

APPENDIX

Figure 1: Summary of State Law for States with Mental Health Prohibitors Solely on Involuntary Civil Commitments

	Prohibitor based on involuntary commitment	State prohibitor based on an emergency hold	State prohibitor on voluntary admissions	State prohibitor on diagnosis	Gun right lost based on reporting of at-risk patients
Florida	Yes ¹	No	No	No	No
New Hampshire	Yes	No	No	No	No
Texas	Yes ²	No	No	No	No

Federal law prohibits possession of a firearm or ammunition by anyone who has been “adjudicated as a mental defective or involuntarily “committed to any mental institution.”³ However, states are not required to report data on involuntary commitments by court order to National Instant Criminal Background Check System (NICS), and states vary in their statutory codes respecting involuntary commitments. For purposes of this paper, three states were surveyed with mental health prohibitors *solely* on involuntary commitments: Florida, New Hampshire, and Texas.

A. Florida

In Florida, state law requires the Florida Department of Law Enforcement (FDLE) compile and maintain a database of persons who are prohibited from purchasing a firearm based on court records of involuntary commitments.⁴ Florida has an additional provision including those “voluntarily” admitted for inpatient treatment in the definition of “committed [involuntarily] to a mental institution” for purposes of the prohibitor if: 1) a physician asserts that he or she would have filed a petition for involuntary commitment if the person had not agreed to go voluntarily; 2) the patient has been notified that they may lose their gun rights and still gone forward with the treatment; and 3) a court has reviewed the certification.⁵ Patients must then sign a form that states the following:

“I understand that the doctor who examined me believes I am a danger to myself or to others. I understand that if I do not agree to voluntary treatment, a petition will be filed in court to require me to receive involuntary treatment. I understand that if that petition is filed, I have the right to contest it. In the event a petition has been filed, I understand that I can subsequently agree to voluntary treatment prior to a court hearing. I understand

¹ FLA. STAT. § 790.065(2)(a)(4) (West 2020).

² TEX. GOV'T CODE ANN. § 411.0521(a) (West 2020).

³ 18 U.S.C. § 922(d)(4) (2020).

⁴ FLA. STAT. § 790.065(2)(a)(4) (West 2020).

⁵ FLA. STAT. § 790.065(2)(a)(4)(b)(II) (West 2020).

that by agreeing to voluntary treatment in either of these situations, I may be prohibited from buying firearms and from applying for or retaining a concealed weapons or firearms license until I apply for and receive relief from that restriction under Florida law.”⁶

As the voluntary admission law is, by all accounts, rarely enforced—and amounts to an involuntary commitment in practice—Florida was coded as a state with a mental health prohibitor solely on involuntary admission.⁷

In Florida, a mental health provider *may* (but is not required to) report persons to law enforcement if they have specifically threatened to cause serious bodily injury or death to a readily available person and the mental health provider believes that “the patient has the apparent intent and ability to imminently or immediately carry out such threat.”⁸ A law enforcement can then seek voluntary surrender of firearms or ammunition for 24 hours if they take that person into custody for an involuntary examination, or petition a court for an extreme risk protection order (ERPO) up to but not exceeding one year.⁹ However, a psychiatrist’s report does not independently or automatically lead to the revocation of the right to own a firearm.

B. New Hampshire

In New Hampshire, there is no law that requires the reporting of mental health information to NICs. In 2016, the legislature actually included a provision as part of their Medicaid expansion bill that prohibited “any person, organization, department or agency from submitting the name of any person to NICS on the basis that the person has been committed to a mental institution, except pursuant to a court order issued following a hearing in which the person participated and was represented by an attorney.”¹⁰ That portion of the law was repealed in 2018. New Hampshire has mandatory reporting requirements “only for licensed psychotherapists (generally only psychologists) where a patient has communicated a “serious threat of physical violence” against a reasonably identifiable victim or victims.¹¹ However, at time the survey was conducted, New Hampshire had no ERPO law on the books to allow law enforcement to petition for firearm removal.¹²

C. Texas

Finally, Texas has a statute that mandates reporting of patients to NICs who have been court-ordered to receive inpatient mental health services or placed in long-term care of a residential facility.¹³ Psychiatrists in Texas *may* disclose information to law enforcement if they determine that there is a “probability of imminent physical injury by the patient to the patient.”¹⁴

⁶ *Id.*

⁷ Jenny Staletoovich, *Florida law is supposed to keep guns from the violent and mentally ill. It’s not working*, MIAMI HERALD (Feb. 23, 2018), <https://www.miamiherald.com/news/local/article201835374.html>.

⁸ FLA. STAT. § 394.4615(3)(a) (West 2020).

⁹ FLA. STAT. § 394.463(2)(d)(1) (West 2020); FLA. STAT. § 790.401, et seq. (West 2020).

