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IN THE
COURT OF APPEALS OF INDIANA

IN THE MATTER OF THE COMMITMENT OF P.S.	)	
P.S., Appellant-Respondent,	)	
vs.	)	No. 49A02-1107-MH-651
RICHARD L. ROUDEBUSH VETERANS AFFAIRS MEDICAL CENTER, Appellee-Plaintiff.	)	

APPEAL FROM THE MARION SUPERIOR COURT
The Honorable Gerald S. Zore, Judge
Cause No. 49D08-1107-MH-026876

October 12, 2011

MEMORANDUM DECISION - NOT FOR PUBLICATION

BAILEY, Judge

Case Summary

P.S. appeals from a mental health court's order involuntarily committing him to a mental health facility. He raises one issue for our review: whether sufficient evidence supports the involuntary commitment order. Finding sufficient evidence in the record, we affirm.

Facts and Procedural History

On July 10, 2011, P.S. was engaging in Tai Chi exercises with his instructor when he became verbally and physically unresponsive. P.S. was initially taken to Anderson Community Hospital, where he was found to be in an "acute catatonic episode." (App. 14.) Later that day, he was admitted to the Richard L. Roudebush V.A. Medical Center in Indianapolis ("Roudebush") and an Application for Emergency Detention was filed in the Marion County Superior Court, Probate/Mental Health Division.

On July 15, 2011, the mental health court held a hearing on the Application for Emergency Detention. Dr. Stephanie Price, a psychiatry resident at Roudebush, testified that P.S. was a schizophrenic who experienced paranoid delusions and had been hospitalized on previous occasions. She further testified that P.S. had a history of non-compliance with his medication regimen. In Dr. Price's opinion, P.S. did not show insight into his condition, and Dr. Price was "inclined to think [P.S.] poses a danger to others." (Tr. 12.) P.S.'s parents testified that they were afraid of their son. At the conclusion of the hearing, the mental health court found P.S. to be "gravely disabled as defined [by] Indiana Code 12-7-2-96" and issued an order that P.S. be committed to Roudebush until October 13, 2011 unless

discharged before that date. (Tr. 59.) P.S. now appeals.

Discussion and Decision

Standard of Review

When reviewing whether the evidence supports an involuntary commitment, we look only to the evidence and reasonable inferences therefrom most favorable to the trial court's judgment. Commitment of S.T. v. Community Hosp. North, 930 N.E.2d 684, 687-88 (Ind. Ct. App. 2010). We may not reweigh the evidence or judge the credibility of witnesses. Id. at 688. "'If the trial court's commitment order represents a conclusion that a reasonable person could have drawn, we will affirm the order even if other reasonable conclusions are possible.'" Id. (quoting Commitment of M.M., 826 N.E.2d 90, 96 (Ind. Ct. App. 2005), trans. denied).

However, civil commitment is a significant deprivation of liberty, and it requires due process protections. C.J. v. Health and Hosp. Corp. of Marion County, 842 N.E.2d 407, 409 (Ind. Ct. App. 2006) (citing Addington v. Texas, 441 U.S. 418, 425, 99 S. Ct. 1804, 60 L. Ed. 2d 323 (1979)). The petitioner must show "'that the individual suffers from something more serious than is demonstrated by idiosyncratic behavior.'" In re Commitment of Bradbury, 845 N.E.2d 1063, 1065 (Ind. Ct. App. 2006) (quoting Addington, 441 U.S. at 427). A person may be involuntarily committed in Indiana only if the petitioner proves 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)(1); C.J., 842 N.E.2d at 409.

Analysis

P.S. does not challenge the trial court's finding that he is mentally ill, but argues that there is insufficient evidence to support a conclusion either that he is dangerous or that he is gravely disabled. It appears that the trial court's decision rested upon its determination that P.S. is gravely disabled.[1] We thus examine the evidence of grave disability.

The term "gravely disabled" is defined by statute:

> "Gravely disabled", for purposes of IC 12-26, means 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.

I.C. § 12-7-2-96.

The evidence favorable to the trial court's judgment includes testimony that P.S. began to exhibit symptoms of schizophrenia after his return from an eighteen-month deployment in Iraq. He had been hospitalized and evaluated on multiple occasions, but

[1] The order of temporary commitment includes a checkmark beside the language "dangerous to others, as defined in IC 12-7-2-53." (App. 5.) However, at the conclusion of the hearing, the mental health court observed, "I thought the doctor considered him gravely disabled, and said he may be dangerous to others. I don't think he [sic] said that he was dangerous to himself." (Tr. 56.) The court explained its commitment decision as follows: "On the evidence presented, the court finds by clear and convincing evidence that the Respondent is suffering from schizophrenia, which is a mental illness that is defined by Indiana Code 12-7-2-130, and that he <u>may</u> be dangerous to others, as defined in Indiana Code 12-7-2-53. I don't think he's dangerous to himself [in] particular at this time. But, he is gravely disabled as defined [in] Indiana Code 12-7-2-96." (Tr. 59.) (emphasis added.)

rejected the diagnosis of schizophrenia and chose not to take his prescribed medication. His parents and his psychiatrist uniformly expressed the opinion that commitment was necessary.

P.S.'s mother described P.S.'s condition immediately preceding his most recent hospitalization:

> He was with Mr. Hamilton, his Tai Chi instructor that he has been [with] for years. And, Mr. Hamilton brought him to my house. And, in the back of his car … he could not move or speak, or do anything. And, Mr. Hamilton was very upset. He didn't know what to do with him. He was heading to the hospital, and he thought he needed to know his birth date, and all of his information. … Both me and Mr. Hamilton could not get any response out of him whatsoever.

