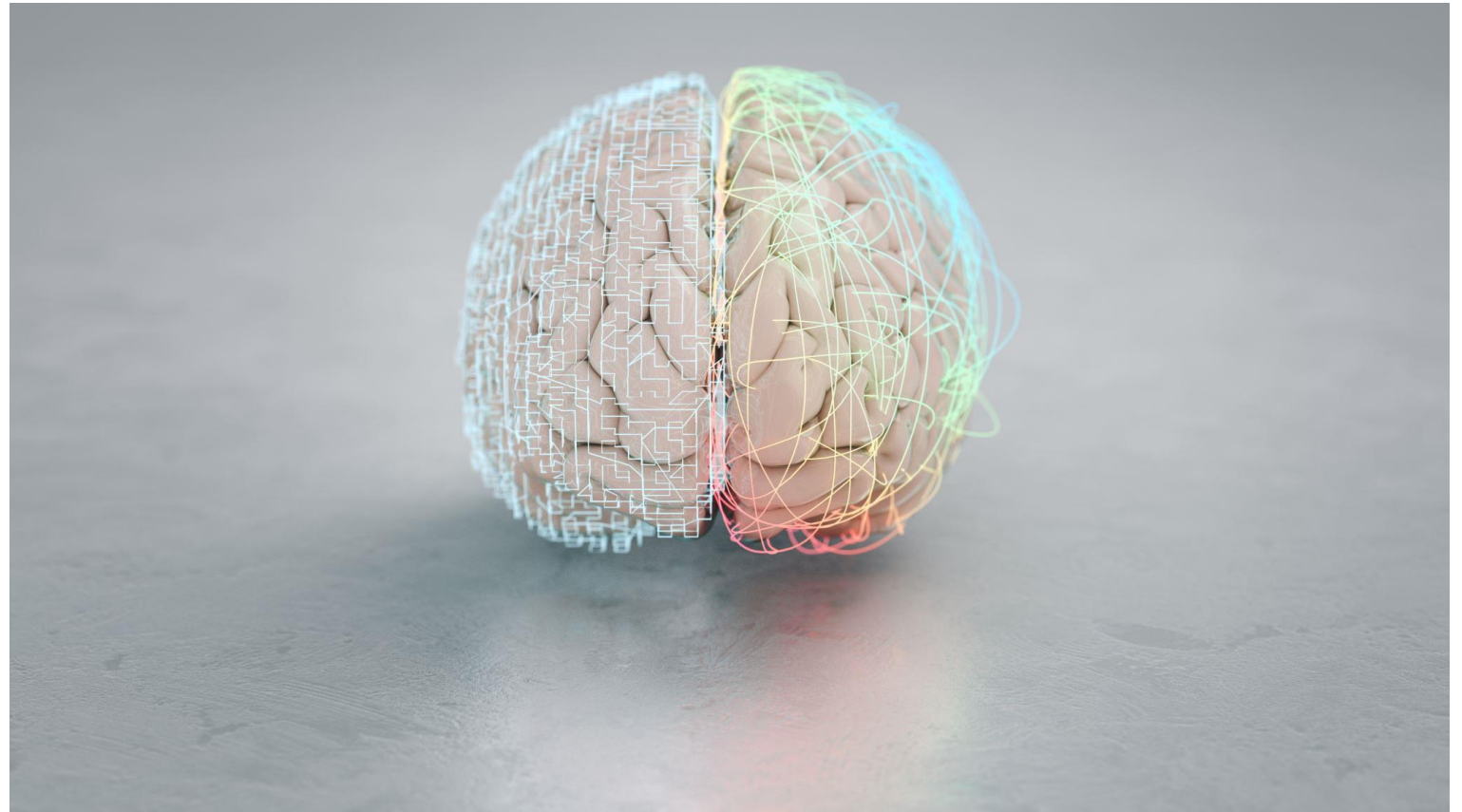


Overview of Mental Health and Substance Use Disorders and when to employ the Involuntary Commitment Process for potentially violent individuals.

Presented by
Judy Jackson Winston,
MSSA, LISW-S, Esq.



Disclaimer

All information, content and material provided within this presentation is educational in nature and does not and is not intended to constitute legal advice





Learning Objectives

To gain a basic understanding of the most common mental health and substance use disorders experienced in the Recovery System of Care.

To gain a basic understanding of indicators of someone who is potentially violent.

To gain a basic understanding of Confidentiality and when to employ the Duty to Warn and Protect Doctrine and its application to behavioral health professionals.

To gain a basic understanding of 5122 of the Ohio Revised Code which governs emergency involuntary hospitalization and the judicial involuntary hospitalization process.

Judy Jackson Winston Professional Bio AKA JJ Winston

- Graduated from Akron University in 1991-Bachelors of Art in Social Work.
- Graduated from Case Western University-(Mandel School) in 1993- Masters of Social Service Administration.
- Graduated from Cleveland State University (Marshal School of Law) in 1998-Juris Doctorate;
- Professional License- LISW-S (1996); ESQ- Licensed to Practice Law (1999);
- Former Client Right Officer at the ADAMHS Bd. of Cuyahoga County (1998-2017-19 years);



Judy Jackson Winston Professional Bio AKA JJ Winston

- Presently employed as Magistrate Judge (Post Decree Docket) at the Cuyahoga County Domestic Relations Court for the Honorable Tonya R. Jones (7 Years);
- Member of PAMI Council –Disability Rights Ohio;
- Sickle Cell Chair-Greater Cleveland Chapter-Top Ladies of Distinction (TLOD);
- Alpha Kappa Alpha Sorority (AKA)-Co Chair of the Social Action Committee

Session Directives

My presentation is very interactive. Please turn on your camera if watching this presentation.

Raise your hands to answer the questions when directed and be a part of the audience participation.

Audience Make Up

I would like to gain an insight of who is in the audience.

Are you a licensed professional?

Yes –Raise your hand

No- Keep hands down





The Recovery System of Care and Violence

Having a basic foundational understanding of the different types of Mental Health and Substance Use Disorders that our client's live with is very important when building healing communities within the Recovery System of Care.

Additionally, behavioral health professionals employed within the Recovery System of Care are at times presented with tenant/clients who make threats or engage in violent acts. This presentation is aimed at helping the participants to understand when it is necessary to breach the confidentiality inherent in the behavioral health professional's job description to employ the Duty to Protect/Duty to Warn Doctrine and assist in the Involuntary Commitment and/or Judicial Hospitalization process.

Mental Health Defined

A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behavior. It is usually associated with distress or impairment in important areas of functioning. There are many different types of mental disorders. Mental disorders may also be referred to as mental health conditions.



Audience Participation

Almost one in ten Americans live with a mental health illness.

Raise one hand if you think this True

or

Raise both hands if you think this False



Scope of Mental Health

Answer: This is **False**. Almost one in five Americans (20 percent) live with a mental health illness. (52.9 million in 2020). Mental illnesses include many different conditions that vary in degree of severity, ranging from mild to moderate, to severe.



Audience Participation

Anxiety disorders are the most common mental health illness in the United States?

Raise one hand if you think this True

or

Raise both hands if you think this False



Anxiety Disorders

Answer: This is **True**. Anxiety disorders are the most common mental health illness in the United States, impacting an estimated 18.1% of the adult population.



Anxiety Disorders Defined

People with anxiety disorders frequently have intense, excessive and persistent worry and fear about everyday situations. Often, those suffering with anxiety disorders have repeated episodes of sudden feelings of intense fear or terror that reach a peak within minutes (panic attacks).

These feelings of anxiety and panic interfere with daily activities, are difficult to control, are out of proportion to the actual danger and can last a long time. Those with anxiety disorders may avoid places or situations to prevent these feelings. Symptoms may start during childhood or the teen years and continue into adulthood.



Symptoms Associated with Anxiety Disorders

Common anxiety signs and symptoms include:

- Feeling nervous, restless or tense;
- Having a sense of impending danger, panic or doom;
- Having an increased heart rate;
- Breathing rapidly (hyperventilation);
- Sweating.



Symptoms Associated with Anxiety Disorders

Trembling;

Feeling weak or tired;

Trouble concentrating or thinking about anything other than the present worry;

Having trouble sleeping;

Experiencing gastrointestinal (GI) problems;

Having difficulty controlling worry;

Having the urge to avoid things that trigger anxiety.





Anxiety Disorders Defined

There are many types of anxiety disorders, but some common ones include:

- Generalized anxiety disorder;
- Panic disorder;
- Obsessive-compulsive disorder (OCD);
- Post-traumatic stress disorder (PTSD);
- Social anxiety disorder.

Anxiety disorders can be treated with psychotherapy or medication – or a combination of the two. Therapy will help the individual identify when they feel anxiety and utilize coping mechanisms to reduce the anxious feelings.



Audience Participation

It's estimated that 6.7% of American adults have at least one depressive episode per year?

Raise one hand if you think this True

or

Raise both hands if you think this False

Mood Disorders

Answer: This is **True**. Many individuals who have suffered a depressive episode have a mood disorder. Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depressive disorder or clinical depression, it affects how an individual feels, thinks and behaves and can lead to a variety of emotional and physical problems.



Mood Disorders Defined

Mood disorder refers to a mental health class that health professionals use to broadly describe all types of depression and bipolar disorders. Often, mood disorders cause intense feelings of joy (mania) or sadness (depression) that are hard to manage. While many people have emotional “ups and downs,” individuals with a mood disorder find that these extreme emotional states can last for an extended time.



Symptoms of Mood Disorders

Depending on a person's age and the type of mood disorder, a person may have different symptoms of depression. The following are the most common symptoms of a mood disorder:

Ongoing sad, anxious, or “empty” mood;
Feeling hopeless or helpless;
Having low self-esteem;
Feeling inadequate or worthless;
Excessive guilt;



Symptoms of Mood Disorders

Repeating thoughts of death or suicide, wishing to die, or attempting suicide (Note: **People with this symptom should get treatment right away!**);

Loss of interest in usual activities or activities that were once enjoyed, including sex;

Relationship problems;

Trouble sleeping or sleeping too much;

Changes in appetite and/or weight;

Decreased energy;

Trouble concentrating;

Symptoms of Mood Disorders

A decrease in the ability to make decisions;

Frequent physical complaints (for example, headache, stomachache, or tiredness) that don't get better with treatment;

Running away or threats of running away from home;

Very sensitive to failure or rejection;

Irritability, hostility, or aggression.

Types of Mood Disorder

These are the most common types of mood disorders:

Major depression. Having less interest in usual activities, feeling sad or hopeless, and other symptoms for at least 2 weeks may indicate depression.

Dysthymia. This is a chronic, low-grade, depressed, or irritable mood that lasts for at least 2 years.

Bipolar disorder. This is a condition in which a person has periods of depression alternating with periods of mania or elevated mood.

