



February 19, 2021

The Honorable Shane E. Pendergrass
House Health & Government Operations Committee
Room 241, House Office Building
Annapolis, MD 21401

RE: Support – HB 812: Maryland Department of Health - 2-1-1 Maryland - Mental Health Services Phone Call Program

Dear Chairman Pendergrass and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS and WPS support House Bill 812: Maryland Department of Health - 2-1-1 Maryland - Mental Health Services Phone Call Program (HB 812). Call centers are a crucial resource in linking patients to services and providing emotional support. In fact, such resources help reduce emotional distress and suicidal ideation in callers.¹ Patients who have received telephonic follow-up have a lower suicide rate in five years and a significantly lower suicide rate in the first two years.² Call center follow-up before a service appointment is also associated with improved motivation, a reduction in barriers to accessing services, improved adherence to medication, reduced symptoms of depression, and higher attendance rates.³

In 2020, Columbia University Irving Medical Center published a study that evaluated suicide hotlines. The study found, "In our first study, we found about 40% of callers had some

¹ 1. Gould, M. S., Kalafat, J., Munfakh, J. L. H., & Kleinman, M. (2007). An evaluation of crisis hotline outcomes part 2: Suicidal callers. *Suicide and Life-Threatening Behavior*, 37, 338-352.

² Motto, J. A., & Bostrom, A. G. (2001). A randomized controlled trial of postcrisis suicide prevention. *Psychiatric Services*, 52, 828-833. doi: 10.1176/appi.ps.52.6.828

³ Simon, G. E., VonKorff, M., Rutter, C., & Wagner, E. (2000). Randomised trial of monitoring, feedback, and management of care by telephone to improve treatment of depression in primary care. *BMJ*, 320, 550-554.



recurrence of their suicidal ideation in the weeks after their crisis call and only about 20% had followed through with the referrals that they had been given. Because of our findings, SAMHSA started funding Lifeline crisis centers to conduct follow-up calls to enhance the caller's continuity of care. And when we interviewed those callers, about 80% said that this follow-up actually had stopped them from killing themselves."⁴ Turning our attention to HB 812, signing up to receive calls can be analogous to having called in initially to the hotline and based on the aforementioned study, follow-up after the first interaction is clearly beneficial and has been shown to save lives.

Therefore, MPS and WPS ask the committee for a favorable report on HB 812. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

⁴ <https://www.cuimc.columbia.edu/news/columbia-suicide-research-culminates-new-national-hotline-number>