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Delegate Shane Pendergrass, Chair
Delegate Joseline Pena-Melnyk, Vice Chair
Health and Government Operations Committee
Room 241
House Office Building
Annapolis, Maryland 21401

Re: Support-HB0048 Suicide

Dear Delegate Pendergrass, Delegate Pena-Melnyk, and Members of the Health and Government Operations Committee:

I am writing on behalf of the Brain Injury Association of Maryland in support of HB 0048. For the last 39 years, BIAMD has been the only statewide non-profit organization dedicated solely to providing free information and resource assistance to the brain injury community. Through its Toll-Free Brain injury Connection Center (1.800.221.6443), its website (www.biamd.org), and its social media presence, BIAMD has sought to educate, enlighten, and support the estimated 120,000 Maryland families currently living with the devastating effects of brain injury. BIAMD regularly responds to over 300 phone calls a month from individuals living with brain injury, family members, and professionals seeking information and assistance. Most inquiries come from families and professionals seeking resources and information on how to best work with individuals with brain injuries. Brain injury can have lasting cognitive, physical, and emotional impairments that can alter the course of the life of an individual and their family.

Sustaining a TBI is a stressful event both during initial treatment and the months and years to follow. Many individuals experience loss of employment, financial hardship, changes in family roles, physical pain, and the loss of social supports after a TBI. Individuals living with a brain injury are also more likely to develop mental health and substance use disorders than the general population. The frontal lobe, which controls executive functions, decision making, impulse control and judgement, is the area that is mostly likely to be injured due to its location and structure of the skull. The combination of stressors, physical and psychological issues and impaired decision-making abilities increase the risk of suicide for individuals living with a brain injury.

Individuals with a history of brain injury are almost twice as likely to die by suicide than those without a history of brain injury. Sustaining a TBI within the past 6 months, sustaining a moderate or severe injury, more medical contacts for TBI, length of inpatient hospitalization after injury and history of psychiatric illness prior to TBI further increased the risk of completed suicide. Veterans with a history of TBI who were receiving care through Veterans Health Administration were 1.55 times more likely to die by suicide than those without a

history of TBIⁱ. Given the research linking suicide and brain injury this issue concerning for our organization and stakeholders.

The Brain Injury Association of Maryland supports the creation of a Suicide Fatality Review Committee and asks that a history of brain injury be included in the factors it evaluates. We hope that with passage of this bill and the creation the committee will help us to identify opportunities to prevent suicide for people living with brain injury.

Sincerely,
Catherine Rinehart Mello
Brain Injury Association of Maryland
443-364-9856

ⁱ Brenner LA, Ignacio RV, Blow FC. Suicide and traumatic brain injury among individuals seeking Veterans Health Administration services. *J Head Trauma Rehabil.* 2011 Jul-Aug;26(4):257-64. doi: 10.1097/HTR.0b013e31821fdb6e. PMID: 21734509.