

MEMORANDUM DECISION

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IN THE COURT OF APPEALS OF INDIANA

S.F.,
Appellant-Petitioner,

v.

Madison State Hospital,
Appellee-Respondent.

March 12, 2021

Court of Appeals Case No.
20A-MH-1648

Appeal from the Marion Superior
Court

The Honorable Kelly Scanlan,
Judge Pro Tempore

Trial Court Cause No.
49D08-0305-MH-594

Riley, Judge.

STATEMENT OF THE CASE

[1] Appellant-Respondent, S.F., appeals the trial court's Order of regular commitment.

[2] We affirm.

ISSUE

[3] S.F. raises one issue on appeal, which we restate as: Whether clear and convincing evidence supports the trial court's conclusion that S.F. was gravely disabled under the involuntary commitment statute.

FACTS AND PROCEDURAL HISTORY

[4] S.F. is diagnosed with schizoaffective disorder bipolar type, post-traumatic stress disorder, anosognosia¹, and mild intellectual disability. She also has psychotic symptoms, hallucinations, and delusions. When she is delusional, she believes that "someone has stolen from her or cheated her in some way." (Transcript Vol. II, p. 8). S.F. has periods of depression, interchanged with periods of elevated mood swings. At times, she has trouble getting out of bed and sleeps for most of the day.

[5] S.F. has been receiving mental health treatment for almost twenty year, having first been committed on May 16, 2003, with regular review hearings since. In

¹ Anosognosia is a mental illness where the patient is in denial of being mentally ill.

2018, S.F. had transitioned to a community placement, where she was removed after displaying behavioral issues. S.F. went with strangers, she invited strangers to her room, and started a fire in the kitchen. After being sent away from her community placement, S.F. became homeless and stopped taking her medication. As a result, in July 2018, S.F. was admitted to Madison State Hospital (Hospital). Upon her admission to the Hospital, S.F. grabbed an individual by the neck, “she put him in a headlock and then banged [] repeatedly” on his head. (Tr. Vol. II, p. 13). In early August 2020, S.F. became angry with staff members when they tried to wake her.

[6] On July 8, 2020, S.F. filed a motion for hearing for review or dismissal of regular commitment. On August 12, 2020, the trial court conducted a review hearing. During the hearing, S.F.’s psychiatrist, Dr. Gwen Heaton (Dr. Heaton), testified that S.F. is unable to provide for food, shelter, clothing, and other essential needs and she has no family that could care for her. Dr. Heaton opined that S.F.’s plans were not realistic as she had no place to live after a possible discharge from the Hospital and believes “she does not need health benefits, Social Security or Medicare.” (Tr. Vol. II, p. 8). Dr. Heaton informed the trial court that S.F. had never been able to keep employment in the past, had poor attendance and performance, and was unable to “cooperate” at work because of her mental illness. (Tr. Vol. II, p. 15). Dr. Heaton explained that S.F. is convinced that “her medicines cause a lot of her problems and that she would do better without them.” (Tr. Vol. II, p. 9). Even with supervision, S.F. refused to increase her medication at Dr. Heaton’s suggestion. Dr. Heaton

recommended that S.F. stay at the Hospital until an appropriate placement in the community could be found. However, Dr. Heaton expressed her doubt that this could be accomplished in the near future due to S.F.'s history of violence.

[7] S.F. testified that she disagreed with Dr. Heaton's diagnosis and recommendation and claimed not to be mentally ill. She did not believe her medication was helping her and contended that the medicine made her too tired. She assured the trial court that she could get the same employment she held when she was fifteen.

[8] At the close of the evidence, the trial court issued its Order of commitment, concluding that S.F. was suffering from a mental illness and was gravely disabled. The trial court found that S.F. had a "substantial impairment and obvious deterioration in her judgment, reasoning, and behavior that continues to make her unable to function independently in society and to provide for herself." (Tr. Vol. II, p. 25). S.F. refuses to believe that she has a mental illness and the trial court determined that she would likely not take her medicine when released. S.F.'s plans for living on her own upon her release "were not reality based." (Tr. Vol. II, p. 25). The trial court concluded that if S.F. was discharged, "she would not have the ability to maintain a job" and to provide for herself. (Tr. Vol. II, p. 25). Finding that "a continued commitment was the least restrictive option [] and necessary to continue to treat her mental illness as well as [to] keep her safe," the trial court affirmed S.F.'s continued commitment at the Hospital. (Tr. Vol. II, p. 26)

[9] S.F. now appeals. Additional facts will be provided if necessary.

