



National Association of Social Workers

**Written Testimony on the Involuntary Commitment Process  
Before the Senate Public Health & Welfare Committee on September 30, 2015  
Submitted by Tara Breitsprecher, Director of Government Affairs & Public Policy**

The National Association of Social Workers, Pennsylvania Chapter (NASW-PA), would like to thank Chairwoman Vance, Chairwoman Kitchen and the members of the Senate Public Health and Welfare Committee for accepting the following written testimony on the involuntary commitment process.

NASW is the largest membership organization for professional social workers, serving over 150,000. In Pennsylvania, NASW-PA represents nearly 6,000 members and works to enhance the professional growth and development of social workers, to create and maintain social work standards, and to advance sound social policies.

NASW-PA commends the Senate Public Health and Welfare Committee for its concern regarding the involuntary commitment process. Involuntary hospitalization or outpatient treatment should balance consumers' rights to self-determination with the safety of the consumer, family members and the community. With several systems at play, and the safety of the consumer, family and/or community potentially at risk, it is of the utmost importance that policies regarding involuntary commitment be ethical.

Social workers respect and promote the right of clients to self determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

In consultation with our membership, NASW-PA recommends that policies related to ER physicians' assessment of risk factors, and ultimate decision to admit or discharge, be reexamined. In assessing the level of threat a person may pose to him/herself and/or others, social workers may consult with other health care professionals involved in the case, family/household members, and/or a crisis professional. The information collected helps the social worker determine potential risks and act in the best interest of the consumer, family and community. Social workers have reported that this information has been disregarded and therefore excluded from emergency room physicians' assessments on numerous occasions.

A clinical social worker from Central Pennsylvania shared a recent case example which highlights this issue. An elderly woman had a history of prescription drug abuse which was known to the social worker's agency. On a Friday, this client's family called the social worker and reported that the woman had threatened to commit suicide by overdosing on the medication, a threat which she had made on previous occasions. Crisis professionals were called and they

authorized 302 (involuntary commitment). This woman was brought to the hospital and the social worker closed the case. The following Tuesday, the social worker received a call from the client's sister informing her that the client had committed suicide, an overdose on the prescription medication.

The emergency room physician discharged the elderly woman with no discharge plan, without contacting her family, and with no notification to the crisis center. The physician's assessment was based solely on the woman's self report and did not include any information from the family, crisis center or social worker.

The final assessment in the involuntary commitment process, the decision that ultimately decides admittance or discharge, must incorporate the assessment of other professionals involved in the 302 process. If this were the case, the emergency room physician would have considered the patient's prior history, family report, social work assessment and crisis assessment before making the decision to discharge.

Social workers are uniquely qualified to assess a client's current state and imminent risk to him/herself or others. Social workers recognize the inherent dignity and work of each person. Social workers promote clients' socially responsible self determination. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

NASW-PA would once again like to thank the Senate Public Health and Welfare Committee for the opportunity to submit written testimony regarding the process of involuntary commitment. We look forward to future opportunities to inform a more social responsible process of involuntary commitment.