STATE OF MINNESOTA
IN COURT OF APPEALS
A08-0954

In the Matter of the Civil Commitment of: Brian Neil Sideen

Filed October 21, 2008
Affirmed
Connolly, Judge

Wright County District Court
File No. 86-PR-08-3127

Robert W. Adams, P.O. Box 303, 1200 North Highway 25, Buffalo, MN 55313 (for appellant)

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Considered and decided by Connolly, Presiding Judge; Lansing, Judge; and Minge, Judge.

U N P U B L I S H E D O P I N I O N

CONNOLLY, Judge

Appellant challenges the decisions of the district court committing him as mentally ill pursuant to the Minnesota Commitment and Treatment Act and authorizing the involuntary administration of neuroleptic medication. Appellant contends that the district court's findings are clearly erroneous. Because the district court's findings are supported by clear and convincing evidence, we affirm.

FACTS

On April 17, 2008, a hearing was held in district court to determine if appellant Brian Sideen, who has on two occasions been judged incompetent to stand trial, should be committed as mentally ill. Respondent Wright County had petitioned for appellant's commitment on the grounds that he was mentally ill and poses a threat of harm to others. As evidence of this, respondent pointed to appellant's two assaults on fellow jail inmates. The first occurred in September 2007, and the second in March 2008. In both instances, appellant denied being the aggressor. But one of respondent's expert witnesses, Dr. James Koch, testified that appellant's actions during the March 2008 incident may have been precipitated by his delusional ideations:

> [Appellant's] attack on the [second] inmate was surrounded by this kind of delusional material. Other inmates had written in their—in their reports that [appellant] had been verbally threatening; that he had been calling and referring to the inmate that was in the fight as a mason . . . . [T]o me it's just—it's the culmination of ideation to threat to actual behavior. And to me that's dangerous . . . . What we're seeing is [appellant's] baseline function and it's—and it's getting worse.

In Dr. Koch's opinion, appellant suffers from paranoid schizophrenia and is in need of inpatient treatment to manage it.

Another expert who examined appellant, Dr. Chad Nelson, reported that "[appellant] clearly has a substantial psychiatric disorder of thought and perception, which grossly impairs his judgment, behavior, capacity to recognize reality, and to reason. His primary symptoms include delusions, paranoia, persecutory beliefs, grandiosity, psychosomatic complaints, and limited insight." After reviewing the records

surrounding the March 2008 incident, Dr. Nelson concluded that appellant was the instigator. He went on to testify that he supported civil commitment for three reasons: one, "[t]he severity of the incident. Two, the fact that a pattern has clearly developed here with threatening behavior. And third, because it appears, at least to my understanding, that there was a delusional—a direct mental health component behind this altercation."

Appellant testified, and his opinion was contrary to those held by the court-appointed experts. In particular, appellant felt that his attack on another inmate during the March 2008 incident stemmed from that inmate's threatening behavior rather than appellant's delusions. He denied any responsibility for the attacks and stated he would act reasonably to avoid future confrontations. Appellant also denied the existence of any mental illness. But even in this testimony, an indication of appellant's delusional ideations appeared when appellant stated on the record that "[y]ou people have refused to report the murder of children . . . . You should be sick of yourself, Judge Halsey. And so should you, Mr. Erickson. May God have mercy on your soul, sir. You're harboring fugitive murderers." Ultimately, the district court disagreed with appellant and ordered his commitment, concluding that it was the "least restrictive treatment" option that would meet appellant's needs.

On May 15, 2008, another hearing was held to determine if authorizing the involuntary administration of neuroleptic medication was appropriate. Sharon Byers, a clinical nurse specialist, and Dr. Maureen Hackett were called as expert witnesses by respondent. They both testified that appellant does not have the capacity to make a

decision regarding medication for his mental illness. Both testified that appellant is mentally ill and could benefit from medication. Both testified that appellant's delusions prevented him from making competent decisions about taking any medication.

