

RE: SUPPORT of Senate Bill 168
(Public Health - Maryland Suicide Fatality Review Committee)

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Chair Kelley, Vice Chair Feldman and Members of Finance Committee:

My name is Susan Maskaleris and I live in Waldorf, Maryland. I am the Advocacy/Public Policy Chair with the Maryland Chapter of the American Foundation for Suicide Prevention (AFSP-MD). I lost my father, a retired Air Force firefighter, to suicide when I was 14 years old. I also live with a mental health condition (chronic depression).

Thank you for the opportunity to share testimony in support of Senate bill 168 which would establish the Maryland Suicide Fatality Review Committee which would identify and address the factors contributing to suicide deaths and facilitate system changes in the State to prevent suicides.

Suicide is a leading, preventable public health problem in our state. In 2018, we lost 650 Maryland residents to suicide, making suicide the 11th leading cause of death in Maryland. It is the 3rd leading cause of death for ages 10-34, the 4th leading cause of death for ages 35-44, the 5th leading cause of death for ages 45-54 and the 9th leading cause of death for ages 55-64. On average, one person dies by suicide every 13 hours in the state. More than five times as many people died by suicide in Maryland in 2018 than in alcohol related motor vehicle accidents.

To understand the scope of the problem of suicide in the state and to design effective suicide prevention strategies, we must first have complete, accurate, and timely information about suicide deaths. We need to know the demographic data on who is dying by suicide (age, gender, education etc.) and the circumstances surrounding those deaths; this is even more vital when we look to increase effectiveness of prevention efforts targeting high risk populations. By collecting information on individuals who have died and the circumstances surrounding their deaths, patterns and trends may emerge among different geographic locations and demographic groups.

Research shows that there is no one single cause for suicide. Suicide most often occurs when several life stressors and health issues converge to create an experience of hopelessness and despair that exceeds the person's ability to cope with those feelings.

If we gather data from hospital, outpatient clinics, and healthcare providers along with records from police, medical examiners, and social services, we can get a fuller picture of each person's mental and physical health and the circumstances of their lives prior to and at the time of death. Comparing suicide deaths from the entire state might reveal common factors or trends which, in turn, might guide prevention, intervention or treatment strategies.

Members of the Finance committee, the AFSP Maryland Chapter is grateful for your consideration of SB 168 and for working with your colleagues and other agencies to address the suicide rate in Maryland. We all have a role to play in preventing suicide, and with your support, passage of this legislation will affirm the state's commitment to improving the lives of all Maryland citizens and to prevent the tragic loss of life to suicide in the future. We urge a favorable report on SB 168.

Please feel free to contact me at smaskaleris@gmail.com or 301-751-8781 with any questions or if you would like additional information.

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