

**IN THE COURT OF COMMON PLEAS OF LYCOMING COUNTY, PA**

IN RE: :  
MB : NO. 17-80028  
: Petition for Review

**OPINION AND ORDER**

Pursuant to 50 P.S. § 7304, upon a finding by clear and convincing evidence that a person is severely mentally disabled and in need of treatment, said person may be subject to court-ordered involuntary treatment for a period not to exceed ninety (90) days.

Several weeks ago, on July 17, 2017, Respondent voluntarily admitted himself to the Psychiatric Unit at UMPC Susquehanna Health-Divine Providence Hospital Campus, hereinafter Divine Providence.

By Petition filed August 8, 2017 by Meghan Goodwin, a licensed Clinical Social Worker at Divine Providence, it was alleged that Respondent is severely mentally disabled and in need of treatment.

On August 10, 2017, a hearing was held before Stephen Sholder, Esquire, a Mental Health Hearing Examiner. Respondent was found to be severely mentally disabled and in need of in-patient treatment and committed to the Clark Summit State Hospital in-patient facility as a severely mentally disabled person pursuant to the provisions of the Mental Health Procedures Act for a period not to exceed ninety (90) days.

Petitioner through counsel subsequently filed a Petition for Review. The hearing and argument on said Petition was held before this Court on Thursday, August 17, 2017.

Pursuant to 50 P.S. § 7303 (g), in all cases in which a hearing was conducted by a Mental Health Review Officer, a person made subject to treatment pursuant to this

section shall have the right to petition the Court of Common Pleas for a review of the certification. The hearing must include a review of the certification and such evidence as the Court may receive or require. If the Court determines that further involuntary treatment is necessary and that procedures prescribed by the Act have been followed, it shall deny the Petition. Otherwise, the person shall be discharged.

At the hearing held in connection with the Petition for Review, counsel for the Respondent, herein after Petitioner, conceded that the procedures prescribed by the Act were followed. In fact, the Court finds that the procedures set forth in 50 P.S. § 7304 (c) (d) and (e) have all been complied with.

Petitioner argues, however, that there was no clear or convincing evidence that he was severely mentally disabled and in need of treatment.

In addressing Petitioner's Petition for Review, the Court reviewed the Certification and relevant paperwork submitted in connection with the 304 (c) Petition. The Court also reviewed the audio-recorded hearing before Hearing Officer Sholder. No further evidence was submitted by the parties nor requested by the Court.

In order for the Court to determine that Petitioner is severely mentally disabled and in need of treatment, the Court must find that there was clear and convincing evidence that Petitioner presented a danger to himself or others. Petitioner argues that the clear and convincing standard was not met because while he suffered from delusions, the symptoms of such resulted in him only finding himself in unsavory places and lacking poor hygiene.

Contrary, however, to what Petitioner contends, the Court finds that the evidence was overwhelming and in support of the conclusion that he is unable to provide for his self-protection or safety and in fact is a danger to himself and others.

During the hearing before Hearing Examiner Sholder, testimony was presented by Dr. Michael Marceau, a Clinical Psychiatrist, Meghan Goodwin, the licensed Clinical Social Worker at Divine Providence, Petitioner's father, and a licensed Practical Nurse who treated Petitioner. Petitioner suffers from Schizoaffective Disorder of the Bipolar type, non-compliance with treatment. He has an extensive history of non-compliance with treatment and follow-up recommendations including, but not limited to, taking his prescribed medications. The most effective treatment for Petitioner's diagnosis consists primarily of medical management by way of medication on a continual periodic basis.

Unfortunately for Petitioner, he has continually acted in a manner and has made it virtually a habit to when left to his own devices, fail to take his medication. While stabilized in a hospital-like setting and while complying with his medication regimen, the Petitioner can be stabilized. Once he fails or refuses to take his medication, however, he deteriorates quickly and becomes a danger to himself and others. He cannot satisfy his need for medical care, self-protection or safety without taking his medication; i.e. without the assistance of others.

The evidence was substantial that Petitioner's symptoms include disorientation, agitation and delusional thoughts. His treating physician's testimony supports a conclusion that there is a real potential for danger and that the Petitioner remains a clear and present danger to himself in light of the fact that he cannot maintain his medication directives while not institutionalized.

While the Court appreciates Petitioner's improvement, it cannot ignore his history of non-compliance. Moreover, Petitioner's history of deterioration because of non-compliance clearly portends a future deterioration absent involuntary treatment.

When the Petitioner most recently presented himself for treatment, he was delusional, agitated and non-compliant. As testified to by his father, his delusions were not even fully disclosed to medical professionals. As his father explained, the Petitioner hides his delusions but shares them with his father. Furthermore, the Petitioner engages in self-destructive conduct. For example, he will intend on making a drive to visit a family member such as his mother, who lives far away, and will end up in "unsavory places" needing assistance. Petitioner during his delusions physically threatened his father to the extent that he has indicated he would kill his father. While his father does not believe the Petitioner had the intent to do so, the delusions create an apparent need by the Petitioner to make said statements. Equally determinative are Petitioner's delusions regarding his association with being Jesus or a God-like figure. Petitioner has demonstrated conduct and has made statements consistent with such. In fact, Petitioner has acted under the delusion that he is being directed by a higher power to act in a certain way.

### **ORDER**

**AND NOW**, this 17<sup>th</sup> day of August 2017, following a review of the initial Certification, a review of the evidence received at the hearing and a review of the hearing transcript, the Court **DENIES** the Petition for Mental Health Review. Petitioner shall remain involuntarily committed for a period no longer than ninety (90) days following

August 10, 2017 and shall complete an involuntary in-patient commitment, including medication being administered as directed by his treating physician.

BY THE COURT,

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Marc F. Lovecchio, Judge

cc: Matthew Welickovitch, Esquire (APD)  
DA  
Lycoming County MH/ID (Jim Wilkerson)  
Gary Weber, Lycoming Reporter  
Work File