DISCUSSION AND DECISION

[10] S.F. contends that the trial court erred in ordering a continuation of her regular commitment because there was insufficient evidence to prove that she was “gravely disabled” as required by statute. *See* Ind. Code § 12-7-2-96. In reviewing the sufficiency of the evidence to support a civil commitment, “an appellate court will affirm if, considering only the probative evidence and the reasonable inferences supporting it, without weighing evidence or assessing witness credibility, a reasonable trier of fact could find the [necessary elements] proven by clear and convincing evidence.” *Matter of Commitment of C.N.*, 116 N.E.3d 544, 547 (Ind. Ct. App. 2019).

[11] Indiana Code section 12-26-2-5(e) provides that the petitioner in a case involving the involuntary commitment of a mentally ill individual 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. Clear and convincing evidence requires proof that the existence of a fact is “highly probable.” *Id.* ““There is no constitutional basis for confining a mentally ill person who is not dangerous and can live safely in freedom.”” *Id.* (quoting *Commitment of J.B. v. Midtown Mental Health Ctr.*, 581 N.E.2d 448, 451 (Ind. Ct. App. 1991), *trans. denied*).

[12] S.F. does not dispute the trial court's finding that she is mentally ill. However, she argues that there was insufficient evidence to support the trial court's

finding that she is gravely disabled. Indiana Code section 12-7-2-96 defines “gravely disabled” as:

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.

Because this statute is written in the disjunctive, a trial court’s finding of grave disability generally survives if we find that there was sufficient evidence to prove either that the individual was unable to provide for his basic needs or that his judgment, reasoning, or behavior was so impaired or deteriorated that it resulted in his inability to function independently. *Commitment of B.J. v. Eskenazi Hosp. / Midtown CMHC*, 67 N.E.3d 1034, 1039 (Ind. Ct. App. 2016).

[13] In its findings issued from the bench, the trial court concluded that S.F. “continues to be gravely disabled in that she is in danger of coming to harm due to a substantial impairment and obvious deterioration in her judgment, reasoning and behavior that continues to make her unable to function independently in society and to provide for herself.” (Tr. Vol. II, p. 25). Relying on the evidence presented, the trial court noted S.F.’s testimony, who, being in her mid-forties, insisted that she could hold the same employment as when she was fifteen years old. She denied needing any health benefits, Social

Security, or Medicare. Furthermore, a strong likelihood existed that S.F. would not continue her medication if discharged because she believed that she was “better without them.” (Tr. Vol. II, p. 9). In further support of its conclusion that S.F. is gravely disabled, the trial court referred to Dr. Heaton’s testimony that if S.F. would be discharged to the community, she lacked the skills to maintain employment and acquire the essentials to allow her to provide food, clothing, and shelter for herself. Based on S.F.’s past history, S.F. has difficulty in cooperating with employers and maintaining a position due to her mental illness. *See, e.g., In re Commitment of C.P.*, 10 N.E.3d 1023, 1027 (Ind. Ct. App. 2014) (sufficient evidence existed to support the finding that the patient suffering from psychosis not otherwise specified was gravely disabled in part because the psychiatrist testified that the patient’s mental illness prevented her from meeting her essential human needs).

- [14] The evidence further indicated that S.F. has a history of threatening behavior, continues to suffer from hallucinations, and was diagnosed with nonadherence to her medication regime. When S.F. was first admitted to the Hospital after having been homeless for a while, she entered into a violent altercation with another individual and later became angry with staff members when they attempted to awaken her. *See, e.g., Golub v. Giles*, 814 N.E.2d 1034, 1039 (Ind. Ct. App. 2004) (concluding that sufficient evidence existed to support a findings that the patient was gravely disabled where he suffered paranoia and delusional thoughts, engaged in threatening and destructive behavior, and refused to cooperate with antipsychotic drug treatment), *trans. denied*.

[15] In support of her argument that the trial court erred, S.F. argues that she has been compliant with taking her medications since her arrival at the Hospital. However, S.F.'s contention is a request to reweigh the evidence as the trial court clearly found credible Dr. Heaton's testimony that even with supervision, S.F. was not entirely compliant with the recommended dosage of her medication. As we are not allowed to reweigh the evidence, we conclude that sufficient evidence exists to support the trial court's conclusion that S.F. is gravely disabled.

CONCLUSION

[16] Based on the foregoing, we conclude that the trial court did not err in continuing S.F.'s regular commitment.

[17] Affirmed.

[18] Najam, J. and Crone, J. concur