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**IN THE
COURT OF APPEALS OF INDIANA**

IN THE MATTER OF THE COMMITMENT)
OF: E.L.,)
)
Appellant-Respondent,)
)
vs.)
)
WISHARD HEALTH SERVICES,)
MIDTOWN HEALTH CENTER,)
)
Appellee-Petitioner.)

No. 49A02-0707-CV-549

APPEAL FROM THE MARION SUPERIOR COURT
The Honorable Charles J. Deiter, Judge
Cause No. 49D08-0705-MH022474

FEBRUARY 11, 2008

MEMORANDUM DECISION - NOT FOR PUBLICATION

HOFFMAN, Senior Judge

Respondent-Appellant E.L. appeals an order of involuntary temporary commitment issued by the Mental Health Division of the Marion Superior Court. The commitment was sought by Petitioner-Appellee Wishard Health Services, Midtown Health Center (“Wishard”). We affirm.

E.L. raises one issue for our review, which we restate as: whether the trial court properly determined that the commitment was necessary because E.L. was gravely disabled.

On May 30, 2007, E.L.’s neighbor called the police, stating that E.L. had threatened him and that E.L., in his own house, had fired a gun. The police brought E.L. to Wishard, which sought emergency detention.

At the hearing for emergency detention, Wishard’s staff psychiatrist and E.L.’s attending psychiatrist, Kenneth Harvey, testified that E.L. weaned himself off of his medications. Harvey further testified that E.L. could provide for his daily needs but could not function safely in the community without his medications. Harvey classified E.L. as suffering from chronic paranoid schizophrenia, which resulted in E.L.’s fairly fixed delusional belief system and illogical thinking.

In issuing the order for involuntary temporary commitment, the trial court found that Wishard presented insufficient evidence to show that E.L. was a danger to others. However, the trial court concluded that E.L. was gravely disabled because of his lack of insight into his mental illness and his failure to take his medications without medical supervision.

The issue here is whether the State presented sufficient evidence to support the trial court's finding that E.L. should be involuntarily committed. When reviewing a challenge to sufficiency of the evidence, we look to the evidence most favorable to the trial court's decision and all reasonable inferences drawn therefrom. *Commitment of G.M.*, 743 N.E.2d 1148, 1150-51 (Ind. Ct. App. 2001). If the trial court's commitment order represents a conclusion that a reasonable person could have drawn, the order must be affirmed, even if other reasonable conclusions are possible. *Id.* at 1151.

In deciding this issue, we are mindful that involuntary commitment to a mental hospital involves a "massive curtailment of liberty." *In re Turner*, 439 N.E.2d 201, 203 (Ind. Ct. App. 1982) (citing *Addington v. Texas*, 441 U.S. 418, 99 S.Ct. 1804, 1808, 60 L.Ed.2d. 323 (1979)). E.L. has a vital interest in being protected from unjustified and significant deprivations of his personal liberty. *See Matter of Tedesco*, 421 N.E.2d 726, 729 (Ind. Ct. App. 1981).

In Indiana, a person may be involuntarily committed if the court finds by clear and convincing evidence that (1) the person is mentally ill and either dangerous to himself or others or gravely disabled, and that (2) commitment of the person is appropriate. Ind. Code § 12-26-2-5(e). E.L. does not contest the determination that he is mentally ill; however, he challenges the trial court's determination that Wishard met its burden in proving that he is gravely disabled. Indiana law 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." Ind. Code § 12-7-2-96.

Here, the evidence establishes that E.L. believes his mental illness is less severe than diagnosed and that his judgment, reasoning, and/or behavior will not be substantially impaired or obviously deteriorate if he continues to forgo his medications. Harvey testified that E.L.'s view of his illness and his need of medications is flawed. Harvey further testified that the medication given to E.L. during his commitment will make him stable and "clear" his paranoia. The trial court, as the factfinder in this case, could reasonably conclude from this evidence that E.L. is gravely disabled and should be involuntarily committed because he has "substantial impairment or obvious deterioration of [his] judgment, reasoning, or behavior that results in [his] inability to function independently." In other words, E.L. must continue to take appropriate medications to obviate such impairment or deterioration, and his failure to do so insures that impairment and deterioration will continue to exist and possibly worsen.

E.L. contends that two cases relied upon by Wishard, *J.S. v. Center for Behavioral Health*, 846 N.E.2d 1106, 1113 (Ind. Ct. App. 2006), *trans. denied*, and *Golub v. Giles*, 814 N.E.2d 1034, 1039 (Ind. Ct. App. 2004), *trans. denied*, for the proposition that failure to take medications may warrant a commitment, are distinguishable. He notes that the mental illness suffered by the appellants in the aforementioned cases was much more profound than the illness described by Harvey. Although it is true that the severity of the mental illness suffered by the appellants in the cited cases was more severe than E.L.'s

illness, we cannot conclude that the trial court erred in determining that E.L. is gravely disabled.

The trial court did not err in ordering involuntary temporary commitment pursuant to Ind. Code § 12-26-2-5(e).

Affirmed.¹

SHARPNACK, J., and CRONE, J., concur.

¹ It is very likely that E.L. has been discharged from the hospital, making this case moot. “While generally, we dismiss cases that are deemed to be moot, a moot case may be decided on its merits when it involves questions of great public interest that are likely to recur.” *Golub*, 814 N.E.2d at 1036, n. 1 (citing *In re Commitment of J.B.*, 766 N.E.2d 795, 798 (Ind. Ct. App. 2002)). The question of how persons subject to involuntary commitment are treated by our trial courts “is one of great importance to society.” *Id.* Furthermore, the question is likely to recur. Accordingly, we have addressed the merits of E.L.’s appeal.