

**House Bill 244 Task Force to Study Access to Mental Health Care in Higher Education**  
**House Appropriations Committee**  
**January 20, 2021**  
**Position: Support, with Amendment**

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My name is Eileen Zeller, and I retired from the federal government’s Substance Abuse and Mental Health Services Administration (SAMHSA) in 2018, where I was Lead Public Health Advisor in the Suicide Prevention Branch. In that role I managed a team of public health professionals responsible for national grant programs, including the National Suicide Prevention Lifeline and Garrett Lee Smith State, Tribal and Campus Suicide Prevention programs. I provided national leadership in a variety of areas and served on multiple advisory, policy, and implementation committees and workgroups.

In retirement, I serve on the Governor’s Commission on Suicide Prevention and the board of directors of the Mental Health Association of Maryland. But today I am representing myself.

I support this legislation, with two amendments to ensure that the task force addresses evidence-based practices for treating students at risk for suicide.

Section 1

(f) The Task Force shall

- (1) study the policies and procedures adopted by institutions of higher education in the State regarding access to mental health care and the prevention and treatment of mental illness AND OF SUICIDALITY in students; *(Note I suggest the language “and OF suicidality” and not “and suicidality” because I don’t want the task force to focus solely on students with mental illnesses who are suicidal. Many students who are suicidal do not have a mental illness.)*
- (4.5) Add language such as: “review best practices for ensuring that providers (whether on- or off-campus) are trained in providing treatment and support for students who may have elevated suicide risk; identifying and assessing suicidal risk; collaborative safety planning; and lethal means counseling.”<sup>1</sup>

Although most people assume that mental health therapists have been trained in effective interventions for treating suicidal students, the reality is quite different. Studies show that many therapists don’t receive this training or have the confidence to effectively treat suicidal

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<sup>1</sup> National Action Alliance for Suicide Prevention: Transforming Health Systems Initiative Work Group. (2018). *Recommended standard care for people with suicide risk: Making health care suicide safe*. Washington, DC: Education Development Center, Inc.

individuals.<sup>2,3</sup> This lack of skills and confidence impacts their ability to provide quality care for students at risk for suicide.<sup>4,5</sup>

What does that mean for a student who opens up to a therapist about their suicidal feelings? They expect the clinician will know how to respond. They don't realize that a common feeling among therapists is panic: worry that the student might attempt or die by suicide, and worry they might get sued or lose their license.<sup>6</sup> This can be exacerbated in an understaffed, under-resourced student counseling center, where students and staff alike are under enormous stress.

We need this task force to understand the range of issues surrounding availability of effective mental health care for students in higher education. This *must* include access to effective treatment for students who are suicidal.

Thank you for this opportunity to provide language to help make this possible.

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<sup>2</sup> National Action Alliance for Suicide Prevention: Clinical Workforce Preparedness Task Force. (2014). Suicide prevention and the clinical workforce: Guidelines for training. Washington, DC: Author.

<sup>3</sup> Schmitz W.M., Allen M.H., Feldman B.N., Gutin N.J., Jahn D.R., Kleespies P.M., Quinnett P., & Simpson S. (2012). Preventing suicide through improved training in suicide risk assessment and care: An American Association of Suicidology Task Force report addressing serious gaps in U.S. mental health training. *Suicide and Life-Threatening Behavior*, 42(3): 292-304.

<sup>4</sup> NAASP, 2014.

<sup>5</sup> NAASP, 2018.

<sup>6</sup> Dastagir, A.E. (2020, March 1) We tell suicidal people to go to therapy. So why are therapists rarely trained in suicide? *USA Today*. <https://www.mentalhealthexcellence.org/we-tell-suicidal-people-to-go-to-therapy-so-why-are-therapists-rarely-trained-in-suicide/>