¹⁰ N.H. REV. STAT. ANN. § 126-A:5(XXX)(e) (repealed 2018).

¹¹ N.H. REV. STAT. ANN. § 329-B:29 (West 2020).

¹² However, an ERPO law did pass through the New Hampshire House in January of 2020. *See Holly Ramer, NH House passes red-flag gun bill*, ASSOCIATED PRESS (Jan. 8, 2020).

¹³ TEX. GOV’T CODE ANN. § 411.0521(a) (West 2020).

¹⁴ TEX. HEALTH & SAFETY CODE ANN. § 611.004 (West 2020).

However, law enforcement are only allowed to seize a firearm for 15 days if someone is taken into custody of an inpatient mental health facility—there are no longer-term extreme risk protection orders.¹⁵ Like Florida, a psychiatrist’s report to law enforcement therefore does not automatically trigger the loss of firearms.

¹⁵ TEX. CODE CRIM. PROC. ANN. art. 18.191 (West 2020).

Figure 2: Summary of State Law for States with Prohibitors Based on Emergency Holds

	Prohibition based on involuntary commitment	State prohibition based on an emergency hold	State prohibition on voluntary admissions	State prohibition on diagnosis	Gun right lost based on reporting of at-risk patients
California	Yes ¹⁶	Yes ¹⁷	No	No	Yes ¹⁸
Washington	Yes ¹⁹	Yes ²⁰	No	No	No

Psychiatric emergency hold laws permit involuntary admission to a health care facility of a person with an acute mental illness *without a court order*. The process of obtaining an emergency hold—and the procedural protections afforded to patients—vary greatly from state to state.²¹ Only California and Washington have mental health prohibitors associated with temporary emergency holds.

A. California

In California, patients can be involuntarily committed to a mental health facility under a 72-hour hold (a Section 5150 hold), a 14-day hold (a Section 5250 hold), a second additional 14-day hold (a Section 5260 hold) and a 30-day hold after completion of the initial Section 5250 14-day hold (Section 5270.51 hold).²² Under a Section 5150 hold, a member of law enforcement, staff member at an evaluation facility designed by the county, or “other professional person designated by the country” may—upon probable cause that a person presents a danger to themselves or others—detain the patient for evaluation and treatment for a maximum of 72 hours (excluding Saturdays, Sundays, and holidays).²³ California’s statutory firearm ban is *only initiated* if a person is admitted to facility for inpatient treatment under Section 5151 and 5152

¹⁶ California’s prohibitor on involuntary commitments includes: 1) any person who “has been adjudicated by a court of any state to be a danger to others as a result of a mental disorder or mental illness; 2) has been adjudicated to be a mentally disordered sex offender,” and 3) any person who has been placed “under conservatorship by a court. . . because the person is gravely disabled as a result of a mental disorder or impairment of chronic alcoholism.” In California, Britney Spears—who is currently under a conservatorship—would likely not be able to purchase a gun. CAL. WELF. & INST. CODE §§ 8103(a)(1)-(e)(1) (West 2020).

¹⁷ California’s prohibition on firearm purchase, possession, and access lasts for a period of five years. CAL. WELF. & INST. CODE §§ 8103(f)(1)(A)-(C) (West 2020).

¹⁸ CAL. WELF. & INST. CODE §§ 8100(b), 8105(c) (West 2020).

¹⁹ Washington specifies that the following individuals must have their information submitted to the NICs background check system: 1) a person is committed by court order under Section 71.05.240 (involuntary treatment for 14 days); 2) a person committed under Section 71.05.320 (treatment for an adult lasting 90 or 180 days); 3) a person committed under Section 71.34.740 (an involuntary commitment hearing for a minor), or 4) Section 71.34.750 (involuntary treatment for a minor for 180 days). WASH. REV. CODE ANN. § 9.41.047 (West 2020).

²⁰ WASH. REV. CODE ANN. § 71.05.182 (West 2020).

²¹ See Leslie Hedman, John Pettila, William Fisher, Jeffrey Swanson, Deirdre Dingman & Scott Burris, *State Laws on Emergency Holds for Mental Health Stabilization*, 67 PSYCHIATRY SERVICES 529 (2016).

²² CAL. WELF. & INST. CODE § 5150 (West 2020); CAL. WELF. & INST. CODE § 5250 (West 2020); CAL. WELF. & INST. CODE § 5260 (West 2020); CAL. WELF. & INST. CODE § 5270.15 (West 2020).

²³ CAL. WELF. & INST. CODE § 5150(a) (West 2020).

after the initial Section 5150 hold. That means California’s five-year emergency hold prohibitor applies only if the emergency holds lasts longer than the initial 72 hours.

