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**IN THE
COURT OF APPEALS OF INDIANA**

IN THE MATTER OF THE)
COMMITMENT OF T.G.,)
)
Appellant-Defendant,)
)
vs.)
)
ST. VINCENT HOSPITAL and)
HEALTH CARE CENTER d/b/a)
ST. VINCENT STRESS CENTER,)
)
Appellee-Plaintiff.)

No. 49A05-0805-CV-288

APPEAL FROM THE MARION SUPERIOR COURT
The Honorable Charles J. Deiter, Judge
The Honorable Richard Turner, Magistrate
Cause No. 49D08-0101-MH-000049

JANUARY 16, 2009

MEMORANDUM DECISION - NOT FOR PUBLICATION

GARRARD Senior Judge

The court ordered the involuntary commitment of T.G. She contends the evidence is insufficient to meet the necessary clear and convincing standard of proof that she is “gravely disabled.”

Pursuant to Ind. Code § 12-7-2-96, a person is “gravely disabled” when the person has a condition, as a result of a mental illness, where the person is in danger of coming to harm because the individual: “(1) is unable to provide for that individual’s food, clothing, shelter, or other essential human needs; or (2) has a substantial impairment or an obvious deterioration of that individual’s judgment, reasoning, or behavior that results in the individual’s inability to function independently.”

Proceedings for involuntary commitment are subject to the requirements of due process. *Addington v. Texas*, 441 U.S. 418, 425, 99 S.Ct. 1804, 60 L.Ed.2d 323 (1979). Thus, the state must establish the facts justifying an involuntary commitment by clear and convincing evidence. *In Re Turner*, 439 N.E.2d 201, 204 (Ind. Ct. App. 1982).

Where a challenge is made to the sufficiency of the evidence to support a determination that involuntary commitment is necessary, we look to the evidence favorable to the trial court’s decision and the reasonable inferences to be drawn therefrom. If the commitment order represents a conclusion that a reasonable person could have drawn, the order must be affirmed, even if other reasonable conclusions are possible. *In re Commitment of G.M.*, 743 N.E.2d 1148, 1151 (Ind. Ct. App. 2001); *In re Commitment of J.B.*, 581 N.E.2d 448, 449-50 (Ind. Ct. App. 1991), *trans. denied*.

T.G. voluntarily signed herself in for treatment at St. Vincent Hospital and Health Care Center on March 31, 2008. On April 11, 2008, St. Vincent petitioned for an involuntary commitment, and a hearing was held on April 17, 2008.

The evidence favorable to the court's order disclosed that T.G. is schizophrenic. She was involuntarily committed from January 23, 2001, until August 1, 2007. During that period, she was determined to be gravely disabled. Her health care providers consistently noted that she did not take her medications as prescribed and failed to attend all her scheduled doctor or clinic appointments. Three times during this period, the court issued orders for her apprehension and return to the treatment facility.

T.G. disappeared from the Marion County court system between August 1, 2006, and April 11, 2008, when St. Vincent filed the present petition. T.G. stated that she had not taken medications for about a year and a half during this period.

When T.G. entered St. Vincent on March 31, 2008, she was evaluated by Dr. Mishra, whose expertise was stipulated. She appeared very guarded in her disclosures and this complicated the evaluation. She complained of "people trying to attack her mouth" and of "seeing wicked and evil things." She told of voices and visions and she felt overwhelmed and stressed "because the voices were telling her to do things." Dr. Mishra remained involved with T.G.'s treatment throughout her admission. He said that she remained very guarded and presented a variety of paranoid type symptoms. She believed someone was coming into her room at night and raping her and causing bodily damage to her. A medical evaluation found no evidence of bodily harm of any kind.

In Dr. Mishra's opinion, T.G. was unable to pay any bills, maintain gainful employment, or maintain connections with anyone. She would plug the toilet with wads of toilet paper. She would walk around the unit with blankets wrapped around her head or a towel wrapped around her mouth, although when given direction she would dress more appropriately. Apparently, she had not bathed since she arrived at St. Vincent.

On an almost daily basis, she pushed Dr. Mishra to get discharged. Yet, she did not want St. Vincent's talking to any of her family members and testified that her family lived in Kentucky and did not know "what's going on with me down here." She did not wish to tell Dr. Mishra exactly where she would stay, although she indicated that she might stay in a hotel for a few days. Staff members were unable to determine whether she had a place to live, a friend or family. No family or friends of T.G. appeared or testified on her behalf at the hearing.

Dr. Mishra believed that a support system, whether family or friends, was necessary for schizophrenia patients, not only to provide reality testing, but to give reminders to keep their appointments and to take their medications. Dr. Mishra believed that T.G. did not have necessary insight into her illness or the care that she needs. He felt that her level of paranoia has so affected her perceptive abilities that she does not feel like there is anything wrong and that St. Vincent's was holding her when it should not.

Dr. Mishra expressed concern that without the order for commitment in place, T.G. would stop taking her medications, stop follow-up care and not have a place to live. He believed that if that occurred, her mental condition would rapidly deteriorate and she would come to harm.

From the foregoing evidence, we conclude that a reasonable person might well determine that T.G. was gravely disabled within the meaning of the statute.

T.G.'s appellate attorneys have presented a capable argument opposing her commitment. The argument relies, however, on evidence and inferences opposing the court's order. It demonstrates no more than that a different conclusion might also have been reasonable.

It follows that the decision of the trial court should be affirmed.

Affirmed.

BAKER, C.J., and DARDEN, J., concur.