After having the risks and benefits of the medication explained to him, appellant persisted in his refusal to take it. He expressed concerns about the potential negative side effects of the medication. The district court issued an order authorizing the involuntary administration of neuroleptic medication, finding that appellant lacks the capacity to appreciate his mental illness and the benefits that the medication would afford him. This appeal follows.

D E C I S I O N

I. The district court's order committing appellant under the Minnesota Treatment and Commitment Act is not clearly erroneous.

Appellant challenges the district court's order committing him as mentally ill, contending that the district court's finding that there is a substantial likelihood that he would harm himself or others is clearly erroneous. When reviewing a district court's commitment of a person as mentally ill, this court's review is limited to a determination of whether the district court complied with the Minnesota Commitment and Treatment Act. *In re Janckila*, 657 N.W.2d 899, 902 (Minn. App. 2003). The district court's findings of fact are accorded deference and will not be overturned unless clearly erroneous, but we review de novo whether the evidence is sufficient to satisfy the requirements of the statute. *Id.* The record is considered in the light most favorable to the district court's findings. *In re Knops*, 536 N.W.2d 616, 620 (Minn. 1995). When the

findings rest largely on expert testimony, the district court's credibility determinations, to which we defer, are particularly important. *Id.*

A district court may commit a person if there is clear and convincing evidence that the person is mentally ill. Minn. Stat. § 253B.09, subd. 1(a) (2006). A person is mentally ill if the person

> has an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality, or to reason or understand, which is manifested by instances of grossly disturbed behavior or faulty perceptions and poses a substantial likelihood of physical harm to self or others as demonstrated by:
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> (1) a failure to obtain necessary food, clothing, shelter, or medical care as a result of the impairment;
>
> (2) an inability for reasons other than indigence to obtain necessary food, clothing, shelter, or medical care as a result of the impairment and it is more probable than not that the person will suffer substantial harm, significant psychiatric deterioration or debilitation, or serious illness, unless appropriate treatment and services are provided;
>
> (3) *a recent attempt or threat to physically harm self or others*; or
>
> (4) recent and volitional conduct involving significant damage to substantial property.

Minn. Stat. § 253B.02, subd. 13(a) (2006) (emphasis added).

On this issue, appellant contends that he is not a threat to himself or others. He argues that his assaults on other inmates, which respondent used as evidence of his dangerousness to others, stemmed from the aggressive behavior of the other inmates. At his commitment hearing, appellant had ample opportunity to present his version of the events leading up to the assaults. After hearing appellant's testimony, the district court decided to order the civil commitment of appellant.

The only evidence in the record that supports appellant's argument is his own testimony. But even that testimony showed strong signs of mental illness. In contrast, respondent called multiple expert witnesses who were in agreement that appellant poses a threat to himself or others and should, as a result, be committed.

When a district court's findings rest largely on expert testimony, as they do here, its credibility determinations, to which we defer, are particularly important. *Knops*, 536 N.W.2d at 620. Here, all of the expert testimony weighs in favor of commitment. The district court gave greater weight and credibility to this testimony than it did to appellant's testimony. Considering that we must view the record in the light most favorable to the district court's findings, and that we defer to a district court's credibility determinations, we cannot say that its finding that appellant is mentally ill and in need of commitment is clearly erroneous.

II. The district court's order authorizing the involuntary administration of neuroleptic medication under Minn. Stat. § 253B.092, subd. 5 (2006) is not clearly erroneous.

A person is presumed to have the capacity to consent to the administration of neuroleptic medication. Minn. Stat. § 253B.092, subd. 5(a). But a district court may authorize the involuntary administration of such medication if the court applies the statutory factors and determines that the person lacks the capacity to consent. *Id.*, subd. 8(e) (2006). When making determinations about a person's capacity to make decisions regarding the administration of neuroleptic medication, a district court shall consider

> (1) whether the person demonstrates an awareness of the nature of the person's situation, including the reasons for

> hospitalization, and the possible consequences of refusing treatment with neuroleptic medications;
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> (2) whether the person demonstrates an understanding of treatment with neuroleptic medications and the risks, benefits, and alternatives; and
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> (3) whether the person communicates verbally or nonverbally a clear choice regarding treatment with neuroleptic medications that is a reasoned one not based on delusion, even though it may not be in the person's best interests.
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> Disagreement with the physician's recommendation is not evidence of an unreasonable decision.

