

MEMORANDUM DECISION

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IN THE COURT OF APPEALS OF INDIANA

In the Matter of the Civil
Commitment of D.F.;

D.F.,

Appellant-Respondent,

v.

St. Vincent Hospital and Health
Care Center, Inc. d/b/a St.
Vincent Stress Center,

Appellee-Petitioner.

March 1, 2022

Court of Appeals Case No.
21A-MH-2838

Appeal from the Marion Superior
Court

The Honorable Steven R.
Eichholtz, Judge

Trial Court Cause No.
49D08-2112-MH-40904

Najam, Judge.

Statement of the Case

- [1] D.F. appeals the trial court’s order granting St. Vincent Hospital and Health Care Center, Inc. d/b/a St. Vincent Stress Center’s (“the Stress Center”) petition for temporary involuntary commitment. D.F. presents the following dispositive issue for our review, namely, whether the Stress Center presented sufficient evidence to prove that she is gravely disabled.
- [2] We affirm.

Facts and Procedural History

- [3] On December 8, 2021, D.F. called an ambulance because she was “concerned about the possibility of [an] infection in one of her feet.” Tr. at 9. Once at the emergency room, D.F. was diagnosed with cellulitis, and she was admitted to the hospital to receive antibiotics and wound care. Following her admission, D.F.’s medical team learned that she had “several” medical conditions that warranted evaluation and treatment, including the infection to her foot and a urostomy, which is a tube that collects urine from the kidneys. *Id.* at 10. In addition, D.F. had had “repeated” foot surgeries and she had “hardware” implanted in her feet. *Id.*
- [4] D.F. was “paranoid” about “interacting” with her medical team, and she was “resistant to have consultants . . . interact with her about some of her medical issues.” *Id.* D.F.’s medical team called for an orthopedics consultation, but D.F. “refused” to interact with them. *Id.* Her medical team also called for

wound care services to evaluate D.F., but she “refused to participate in any of their assessments.” *Id.* As a result, D.F. was transferred to the Stress Center.

[5] Once there, Dr. Brian Quinn, a psychiatrist, assessed D.F. D.F. “seemed very paranoid” to Dr. Quinn. *Id.* at 11. When Dr. Quinn attempted to discuss D.F.’s medical history with her, she spoke “oddly” in the “third person” and often used the term “we” “as opposed to me or I.” *Id.* She also stated that she was unable to discuss her medical care based on the advice of her brother, who she claimed was an attorney. D.F. “refused” to provide any information about where she was living, any income she may have, or the contact information for any family member. *Id.* Based on his assessment, Dr. Quinn determined that she was suffering from a “mental health condition.” *Id.* at 10. Specifically, he diagnosed D.F. as having “unspecified psychosis.” *Id.*

[6] While at the Stress Center, D.F. allowed Dr. Quinn to examine an “exposed screw” on her left foot. *Id.* at 12. The screw was “coming a few millimeters outside of the skin,” and Dr. Quinn determined that it would “certainly need . . . ongoing treatment and care.” *Id.* Dr. Quinn was able to determine that D.F. had received treatment for the same exposed piece of hardware in December 2020. It was “obvious” to Dr. Quinn that the problem had been “ongoing” for “at least the last year.” *Id.*

[7] On December 10, the Stress Center filed an Application for Emergency Detention of Mentally Ill Person. In that application, the Stress Center alleged that D.F. was suffering from a psychiatric disorder and that she was gravely

disabled. Specifically, the Stress Center asserted that D.F. was “paranoid,” and that she was refusing medical care. Appellant’s App. Vol. 2 at 13. In addition, the Stress Center asserted that D.F. was not able to “make correct decisions for proper medical” care due to a “lack of insight and judgment,” which could cause her health to “deteriorate.” *Id.* at 14.

[8] The Stress Center also filed a Petition for Involuntary Commitment and an accompanying physician’s statement. In the physician’s statement, Dr. Quinn stated that D.F. is “paranoid,” “[r]efusing to provide historical information,” and has been “[o]bserved talking to her herself.” *Id.* at 28. In addition, Dr. Quinn stated that D.F. has “acute medical problems”; that she is “refusing care”; and that her “symptoms interfere with appropriate medical decision making,” which could “result in amputation.” *Id.*

[9] At a hearing on the Stress Center’s application, Dr. Quinn testified that, because of D.F.’s paranoia, it was “almost impossible” to “productively” engage in discussions with her about her medical care and treatment or about “appropriate recommendations that would come from discharging” her from the hospital. Tr. at 11. Dr. Quinn also testified that D.F. denied any mental health condition and refused to take any anti-psychotic medication.

[10] In addition, Dr. Quinn testified that he believed that D.F.’s mental health condition had “greatly impact[ed]” her “judgment and reasoning surrounding her medical care,” which “place[d] her at a high risk for . . . some sort of medical complication. *Id.* at 12. Dr. Quinn also stated that D.F.’s “judgment

and decision making is greatly impaired” and that he is “skeptical that she can provide for her needs.” *Id.* at 14. Dr. Quinn then indicated that D.F.’s medical condition did not pose “the most immediate or imminent dangerousness,” but that it “certainly” posed a “high risk of future morbidity to her condition.” *Id.* And Dr. Quinn testified that he believes D.F. “is incapable of following up with medical care outside the hospital[.]” *Id.* at 15.