(Tr. 25.) When asked whether she had witnessed any impairment in her son's thinking or judgment, P.S.'s mother responded affirmatively and described a recent incident in which P.S. would repeatedly leave his room and look around the house or stare but fail to respond to questions or requests.

P.S.'s mother indicated that P.S. had exhibited many paranoid behaviors. More specifically, P.S. had expressed beliefs that his brother had installed home cameras and should not be given a house key because it was a breach of security. P.S. believed that he was known by everyone at the mall, and people were constantly staring at him and causing him problems "no matter where he goes." (Tr. 28.) P.S. had removed his photographs from the family home, insisting that military families were targeted for attack. P.S.'s father testified that P.S. showed signs of instability and was prone to rage. He particularly feared for his wife's safety, believing that the conflicts between her and P.S. were escalating.

Dr. Price testified that P.S. had "delusions of paranoid behavior, telling me he's concerns [sic] about monitors in the room, and concern about the staff being against him, all of the staff, the entire staff." (Tr. 7.) She opined that P.S. had disorganized thought processes and appeared to be responding to internal stimuli. For example, he would laugh or smile but be unable to explain why; he would glance around and when asked what he was looking at, respond that he was looking at the monitors. However, there were no monitors in the room.

According to Dr. Price, P.S. did not believe that he was schizophrenic or that he had experienced a catatonic state; he reported to Dr. Price that he had become dehydrated during "a bad Chi experience." (Tr. 8.) Dr. Price's review of P.S.'s medical and social history indicated that he had been previously hospitalized for mental health treatment, he had lost multiple jobs, he had threatened his mother's life, and both parents were sleeping behind a locked door out of fear of P.S. Dr. Price and P.S.'s mother described an earlier event in which P.S. had followed a stranger home from the mall and blocked her in her driveway. The woman was frightened and called police; however, P.S. was hospitalized rather than arrested. In Dr. Price's opinion, P.S. lacked sufficient stability to provide for his "essential human needs." (Tr. 10.)

P.S. testified that a previous physician had advised that he should stop taking medication "if I felt fine." (Tr. 45.) He could not identify the physician by name. P.S. explained his opposition to medication as follows:

> I'm opposed to taking medication, because I think that the risk to my health way outweigh[s] the possibility of me being schizophrenic. I do not think that I'm schizophrenic.

(Tr. 45.) P.S. went on to deny that he suffered from any mental illness. He also explained his decision to remove photographs of himself in military uniform:

> I think that often it's dangerous for people to have that information, um, simply because some people don't like military families, some people actively look and search for military families to target. Um, we have been under this I mean, terrorist watch for I don't know how long. And, it really, really concerns me.

(Tr. 49.)

P.S. emphasizes his testimony that he was employed in a professional position, had some money saved, and was planning to get an apartment. He insists that the claim that he cannot provide for his own needs is speculative. He compares his case to that of Commitment of K.F. v. St. Vincent Stress Center, 909 N.E.2d 1063 (Ind. Ct. App. 2009). K.F., who suffered from bipolar disorder, did not want to take medication prior to receiving a second opinion. Id. at 1065. She engaged in new behaviors such as spending a lot of money and frequenting bars, and she had called one daughter at 12:30 a.m. to tell her to fill up her gas tank. Id. On appeal of the commitment order, this Court observed that K.F. had made "unusual decisions" and had engaged in behaviors characteristic of someone with bipolar disorder. Id. at 1067. Nonetheless, there was insufficient evidence of her inability to function independently (particularly in light of her husband's willingness to care for her at home) and the commitment order was reversed. Id.

Here, there was evidence that P.S. completely denied having any mental illness despite multiple consistent diagnoses of schizophrenia. Thus, he had no insight into the need for treatment. His relationships with others were so affected that he had followed a stranger home resulting in a police call, he had lapsed into rage when his brother requested a house key, and his treatment was hindered because he believed all the staff members were aligned against him. Unlike in K.F., where remaining in the home was a viable option, P.S.'s parents were afraid, sleeping behind a locked door, and convinced that P.S. needed medication and hospitalization.

P.S.'s circumstances are more akin to those present in In re the Commitment of T.A., 950 N.E.2d 1266 (Ind. Ct. App. 2011). T.A. had been diagnosed with bipolar disorder after removing her clothes in public in downtown Indianapolis. Id. at 1268. T.A. had no insight into her experience of a manic episode, and refused medication. Id. Although T.A. had general awareness of available resources, her plans for self care were not realistic "due to impaired reasoning." Id. at 1272. She also lacked family support for in-home placement. Id. This Court found sufficient evidence of grave disability to support the temporary commitment order. Id.

P.S. has likewise demonstrated a lack of insight into the gravity of his condition. Despite multiple hospitalizations and police intervention on one occasion, P.S. has continued to insist that he does not need medication. He has displayed rage, disorganized thought, and paranoia to such an extent that his personal relationships have been greatly affected and in-home care is not feasible without medication. Although he recognizes that he needs

employment and money to get an apartment, he has been unable to follow through with a plan for independent living. Like T.A., P.S.'s plans are unrealistic due to impaired reasoning. A reasonable person could well conclude that a temporary commitment order was necessary.

Conclusion

We conclude that there is sufficient evidence that P.S. has a substantial impairment of his judgment and reasoning rendering him unable to function independently. As such, there is sufficient evidence to support the mental health court's finding that P.S. is gravely disabled. We therefore affirm the order of commitment.

Affirmed.

MATHIAS, J., and CRONE, J., concur.