

February 13, 2018

Honorable Joseph Hagan Chairman
House Judiciary Committee
Room 208 Legislative Office Building
36 North State Street
Concord, NH 03301

Dear Chairman Hagan and Members of the Committee,

Thank you for the opportunity to testify today. My name is Kenneth Norton and I serve as Executive Director of NAMI NH, the National Alliance on Mental Illness. On behalf of NAMI NH, I am here to speak in support of HB 1319.

While there are many reasons NAMI NH supports this bill, I am going to focus my testimony specifically on the higher risk for suicide for individuals who are lesbian, gay, bisexual or transgender. By way of background, I lead the development of NAMI NH's Connect Suicide Prevention Program which was designated as a national best practice in suicide prevention, intervention and postvention. The Connect Program has trained in over 40 states and 35 tribal nations. In my role, I have done briefings related to mental health and suicide prevention at the Pentagon, provided training for the Department of Defense and presented in four countries. I have also served on numerous national workgroups and committees, including the National Suicide Prevention Lifeline.

As the chart below indicates, suicide is the second leading cause of death for ages 10-34 in NH (as well as nationally). It is the third leading cause of death ages 35-44, fourth leading and fourth leading cause of death for ages 45-54. Suicide deaths are the tip of the iceberg in contrast to suicide attempts. The human and economic impact of suicide deaths and attempts is significant. A small but important subgroup of these statistics are people who are dealing with gender identity issues. LGBT youth represent a significant high risk sub-group for these youth and young adults as evidenced by the rate of suicide attempts which is 4 times greater for LGB youth and 2 times greater for questioning youth, than that of straight youth according to the US Center for Disease Control. Additionally, suicide attempts by LGB youth and questioning youth are 4 to 6 times more likely to result in injury, poisoning, or overdose that requires treatment from a doctor

NH Top Ten Leading Causes of Death 2011-2015

Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 44	Unintentional Injury 10	Malignant Neoplasms ---	Malignant Neoplasms 11	Unintentional Injury 252	Unintentional Injury 458	Unintentional Injury 281	Malignant Neoplasms 993	Malignant Neoplasms 2,872	Heart Disease 10,178	Malignant Neoplasms 13,455
2	Short Gestation 41	Congenital Anomalies ---	Unintentional Injury ---	Suicide ---	Suicide 109	Suicide 143	Malignant Neoplasms 207	Heart Disease 570	Heart Disease 1,195	Malignant Neoplasms 9,581	Heart Disease 12,128
3	Maternal Pregnancy Comp. 28	Heart Disease ---	Homicide ---	Unintentional Injury ---	Malignant Neoplasms 20	Malignant Neoplasms 76	Suicide 166	Unintentional Injury 453	Unintentional Injury 355	Chronic Low Respiratory Disease 2,936	Chronic Low Respiratory Disease 3,377
4	Rheumatic Cord Membranes 17	Homicide ---	Cerebro-vascular ---	Benign Neoplasms ---	Heart Disease 14	Heart Disease 38	Heart Disease 119	Suicide 281	Chronic Low Respiratory Disease 328	Cerebro-vascular Disease 2,082	Unintentional Injury 3,276
5	SIDS 11	Influenza & Pneumonia ---	Congenital Anomalies ---	Congenital Anomalies ---	Homicide 14	Congenital Anomalies 14	Liver Disease 37	Liver Disease 165	Liver Disease 280	Alzheimer's Disease 1,924	Cerebro-vascular Disease 2,319
6	Circulatory System Disease 10	Malignant Neoplasms ---	Heart Disease ---	Heart Disease ---	Cerebro-vascular ---	Homicide 12	Diabetes Mellitus 23	Diabetes Mellitus 105	Diabetes Mellitus 248	Unintentional Injury 1,349	Alzheimer's Disease 1,905
7	Respiratory Disease ---	Benign Neoplasms ---	Suicide ---	Homicide ---	Chronic Low Respiratory Disease ---	Diabetes Mellitus ---	Homicide 17	Chronic Low Respiratory Disease 85	Suicide 203	Diabetes Mellitus 1,083	Diabetes Mellitus 1,473
8	Neuroinfecting Enterocolitis ---	---	---	---	Benign Neoplasms ---	Chronic Low Respiratory Disease ---	Cerebro-vascular 13	Cerebro-vascular 64	Cerebro-vascular 144	Influenza & Pneumonia 1,022	Influenza & Pneumonia 1,119
9	Neonatal Hemorrhage ---	---	---	---	Congenital Anomalies ---	Liver Disease ---	Chronic Low Respiratory Disease 13	Viral Hepatitis 27	Septicemia 73	Nephritis 782	Suicide 1,960
10	Unintentional Injury ---	---	---	---	Diabetes Mellitus ---	Complicated Pregnancy ---	Too Few ---	Influenza & Pneumonia 24	Viral Hepatitis 69	Parkinson's Disease 582	Nephritis 889

Find Help, Find Hope Causes of Death

Printer-Friendly Version

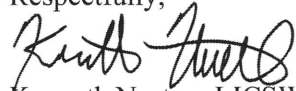
or nurse, compared to their straight peers. Data has been much more difficult to obtain specific to transgender youth, but all current evidence points to their being at much higher risk. There is an emerging body of research showing that trans people are eight times more likely to attempt suicide than their peers in the general population. One of the common contributing factors to the increased risk for suicide which is noted in the literature is the issue of gender discrimination. For instance, a 2017 study which reviewed recent research on transgender suicide showed several unique risk factors contribute to the high rate of suicide in this population: including “lack of family and social supports, gender-based discrimination, transgender-based abuse and violence, gender dysphoria and body-related shame, difficulty while undergoing gender reassignment, and being a member of another or multiple minority groups.” A. Williams 2017

It is also important to note that while there are widely promoted articles and reports that a longitudinal study in Sweden showed that suicide rates are higher after a person transitions, these are distortions of the study results. The author of that article *Reassignment Surgery: Cohort Study in Sweden* by Dr. Cecilia Dhejne has explicitly and repeatedly stated that the study does not show that medical transition results in suicide or suicidal ideation, nor does it demonstrate increased mortality and morbidity.

NAMI NH is committed to addressing suicide as a public health issue and reducing the incidence of suicide death in NH. We strongly believe that passing legislation to prohibit discrimination based on gender identity will help to decrease risk for suicide.

We respectfully request that you vote this bill as ought to pass. I am happy to answer any questions which you have.

Respectfully,

A handwritten signature in black ink, appearing to read "Kenneth Norton", written over a horizontal line.

Kenneth Norton, LICSW
Executive Director