



February 13, 2023

The Honorable Luke Clippinger
House Judiciary Committee
Room 101, House Office Building
Annapolis, MD 21401

RE: Support – HB 307: Firearm Safety – Storage Requirements and Youth Suicide Prevention
(Jaelynn’s Law)

Dear Chairman Clippinger and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS and WPS support House Bill 307: Firearm Safety – Storage Requirements and Youth Suicide Prevention (Jaelynn’s Law) (HB 0307), which strengthens firearms storage requirements to keep children safe and provides education about secure firearms storage and the negative consequences of unsafe storage practices on youth suicide.

Suicide among teens and young adults has nearly tripled since the 1940s. Among the risk factors is easy access to lethal means. The leading causes of death among youth ages fifteen (15) to twenty-four (24) continue to be unintentional injury and homicide, followed by suicide.¹ In the last decade, suicides by firearm in minors have increased substantially (by 82%)² and are the second leading cause of death for children under 18 in Maryland.³ One of the ways to prevent suicide is the restriction of access to lethal means. Additionally, most firearms involved in these deaths by firearms in minors

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1. Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), “Fatal Injury Reports,” last accessed June 26, 2020, <https://www.cdc.gov/injury/wisqars>. Calculations include children ages 10–17
 2. Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), “Fatal Injury Reports,” last accessed June 29, 2021, <https://www.cdc.gov/injury/wisqars>. Calculations include children ages 0–17 and were based on the most recently available data: 2015 to 2019.
 3. Renee M. Johnson, PhD, MPH, Catherine Barber, MPA, Deborah Azrael, PhD, David E. Clark, MD, and David Hemenway, PhD, “Who are the owners of firearms used in adolescent suicides?” *Suicide and Life-Threatening Behavior* (December 2010)



belong to a parent or relative.⁴ Laws preventing children's access to firearms reduce the number of suicides by firearm significantly.⁵

Studies suggest that the peak age of onset for having depressive-like symptoms is fourteen (14) to fifteen (15) years of age. The majority of individuals who develop depression experience their first clinically significant episode during the transition from middle to late adolescence (i.e., ages fifteen (15) to eighteen (18) years of age).⁶ By nature, children and adolescents are learning to regulate their emotions. Adolescents, in particular, are highly vulnerable to their peers' influence and opinions; their emotions often overwhelm their ability to communicate how they feel. For all these reasons, adolescents and young adults are a very vulnerable population to self-inflicted injuries and outward aggression, and guns are a quick and dangerous way to bring their impulses to completion.

MPS and WPS members often encounter well-meaning families who believe that educating their children about the risk of guns is enough. But many children involved in firearm deaths do not reach mental health services and are not exposed to this type of education. The many recent suicide-homicide mass shootings that have taken place across our nation and in Maryland schools are a manifestation of the improper storage of guns by the parents. This bill combines education and requirements that together can keep more children safe from firearm deaths.

MPS and WPS strongly urge you to support HB 0307 for it would save the lives of young people by suicide, homicide, and unintentional injury. For all the reasons above, MPS and WPS ask the committee for a favorable report of HB 0307.

If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Joint Legislative Action Committee

⁴ Daniel W. Webster, ScD, MPH; Jon S. Vernick, JD, MPH; April M. Zeoli, MPH; Jennifer A. Manganello, PhD, MPH; et al, "Association Between Youth-Focused Firearm Laws and Youth Suicides." JAMA. 2004;292(5):594-601

⁵ Daniel W. Webster, ScD, MPH; Jon S. Vernick, JD, MPH; April M. Zeoli, MPH; Jennifer A. Manganello, PhD, MPH; et al, "Association Between Youth-Focused Firearm Laws and Youth Suicides." JAMA. 2004;292(5):594-601

⁶ Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of general psychiatry. 2005; 62(6):593. <https://doi.org/10.1001/archpsyc.62.6.593> PMID: 15939837

Farrington 1986; Dodge et al. 2008; Piquero et al. 2012; Crick and Grotpeter, 1995 Garber J, Horowitz JL. Depression in children. Handbook of depression. 2002:510–40. Ge X, Conger RD, Elder GH Jr. Pubertal transition, stressful life events, and the emergence of gender differences in adolescent depressive symptoms. Developmental psychology. 2001; 37(3):404. PMID: 11370915