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IN THE
COURT OF APPEALS OF INDIANA

IN THE MATTER OF THE CIVIL COMMITMENT OF A.R.,	)	
Appellant,	)	
vs.	)	No. 49A05-1011-MH-665
CLARIAN HEALTH PARTNERS, INC.,	)	
Appellee.	)	

APPEAL FROM THE MARION SUPERIOR COURT
The Honorable Gerald S. Zore, Judge
Cause No. 49D08-0803-MH-11970

June 22, 2011

MEMORANDUM DECISION - NOT FOR PUBLICATION

DARDEN, Judge

STATEMENT OF THE CASE

A.R. appeals the trial court's order for temporary involuntary commitment.

We affirm.

ISSUE

Whether sufficient evidence exists to support the involuntary commitment order.

FACTS

In 2002, A.R. was diagnosed with bipolar disorder and prescribed Lithium. In 2008, Methodist filed an application for the emergency detention of A.R. Dr. Michael Metrick, a staff psychiatrist at Indiana University Health Methodist Hospital ("Methodist"), prepared a physician's statement in support of the commitment. Dr. Metrick reported that A.R. was "psychotic, paranoid and delusional." (App. 22). Dr. Metrick also reported that A.R. was "noncompliant with medication." (App. 22). The trial court issued an order for the temporary commitment of A.R. until November of 2008. A.R. was briefly hospitalized again in approximately August of 2010.

On September 21, 2010, police officers brought A.R. to the emergency room at Methodist. On September 28, 2010, a physician at Methodist filed an application for the emergency detention of A.R. The accompanying physician statement by Dr. Carolyn Doyle stated that A.R. was "experiencing an acute exacerbation" of her bipolar disorder, causing "disorganized thinking, delusions and grandiosity . . . ." (App. 35). The trial court granted the application.

On September 29, 2010, doctors at Methodist examined A.R. That same day, Methodist filed with the trial court a report following emergency detention with an attached physician's statement. In the statement, Dr. Doyle opined A.R. to be "gravely disabled" and in danger of coming to harm due to her "impaired insight" regarding the extent of her illness. (App. 44). Dr. Doyle reported that A.R. was delusional and refused "medication needed to treat acute symptoms." (App. 44). She therefore recommended inpatient treatment at Methodist Hospital. On September 30, 2010, the trial court ordered that A.R. be detained pending a final hearing.

The trial court held a final hearing on October 4, 2010. Dr. Metrick testified that he examined A.R. on September 30, 2010. According to Dr. Metrick, A.R. exhibited "a broad spectrum of delusional thinking." (Tr. 9). Among other things, A.R. believed she had a doctor "inside her," and therefore, "she didn't need to adhere to treatment recommendations per the hospital." (Tr. 9). Dr. Metrick testified that his colleagues reported that A.R. had continued to exhibit symptoms.

Dr. Metrick further testified that A.R. refused to comply with her recommended treatment. He testified that A.R. had agreed to take only a "suboptimal" dose of Lithium and refused to allow blood tests required to ensure proper dosing and to monitor her kidney function. (Tr. 11). He testified that blood tests were essential because too low of a dose "does nothing" while too high of a dose can cause kidney damage. (Tr. 22). In

addition, Dr. Metrick testified that A.R. also refused to take the suggested "neuroleptic[1] medication," which would help stabilize her during her "acute manic state[s]." (Tr. 10).

Dr. Metrick admitted that prior to her detention, A.R. had lived on her own and that she had financially supported herself "when she's been stable." (Tr. 18). He further testified that A.R. "would not be able to maintain employment or work" when she is in a manic state as she becomes "quite disorganized in her thinking, very delusional." (Tr. 22).

A.R. testified that she refused to take the antipsychotic medications due to the side effects and did not believe that she "need[s] antipsychotics." (Tr. 35). She further testified that she was taking Lithium. When asked whether she was taking Lithium at the prescribed dose, she testified that she was taking it at "levels that [she] know[s] [are] safe for [her] system . . . ." (Tr. 34). A.R., however, maintained that she would be willing to take Lithium as prescribed.

The trial court found A.R. to be mentally ill and gravely disabled due to her bipolar disorder. Accordingly, the trial court issued an order for temporary commitment of A.R. not to exceed ninety days.

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[1] "Neuroleptic" is defined as "antipsychotic." *See* http://www.merriamwebster.com/dictionary (last visited June 3, 2010).

DECISION[2]

Initially, we note that Methodist has not filed an appellee's brief.

