

28 February 2025

Ministry of Justice – National Office  
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## Submission on *Arms Act rewrite discussion document*

Tuia te rangi e tū nei  
Tuia te papa e takoto nei  
Tuia i te here tāngata  
Tihei mauri ora

He hōnore, he korōria ki te atua ki te runga rawa  
He whakaaro maha ki a rātou kua haere ki te wāhi ngaro  
Rau rangatira mā, anei ngā whakaaro me ngā kōrero nā Te Tūāpapa  
Hauora Hinengaro

Tēnā koe

Thank you for the opportunity to give feedback on the Arms Act 1983 (the Act) rewrite discussion document.

The Mental Health Foundation of New Zealand (MHF) is a charity working towards creating a society free from discrimination, where all people enjoy positive mental health and wellbeing. The MHF contributes to suicide prevention and postvention, including providing:

- information and resources to support people who are worried about their own suicide risk or the suicide risk of someone else
- advice and information to help people support themselves and each other after a suicide death, and
- guidance to the media regarding both their obligations under law and best practice when reporting on suicide.

The MHF also has a long involvement in challenging mental illness-related discrimination and prejudice and is a partner of the Nōku te Ao programme, supported by Te Whatu Ora, aimed at ending stigma, prejudice and discrimination against people with lived and living experiences of mental distress.

Our submission comments on suicide risk and prevention and the fit and proper person test as it relates to mental illness.

## **Suicide risk and prevention**

Between 2012 and 2019 there were 282 confirmed self-inflicted firearm deaths in Aotearoa New Zealand.<sup>1</sup> According to the former New Zealand [Suicide Mortality Review Committee](#) (SuMRC) reporting in 2019, firearms are used as the method in approximately 10 percent of all suicides in New Zealand, and this pattern has remained unchanged over the last 15 years.

Limitation of access to lethal methods (or 'means restriction') is one of the most effective strategies for suicide prevention (Fortune, Sharma & Papalii et al, 2023; Hawton & Knipe et al, 2024; McKenzie et al, 2024). Periods of high risk when suicidal ideation is most intense are often quite short, such as 10 minutes or less, and during these periods, physical access to means (as well as the lethality of the method) could be crucial in determining whether or not suicidal thinking translates into a suicidal act (Hawton et al, 2024).

The recent Ministry of Health [Evidence Synthesis of the Research on Suicide Prevention and Postvention](#) states that reducing suicide deaths by firearms requires multiple strategies including the use of locked gun cabinets, storing guns unloaded, separate storage of guns and ammunition and a focus on more stringent licencing (Fortune et al, 2023). In line with the research, the MHF endorses, and encourages this review to consider, the recommendations aimed at reducing rates of suicide involving firearms in Aotearoa New Zealand that were made by the SuMRC (2019) in response to the 2020 Arms Legislation Bill, including:

- a licence period of five years (including renewals)
- inspection of gun storage for all firearms including a requirement for firearms and ammunition to be stored separately, and

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<sup>1</sup> <https://tewhatuora.shinyapps.io/mortality-web-tool/>

- a face to face in person vetting process when applying for or renewing licences, including speaking to family members.

We also endorse calls from the [Public Health Communications Centre](#) (2025) for the Ministry to consider not only the individual protections identified in the discussion document but also the synergies between them to ensure an overall effective prevention system.

The MHF supports the purpose of the Act to (i) promote the safe possession and use of firearms and other weapons (ii) impose controls on the possession and use of firearms and other weapons. We endorse the statement in the discussion document that “the Act provides rules that seek to keep New Zealanders safe from firearm harm” and considers this could be explicitly incorporated into the purpose of the Act. We also support calls<sup>2</sup> for this review to retain, and even further strengthen, the existing controls on firearms in Aotearoa New Zealand, including the ban on prohibited semi-automatic firearms and the firearms registry.

