Senate Bill 168 Public Health – Maryland Suicide Fatality Review Committee
Finance Committee
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Position: Support

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My name is Eileen Zeller, and I retired from the federal government's Substance Abuse and Mental Health Services Administration (SAMHSA) in 2018, where I was Lead Public Health Advisor in the Suicide Prevention Branch. In that role I managed a team of public health professionals responsible for national grant programs, including the National Suicide Prevention Lifeline, Suicide Prevention Resource Center, and Garrett Lee Smith State and Tribal Suicide Prevention programs. I provided national leadership in a variety of areas and served on multiple advisory, policy, and implementation committees and workgroups.

In retirement, I serve on the Governor's Commission on Suicide Prevention (with Senator Eckardt) and the board of directors of the Mental Health Association of Maryland. But today I am representing myself.

You have already heard and read testimony about Maryland's suicide rates and trends, the potential impact of COVID-19 on the mental health and suicidality of Maryland citizens, and the need for a Suicide Fatality Review Committee.

I want focus on the impact that Suicide Fatality Review Committees has had in several other states, which—based on the data collected—have developed strategies to prevent future suicides.

Oregon

- The Oregon Review Team discovered that several people had dropped off their pets at animal shelters before killing themselves. As a result, the state began training animal shelter staff, who have already intervened to prevent several suicides.

- Oregon also identified eviction as a major risk factor. As a result, law enforcement began adding crisis line information to the eviction paperwork. Also, a member of the mental health crisis response team (a licensed clinician) was sent to each eviction in the county. Within two years, they reduced eviction-related suicides from 30 to one.

New Hampshire

- The New Hampshire team learned that a significant number of adults who died by suicide had been treated in an emergency room (for a variety of reasons) within weeks of their discharge. As a result, nearly 100% of state emergency rooms now conduct universal screening for suicidality.

- The team discovered that among the 144 firearm suicides that occurred over a two-year period ending 6/30/09, nearly one in ten used guns that were purchased or rented within a week of the suicide (usually within hours). In fact, in the course of less than a week, three people (with no connection to each other) bought a firearm from the same store and killed themselves within hours of the purchase. As a result, a small group of firearm retailers, range owners, and mental health/public health practitioners met to explore whether there was a role for gun stores in preventing suicide. This evolved into the New Hampshire Gun Shop Project, which (12 years later) continues to work with gun stores/firing range owners about how to avoid selling or renting a firearm to a suicidal customer, and encourages those business owners to display and distribute suicide prevention materials tailored to their customers. At last count, 48% of New Hampshire gun shops were participating in the program and the project has spread to 20 other states.

Kentucky

- Kentucky found that 24 – 30% of adults who died by suicide had touched their state behavioral health system. As a result, they surveyed their community mental health center staff and state psychiatric hospital staff on their training in suicide assessment. They found that many behavioral health clinicians felt they lacked the skills (43%) and did not have the support necessary (33%) to effectively engage with and treat suicidal individuals. Kentucky has been moving forward in improving suicide care in these systems by training public and private sector clinicians in assessing and managing suicide risk and implementing the Zero Suicide model of suicide care.

The data collected and analyzed by Suicide Fatality Review Committees can give us insight into intervention points where we can improve clinical and public health policy and practice to prevent suicide.

I urge a favorable report on SB168.