> In such a situation, we do not undertake the burden of developing arguments for the appellee. Applying a less stringent standard of review with respect to showings of reversible error, we may reverse the lower court if the appellant can establish prima facie error. Prima facie is defined in this context as "at first sight, on first appearance, or on the face of it." The purpose of this rule is not to benefit the appellant. Rather, it is intended to relieve this court of the burden of controverting the arguments advanced for reversal where that burden rests with the appellee. Where an appellant is unable to meet that burden, we will affirm.

State Farm Ins. v. Freeman, 847 N.E.2d 1047, 1048 (Ind. Ct. App. 2006) (internal citations omitted).

In order to demonstrate that a person should be committed involuntarily, a petitioner must prove "by clear and convincing evidence that: (1) the individual is mentally ill and either dangerous or gravely disabled; and (2) detention or commitment of that individual is appropriate." Ind. Code § 12–26–2–5(e). "In a temporary commitment proceeding, the trial court is expressly entitled to consider 'the record' in addition to evidence presented at the commitment hearing." *In re Commitment of M.M.*, 826 N.E.2d 90, 95 (Ind. Ct. App. 2005); *see also* I.C. § 12-26-6-8. "The official court record may include evidence from prior hearings, as well as past and present applications for

[2] We note that A.R.'s term of temporary involuntary commitment has expired; therefore, she may have been released from detention, rendering this appeal moot. "Generally, we dismiss cases that are moot, but a moot case may be decided on its merits when it involves questions of great public interest, such as involuntary commitment, that are likely to recur." *In re Commitment of S.T.*, 930 N.E.2d 684, 687 (Ind. Ct. App. 2010), *reh'g denied*. We therefore shall consider A.R.'s appeal on the merits.

emergency detention, reports following emergency detention, petitions for involuntary commitment, and orders of commitment." *M.M.*, 826 N.E.2d at 95.

In reviewing orders for commitment, we consider only the evidence favorable to the judgment and all reasonable inferences therefrom. *In re Commitment of Bradbury*, 845 N.E.2d 1063, 1065 (Ind. Ct. App. 2006). We will not reweigh the evidence or judge the witnesses' credibility. *Id.* "Where the evidence is in conflict, we are bound to view only that evidence that is most favorable to the trial court's judgment." *Id.* If the trial court's commitment order represents a conclusion that a reasonable person could have drawn, we must affirm the order, even if other reasonable conclusions are possible. *Id.*

A.R. does not challenge the trial court's finding that she is mentally ill. Rather, she asserts that the evidence was insufficient to support the trial court's finding that she was gravely disabled where there was testimony that she had "lived on her own in her own place, had previously worked and was capable of employment." A.R.'s Br. at 11.

Indiana Code Section 12–7–2–96 defines "gravely disabled," for purposes of civil commitment, as follows:

> a condition in which an individual, as a result of mental illness, 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.

Thus, an individual's inability to provide for food, clothing, shelter, or other essential human needs is only one basis for finding that the individual is gravely disabled. *See In re Commitment of A.L.*, 934 N.E.2d 755, 760 (Ind. Ct. App. 2010).

Here, Dr. Metrick testified that although A.R. was willing to take Lithium, she refused to submit to blood tests required to ensure that she was getting the proper dose and not suffering from potentially life-threatening side effects. He also testified that A.R. had refused to take antipsychotic medications, which would stabilize A.R. and help prevent her manic states. According to Dr. Metrick, these manic states caused A.R. to become delusional.

Although A.R. testified that she would cooperate with treatment, she admitted to refusing to take the antipsychotic medications. She also admitted that her most recent "manic state" was a result of not taking the previously prescribed dose of Lithium. (Tr. 35). She, however, testified that she currently refused to take the prescribed dose, believing it to be "uncalled for." (Tr. 34).

We find that there was clear and convincing evidence that A.R. was gravely disabled within the meaning of Indiana Code section 12-7-2-96. A.R. has a documented history of mental illness and would benefit from the medications prescribed to her, but she has failed or refused to either take the medications or take them in the manner prescribed.

From the foregoing facts, a reasonable person could have concluded that A.R. "has a substantial impairment or an obvious deterioration of [her] judgment, reasoning, or

behavior that results in [her] inability to function independently." I.C. § 12–7–2–96. A.R.'s contention otherwise is merely a request to reweight the evidence and judge witness credibility, which we will not do. We find the evidence is sufficient to support the trial court's finding that A.R. is gravely disabled as defined in Indiana Code section 12–7–2–96.

Affirmed.

RILEY, J., and BARNES, J., concur.