

IN THE COURT OF COMMON PLEAS, LYCOMING COUNTY, PENNSYLVANIA

IN RE: :  
JW : NO. 10-80,050  
:

**OPINION AND ORDER**

Before the Court is a Petition for Review pursuant to 50 Pa. C.S.A. § 7109 (b).

Petitioner is a 25 year old male individual who was admitted to Divine Providence Hospital on July 6, 2013. On July 16, 2013, following a hearing, the Petitioner was committed for inpatient treatment to be followed by outpatient care and treatment as a severely mentally disabled person. It was directed that Petitioner remain at Divine Providence Hospital Inpatient Unit for a period no longer than ten (10) days, with the remaining time period to be completed under an involuntary outpatient commitment. Furthermore, additional treatment was to include “both voluntarily and involuntarily medicinal treatment including injections”, as recommended by the treating physician.

Following the hearing and Order, Petitioner filed a Petition for Review before this Court. Petitioner alleged that the evidence failed to show that he is a danger to himself or others or that a reasonable probability existed that death or serious bodily injury or serious debilitation would ensue within thirty (30) days without adequate treatment. Furthermore, Petitioner alleged that since he was not currently in need of inpatient treatment because he did not currently remain a clear and present danger to himself or others, the Court should grant review and dismiss his Petition.

A hearing was held before this Court on July 17, 2013. At said hearing, the Court heard argument from Petitioner’s counsel, obtained limited testimony from representatives of Lycoming County MH/ID and obtained a tape recording of the hearing.

Subsequent to the hearing before this Court, the Court has reviewed the tape recording of the initial hearing, the certification, as well as the medical records regarding Petitioner's prior inpatient treatments.

The evidence which the Court has reviewed verifies that the Petitioner had previously been admitted to Divine Providence Hospital on June 18, 2013. At the time of his admission, his chief complaint was that there were "voices" in his head. Among other things, those voices instructed him "to jump off a bridge." Significantly, the voices instructed the Petitioner that his friends were going to hurt him and accordingly he had "been thinking about hurting them first."

The Petitioner had been discharged from the Meadows psychiatric facility approximately two weeks prior to being admitted to Divine Providence Hospital. Since being discharged from the Meadows, he failed to take his medication. Accordingly, his mental health deteriorated rather quickly.

Petitioner remained an inpatient at Divine Providence Hospital from June 18, 2013 to July 1, 2013. His discharge diagnosis was Schizoaffective Disorder of the Bipolar type as well as noncompliance with treatment. The Petitioner was discharged to go home following improvement while at Divine Providence Hospital primarily through counseling and medication. By the time of discharge, the Petitioner had denied suicidal or homicidal ideations, denied command auditory hallucinations and denied general auditory hallucinations.

Defendant's discharge medications included Citalopram and Seroquel.

On July 6, 2013, the Petitioner voluntarily committed himself again to Divine Providence Hospital with suicidal ideations. Following his discharge on July 1, he failed to

get his medications filled, was drinking heavily again and rapidly deteriorated. His admitting diagnosis included Schizoaffective Disorder of the Bipolar type, noncompliance with treatment and history of substance abuse.

Despite improving somewhat during his most recent hospital stay as a result of again taking his medication, he continued to exhibit hallucinations and threats of suicide.

Unfortunately, Petitioner had an extensive history of noncompliance with treatment and follow-up recommendations including, but not limited to, taking his prescribed medications. According to his treating psychiatrist, he suffered from a chronic severe mental health condition with psychotic symptoms and suicidal thoughts. It was recommended that he complete the treatment with necessary injections.

This Court must first determine whether the procedures prescribed by the Act have been followed. An application was made for involuntary treatment pursuant to the Act. A hearing was held before a Mental Health Review Officer. At said hearing, testimony was presented, the Petitioner was represented by counsel and Petitioner's rights pursuant to the Act were protected. Following the hearing, an Order was entered involuntarily committing the Petitioner. An appeal was filed in a timely manner, this Court in connection with the appeal reviewed the initial certification, reviewed other evidence received at the hearing and reviewed additional evidence requested by the Court. This decision is being entered in a timely manner pursuant to the Act. Accordingly, this Court finds by clear and convincing evidence that the procedures prescribed by the Act have been followed.

The Court must next determine whether further involuntarily treatment is required. In order to do this, the Court must determine whether the Petitioner is severely mentally disabled and in need of treatment in that he presents a danger to himself or others.

The Court finds that there is clear and convincing evidence that the Petitioner is severely mentally disabled and in need of treatment. The medical evidence reviewed by the Court clearly supports the conclusion that the Defendant suffers from Schizoaffective Disorder, Bipolar type and is in need of treatment. Said treatment consists primarily of medical management by way of medication on a continual periodic basis.

The Court also finds that there is clear and convincing evidence that the Petitioner presents a danger to himself and others. While Petitioner's counsel has argued that he has improved with medication, it is clear that within the past thirty (30) days, the Petitioner has acted in a manner which suggests that he will be unable to satisfy his needs for medical care, self-protection and safety without the assistance of others, such that there is a reasonable probability that death, serious bodily injury or serious physical debilitation would occur.

There is credible and in fact substantial evidence that the Petitioner's symptoms included disorientation, delusional thoughts, paranoia, agitation and most importantly suicidal ideations. His treating physician's testimony when taken as a whole 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 directive while not institutionalized.

While the Court appreciates Petitioner's improvement, it cannot ignore Petitioner's history of noncompliance. Moreover, Petitioner's history of deterioration because of noncompliance clearly portends a future deterioration absent involuntary treatment. Finally, it was clearly the intent of the Act by providing a thirty (30) day look-back period to allow at least thirty (30) days of treatment under appropriate circumstances.

Accordingly, the Court will enter the following Order:

**ORDER**

**AND NOW**, this 19<sup>th</sup> day of July 2013, following a review of the initial certification, a review of evidence received at the hearing and review of additional evidence requested by the Court, the Court **DENIES** Petitioner's Petition for Mental Health Review. Petitioner shall remain involuntarily committed for a period of no longer than ten (10) days following July 16, 2013 and shall complete an involuntary outpatient commitment as directed by his treating physician. Said treatments shall include both voluntary and involuntary medicinal treatment including injections, as recommended by his treating physician.

BY THE COURT,

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Marc F. Lovecchio, Judge

cc: DA  
PD (JL)  
Lycoming County MH/ID (Rae Weber)  
Gary Weber, Lycoming Reporter  
Work File