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**IN THE
COURT OF APPEALS OF INDIANA**

IN RE THE MATTER OF:)
THE INVOLUNTARY COMMITMENT OF R.K.,)
Appellant-Respondent.)
)
)
)

No. 49A05-0701-CV-14

APPEAL FROM THE MARION SUPERIOR COURT
The Honorable Larry Bradley, Commissioner
Cause No. 49D08-0612-MH-048982

OCTOBER 29, 2007

MEMORANDUM DECISION - NOT FOR PUBLICATION

HOFFMAN, Senior Judge

Appellant-Respondent R.K. appeals an order temporarily committing him to a mental health facility following a petition filed by Appellees-Petitioners Dr. David Giles, M.D. and Community Hospital North/Gallahue Mental Health Services (collectively, “Dr. Giles”). We affirm.

The sole issue is whether there was sufficient evidence presented to support R.K.’s temporary commitment.

Thirty-four-year-old R.K. worked as an electrician and was laid off from work in February 2006. Thereafter, he stayed home to take care of his infant son. In November 2006, sometime before Thanksgiving, R.K. stopped taking care of his son because he needed to spend time on a real estate project. R.K.’s real estate project involved wanting to buy property on Pleasant Run Parkway where he could build “castles” with “parapets.” R.K. wanted to make the castles from Indiana limestone, which he wanted to mill himself, and he found a “guy that [could] make gargoyles.” R.K. wanted to make his castles part of a gated community and wanted to build a private school within it. As part of his plan, R.K. wanted to buy seven or eight houses where people already lived, and he was convinced that the people would move. R.K. borrowed \$40,000 from his grandmother and began spending lots of money on his project, such as \$1,000 on an architectural ruler, so that people would realize that he was serious. R.K. also stopped eating and sleeping.

On the Monday after Thanksgiving, around 11:30 p.m., R.K. started looking in the phonebook and calling people with the last name Haywood because he was looking for a girl named Haywood with whom he went to middle school. Between 1:30 a.m. or 2:30

a.m., R.K.—hoping to find an investor for his project—left his house armed with his real estate business plan, took a taxi, and went to a daycare that was owned by the sister of the Haywood girl. Around 5:30 a.m., R.K. called his wife, told her he was “stranded” at the daycare, and asked her to come pick him up. *Id.* at 29. As H.K. drove to pick up R.K., R.K. repeatedly called H.K. to ask her where she was. H.K. had to stay on the phone with R.K. as she drove and had to tell him when she was making a turn or stopping at a traffic light. When H.K. arrived at the daycare, R.K. was “very agitated” and told his wife that he had “bit off more than he could chew, that he owed people money, and that he [had run] through all his money.” R.K. also told his wife that he thought he might be bipolar and manic and asked her to take him to the doctor the following day.

When R.K. got home, he slept for one-half hour and then called the daycare owner to ask her to invest in his real estate plan. R.K. told the daycare owner that his wife was nine months pregnant and that he had a thirteen-month-old child, which was true, and asked for her help. R.K. also told the daycare owner that he was a billionaire and owned five properties, which was not true, and asked her to invest one-half million dollars in his real estate project. Later that morning, R.K. and his wife went to Gallahue, but R.K. did not want to talk to anyone and left. After R.K. got home, he started randomly calling people in the phonebook in search of investors.

On November 30, 2006, R.K. was admitted to Wishard Health Services/Midtown Mental Health Center as a result of the granting of an emergency detention petition filed by R.K.’s wife. R.K. was then transferred to Community Hospital North on December 2, 2006. Psychiatrist Dr. Giles evaluated R.K. and diagnosed him as having bipolar

disorder and experiencing a manic episode. On December 6, 2006, Dr. Giles filed a petition for R.K.'s temporary commitment, alleging that R.K. suffered from "Bipolar disorder, manic" and that he was "gravely disabled[.]" Appellant's Appendix at 11.

