



June 24, 2020

Honorable Senator Martha Hennessey  
Senate Judiciary Committee  
107 North Main Street  
Concord, New Hampshire 03301

Dear Madam Chair 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 served as a member of the Steering Committee of the National Suicide Prevention Lifeline for over a decade and on NH's legislatively established Suicide Prevention Council since its inception. NAMI NH strongly supports HB 687 as a mechanism for preventing suicide.

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 fatal 90% of the time. 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.

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 the third highest increase in suicide rates compared to other states. As indicated by the accompanying 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 NH in 2018 there were 273 suicide deaths with 132 of them or 48% involving a firearm. That number closely reflects the last 5 years in New Hampshire with a total of 1,240 suicide deaths and 589 or 48% using a firearm.

*Find Help, Find Hope.*

NAMI New Hampshire • 85 North State Street • Concord, NH 03301  
InfoLine: 800-242-6264 • Tel. 603-225-5359 • Fax 603-228-8848 • [info@naminh.org](mailto:info@naminh.org) / [www.NAMINH.org](http://www.NAMINH.org)

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:



## NH Leading Causes of Death: 2014-2018

Rank	Age Groups											All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+		
1	Short Gestation 37	Congenital Anomalies	Malignant Neoplasms	Malignant Neoplasms 14	Unintentional Injury 200	Unintentional Injury 195	Unintentional Injury 401	Malignant Neoplasms 691	Malignant Neoplasms 2,641	Heart Disease 11,502	Malignant Neoplasms 9,973	Malignant Neoplasms 13,817
2	Congenital Anomalies 33	Unintentional Injury	Unintentional Injury	Suicide	Suicide 154	Suicide 163	Malignant Neoplasms 210	Unintentional Injury 521	Heart Disease 1,200	Malignant Neoplasms 3,669	Heart Disease 12,173	Heart Disease 12,173
3	Maternal Pregnancy Comp. 19	Homicide	Homicide	Unintentional Injury	Heart Disease 18	Malignant Neoplasms 60	Suicide 198	Heart Disease 562	Unintentional Injury 447	Chronic Low Respiratory Disease 3,069	Unintentional Injury 4,251	Unintentional Injury 4,251
4	Placenta Cord Membranes 12	Influenza & Pneumonia	Benign Neoplasms	Congenital Anomalies	Malignant Neoplasms 14	Heart Disease 51	Heart Disease 113	Suicide 281	Chronic Low Respiratory Disease 393	Cerebrovascular Disease 2,198	Chronic Low Respiratory Disease 3,995	Chronic Low Respiratory Disease 3,995
5	Circulatory System Disease 10	Malignant Neoplasms	Heart Disease	Benign Neoplasms	Homicide 12	Liver Disease 13	Liver Disease 53	Liver Disease 169	Alzheimer's Disease 285	Alzheimer's Disease 2,198	Cerebrovascular Disease 2,434	Cerebrovascular Disease 2,434
6	Respiratory Disease	Diabetes Mellitus	Cerebrovascular	Chronic Low Respiratory Disease	Chronic Low Respiratory Disease	Homicide 16	Diabetes Mellitus 24	Diabetes Mellitus 97	Diabetes Mellitus 253	Unintentional Injury 1,503	Alzheimer's Disease 2,181	Alzheimer's Disease 2,181
7	Intrauterine Hypoxia		Congenital Anomalies	Influenza & Pneumonia	Congenital Anomalies	Cerebrovascular	Homicide 20	Chronic Low Respiratory Disease 87	Suicide 219	Diabetes Mellitus 1,195	Diabetes Mellitus 1,583	Diabetes Mellitus 1,583
8	SIDS			Nephritis	Diabetes Mellitus	Congenital Anomalies	Chronic Low Respiratory Disease 17	Cerebrovascular Disease 72	Cerebrovascular Disease 170	Influenza & Pneumonia 1,066	Suicide 1,003	Suicide 1,003
9	Bacterial Sepsis			Pneumonitis	Cerebrovascular	Chronic Low Respiratory Disease	Cerebrovascular Disease 15	Septicemia 34	Septicemia 91	Nephritis 776	Influenza & Pneumonia 1,167	Influenza & Pneumonia 1,167
10	Tree Tied				Benign Neoplasms	Complicated Pregnancy	Congenital Anomalies 11	Congenital Anomalies 24	Nephritis 76	Parkinson's Disease 729	Nephritis 882	Nephritis 882

Source: CDC WISQARS, 2014-2018



- 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 in 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. However, we have seen first-hand the tragedy which occurs when that does not happen. We recognize that this bill is an extreme measure and should only be considered when other less intrusive alternatives have been attempted.

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 as a result 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://www.nraila.org/media/20180312/video/we-can-prevent-violence-and-protect-free>

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 studies have not 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 sufficient due process to protect an individual's 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,



Kenneth Norton, LICSW  
Executive Director