



CITIZENS COMMISSION ON HUMAN RIGHTS

May 7, 2024

House Finance Committee

Re: SB 24 relating to mental health education

Dear Representative:

SB 24 bill language does not describe what mental health education should be. However, from testimony and letters from supporters we get a list of desired benefits for students, parents, teachers and community that has no chance of being achieved. This is very concerning.

We can readily find noted experts in their field that are very critical of the direction public mental health has taken. For instance, psychiatrist Thomas Insel, former head of the US National Institute of Mental Health when he stated in 2022:

“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.”

In addition, the future fiscal impact of SB 24 has not been evaluated. SB 24 will set in motion a package of more mental health counselors, increases in referrals for evaluation, more children engaged in psychiatric treatment and an increased demand on teachers using the new mental health curriculum in school. One of the main goals of supporters is increasing the number of youth in treatment. This will drive future budget increases. All this while no medical tests show anything to be wrong with the brains of the children being forced onto these drugs.

“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. ... I mean, you just can’t define it.” — **Allen Frances, Psychiatrist and former DSM-IV Task Force Chairman**

There is another side to SB 24. From testimony so far, this bill will act as an endorsement of the mental health concept of behavior as a disease. A disorder that does not need to be shown by an objective test. The emphasis is on treatment delivery based on the medicalization of behavior. This places physical and social-economic issues as a secondary issue.

“Prescribing antidepressants to children is incompatible with “Building Resilient Kids”, a mantra heard throughout education and social care. Telling children they can be resilient when faced with poverty, broken and dysfunctional families and overwhelming societal and educational pressures is one tool used by governments and the powers that be. Antidepressants are just one more. Things go wrong when children don’t live up to the expectations of today’s society.” Beverley Thomson *ANTIDEPRESSED*

Parental authority takes a big hit when the schools and teachers deem behavior a medical issue and recommending a course of action for the youth. If the parent disagrees, then the teachers and school personnel can encourage the youth to seek counseling and treatment on their own.

“By encouraging children to believe they are broken and are to blame for their distress and by medicating them with powerful drugs we know change brain chemistry, are we taking away their right to survive, and ability to thrive, be protected and reach their full potential? At what point in their life might a child question their medication? When they do, what damage might already have been done?” ... “Does any parent have the right to control the development of their child with drugs? The reality is that children parked on antidepressants at a young age become medicated adults.” Beverley Thomson
ANTIDEPRESSED

Cost of future treatment is a factor due to the lack of a definitive – verifiable way to discern if student A or student B is exhibiting mental illness or simply being an adolescent learning their way in the world while struggling with family, community, school and social issues.

There is an unrealized cost of this legislature allowing SB 24 to be a mental health industry funding bill, and turning the schools into patient pools for mental health labeling and then psychiatric drugging.

“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*

We have two general concepts for amendments – see specific language in attachment #1.

1. Add two parents (who do not have mental health or psychiatric education) with the idea they will advocate for issues as concerned, involved and loving parents. Add a clergy/religious member who has experience supporting youth through adolescence. Add in at least one alternative healthcare provider, such as a Naturopath or MD who is focused and experienced in creating health with individuals without a focus on psychiatric drugs. Then add the requirement for guidelines that training must include medical examination to identify known medical, nutritional and other factors that can cause emotional distress that mimic psychiatric disorders.
2. Amend section 3 to insert language that states health education should focus on non-coercive, non-force and non-psychiatric drug focused programs. This opens the door to a broad based education of all involved that invites participation and informed consent.

SB 24 should be amended to preserve parental rights, provide accountability, and offer health solutions instead of a focus on mind-altering psychiatric drugs. It gives Alaskan students, parents and school teachers a chance of creating the health everyone is looking for.

Sincerely,



Steven Pearce
Director

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Attachment #1 – Amendments -

1. Amend_Section 4, AS 14.30.360 (b) page 3 Line 5: after mental health organizations ...
... mental health organizations and two parents experienced with youth adolescents (not mentally health trained), a clergy member preferably who has run youth programs, 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.
2. 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.

[Information: “There are psychiatrists who are trained in the art of **differential diagnosis**, who listen to their patients, and who are interested in treating the real causes of brain dysfunction rather than masking them with dangerous medications or prescribing ineffective therapies. No matter how many DSM labels and non-diagnoses you get, I encourage you to keep looking. - **Dr. Sydney Walker III, psychiatrist** A Dose of Sanity]

3. Amend section 3, page 2 insert language starting on line 28 – underlined and bold below:
* Sec. 3. AS 14.30.360(a) is amended to read:
(a) Each district in the state public school system shall be encouraged to initiate and conduct a program in health education for kindergarten through grade 12. The program should include instruction in [PHYSICAL] health and personal safety including alcohol and drug abuse education, cardiopulmonary resuscitation (CPR), early cancer prevention and detection, dental health, family health including infant care, environmental health, **mental health, physical health**, the identification and prevention of child abuse, child abduction, neglect, sexual abuse, and domestic violence, and appropriate use of health services. **All health programs should have the focus of creating health through non-coercive, non-force means that do not focus on toxic psychiatric drug treatments.**

End