House Bill 48 Public Health – Maryland Suicide Fatality Review Committee
Support
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Personal/Professional Background

1. I am a clinical psychologist who has spent 51 years in the study of suicide. Now, semi-retired,
2. I am an Adjunct Professor in the Department of Psychiatry at the Johns Hopkins School of Medicine.
3. I am a past-president of the American Association of Suicidology, the oldest and largest national organization of researchers, clinical and public health professionals, and others interested in the study and prevention of suicide.
4. I am a two-term past-president of the International Association for Suicide Prevention that, since 1960, has brought together researchers and prevention specialists operating in concert with the World Health Organization to better understand and prevent suicide across the globe.
5. I first came to MD in 1961 to attend Johns Hopkins University and have lived in the state consecutively since 1971.

Brief Factual Background

1. In 2019, the last year for which we have state data vetted by the Centers for Disease Control and Prevention:
    a. 657 Marylanders died by suicide
    b. These deaths by suicide were 10% greater than those by homicide
2. In the decade 2010-2019, almost 6,000 Marylanders died by suicide, one in eight of whom were under the age of 25.

Financial Impact

1. Based on the latest US-based study[1] each of these 2019 deaths by suicide cost the state $1.34 million in direct and indirect costs amounting to an overall economic impact totaling $880 million. Given the greater number of years of productive life lost, the economic impact of each youth's death by suicide is estimated to be $1.84 million.

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[1] Shepard, D. S., Gurewich, D., Lwin, A. K., Reed, G. A., Jr, & Silverman, M. M. (2016). Suicide and Suicidal Attempts in the United States: Costs and Policy Implications. *Suicide & life-threatening behavior*, *46*(3), 352–362. https://doi-org.proxy1.library.jhu.edu/10.1111/sltb.12225

2. Hence, should *but a single one of these annual deaths by suicide* be prevented as a consequence of the lessons learned from the intended efforts of the proposed Suicide Fatality Review Committee (SFRC), the accrued benefit to the state would more than pay for the fiscal burden of the SFRC.

Maryland already has a Child Fatality Review Team (CFRT). Why do we need a Suicide Fatality Review Team?

1. The CFRT's focus is solely on unexpected child deaths of Marylanders 17 years old and younger, i.e., only 3% of all deaths by suicide in the state in 2019. The primary focus of interest of the CFRT is on sudden infant deaths, not, for example, adolescent suicides.
2. The proposed HB48 specifies that the SFRC "shall coordinate," i.e., share and receive relevant information with the CFRT, so redundancies of effort will be minimized.
    a. The proposed HB48's mandate allows for a broader reach of data to inform what it will learn from its review of child suicides, hence will enhance what the CFRT learns about these deaths.

Since 2014, Maryland has had Local Overdose Fatality Review Teams (LOFRTs). Why do we need a Suicide Fatality Review Team?

1. The LOFRTs, by definition, focus only on drug overdose deaths. In 2019 there were 80 such deaths in the State of MD, only 12% of all suicides in Maryland.
2. Many drug abuse deaths are classified by the state Medical Examiner as "undetermined;" but it has been estimated that roughly 30% may be suicides, particularly those by opioids.[2]
3. The proposed HB48's mandate allows for a broader reach of data to inform what it will learn from its review of poisoning suicides, inclusive of overdose suicides, hence will enhance what the LOFRTs learns about these deaths.
3. Similar to the CFRT, the proposed HB48 specifies that the SFRC "shall coordinate," i.e., share and receive relevant information with drug overdose fatality review teams, so redundancies of effort will be minimized.

Maryland currently participates in the National Violent Death Reporting System, which generates a good deal of information about deaths by suicide in MD. What is the added benefit of having a SFRC?

1. The NVDRS does offer a good deal of valuable information, but is severely hampered by its limited sources of information, i.e., death certificates, Medical Examiner and toxicology findings, and police investigation reports.
    a. These records are mostly epidemiologic/demographic in focus, provide little to no information of any depth (see below), and cannot inform a dynamic understanding of a death by suicide to the extent that HB48 will allow.

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[2] Nestadt P. S. (2020). Suicides among Opioid Overdose Deaths. *JAMA*, *323*(14), 1409–1410. https://doi-org.proxy1.library.jhu.edu/10.1001/jama.2020.1446

    b. As an example, once a homicidal death has been ruled out, police death investigations/reports often go no further than ascertaining that a decedent had been depressed and/or had expressed suicidal thoughts as suitable enough explanations for evaluating a death as a probable suicide.

