

Laurie Emerson, Executive Director
NAMI Vermont
April 2, 2019
Committee: House Judiciary
Comments on Bill S.169 – Firearms Procedures

Good Day Madam Chair and Committee Members,

My name is Laurie Emerson. I am the Executive Director of the Vermont Chapter of the National Alliance on Mental Illness of Vermont. We are a statewide non-profit, grassroots volunteer organization comprised of people who live with a mental health condition, families, and advocates. We provide education, support, and advocacy on mental health issues.

NAMI Vermont supports Bill S.169 with an amendment to include a 72-hour waiting period for ALL firearms – not just 24 hours and to include ALL firearms, not just handguns. Our concern is in preventing suicides and any measure we can take to save lives is our goal.

- In Vermont approximately 1 in 5 people live with a mental health condition.¹
- 1 in 25 live with a serious mental illness such as schizophrenia, major depression or bipolar disorder. ¹
- On average, one person dies by suicide every three days in the state.²
- Vermont had 118 suicide deaths in 2017.²
- More than 10 times as many people die by suicide in Vermont annually than by homicide.
- Suicide is:
 - 2nd leading cause of death for ages 15-34
 - 3rd leading cause of death for ages 35-44
 - 4th leading cause of death for ages 45-54

Suicide is a community health issue that can be prevented. That's why we are calling on you as Vermont lawmakers to pass legislation that will address suicide.

90% of people who survive a suicide attempt do not go on to die by suicide. Use of a firearm in a suicide attempt is almost always lethal and leaves little opportunity for intervention. About 85% of people who use a firearm in a suicide attempt die from their injury.³

Research also indicates that:

- 1) the interval between deciding to act and attempting suicide can be as short as 5 or 10 minutes,^{4,5} and
- 2) people tend not to substitute a different method when a highly lethal method is unavailable or difficult to access.^{6,7}

Therefore, increasing the time interval with a waiting period can be lifesaving.

VPR collected data on firearm suicides in Vermont from 2011-2016 and reported that 63% (n=234) used handguns and 36% (n=133) used long guns.⁸ We need to save **ALL lives** to suicide by including ALL firearms in this legislation.

According to the Center for Disease Center (CDC) Report: Researchers found that more than half of people who died by suicide did not have a known diagnosed mental health condition at the time of death. Suicide is rarely caused by any single factor. Other factors that can contribute to the risk for suicide include: relationship issues or loss; substance misuse; physical health problems; or stress associated with employment, money,

legal issues, or lack of housing. Firearms were the most common method of suicide used by those with and without a known diagnosed mental health condition.

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
National Alliance on Mental Illness of Vermont

References

1. <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>
 2. <https://www.cdc.gov/nchs/pressroom/states/vermont/vermont.htm>
- <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>
3. Elnour AA, Harrison J. Lethality of suicide methods. *Inj Prev*. 2008;14(1):39-45.
 4. 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.
 5. 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.
 6. Hawton K. Restricting access to methods of suicide: rationale and evaluation of this approach to suicide prevention. *Crisis*. 2007;28(S1):4-9.
 7. 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.
- Policy Brief: www.cdc.gov/ruralhealth/suicide/policybrief.html
8. VPR Gunshots Project Date: Gun Deaths in Vermont 2011-2016 and 2017: <https://www.vpr.org/post/gunshots-project-data-gun-deaths-vermont-2011-2016#stream/0>; and https://docs.google.com/spreadsheets/d/1vWqarUlgItl1zwudyn8HcyAgGyqglarojPdxwzsYaAl/edit?_ga=2.235735240.890986085.1554219158-207974344.1551198476#gid=2040061140