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May 2, 2019

By Electronic Transmission

Subject: SB 199

Dear Sens. Ward and Regan:

Reviewing SB 199 has taken some interesting turns and the legislation involves multiple issues that go back well over a decade. I will lay out our thoughts below.

On the first page of the bill, in proposed section 1425, it begins with the language below:

<u>All children of school age SHALL receive a depression screening while in sixth grade and thereafter . . . SHALL include written confirmation from the CHILD'S PHYSICIAN or OTHER QUALIFIED HEALTH CARE PROFESSIONAL that the screening was completed.</u>

There are numerous contradictory points in the language in SB 199 in my view. As an example, on line 20, section (b)(1) the parent can opt out of sharing the mandatory depression screening with the school entity but they cannot opt out of the mandatory screening procedure in subsection (a). Then on page 2, line 27-28 it states that a parent 'may' opt-out of the depression screening in subsection (a). Considering that the language used states that "all" children of school age "shall" receive depression screening and then presents an opt out for parents, it seems this is presenting a potential legal trap for parents who elect not to receive this screening. Further, it seems that schools will likely push this as mandatory even though there is an opt out option.

So, what is the problem and why all the concern? These type of screening programs typically result in false positives and an increase in diagnosed individuals. This can be especially true considering the target population which is teenagers – a confusing time known for ups and downs and shifting emotions. Framing this within the medical exam highly loads it with a medical solution – a drug – if the screener deems that a referral is necessary to a positive screen.

Additional relevant points:

1. Why is there no definition of what "qualified healthcare professional" means?
2. Why is a child's physician qualified to implement this screening procedure?
3. Why are there no controls as to what the content of the screening should contain?
4. Why are school entities and employees protected against civil or criminal liability?
5. Why are there no punishments for violating the privacy requirements of this information?
6. Why are there no punishments for unauthorized release of this information?
7. How does this affect homeschooled children?

8. Why is there no mention of the HIPAA requirements on privacy?
9. Why is there no review option for parents for the determination by a "physician or qualified healthcare professional"?
10. How does a parent object or oppose recommendations and referrals, what is the process?
11. How will this affect the home environment? For instance, if a person owns firearms will those kinds of questions be on the health department screening requirements?
12. Why are there no controls on the forms since on page 4 line 13 it seems that just about anyone can create their own form? Also, it does not appear to limit asking additional questions which could impose uncomfortable situations for children participating in the screening process?
13. Why are there no benchmarks or requirements for the success of this program? Is this to be implemented in perpetuity?
14. What medical/academic/psychological study has actually shown that adopting these measures even works and by what benchmarks?

Our concerns for item number 12 above can be demonstrated easily by a previous effort developed by Columbia University Children's Psychiatric Center where in they created a 52-question computerized and self-administered questionnaire. This test supposedly identified the warning signs of "mental illness" through the answers on a multiple-choice test but many felt that these questions were loaded to push people into specific categories that would lead to treatment through medication.

Psychotropic drugs otherwise known as antidepressants

We are deeply concerned about the impact and usage of antidepressant drugs! The fact that a child's physician or "qualified healthcare professional" could end up making a recommendation that leads to the usage of drugs that have 26 black box warnings from the FDA is truly concerning.
The **FDA has given a Black Box warning to anti-depressants**. It states: ***Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder and psychiatric disorders***.Anyone considering the use of an antidepressant in a child, adolescent or young adult must balance this risk with the clinical need….**Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior**.

Considering the history of the push for mandated mental health screening and its connection to Pennsylvania back in nearly 2000s, it seems that there should be more controls contained within this legislation regarding the potential advocacy for the use of these drugs on children and the rights of parents. The history of these drugs goes back to the late 80s when they were first introduced and they became widely used and recommended.

Research has shown that these SSRI's drugs forever alter the brain chemistry even after cessation of use. As an example, a report in October 2014 published by the **NIH** states that **a single dose** of antidepressant SSRI's (selective serotonin reuptake inhibitors), "**changes the functional architecture of the brain within hours** of SSRI intake". Since the teenage brain is still developing, the long-term consequences of this are unknown.

So, the result of this entire screening process will be an increase in drugged teenagers. While we are attempting to inform them about the dangers of opioids (the biggest cause of death in young people 47,000 a year) at the same time we drug them as a solution to their issues. Since the pharmaceutical companies and the medical profession financially benefit from mandatory screening, this has been called a fishing expedition for patients. It is also important to note that if the goal is to decrease suicide, these drugs that are almost universally used to treat depression have, again, multiple FDA

black box warnings that warn of a significant increase in suicide risk specifically with the teenage young adult population. In an over diagnosis the result also is that normal life occurrences and behaviors are labelled as pathological. When this happens, the teenager learns to view his/her normal emotions to mean they are abnormal – consequently there must be something wrong with them. We have seen the former with the proliferation of speed euphemistically called Ritalin, Concerta, etc. given to boys of school age who exhibit boy behavior in a class structure more designed for girl development.

