TESTIMONY IN SUPPORT OF COUNCIL BILL 21-0103 – SUICIDE PREVENTION COORDINATOR - ESTABLISHMENT

HEALTH ENVIRONMENT AND TECHNOLOGY COMMITTEE

September 15, 2021

The Baltimore City Council Suicide Prevention Legislative Workgroup is composed of providers, survivors, advocates, faith leaders, elected officials, nonprofit organizations, educators, community leaders, and researchers dedicated to decreasing barriers Baltimore City residents face to access efficient and effective mental health services to support their mental health, and prevent suicides from occurring within our city.

The goals of this workgroup include:

- a. Encourage and support suicide prevention coordination efforts amongst various sectors in Baltimore City that specifically target vulnerable and underserved populations.
- b. Submit sound, innovative, evidence-based policy recommendations and procedural recommendations for implementation.
- c. Enhance continuity of care among existing services in our city.

To this end, the Suicide Prevention Legislative Workgroup urges a favorable report on Council Bill 21-0103 - Suicide Prevention Coordinator – Establishment.

Since the start of the public health crisis, Maryland has experienced what experts refer to as a "dual pandemic" of suicide and COVID-19. From February 2020 to March 2020, there was a 45% increase in calls to the Maryland Helpline. In March 2020 there was an 842% increase in texts to the Maryland Helpline¹.

Populations at increased risk of death by suicide include frontline workers, people experiencing homelessness, migrants, victims of abuse and violence, the elderly, and "stigmatized groups" including adolescents and sexual and racial minorities². Pandemic-related factors that increase risk of death by suicide include isolation, stigma and discrimination, increased work pressure, chronic stress, and difficulties in health care access, just to name a few³.

There are significant racial differences in statewide suicide mortality trends during the pandemic. Among Black Maryland residents, suicide mortality rate appeared to double between March 2020 and May 2020, compared to the rates in 2017 and 2019. In contrast, suicide mortality appeared almost halved among white residents during the same time⁴. In a city in which approximately 60% of residents identify as Black, these disparities are cause for alarm and a call to action.

¹ <u>COVID-19 and Suicide: A Crisis Within a Crisis | Hopkins Bloomberg Public Health Magazine (jhsph.edu)</u>

² The dual pandemic' of suicide and COVID-19: A biopsychosocial narrative of risks and prevention (nih.gov)

³ <u>'The dual pandemic' of suicide and COVID-19: A biopsychosocial narrative of risks and prevention (nih.gov)</u>

⁴ <u>Racial Differences in Statewide Suicide Mortality Trends in Maryland During the Coronavirus Disease 2019</u> (COVID-19) Pandemic - PubMed (nih.gov)

Disturbingly, data from 2018 indicates a trend toward suicidal thoughts and behaviors among middle and high school students in Maryland's public schools. This is especially true for youth that identify as LGBTQ+. Lesbian, gay, and bisexual youth are 4 times more likely to attempt suicide than straight youth. Further, a 2015 survey of transgender adults found that 40% of respondents had attempted suicide in their lifetime⁵. We know that time away from peers, the illness and death of loved ones, and other traumas caused by COVID-19 will have a lasting negative impact on Baltimore's young people.

The establishment of a Suicide Prevention Coordinator position gives the City the unique opportunity to unite service providers, agencies, State resources, residents with lived experience, and other entities to ensure intervention, prevention, and continuity of care. It will be especially important that the Coordinator collaborate with entities serving our City's most vulnerable residents, specifically BCPSS, local healthcare providers, and crisis response teams. This collaborative approach will ensure that residents receive the services they need in a timely and continuous manner.

Additionally, the Coordinator will be able to provide needed mental health trainings and public awareness prevention strategies. Studies show that suicide prevention training positively impacts the knowledge and skills of trainees⁶. An emphasis on training "gatekeepers" with the most contact with vulnerable populations will be critical in suicide prevention efforts⁷.

Finally, the Coordinator will provide invaluable data that will contribute to our understanding of trends regarding suicides and suicide attempts in Baltimore City. It will be crucial to continue collecting and examining data in the wake of the COVID-19 pandemic and resulting economic crisis. This data will inform the development of a Citywide strategic suicide prevention plan.

The position of Suicide Prevention Coordinator is already established in neighboring Baltimore County. The Baltimore County Coordinator collaborates with local emergency departments and the Child Fatality Review Team and increases linkages with the Crisis Response System. The Coordinator also develops public awareness campaigns and facilitates trainings. Each of these efforts contributes to the establishment of the Baltimore County Suicide Prevention Strategic Plan. To replicate these efforts in Baltimore City would greatly benefit residents and providers.

COVID-19 will have a long-term negative impact on mental health and suicide risk, especially for Baltimore's most vulnerable residents. The Suicide Prevention Coordinator will be invaluable in connecting mental health organizations and agencies that previously worked in siloes, providing life-saving trainings, and contributing to the establishment of a strategic suicide prevention plan. **The Baltimore City Suicide Prevention Legislative Workgroup thus urges a favorable report on CB 21-0103.**

⁵ 2020 Maryland State Suicide Prevention Plan.pdf

⁶ https://journals.sagepub.com/doi/abs/10.1177/070674370905400407

⁷ <u>Preventing Suicide (cdc.gov)</u>