[11] Dr. Quinn then testified that D.F. “is not showering,” and “will refuse” to shower when “encouraged.” *Id.* at 16. He stated that her hair “appear[ed] matted” and that it did not look like it had been washed “in some time.” *Id.* He testified that D.F.’s hygiene “is poor” and that she is not washing her feet, which was “certainly an explanation for” her recurring infections. *Id.*

[12] At the conclusion of the hearing, the court found that D.F. “suffers from mental illness, specifically unspecified psychosis” and that she is gravely disabled. *Id.* at 25. Accordingly, the court concluded that D.F. was in need of custody, care, and treatment at the Stress Center for a period not to exceed ninety days. The court ordered that the Stress Center discharge D.F., at the latest, on March 16, 2022.¹ This appeal ensued.

¹ Both parties agree that, should this Court decide the case before the expiration of the temporary commitment, the case is not moot and, thus, that we need not decide whether temporary commitment cases are an exception to the mootness doctrine. *See* Appellant’s Br. at 15; *see also* Appellee’s Br. at 19.

Discussion and Decision

[13] D.F. appeals the trial court's order granting the Stress Center's petition for a temporary commitment. In a temporary commitment proceeding, the petitioner may seek to have an individual hospitalized for not more than ninety days. Ind. Code § 12-26-6-1 (2021). To obtain such a commitment, 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 the individual is appropriate. I.C. § 12-26-2-5(e). When reviewing the sufficiency of evidence supporting a civil commitment, our Court does not reweigh evidence or judge the credibility of witnesses, and we consider only the probative evidence and the reasonable inferences supporting the judgment. *J.B. v. Cmty. Hosp. N. (In re Commitment of J.B.)*, 88 N.E.3d 792, 795 (Ind. Ct. App. 2017).

[14] On appeal, D.F. does not challenge the court's determination that she is mentally ill. *See* Appellant's Br. at 10. Rather, she contends only that there is insufficient evidence to establish that she is gravely disabled. "Gravely disabled" is defined 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.

I.C. § 12-7-2-96.

[15] D.F. contends that she “was eating regularly in the hospital and no evidence was offered of malnourishment.” Appellant’s Br. at 11. D.F. further maintains that, while she did not provide the Stress Center with any information about where she was living, the Stress Center did not present any evidence to demonstrate that she was unable to provide for her shelter. Thus, she maintains that there was no evidence of an “inability to provide for her essential human needs.” *Id.*

[16] D.F. also asserts that the evidence demonstrates that she sought medical assistance on her own for her infection, that she was “taking prescribed medication,” and that she “would allow the hospital to help her decide” whether to retain the screw in her foot. *Id.* at 12. Additionally, D.F. asserts that, based on Dr. Quinn’s testimony, her medical conditions did not pose an immediate or imminent threat. And D.F. insists that her “skepticism of medical professionals is evidence of an ability to function independently,” not “proof of an inability to function independently.” *Id.* at 13. But D.F.’s contentions amount to a request that we reweigh the evidence, which we cannot do.

[17] The Stress Center presented evidence that D.F. had an “exposed piece of hardware” that was “coming a few millimeters outside the skin.” Tr. at 12.

And Dr. Quinn testified that it was “obvious” to him that that problem had been “ongoing” for “at least the last year.” *Id.* In addition, Dr. Quinn testified that that wound would “certainly need . . . ongoing treatment and care.” *Id.* In addition, the Stress Center presented evidence that D.F.’s hygiene was “poor,” and that she was not washing her feet, which was “certainly an explanation for her recurring infections.” *Id.* at 16.

[18] Further, Dr. Quinn testified that, because of D.F.’s paranoia, it was “almost impossible” to “productively” engage in a conversation with D.F. about her medical care and treatment or about the recommendations for after her discharge. *Id.* at 11. In particular, Dr. Quinn testified that he believed that D.F.’s mental health had “greatly impacted” her “judgment and reasoning surrounding her medical care,” which “place[d] her at a high risk for . . . some sort of medical complication.” *Id.* at 12. Dr. Quinn then stated that D.F.’s “judgment and decision making is greatly impaired” and that D.F. “is incapable of following up with medical care outside the hospital[.]” *Id.* at 14-15. Dr. Quinn testified that D.F.’s medical condition “certainly” posed a “high risk of future morbidity to her condition.” *Id.*

[19] In other words, the evidence most favorable to the trial court’s judgment demonstrates that D.F. needs ongoing care and treatment but that, because of her mental illness, she is unable to make reasoned decisions regarding her medical care and is incapable of following up with medical care outside of the hospital. As such, the Stress Center presented ample evidence that D.F. is gravely disabled. We therefore affirm the trial court’s order.

[20] Affirmed.

Vaidik, J., and Weissmann, J., concur.