Mood disorder related to another health condition. Many medical illnesses (including cancer, injuries, infections, and chronic illnesses) can trigger symptoms of depression.

Substance-induced mood disorder. Symptoms of depression that are due to the effects of medicine, drug abuse, alcoholism, exposure to toxins, or other forms of treatment. For most people, mood disorders can be successfully treated with medications and talk therapy (psychotherapy).



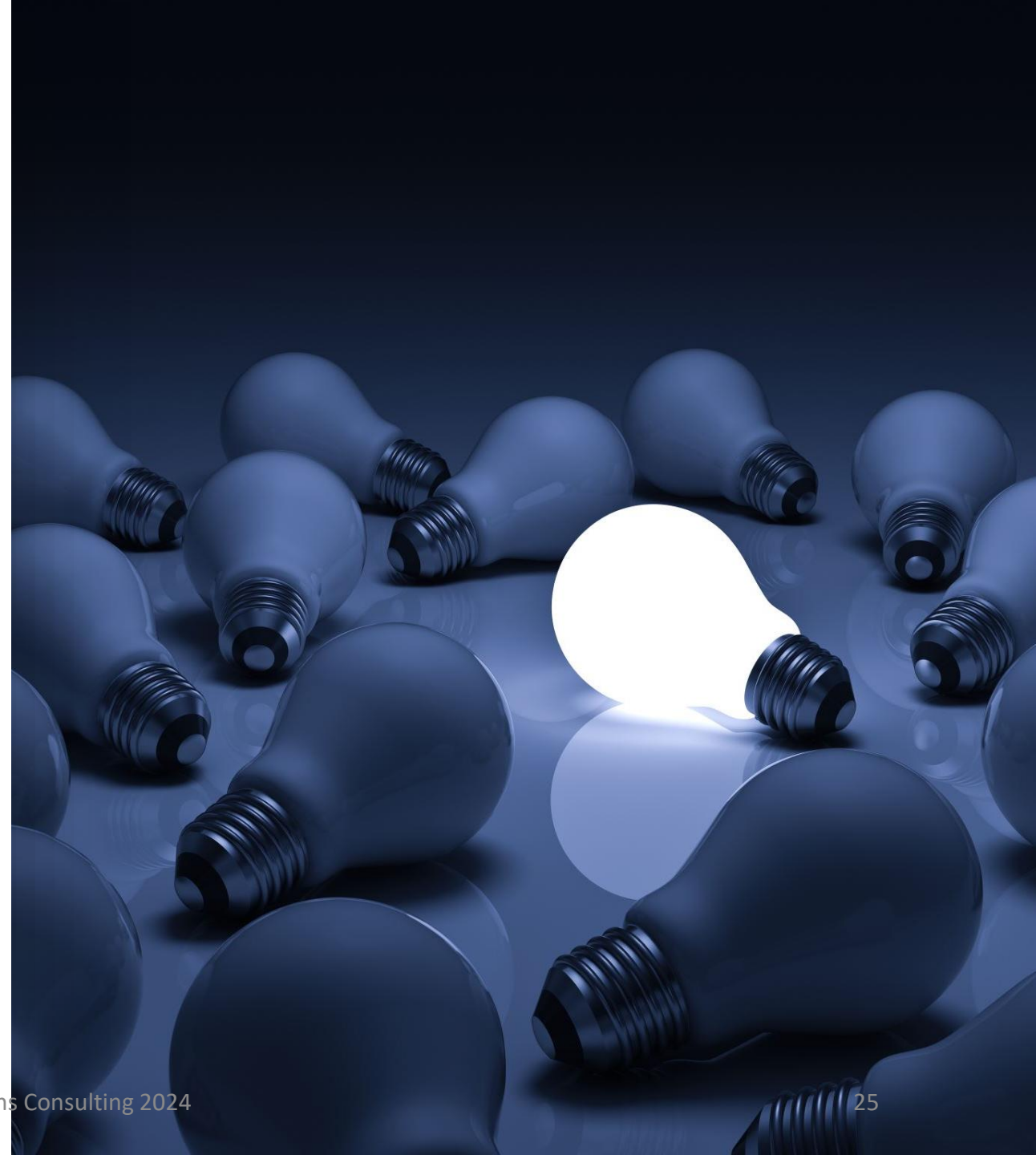
Audience Participation

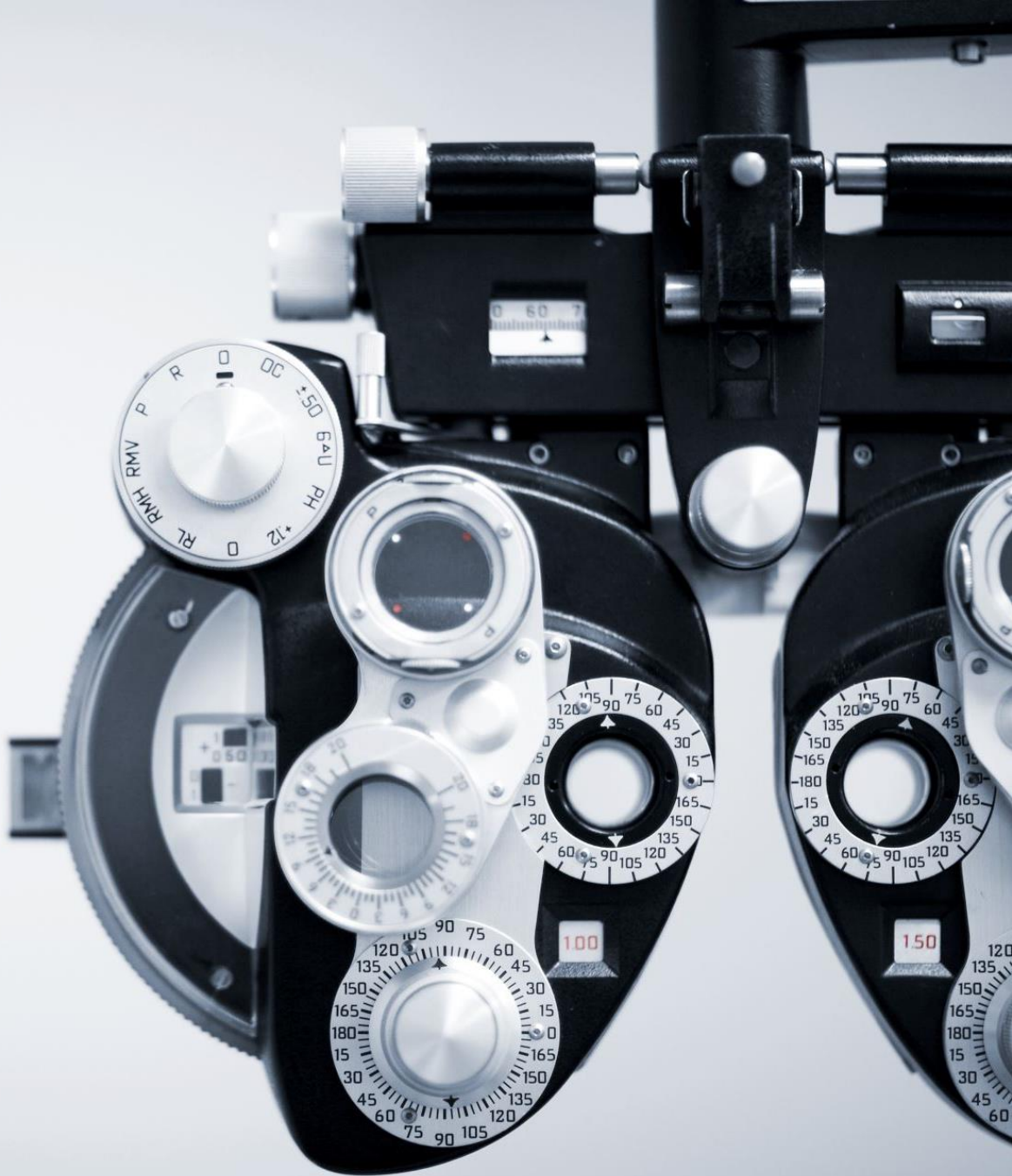
Psychotic disorders are severe mental illnesses that cause distorted thinking?

Raise one hand if you think this True

or

Raise both hands if you think this False





Psychotic Disorders

Answer: This is **True**. Individuals under a psychoses episode frequently experience hallucinations or delusions, making them lose touch with reality. When a person loses touch with reality, they often start to distrust those around them and make decisions that put themselves or others in danger. As a result, people with psychotic disorders must get medication and treatment.

Psychotic Disorders Defined

Psychotic disorders are a group of serious illnesses that affect the mind. This disorder can make it hard for someone to think clearly, make good judgments, respond emotionally, communicate effectively, understand reality, and behave appropriately.

When symptoms are severe, people with psychotic disorders have trouble staying in touch with reality and often are unable to handle daily life. But even those with severe psychotic disorders can usually be treated.



Symptoms of Psychotic Disorders

Symptoms of Psychotic Disorders include hallucinations, delusions, and disordered forms of thinking.

Hallucinations means seeing, hearing, or feeling things that don't exist. For instance, someone might see things that aren't there, hear voices, smell odors, have a "funny" taste in their mouth, or feel sensations on their skin even though nothing is touching their body.

Delusions are false beliefs that don't go away even after they've been shown to be false. For example, a person who is certain their food is poisoned, even if someone has shown them that the food is fine, has a delusion.

