

Good afternoon Chair Rotundo, Chair Sachs, Chair Baldacci, Chair Meyer and distinguished members of the appropriations committee,

My name is Ann Corcoran. I am a master-level nurse and the executive director of the National Shattering Silence Coalition, a grassroots organization advocating for the 22 million people living with and dying too young from serious brain disorders. I am here today to express my concern regarding LD2214 and the appropriation of funds for walk-in centers.

I live in Massachusetts, a state that prides itself on having 26 community behavioral health centers throughout the state so that anyone who wants help can access services. What our state fails to recognize, however, is that there are some people, because of the severity of their illness, who will never use this “front door” approach. These walk-in centers have done nothing to help those living with severe mental illness get the medical care that is so desperately needed when lack of insight is a factor. We know that 40% of those living with bipolar disorder and 50% of those with schizophrenia experience anosognosia and have no insight into their illness or the need for treatment.

The mass shooting in Lewiston was once again a reminder of how Massachusetts is failing those with severe mental illness, families and the community in not having an AOT law. Despite our state having an abundance of walk-in centers, I hear tragic stories from families almost daily. Maine has a PTP law, a law often underutilized, which could have prevented this tragedy from occurring in the first place. The addition of walk-in centers will do nothing to improve the outcomes for those like Robert Card, walk-in centers will do nothing to protect the community. Expanding the use of Maine’s PTP law and investing in programs to support PTP is critical in preventing similar tragedies from occurring in the future.

While I commend peers who are well enough to advocate for what is in their best interest, what they fail to recognize is that not everyone is fortunate enough to have insight into their illness. There are some whose illness is so severe and who lack insight, these individuals have no voice. Our organization has many peers in recovery who understand the need to treat psychotic illnesses, especially when psychosis prevents them from making informed choices. Darrell Herrmann is a retired Captain of the U.S. Army who has lived successfully with schizophrenia for 39 years. He recognizes and supports the need for treatment when one is experiencing psychosis in that one’s actions are unpredictable in this state of mind. In his book, *Straight Talk About Living With A Severe Mental Illness*, he writes, “Most of this controversy is because many people do not understand the nature of psychosis and the fact that people who are psychotic are completely out of touch with reality. There is a similar issue with when we are too drunk to drive. Someone who has been drinking heavily may not realize that his judgment and reactions are seriously impaired. If that person is talking about driving, most people will agree that taking the keys away from the person is in the best interest of both the individual and the public at large.”

In closing, I recommend that you reconsider how future tragedies like that which occurred in Lewiston can be prevented. Maine has a law in place to prevent a fail-first system that requires tragedy before treatment - focusing on enhancing the use of PTP will prove to be much more successful in saving lives than building walk-in centers that will never be utilized by those who need help the most. Thank you!

Sincerely,  
Ann Corcoran RN, MSN  
Executive Director, National Shattering Silence Coalition

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LD 2214

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