

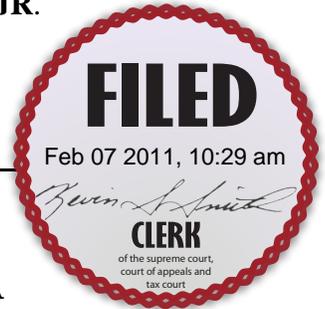
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**IN THE
COURT OF APPEALS OF INDIANA**

IN THE MATTER OF THE CIVIL)
COMMITMENT OF J.G.,)

Appellant-Respondent,)

vs.)

COMMUNITY HOSPITAL NORTH/)
GALLAHUE MENTAL HEALTH SERVICES,)

Appellee-Petitioner.)

No. 49A02-1008-MH-835

APPEAL FROM THE MARION SUPERIOR COURT
The Honorable Evan D. Goodman, Senior Judge
Cause No. 49D08-1007-MH-29681

February 7, 2011

MEMORANDUM DECISION – NOT FOR PUBLICATION

BAKER, Judge

Appellant-respondent J.G. appeals the trial court's order involuntarily committing J.G. to the custody of appellee-petitioner Community Hospital North/Gallahue Mental Health Services (Community) for a period of ninety days. J.G. argues that there is insufficient evidence supporting the commitment order. Finding the evidence sufficient, we affirm.

FACTS

Over twenty years ago, J.G. was diagnosed with bipolar disorder. On July 2, 2010, J.G. was admitted to Community on an Application for Emergency Detention, which alleged that J.G. suffered from a psychiatric disorder and grandiose delusions, was dangerous to self or others, and would potentially harm others if not restrained immediately. The application also stated that J.G. had threatened a co-worker, was not caring for himself, and had lost thirty pounds. Community subsequently filed a motion seeking the involuntary commitment of J.G.

Upon being admitted, J.G. was cared for by Dr. Kanwal Sidhu, who testified that J.G. exhibited a “euphoric mood, elated mood, grandiosity, irritability, decreased need for sleep.” Tr. p. 9. Dr. Sidhu also observed that while in the hospital, J.G. was “pretty irritable . . . [and] getting into people’s face[s], with the staff, being intrusive” Id. at 10. Having observed and treated J.G., Dr. Sidhu concluded that he suffers from bipolar disorder. Dr. Sidhu noted that J.G. has “very poor insight” into his mental illness and refused all medical treatment, including medication. Id. at 11.

Dr. Sidhu also testified that J.G. posed a harm to others:

I believe there's a substantial risk that he'll—he'll harm others. He's told me that his wife has a restraining order against him. He told me that his boss said that he had threatened her or hits her and he's been exhibiting other threatening behavior towards his family as well and he's been getting in staff's face at the hospital as well.

Id. at 12-13. Additionally, Dr. Sidhu testified that while J.G. was employed, he had to take a leave of absence because of the altercation with his boss and because the job was “stressful[.]” Id. at 17.

J.G.'s mother also testified, asking that he be committed. She believed that commitment was necessary because “he seems to be totally in denial about reality, and if you talk to him about it, he gets extremely angry. He has threatened me a couple of times,” and “would get in my face and scream and yell at me” Id. at 21, 24. Additionally, J.G.'s mother testified about a fight she witnessed between J.G. and his (adult) brother, in which J.G. was “trying to hold [his brother] down by the neck and they were swinging at each other” Id. at 22. J.G.'s mother believed that during that incident, J.G. did not “realize[] what he was doing because he isn't really in reality. He is very paranoid and delusional.” Id. at 23. She also stated that “he's blown his money from a paycheck in four days and then had no food and nothing, just can't seem to take care of himself,” and that “he's not paying his bills.” Id. at 26, 28. J.G.'s mother testified that although he has not hit her “yet,” she was “afraid he would” and “afraid to go to his house and stay with him” Id. at 28.

J.G. also testified, explaining that he was under stress because there was a pending foreclosure on his house and a pending divorce with his wife. J.G. denied much of the earlier testimony, including the incident at work and the threats to his mother. He acknowledged the fight with his brother but stated that it was just a squabble between siblings that was exacerbated because they had been drinking. J.G. testified that he does not believe he has a mental illness and would not agree to take medication.

On July 8, 2010, the trial court granted the motion for involuntary commitment, finding J.G. to be mentally ill, dangerous to others, and gravely disabled. J.G. now appeals.