Id., subd. 5(b). In order to authorize involuntary administration of neuroleptic medication, necessity of treatment must be proven by clear and convincing evidence. *In re Peterson*, 446 N.W.2d 669, 672 (Minn. App. 1989), *review denied* (Minn. Dec. 1, 1989).

Appellant argues that the district court's decision on this issue should be reversed because, in his testimony, he expressed "a reasonable and articulate objection" to the administration of the neuroleptic medication. Specifically, he expressed concerns about the potential side effects of the medication and the stigma associated with taking neuroleptic medication.

While the administration of neuroleptic medications poses a risk of inducing unpleasant side effects, we reject appellant's argument because clear and convincing evidence establishes that the three statutory considerations for the involuntary administration of neuroleptic medication weigh in favor of the district court's decision.

First, appellant has not demonstrated an awareness of the nature of his situation and the reasons for his hospitalization. Appellant's own testimony establishes that, in his view, his beliefs are not delusional and he is not suffering from a mental illness:

> I said, "I understand that you might believe these are delusions. But what they are is crime reportance . . . . And I've got some things that I want to report to other law enforcement." I said, "It might sound like delusions. But in my circle and such like this and these different people that I know about, well, they're still free. And I know they're some very serious criminals, and they are murderers."

Supporting the district court's decision is the report of Dr. Hackett. Dr. Hackett stated unequivocally that "[appellant] is not aware of the nature of his current situation and the reasons for his hospitalization. He currently is not aware of the consequences of refusing treatment with neuroleptic medications." Another court-appointed expert, Sharon Byers, testified that appellant was "adamantly" opposed to the administration of neuroleptic medications and "doesn't believe he has a mental illness."

Second, appellant has not demonstrated that he understands the benefits associated with neuroleptic medication. Sharon Byers testified that

> [appellant] has some—some paranoia and some beliefs that definitely make him feel that he is not mentally ill and that medications would be of no—no help. He is not open to discussing the possibilities of medications as helpful for him in—in any manner. And I think that he—that because of that, he is not really able to look more objectively at what could be accomplished with medications.

Appellant testified that he didn't need medication because he can control his own actions. He has consistently refused to admit that he would receive any benefits from the administration of neuroleptic medication.

Third, the evidence shows that appellant's decision to refuse medication is based on his delusional belief structure rather than a reasoned choice. When asked about his refusal to take medication, appellant testified: "The one thing that I'm worried about with this is that it will hinder my ability physically and/or hinder my ability as being taken as a truth-telling, real-time witness to crime such as some very serious crimes of some people back in Idaho." There is also the testimony of Dr. Hackett:

> [Although appellant] comes across as very intelligent and having somewhat of a handle on some of the symptoms or side effects of medications, his—his decision is not reasoned. He believes—in many ways, his delusional belief system comes into his decision about medications. I mean he believes that Wright County is actually—has set all of this up and is putting him in the state hospital to quiet him down, so that he doesn't continue to tell law enforcement at the federal level about what Wright County is covering up about his knowledge about criminal actions. So—so he has incorporated his delusional belief system into the reason for why we want to give him medications even.

This testimony clearly shows that appellant's decision to refuse the administration of neuroleptic medication is based on his delusional beliefs.

In the face of this evidence, appellant offers only his own testimony, expressing concerns about the risks associated with the administration of neuroleptic medication. While the risks associated with such medications are a relevant consideration under the statutory framework, they are not the only consideration. The evidence discussed above establishes that the district court was not clearly erroneous in finding that all three statutory factors weighed in favor of finding that administration of the neuroleptic medication was appropriate. This is particularly true considering that the district court's

credibility determinations regarding expert testimony are of particular significance. *In re Knops*, 536 N.W.2d at 620.

Affirmed.