California’s emergency hold prohibitor can also apply indefinitely: If a patient has been taken into a 5150 hold and admitted for treatment “one or more times within a period of one year,” they are barred from owning, possessing, controlling, receiving, or purchasing a firearm *for the remainder of his or her life*.²⁴ The statute *also* requires that medical facilities inform patients that they are prohibited from “owning, possessing, controlling, receiving, or purchasing any firearm” for a period of time, and inform patients that they can request a hearing from the court.²⁵

California psychiatrists are required by law to report patients to law enforcement who exhibit “a serious threat of physical violence” against another, also known as a “Tarasoff Warning.”²⁶ State law bars anyone who has been the subject of a Tarasoff report from purchasing or possessing a firearm for five years after the report.²⁷ If a person wishes to own a firearm, they may petition superior court for a finding that they can use firearms in a safe and lawful manner.

B. Washington

Washington state’s emergency hold prohibitor law is comparably less restrictive than California’s. In Washington, any “designated crisis responder”—who can include psychiatrists, psychologists, physician assistance, nurse practitioners, and social workers²⁸—who receives information that a person presents an imminent likelihood of serious harm can cause a person to be taken into emergency custody for 72 hours (excluding Saturdays, Sundays, and holidays). Individuals who have been detained for 72-hour evaluation and treatment under Section 71.05.153 and Section 71.05.150 of the Washington Code—but not subsequently involuntarily committed—“may not have in his or her possession or control any firearm for a period of six months after the date that the person is detained.”²⁹ Upon discharge, the designated crisis responder must inform the patient orally and in writing that he is prohibited from possessing or controlling any firearm and that he must surrender any firearms that he or she possesses.

Washington psychiatrists are under a mandatory duty to warn or take reasonable protections where patients communicate an actual threat of physical violence against a reasonably identifiable person.³⁰ A law enforcement officer can then petition for an extreme risk protection order that lasts up to one year.³¹ However, a psychiatrist’s report does not independently result in the revocation of the right to own a firearm.

²⁴ CAL. WELF. & INST. CODE § 8103(f)(1)(B) (West 2020) (emphasis added).

²⁵ CAL. WELF. & INST. CODE § 8103(f)(2)(B)(3) (West 2020).

²⁶ CAL. CIV. CODE § 43.92 (West 2020).

²⁷ CAL. WELF. & INST. CODE § 8100(b).

²⁸ *See generally* WASH. REV. CODE ANN. § 71.05.160 (West 2020).

²⁹ WASH. REV. CODE ANN. § 71.05.182(1) (West 2020). *See also* WASH. REV. CODE ANN. § 71.05.153 (West 2020); WASH. REV. CODE ANN. § 71.05.150 (West 2020).

³⁰ WASH. REV. CODE ANN. § 71.05.120 (West 2020).

³¹ WASH. REV. CODE ANN. § 7.94.030 (West 2020).

Figure 3: Summary of State Laws for States with Prohibitors Based on Voluntary Admissions to Inpatient Treatment

	Prohibition based on involuntary commitment	State prohibition based on an emergency hold	State prohibition on voluntary admissions	State prohibition on diagnosis	Gun right lost based on reporting of at-risk patients
Connecticut	Yes ³²	No	Yes ³³	No	No
D.C.	Yes ³⁴	No	Yes ³⁵	No	No
Illinois	Yes ³⁶	No	Yes ³⁷	No	Yes ³⁸

Three states—Connecticut, Illinois, and Maryland—and the District of Columbia have some firearm prohibition on patients who have been voluntarily admitted to inpatient treatment. Of those jurisdictions, Maryland was excluded from the survey recruitment as its prohibitor only applied to a narrow category of patients voluntarily admitted to inpatient treatment (only if they have been “voluntarily admitted for more than 30 consecutive days to a facility”).³⁹

A. Connecticut

As of October 1, 2013, Connecticut law places a six-month statutory prohibitor on firearm and ammunition purchase or possession on patients who have been voluntarily admitted to a psychiatric hospital.⁴⁰ The statute specifically excludes those who were admitted solely for substance abuse issues. While Connecticut bars patients from accessing guns who have been voluntarily admitted for inpatient treatment, patients who have been admitted through an emergency hold—a physician’s emergency certificate (PEC)—have no prohibition on firearm access. This has been described as a “huge gap in policy” and Connecticut Senator John McKinney said they weren’t aware that it wouldn’t cover PECs when the law was passed.⁴¹

³² CONN. GEN. STAT. § 29-361(d)(2) (West 2020) (establishing the state process for submitting information on prohibited persons to NICs).

³³ CONN. GEN. STAT. § 29-38b(a) (West 2020).

³⁴ The District of Columbia has no federal reporting to NICs. However, the District of Columbia prohibits access to registration certificates for those who have been involuntarily committed by a mental facility by a court as defined in the federal regulations. *See generally* D.C. CODE §§ 7-2502.03(a)(6)(A)(1)-5 (West 2020).

