

OHIO FAMILIES UNITE

FOR POLITICAL ACTION AND CHANGE

Chair Johnson, Vice Chair Wilson, Ranking Member Weinstein, and Members of the Armed Services, Veterans Affairs and Public Safety Committee,

Thank you for the opportunity to provide testimony in opposition to SB 321.

My name is Hunter Hensley, and I serve as Analyst for Policy and Advocacy with Ohio Families Unite for Political Action and Change.

We strongly oppose SB 321.

Ohio's behavioral health and developmental disability institutions serve individuals in psychiatric crises and residents with significant cognitive and emotional vulnerabilities. These facilities are healthcare environments, not correctional institutions. Their purpose is stabilization, treatment, and recovery. Mandating the carrying of firearms in these settings raises serious safety and clinical concerns.

First, the presence of firearms increases the risk of escalation during behavioral health crises. Research on the "weapons effect", a psychological phenomenon where the mere presence of a firearm increases aggressive behavior, suggests that introducing weapons into high-stress environments can trigger hostility rather than calm it.¹ Effective Crisis Intervention Team (CIT) models, as noted in the Journal of the American Academy of Psychiatry and the Law, emphasize that de-escalation depends on reducing perceived threats.² Introducing firearms into close-contact behavioral health settings heightens the possibility that a moment of distress becomes a moment of irreversible harm.

Second, firearms in psychiatric settings create the potential for accidental discharge or weapon seizure. This is not a theoretical concern. A study published in the Annals of Emergency Medicine analyzed over a decade of hospital-based shootings and found that in 23% of shootings within the emergency department, the weapon used was a security officer's gun that was taken by the perpetrator.³ In behavioral health facilities, staff frequently engage in hands-on interventions during crisis stabilization. Adding firearms into those environments increases risk exposure for both patients and staff.

Third, this mandate undermines trauma-informed care practices. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma-informed care as an approach that recognizes the widespread impact of trauma and seeks to actively avoid re-traumatization.⁴ Many individuals in psychiatric and developmental disability systems have histories of violence, abuse, or prior law enforcement contact. Research shows that individuals with serious mental illness are significantly more likely to experience police contact than the general population,⁵ and Black Americans are disproportionately exposed to use of force.⁶ Increasing armed presence in therapeutic settings risks re-traumatizing the very people these institutions are designed to serve, directly violating the SAMHSA principle of physical and emotional safety.

Finally, SB 321 removes professional discretion from facility leadership. Healthcare administrators must retain authority to determine appropriate security policies based on patient acuity, staffing levels, and real-time safety conditions. The American Psychiatric Association (APA) maintains that the use of weapons to manage behavioral issues conflicts with the therapeutic mission of healthcare.⁷ A uniform statutory mandate does not account for differences in facility layout, population needs, or clinical best practices. National healthcare safety guidance emphasizes layered security planning tailored to facility type and risk profile, not mandated firearm requirements.

For these reasons, we respectfully urge this Committee to reject SB 321.

Thank you for your time and consideration.

Sincerely,

Hunter Hensley

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Works Cited

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- ⁶ Edwards, F., Lee, H., & Esposito, M. (2019). Risk of being killed by police use of force in the United States by age, race–ethnicity, and sex. *Proceedings of the National Academy of Sciences*, 116(34), 16793-16798.
- ⁷ American Psychiatric Association. (2018). Position Statement on Weapons Use in Hospitals and Patient Safety. Washington, DC: American Psychiatric Association.