Laurie Emerson, Acting Executive Director
NAMI Vermont
February 11, 2015
Committee: Senate Health and Welfare
Re: Mental Health Advocacy Day and Comments on Bill S.31

Good Morning. My name is Laurie Emerson. I am the Acting Executive Director of the National Alliance of Mental Illness of Vermont (NAMI Vermont) located in Williston. NAMI Vermont is the independent Vermont chapter of the National Alliance on Mental Illness, a statewide non-profit, grassroots, volunteer organization comprised of family members, friends, and individuals affected by mental illness. Our mission is to provide education, support and advocacy to individuals and family members living with mental illness.

We are joined here today with 20 other co-sponsors of Mental Health Advocacy Day along with the many advocates, family members, peers, and mental health professionals throughout the state. We need to ensure that adequate funding will continue to be available for mental health services. In Vermont, approximately 23,000 adults and 6,000 youth and teenagers face serious mental illness. The good news is that most people living with mental illness can lead fulfilling, productive lives, but only if they have access to treatment. We need to protect and strengthen mental health services and programs.

Our overall advocacy goal is to ensure youth and adults living with mental illness receive the right care at the right time and in the right place to experience lives of resiliency, recovery and inclusion. I hope that we can count on all of you to ensure that we meet this goal. We are calling on you to pass legislation that will invest in proven, cost-effective, community-based treatment and services that promote recovery.

We also appreciate the opportunity to be asked by the committee to share comments on Bill S.31 that you will review as it relates to the medical aspects of the bill.

NAMI Vermont is in favor of adding those with felony offenses from Vermont to the National Instant Criminal Background Check System. We support consistency for background checks on all gun purchases. However we remain neutral with adding individuals who are subject to a court order for hospitalization or an order of non-hospitalization or found not responsible for a crime by reason of insanity or incompetent to stand trial due a mental illness.

NAMI recognizes that when dangerous or violent acts are committed by persons with serious mental illnesses, it is too often the result of no treatment or ineffective treatment. Vermont needs to invest in proven, cost-effective, community-based treatment and services that promote recovery.

NAMI recognizes that epidemic gun violence is a public health crisis. Gun violence is overwhelmingly committed by people without mental illness. Individuals with mental illness

commit less than 5% of the gun violence in this country.[1] People should not be treated differently with respect to firearm regulations because of their lived experience with mental illness.

We call on lawmakers to turn the focus onto suicide. In the United States, the number of gun deaths by suicide outnumbered homicides: 19,392 to 11,078 in 2010. A study done in the northeast showed that 90% of those who attempted suicide by firearms were successful in their suicide attempt, while only 5% of those who attempted suicide by drug overdose were successful.[2] We need to focus our efforts on safety measures and access to guns. 90% of suicides are attributed to people with a mental illness. 80% of those individuals had not received treatment. [3]

NAMI strongly advocates that people with mental illnesses not be stigmatized and subjected to discrimination by being labeled "criminal" or "violent." A person with a severe mental illness, without substance abuse issues, has the same chances of being violent as any other person, without substance abuse issues, in the general population.[4]

Treatment is the best way to prevent violence among the small subset of individuals with mental illness who pose an increased risk. Vermont should allocate more resources for mental health treatment. Treatment resources should particularly be focused on early identification, early intervention and evidence-based mental health treatments.

Thank you for your time and listening to our comments.

1. NY Times 12/18/2012
2. Matthew Miller et al., *The Epidemiology of Case Fatality Rates for Suicide in the Northeast*, 43 Annals of Emergency Med. 723, 723-30 (2004)
3. E. Michael Lewiecki & Sara Miller, Suicide, Guns, and Public Policy, Am. J. Pub. Health 27, 27-31 (2012); J.J. Mann et al., Suicide Prevention Strategies: A Systematic Review, 294 JAMA 2064, 2069 (2005).
4. Elbogen & Johnson, The Intricate Link Between Violence and Mental Disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions, 66 Arch. Gen. Psychiatry 911, 914 (2005), at 915.