Symptoms of Psychotic Disorders

Other possible symptoms of psychotic illnesses include:

Disorganized or incoherent speech;

Confused thinking;

Strange, possibly dangerous behavior;

Slowed or unusual movements;

Loss of interest in personal hygiene;

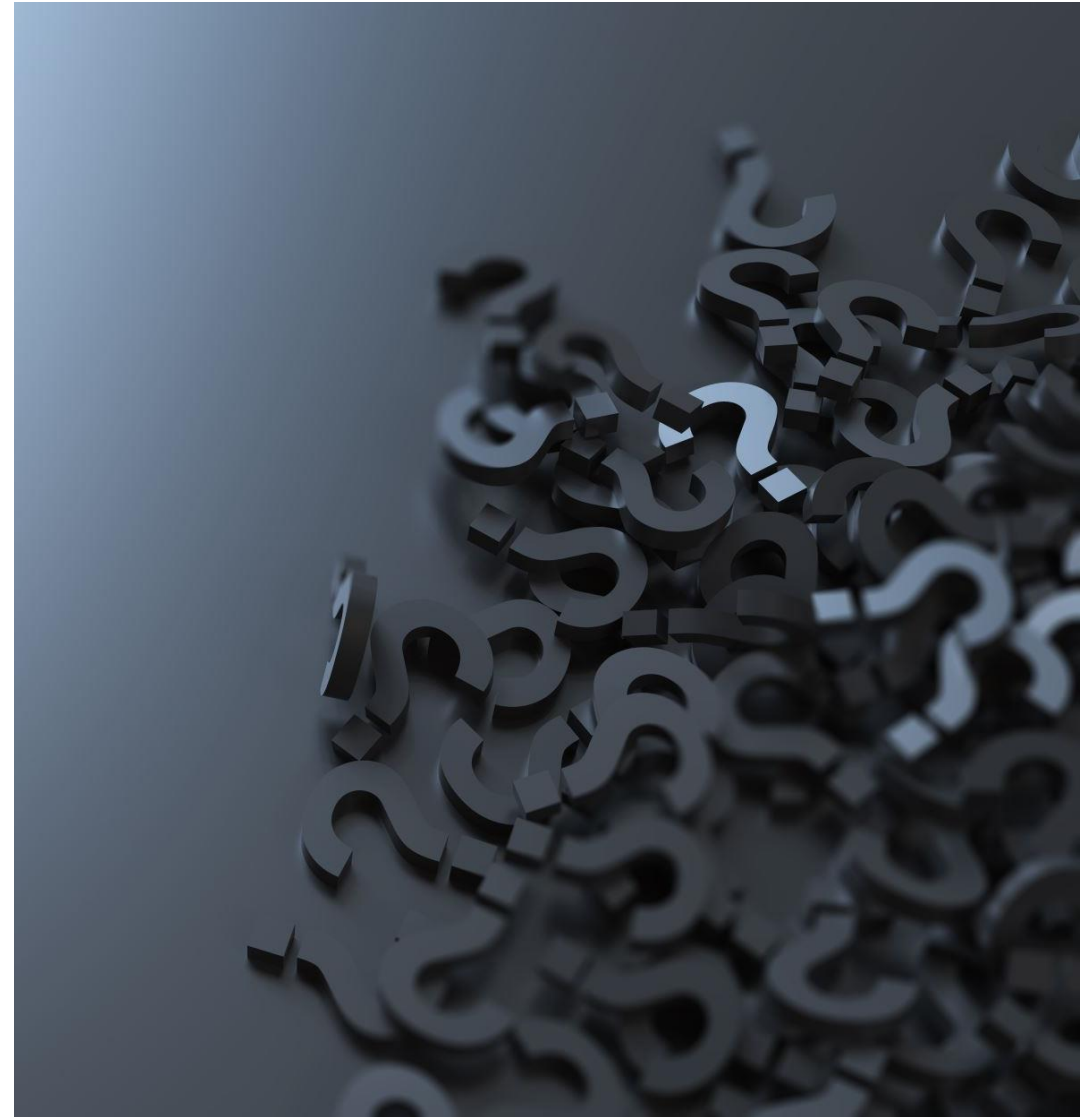
Loss of interest in activities;

Problems at school or work and with relationships;

Cold, detached manner with the inability to express emotion;

Mood swings or other mood symptoms, such as depression or mania;

People don't always have the same symptoms, and they can change over time in the same person.





TYPES OF PSYCHOTIC DISORDER

The most common psychotic disorders are:

Schizophrenia;

Schizoaffective Disorder;

Delusional Disorder;

Brief Psychotic Disorder.

It's estimated that only 0.25-0.64% of the American population suffers from psychotic disorders.



AUDIENCE PARTICIPATION

A personality disorder is a type of mental disorder in which the person has an unhealthy way of thinking, behaving, and functioning.

Raise one hand if you think this True

or

Raise both hands if you think this False

Personality Disorder Defined.

Answer: This is **true**. A personality disorder is a mental health condition that involves long-lasting, all-encompassing, disruptive patterns of thinking, behavior, mood and relating to others. These patterns cause a person significant distress and/or impair their ability to function.



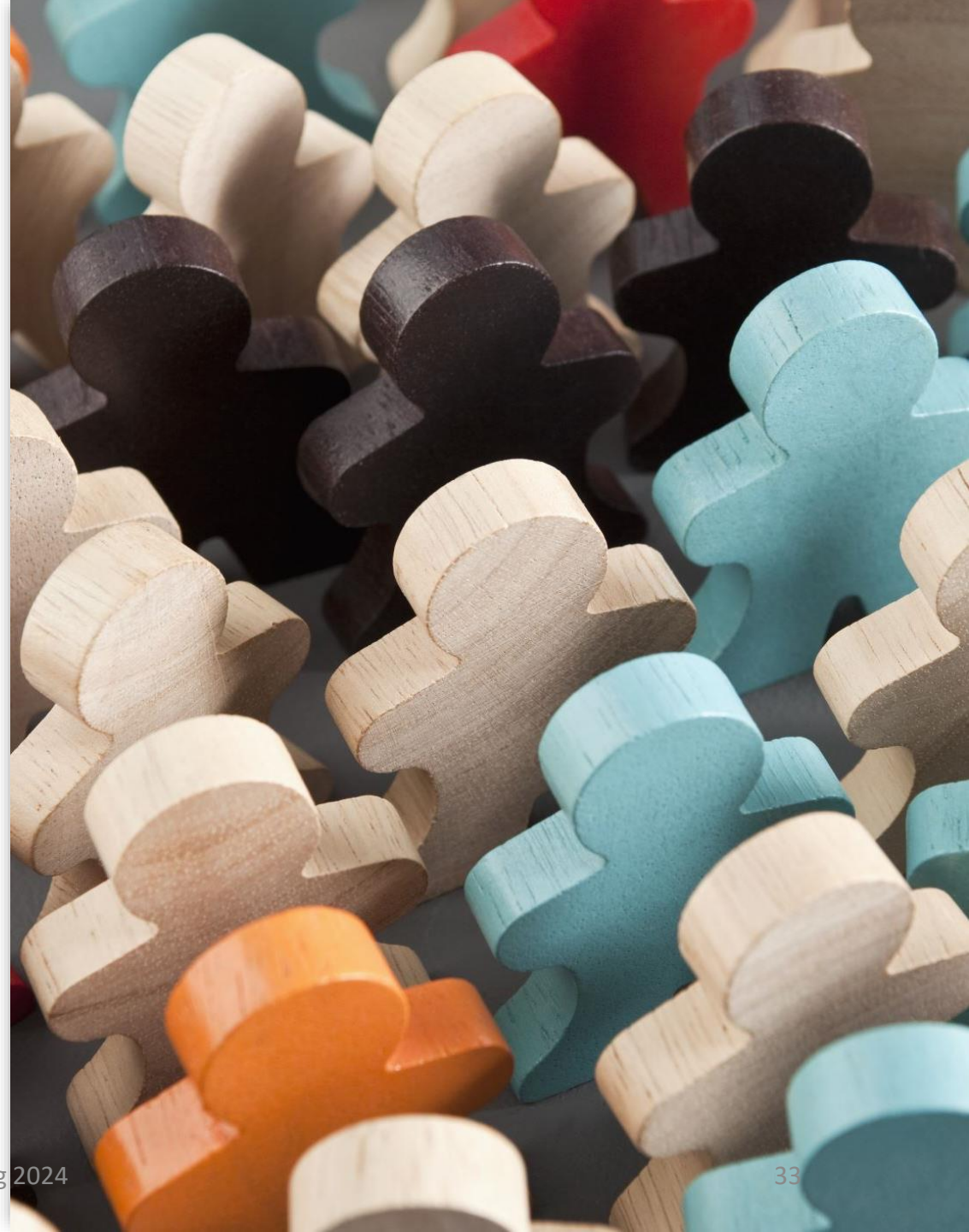
Symptoms of a Personality Disorder

in general, personality disorders involve problems with:

Identity and a sense of self: People with a personality disorder generally lack a clear or stable image of themselves, and how they see themselves often changes depending on the situation or the people they're with. Their self-esteem may be unrealistically high or low.

Relationships: People with a personality disorder may struggle to form close, stable relationships with others due to their problematic beliefs and behaviors. They may lack empathy or respect for others, be emotionally detached or be overly needy of attention and care.

Another distinguishing sign of personality disorders is that most people who have one often have little to no insight or self-awareness of how their thoughts and behaviors are problematic.



Symptoms of a Personality Disorder

Some general signs of people with a personality disorder include:

Their behavior is inconsistent, frustrating and confusing to loved ones and other people they interact with;

They may have issues understanding realistic and acceptable ways to treat others and behave around them;

They may be unaware of how their behaviors cause problems for themselves and/or others;

If they're a parent, their parenting style may be detached, overemotional, abusive or irresponsible. This can sometimes lead to physical, emotional or mental issues in their children.



Types of Personality Disorders

Some of the more common personality disorders include:

- Borderline personality disorder;
- Narcissistic personality disorder;
- Antisocial personality disorder;
- Dissociative Identity Disorder.

Personality disorders require psychotherapy for treatment.



Other Mental Health Disorders

There are several other mental health disorders that we won't discuss today that include:

Eating Disorders-Eating disorders are a type of mental illness in which the relationship with food is distorted. These disorders seem to focus on food but are actually often a result of deeper problems, such as feelings of control.

Dementia-Dementia is the broad term for a range of mental health illnesses that cause a person to forget their past. In many cases, this memory loss can become so extreme that it makes it challenging for them to care for themselves.

Autism-Autism, also known as Autism Spectrum Disorder, is a developmental condition often diagnosed at an early age. Signs of Autism will present themselves very differently from patient to patient but often include challenges with speech, social situations, and nonverbal communication.



Substance Use Disorder Defined

Substance Use Disorder (SUD) is the medical term used to describe a pattern of using a substance (drug) that causes significant problems or distress. Those with SUD may be missing work or school, using the substance in dangerous situations, such as driving a car. It may lead to substance-related legal problems, or continued substance use that interferes with friendships, family relationships, or both.



