

March 5, 2019

Honorable Robert Renny Cushing, Chairman
House Criminal Justice and Public Safety Committee
107 North Main Street
Concord, New Hampshire 03301

Dear Mr. Chairman and Committee Members:

My name is Kenneth Norton and I am the Executive Director of NAMI NH, the National Alliance on Mental Illness. I have worked extensively in the field of suicide prevention as a Licensed Independent Clinical Social Worker in NH, as well as in suicide prevention public health efforts in NH and nationally. I have served as a subject matter expert on suicide prevention for the Department of Defense, Defense Center on Excellence and the Substance Abuse Mental Health Services Administration. I have also served as a member of the Steering Committee of the National Suicide Prevention Lifeline for over a decade. And I also serve on NH's legislatively established Suicide Prevention Council of which there are several other members here to testify today. NAMI NH's primary focus for HB 687 is as a mechanism to preventing suicide and to that end we are here to testify in support of HB 687.

At the outset, I want to acknowledge there are many parts of this bill that are controversial. From a mental health perspective NAMI NH has been criticized for supporting this bill because of the inclusion of mental illness as one of the determining criteria for removal of firearms. But in weighing the potential this bill has for adding to the fear, prejudice, negative attitudes and "stigma" faced by people with mental illness, we believe the potential benefit of saving lives/preventing suicide supersedes these other issues. However, we would like to see the language about mental illness focus in more on danger to self or others. Therefore, we recommend adding to section 159-E:5 III section (b) (page 5 line 29). Evidence of the respondent having a serious mental illness or recurring mental health condition *which poses a significant risk of danger to themselves or others*.

The United States Surgeon General has identified that suicide is a major public health issue in the US and one that is largely preventable. However, we have done little as a state or a society to prevent suicide. Having responded to many suicide deaths, I can attest that the impact of a single death is profound and ripples out to the family, friends, schools, workplaces, first responders and beyond. In addition to the human impact, it also has a significant economic impact with the estimates of the cost of each suicide death being \$1.3 million dollars – predominantly in lost wages. Overall economic impact of suicide deaths and attempts in the US was estimated at \$93.4 billion in 2016. It is important to note that 90% of people who survive a suicide attempt do not go on to die by suicide. However, unlike almost every other method of suicide, use of a firearm in a suicide attempt is almost always lethal and leaves little opportunity for intervention.

Find Help, Find Hope.

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Toward that end, restricting access to lethal means – in this case firearms, is an important suicide prevention strategy and one that is recommended in the National Strategy for Suicide Prevention.

I would like to clarify a few facts about suicide in NH. In a report released by the US Center for disease control in June of 2018 looking at suicide rates across the US, New Hampshire was identified as having one of the largest increases in suicide rates compared to other states. As indicated by the chart in New Hampshire, suicide (green) is the second leading cause of death ages 15-34, third leading cause ages 35-44 and fourth leading cause of death ages 45-54. In 2017 there were 255 suicide deaths with 124 of them or 49% involving a firearm. That number closely reflects the last 5 years in New Hampshire with a total of 1,139 suicide deaths and 538 or 47% using a firearm.

 NH Leading Causes of Death: 2013-2017

Rank	Age Groups											All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages	
1	Congenital Anomalies 37	Congenital Anomalies	Malignant Neoplasms 15	Malignant Neoplasms 13	Unintentional Injury 761	Unintentional Injury 705	Unintentional Injury 529	Malignant Neoplasms 298	Malignant Neoplasms 2,024	Heart Disease 10,793	Malignant Neoplasms 11,898	
2	Shot Generation 23	Homicide	Homicide	Unintentional Injury	Suicide 142	Suicide 173	Malignant Neoplasms 214	Heart Disease 545	Heart Disease 1,209	Malignant Neoplasms 9,817	Heart Disease 12,827	
3	Maternal Pregnancy Comp. 25	Unintentional Injury	Unintentional Injury	Suicide	Heart Disease 19	Malignant Neoplasms 74	Suicide 185	Unintentional Injury 546	Unintentional Injury 409	Chronic Low Respiratory Disease 3,011	Unintentional Injury 3,061	
4	Circulatory System Disease 11	Influenza & Pneumonia	Benign Neoplasms	Benign Neoplasms	Malignant Neoplasms 15	Heart Disease 43	Heart Disease 116	Suicide 355	Chronic Low Respiratory Disease 366	Cardiovascular Disease 2,117	Chronic Low Respiratory Disease 2,482	
5	Placenta Cord Abnormalities 11	Heart Disease	Heart Disease	Congenital Anomalies	Homicide 19	Congenital Anomalies 12	Liver Disease 47	Liver Disease 155	Liver Disease 268	Alzheimer's Disease 2,810	Cardiovascular Disease 2,376	
6	Intracranial Aneurysm	Malignant Neoplasms	Cardiovascular	Chronic Low Respiratory Disease	Chronic Low Respiratory Disease	Liver Disease 11	Diabetes Mellitus 35	Diabetes Mellitus 88	Diabetes Mellitus 268	Unintentional Injury 1,417	Alzheimer's Disease 2,045	
7	Respiratory Distress	Benign Neoplasms	Congenital Anomalies	Influenza & Pneumonia	Diabetes Mellitus	Homicide 10	Chronic Low Respiratory Disease 17	Chronic Low Respiratory Disease 81	Suicide 214	Diabetes Mellitus 1,177	Diabetes Mellitus 1,074	
8	Neonatal Hemorrhage	Diabetes Mellitus		Nephritis	Congenital Anomalies	Chronic Low Respiratory Disease	Homicide 16	Cardiovascular Disease 73	Cardiovascular Disease 167	Influenza & Pneumonia 1,824	Suicide 1,161	
9	Neurological Disorders			Pneumonia	Cardiovascular	Complicated Pregnancy	Cardiovascular 14	Septicemia 31	Septicemia 87	Nephritis 799	Influenza & Pneumonia 1,128	
10	SIDS			Benign Neoplasms	Diabetes Mellitus	Congenital Anomalies		Nephritis 27	Influenza & Pneumonia 87	Parkinson's Disease 627	Nephritis 886	

