

MEMORANDUM DECISION

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IN THE
Court of Appeals of Indiana

In the Matter of the Civil Commitment of:

J.S.,

Appellant-Respondent

v.

St. Vincent Stress Center,

Appellee-Petitioner



April 29, 2024

Court of Appeals Case No.
23A-MH-2405

Appeal from the Marion Superior Court

The Honorable David Certo, Judge

The Honorable Sarah Glasser, Magistrate

Trial Court Cause No.
49D08-2308-MH-34349

Memorandum Decision by Judge Bradford

Chief Judge Altice and Judge Felix concur.

Bradford, Judge.

Case Summary

[1] In August of 2023, J.S. was admitted to the St. Vincent Stress Center (“the Stress Center”) for the fifth time in 2023. J.S. is schizophrenic and experiences, *inter alia*, visual and auditory hallucinations and paranoid delusions, including that his brother punches him in the head and has also placed a listening device in his head. Although medications have been shown to be effective at alleviating J.S.’s symptoms, he does not follow up with outpatient treatment. The Stress Center petitioned the trial court for an involuntary commitment of J.S. on the basis that he was gravely disabled, and, after a hearing, the trial court ordered a temporary commitment. J.S. contends that the Stress Center produced insufficient evidence to support an involuntary commitment.¹ We affirm.

¹ J.S., whose temporary commitment has ended, also argues that his appeal is not moot pursuant to the collateral-consequences doctrine. *See* (allowing for review of expired order for involuntary temporary commitment because it would add to history of hospitalizations and make future involuntary commitment proceedings more likely to succeed). Because St. Vincent does not contest J.S.’s claim that his appeal is not moot, we will assume, without deciding, that it is not and address it on the merits.

Facts and Procedural History

- [2] J.S., who was generally residing with his mother and brother at the time, admitted himself to the Stress Center five times in 2023, with the two most recent admissions occurring in August of 2023. J.S. apparently reported to a social worker when admitted most recently that his brother had been replaced by an imposter. On August 31, 2023, the Stress Center petitioned for an involuntary commitment of J.S., alleging that he was mentally ill and gravely disabled.
- [3] The trial court held an evidentiary hearing on September 12, 2023. Dr. Carl Ratliff testified that J.S. had been suffering from paranoid delusions consistently for over a year, including believing that both his mother and his brother were “out to physically harm him” and that his brother had punched him in the head and had also implanted a listening device in his head. Tr. Vol. II p. 6. Dr. Ratliff confirmed that J.S. had been diagnosed with schizophrenia and experienced paranoid delusions, visual and auditory hallucinations, lack of concrete thinking, disorganized thoughts, and other delusional beliefs. Dr. Ratliff indicated that J.S. routinely failed to attend his outpatient appointments, ensure that he received his injections of anti-psychotic medicine, establish case-management services through Eskenazi Health, or follow through with planning. In Dr. Ratliff’s opinion, J.S.’s mental illness prevented him from getting the treatment he needed for his mental illness.
- [4] When asked about his concerns should a commitment not be granted, Dr. Ratliff responded as follows:

I'm pretty sure we will follow the same clinical path. This will probably be the sixth admission- well, after this admission, yeah, it'd be the sixth admission where he will decompensate again and come back to the in-patient unit. Miss his appointments, not follow up, and he'll be back.

Tr. Vol. II p. 10. Dr. Ratliff opined that J.S. was gravely disabled and that he lacked the ability to exhibit proper judgment and reasoning necessary to function independently. Dr. Ratliff testified that a commitment would help J.S. continue with outpatient appointments through Eskenazi and enter a program that would provide more robust case-management services, which would allow him to find a group home or other structured environment in which he could be monitored. At the end of the hearing, the trial court granted a temporary commitment.

Discussion and Decision

[5] A civil commitment is warranted when the petitioner proves, by clear and convincing evidence that (1) the individual is mentally ill, (2) the individual is either dangerous or gravely disabled, and (3) detention or commitment of that individual is appropriate. . We will affirm a civil commitment if based on the “probative evidence and 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.” .

Only the trial court sees the witnesses on the stand, their demeanor in testifying, their candor, or lack of candor, in disclosing facts about which they have knowledge. Juries and trial courts, quite often, properly, give more weight to the demeanor of witnesses than to the substance of their statements in the determination of

the truth. An Appellate Court, considering only the statements, is denied the assistance of this necessary factor.

(citation omitted), *trans. denied*. Grave disability results from a mental illness that places a person at risk of harm because he is either “unable to provide for that individual’s food, clothing, shelter, or other essential human needs; or [...] 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.” .

[6] J.S. contends that the Stress Center failed to produce sufficient evidence to establish that he suffered from grave disability. There is ample evidence, however, that J.S.’s condition renders him unable to provide for his essential human needs, *i.e.*, the treatment he requires for that very condition. Dr. Ratliff testified regarding J.S.’s condition, including that he suffered from schizophrenia and had, for a least a year, consistently experienced paranoid delusions (such as believing that his brother had put a listening device in his head), visual and auditory hallucinations, lack of concrete thinking, disorganized thoughts, and other delusional beliefs. Dr. Ratliff also indicated that, while anti-psychotic medication had been shown to be effective, J.S. had failed to take the measures necessary to receive it. Significantly, Dr. Ratliff opined that J.S.’s inability to follow up with treatment for his mental illness was a result of that mental illness. This evidence is more than sufficient to support a finding that J.S. was gravely disabled.

[7] J.S. points to his testimony that he had left home due to his family’s “mistreatment, mental and physical abuse” that “drives me out of the house

and I'm up with no place to go, so I go to the hospital." Tr. Vol. II p. 20. J.S. also testified that he had found another place to live and would be compliant with outpatient treatment if he no longer lived with his mother and brother. According to Dr. Ratliff, however, J.S.'s beliefs about his family harming him were delusional. The trial court was entitled to credit Dr. Ratliff's testimony on this point and did. As for the weight to be assigned to J.S.'s testimony, the trial court was in the best position to not only judge J.S.'s credibility but also to assign significance to his testimony. To the extent that the trial court did not credit J.S.'s testimony or assign it the weight that J.S. would like, we will not second-guess its determinations. *See, e.g.,* .

[8] We affirm the judgment of the trial court.

Altice, C.J., and Felix, J., concur.

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