

P Lynn Ouellette
Brunswick/Maine Association of Psychiatric Physicians
LD 1378

Testimony respectfully submitted in Favor of LD 1378: An Act to Protect Maine Communities by Enacting the Extreme Risk Protection Order Act

Senator Carney, Representative Kuhn, Honorable Members of the Judiciary Committee,

My name is P. Lynn Ouellette M.D. and I have had a private practice in psychiatry in Brunswick for over 30 years. I am also a Member of the Maine Association of Psychiatric Physician's Gun Safety Coalition.

As a psychiatrist, I have come to realize that there is a broad misunderstanding between the presence of a diagnosable major mental illness and the lack of mental wellness that can be manifested as rage, anger, the desire for revenge, feeling wronged and therefore wanting to punish others, intense feelings of retribution and a whole host of other dangerous states of mind all of which can escalate to violence. Often there are escalating warning signs, threats, recent crises or domestic violence, changes in behavior, demeanor or appearance, uncharacteristic fights or arguments, and telling others of plans for violence indicative of a crisis. Another potential crisis situation can arise with expressions of suicidal thinking in someone who has a known history of depression, has experienced a recent crisis or has come to exhibit signs of change in their mental state. It is often family members or concerned others who interact with these individuals who are the first to become aware of these red flag signs of potential harm. In Maine, 89% of deaths by firearms are suicides. We know from the study suicide that this is often a transient state of mind and an impulsive act for which there can be an intervention. However, an impulsive act with a firearm is nearly always fatal leaving no opportunity for intervention and lifesaving treatment, and it can cause tremendous psychological suffering to loved ones and many others. We have a Yellow Flag Law that helps to address these issues, but is not expedient and causes delays in assessment; it also involves taking the identified person into custody for a mental health assessment according to a legal definition of "mental illness" which is inconsistent and much broader than the medical definition. In being much different from the medical definition it serves to also stigmatize mental illness as a primary cause for gun violence when that is contrary to what has been proven in epidemiological studies again and again. It is my opinion, as a psychiatrist, that we need to enable the Extreme Risk Protection Order to empower law enforcement to remove firearms from those who are determined to be imminently dangerous to themselves or others in order to expedite the process and remove it from the constructs of mental illness. In doing so, if the risk at question is suicide, then once firearms are removed, referral to appropriate behavioral health resources can still occur. The Violence Prevention Project, which is the largest study of mass shootings, has found that the majority of mass shooters exhibited specific identifiable red flag signs of crisis, changes in behavior or demeanor, expressions of aggression and especially agitation, leading up to the event, but in only 10.5% were hallucinations and delusions, signs of major mental illness, a causal factor (<https://www.theviolenceproject.org/key-findings/>). With an Extreme Risk Protection Order, there is an opportunity to remove firearms from someone at risk for using them in a suicide as well as in violence against others, such as in mass shooting, early on as soon as law enforcement is alerted to those warning signs. Maine is the only state which has a Yellow Flag Law while 22 other states have Extreme Risk Protection Orders also known as Red Flag Laws. Please let us take the strongest steps possible to keep all of our citizens safe by adopting a genuine Extreme Risk Protection Order Act.

Thank you,

P Lynn Ouellette MD, DLFAPA