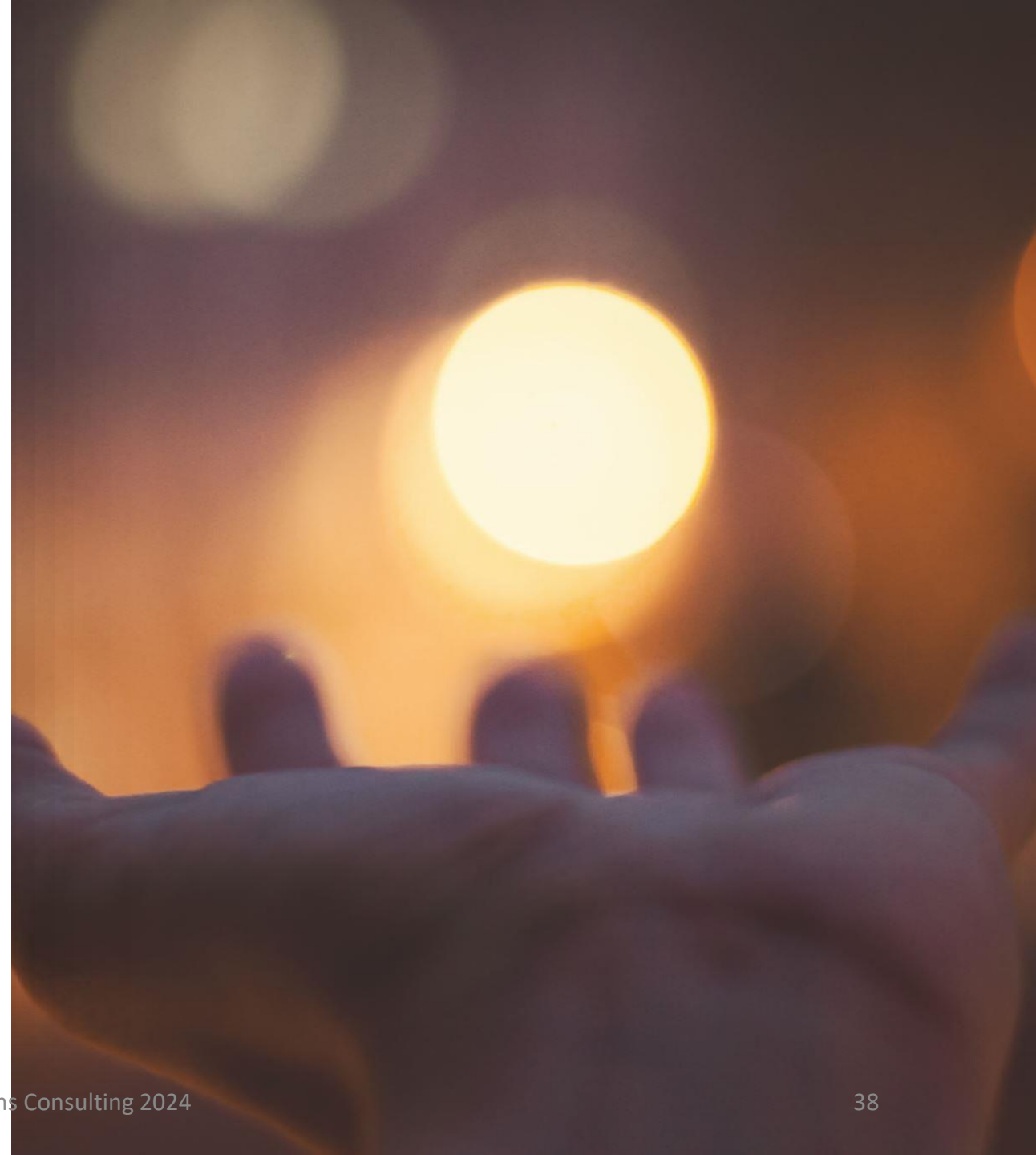
Audience Participation

In 2022, 1 million people had an SUD.

Raise one hand if you think this True

or

Raise both hands if you think this False





Substance Use Disorder Defined

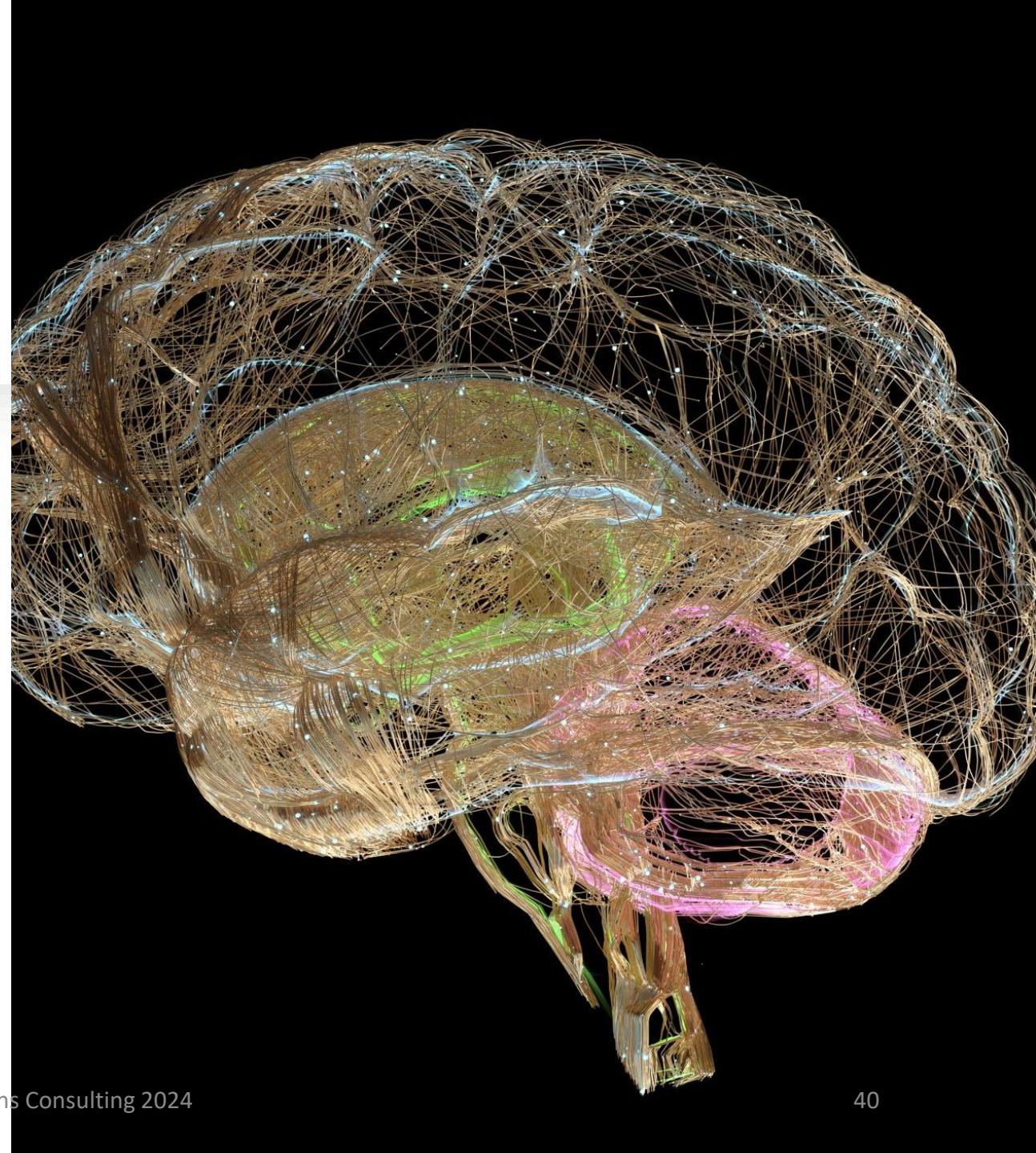
This is **False**. In 2022, 48.7 million people aged 12 or older (or 17.3%) had a substance use disorder (SUD) in the past year, including 29.5 million who had an alcohol use disorder (AUD), 27.2 million who had a drug use disorder (DUD), and 8.0 million people who had both an AUD and a DUD.

Substance Use Disorder Defined

A SUD can be mild, moderate, or severe.

Addiction often occurs when the substance over-activates the brain's reward center, which involves an abnormally high release of the neurotransmitter dopamine.

Continued use of the substance results in changes to the brain's function and structure, which eventually leads to cravings, tolerance, and withdrawal symptoms when the substance isn't used.

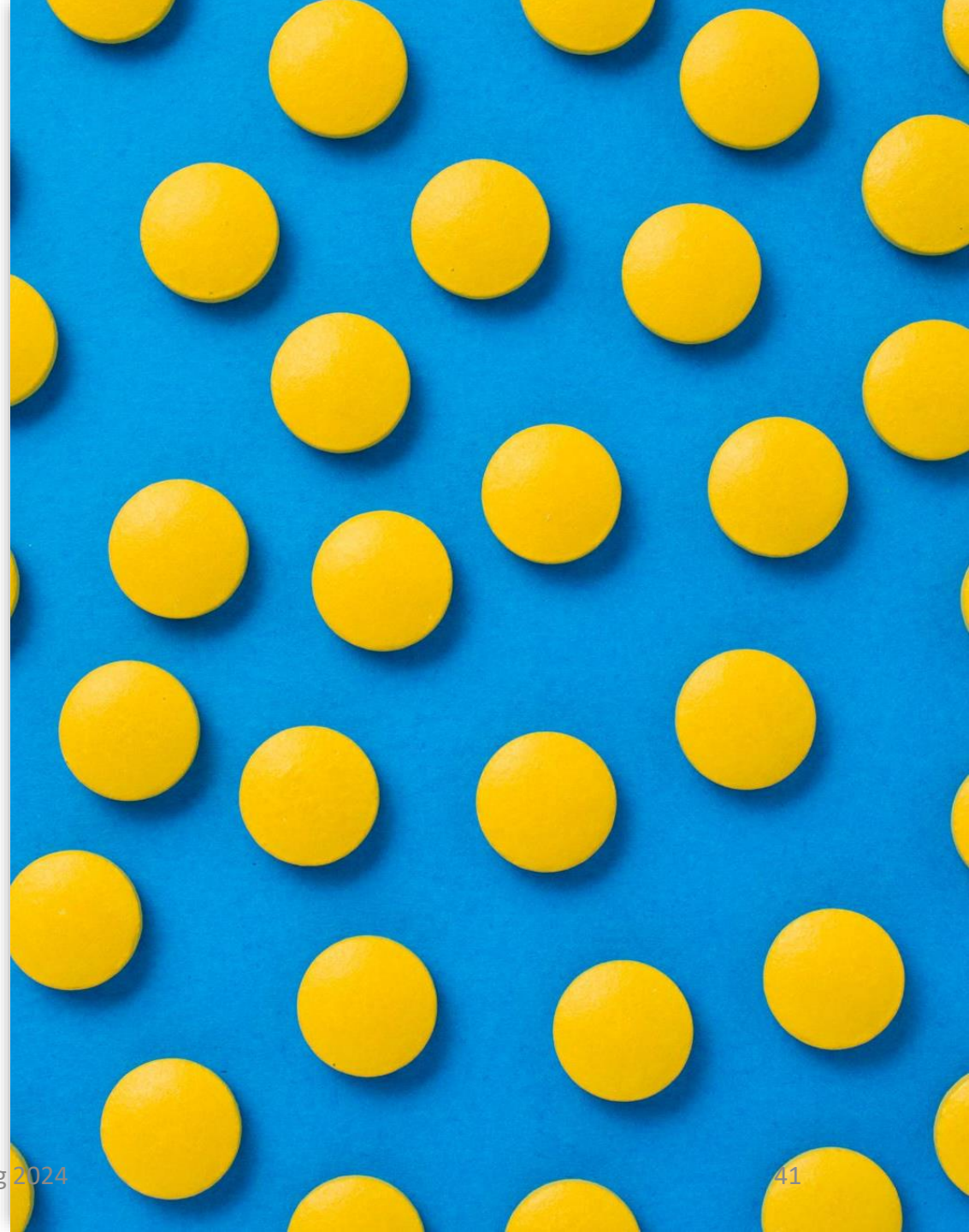


Substance Use Disorder Defined

Substance use disorder is an addiction that involves a habit-forming substance. This can include alcohol or any prescription or illegal drug. The exact causes of SUD are unknown. Some influencing factors include:

- Genetics;
- Personality traits;
- Stress;
- Family history of use;
- Peer pressure.