³⁵ D.C. CODE § 7-2502.03(a)(6)(A)(1) (West 2020).

³⁶ In Illinois, the Department of State Police and the Department of Human Services must coordinate to submit to NICs information on those judicially committed involuntarily for purposes of background checks. 430 ILL. COMP. STAT. 65/3.1(e)(2) (West 2020).

³⁷ 720 ILL. COMP. STAT. ANN. 5/24-3.1 (West 2020) (outlawing possession).

³⁸ 405 ILL. COMP. STAT. ANN. 5/6-103.3 (West 2020)

³⁹ MD. PUB. SAFETY CODE § 5-133(b)(9) (West 2020).

⁴⁰ CONN. GEN. STAT. § 29-38b(a) (West 2020).

⁴¹ Arielle Becker, *Post-Newtown gun law has a mental health loophole, critics say*, CT MIRROR (Feb. 14, 2014), <https://ctmirror.org/2014/02/14/gun-law-has-a-mental-health-loophole-critics-say/>.

Connecticut allows, but does not require, psychiatrists to report patients to law enforcement who present an imminent risk of personal injury to themselves or others.⁴² Law enforcement can then petition the state for an ERPO that last up to a year.⁴³ However, a report by a psychiatrist does not automatically lead to the revocation of gun rights.

B. District of Columbia

In the District of Columbia, no person or organization can access or control a firearm unless they pass a D.C. background check and hold a valid registration certificate.⁴⁴ The District’s mental health prohibitions pertain to those registration certificates. Like Connecticut, D.C.’s prohibition does not apply to 48-emergency holds under Section 21-521,⁴⁵ but does for firearm registration applicants who have been voluntarily admitted to a mental health facility within the past five years.⁴⁶ Mental health providers in D.C. *may* report patients to law enforcement that present a “substantial risk of imminent and serious physical injury” to themselves or others.⁴⁷ They additionally can petition for the removal of firearms for up to one year via D.C.’s ERPO law.⁴⁸

C. Illinois

In Illinois—implemented as part of the Firearm Owners Identification Card (FOID) Act, which requires every Illinois citizen to obtain a license before they purchase or possess firearms or ammunition—a person in Illinois cannot lawfully possess or be sold a firearm if they have been voluntarily admitted “within the past 5 years.”⁴⁹ The statute excludes treatment that was voluntary and solely for an alcohol abuse disorder and no other secondary substance abuse disorder or mental illness.⁵⁰

In addition to a five-year firearm prohibitor for patients who have been voluntarily admitted to inpatient treatment, Illinois has extensive reporting requirements. Clinicians must report any patients whom they believe pose a “clear and present” danger to themselves, another person, or the community to the DHS within 24 hours.⁵¹ Clear and present danger is defined as a person who: communicates a serious threat of physical violence against a reasonable identifiable victim or poses a clear and imminent risk of harm to himself; herself, or another person; or 2) demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions or other behavior.⁵² Law enforcement can then revoke an owner’s FOID card.⁵³

⁴² CONN. GEN. STAT. § 52-146c (West 2020).

⁴³ CONN. GEN. STAT. § 29-38c (West 2020).

⁴⁴ D.C. CODE ANN. §§ 7-2502.01, 7-2502.06(a) (West 2020).

⁴⁵ D.C. CODE ANN. § 21-521 (West 2020).

⁴⁶ D.C. CODE ANN. § 7-2502.03(a)(6)(A)(1) (West 2020).

⁴⁷ D.C. CODE ANN. § 7-1203.03 (West 2020).

⁴⁸ D.C. CODE ANN. § 7-2510.01 et seq. (West 2020).

⁴⁹ 720 ILL. COMP. STAT. ANN. 5/24-3.1(a)(4) (West 2020).

⁵⁰ *Id.*

⁵¹ 405 ILL. COMP. STAT. ANN. 5/6-103.3 (West 2020).

⁵² 430 ILL. COMP. STAT. 65/1.1 (West 2020).

⁵³ 430 ILL. COMP. STAT. ANN. 65/8 (West 2020).

