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To whom it may concern,

My name is Paul Nestadt, and I am a psychiatrist and suicide researcher at Johns Hopkins. I serve on the Baltimore City Council President's Suicide Prevention Workgroup, the executive board of the Maryland Psychiatric Society, and I consult for the opioid fatality review committee and the Governor's commission on suicide prevention. My views are my own, not representing Hopkins. I am writing in **support** of HB48, for the creation of a Suicide Fatality Review Committee.

Suicide is a prominent and escalating cause of death in Maryland. Nationwide, suicide is the 10th leading cause of death and the 2nd leading in Americans under 40. In Maryland, the suicide rate has climbed by 18% over the past 5 years, and we are still waiting to measure the full mental health impact left by the ongoing pandemic. Early data, which I published last year, show that the pandemic's impact on suicide was felt disproportionately by Black Marylanders, whose suicide rates almost doubled during the initial COVID lockdowns of 2020.

When the data on Maryland's pandemic suicides was published, I found myself speaking to policy makers about the best way to interpret these deaths. I was asked how the pandemic might have contributed to these deaths... if they were related to grief, fear of illness, job loss, isolation, etc. I could only guess, which was not very helpful in our mission to prevent further suicides. Maybe they were unrelated to the pandemic or mitigation measures?

The traditionally most high-risk group, older white men, continue to demonstrate escalating suicide rates, but new vulnerable sub populations are dying at higher rates and frankly we do not know what drives any of these groups to suicide, but do know that the problem is worsening.

The proposed suicide fatality review committee would have the authority to fully investigate these deaths in much greater detail than the state is currently able. The team would be able to characterize the final pathways to suicide and interpret these for proximal risk factors, missed points of intervention, and patterns of vulnerability, producing reports and recommendations for future suicide prevention efforts. Any prevention efforts must be informed by data, to target interventions and monitor their successes. The suicide fatality review committee is the best way to accomplish these goals and save lives in Maryland. I urge you to vote in favor of the creation of a Suicide Fatality Review Committee.

Thank you,

A handwritten signature in black ink, appearing to read "Paul Nestadt", with a long horizontal flourish extending to the right.

Paul Nestadt, M.D.