The trial court's commissioner conducted a commitment hearing on December 11, 2006. During the hearing, Dr. Giles testified that R.K. was suffering from bipolar disorder and was experiencing a manic episode and that R.K. was gravely disabled. R.K.'s wife also presented testimony regarding R.K.'s illness. Following the hearing, the trial court issued an Order of Temporary Commitment, in which it found that R.K. was: (1) mentally ill, as defined under Indiana Code § 12-7-2-130; and (2) gravely disabled, as defined under Indiana Code § 12-7-2-96, and the trial court determined that R.K. would be committed for ninety days or less to Community Hospital North. R.K. now appeals.¹

R.K. argues that the evidence was insufficient to support his temporary commitment. Specifically, R.K. argues that there was insufficient evidence to support the trial court's determination that he was: (1) mentally ill; and (2) gravely disabled.

Indiana Code § 12-26-6-1 allows a trial court to order an individual's temporary commitment for a period up to ninety days if the petitioner proves by clear and convincing evidence that the individual is "mentally ill" and either "dangerous" or "gravely disabled." When we review an order for commitment, we consider only the

¹ Because R.K. was committed for ninety days or less, the commitment from which he appeals has ended. Ordinarily this matter would then be moot. While we generally dismiss cases that are deemed moot, such cases may be decided on their merits where they involve questions of great public interest that are likely to recur or where the rights of an individual are involved. *See Golub v. Giles*, 814 N.E.2d 1034, 1036 n. 1 (Ind. Ct. App. 2004), *trans. denied*. The question of how individuals subject to involuntary commitment are treated by our trial courts is one of great importance to society. *Id.* Therefore, we will address R.K.'s claim.

evidence favorable to the judgment and all reasonable inferences therefrom. *In re Commitment of Bradbury*, 845 N.E.2d 1063, 1065 (Ind. Ct. App. 2006). Additionally, we will not reweigh the evidence or judge the credibility of witnesses. *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, the order must be affirmed, even if other reasonable conclusions are possible. *Id.*

R.K. initially challenges the trial court's determination that he is mentally ill.² For the purpose of a temporary civil commitment, "mental illness" is defined as "a psychiatric disorder that: (A) substantially disturbs an individual's thinking, feeling, or behavior; and (B) impairs the individual's ability to function." Ind. Code § 12-7-2-130.

There are several aspects of Dr. Giles's testimony from which a reasonable person could conclude that R.K. was mentally ill at the time of the commitment hearing. Dr. Giles testified that he had diagnosed R.K. as having bipolar disorder and being in a manic episode. Dr. Giles explained that bipolar disorder is a "psychiatric illness. . . characterized by extremes in mood swings" between depression and mania and that the manic phase was "characterized by hyperactivity, grandiosity, expansive thinking," and "feeling like [one can] do things . . . or accomplish[] things that are unrealistic . . . and

² Based on comments made by the commissioner during the commitment hearing, R.K. appears to question whether the trial court found him to have the mental illness of bipolar disorder. The trial court's temporary commitment order contained in the record is clear that the trial court determined that R.K. was mentally ill and "suffering from bipolar disorder, manic[.]" Appellant's Appendix at 4. Furthermore, we remind R.K. that he is appealing from the trial court's order, not the commissioner's comments.

beyond a person[‘s] capability.” Dr. Giles testified that R.K. exhibited these symptoms, as well as some irritability and paranoia regarding his wife. Dr. Giles testified that he had seen R.K. daily, with the exception of weekends, from December 2nd until the December 11th hearing, and that R.K.’s symptoms came through while talking to R.K.

Dr. Giles stated that when he met with R.K., R.K. carried a large folder containing his real estate plan and photographs and discussed his “elaborate plan” to develop houses, which R.K. referred to as “castles.” Dr. Giles testified that R.K. was “very intense” and wanted to go over his plan and show the photographs to the doctor. Dr. Giles testified that R.K. told the doctor that he was worth “millions of dollars” despite the fact that he was unemployed and had to borrow money. Dr. Giles explained that R.K. indicated that he was very upset with his wife for not going along with his project and that his wife was only after his money. While R.K. was hospitalized, he told Dr. Giles that he was going to divorce his wife and had done things to make her life more difficult, such as trying to turn off her utilities, reporting her to Child Protective Services, and calling his wife’s employer to make disparaging comments.

