Public Hearing on LD 759- Safe storage of firearms-- a.k.a. Suicide Prevention

Senator Deschambeault, Representative Warren, and members of the Committee on Criminal Justice and Public Safety.

My name is Dr. Erin Belfort and I am a child & adolescent psychiatrist at Maine Medical Center in Portland and a resident of Cape Elizabeth. I have been practicing child and adolescent psychiatry in Maine since 2012. Prior to that I attended Middlebury College, the University of Vermont College of Medicine, completed a four year general psychiatry residency at the Harvard Longwood Residency Training Program and then two years of fellowship training in child & Adolescent psychiatry at Cambridge Health Alliance. I speak as a concerned citizen, a parent, and on behalf of my employer, Maine Medical Center, and on behalf of the Maine Council of Child & Adolescent Psychiatry.

As a psychiatrist, losing a patient to suicide is a risk in my profession and the worst possible outcome. Suicide is the second leading cause of death in youth ages 10-24 years old. According to CDC data, suicide in youth increased 56% in Maine from the years 2007-2009 compared to the years 2016-2018 (CDC). Almost half of these suicides are from firearms, one of the most lethal methods one could use. Suicide is most common in children with depression or other mood disorders however impulsive suicide attempts can occur in those with no known history of mental illness. There are usually no second chances given the lethality of this method.

From a developmental standpoint, adolescent brains are only partially wired. Their frontal lobes, in particular, continue to develop into the mid-twenties. This is the part of the brain that is responsible for imagining future consequences and planning. Adolescents are wired for impulsivity. Data on survivors of a suicide attempt demonstrate that impulsivity plays a large role. Forty percent contemplated suicide for less than twenty minutes. Removing access to high lethality means like firearms, gives young people time to think, to reconsider, to make another choice. The risk of dying by suicide is higher in homes with firearms. The risk can be decreased by reducing access to ways children can harm themselves.

There is nothing more painful for me as a psychiatrist, and as a parent, than sitting with a family who has lost a teenager to suicide. In the midst of their grief they are wracking their brains with guilt. "How did I miss it? How did I not know?" I recently sat with a young family member who was the first to respond after the shot was heard. They were struggling with the trauma of intrusive images. Telling me through tears that they are not sleeping, that they continue to see the blood, the brain matter, the bone fragments, the gun on the floor, the shaking of the body. It's horrific. And it's preventable. The young person who died by suicide will not graduate high school, or feel the quickened pulse of first romance, or go to college or get a job, or become a parent or grandparent.

Please vote in support of LD 759, to require the safe storage of firearms which will help reduce accidental death and death by suicide in youth in Maine.

Thank you for your consideration.

Suicide Safety: Precautions at Home (aacap.org)

https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr-69-11-508.pdf

Simon, T. R., Swann, A. C., Powell, K. E., Potter, L. B., Kresnow, M. and O'Carroll, P. W. (2002), Characteristics of Impulsive Suicide Attempts and Attempters. Suicide and Life-Threatening Behavior, 32: 49-59.

Namkee G. Choi, Diana M. DiNitto, C. Nathan Marti, Youth firearm suicide: Precipitating/risk factors and gun access, Children and Youth Services Review, Volume 83, 2017, Pages 9-16,

Dodson, N. 2016. Adolescent gun violence prevention: what we know, and what we can do to keep young people safe. *Current Op In Ped.* 28(4) 441-446.