

Laurie Emerson, Executive Director
National Alliance on Mental Illness of Vermont
April 5, 2023
Re: Bill H.230: An act relating to implementing mechanisms to reduce suicide

Chair Sears, Vice Chair Hashim, Senator Baruth, Senator Vyhovsky, and Senator Norris,

The National Alliance on Mental Illness of Vermont strongly supports bill H.230 which would require secure storage of firearms to prevent unwanted use and self-harm, expand eligible petitioners for Extreme Risk Protection Orders to family or household members, and create a 72-hour waiting period for firearm transfers.

Gun violence is a public health crisis, endangering the lives, safety and mental health of communities across the country. In 2020, firearm-related injuries rose to the highest number on record and became the leading cause of death for children and adolescents. Self-inflicted gun violence is a significant concern as it relates to suicide, with suicide accounting for more than half of all gun-related deaths (over 24,000) in 2020. Firearms are the most common method used in suicide, and nearly 90% of suicide attempts with a gun result in death.¹

Limiting access to means of suicide can play a significant role in prevention, especially when focused on such lethal means as a firearm. Having a gun in the home has been found to be associated with a greater risk for firearm suicide, with an increased risk in homes where guns are kept loaded or unlocked. Limiting access to guns when they are not in use by their owners can help prevent unwanted use, making safe storage a critical component to reducing self-inflicted gun violence.¹

Storing guns safely in the home is associated with a reduction in youth firearm deaths. In fact, some experts estimate that locking all firearms in the U.S. could reduce the number of gun-related accidental deaths and suicides among children and teens by as much as one third. Limiting access can also support prevention in the veterans' and law enforcement communities. Veterans have a greater risk of suicide and are more likely than the general population to use firearms as a means for suicide: in 2019, 70% of all male veterans' suicides and 50% of all female Veteran suicides resulted from a self-inflicted gunshot wound. Additionally, law enforcement officers are more likely to die by suicide than in the line of duty.¹

Research also indicates that:

- 1) the interval between deciding to act and attempting suicide can be as short as 5 or 10 minutes,^{2,3} and
- 2) people tend not to substitute a different method when a highly lethal method is unavailable or difficult to access.^{4,5}

Many gun owners use responsible gun ownership practices on their own. However, fewer than half of U.S. gun owners report storing all guns safely. Suicides are preventable, and a comprehensive public

health approach to firearm safety can help reduce the number of tragedies we see each year. Laws that help incentivize or enforce safe gun storage should be part of a comprehensive public health strategy to reduce and prevent suicide.¹

NAMI Vermont strongly urges you to support H.230. Preventing suicide involves everyone in the community and state. I hope that we can count on you to develop comprehensive policies and laws to prevent suicide.

Thank you for listening to my comments.

Respectfully Submitted,



Laurie Emerson, Executive Director
NAMI Vermont

NAMI Vermont is the independent Vermont chapter of the National Alliance on Mental Illness. We are a statewide, non-profit, 501c3, grassroots, volunteer organization comprised of people who live with a mental health condition, family members, and advocates. As our mission, NAMI Vermont supports, educates and advocates so that all communities, families, and individuals affected by mental illness or mental health challenges can build better lives.

Reference:

1. NAMI website: <https://nami.org/Advocacy/Policy-Priorities/Stopping-Harmful-Practices/Gun-Violence-Safe-Storage>
2. Simon OR, Swann AC, Powell KE, Potter LB, Kresnow MJ, O'Carroll PW. Characteristics of impulsive suicide attempts and attempters. *Suicide Life Threat Behav.* 2001;32(1 Suppl):49-59.
3. Deisenhammer EA, Ing CM, Strauss R, Kemmler G, Hinterhuber H, Weiss EM. The duration of the suicidal process: how much time is left for intervention between consideration and accomplishment of a suicide attempt? *J Clin Psychiatry.* 2009;70(1):19-24.
4. Hawton K. Restricting access to methods of suicide: rationale and evaluation of this approach to suicide prevention. *Crisis.* 2007;28(S1):4-9.
5. Yip P, Caine E, Yousuf S, Chang S-S, Wu K, Chen Y-Y. Means restriction for suicide prevention. *Lancet.* 2012;379(9834): 2393-2399.