

**Testimony of the National Alliance on Mental Illness (NAMI) of
Connecticut
Before the Public Safety and Security Committee**

March 14, 2013

In Regards to

**H.B. No. 6162 AN ACT CONCERNING INELIGIBILITY FOR A PERMIT TO CARRY A
PISTOL OR REVOLVER OR AN ELIGIBILITY CERTIFICATE BASED ON A PRIOR
HOSPITALIZATION**

Senator Hartley, Representative Dargan and distinguished members of the Public Safety and Security Committee, my name is Daniela Giordano and I am the Public Policy Director for Adults, State and National matters with the National Alliance on Mental Illness (NAMI) of Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental illness. NAMI Connecticut offers support groups, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. We represent individuals who actually live with mental illness and parents and family members of individuals living with mental illness. NAMI Connecticut would like to comment on HB 6162 An Act Concerning Ineligibility for a Permit to Carry a Pistol or Revolver or an Eligibility Certificate Based on Prior Hospitalization.

NAMI Connecticut supports sensible gun violence prevention legislation that keeps highly lethal weapons out of the hands of dangerous individuals, regardless of whether a person has a diagnosis of a mental illness, a diagnosis of another illness or no diagnosis at all.

HB 6162, however, imposes restrictions based on a psychiatric diagnosis. This singles out people with psychiatric disabilities and translates into a discriminatory practice based on a person's mental health diagnosis as no other group is being singled out in this manner. **Furthermore, there is no connection between a diagnosis of mental illness and violent behavior.**

Mental illness exists in every state, every city and every neighborhood of the United States. One in four adults—nearly 60 million Americans—experiences a mental health disorder in a given year. One in 17 lives with serious mental illness, and one in 10 children lives with a serious mental or emotional disorder. We would like to remind the committee members that most people living with a mental illness are not violent and violent behavior is not linked to a psychiatric diagnosis. The US Surgeon General determined over a decade ago that "the overall contribution of mental disorders to the total level of violence in society is exceptionally small."¹ In fact, persons living with mental illness are more likely than the general public to be victims of violent crimes than perpetrators.²

This proposal would broaden the current law of ineligible groups to include anyone who is seeking mental health care via a psychiatric hospital, increasing the already pervasive stigma of mental illness. We know that this stigma toward mental illness serves as a deterrent for people to seek help when they need it, the last thing anyone should want.

Any legislation of this kind, which intends to provide safeguards for the public to be protected from foreseeable harm, should be based on behavior not diagnosis. Every member of the public deserves to live in a safe and secure environment. This includes people who happen to have a diagnosis of a mental illness.

Sincerely, Daniela Giordano

¹ Mental Health: A Report of the Surgeon General. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

² Teplin, L.A., McClelland, M.G., Abram, K.M. & Weiner, D.A., (2005), Crime Victimization in Adults with Severe Mental Illness, Comparison with the National Crime Victimization Survey. Archives of General Psychiatry. 62, 911-921; Appleby, L., Mortensen, P. B., Dunn, G., & Hiroeh, U. (2001). Death by Homicide, Suicide, and Other Unnatural Causes in People with Mental Illness: a population-based study. The Lancet, 358, 2110-2112.