### ***Fit and proper person test and mental illness***

The current wording of section 24A(1)(h) of the Arms Act 1983 partially reflects [previous MHF advocacy](#) during consideration of the Arms Legislation Bill in 2020. At the time, this Bill sought to enable an assessor to consider, when applying the fit and proper test, whether an applicant has significant mental health issues. The MHF maintained that the wording of this provision as introduced appeared to associate mental illness with gun violence, which is stigmatising and potentially misleading. Although there is little research in this area, what is available suggests that mental illness is not a strong predictor of gun violence, and most gun killings are committed by people without a mental health diagnosis. For example, in the United States, mass shootings by people with serious mental illness represent less than one percent of all yearly gun-related homicides (Knoll & Annas, 2016).

At the time, the MHF argued the phrase “significant mental health issues” was undefined, casual and imprecise. We questioned whether it was appropriate for Police to assess the significance/severity of a mental health issue and whether the mental health issue was ‘safe’ or not. Rather than assessing the presence of a

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<sup>2</sup> New Zealand College of Public Health Medicine. Submission to the Ministry of Justice on Arms Act Rewrite. 18 February 2025.

mental health issue, the MHF recommended the Bill name the real subject of concern: that is, people currently or recently demonstrating behaviour and/or cognitive and/or physical functioning that might adversely affect their ability to safely possess firearms. The Select Committee [recommended](#) that section be amended (which reflects the law as it stands today) so that the focus is on whether an applicant has actually shown symptoms of a mental or physical illness or injury that may adversely affect their ability to safely possess firearms.

The MHF still maintains that legislation should not use mental illness as a proxy measure for risk altogether and instead be precise about the risk factors of concern (for example, currently or recently exhibiting behaviour and/or cognitive and/or physical functioning that might adversely affect a person's ability to safely possess firearms). This may include considerations of suicidal ideation, plans, attempts and substance use.

This approach would make it clear that it is the behaviour and functioning, rather than the diagnosis, that is important to consider in permitting access to firearms. Doing so would also be more in line with the Convention on the Rights of Persons with Disabilities, which opposes laws that discriminate people solely on the basis of disability, including those with long-term mental impairments. New Zealand is obligated under international law to adhere to this convention.

We agree with the SuMRC (2019) that the law should be clear that judgements on behaviour and functioning are time-limited and will need to be reassessed. It is not that the person is not fit or proper, but that their current state of functioning means that they are not in a position to safely be in control of a firearm. An explicit time period in which an applicant may reapply could be specified, as behaviour and functioning, including suicidality, change over time.

It would appear that the current focus on mental illness in section 24A(1) would not capture suicidal feelings, thinking or behaviour. While mental distress or a diagnosed mental illness is a strong risk factor in suicide, not everybody who experiences suicide ideation or attempts suicide will receive a diagnosis of a mental illness. In Aotearoa New Zealand, those who die by gun suicide are less likely to have previously been treated with antidepressants, have lower levels of prior contact with specialist mental health services or hospital treatment for self-harm

and are very unlikely to have attended a mental health service, compared to those who died by other methods of suicide (SuMRC, 2019).

Lastly, we are aware of [reports](#) that the risk of a firearms licence being revoked/suspended if mental distress or mental illness are disclosed to the Firearms Safety Authority may discourage some people from seeking help and support. It is important that firearms owners who are struggling with mental health challenges understand the support they can access and have clear information on the likelihood of having their licence suspended or revoked, when they come forward for support.

It will be important for the review to consider, and seek expert input into, whether the licencing system and law currently strikes the right balance between a) supporting licence holders to seek help, disclose mental health issues to the regulator and take proactive steps to keep themselves and others safe, and b) protecting public and personal safety through the powers to impose licence conditions, suspension and revocation, and requiring health practitioners to provide notice to the regulator if they are concerned about the health or safety of a licence holder.

We understand self-disclosure of health concerns or concerns raised by close contacts are considered by the regulator on a case-by-case basis, and subsequent assessments seek to clarify whether the concerns raised adversely affect the safe use of firearms. This approach seems appropriate, as long as Police/licence assessors receive adequate support and training, including access to clinical mental health and suicide prevention advice.

## Summary

Thank you for the opportunity to contribute Arms Act rewrite. The MHF is happy to provide further support and advice as required.

Mauri tū, mauri ora,

## Shaun Robinson

Chief Executive

## References

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