Source: CDC WISQARS, 2013-2017



With the tragic increase in mass shootings, and the resulting media coverage and statements from political leaders of both parties, the public's perception of the relationship between firearms and mental illness has become distorted. Toward that end I offer the following reframe:

- Gun violence has focused on mass shootings and homicide, however close to two thirds of the gun violence deaths in the US are the result of suicide
- The public debate has focused on purchase, but it should be about access to firearms
- Political leaders have focused on mental illness, but we should be focusing on *dangerousness*
 - There are some people who *do not* have a mental illness and are *dangerous*
- Debate, particularly the area of background checks, has focused on lifetime bans. However, for those with mental illness or who may be suicidal, they recover; hence temporary removal of firearms can be sufficient

NAMI NH believes that this bill addresses each of these concerns by looking at access, focusing on dangerousness, and recognizing the removal of firearms should be temporary. Let me be very clear about one point. NAMI NH believes that the best course of action for someone who is a potential danger to themselves or others is for family members and/or friends to intervene and seek to voluntarily remove firearms from the individual and or have them engage in treatment voluntarily. We recognize that this bill is an extreme measure and should only be considered when other less intrusive alternatives have been attempted.

Toward that end on page 2 section II outlining what needs to be included in the petition, (starting at line 12) we recommend an amendment to add in after line 20 (d) *Identify what steps if any have been taken to voluntarily remove firearms from this individual.*

Beyond taking voluntary steps, families who have a loved one who is at risk for suicide have very few options. If the individual has a mental illness and has posed an imminent danger to themselves or others during the past 30 days because of that mental illness and refuses to seek treatment voluntarily, the family can petition for the person to be evaluated and admitted against their will (Involuntary Emergency Admission). This typically involves police/law enforcement and use of handcuffs and restraints and often includes being boarded in emergency departments for days or weeks before again being placed in restraints and transported to an inpatient psychiatric facility. While admittedly temporary removal of firearms is an extreme measure it is far less extreme than an involuntary hospitalization. It is also important to note that the length of stay for most psychiatric hospitalizations is about 10 days. Family and friends may not have had the ability to remove firearms during that time, or there are no family and friends to serve in that role. Discharge from a hospital is a period of known high risk for suicide and having someone who is a danger to themselves return to their homes without having removed access to firearms adds to that risk.

Although you will likely here testimony to the contrary today, please be aware that the National Rifle Association has taken an official position in favor of Extreme Risk Protective Orders. On March 18, 2018 the National Rifle Association released a video called *We Can Prevent Violence and Protect Freedom*. In the video NRA Executive Director of Legislative Action Chris Cox stated. “... *We need to stop dangerous people before they act, so Congress should provide funding for states to adopt Risk Protection Orders. This can help prevent violent behavior before it turns into a tragedy. These laws allow courts to intervene and temporarily remove firearms when a person threatens violence to themselves or others. To be effective and constitutional, they should have strong due process protections and require that the person get treatment. These proposals can be done right now, while they won't solve everything, they will help lead to a broader discussion on how to address a culture of violence in America...*” A link to the video can be found here: <https://youtu.be/m14GPQITogo>

On December 18, of 2018, President Trump's *Federal Commission on School Safety* issued its final report which dedicated a whole section to Extreme Risk Protective Orders. The report notes that: *President Trump has called on states to adopt ERPO's that protect the rights of law abiding, citizens* (p 89). The report notes under Commission Observations “*The available evidence suggests that the older risk warrant laws may have a positive impact on suicide prevention. We do not know whether they impact gun violence more generally, and it appears not studies have yet evaluated the more recent ERPO's in other states* (p 90).” It then goes on to make a recommendation “*States should adopt ERPO laws that incorporate an appropriate evidentiary standard to temporarily restrict firearm access by individuals found to be a danger to themselves or others* (p 94).” A copy of the report can be found here: <https://www2.ed.gov/documents/school-safety/school-safety-report.pdf>

NAMI NH believes that House Bill 687 provides enough due process to protect an individual's 2nd amendment rights while providing the ability to safely remove firearms from an individual who is a potential danger to themselves or others. We ask you to vote HB 687 as ought to pass.

I am happy to answer any questions which you may have.

Respectfully,

A handwritten signature in black ink, appearing to read "Kenneth Norton". The signature is written in a cursive, flowing style with some loops and flourishes.

Kenneth Norton, LICSW
Executive Director