Pink Slip

Pink slipping, or emergency hospitalization, affects everyone in the process, from students to police officers.

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I can still remember what led up to the day I found myself in that tiny, gray room, peeling an orange and pouring sugar into a cup of coffee that smelled so sweet it made my stomach churn. There was a table. A chair. A mattress, leaning up against the locked window, cartoon-character sheets stretched tightly over its questionable surface. My hands were shaking—was it the caffeine? I never had coffee. Not until now. Or was it the the nerves, rattling me from the inside, grabbing hold of my collar and screaming that this was my fault, my situation?

I wanted to leave, but I couldn't leave. I couldn't leave because I was pink slipped.

"I've had people tell me that it can be very traumatic," says Bill Russell, chief officer of Portage County Clinical Services at Coleman. "People feel like they were ripped from their home against their will, and, you know, they don't understand, 'Why can't I just go ahead and die, it's my choice, it's my life,' and those are stories you hear from people who are very depressed."

In Ohio's revised code—Section 5122.10, to be exact—there is a law that allows emergency hospitalization. It states that "any psychiatrist, licensed clinical psychologist, licensed physician, health officer, parole officer, police officer, or sheriff may take a person into custody" and transport them to a general hospital if they believe the person is a danger to themselves or others.

In short, if you are suicidal—if you're going to hurt yourself or someone else—and you tell someone listed as having the authority to do so under the law, you can be subject to emergency hospitalization. In other words, being pink slipped.

FORESHOCK

This doesn't just happen overnight. Mental illness is like any other sickness of the body. Just like you realize you're coming down with a bad cold when you're standing at your kitchen sink feeling yourself get a little lightheaded—the progression from "a little blue" to suicidal thoughts is often slow and painful.

"When I was in middle school, it was just kind of ... always being unhappy, or I would be in happy situations and having fun, and then all of a sudden I would get really upset, and I didn't want to be there anymore," says Anna Peters, a Kent State student whose name has been changed for confidentiality. "I wanted to be alone. I wanted to be in bed."

We are talking in a Dunkin' Donuts lobby, hidden away in a corner, the weak sunlight of the winter day just reaching into our corner of the restaurant. Her eyes dart around nervously, as if she is afraid someone might hear our conversation, but the sound of coffee grinding drowns us out.

"I didn't like change," Peters, a junior majoring in nursing, says. "Any time big changes would happen, I would just kind of lose it for no reason, especially—like, I have [obsessive-compulsive disorder] tendencies, so if ... there were drastic changes, I would have panic attacks and things like that."

Aliyah Currie, a freshman majoring in child psychology, fell into depression after being misdiagnosed with attention deficit hyperactivity disorder at a young age. Currie was taken away from her mother and placed with a relative at 9 years old. This formed the basis for Currie's depression. She suffered from night terrors and woke up screaming every night.

When I turn my recorder on, I try to talk in a hushed tone, remembering Peters' scared and tired eyes, but Currie waves her hand at me. She doesn't care if someone overhears, and she doesn't mind if I use her real name.

"When I was 9, it was hell. I've gotta admit that," Currie says. I notice something written in marker on her arm: You are not alone.

Currie's uncle Jimmy committed suicide after struggling with borderline personality disorder and depression. At the young age of 13, Currie was involuntarily hospitalized for the first time after attempting suicide. She also continually self-harmed. She was frequently hospitalized for her depression and self-destructive behavior. Currie says she was hospitalized "so many times the hospitals got tired of seeing [her]." As a result, she was placed into residential care.

"At the time it made me angry because I felt like everyone thought I was insane," Currie says. "I felt like nobody was hearing why I ... did what I did, and I was angry that I woke up. Then, I just felt like I was getting shipped off to this place so no one had to deal with me."

For those who deal the slips, like clinical counselor Emily Ribnik of Kent State Stark, the decision is not so simple.

"In most cases, I think it is because it is done for a reason. There will, of course, always be exceptions to that generalization. I think if an emergency admission is done and the person in crisis is alive and able to connect to treatment, then it has been of benefit to them," Ribnik says. "I want to make it clear, however, that an emergency admission is the very last option in these crisis situations."

Despite the initial anger Currie felt, years later she realizes it was all those trips to the hospital that kept her alive.

"It's gonna be scary as hell when you go in there, but at the end of the day, those people care," Currie says."If they didn't, they would not be in that field. When I first went it was one of the loneliest times of my life. I felt like no one understood. But if you open up and tell them what's going on, they can try their best to try and empathize as much as they possibly can and use that to help you, not hurt you."

I nod, and she tells me it's been 248 days without self-harm.

SHAKEN

Peters decided to visit a counselor in White Hall after realizing making trips home was too time consuming. She could simply stay on campus, where the counseling program is free—and the counselors, unlike at DeWeese Health Center, are students just like the patients. Peters began to talk about her suicidal thoughts with her counselor, who asked her if she had a plan. Peters replied that if things got too bad, she knew how she would do it—she knew how to end her life.

After Peters mentioned her plan, her counselor asked her, "Do you want to go somewhere to talk some more?"

Peters remembers that day being particularly bad, and she told her counselor that she did want to talk, but, when a police officer walked in not soon after, Peters became confused. She thought she would go to another room to continue her conversation with the counselor. Peters became more confused as the police officer began to search her and her things.

Peters tells me she feels violated by this process — something that counselors like Ribnik understand.

"I realize this absolutely happens, and that saddens me because the intention behind an emergency admission is not to upset the person or cause them to feel this way," Ribnik says. "I think sometimes this can come down to how the emergency admission option or decision is discussed with the individual."

Ribnik says she tries to keep the individual being pink slipped in the loop as she works with emergency services.