Those with mental health conditions, such as anxiety, depression, and attention deficit hyperactivity disorder (ADHD) sometime develop SUD.





Audience Participation

Alcohol is the least abused drug in the world.

Raise one hand if you think this True
or

Raise both hands if you think this False

Alcohol

Answer: This is **False**. Alcohol is the most widely abused drug in the world. Alcohol use disorder is a pattern of alcohol use that involves problems with controlling drinking, being preoccupied with alcohol or continuing to use alcohol even when it causes problems. This disorder also involves having to drink more to get the same effect or having withdrawal symptoms when the individual rapidly decreases or stops drinking. Alcohol use disorder includes a level of drinking that is sometimes referred to as alcoholism.



Prescription and Over-the-Counter (OTC) Medicine

Types of prescription drugs that are most often abused include:

Opioid pain relievers;

Stimulant medications used to treat attention deficit hyperactivity disorder;

Anxiety and sleep medicines;

The most commonly abused OTC drugs are cough and cold medicine that have dextromethorphan, which in high doses can make a person feel drunk or intoxicated.



Heroin

This illegal drug is the natural version of manmade prescription opioid narcotics. Heroin gives a person a rush of good feelings at first. But when it wears off, everything slows down. The user will move and think more slowly, and may have chills, nausea, and nervousness. A person may also feel a strong need to take more heroin to feel better and this can lead to opioid overdose.



Opioid Overdose

Opioid overdose

In an opioid overdose, a medicine called naloxone can be given by emergency responders, or in some states, by anyone who witnesses an overdose. Naloxone temporarily reverses the effects of opioid drugs.

While naloxone has been on the market for years, a nasal spray (Narcan, Kloxxado) and an injectable form are now available, though they can be very expensive. Whatever the method of delivery, seek immediate medical care after using naloxone.



Cocaine

Cocaine speeds up a person's whole body. Those high on cocaine may talk, move, or think very fast. They may feel happy and full of energy. But their mood may then shift to anger. The individual may feel like someone is out to get them and can cause individual to do things that don't make sense.

Using cocaine for a long time will lead to strong cravings for the drug. Additionally, Crack is made from a mixture of powder cocaine, water, and baking soda (sodium bicarbonate) or ammonia.

Marijuana

Marijuana can make a person feel silly and laugh for no reason. Or they may feel sleepy and forget things that just happened. Driving while high on pot is just as dangerous as drunk driving. And heavy marijuana use can lead some people to become “burned out” where they do not think or care about much. A growing number of states have legalized medical uses of marijuana and many, including Ohio, have passed laws that will allow this drug to be used recreationally.



Other Substances

Cigarettes and Other Tobacco Products;

Psychedelic Drugs such as LSD, Salvia, and PCP;

Molly or MDMA, a synthetic drug with stimulant and hallucinogenic properties¹²³⁴⁵. MDMA is also known as ecstasy, but molly refers to the crystalline powder form of the drug, usually sold as powder or in capsules;

Syrup-also know as lean, purple and sizzurp is made by mixing cough or cold syrup containing codeine and promethazine with a soft drink.



Audience Participation

Addiction and Substance Use Disorder are the same thing?

Raise one hand if you think this True
or
Raise both hands if you think this False



Audience Participation

This is **False**. An addiction is the compulsive and repeated use of a substance, or any behavior or activity that a person feels helpless to stop. Addictions that don't involve drugs or alcohol may include:

Gambling;

Sex or pornography;

Internet or social media;

Shopping;

video games;

Food.



What are the different types of SUD?

Substances for which a person may form a SUD include:

Alcohol;

Cannabis;

Hallucinogens (including LSD and PCP);

Inhalants;

Opioids (including heroin and prescription medication)

sedatives, hypnotics (sleep meds), or anxiolytics (anti-anxiety meds)

stimulants (like amphetamines or cocaine);

Tobacco.



Audience Participation

A dual diagnosis, means that an individual has both a mental disorder and a substance use disorder (SUD), either with alcohol or drugs?

Raise one hand if you think this True

or

Raise both hands if you think this False



Audience Participation

This is **True**. A dual diagnosis is a type of comorbidity, which is when someone has two disorders at the same time. Another name for this is co-occurring disorders.

Mental Health and substance use disorders often occur together. Many people who develop SUDs are also diagnosed with mental disorders. And the reverse is true; many people with mental disorders will develop an SUD. Having both types of disorders is even more common in teenagers, people with serious mental illness, and people with certain mental health disorders.



Dual Diagnosis Explored

Although these problems often occur together, this does not mean that one caused the other, even if one appeared first. In fact, it can be hard to figure out which came first.

Common risk factors can contribute to both mental disorders and SUDs. These factors include:

- Genetics;
- Stress;
- Trauma, especially in childhood. Veterans with post-traumatic stress disorder (PTSD) are also at risk for SUDs;
- Mental disorders can contribute to drug use and SUDs. For example, people with mental disorders may use drugs or alcohol to try to feel better temporarily. This is known as self-medication. Also, mental disorders may change the brain to make it more likely that an individual will become addicted;
- Substance use and addiction can contribute to the development of a mental disorder. Substance use may change the brain in ways that make you more likely to develop a mental disorder.



How Do You Deal with a Potentially Violent Person?



It can be difficult to observe warning signs which predict violence. Case notes, if available, can be helpful and knowledge of any history of violence. Someone who committed a serious violent act in the past is more likely to commit one in the future. An existing psychiatric or medical illness may also increase the likelihood of violence. Other signs include:

Look for Signs of Aggression



Physical signs of aggression (such as clenching fists, pacing, or throwing objects);



Verbal signs of aggression (such as yelling, swearing, or threatening language);

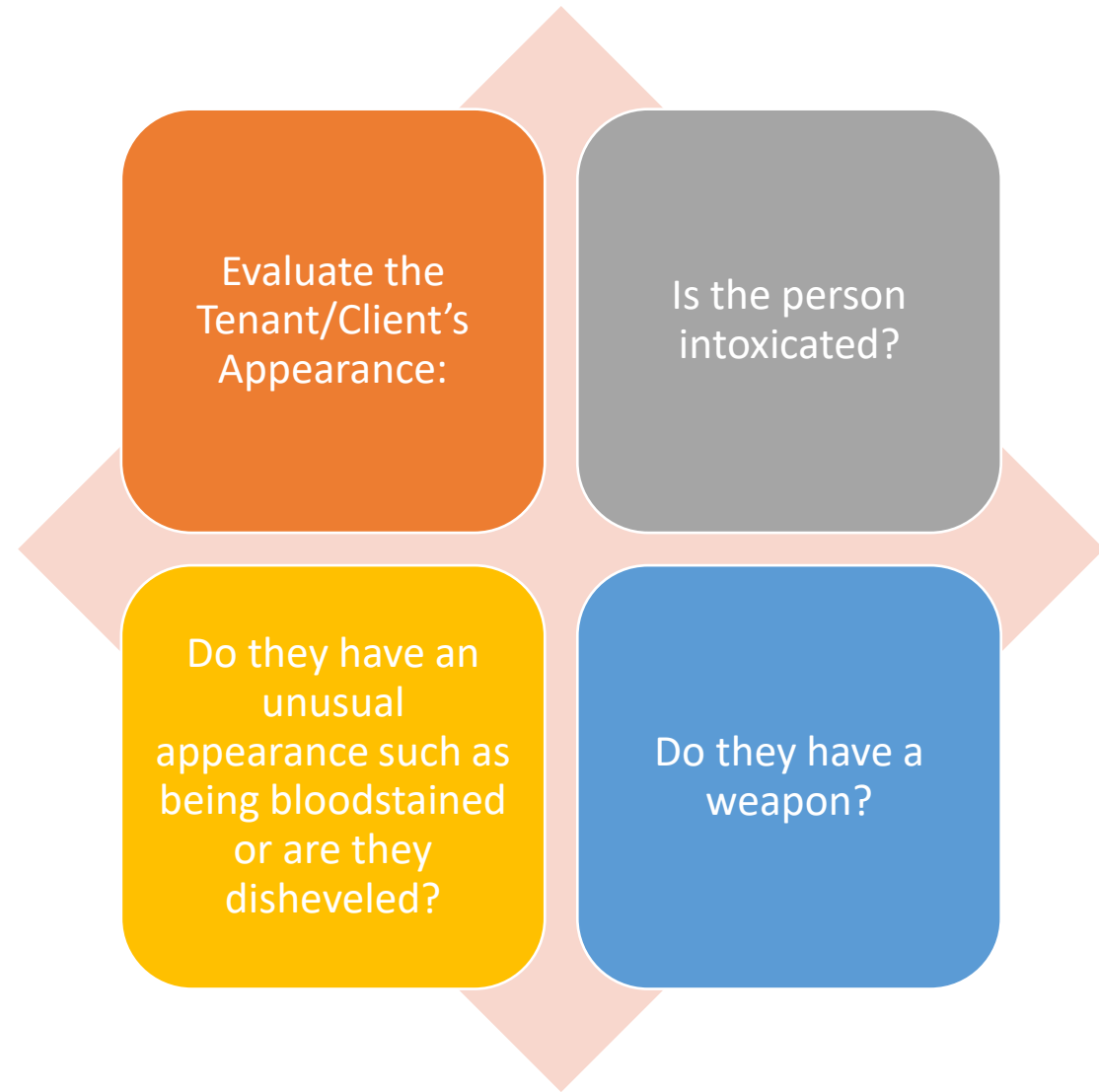


Intense or erratic behavior (such as sudden outbursts or impulsive actions);



Body language (such as tense posture, glaring, or standing too close to someone).

How Do You Deal with a Violent Person?



How Do You Deal with a Violent Person?

Evaluate the Tenant/client's Posture:

Are they restless or agitated in some way?

Can they control their movements?

Are their fists clenched?

Do they impose on your personal space?

Do they maintain eye contact and harbor a hostile expression?

Do they become increasingly active during the meeting?

Do they appear distressed, irritable, short-tempered, tense etc.?

How Do You Deal with a Violent Person?

Evaluate the
Tenant/Client's
Speech:

Are they abusive,
sarcastic, or
threatening?

Are they raising
their voice?

How Do You Deal with a Violent Person?

Does the tenant/client make you feel anxious, uneasy, anxious, etc.?