Figure 4: Summary of State Laws for States with Prohibitors Based on a Diagnosis to Inpatient Treatment

	Prohibition based on involuntary commitment	State prohibition based on an emergency hold	State prohibition on voluntary admissions	State prohibition on diagnosis	Gun right lost based on reporting of at-risk patients
Hawaii	Yes ⁵⁴	No	No	Yes ⁵⁵	No
New York	Yes ⁵⁶	No	No	Yes ⁵⁷	Yes ⁵⁸

A. Hawaii

Hawaii has some of the most restrictive gun prohibitions in the country pertaining to mental health. Their current mental health prohibitors bars anyone “diagnosed as having a significant behavioral, emotional, or mental disorders as defined by the most current diagnostic manual of the American Psychiatric Association.”⁵⁹ The statute also bears those under treatment or counseling for substance abuse or addiction.⁶⁰ Psychiatrists in Hawaii must disclose mental health information of persons seeking a firearm to law enforcement in response to requests for such information.⁶¹ Mental health professionals can also petition for gun removal for up to one year under Hawaii’s ERPO law.⁶²

B. New York

New York’s prohibitor on diagnosis is more nuanced than the Hawaii law. First, to obtain a gun license in the state of New York, a person must disclose whether or not he or she has “ever suffered any mental illness” to the licensing authority, which can result in the denial of a license.⁶³ As part of the SAFE Act, any “mental health professional”—including physicians, psychologists, nurses, and clinical social workers—are also *required* to report to the New York Director of Community Services if they determine that a person they are treating is “likely to engage in conduct that would result in serious harm to self or others.”⁶⁴ That information is then intended to be reviewed by the New York Department of Criminal Justice Services for the purpose of determining if the person is ineligible or eligible to possess a firearm. In practice, however, a report begins an “automatic process that results in revocation of a patient’s right to bear arms.”⁶⁵ All reports are effectively “rubber-stamp[ed]” and patients are placed in a no-gun

⁵⁴ See generally HAW. REV. STAT. § 334-60.5 (West 2020).

⁵⁵ HAW. REV. STAT. ANN. § 134-7 (West 2020).

⁵⁶ N.Y. PENAL LAW § 400.00(1)(j) (McKinney 2019).

⁵⁷ *Id.* § 400.00(1)(i); see also XX.

⁵⁸ N.Y. MENTAL HY. LAW § 9.46 (McKinney 2019).

⁵⁹ HAW. REV. STAT ANN.. § 134-7 (West 2020).

⁶⁰ *Id.*

⁶¹ HAW. REV. STAT. ANN. § 134-3.5 (West 2020).

⁶² HAW. REV. STAT. ANN. § 134-61 et seq. (West 2020).

⁶³ N.Y. PENAL LAW § 400.00(i) (McKinney 2019).

⁶⁴ N.Y. MENTAL HY. LAW § 9.46(b) (McKinney 2019).

⁶⁵ Matthew Gamsin, Note, *The New York Safe Act: A Thoughtful Approach to Gun Control, or a Politically Expedient Response to the Public’s Fear of the Mentally Ill?*, 88 SO. CAL. L. REV. 16, 30 (2015).

list for the following five years. In 2014, the database had reportedly ballooned to roughly 34,500 individuals prohibited from accessing firearms.⁶⁶

⁶⁶ Anemona Hartocollis, *Mental Health Issues Put 34,500 on New York's No-Guns List*, N.Y. TIMES (Oct. 19, 2014), <https://www.nytimes.com/2014/10/19/nyregion/mental-reports-put-34500-on-new-yorks-no-guns-list.html>.

Figure 5: Survey Language

The survey began with filtering questions to identify the participants' current location and ensure that participants were 18 or older and psychiatrists or psychiatric residents:

1. Are you 18 years of age or older? (Y/N)
2. Are you a psychiatrist or psychiatric resident? (Y/N)
3. In what state do you currently practice medicine? [Drop down menu to select state].

Participants were then directed to answer the following questions:

1. As a psychiatrist, have you ever had a patient who was involuntarily committed? (Y/N)
2. Do you routinely ask patients with mental health conditions if they own firearms? (Likert Scale: 1 (never) to 5 (always))
 - a. Question 2 was randomized for 50% of the participants as follows: As you may be aware, firearm suicide claims the lives of over 22,000 Americans every year. Do you routinely ask patients if they own firearms? (Likert Scale: 1 (never) to 5 (always))
 - b. If participants answered "rarely" or "never" for either version of the question, a contingent question appeared: What factors might make you refrain from asking patients with mental health conditions if they own firearms? A) Believe that it interferes with their second amendment rights; B) Concerned it could damage relationship with patient; C) Don't find it necessary unless patient is reporting they are suicidal or homicidal; D) I have never thought to ask; E) Other. _____
3. Is it your understanding that in [state] patients who are involuntarily committed (by a court) lose their right to purchase or possess a gun? (Y/N)
4. Is it your understanding that in [state] patients who are admitted on an emergency hold lose their right to purchase or possess a gun? (Y/N)
5. Is it your understanding that in [state] patients who are voluntarily admitted to inpatient treatment lose their right to purchase or possess a gun? (Y/N)
6. Is it your understanding that in [state] patients who are diagnosed with a serious mental disorder can lose their right to purchase or possess a gun? (Y/N)
7. Do you inform patients that they will lose the right to purchase or possess a firearm if they are involuntarily committed by court order? (Likert Scale: 1 (never) to 5 (always))
8. Do you inform patients that they will lose the right to purchase or possess a firearm if they are voluntarily admitted for inpatient treatment? (Likert Scale: 1 (never) to 5 (always))
9. Have you suggested to patients that they can preserve their right to purchase or possess firearms if, instead of being involuntarily committed by court order or emergency hold, they allow themselves to be voluntarily admitted? (Likert Scale: 1 (never) to 5 (always))
10. Do patients ever raise questions about what will happen to their gun rights if they are involuntarily committed or voluntarily admitted to inpatient treatment? (Likert Scale: 1 (never) to 5 (always))
11. Have you reported a patient to a state database or law enforcement in [state] because they present a danger to themselves or others? (Likert Scale: 1(never) to 5 (always))

