MEMORANDUM DECISION

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IN THE COURT OF APPEALS OF INDIANA

In the Matter of the Civil Commitment of J.P.,

Appellant-Respondent,

v.

Parkview Huntington Hospital,

Appellee-Petitioner

August 7, 2023

Court of Appeals Case No. 23A-MH-545

Appeal from the Huntington Circuit Court

The Honorable Davin G. Smith, Judge

Trial Court Cause No. 35C01-2302-MH-8

Memorandum Decision by Judge Crone
Judge Brown and Senior Judge Robb concur.

Crone, Judge.

Case Summary

[1] J.P. appeals his involuntary temporary commitment, arguing that the trial court's commitment order is not supported by clear and convincing evidence that he was gravely disabled. Concluding that the appeal is moot, we dismiss.

Facts and Procedural History

[2] On February 9, 2023, J.P. was agitated, punching walls, and headbutting cars, and law enforcement brought him to the emergency room (ER) at Parkview Huntington Hospital (the Hospital). In the ER, J.P. was "talking nonsensical[ly]" and had to be restrained. Tr. Vol. 2 at 7. His drug screen was positive for marijuana. He was admitted to Parkview Behavioral Health, and the Hospital filed an application for his emergency detention. After his admission, J.P. continued to be "delusional, disorganized, was nonsensical [and had] no insight about his mental health condition." *Id*. at 8.

[3] On February 13, a Hospital therapist filed a petition for J.P.'s involuntary temporary commitment, stating that he was confused and delusional, had disorganized thoughts, and refused medications. In addition, a Hospital doctor filed a physician's confidential statement, opining that J.P. was mentally ill and gravely disabled because he was confused, delusional, was refusing medication, had poor insight into his condition, and was focused on discharge.

[4] On February 17, the trial court held a hearing. One of J.P.'s treating psychiatrists, Dr. Sveepak Khemka, testified that February 9 was J.P.'s "fourth ER visit with psychosis" in a three-week period. *Id*. at 9. According to Dr.

Khemka, on January 29, J.P. was brought to the ER because he was "acting strange [and] had locked himself in a room with a baby after chasing his significant other out of the house." *Id.* J.P. told the ER staff that he had "smoked some bad weed that was laced with something." *Id.* J.P. was not admitted and was discharged. Three or four days later, he was brought back to the ER "because he was acting paranoid and delusional." *Id.* He was not admitted and was discharged. On February 7, he was brought to the ER "with violent, abnormal behavior." *Id.* Again, he was not admitted and was discharged. Dr. Khemka testified that he "strongly" felt that J.P.'s reasoning and judgment were "very impaired[,]" which affected his ability to function independently. *Id.* Dr. Khemka explained that the reason for the petition for temporary commitment was that J.P. "acts strange, he talks to himself, he laughs inappropriately, does not take medicines …, and he keeps coming back to the ER with psychosis, agitation, and paranoia." *Id.* at 14. Dr. Khemka opined that if J.P. was released "he would be unable to provide for his own food, clothing, shelter, and other essential human needs[.]" *Id.* Dr. Khemka planned to start J.P. on "a long-acting injectable called Invega Sustenna" and give him another injection the following week, and once he was stabilized he could be released to his mother. *Id.* at 28.

[5] On February 17, the trial court issued an order finding that J.P. was suffering from mental illness and was gravely disabled and granted a temporary involuntary commitment pending a final hearing set for February 27, 2023.

[6] On February 21, J.P. was discharged from the Hospital and released into the care of his mother.

[7] On February 27, the trial court held a final hearing, learned that J.P. had been discharged, and issued an order releasing him from temporary commitment. This appeal followed.

Discussion and Decision

[8] J.P was discharged from the Hospital four days after his temporary commitment was ordered and was released from temporary commitment ten days after it was ordered. "A case is moot when the controversy at issue has been ended, settled, or otherwise disposed of so that the court can give the parties no effective relief." *E.F. v. St. Vincent Hosp. & Health Care Ctr.*, 188 N.E.3d 464, 466 (Ind. 2022). "When a court is unable to render effective relief to a party, the case is deemed moot and usually dismissed." *In re Commitment of J.M.*, 62 N.E.3d 1208, 1210 (Ind. Ct. App. 2016) (quoting *In re J.B.*, 766 N.E.2d 795, 798 (Ind. Ct. App. 2002)). However, "Indiana recognizes a public interest exception to the mootness doctrine, which may be invoked when the issue involves a question of great public importance which is likely to recur." *E.F.*, 188 N.E.3d at 466 (quoting *Matter of Tina T.*, 579 N.E.2d 48, 54 (Ind. 1991)). The public interest exception may be applicable to civil commitment cases because they often present "unique circumstances and issues." *Id*. at 467. Indeed, "[c]ivil commitment for any purpose has a very significant impact on the individual and constitutes a significant deprivation of liberty that requires

due process protection." *Id.* Accordingly, we "thoughtfully and thoroughly" consider whether we should exercise our discretion to address these moot appeals "on a case-by-case basis." *Id.* at 465, 467. In the context of temporary mental health commitments, the public interest exception applies where, for example, the appeal "address[es] novel issues, present[s] a close case, or develop[s] case law on a complicated topic[.]" *Id.* at 467 (citations omitted).

[9] J.P. does not acknowledge that his appeal is moot and does not present any argument that his case presents a novel issue, a close case, or an opportunity to develop case law on a complicated topic. Our review of the record does not show that this appeal presents any of those circumstances or any others that would support the application of the public interest exception. J.P.'s appeal is moot, a public interest exception does not apply, and therefore we dismiss his appeal.

[10] Dismissed.

Brown, J., and Robb, Sr.J., concur.