It is important to be aware of the signs that your tenant/client may become violent when meeting with tenant/clients. They may not be obvious at the onset but can increase in intensity during the meeting. If staff becomes aware of them, they may be able to diffuse the situation and prevent a violent outburst from occurring or getting out of control.



CAUSES OF VIOLENCE

1) Cold Violence

This is more the domain of the police than anyone else. It is usually caused by the perception of a power imbalance e.g. "You're wealthier than me and so I will take your money by threatening you with this knife."

2) Hot Violence

This is violence in response to some kind of psychological hurt usually to retaliate or spread the hurt around e.g. "You're going to hurt because I do". This could occur due to a life event where the individual believes that they have been wrongly done by. This can be influenced by drugs, alcohol, availability of a weapon, or factors such as the individual's ability to verbalize problems, to empathize with potential victims, their impulse control, or their understanding of violence as a wrongful act.

3) Reactive Violence

This occurs due to situational factors. Typically, it is borne of fear or frustration e.g. the room is too hot, there is too much noise in the building, or they are worried about meeting someone new. Often this type of violence can be diffused by building rapport with the Tenant and changing the unpleasant environmental factors.



Audience Participation

According to State and Federal rules, individuals who receive mental health or drug, and alcohol treatment are guaranteed confidentiality by the professionals who treat them?

Yes-Raise one hand

No-Raise two hands

Confidentiality

Answer: This is generally **true**. For those employed within the Behavioral Health Space you may be required by your employer to adhere to the rules of confidentiality. However, depending on the circumstances presented by the client, there may be an exception to the rules of confidentiality that places the professional in position where they are mandated by law to breach their client's confidentiality. In other cases, the professional is obligated to breach confidentiality in the name of public safety or the client's health.



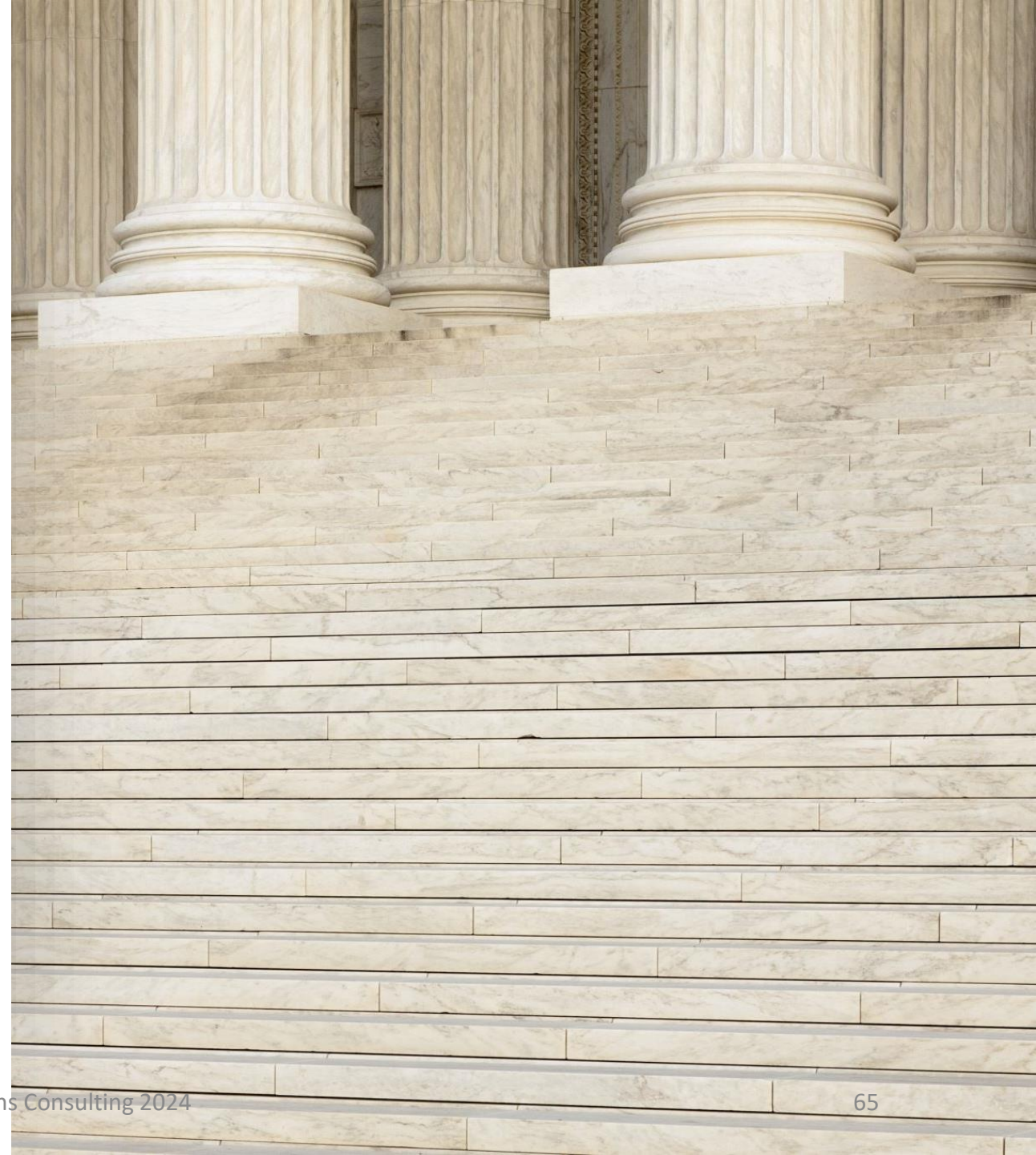
Audience Participation

Tarasoff v. Regents of the University of California
17 Cal. 3d 425, 551 P.2d 334, 131 Cal. Rptr. 14 (Cal.
1976), is a case in which the Supreme Court of
California held that mental health professionals
**“have a duty to protect individuals who are being
threatened with bodily harm by a patient,”** and is
the first case that mandated that a mental health
professional breach their client’s confidentiality if
there is a threat to another.

Raise one hand if you think this True

or

Raise both hands if you think this False



Confidentiality Explored

Answer: This is **True**. Tatiana Tarasoff was killed by Prosenjit Poddar a foreign exchange student at the University of California at Berkley. Poddar had pursued a romantic relationship with Tarasoff, who repeatedly rejected his advances Poddar sought treatment at the school's health facility and was assigned to a clinical psychologist who diagnosed him with paranoid schizophrenia. Poddar spoke about his anger and rage at Tarasoff and explained his plans to kill her. Specifically, the court ruled that the therapist is liable if (1) they should have known about the dangerousness based on accepted professional standards of conduct, and (2) they failed to exercise reasonable care in warning the potential victim.

This holding sparked a change in the law in virtually every state to include statutory requirements for notification and a duty to warn those against whom threats have been made.

Audience Participation

The Duty to Protect allows for mental health professionals to breach their client's confidentiality if they believe a client poses a risk to himself or others?

True-Raise one hand

or

False-Raise two hands



Confidentiality Explored

Answer: This is **True**. Generally, mental health professionals can only disclose private information about their clients with the permission of the individual or as permitted by the law. The duty to protect allows behavioral health professionals to reveal confidential client information if the professional has reason to believe that a third party may be harmed and is one of the exceptions to the confidentiality rules.

The legal precedent for establishing duty to warn and a duty to protect was set in the wrongful death case of *Tarasoff v. Regents of the University of California*.

Exceptions to Confidentiality

There are several exceptions to the rules of Confidentiality that will not be discussed today. However, it is important to note that there are times when a behavioral health professional is mandated by law to breach their tenant/client's confidentiality. This is usually due to exceptions that require the behavioral health professional to act in an effort to protect the community as a whole.



Confidentiality Explored

Due to the work that most behavioral health professionals perform, some employees are in receipt of their tenant/client's personal, medical, behavioral health and criminal record information. Per most Behavioral Health Agencies policies, the employees who are privy to this private information, have a duty to protect this sensitive information. Most behavioral health agencies require their employees to adhere to the rules governing Confidentiality and the HIPAA Privacy rule as part of their employment contract with the organization. If you are employed as a behavioral health professional, be sure to review your employer's policy to familiarize yourself with your agency's rules regarding HIPAA and Confidentiality.



Audience Participation

To have a person “Pink Slipped” means that the person is being Involuntary Committed or Probated.

True-Raise one hand

or

False-Raise two hands



EMERGENCY HOSPITALIZATION ("PINK SLIP")

This is **True**: In order to be eligible for involuntary hospitalization, the defendant must BOTH:

- 1) have a mental illness, and
- 2) be a current danger to self or others, be gravely disabled and at risk or be in need of hospitalization due to a said risk.



MENTAL ILLNESS DEFINED

According to O.R.C. 5122.01 A MENTAL ILLNESS: Means a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life.





MENTALLY ILL PERSON SUBJECT TO HOSPITALIZATION DEFINED

According to O.R.C. 5122.01 A MENTALLY ILL PERSON SUBJECT TO HOSPITALIZATION: Means a person suffering from mental illness who, because of their illness:

(1) Represents a substantial risk of physical harm to self as manifested by evidence of, or attempts at, suicide or serious self-inflicted bodily harm; OR

(2) Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness; OR

(3) Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community; OR

(4). Would benefit from treatment in a hospital for the person's mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person.

O.R.C. 5122.10(Pink Slip)

According to O.R.C. 5122.10 a health officer may take a person into custody, **or** a police officer may take a person into custody **or** a probation officer with the approval of the judge may take a defendant on probation/ under community control into custody **IF** that officer has reason to believe:

1. The person is “mentally ill” and subject to hospitalization by a court.

AND

2. The person represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending the hospital’s examination.





Involuntary Emergency Commitment.

O.R.C. 5122.10 allows doctors, health officers, probation officers, police officers or sheriffs to take a person into custody if they have reason to believe that the person is mentally ill and subject to hospitalization. They must also have reason to believe that the person represents a substantial risk of harm to self or others if allowed to remain at liberty pending a psychiatric examination.

The person may be transported to a hospital/general hospital by the officer. The hospital has a very short time to determine whether the person needs to be hospitalized against their will. This is known as involuntary emergency commitment.

O.R.C. 5122.10 (Pink Slip)

In preparation for taking the person into custody, the officer must complete an Application for Emergency Admission, commonly known as a “pink slip.” On the bottom of the pink slip is an area called, “Statement of Belief.” Here, a written statement shall be made by the police or probation officer stating the circumstances under which the person was taken into custody and why. For a probation officer, this may include observations that the probationer appears incapable of complying with the court or doctor’s orders.



The statement should be objective, informational, and address the reasons that police officer or probation officer believes that the person appears mentally ill, in need of hospitalization and a danger to self or others if not admitted to the hospital. This information provides probable cause to have the person admitted. **(The hospitalized person will be entitled to read this statement.)** The officer shall then sign the pink slip on the back with their name, date and title. It is suggested that a probation officer’s form also contain the signature, title and date of the judge who has approved the person being taken into custody. The “pink slip” containing the written statement is left with the hospital.

