



**Senate Budget & Tax Committee  
Written Testimony in Support of SB 3  
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**The American Foundation for Suicide Prevention (AFSP) writes in strong support of SB 3 to provide much needed funding for the Maryland 988 Suicide & Crisis Lifeline network through the established 988 Trust Fund.** AFSP is a nonprofit organization whose mission is to “save lives and bring hope to those affected by suicide” through research, education, and advocacy. AFSP is a thought leader in suicide prevention, the largest private funder of suicide prevention research, and a partner with other mental health organizations on public policy priorities.

State support for and investment in crisis support systems and call centers within the 988 Suicide & Crisis Lifeline network is critical. While the 988 Lifeline is a national program, federal funding is minimal for each center and largely goes toward managing call routing, best practice standards, public messaging, and technical assistance. Local crisis centers therefore rely on funding from state and local contributors to operate and grow.

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 as a Commissioner on the Maryland Governor’s Commission on Suicide Prevention in which I chair the newly created postvention (support to individuals and communities to mitigate grief, distress, and increased suicide risk in the aftermath of a completed suicide) task force. I have been a licensed independently practicing Psychologist in the State of Maryland since 1986 and was employed for a decade as a subject matter expert in military psychological health care and evidence-based psychological research and clinical practices.

Suicide is a mental health and public health issue nationwide and the 11<sup>th</sup> leading cause of death overall in Maryland (CDC; 2021). Tragically, suicide is the third leading cause of death in Marylanders 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 lost my uncle, grandfather, and mother to suicide. As a suicide loss survivor and a volunteer facilitator with AFSP programs that support suicide loss survivors (Healing Conversations, International Survivors of Suicide Loss Day), I can attest to the devastating impact of suicide and suicide attempts on individuals, families, and communities.

In January 2022, the Journal of the Medical Association (JAMA) published the first study to use nationally representative population data to assess the prevalence and risk factors for suicide attempts. The findings demonstrate a substantial increase in suicide attempts from 2008 – 2019. A prior suicide attempt is the most significant risk factor for a completed suicide; this knowledge terrified me when my oldest daughter in her teenage and young adult years experienced a protracted course of a severe eating disorder accompanied by suicidal thoughts and suicide attempts.



Although suicide attempts have increased over the past decade, the use of mental health services among those who have attempted suicide has not increased. In addition to engaging in population-wide suicide prevention efforts, this data strongly suggests a need to expand service accessibility and acceptability for these at-risk individuals (Bommersbach, Rosenheck, & Rhee, 2022). Accompanied by public education campaigns to normalize help-seeking in a crisis, 988 has the potential to engage suicide attempters in accessing mental health services.

As a practicing clinical psychologist who has worked with individuals who struggle with mental health conditions accompanied by suicidal thoughts, a parent who was in despair and desperate to keep her child alive during a protracted course of a life-threatening mental illness, and a daughter who lost her beloved mother to suicide, I have experienced a fragmented system of crisis care that relies on law enforcement, jails, and hospital emergency departments. This inherently ineffective approach to urgent and emergent behavioral health yields poor outcomes. The establishment of 988 as a national mental health crisis care system is an important component of access to quality mental health and effective suicide prevention.

An appropriately resourced 988 system consists of immediate access to an effective and coordinated system of suicide prevention crisis services. Crisis call centers are the hub of this integrated system which also includes access to mobile crisis teams and crisis stabilization centers. Evaluations of the National Suicide Prevention Lifeline (NSPL) have established the effectiveness of crisis line services as suicide prevention tools while also identifying the need for continued development of a robust and integrated crisis response system to meet the needs of individuals in mental health crisis (Gould, 2021).

Utilization of crisis call centers reduces the burden on emergency rooms, police, emergency responders, and other mental health emergency services. Almost 98% of crisis calls to the NSPL were de-escalated averting costly, highly restrictive responses from law enforcement and emergency medical services (988 Suicide & Crisis Lifeline, 2023). In a study of high-risk callers to the NSPL, most recipients interviewed reported that this intervention stopped them from taking their lives (79.6%) and kept them safe (90.6%) (Gould et al., 2017).

To increase access to crisis services, Lifeline's services now also include chat and texting. The users of these formats tend to be younger and have higher rates of suicidal ideation than callers. A study assessing the effectiveness of the Lifeline's Crisis Chat found that 2/3 of suicidal chatters reported that the chat had been helpful while almost half reported being less suicidal by the end of the chat. For a single-session chat intervention to achieve a reduction in suicidality in nearly half of chatters is a significant accomplishment that affords the opportunity for further suicide risk reduction and mental health interventions (Gould, Chowdhury, Lake et al., 2021).

