide attempt in the previous year. In just a decade, the rise in suicidal ideation among Alaska teens has been alarming, with planning rates up 100% for male students and 80% for female students (2009-2019). And in 2020, state health official reports show suicide attempts among 11-to-14-year-olds are on the rise.

While the full impact of the pandemic on young Alaskans is still revealing itself, we know the mental health challenges they face existed long before. Yet despite all this data, the loss of our young people around the state cannot be measured. We recognize parents are their children's first and most important teachers and know what is best for them. However, some families need additional support to help ensure their child has every protection in life, especially against things we cannot always see.

Mental health is an essential part of overall health, a fact only underscored by this pandemic. Allowing local communities the choice to provide a more complete health curriculum is one clear step we can take towards ensuring our youth seek support when they need it most.

Youth are raising their voices for help, and it is time we listen. We, the undersigned, urge the swift passage of Senate Bill 24 to better support our young people. Please do not wait another year; the cost is far too great.

Thank you for your consideration and service to our state.

Signed,

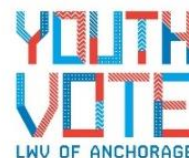


### Alaska Chapter

American Academy of Pediatrics  
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**Anchorage School District**  
*Educating All Students for Success in Life*





# Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

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TRADITIONAL COUNCIL

CHUGACHMIUT

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NATIVE ASSOCIATION

COUNCIL OF ATHABASCAN  
TRIBAL GOVERNMENTS

EASTERN ALEUTIAN TRIBES

KARLUK IRA  
TRIBAL COUNCIL

KENAITZE INDIAN TRIBE

KETCHIKAN  
INDIAN COMMUNITY

KODIAK AREA  
NATIVE ASSOCIATION

MANILAQ ASSOCIATION

METLAKATLA INDIAN  
COMMUNITY

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NATIVE VILLAGE  
OF TYONEK

NINILCHIK  
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NORTON SOUND  
HEALTH CORPORATION

SELDOVIA VILLAGE TRIBE

SOUTHCENTRAL  
FOUNDATION

SOUTHEAST ALASKA REGIONAL  
HEALTH CONSORTIUM

TANANA CHIEFS CONFERENCE

YAKUTAT TLINGIT TRIBE

YUKON-KUSKOKWIM  
HEALTH CORPORATION

VALDEZ NATIVE TRIBE

April 25, 2023

The Honorable Bert Stedman  
Alaska Senate  
Alaska State Capitol, Room 518  
Juneau, Alaska 99801

The Honorable Lyman Hoffman  
Alaska Senate  
Alaska State Capitol, Room 516  
Juneau, Alaska 99801

The Honorable Donald Olson  
Alaska Senate  
Alaska State Capitol, Room 508  
Juneau, Alaska 99801

RE: Support for Senate Bill 24 – Youth Mental Health Education

Dear Senate Finance Committee Co-Chairs,

The Alaska Native Health Board (ANHB)<sup>1</sup> writes to the Committee in support of Senate Bill 24 (SB 24), "an act relating to mental health education." Allowing school districts the opportunity to provide age-appropriate mental health education to Alaska's students will offer additional supports to parents, reduce stigma surrounding mental health, and promote resilience within our children and youth in their darkest moments.

Well before the COVID-19 pandemic disrupted their lives, young Alaskans have been crying out for help. And recent data confirms this.<sup>2</sup> Alaska's adolescent suicide rate has long been among the highest in the country, with self-harm deaths among 12-19-year-olds tripling the national average during 2016-2018. For Alaska Native adolescents and youth, the suicide risk was already double that of the general population at 78.9 per 100,000. From 2018 to 2019, that risk for Alaska Native youth nearly doubled. The regions most impacted by youth suicide are also predominantly Alaska Native, the Northern and Southwest regions (116.1 and 112.5 per 100,000 persons aged 12–19 years, respectively).

In 2019, suicide was the leading cause of death for Alaskans aged 15-24, and 22% of high school students reported having planned a suicide attempt in the previous year. In just a decade, the rise in suicidal ideation among Alaska teens has been

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<sup>1</sup> ANHB was established in 1968 with the purpose of promoting the spiritual, physical, mental, social, and cultural well-being and pride of Alaska Native people. ANHB is the statewide voice on Alaska Native health issues and is the advocacy organization for the Alaska Tribal Health System (ATHS), which is comprised of tribal health programs that serve all of the 229 Tribes and 180,000 Alaska Native and American Indian people throughout the state. As the statewide tribal health advocacy organization, ANHB helps Alaska's Tribes and Tribal programs achieve effective consultation and communication with state and federal agencies on matters of concern.

<sup>2</sup> Alaska Department of Health and Social Services, Section of Epidemiology. "Adolescent Suicide Death, AKVDRS Update – Alaska, 2016–2019". Bulletin No 5, Sept. 25, 2020. Accessed March 30, 2023, [http://www.epi.alaska.gov/bulletins/docs/b2020\\_05.pdf](http://www.epi.alaska.gov/bulletins/docs/b2020_05.pdf).



alarming, with planning rates up 100% for male students and 80% for female students (2009-2019). Now, initial 2020 reports are that suicide attempts among 11-to-14-year-olds have increased. Yet despite all this data, the loss of our young people around the state cannot be measured. Mental health is an essential part of overall health, a fact only underscored by this pandemic. Allowing local communities the choice to provide a more complete health curriculum is one clear step we can take towards ensuring our youth seek support when they need it most.

Youth are raising their voices for help, and it is time we listen. ANHB thanks you for your work thus far and we offer our support of SB 24 to better support our young people. If you have any comments or questions, you may contact ANHB by email at [anhb@anhb.org](mailto:anhb@anhb.org) or by telephone at (907) 729-7510.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Smith". The signature is fluid and cursive, with a large initial "W" and "S".

William Smith, Chairman  
Alaska Native Health Board  
Tribally-Elected Leader of the Valdez Native Tribe