Audience Participation

There are times when a person may be hospitalized against his/her wishes by family members and friends. Such hospitalization is known as Involuntary Civil Commitment.

True-Raise one hand

or

False-Raise two hands



Involuntary Commitment



This is **True**. O.R.C. 5122.10 governs Emergency Involuntary Hospitalization and O.R.C. 5122.11 governs Judicial Involuntary Hospitalization.



Additionally, O.R.C. 5122.02 allows a person to make a direct request to be hospitalized for mental health issues and this process is known as voluntary admission.

Involuntary Commitment.

According to O.R.C. 5122.11 anyone, including court personnel, a prosecutor, police officer, family or friends may pursue a judicial involuntary commitment. The person seeking to cause involuntary hospitalization of another believed to be mentally ill is called the “affiant.” The person believed to be ill is called the “respondent.”

This process begins by the affiant filing an affidavit with the probate court in the county where the ill person resides. The affiant must allege facts sufficient to provide the probate court probable cause to believe the respondent is mentally ill, needs hospitalization and refuses examination or treatment. The probate court judge or magistrate may then issue a “warrant” of detention” (WOD). The warrant or “WOD” directs police to pick up and transport the respondent to a hospital.

JUDICIAL HOSPITALIZATION

O.R.C. 5122.11 allows for anyone with knowledge of the person's behavior to institute a Judicial Hospitalization.

In order to begin the process, an affidavit is prepared which the affiant (person making the allegation) will sign. It must contain a statement of alleged facts sufficient to indicate probable cause to believe that the respondent is a mentally ill person subject to hospitalization by court order.



JUDICIAL HOSPITALIZATION

The affidavit should include:

- Facts about the person's behavior-refer to definition of "mentally ill" person when completing the affidavit subject to hospitalization and cover those topics.
- An accurate address for where the respondent is located – this is where the police will go to execute the warrant of detention to take the respondent into custody for the Probate Court.
- The affidavit must be accompanied by a separate sworn statement that the person has refused to be examined by a psychiatrist or licensed clinical psychologist or licensed physician; that the respondent has refused treatment voluntarily. If the person is currently receiving treatment, the court will ask for a recommendation about hospitalization from the treating doctor.

The affidavit, the separate sworn statement and the information contained therein is confidential and **NOT** public record although the respondent is entitled to see it.

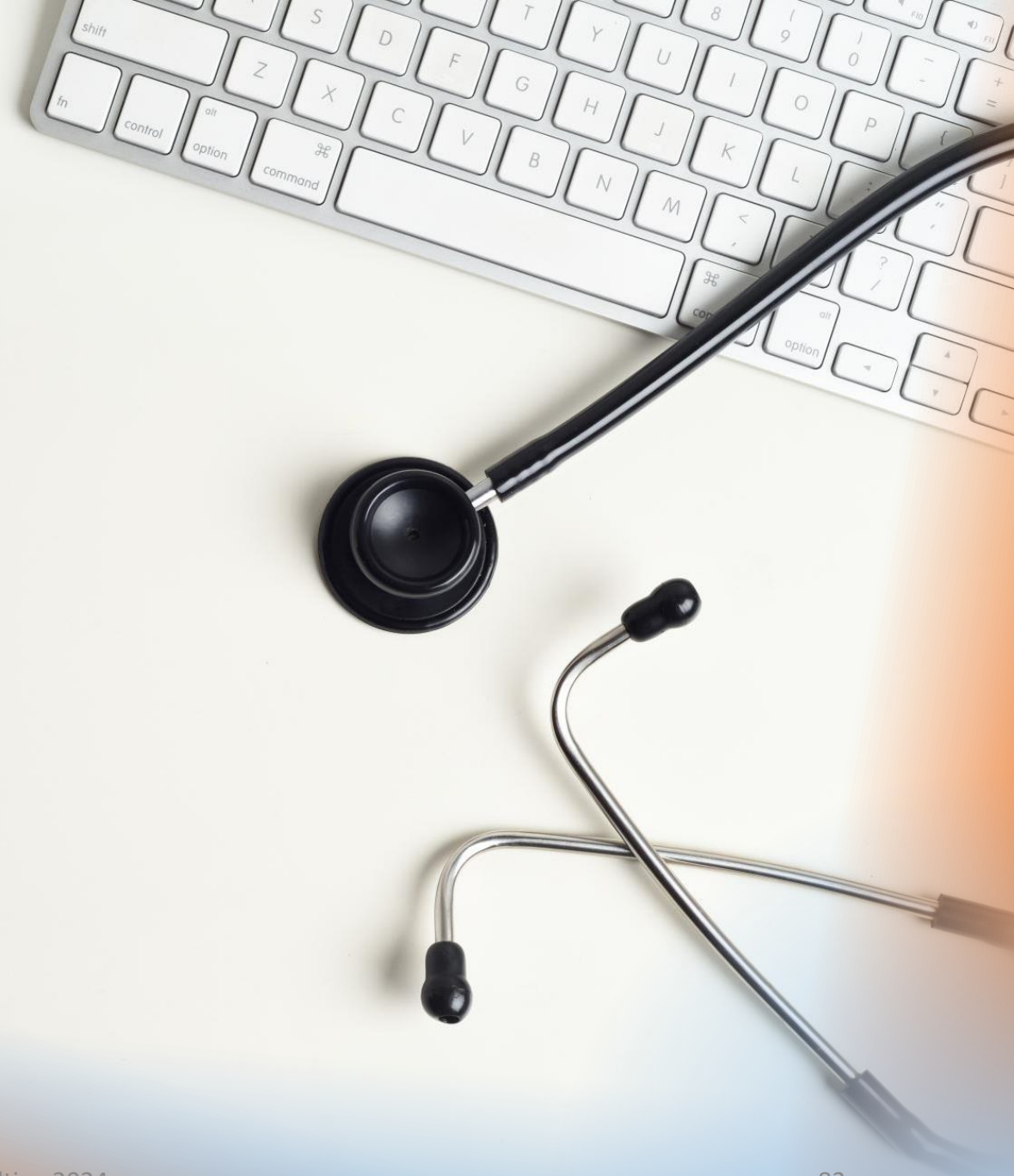


JUDICIAL HOSPITALIZATION

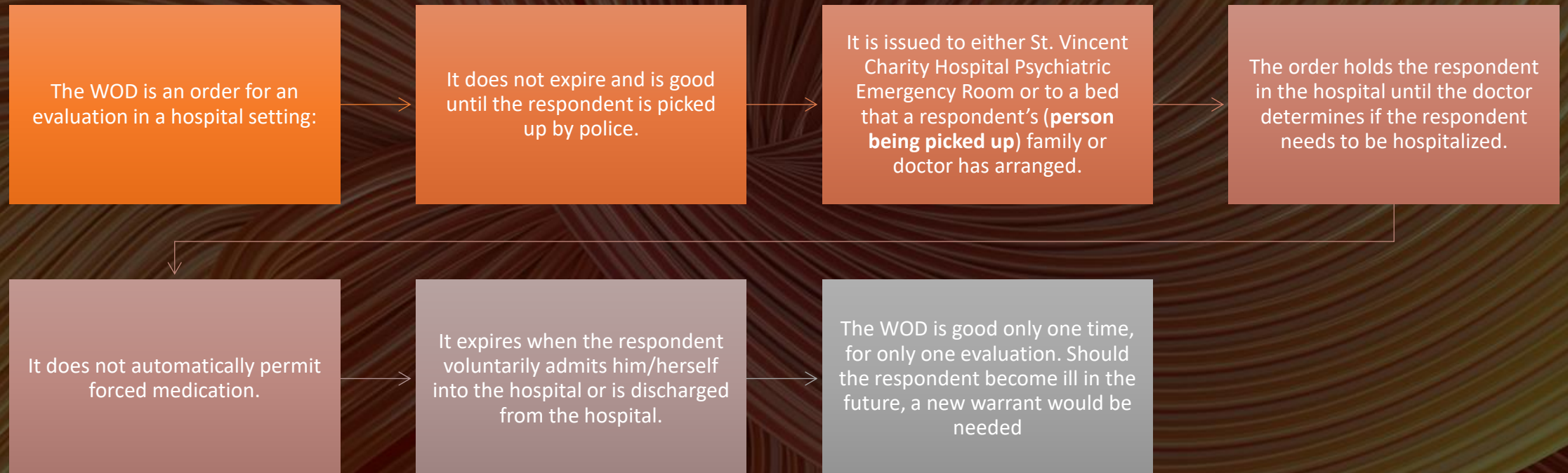
In Cuyahoga County the Affiant (person making the allegation) will be interviewed by a Probate Court social worker. Based on the information given, that social worker can require further investigation by a group like the Mobile Crisis Team.

If the case is approved by the probate court social worker, the social worker prepares the paperwork. The affiant swears to the information in the affidavit which is then given to a probate court magistrate.

If the magistrate approves the paperwork, the magistrate (or judge) issues a “warrant of detention” the “WOD” ordering that the respondent be picked up by the police. The affiant delivers the order to the police department where the respondent is residing or to be found. The police will be ordered to pick up the respondent and take him/her to St. Vincent Charity Hospital or to the hospital where a bed has been reserved by the respondent’s doctor.



WARRANT OF DETENTION (WOD)



REASONS THAT A WARRANT OF DETENTION (WOD) CAN NOT BE ISSUED

The probate court **will not** issue a warrant of detention:

-To determine if a person is incompetent. Probating a person is about determining if he/she is mentally ill and in need of hospitalization.

- For substance abuse treatment only.

- If the affiant cannot provide an address for the respondent.

- As a means of eviction.

- As a means to prevent the respondent from returning home upon release from hospitalization.

- To stop a hospital from discharging the respondent.

- To make the hospital stay longer. The warrant is for an evaluation.

- As a preventative measure before some behavior occurs.

- For the affiant to sit on or save for the future, if ever needed.

- As a solution to domestic disputes or child custody battles.

- If the respondent is in jail.



Scenario's

We will now apply the information learned to two scenario's

SCENARIO 1

Barney is the Property Manager for the Rock Haven Apartments, a Permanent Supportive Housing building who focuses is helping individuals who have once been homeless. Barney has received several complaints about Fred Flintstone who is one of the residents in the building. According to the neighbors, Fred is banging on the walls of his apartment and keeping the other residents up at night due to the loud noise.

Barney met with Mr. Flintstone in his apartment and advised him that the neighbors had made numerous complaints about the banging. Fred advised Barney that it is not he who is knocking on the walls and advised Barney that someone named Bam Bam, is appearing in his apartment every night and uses a bat to bang on the walls.



