



**American
Foundation
for Suicide
Prevention**

Maryland

**RE: FAVORABLE on House Bill 48
Public Health - Maryland Suicide Fatality Review Committee
January 26, 2022**

Dorothy A. Kaplan, Ph.D.
Board of Directors, American Foundation for Suicide Prevention Maryland Chapter (AFSP-MD)
Address: 10216 Garden Way, Potomac MD 20854
Cell phone: (301) 335-1954
Email: DrDorothyKaplan@gmail.com

Chair Pendergrass, Vice Chair Pena-Melnyk, and Members of the House Health and Government Operations Committee,

The American Foundation for Suicide Prevention (AFSP) is a nonprofit organization whose mission is to “save lives and bring hope to those affected by suicide” through research, education, and advocacy and is a thought leader in suicide prevention. With chapters in every state, this mission is largely carried out by volunteers. Many like me are suicide loss survivors; others have struggled themselves with suicidal thoughts or attempts or support someone struggling with their mental health.

While I am representing AFSP in providing this testimony, I also currently serve on the Maryland Governor’s Challenge to Prevent Suicide among Service Members, Veterans, and Families and on the Maryland Governor’s Commission on Suicide Prevention. I am a licensed independently practicing Psychologist in the State of Maryland and was employed for a decade as a subject matter expert in military psychological health care and evidence-based research and clinical practices.

Suicide is a mental health and public health issue nationwide and the 11th leading cause of death in Maryland (CDC; 2021). In 2019, the most recent year for which we have data available, over three times as many people died by suicide than in alcohol related motor vehicle accidents in our state. That year, the total deaths to suicide reflected almost 13,000 years of potential life lost before age 65 for Marylanders. More than one-third of all firearms deaths in Maryland are suicides. Tragically, suicide is the third leading cause of death in our younger population - those ages 10 – 34. Young people involved in the child welfare and juvenile justice systems; LGBTQ individuals; Black, Indigenous, and other people of color; and military Service members and Veterans are at even greater risk for suicide.

I volunteer in an AFSP peer support program, Healing Conversations, which connects the newly bereaved with a volunteer who has experienced a similar loss to offer understanding and resources in the weeks and months following a suicide death. I have also been a facilitator for several years at AFSP’s annual International Survivors of Suicide Loss Day in which the siblings,

parents, children, and friends of those lost to suicide connect and share their experiences. In these roles, I hear and bear witness to the anguish of the families affected by suicide. Suicide loss is a traumatic experience having a powerful impact on family systems, often replete with guilt and shame, and universally accompanied by intense psychological suffering and the question of “Why?.” If suicide is a preventable death, why did my child (my parent, my sibling, my best friend, ...) die by suicide and what could have been done to prevent their death? We need to be better able to answer these questions and with that understanding, intervene effectively to reduce suicide rates and the devastation of those left behind.

AFSP supports House Bill 48 to set up a Maryland Suicide Fatality Committee that would comprehensively review suicide deaths, disseminate their findings about risk factors and response lapses, and make recommendations to inform the development of suicide prevention strategies. Maryland has already taken a crucial step toward better understanding of the circumstances that precipitate suicide deaths by taking part in the CDC’s National Violent Death Reporting System (NVDRS). This state-based surveillance system contains linked data from medical examiner reports, law enforcement reports, and death certificates for all suicides, homicides, and other violent deaths; many (but not all) case records also contain narratives with more detailed information collected from these reports on the events or situational factors that occurred right before and may have contributed to those deaths. The Suicide Fatality Committee as called for in HB 48 will help translate these data and narratives into action. The multidisciplinary nature of fatality review teams and the comprehensive study of each suicide supplies a deeper understanding of the risk factors and circumstances surrounding suicide.

A Suicide Fatality Review Committee is an essential element of a state suicide prevention infrastructure plan to supply complete, exact, and timely information about suicide deaths and to support effective suicide prevention. Suicide fatality review committees in New Hampshire, Ohio, and Oregon have already had powerful impacts on suicide prevention in their states. For example, finding eviction as a significant risk factor for suicide, Oregon was able to reduce eviction related suicides in two years from thirty lives lost to just one. Furthermore, findings from case study research such as fatality review committees seed ideas for larger grant-funded research on suicide such as that supported by AFSP.

As we begin the third year of the COVID-19 pandemic, it is important that we address the impacts to mental health and focus on suicide prevention. Comprehensive data collected about completed suicides and expert analysis of that data can facilitate the development of effective suicide prevention strategies for this “new normal” of life with COVID. Outcomes related to suicide in Maryland will be deeply affected by investments and actions taken now and in the coming months to support the infrastructure needed for a comprehensive and effective statewide suicide prevention plan.

Thank you for your consideration and AFSP respectfully asks for a favorable report on House Bill 48.