DISCUSSION AND DECISION¹

J.G. argues that there is insufficient evidence supporting the commitment order. When reviewing a challenge to sufficiency of the evidence supporting a commitment order, we look to the evidence and inferences most favorable to the trial court's decision. Golub v. Giles, 814 N.E.2d 1034, 1038 (Ind. Ct. App. 2004). We will neither reweigh the evidence nor assess witness credibility, and where the evidence conflicts, we may consider only the evidence that is most favorable to the

¹ Although J.G.'s commitment has expired and this matter would ordinarily be moot, we have previously concluded that mootness does not apply to civil commitments because "a moot case may be decided on its merits when it involves questions of great public interest that are likely to recur." Golub v. Giles, 814 N.E.2d 1034, 1036 n.1 (Ind. Ct. App. 2004).

judgment. Id. If the trial court’s commitment order reaches a conclusion that a reasonable person could have drawn, we will affirm even if other reasonable conclusions are possible. Id.

In commitment proceedings, the 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). J.G. does not dispute that he is mentally ill. Instead, he argues that there is insufficient evidence supporting the trial court’s conclusions that he is dangerous to others and gravely disabled. Initially, we note that the statute is drafted in the disjunctive; consequently, Community need establish that J.G. is either dangerous or gravely disabled, not both.

To establish that someone is dangerous to others within the meaning of the statute, a petitioner must prove by clear and convincing evidence that the respondent’s condition, as a result of mental illness, poses a “substantial risk” that the respondent will harm others. Ind. Code § 12-7-2-53. Here, the record reveals that J.G. was forced to take a leave of absence from work following an altercation with his boss. His wife had a restraining order against him. His mother felt threatened by him and did not feel safe in his presence. He had had at least one

physical altercation with his brother. Additionally, he acted intrusively and belligerently towards hospital staff.

J.G. disputes much of the above evidence. He also emphasizes that the restraining order itself was not entered into evidence and the specific circumstances that led to his leave of absence from work are unclear. Our standard of review, however, permits us only to examine that evidence which supports the trial court's judgment. Inasmuch as we may neither reweigh evidence nor assess witness credibility, we will not consider J.G.'s testimony that contradicts the evidence credited by the trial court. We find the above evidence sufficient to support the trial court's conclusion that J.G. was dangerous to others.

Although Community need not prove both prongs of the statute, we note that to establish that a respondent is gravely disabled, a petitioner must prove that, as a result of the respondent's mental illness, he "is in danger of coming to harm" because he (1) is unable to provide for his "food, clothing, shelter, or other essential human needs"; or (2) has a "substantial impairment or an obvious deterioration" of "judgment, reasoning, or behavior that results in his inability to function independently." I.C. § 12-7-2-96. Here, Community alleges that J.G. is gravely disabled under the second part of the statute.

The record reveals that although J.G. had been successfully employed for a number of years, at the time of the commitment proceeding, he had been forced to take a leave of absence from work. Although he lived independently, there was a foreclosure proceeding pending on his home. His mother testified that he no longer paid his bills and that she had seen him spend an entire paycheck in four days, with no money left for food or anything else, and that he “just can’t seem to take care of himself.” Tr. p. 26. Furthermore, J.G. refused to admit that he was mentally ill and had “very poor insight” into his medical condition. Id. at 11.

Again, J.G. directs us to his own testimony, and that of other witnesses, that contradicts some of the above evidence. But as noted above, we may neither reweigh evidence nor assess witness credibility, nor may we consider conflicting evidence that does not support the trial court’s judgment.

We acknowledge, as did the trial court, that J.G. functioned perfectly well for decades. Similarly, we acknowledge that J.G. is likely higher functioning than many people who suffer from bipolar disorder. That said, a reasonable person could conclude from the evidence in the record that J.G.’s judgment was substantially impaired, in that he refused to acknowledge his mental illness or take prescribed medication, and that this impairment resulted in an inability to function independently. That a reasonable person could reach the opposite conclusion does

not render the trial court's judgment erroneous. We find the evidence sufficient to support the trial court's conclusion that J.G. is gravely disabled. Consequently, the evidence supports the involuntary commitment order.

The judgment of the trial court is affirmed.

VAIDIK, J., and BARNES, J., concur.