

IN THE COURT OF COMMON PLEAS OF LYCOMING COUNTY, PENNSYLVANIA

IN RE: S P

: NO.: 12 – 80 , 017

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: MENTAL HEALTH REVIEW

OPINION AND ORDER

This matter comes before the court on a petition pursuant to the Mental Health Procedures Act (MHPA), 50 P.S. § 7109(b), to review an involuntary mental health commitment made pursuant to 50 P.S. § 7304(c).<sup>1</sup> At a conference held May 3, 2017, petitioner, through his attorney, indicated that the court could review the record and render a decision on his petition based on the record.

“If the court determines that further involuntary treatment is necessary and that the procedures prescribed by this act have been followed, it shall deny the petition.” *Id.* “A person who is severely mentally disabled and in need of treatment, as defined in section 301(a), may be made subject to court-ordered involuntary treatment upon a determination of clear and present danger” that the person meets the requirements of section 301(b)(2)(i) in his inability to care for himself to the extent that it creates a danger of death or serious harm to himself. 50 P.S. § 7304(a)(1).<sup>2</sup> An individual presents a clear and present danger to himself when it is established that:

the person has acted in such manner as to evidence that he would be unable, without care, supervision and the continued assistance of others, to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is a reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment were afforded under this act[.] 50 P.S. § 7301(b)(2)(i). (emphasis added.)

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<sup>1</sup> “In all cases in which the hearing is conducted by a mental health review officer, a person made subject to treatment shall have the right to petition the court of common pleas for review of the certification.” 50 P.S. § 7109(b) “A hearing shall be held within 72 hours after the petition is filed unless a continuance is requested by the person's counsel. The hearing shall include a review of the certification and such evidence as the court may receive or require.” 50 P.S. § 7109(b).

<sup>2</sup> The other sections of section 301 have not been raised by the petition.

The Court has reviewed the testimony and record in this case. S P was admitted through the emergency room at Divine Providence Hospital on April 8, 2017.<sup>3</sup> On April 12, 2017, a hearing pursuant to 50 P.S § 7303(b) was held. At that hearing, the following evidence was presented. Mr. P has had five inpatient admissions since November of 2016, including November 13-17 of 2016, January 6 - 12 of 2017, January 16 - February 8, February 22 - March 28, 2017, and the most current admission on April 8, 2017.<sup>4</sup> At the time of each admission, Mr. P had failed to take his required medications and was hearing voices that were distressing to him. Mr. P acts and responds to those voices. Two of the admissions followed an attempt at less restrictive treatment, a group home and skilled nursing facility. Both attempts failed within a short period of time. Mr. P was non-compliant with his medications, left the facilities, and required subsequent inpatient admissions. It is feared that the same thing will happen again and that there is a reasonable probability that he may fail to admit himself before causing himself harm.

On April 8, 2017, Mr. P was admitted to the hospital with bizarre behaviors and hearing voices that he could not take anymore. Mr. P stated that he is running and cannot stop. Mr. P stated that the government is telling him that he must run. Mr. P will hold his hands out, but state that he cannot touch certain things. Mr. P holds his breath at times. Mr. P runs in place,

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<sup>3</sup>It is noted that Mr. P was already under an outpatient commitment when he voluntarily admitted himself on April 4, 2017. For a person already subject to involuntary treatment, a court may order an extension of court-ordered involuntary treatment pursuant to 50 P.S § 7305. “Such order shall be entered upon hearing on findings as required by sections 304(a) and (b), and the further finding of a need for continuing involuntary treatment as shown by conduct during the person's most recent period of court-ordered treatment.” 50 P.S § 7305. Section 304(b)(2) provides that a petition for persons already subject to involuntary treatment “shall include a statement of the facts constituting reasonable grounds to believe that the person is severely mentally disabled and in need of treatment.” 50 P.S § 7304 (b) (2). Such conditions were clearly met in this case.

<sup>4</sup> The Court file at docket number 12-80017 contains paperwork regarding approximately (24) twenty four admissions since 2012, and two other judicial orders dismissing petitions for review and finding that Mr. P was a danger to himself.

asserting that the government is telling him he must do that. Mr. P continues running, despite sweating and being exhausted.

Mr. P cannot take care himself; he needs a long term structured environment. Mr. P cannot take his medications without direction from others and needs prompting for self-care such as showering. He has not been sleeping consistently and has experienced elevated white blood counts that can be associated with stress. Mr. P has lost weight between admissions. When he was at a personal care home, Mr. P would not flush the toilets, requiring other people to do it for him. Mr. P would not touch anything. According to his treating physician, Dr. Michael Marceau, delusions were behind all that – and they are worse this time.

Dr. Marceau testified that within the past thirty days Mr. P has indicated that the voices are so bad, that Mr. P just cannot go on. Mr. P has acted on those voices, such as running in place, and lacks insight as to his condition. His psychotic symptoms are getting worse with each decompensation. Dr. Marceau is concerned that Mr. P gets so distressed with his voices that he may harm himself. Significantly, Dr. Marceau believes that “with the decompensations there is a significant chance that he may try and harm himself because of his symptoms.” Each decompensation has gotten worse. Dr. Marceau opines that Mr. P’ judgment is impaired. Mr. P can take off without a plan and disappear. Mr. P talks about going to Las Vegas without any plan for shelter or getting his required medications, including his Haldol injections. Mr. P has no insight as to his condition and instead believes the government, the devil or demons are doing this to him. He believes he is being tortured or will be burned or something bad will happen if he does not adhere to the voices. Dr. Marceau is concerned that he will do something to end it. At this point, Dr. Marceau is concerned that Mr. P is a danger to himself. Dr. Marceau opines that inpatient treatment is the least restrictive setting appropriate for Mr. P.

This Court agrees with the findings and conclusions reached by the Hearing Review Officer. Mr. P “has acted in such manner as to evidence that he would be unable, without care, supervision and the continued assistance of others, to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety.” In addition, the Court finds that “there is a reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment were afforded under this act.” The evidence is that Mr. P will fail to comply with his medication requirements and his decompensation will worsen. Mr. P gets so distressed by the voices that he expresses that he feels he cannot go on. He adheres to voices and has expressed not being able to take it anymore. He has indicated a desire to end it. He has also indicated a desire to go to Las Vegas without sufficient planning to assure his physical safety, self-protection and needs required to prevent serious bodily injury or death.

Accordingly, the Court enters the following Order.

## ORDER

AND NOW, this 4<sup>th</sup> day of **May 2017**, upon review of the certification, the hearing testimony and argument of counsel, the Court finds that further involuntary treatment is necessary and that the procedures prescribed by the MHPA have been followed. Accordingly, it is ORDERED and DIRECTED that the petition pursuant to 50 P.S. § 7109(b) to review the certification and extension of the involuntary treatment for a period not to exceed 90 days, is DENIED. The involuntary commitment Order dated April 12, 2017 that is filed and certified on April 19, 2017 is re-affirmed and shall remain in full force and effect.

BY THE COURT,

May 4, 2017  
Date

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Richard A. Gray, J.

cc: PD - Matthew Welickovitch, Esq. / Kirsten Gardner, Esq. (for Petitioner)  
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