12. Do you inform patients that they may lose their right to purchase or possess a firearm due a report by you? (Likert Scale: 1 (never) to 5 (always))
13. If extreme risk protection order (ERPO) reporting—also known as “red flag” petitioning in cases where patients present a risk of harm to themselves or others—was optional for psychiatrists, how often would you petition for firearm removal from a patient? (Likert Scale: 1 (never) to 5 (always))
14. Optional: Is there anything else related to this survey or mental health and gun rights that you’d like us to know? [OPTIONAL TEXT BOX]
15. Optional: Please let us know one or two additional emails of other mental health professionals who might be interested in completing this survey: [OPTIONAL TEXT BOX]

Figure 6: Survey Recruitment Emails

Initial outreach: Survey participants were sent the following initial email through the American Psychiatric Association (APA) member portal:

Hi Dr. [NAME],

I am a researcher at Yale University conducting a short survey of psychiatrists regarding gun violence and red flag laws with Yale Professor Ian Ayres and Dr. Brian Barnett of the Cleveland Clinic. We're reaching out to see if you might be interested in participating. The survey is 13 questions long, IRB approved, and collects no identifying information about healthcare providers or patients. Each participant has an opportunity to win a pair of Apple AirPods. To take this completely anonymized survey, please click here: [LINK].

Participation is entirely optional, but I do hope you take part. If you have any questions, please feel free to contact me (cara.newlon@yale.edu). Thank you for your help, and I hope you are staying safe and healthy.

Best,
Cara Newlon

Follow up: After a week, the protocol director followed up directly with the following:

Hi Dr. [NAME],

I hope you are holding up alright during these trying times. If you have not already, I wanted to quickly follow up personally and see if you might be interested in participating in the below short survey regarding gun violence and red flag laws. If you have already taken this survey, please disregard this email.

To take this completely anonymized survey, please click here [LINK]. The survey is 13 questions long, IRB approved, and collects no identifying information about healthcare providers or patients. Each participant has an opportunity to win a pair of Apple AirPods.

Again, participation is entirely optional, but I hope you take part. Thank you for your help, and I hope you are safe and well.