The NSPL received over 2.6 million calls, chats, and texts in 2020. The Veteran's Crisis Line which shares the Lifeline's national toll-free number received 35,000 calls during the recent Afghanistan evacuation in mid-August 2021 (Washington Examiner, 2021). On July 16, 2022, the three-digit 988 dialing code replaced the Lifeline phone number. With the introduction of the 988 number and campaigns to increase public awareness about 988, call, chat, and text volume has further increased. In just the first month of 988's launch, data confirmed that calls to the Lifeline increased nationally by 45%. One month after the launch, in August 2022, there were 928 more calls made by Maryland residents to the Lifeline compared to August 2021, a 30% increase (988 Suicide & Crisis Lifeline, 2023).



Crisis line users are a high-risk population that require reliable and timely response and culturally competent local responders trained in suicide-specific assessment and best practices for crisis care (Hoffberg, Stearns-Yoder, and Brenner, 2020). Maryland's crisis call centers need the additional funding as called for in SB 3 to ensure they have adequate staffing and resources to meet increases in demand resulting from the 988 transition. The 988 model of care for mental health crisis care is cost-effective as demonstrated by numerous studies showing that crisis services reduce spending on emergency department visits and inpatient hospitalizations. Cost-savings are also realized through reduced use of law enforcement for mental health emergencies (Vibrant Emotional Health, 2021).

In November 2021, AFSP along with the American Psychological Association, and 13 additional organizations authored a consensus report of recommendations for the development of a comprehensive crisis response system (AFSP, 2021). As the report concludes, our nation has been failing those in mental health crisis. 988 is more than a new number to call; it is an opportunity to rethink how we can more effectively approach mental health, substance use disorders, and suicide prevention in our communities. Thank you for the opportunity to submit testimony in support of SB 3. The AFSP Maryland Chapter is grateful for your consideration of this critical bill and strongly urges your support.

## REFERENCES

- American Foundation for Suicide Prevention, American Psychological Association, American Psychiatric Association, Massachusetts Association for Mental Health, Meadows Mental Health Policy Institute, Mental Health America, National Association for Behavioral Healthcare, National Alliance on Mental Illness, National Council for Mental Wellbeing, One Mind, Peg's Foundation, Steinberg Institute, The Kennedy Forum, Treatment Advocacy Center, & Well Being Trust (2021). Consensus Approach and Recommendations for the Creation of a Comprehensive Crisis Response System. AFSP/1621285890-crisis-lines-issue-brief-5-17-21.pdf
- Bommersbach, T.J., Rosenheck, R.& Rhee, G. (2022). National Trends of Mental Health Care Among US Adults Who Attempted Suicide in the Past 12 Months. *JAMA Psychiatry*. 10.1001/jamapsychiatry.2021.3958.
- Brest, M. (2021). Veterans Affairs suicide hotline received more than 35,000 calls during Afghanistan evacuation, *Washington Examiner*. Accessed at: <https://www.washingtonexaminer.com/policy/defense/national-security/veterans-affairs-suicide-hotline-afghanistan>
- Curtin, S.C., Hedegaard, M.D., & Ahmad, F. B. (2021) Centers for Disease Control and Prevention, National Vital Statistics Rapid Release, Report Number 16, Provisional Numbers and Rates of Suicide by Month and Demographic Characteristics: United States. Accessed at: <https://www.cdc.gov/nchs/data/vsrr/VSRR016.pdf>
- Gould, M. S., Lake, A. M., Galfalvy, H., Kleinman, M., Munfakh, J.L., Wright, J., & McKeon, R. (2017). Follow-up with callers to the National Suicide Prevention Lifeline: Evaluation of callers' perceptions of care. *Suicide and Life-Threatening Behavior*, 48(1), 75-86.
- Gould, M. S., Lake, A. M. (2021). Suicide Prevention and 988: Beyond Beds Before, During and After COVID-19. Technical Assistance Collaborative Paper No. 3. Alexandria, VA: National



Association of State Mental Health Program Directors., accessed at:

<http://www.nasmhpd.org/content/tac-assessment-papers>

Gould, M. S., Chowdhury, S., Lake, A. M., Galfalvy, H., Kleinman, M., Kuchuk, M., & McKeon, R. (2021). National Suicide Prevention Lifeline crisis chat interventions: Evaluation of chatters' perceptions of effectiveness. *Suicide and Life-Threatening Behavior*, 51, 1126–1137. <https://doi.org/10.1111/sltb.12795>

Hoffberg, A. S., Stearns-Yoder, K. A., & Brenner, L. A. (2020). The Effectiveness of Crisis Line Services: A Systematic Review. *Frontiers in public health*, 7, 399. <https://doi.org/10.3389/fpubh.2019.00399>

988 Suicide & Crisis Lifeline. (2023). Lifeline State Reports [PDF files]. Accessed at: <https://988lifeline.org/our-network/>

Vibrant Emotional Health. (2021). 988 and the National Suicide Prevention Lifeline [PDF files]. Retrieved via e-mail correspondence.