



National Alliance on Mental Illness

NAMI New Hampshire

April 10, 2018

Honorable Chairman Carol McGuire
House Executive Departments and Administration Committee
Legislative Office Building #306
33 N. State Street
Concord, NH 03301

Dear Madam Chair 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 today to speak in favor of SB 508.

By way of background, I am very familiar with trauma from my years of clinical work in community mental health as well as leading the development of NAMI NH's Connect Suicide Prevention program where I provided training and technical assistance to the NH National Guard as well as the Department of Defense and Defense Center on Excellence for Psychological Health and Traumatic Brain Injury. For the past four years I have also served as an appointed member of the legislatively established Military and Veterans Commission on PTSD and Traumatic Brain Injury. But I consider my real expertise as a family member who has intimately experienced the effects of a life changing traumatic event on a loved one and how the post-traumatic stress disorder which followed affected every dimension of their life, school, work, relationships and health eventually resulting in addiction, repeated incarceration and homelessness. I am now also very fortunate to witness the effectiveness of appropriate treatment and the joys of recovery and healing.

From those experiences, two pieces of knowledge I would like to impart is that while there are clusters of symptoms that we can recognize resulting from trauma, how it manifests itself can be unique to that individual. And as demonstrated by our Veterans, we also know that trauma can lie dormant for periods of time and then be triggered resulting in the rapid onset of symptoms.

Our first responders are our everyday super heroes. They leave their homes and get into their uniforms each day knowing they are placing their lives on the line. Without hesitation they run into burning buildings or place themselves in harm's way to help and save others. On a daily basis they see the worst of humanity. Murder and terrible crimes, horrific accidents, life threatening medical conditions, tragic fires, drug overdoses, and suicide. When they take their uniforms off at the end of the day it is difficult or perhaps impossible to leave all that behind them. Yet they return home to their families and loved ones and they do their best to not bring those events home with them.

They truly are super heroes, but they are first and foremost human and we need to look no further for that evidence than the body of research showing police and first responders experience higher rates of depression, and trauma than the general population.

Find Help, Find Hope

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Suicide is an important and preventable public health issue, one which first responders are intimately familiar with. In New Hampshire suicide is the second leading cause of death ages 10-34, the third leading cause of death ages 35-44 and the fourth leading cause of death ages 45-54 and the 10th overall. Sadly, first responders have significantly higher rates of suicide than the general population. Some estimates indicate that suicide is the leading cause of death for fire and emergency medical service providers. Estimates for police are that suicide deaths are triple the number of line of duty deaths in the US each year. Tragically, during the past year, suicide has taken the lives of three New Hampshire police officers.

New Hampshire is fortunate to have some very strong leadership in addressing the mental health needs of police and first responders. Department of Safety Commissioner Barthelmes has established a peer support program for state police led by Trooper

Gahr, Franklin Chief David Goldstein has long been a proponent of providing mental health supports to law enforcement and EMS Director Deb Prendergast has been working hard to close the gap for emergency medical personnel and William McQuillen has also been strong advocate for firefighters. NAMI NH provides 16 hours of training to all cadets coming through NH Police Standards and Training Academy on mental illness including their own risk for PTSD, depression and suicide.

However we need to do more to support our police and first responders. Establishing this commission is an important step in the right direction. Therefore on behalf of NAMI NH I am asking you to vote this bill as ought to pass.

Please vote SB 508 as ought to pass. Thank you for your consideration.

Respectfully,



Kenneth Norton, LICSW
Executive Director

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 381	Malignant Neoplasms 893	Malignant Neoplasms 2,872	Heart Disease 10,178	Malignant Neoplasms 13,485
2	Short Gestation 41	Congenital Anomalies —	Unintentional Injury —	Suicide —	Suicide 109	Suicide 149	Malignant Neoplasms 207	Heart Disease 570	Heart Disease 1,195	Malignant Neoplasms 5,951	Heart Disease 12,128
3	Maternal Pregnancy Comp. 29	Heart Disease —	Homicide —	Unintentional Injury —	Malignant Neoplasms 20	Malignant Neoplasms 70	Suicide 166	Unintentional Injury 453	Unintentional Injury 355	Chronic Low Respiratory Disease 2,955	Chronic Low Respiratory Disease 3,377
4	Placenta Cord Membranes 17	Homicide —	Cerebro-vascular —	Benign Neoplasms —	Heart Disease 14	Heart Disease 38	Heart Disease 119	Suicide 281	Chronic Low Respiratory Disease 329	Cerebro-vascular 2,082	Unintentional Injury 3,276
5	SIDS 11	Influenza & Pneumonia —	Congenital Anomalies —	Congenital Anomalies —	Homicide 14	Congenital Anomalies 14	Liver Disease 57	Liver Disease 165	Liver Disease 250	Alzheimer's Disease 1,924	Cerebro-vascular 2,319
6	Circulatory System Disease 10	Malignant Neoplasms —	Heart Disease —	Heart Disease —	Cerebro-vascular —	Homicide 12	Diabetes Mellitus 23	Diabetes Mellitus 108	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	Neonitizing Enterocolitis —	—	—	—	Benign Neoplasms —	Chronic Low Respiratory Disease —	Cerebro-vascular 13	Cerebro-vascular 84	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 1,060
10	Unintentional Injury —	—	—	—	Diabetes Mellitus —	Complicated Pregnancy —	Two Tied —	Influenza & Pneumonia 24	Viral Hepatitis 69	Parkinson's Disease 582	Nephritis 989

Terms for Causes of Death

Printer-Friendly Version