"I realize that being faced with an emergency admission can be very alarming for someone," Ribnik says. "And so I think it is important for the clinician to work with the individual to help them understand why this may be happening—and that, again, ultimately is going back to wanting to keep them safe and wanting to keep them alive."

Not long after, Peters was taken to Coleman's intake center just a few miles from the Kent campus for evaluation.

Russell goes on to say the individual is evaluated for a number of things, including the elaborateness of suicidal thinking, history of attempts, access to lethal means, history of violence or other signs that may indicate imminent action or intent for harming oneself or others.

"[When someone is suicidal], you don't have time to go down to the judge in two hours and get an affidavit that says that you can take the person into custody—so these exceptions exist so that, in the moment, you can protect the person," says Kent State police officer Jeff Futo.

His voice is strong and weathered as he talks about his experience, years of this line of work weaving a practiced patience into his answers.

Futo, who previously specialized in emergency hospitalization during his time on the force, says those taken into police custody do not have the right to resist the process. Once police are called, they have the authority to use force if necessary. If you are pink slipped, you are going. End of story.

"If you're not in this position, if you're not in this job, you don't really understand—you can't really relate," Futo says, the professionalism almost succeeding in masking the emotion in his tone. "For some people, that'd be heartbreaking to go talk with people all the time that are in distress or in a crisis or they're suicidal—all those things. But when that's your job on a daily basis, you deal with those things."

When Peters arrives at the Coleman center, she's put in a room that is bare except for a couple of chairs and a desk. She checks her phone. Eleven percent. She fills out a form and sits in the

silence. No one comes to speak with her. Three or four hours pass like this in what is, Russell explains to me, the holding room for evaluations.

"I have no idea what's going on," Peters recalls. "I asked if I could leave, they said that I was pink slipped in here, that I wasn't allowed to leave. No one will talk to me. I don't even know what I'm waiting for right now."

Russell explains that sometimes beds aren't available when new patients are emitted, causing them to wait as Peters did, and I did. Russell says the patient is placed in a room alone, away from an audience.

Peters was allowed to leave after this, determined to be stable enough to be put into the care of her roommate. The woman at Coleman services tells her roommate to "keep an eye on her." Peters and her roommate did not know one another well, and Peters didn't like the idea of her mental illness being "aired out to her."

AFTERSHOCK

Depression and anxiety like mine, Peters' and Currie's can become an overhanging cloud, gray and heavy with rain, threatening to open up and pour down on you at any second. Things that used to hold flavor become bland. Laughter grates at your patience.

I remember days like that too, in high school, crying in the empty art room after hours. In college, hiding in my residence hall, curled under my comforter when I couldn't face the world. Depression, it's true, isn't a sharp, stabbing pain in your side. It's a drawn out slow-bleed, gushing more and worse every day until you wake up, pale and drained.

When I climbed into the police car, I was supposed to sit in the back, but she let me sit up front because I was crying. The trees and snowy streets passed us, flying by on either side of the car like a white and gray ribbon. I tried desperately not to look at her. This wasn't fair, I thought, my mind thrashing back and forth. This was her fault, I told myself.

While we rode to the evaluation at Coleman, she told me about her son and her life before she'd become an officer. She told me how she never thought she'd make it as far as she had. She glanced at me often as she drove, catching my gaze in the corners of my peripheral vision, trying to warm me to the idea of what we both knew was not a choice.

I did my best to make my disconnection clear as I watched snowbanks roll by the windows. I would not give in. Looking back, I realize that she wasn't happy to do this to me. She was doing what she had to. She was doing her job, just like every other person involved in the revolving door of this process.

When we arrive at the Coleman center, the sky a great gray bowl above us, my officer writes her name and number on the back of a business card and pats me on the shoulder. I have to go in, she tells me. There wasn't a choice. I feel like I am caught in a gulf stream or a current, being pulled and pulled along, my lungs filling with water, unable to pull my head above the surface.

When I was waiting for evaluation, staring at the blank, beige walls and the stains on the carpet, I closed my eyes. I tried to forget where I was, tried to forget the people sitting at their desks outside the tiny window built into the door, jabbering on phones and spinning in office chairs.

I waited for hours, though how many, I didn't know. My phone, dying just like Peters', was blurry from behind the tears caught in my eyelashes. My backpack was useless, full of books and pencils. It had to be a mistake. Finally, someone came in to talk to me. She had blank, tired eyes and a clipboard, and she asked me questions from a paper that she scribbled my answers onto almost as soon as they fell from my mouth. This was the evaluation to decide whether I should be taken to the hospital. Another stop on this long, drawn-out trip. The light outside the window had faded into the orange-creamsicle glow of evening.

I remember how angry I was. I remember feeling bitter, scoffing at the emptiness of the holding room. Where was my autonomy? Where was my right to waive treatment, especially when treatment meant the cold inside of the police car, the gray ceilings and floors of Coleman and the blinding anxiety of the ambulance ride I took when, unlike Peters, I was not allowed to leave? I knew myself best, didn't I?

I wasn't hospitalized. After my blood was drawn and my shoes were put into a bin, I talked to the doctors. They let me go. The pink slip relinquished its chokehold on me, I called my friends and I cried to them. About the uncertainty. About the injustice. But, now, the always-effective narcotic of time blurring the pain, I can see the multifaceted face of what happened.

And sometimes, when I wake up in the middle of the night, I am dreaming about the gray room and the locked windows, I am uncertain that I was right—that it was barbaric, wrong and unnecessary.

So yes, I am uncertain now—now that the anger and the vitriol have faded from my blood. I am uncertain because I was pink slipped. I am still here to write this story, and I am not always sure anymore, but maybe that is the reason why. B