Best,
Cara

Figure 7: State-by-state results breakdown

	California	Connecticut	District of Columbia	Florida	Hawaii	Illinois	New Hampshire	New York	Texas	Washington	Total
N	51	82	19	38	28	64	19	45	50	69	485
	%	%	%	%	%	%	%	%	%	%	%
Ever committed a patient											
No	7.8%	3.7%	7.7%	2.6%	10.7%	6.3%	5.3%	6.7%	6.0%	1.4%	5.4%
Yes	92.2%	96.3%	92.3%	97.4%	89.3%	93.8%	94.7%	93.3%	94.0%	98.6%	94.6%
Routinely ask patients if they own firearms											
Never	3.9%	1.2%	5.1%	0.0%	0.0%	1.6%	5.3%	0.0%	0.0%	0.0%	1.4%
Rarely	5.9%	6.1%	15.4%	0.0%	10.7%	6.3%	0.0%	4.4%	4.0%	2.9%	5.6%
Sometimes	45.1%	41.5%	20.5%	31.6%	28.6%	50.0%	36.8%	37.8%	50.0%	40.6%	40.0%
Often	19.6%	20.7%	28.2%	26.3%	25.0%	23.4%	15.8%	31.1%	22.0%	27.5%	24.1%
Always	25.5%	30.5%	30.8%	42.1%	35.7%	18.8%	42.1%	26.7%	24.0%	29.0%	28.9%
Believe that patients involuntarily committed (court-ordered) lose gun rights											
No	15.7%	42.7%	48.7%	47.4%	46.4%	20.3%	57.9%	40.0%	54.0%	24.6%	36.9%
Yes	84.3%	57.3%	51.3%	52.6%	53.6%	79.7%	42.1%	60.0%	46.0%	75.4%	63.1%
Believe that patients committed on an emergency hold lose gun rights											
No	35.3%	78.0%	66.7%	84.2%	71.4%	59.4%	94.7%	71.1%	86.0%	71.0%	70.1%
Yes	64.7%	22.0%	33.3%	15.8%	28.6%	40.6%	5.3%	28.9%	14.0%	29.0%	29.9%
Believe that patients voluntarily admitted to inpatient treatment lose gun right											
No	86.3%	54.9%	87.2%	92.1%	75.0%	42.2%	100.0%	91.1%	96.0%	97.1%	78.6%
Yes	13.7%	45.1%	12.8%	7.9%	25.0%	57.8%	0.0%	8.9%	4.0%	2.9%	21.4%
Believe that patients diagnosed with a serious mental disorder lose gun rights											
No	62.7%	56.1%	53.8%	47.4%	32.1%	37.5%	84.2%	44.4%	50.0%	75.4%	54.2%
Yes	37.3%	43.9%	46.2%	52.6%	67.9%	62.5%	15.8%	55.6%	50.0%	24.6%	45.8%
Informed patients they will lose rights if involuntarily committed											
Never	39.2%	62.2%	82.1%	57.9%	64.3%	48.4%	73.7%	80.0%	66.0%	49.3%	60.0%
Rarely	15.7%	15.9%	10.3%	10.5%	14.3%	29.7%	11.1%	14.0%	14.0%	29.0%	17.9%
Sometimes	11.8%	9.8%	2.6%	7.9%	10.7%	4.7%	5.3%	0.0%	8.0%	7.2%	7.0%
Often	17.6%	9.8%	5.1%	18.4%	10.7%	7.8%	5.3%	4.4%	12.0%	11.6%	10.5%
Always	15.7%	2.4%	0.0%	5.3%	0.0%	9.4%	0.0%	4.4%	0.0%	2.9%	4.5%
Informed patients they will lose rights if voluntarily committed											
Never	78.4%	53.7%	92.3%	86.8%	78.6%	56.3%	100.0%	88.9%	88.0%	89.9%	77.5%
Rarely	7.8%	13.4%	5.1%	7.9%	10.7%	23.4%	0.0%	8.9%	8.0%	5.8%	10.3%
Sometimes	3.9%	9.8%	2.6%	0.0%	3.6%	3.1%	0.0%	0.0%	2.0%	0.0%	3.1%
Often	5.9%	13.4%	0.0%	5.3%	7.1%	9.4%	0.0%	2.2%	2.0%	2.9%	5.8%
Always	3.9%	9.8%	0.0%	0.0%	0.0%	7.8%	0.0%	0.0%	0.0%	1.4%	3.3%
Suggested to patients they can preserve rights if voluntary committed											
Never	72.5%	81.7%	97.4%	76.3%	96.4%	84.0%	84.2%	95.6%	86.0%	78.3%	84.1%
Rarely	13.7%	6.1%	2.6%	7.9%	3.6%	6.3%	5.3%	4.4%	10.0%	13.0%	7.8%
Sometimes	2.0%	1.2%	0.0%	7.9%	0.0%	1.6%	0.0%	0.0%	0.0%	2.9%	1.6%
Often	11.8%	11.0%	0.0%	7.9%	0.0%	7.8%	10.5%	0.0%	4.0%	4.3%	6.2%
Always	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	0.2%
Patients raise questions about gun rights											
Never	41.2%	47.6%	82.1%	36.8%	57.1%	43.8%	42.1%	75.6%	62.0%	46.4%	52.6%
Rarely	37.3%	26.8%	12.8%	31.6%	35.7%	28.1%	47.4%	22.2%	22.0%	40.6%	29.7%
Sometimes	0.0%	1.2%	0.0%	10.5%	3.6%	3.1%	0.0%	2.2%	6.0%	0.0%	2.5%
Often	21.6%	23.2%	5.1%	21.1%	3.6%	23.4%	10.5%	0.0%	10.0%	13.0%	14.8%
Always	0.0%	1.2%	0.0%	0.0%	0.0%	1.6%	0.0%	0.0%	0.0%	0.0%	0.4%
Have reported a patient to a state database or law enforcement as dangerous											
Never	31.4%	54.9%	46.2%	36.8%	53.6%	46.9%	52.6%	35.6%	44.0%	33.3%	43.1%
Rarely	13.7%	22.0%	23.1%	23.7%	21.4%	34.4%	26.3%	24.4%	28.0%	31.9%	25.4%
Sometimes	13.7%	2.4%	7.7%	10.5%	7.1%	9.4%	10.5%	22.2%	2.0%	7.2%	8.7%
Often	31.4%	19.5%	23.1%	21.1%	14.3%	7.8%	10.5%	15.6%	22.0%	24.6%	19.6%
Always	9.8%	1.2%	0.0%	7.9%	3.6%	1.6%	0.0%	2.2%	4.0%	2.9%	3.3%
Inform patients they may lose their rights due to your report											
Never	39.2%	58.5%	87.2%	55.3%	67.9%	51.6%	84.2%	68.9%	76.0%	72.5%	63.9%
Rarely	37.3%	20.7%	7.7%	18.4%	14.3%	32.8%	15.8%	6.7%	16.0%	21.7%	20.6%
Sometimes	0.0%	6.1%	0.0%	2.6%	3.6%	0.0%	0.0%	8.9%	4.0%	0.0%	2.7%
Often	17.6%	13.4%	2.6%	15.8%	14.3%	10.9%	0.0%	13.3%	4.0%	2.9%	9.9%
Always	5.9%	1.2%	2.6%	7.9%	0.0%	4.7%	0.0%	2.2%	0.0%	2.9%	2.9%
Would use ERPO for firearm removal from a patient											
Never	2.0%	2.4%	5.1%	10.5%	0.0%	0.0%	5.3%	4.4%	10.0%	1.4%	3.7%
Rarely	15.7%	34.1%	28.2%	21.1%	32.1%	15.6%	26.3%	17.8%	18.0%	31.9%	24.3%
Sometimes	27.5%	12.2%	28.2%	23.7%	25.0%	21.9%	21.1%	24.4%	24.0%	14.5%	21.0%
Often	43.1%	37.8%	23.1%	28.9%	32.1%	43.8%	42.1%	35.6%	44.0%	43.5%	38.4%
Always	11.8%	13.4%	15.4%	15.8%	10.7%	18.8%	5.3%	17.8%	4.0%	8.7%	12.6%