SCENARIO 1-Cont

Barney notices that Mr. Flintstone's appears to have lost weight and that his clothes are dirty. Further his apartment is filthy, and the garbage can is overflowing in the kitchen and the whole apartment smells foul. Barney advised Mr. Flintstone that the condition of his apartment, coupled with the complaints about the loud banging noises are a violation of his lease that could lead to his eviction.

Mr. Flintstone begins to clench his hands into fists as Barney is speaking to him and then began pacing back and forth. Mr. Flintstone then yelled, "I have already told you that Bam Bam is making the noise. How are you going to take my apartment from me? I know it was Dino my next-door neighbor who lied on me. I am going to stab him."



SCENARIO 1-QUESTIONS

What is the first thing that Barney should do?

- A. Tell Mr. Flintstone that he will be receiving an eviction notice in the near future.
- B. Get out of the Apartment.
- C. Continue to walk through the apartment while at the same time advising Mr. Flintstone of the infractions in the apartment.
- D. Attempt to deescalate Mr. Flintstones anger.
- E. Both B and D.

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SCENARIO 1 ANSWERS



SCENARIO 1-QUESTIONS



Mr. Flintstone's behavior indicates that he is suffering with:

- A. A Mental Health Issue
- B. A Substance Use Disorder
- C. All of the Above
- D. None of the Above
- E. There is not enough information provided to answer this question.




SCENARIO 1-ANSWERS

The Answer is **E**. In the scenario all we know is that Mr. Flintstone's behavior appears to be erratic. Mr. Flintstone's behavior could be attributed to a mental health and/or substance use disorder, but it could also be attributed to an underlying health issue. Before Mr. Flintstone can be diagnosed with a mental health issue or SUD the following must occur.

A physical exam. Mr. Flintstone's medical professional (Doctor, Nurse Practitioner, or Physician Assistant) will try to rule out physical problems that could cause his symptoms.

Lab tests. These may include, for example, a check of Mr. Flintstone's thyroid function or a screening for alcohol and drugs.

A psychological evaluation. A doctor or mental health professional would speak to Mr. Flintstone about his symptoms, thoughts, feelings and behavior patterns and then administer evaluation and use the DSM-V to diagnose his behavioral health issue.



SCENARIO 1-QUESTIONS

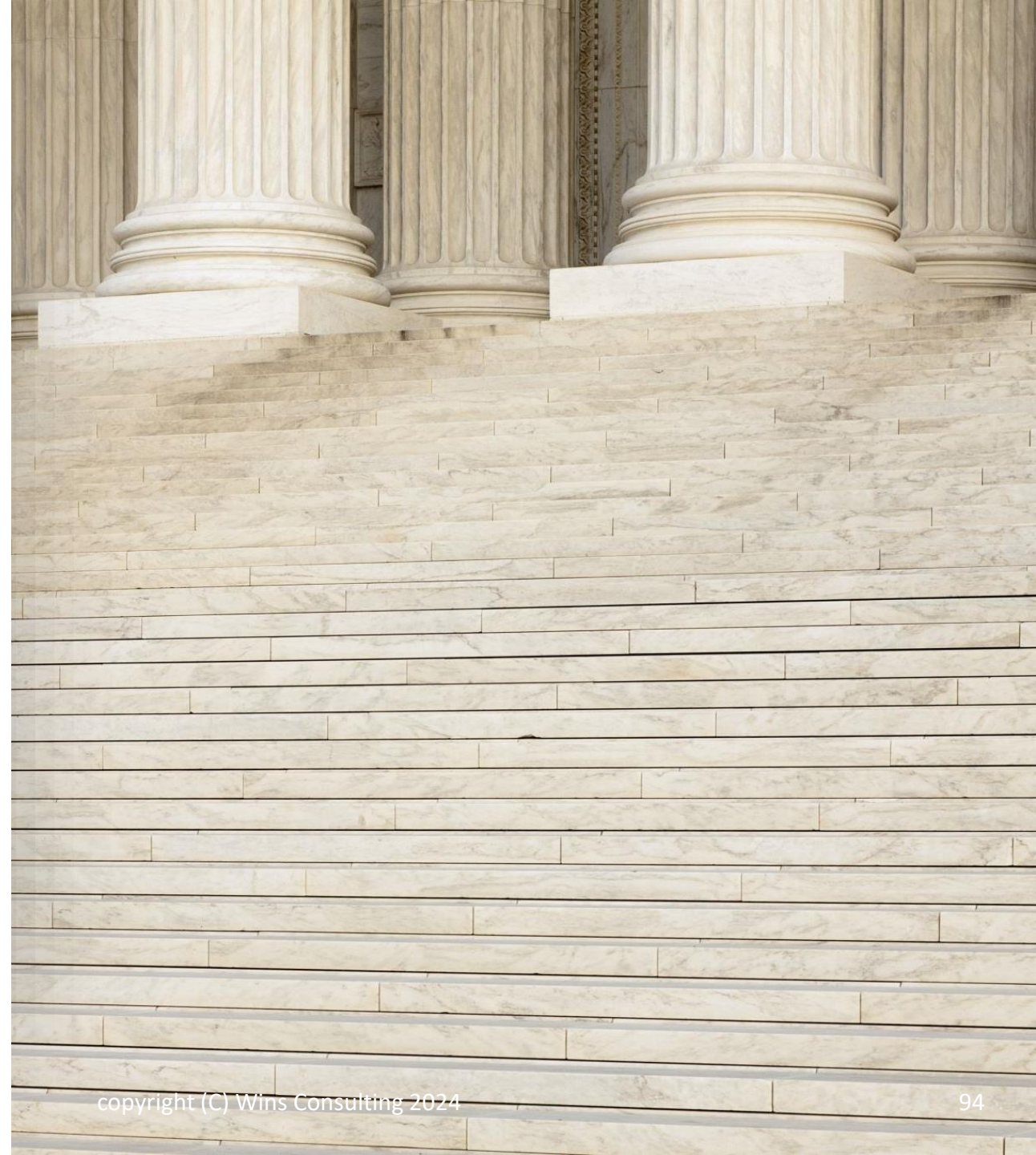
Who should Barney contact about Mr. Flintstone's behavior?

- A. Mr. Flintstone's Behavioral Health Case Manager
- B. The Police
- C. The Courts
- D. All of the Above
- E. None of the Above

SCENARIO 1 - ANSWERS

The Answer may be **D**. The Scenario does not indicate if Mr. Flintstone has a behavioral health case manager or if he is working with a mental health professional. However, if Mr. Flintstone's does have a behavioral health case manager/professional, he or she should be contacted, and Barney should share his concerns about the notable changes in Mr. Flintstone's weight and the condition of his home, and a request should be made that Mr. Flintstone to be evaluated by his agency's behavioral health team.

During his meeting with Barney, Mr. Flintstone had become very agitated but If his behavior becomes violent, then the police must be called. If the police are called, Barney can ask them to take Mr. Flintstone into custody and transport him to a hospital and employ the emergency involuntarily commitment process (Pink Slip).



SCENARIO 1

ANSWERS

If Mr. Flintstone does not have a behavioral health case manager and is also not violent but Barney believes that Mr. Flintstone's poses a risk to his himself and or others, (he might have to initiate the Judicial Hospitalization process through the Probate Court.) Barney should request that Mr. Flintstone on his own seek treatment and be evaluated. However, if Mr. Flintstone refuses, Barney may have to initiate the Judicial Hospitalization process to protect the other residents in the building. After Barney completes the affidavit with Probate Court, a Warrant of Detention may be issued that Barney would deliver to the Police Department so that Mr. Flintstone can be picked up by the police and delivered to the hospital for evaluation.



SCENARIO 1- QUESTIONS

Does Barney have a Duty to advise Dino that Barney threatened to stab him?





SCENARIO 1 ANSWERS

The Answer is **Yes**. Tarasoff v. Regents of the University of California is the first case that mandated that a mental health professional **must** breach their client/resident's confidentiality if there is a threat to another. Ohio, ESTATES OF MORGAN et al., Appellants, v. FAIRFIELD FAMILY COUNSELING CENTER et al. 673 N.E.2d 1311 (1997), is the case that established the Duty to Warn and/or Protect in Ohio. Here, Mr. Flintstone clearly stated that he is going to kill Dino. Barney may have to disclose the threat that was made to Dino directly, the Police, Probate Court and to Mr. Flintstone's behavioral health agency if he has one. If Mr. Flintstone is engaged in treatment with a behavioral health agency, Barney should request that they assist him with having Mr. Flintstone Judicially Hospitalized as his behavior, coupled with the threats about Dino, make him appear to be a danger to himself and or others.



SCENARIO 1 ANSWERS

Additionally, Barney should document everything that he does in respect to this case to protect himself and the agency that he works for from liability. Barney and/or the case manager should also determine if Mr. Flintstone has any weapons that would allow him to carry out his threat and that would help indicate next steps. Example, If Mr. Flintstone owns a knife immediate steps may need to be taken to ensure that Mr. Flintstone does not carry out his threat.

SCENARIO 2

Grover is a client who is receiving both mental health treatment for bipolar disorder and methadone treatment for a heroin addiction from Sesame Street behavioral health agency. Additionally, Grover lives in the community and has a housing voucher that allows him to pay 40 percent of his income for rent and utilities.

Elmo, who is the liaison that works with private landlords, came to Grover's apartment to re-certify his housing voucher. While Elmo was at Grover's apartment, Grover disclosed that he wants to kill Cookie Monster because he introduced him to heroin by putting the drugs in cookies that he then served to Grover. Grover advised Elmo that he blames Cookie Monster for his addiction. Elmo asked Grover if he owns a gun and Grover advised that he does not but that he is thinking of purchasing one as he fantasizes daily of ending Cookie Monster's life to ensure that he can no longer addict others to heroin.

SCENARIO 2 QUESTION

What should Elmo do about the information that Grover disclosed?

SCENARIO 2 ANSWERS

Elmo should immediately contact Sesame Street behavioral health agency and make them aware of the threats that have been made by Grover. Elmo may also want to ask Grover where Cookie Monster is. Example, if Cookie Monster lives in New York City and Grover resides in Cleveland and does not have the means to get to Cookie Monster then his threat may be impossible to carry out and can be just empty words. Further, Grover communicated a clear verbal threat to Elmo who is a behavioral health professional to kill Cookie Monster. However, here Grover has explained that he does not own a gun and as such Grover may not believe that Grover has the ability to carry out his threat.



SCENARIO 2-ANSWERS

Elmo should also consult with his supervisor and agency leadership to inform them of Grover's threat. Elmo should also document everything that he does to protect himself and his agency from legal liability.



THANK YOU

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It has been a pleasure doing this presentation for you. If you want to learn more about me or if you are interested in purchasing my novels *The Anniversary* and *The Commemoration* or to have me to present to your organization, please visit my website at www.Novelistjjwinston.com or follow me on Instagram and Facebook at Novelistjjwinston.

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Thanks for your attention and participation.

THE END