2. The proposed HB48 allows for considerably greater and more informative sources of information than ascertained by the NVDRS, notably physical and mental health records, social service records, and in-depth interviews with key informants.
3. As a consequence and as examples of the benefits derived via the SFRC's investigations relative to the NVDRS:
    a. The NVDRS informs us that roughly one in five Marylanders who dies by suicide is a veteran *but does not inform us* about that veteran's history of deployment, combat history, or diagnosis of PTSD, or, if diagnosed, history of treatment or lack thereof.
    b. The NVDRS informs us that 40% of Marylanders who die by suicide died by firearm, *but does not inform us* of the decedent's gun storage practices.
    c. The NVDRS informs us that roughly two in five Marylanders who die by suicide had a mental health problem, *but does not inform us* of the decedent's treatment history, history of compliance with treatment recommendations or history of accessing systems of care in the State.
    d. The NVDRS informs us that one-fourth of Marylanders who die by suicide disclosed their suicidal thoughts or plans prior to their death, *but does not inform us* what specific messages were disclosed, to whom those thoughts were disclosed, what responses were/were not given to these disclosures, or what opportunities for intervention were missed.
    e. By virtue of its data sources, the NVDRS offers no substantive information of value about deaths by suicide of sexual minorities or the influence of social media on suicidal mindsets and deaths. HB48's additional data sources will greatly inform these ends.
    f. The NVDRS does not access and report data relative to a timeline, hence does not differentiate risk factors as long-term versus near-term (acute). Hence we know nothing about the developmental trajectory of these deaths – how individuals went from functional and not suicidal, to being at risk of suicide to taking their lives. The proposed HB48 will inform us specifically of observed risk factors in the days immediately prior to death.
4. In their 17-state study of suicide notes based on data from the NVDRS, Rockett and colleagues[3] concluded "Suicide requires substantial affirmative evidence to establish manner of death… Findings and their implications argue for more stringent investigative standards, better training,

[3] Rockett, I., Caine, E. D., Stack, S., Connery, H. S., Nolte, K. B., Lilly, C. L., Miller, T. R., Nelson, L. S., Putnam, S. L., Nestadt, P. S., & Jia, H. (2018). Method overtness, forensic autopsy, and the evidentiary suicide note: A multilevel National Violent Death Reporting System analysis. *PloS one*, *13*(5), e0197805. https://doi-org.proxy1.library.jhu.edu/10.1371/journal.pone.0197805

and more resources to support comprehensive and accurate case ascertainment, as the foundation for developing evidence-based suicide prevention initiatives." HB48 will accomplish just that.

How will the proposed HB48 SFRC help accomplish the prevention of deaths by suicide?

I will give but two examples of how data derived from more in-depth investigations, such as proposed in this legislation, can save lives.

1. A study of youth who died by suicide in the State of Utah[4] specifically looked at contacts between government agencies and youths who died by suicide, and investigated the nature of those contacts. Finding that almost two-thirds of these youth had been seen in Juvenile Justice and that few had evidence of active psychiatric treatment allowed for implementing services in the Juvenile Justice system for the screening and identification of youths at risk for suicide.
2. A study I conducted for the Federal Railway Administration[5] found that fewer than 5% of decedents who died on railroad rights of way carried cell phones on their person at the time of their death. To prevent these deaths, the railroads were intent on putting up signs along rail tracks with a crisis number, but did not want to co-locate with the signage a phone with a dedicated line to a crisis service, hence potential decedents for the most part would have had no way to respond to the signage's message to contact a crisis line for help and, this approach to save lives would have been decidedly ineffective.

In conclusion, I enthusiastically support HB48 and view this as a life-saving effort of great import to the citizens of this State and one that has minimal cost for that benefit.

Respectfully Submitted,

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[4] Gray, D., Achilles, J., Keller, T., Tate, D., Haggard, L., Rolfs, R., Cazier, C., Workman, J., & McMahon, W. M. (2002). Utah youth suicide study, phase I: government agency contact before death. *Journal of the American Academy of Child and Adolescent Psychiatry*, *41*(4), 427–434. https://doi-org.proxy1.library.jhu.edu/10.1097/00004583-200204000-00015

[5] Berman, A. L., Sundararaman, R., Price, A., & Au, J. S. (2014). Suicide on railroad rights-of-way: a psychological autopsy study. *Suicide & life-threatening behavior*, *44*(6), 710–722. https://doi-org.proxy1.library.jhu.edu/10.1111/sltb.12107