Figure 8: Summary of Physician Understanding of Gun Laws

Summary of Physician Understanding of Gun Laws (N = 485)		
Believe that patients involuntarily committed (court-ordered) lose gun rights	Correct	Incorrect
No	0.0%	36.9%
Yes	63.1%	0.0%
Total	63.1%	36.9%
Believe that patients committed on an emergency hold lose gun rights	Correct	Incorrect
No	56.3%	13.8%
Yes	10.9%	19.0%
Total	67.2%	32.8%
Believe that patients voluntarily admitted to inpatient treatment lose gun rights	Correct	Incorrect
No	56.7%	21.9%
Yes	16.3%	5.2%
Total	73.0%	27.0%
Believe that patients diagnosed with a serious mental disorder lose gun rights	Correct	Incorrect
No	48.2%	6.0%
Yes	9.1%	36.7%
Total	57.3%	42.7%

Figure 9: Reporting Questions

	<u>Mean</u>
Have reported a patient to state database or law enforcement (Likert Scale 1-5)	2.15
Have informed patients they may lose rights due to your report (Likert Scale 1-5)	1.67
Would use ERPO for firearm removal from a patient (Likert Scale 1-5)	3.32

Figure 10: Statistical Analysis of the Framed Question

Variable	(1) Unframed Mean/SE	(2) Framed Mean/SE	t-test p-value (1)-(2)
Routinely ask patients if they own firearms	3.722 [0.062]	3.746 [0.065]	0.790
Informed patients they will lose rights if involuntarily committed	1.701 [0.073]	1.930 [0.082]	0.037**
Informed patients they will lose rights if voluntarily committed	1.469 [0.068]	1.471 [0.064]	0.979
Suggested to patients they can preserve rights if voluntary committed	1.282 [0.052]	1.328 [0.051]	0.531
Patients raise questions about gun rights	1.714 [0.064]	1.902 [0.072]	0.053*
Have reported a patient to a state database or law enforcement as dangerous	2.021 [0.079]	2.270 [0.082]	0.028**
Inform patients they may lose their rights due to your report	1.614 [0.072]	1.730 [0.070]	0.250
Would use ERPO for firearm removal from a patient	3.299 [0.072]	3.336 [0.068]	0.706
Ever committed a patient	0.971 [0.011]	0.922 [0.017]	0.017**
Believe that patients involuntarily committed (court-ordered) lose gun rights	0.614 [0.031]	0.648 [0.031]	0.447
Believe that patients committed on an emergency hold lose gun rights	0.307 [0.030]	0.291 [0.029]	0.700
Believe that patients voluntarily admitted to inpatient treatment lose gun right	0.232 [0.027]	0.197 [0.026]	0.340
Believe that patients diagnosed with a serious mental disorder lose gun rights	0.436 [0.032]	0.480 [0.032]	0.334

N 241 244
 F-test of joint significance (p-value) 0.125
 F-test, number of observations 485

The value displayed for t-tests are p-values.

The value displayed for F-tests are p-values.

Standard errors are robust.

***, **, and * indicate significance at the 1, 5, and 10 percent critical level.