



Pennsylvania Psychiatric Society

The Pennsylvania District Branch of the
American Psychiatric Association

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The Honorable Todd Stephens
Pennsylvania House of Representatives
4A East Wing, House Box 202151
Harrisburg, PA 17120-2151

Dear Representative Stephens:

The Pennsylvania Psychiatric Society (PaPS), a district branch of the American Psychiatric Association (APA) comprised of more than 1,500 physicians practicing the specialty of psychiatry in the commonwealth, supports House Bill 1075 (Printer's Number 1235), which would establish Extreme Risk Protection Orders (ERPOs) to temporarily remove firearms from individuals demonstrating a threat of harm to self or others. This legislation is an important public health strategy to prevent suicide currently, as suicide rates are increasing alarmingly, and someone dies by suicide every four hours in our state¹.

Currently, 17 states and the District of Columbia have enacted laws like House Bill 1075, including eight states during the last legislative session. A recent research study examined the effects risk-based laws in Connecticut and Indiana, which enacted these laws over a decade ago. The results of that study show that those laws had a significant impact on suicide death rates and overall lives saved. In Indiana, firearm suicides declined by 7.5% because of the law and 383 suicides by firearm were prevented over a ten-year period. In Connecticut, the firearm suicide death rate declined by 13.7% and 128 firearm suicides were prevented over eight years because of the law.² Given Pennsylvania's population relative to the populations of Indiana and Connecticut, it is likely that House Bill 1075 will save dozens of lives each year. There are many more who would be spared the pain and disfigurement of non-fatal self-inflicted gunshot wounds, which are not captured in these statistics. And the statistics do not capture the large number of commonwealth citizens whose lives are irrevocably changed by the loss of a loved one to suicide.

This legislation also increases the odds that individuals with untreated mental health conditions who display risk for self-harm will receive screening, diagnosis, and treatment. For example, in Connecticut 88% of those subject to the risk-based firearm removal had no previous history of mental health treatment but subsequently received psychiatric evaluation because of the law.³ Many individuals who need mental health care often struggle in silence and forgo needed treatment. This legislation provides an additional entry point into treatment for those at greatest risk.

Another research study that examined the effects of the law in Indiana found that it only affected 0.04% of firearm-owning households, overall.⁴ In Connecticut only 0.02% of firearm-owning households were affected by its law.

¹ The American Foundation for Suicide Prevention. Retrieved from: <https://afsp.org/about-suicide/state-fact-sheets/#Pennsylvania>

² Kivisto AJ, Phalen PL: Effects of risk-based firearm seizure laws in Connecticut and Indiana on suicide rates, 1981–2015. *Psychiatric Services* 69: 855-862, 2018.

³ Swanson JW, Norko M, Lin HJ, Alanis-Hirsch K, Frisman L, Baranoski M, ... Bonnie RJ: Implementation and effectiveness of Connecticut's risk-based gun removal law: Does it prevent suicides? *Law & Contemporary Problems* 80: 179-208, 2017.

⁴ Parker GF: Circumstances and outcomes of a firearm seizure law: Marion County, Indiana, 2006- 2013. *Behav Sci Law* 33:308-22, 2015

This bill will not affect most firearm owners in Pennsylvania. Additionally, this legislation only temporarily restricts access to firearms whereas initiating involuntary commitment may deprive individuals of access to firearms for the rest of their lives. At present, involuntary commitment may be the only option available for someone who exhibits pending danger to self or others. House Bill 1075 expands the options available when an individual is at risk without creating lifelong barriers to firearm ownership.

House Bill 1075 also seeks to address immediate threats to personal safety rather than applying blanket restrictions to individuals based on their mental health diagnoses. According to statistics from our Department of Health, the average suicide rate per 100,000 citizens of the commonwealth is 13.4 (with some rural counties with suicide rates as high as 28.9). Bills that focus on specific diagnoses are not only ineffective at reducing suicide or risks to the public, but they also reinforce inaccurate and negative stereotypes that portray individuals with mental illness as dangerous and violent. We applaud both you and Senator Killion for recognizing this and crafting House Bill 1075 and Senate Bill 90 so that it responds to actual threats to safety and not stigmatizing mischaracterizations.

This bill is an important public health solution addressing Pennsylvania's rising suicide death toll. We need more and better options to protect those whose lives are at risk. This legislation creates an evidence-based pathway to preventing suicide without permanently inhibiting an individual's right to firearm ownership. We urge the General Assembly to bring this bill to a vote and that members vote yes on House Bill 1075. Please let us know how we can support your efforts or provide any clinical assistance on issues related to mental health and substance use needs for citizens of the commonwealth.

Sincerely,



Keith R. Stowell, MD, DFAPA
President, Pennsylvania Psychiatric Society



Kenneth M. Certa, MD, DLFAPA
Co-Chair, Government Relations Committee