The Pennsylvania connection to efforts for mandatory mental health screening goes all the way back to the Texas project (2004), which promoted the use of newer, more expensive antidepressants and antipsychotic drugs, which sparked off controversy when Allen Jones,an employee of the Pennsylvania Office of the Inspector General, revealed that key officials with influence over the medication plan in Pennsylvania received money and perks from drug companies with a stake in the medication algorithm (15 May). He was fired for speaking to the New York Times.

The push for mandated mental health screening for children of all ages has been around since at least 2004 with the President Bush supported New Freedom Commission on Mental Health. This program also included adults – "Both children and adults will be screened for mental illness during their routine physical exams." This effort was opposed by Eagle Forum, Gun Owners of America, the Association of American Physicians and Surgeons, Concerned Women of America, Freedom 21, the Alliance of Human Research Protection, and the International Center for the Study of Psychiatry and Psychology.

There have been various permutations of this over the years and some states have even passed these bills. It is interesting that these have been traditionally Republican sponsored efforts. The current SB199 is a reiteration of previous legislation which was also Republican sponsored (Reschenthaler). While there have been numerous mandatory mental health screening bills and programs (some passed) targeting our children and even us adult citizens, there has not been any legislation proposed (as far as I am aware) of requiring mental health screening for our elected officials – some would agree that certainly would be a critical necessity.

It is also important to note that there is a parallel with SB199 and Gun Control legislation. Essentially those legislators who advocate for these types of bills (like SB199) are 'really' saying they do not trust parents to do the right thing for their kids. Parents cannot be trusted with authority - law abiding firearm owners cannot be trusted with firearms (power and force). There will always be some parents who do not do the responsible thing in raising their kids - just as there will always be criminals who use firearms in the commission of crimes - and both of these will always be true no matter how many thousands of laws are passed. The truth is, however, just as firearm owners are one of the most law-abiding segments of our population, so too the huge majority of parents are responsible parents. As far as government is concerned rights of parents as well as firearm owners are determined by the behavior of irresponsible parents and criminals. Good people are regularly punished because of the actions of a few bad ones. SB199 is a shining example of this.

Most parents are responsible parents. Dr. Charles Gallo, who has 40 years of experience in the mental health field, says"I see parents calling our practice on a regular basis to seek help with their young children and teenagers. Teenagers also tell their parents they want to "talk with someone" and even voluntarily call themselves in order to initiate therapy. It is important to note that with regards to mental health law in PA "children" 14 yrs. or older are considered adults. This means they can initiate their own treatment, consent to treatment and also control the disposition of their records." So young teenagers would have the power to object to an evaluation, object to treatment (or choose their own direction) as well as controlling who sees the results. Nowhere, as far as I see does SB199 recognize this.

If PA legislators want to do something productive, they should instead promote an educational campaign on the positive effectiveness of Psychological therapy - this does not entail increased drugging of children. Teenagers respond extremely positively to therapy with an understanding, supportive therapist.

Comments from other Psychological Professionals on SB 199

Asking other mental health professionals about SB199, we received two types of responses. The first was an outright objection to the bill. The second was an initial "that sounds like a great idea" response which was followed up subsequently by "I thought more about that bill and I am against it. There are a lot of serious problems with it."

Additional comments by a Clinical Social Worker – a therapist who has treated young children and teenagers extensively." I think this legislation is a huge over reach that I would not support. Since when have physicians been experts on depression? Why do we even have Child Psychiatrists if any General practitioner with 20 minutes of training can or would perform these MANDATED evaluations? Labeling a child with a diagnosis of depression will follow him throughout his or her life. Mandating these evaluations circumvents the Parents role in making healthcare decisions for their own children. Just a huge over reach by Government to take away people's privacy and self-determination. To me this is akin to giving chemo to everyone because some day they may have cancer. I will keep my eye on this bill."

Additional comments by a Licensed Professional Counselor who has extensive experience treating children and teenagers:

- issues with overmedicating
- confidentiality issues – who views the record
- future employment will be affected
- a diagnosis can significantly negatively change the family dynamics of a child/teenager
- a diagnosis could lower expectations of self
- a diagnosis would cause adolescent cliques (school) and stereotypes
- the diagnostic criteria for mental health keep shifting – ex. Asperger's
- support groups for teenagers might be difficult to find
- a teenager may be reluctant to find treatment if a diagnosis is given – not self-initiated
- a teenager would be more likely to self-medicate (increase in overdoses)

Final Comments

It is our considered opinion that legislators on both sides of the aisle, who advocate for these programs in a sincere effort to do good, need to hear the truth about the ***dangers and ineffectiveness*** of these programs. Do not be misled by doublespeak from school boards, psychiatrists, counselors, or teachers. Despite their veneer of identifying and helping those at risk, mental health screenings are little more than fishing expeditions, casting a broad net and reeling in millions of new psychiatric drug users.

Respectfully,

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