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WRITTEN INFORMATIONAL TESTIMONY FOR HB 1329: Suicide Treatment Improvement Act Health and Government Operations - House of Delegates - March 7th, 2022

Thank you Chair Pendergrass, Vice Chair Pena-Melnyk, and committee members for all your hard work to improve healthcare services for Marylanders of all ages. On Our Own of Maryland is a statewide peer-run behavioral health education and advocacy organization, and our Transitional Age Youth (TAY) Outreach Project empowers young adults as advocates and change agents.

We submit this letter of information for HB 1329 to raise awareness of the need for training and resources for mental health practitioners around suicide prevention and intervention.

Many mental health clinicians report feeling inadequately trained to help suicidal youth (Schmitz el al., 2012). Currently, there are no national standards requiring mental health professionals to be trained to address and treat suicidal ideation and behavior in their clients, either during education and certification or during their professional career (AFSP). This lack of training has real consequences, because stigmatizing or traumatic experiences around suicidal ideation or attempts both discourage people from seeking support and care, and can worsen feelings of hopelessness.

Personal Reflection from Rowan Willis-Powell, TAY Project Manager:

When I was 15, I was taken via Emergency Petition to my local hospital Emergency Room after telling my primary care provider that I was struggling with passive suicidal ideation. None of the providers I interacted with at the hospital showed me any compassion. They treated me as if I was untrustworthy, implying that I was on drugs and would kill myself the minute I left. Thankfully, my mother was able to establish that a safety plan existed, and I was able to leave that night. From that point forward, I felt I could not be honest with any provider about my continuing suicidal ideation, out of fear of repeating this traumatic experience, or worse.

I am lucky that my experience lasted only 5 hours. Many of the young people I work through On Our Own of Maryland's TAY Project have had stigmatizing and traumatic interactions with providers and law enforcement around suicidal ideation. One story that particularly stands out is of a young person being sent home after a suicide attempt with zero follow up, resources, or referrals, because they had vomited up the pills they had taken and were told they would be fine. This is unacceptable.

While the feasibility of all of the strategies proposed need thoughtful attention and evaluation, the intention of this bill points our state in the right direction to improve treatment for those struggling with suicidal ideation. We thank the committee for their consideration of its merits.