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**IN THE
COURT OF APPEALS OF INDIANA**

IN THE MATTER OF THE)
COMMITMENT OF: L.R.,)
)
Appellant-Respondent,)
)
vs.) No. 49A05-0701-CV-46
)
CLARIAN HEALTH PARTNERS,)
)
Appellee-Petitioner.)

APPEAL FROM THE MARION SUPERIOR COURT
The Honorable Charles J. Deiter, Judge
Cause No. 49D08-0612-MH-50819

November 9, 2007

MEMORANDUM DECISION - NOT FOR PUBLICATION

DARDEN, Judge

STATEMENT OF THE CASE

L.R. appeals from the trial court's order involuntarily committing her to a mental health facility.¹

We affirm.

ISSUE

Whether sufficient evidence exists to support the involuntary commitment order.

FACTS

On December 18, 2006, L.R. went to the emergency room, "complaining of a toxic substance being put in her throat." (Tr. 6). Attending physicians made no such finding and suspected that L.R. was suffering from a delusional disorder. The psychiatric evaluation team later determined that L.R. "was delusional, and needed to be admitted" (Tr. 6). Thereafter, L.R. was admitted to Clarian Health Partners Incorporated's Methodist Hospital Behavioral Care Center.

Clarian Health Partners, Incorporated ("Clarian") then filed a petition for L.R.'s involuntary commitment, in which it alleged that L.R. presented a substantial threat to herself and others, stating,

[L.R.] is actively delusional believing the government is contaminating her clothes, food, house & car with poison. [She] went to Texas (drove herself to President Bush's ranch) due to the belief that she is under mind control by terrorists. [She] has also been delusional and paranoid about

¹ Clarian failed to file an appellee's brief. When the appellee fails to timely file a brief, the appellant need only establish prima facie error to obtain reversal. *J.S. v. Center for Behavioral Health*, 846 N.E.2d 1106, 1117 (Ind. Ct. App. 2006); Ind. Appellate Rule 45(D). Prima facie, in this context, is defined as "at first sight, at first appearance, or on the face of it." *Id.* Thus, L.R. is only required to demonstrate prima facie error to obtain reversal.

her son-in-law[.] [She] thinks he's poisoning her and drives to his house to watch him.

(L.R.'s App. 13). Clarian alleged that L.R. was unable to perform certain essential tasks. Clarian also claimed that L.R.'s "chronic non-complian[ce]" with regard to taking her medication," had resulted in her "poor" insight and judgment. (L.R.'s App. 13).

The trial court conducted a commitment hearing on December 21, 2006. Psychiatrist Anne Gilbert ("Dr. Gilbert") testified at length about L.R.'s delusions. Dr. Gilbert explained that L.R. was afraid to return to her home, believing that it was contaminated with caustic agents, and instead stayed at her mother's home, until she began to "feel[] that the instigators ha[d] found her there, and [were also] making that placement unsafe." (Tr. 7). Dr. Gilbert testified that L.R. then opted to stay in various hotels, but now "belie[ves] that the implantable chips, and toxic substance [have] follow[ed] her there." (Tr. 7). Dr. Gilbert also testified that L.R. has been committed before, and suffers from either chronic paranoid schizophrenia or delusional disorder. Accordingly, Dr. Gilbert recommended that L.R. be committed to an inpatient facility. In support of her recommendation, Dr. Gilbert testified that L.R. is not compliant with her medication² and "fearful of reasonable living situations." (Tr. 8).

Next, L.R.'s daughter, Kimberly Rose, testified that L.R. had previously been diagnosed as a paranoid schizophrenic. Rose also confirmed that L.R. had been

² Dr. Gilbert did, however, acknowledge L.R.'s willingness to take the medication Risperdal in tablet, as opposed to injection form, and noted that in time, medication could help L.R. to become more stable.

committed in the past.³ Rose testified that L.R. believes that her food, home, and car have been contaminated. She testified further that L.R. “hasn’t been eating,” and often “throw[s] food out after she’s taken a few bites, because she believes that it’s poisoned.” (Tr. 13). Rose also testified that L.R. has been “depleting [her] resources” by staying in hotels and taking her car to several mechanics, intent on discovering the source of alleged mechanical problems. (Tr. 14). Rose expressed concern that unscrupulous persons might take advantage of L.R.’s vulnerability and prey upon her fears. Rose testified further that L.R.’s failure to take her medication “tends to [lead] her to become[] more, and more paranoid, and less able to take care of herself, and her basic needs.” (Tr. 16).

L.R. was the last witness to testify at the commitment hearing. She testified that she could care for herself and manage her finances, as evidenced by the fact that she owned her home, paid her bills, and worked temporary jobs to supplement her social security income. L.R. then testified that she went to the emergency room because she believed that she had toxic substances in her bloodstream. She testified that she suspected that she was contaminated because fast food that she purchased from various establishments had “taste[d] bitter”; cereal from various grocery stores had “burn[ed]” her lips; and other grocery items had “little brown spots.” (Tr. 22). L.R. denied that her fears about contamination had interfered with her nutritional health.

