



Ohio House Civil Justice Committee  
Testimony of Bob Stinson, Psy.D., J.D. LICDC-CS, ABPP  
In Support of H.B. 439  
January 18, 2022

Chair Hillyer, Vice Chair Grendell, Ranking Member Galonski, and members of the House Civil Justice Committee, my name is Bob Stinson and I'm a board-certified forensic psychologist, an attorney at law, and a licensed independent chemical dependency counselor - clinical supervisor. As a psychologist, I worked for 15 years at a state psychiatric hospital. I have served as Chief of Behavioral Health Services for the Ohio Department of Youth Services. I have served as President of the Central Ohio Psychological Association and the Ohio Psychological Association (OPA), and I'm currently president of the American Academy of Forensic Psychology. I'm a long-time member and past chair of OPA's Ethics Committee and I serve on the board of the American Board of Forensic Psychology. As a lawyer, I represent psychologists and other mental health professionals on ethical, legal, and business matters. I also teach Forensic Mental Health & Law at The Ohio State University's Moritz College of Law. Thus, I have extensive experience as both a forensic psychologist and as a lawyer regarding involuntary treatment of individuals with mental illness.

I thank you for the opportunity to provide supportive written testimony on behalf of OPA regarding House Bill 439. I know from my experience as a forensic psychologist and as a lawyer that HB439 will have several positive effects on consumers of mental health services, the mental health system more generally, and the health and safety of society at large. It is not melodramatic to say this legislation will save lives.

I would like to offer a real-life example from my own practice. I will refer to the individual with a mental illness as "John" for purposes of disguising his identity. It may help to think of John as your son or your nephew or your neighbor or your devoted employee or colleague. He was each of these to others.

John is the son of loving and caring middle- to upper-class parents. John had a fortunate upbringing as he was healthy, he exhibited no serious behavior problems as a youth, and his family was fairly well off financially. John is well-educated, having graduated from The Ohio State University and, though he did not complete graduate school—owing mostly to the unfortunate development of symptoms of a mental illness—he enrolled in graduate school and did well for a couple of years. Despite not completing graduate school, John embarked on what was turning out to be a fairly successful career as a computer programmer.

Over a recent 4-month period, John showed significant deterioration of his mental health. John became severely depressed and psychotic. He came to believe his electronic devices had been hacked and that he was the target of an elaborate international cyber-attack plot. He believed he had been implanted with a device designed to track him so that he could eventually be killed by members of a state-run terrorist organization from Russia. He started doubting whether certain people were who they really were or if they were imposters who had replaced the real people. He

had feelings of deep persecution and fear interspersed with intense anger. Eventually, he was sleeping no more than a couple of hours per day for fear something bad would happen while he was sleeping. He stopped taking his psychotropic medications because, in his mind, it made him groggy and not alert to the evils that were going on around him.

Eventually, law enforcement and crisis intervention personnel paid a visit to John at his house—twice in one day actually, as he was calling 911 to express concerns that he and his family were in imminent danger and he needed the assistance of the FBI. On the first visit, a loaded gun was found on his kitchen table and John was screaming about others trying to kill him. He indicated he had the gun for “protection.” During the second visit, the gun was again found, but the ammunition was in his pocket. John refused to cooperate due to his paranoia. He believed gas was being pumped into his house to kill him and he asked officers to shoot him. John was transported by police to a hospital for an involuntary psychiatric evaluation. John feared that his hospitalization was part of the elaborate conspiracy and that, at the hospital, his brain was going to be replaced with the brain of someone else. He attacked a nurse, was charged with assault, and was incarcerated at a local jail. John was bonded out of jail by family who were convinced he needed psychiatric care and not incarceration.

John was scheduled to meet with his counselor 7 days later and his psychiatrist 3 days after that. He missed both appointments. On the 11<sup>th</sup> day, John called the police again. He believed someone was trying to break into his bedroom and kill him. He believed that his mother had been abducted, had her face removed and scanned, and had the scanned face put on someone else who was now acting like her but was actually affiliated with the Russian conspiracy. The 911 operator was on the phone with John for about an hour. Meanwhile, police arrived at John’s house, but he refused to exit his bedroom, believing the police were also imposters. The police eventually left, concluding that while clearly psychotic and not taking his medications since being released from the hospital and jail 11 days earlier, John refused to talk to them and he did not make any threats on his life or the life of others and, therefore, there was nothing more they could do.

Once the police left, John exited his room with his loaded gun. His mother, fearing for his safety, tried to get him to give her the gun. In his psychotic state, John reasoned she was an imposter who was trying to disarm him so she could kill him as she was supposed to do. Rather than face what he believed was his certain death at the hands of a Russian operative, John shot and killed his mother.

Had HB439 been enacted, the police would have had legal authority to take John into custody for an emergency psychiatric evaluation. Because it wasn’t, they did not have that legal authority and, tragically, John’s mom is now dead.

I wish I could say I had to dig deep into the clinical vaults to find an example that illustrates the need for passage of HB439; sadly, I didn’t. These scenarios play out with frequency around the state. I encourage the passage of HB439. It will allow for emergency psychiatric evaluation when it’s needed, rather than waiting until someone is hurt or killed.

Thank you again for the opportunity to submit my testimony on HB439. I am available to answer any questions or concerns: 614-309-9727; [Stinson@StinsonAndAssociates.com](mailto:Stinson@StinsonAndAssociates.com).