Dr. Giles further testified that R.K. did not have any insight into his illness. Dr. Giles explained that he gave R.K. some information regarding bipolar disorder, as well as a self-administered test, which included thirteen questions regarding the manic condition, and that R.K. reported that he had eight to ten positive responses on the mania questions but denied that he was having a manic episode. Dr. Giles also stated that R.K. had refused medication while at the hospital and that, at the time of the hearing, R.K. could not be relied upon to take his medication without a court order.

We note that R.K. does not contest the fact that bipolar disorder is a mental illness as defined by statute. Rather, he simply disputes the accuracy of Dr. Giles diagnosis by pointing to his lack of prior treatment or diagnosis for a depressive episode of bipolar disorder. Dr. Giles acknowledged this but testified that R.K. was in the “first line of a clearly maniac [sic] episode[.]” We refuse to reweigh the evidence. In light of Dr. Giles’s testimony at the commitment hearing, the trial court could reasonably conclude that R.K. suffered from a mental illness, specifically bipolar disorder with mania. *See, e.g., Commitment of M.M. v. Clarian Health Partners*, 826 N.E.2d 90, 97 (Ind. Ct. App. 2005) (holding that, based on the petitioner doctor’s testimony at the commitment hearing, the trial court could reasonably conclude that the respondent suffered from a mental illness of “bipolar mania”), *reh’g denied, trans. denied*.

R.K. also challenges the trial court’s determination that he was gravely disabled. Indiana Code §12-7-2-96 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.

During the commitment hearing, Dr. Giles testified that R.K. was “gravely disabled.” Dr. Giles testified that R.K. was “potentially” able to provide himself with food, clothing, shelter, and other human needs and that he suffered from a substantial impairment or deterioration of his judgment, reasoning, or behavior that resulted in an

inability to function independently. Dr. Giles explained that R.K.'s plan was not realistic and that the way he was aggressively pursuing his real estate planning was impairing his judgment. Dr. Giles also testified that R.K. blamed his wife and the doctor for what was happening to him. Dr. Giles also explained how R.K.'s blame and paranoia toward his wife had led him to try to turn off her utilities, report her to Child Protective Services, and call his wife's employer to make disparaging comments.

R.K.'s wife, H.K., testified that she filed the petition for emergency detention because R.K. had stopped eating, stopped sleeping, and was spending "lots, and lots, and lots, and lots of money." In addition to providing testimony regarding R.K.'s middle of the night trip to the daycare in search of an investor for his castle real estate plan, H.K. also testified how R.K.'s constant attention to his real estate plan had affected their lives. She explained that after R.K. decided to make their house into a model home for his castles, he started multiple projects and did not finish them. R.K. unhooked all their televisions, put holes in the walls, and had tools everywhere. H.K. testified that there was "a lot of c[h]aos" and that she "tried to keep the house from falling down around" them and tried to keep the tools out of their baby's hands.

H.K. also explained that just days before R.K. came up with his plan to build castles, he woke her up at 2:30 a.m. with an idea to lease their home to on-call doctors at nearby Community Hospital East. R.K. presented a handwritten ad that he was going to post at the hospital and explained to his wife that he could rent their house to three on-call doctors for \$3,000 per month (with each doctor paying \$1,000) plus a \$5,000 deposit. R.K. told H.K. that they would move out of their home and leave their furniture and that

some of their neighbors could cater dinner for the doctors while other neighbors could clean the house. H.K. tried to explain to R.K. that a doctor would not get a second house just to be on call, and R.K. became “very angry” and then moved on to his idea to build castles.

Essentially, R.K. asks us to reweigh the evidence presented at his commitment hearing. This we cannot do. *See In re Bradbury*, 845 N.E.2d at 1065. The trial court found that R.K. was gravely disabled, and the trial court’s commitment order represents a conclusion that a reasonable person could have drawn and was sufficiently supported by clear and convincing evidence. *See, e.g., id.* at 1066 (affirming the trial court’s determination that respondent was gravely disabled).

For the foregoing reasons, we affirm the trial court’s temporary commitment order.

Affirmed.

DARDEN, J., and MATHIAS, J., concur.