With regard to her home, L.R. testified that she smelled fumes and experienced a burning sensation in her throat when she entered it. She attributed the latter symptom, in

³ L.R.’s previous commitment was a temporary commitment -- an involuntary commitment for a period of less than ninety days. *See* Indiana Code § 12-26-7.

part, to decaying mice later discovered in her air ducts; however, she testified that “caustic pieces of grass and leaves” were also emitting fumes in her house and causing her to become ill. (Tr. 25). L.R. testified that she notified the City of Carmel about the contamination, and “[t]hey said, it’s a professional wacko person that wears gloves, and picks locks, and they can’t get prints. So, they don’t know who it is.” (Tr. 26). L.R. testified that her vehicle was also contaminated, and that one of the mechanics who worked on it encouraged her to “just trade it [in]” because it “had been so tampered with [sic].” (Tr. 28).

At the conclusion of the hearing, the trial court found that L.R. suffered from chronic paranoid schizophrenia and posed a danger to herself. The trial court issued an order of regular commitment,⁴ from which L.R. now appeals.

DECISION

Civil commitment is a significant deprivation of liberty that requires the petitioner to prove that the individual suffers from a condition that is more serious than is demonstrated by idiosyncratic behavior. *Commitment of R.B.*, 845 N.E.2d 1063, 1065 (Ind. Ct. App. 2006). In Indiana, a person may be involuntarily committed if the petitioner proves by clear and convincing evidence that the individual is mentally ill and either dangerous or gravely disabled. Ind. Code § 12-26-2-5(e)(2).

In reviewing orders for commitment, we consider only the evidence favorable to the judgment and all reasonable inferences therefrom. *Id.* We will not reweigh the

⁴ A regular commitment is an involuntary commitment for a period to exceed ninety days. *See* I.C. § 12-26-7.

evidence or judge the witnesses' credibility. *Id.* "Where the evidence is in conflict, we are bound to view only that evidence that is most favorable to the trial court's judgment." *Id.* If the trial court's commitment order represents a conclusion that a reasonable person could have drawn, we must affirm the order even if other reasonable conclusions are possible. *Id.*

L.R. first challenges the trial court's finding that she is mentally ill. "Mental illness" is defined as "a psychiatric disorder that [] substantially disturbs an individual's thinking, feeling or behavior; and [] impairs the individual's ability to function." I.C. § 12-7-2-130(1). At the commitment hearing, Dr. Gilbert testified that based upon her examination of L.R., L.R. suffers from either delusional disorder or chronic paranoid schizophrenia. Dr. Gilbert testified further that L.R. experienced delusions that she was being followed and poisoned with toxic substances in her home, her mother's home, at various fast food establishments, and grocery stores. Dr. Gilbert also testified that L.R. had a history of neglecting to take her medication, was "fearful of reasonable living situations," and as a result, wandered around "trying to find safety." (Tr. 8). Based upon the foregoing evidence, the trial court could reasonably conclude that L.R. was mentally ill for the purposes of Indiana Code section 12-26-2-5(e).

Next, L.R. argues that Clarian failed to present clear and convincing evidence that she poses a danger to herself. Indiana Code section 12-7-2-53 defines "dangerous" as a "condition in which an individual as a result of mental illness, presents a substantial risk that the individual will harm the individual or others." "Dangerousness must be shown by clear and convincing evidence indicating that the behavior used as an index of a

person's dangerousness would not occur but for the person's mental illness." *C.J. v. Health & Hosp. Corp. of Marion County*, 842 N.E.2d 407, 410 (Ind. Ct. App. 2006). This standard is not met by a showing that a person made a rational and informed decision to engage in conduct that may have entailed a risk of harm. *Commitment of C.A.*, 776 N.E.2d 1216, 1218 (Ind. Ct. App. 2002). Rather, the evidence must show that there is a substantial risk that the person will harm himself or herself as a result of a psychiatric disorder which "substantially disturbs the person's thinking, feeling, or behavior and impairs the person's ability to function." *Id.*

Here, through Dr. Gilbert and Rose's testimony, Clarian presented evidence that L.R. tended to stop taking her medication when she was not under supervision. Medication would help to combat the effects of L.R.'s delusional disorder or chronic paranoid schizophrenia. Rose testified that without medication, L.R.'s delusions would go unchecked, leading her to grow increasingly paranoid and "less able to take care of herself, and her basic needs." (Tr. 16). L.R. would also become increasingly wary and more likely to abstain from food to the detriment of her nutritional health, and further, would become increasingly fearful and paranoid that her surroundings had been contaminated, leading her to again wander about seeking safety.

The evidence presented by Clarian is sufficient to establish that L.R. is a danger to herself when she does not take medicine. Accordingly, we find that the evidence is sufficient to support the trial court's commitment order.

Affirmed.

KIRSCH, J., and MATHIAS, J., concur.