STATE OF MINNESOTA
IN COURT OF APPEALS
A17-1591

In the Matter of the Civil Commitment of:
Lianying Taylor.

Filed April 23, 2018
Affirmed
Halbrooks, Judge

Ramsey County District Court
File No. 62-MH-PR-17-432

Lianying Taylor, St. Paul, Minnesota (pro se appellant)

John J. Choi, Ramsey County Attorney, Timothy P. Carey, Assistant County Attorney, St. Paul, Minnesota (for respondent county)

Considered and decided by Halbrooks, Presiding Judge; Connolly, Judge; and Reilly, Judge.

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

HALBROOKS, Judge

Appellant challenges the district court's order civilly committing her and approving the involuntary administration of neuroleptic medication, arguing that the record does not support the district court's findings that she suffers from a mental illness and poses a substantial likelihood of physical harm to herself or others. We affirm.

FACTS

Appellant Lianying Taylor has a history of psychiatric hospitalizations and treatment with neuroleptic medication. She also has a history of difficulties relating to her housing. Relevant to this appeal, Taylor stopped paying rent around February 2017, prompting the intervention of a social worker at St. Paul's public-housing agency. Between February 2017 and August 2017, Ramsey County paid Taylor's rent, but Taylor refused county case-management services. During this time, she failed to complete her annual recertification paperwork that was required to remain a public-housing resident.

On August 3, 2017, the Ramsey County Crisis Team transported Taylor to the emergency department of United Hospital, where she presented with persistent psychosis. On August 7, 2017, she was admitted and, the following day, placed on a 72-hour hold. During this time, Taylor told a social worker that she wanted to kill a neighbor who "stole" Taylor's husband. But Taylor also stated that she cannot kill anyone because of her belief in God, so maybe she should just kill herself.

United Hospital petitioned Taylor for judicial commitment on August 8, 2017. In support, a staff psychiatrist stated that Taylor's diagnostic impressions included "psychosis unspecified" and a "concern for delusional disorder, persecutory type versus late onset paranoid schizophrenia." The psychiatrist recommended inpatient treatment with neuroleptic medication because of Taylor's "lack of insight into [her] paranoid delusions."

The district court appointed Peter Meyers, Psy.D., to examine Taylor. Dr. Meyers concluded, based on a review of Taylor's hospital records, that Taylor suffered from a mental illness. The district court also appointed Taylor an attorney. At the court-appointed

attorney's request, the district court appointed a second examiner, Joel Hrabe, Psy.D. After reviewing various records, Dr. Hrabe concluded that Taylor is mentally ill and diagnosed her with a psychotic disorder.

At the civil-commitment hearing, the district court provided a Chinese-Mandarin interpreter. But Taylor objected, asserting that an interpreter had lied during her earlier divorce proceedings. Taylor explained that she did not want an interpreter because she feared that the interpreter would cheat or lie. The district court excused the interpreter.

Dr. Meyers testified at the hearing, opining that Taylor suffers from a substantial mental illness, specifically "schizophrenia, paranoid type," with continued symptoms including "paranoid delusions." Dr. Meyers testified that Taylor has "a high degree of fear" of being followed by Chinese people everywhere she goes, which he opined explains why she did not want a Chinese interpreter in court. Dr. Meyers further testified that Taylor's delusions have caused her to change the locks on her apartment door three times out of fear that someone will come into the apartment and leave stolen property there. In arriving at his opinion, Dr. Meyers also relied on Taylor's statements about killing a neighbor or herself.

The city social worker also testified. The social worker confirmed that she became involved with Taylor after receiving reports of unpaid rent. She also testified that Taylor could not understand how her mental illness affected her ability to provide for her basic needs.

The district court concluded that Taylor is a person who is mentally ill under Minn. Stat. § 253B.02, subd. 13(a) (2016), is in need of commitment, and lacks the capacity to

make decisions regarding the administration of neuroleptic medications. The district court committed Taylor to the custody of United Hospital and the Commissioner of Human Services until February 22, 2018, and ordered the administration of neuroleptic medication. This appeal follows.

D E C I S I O N

I.

Taylor contends that the district court should not have found that she meets the statutory definition of mentally ill. Our review of an involuntary civil commitment is limited to examining whether the district court complied with statutory requirements and whether the commitment is "justified by findings based upon evidence at the hearing." *In re Knops*, 536 N.W.2d 616, 620 (Minn. 1995). We will not reverse a district court's factual findings unless they are clearly erroneous, giving deference to the district court's credibility determinations. *In re Thulin*, 660 N.W.2d 140, 144 (Minn. App. 2003). We review the district court's legal conclusions de novo. *Id.*

A person who is mentally ill is defined as any person who 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;
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> (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).

The commitment statute "requires that the substantial likelihood of physical harm must be demonstrated by an overt failure to obtain necessary food, clothing, shelter, or medical care or by a recent attempt or threat to harm self or others." *In re McGaughey*, 536 N.W.2d 621, 623 (Minn. 1995). This requirement is not met by "speculation as to whether the person may, in the future, fail to obtain necessary food, clothing, shelter, or medical care or may attempt or threaten to harm self or others." *Id.* But the statute does not require "that the person must either come to harm [themselves] or harm others before commitment as a mentally ill person is justified." *Id.*

The district court found that Taylor could not meet her basic needs, like providing shelter, evidenced by Taylor's failure to pay rent and complete her recertification program for public housing. The district court also determined that she suffered from paranoia. Specifically, the district court found that Taylor changed the locks on her apartment door three times due to the belief that neighbors were entering and leaving behind stolen property and that Taylor believes she is followed everywhere she goes. The district court further found that Taylor stated that she would kill her neighbor or herself. On the above bases, the district court concluded that Taylor meets the statutory definition of "a person who is mentally ill."

The record supports the district court's determination. Hospital records introduced at trial confirm that Taylor presented on multiple occasions with paranoia and delusions. During the hospitalization leading to these commitment proceedings, Taylor reported to a social worker that a neighbor had stolen Taylor's husband and that if Taylor went back to her apartment, she would kill that neighbor or herself.

The social worker's reports and testimony about unpaid rent are consistent with hospital records. The social worker testified that Taylor faced eviction because she had not paid rent for nearly seven months and failed to complete her certification paperwork for public housing. Dr. Hrabe opined that Taylor presents a danger to herself and others, citing 2014 hospital records referencing suicide attempts and self-injurious behavior. After thoroughly reviewing the record, we conclude that the district court properly determined that Taylor meets the statutory definition of a person who is mentally ill. Minn. Stat. § 253B.02, subd. 13(a).

II.

Taylor also challenges the approval of involuntary administration of neuroleptic medication.[1] Taylor does not want to be treated with neuroleptic medication because of the way it makes her feel.

Under the Minnesota Commitment and Treatment Act, "If the court finds by clear and convincing evidence that the proposed patient is a person who is mentally ill, . . . the

[1] In *Jarvis v. Levine*, 418 N.W.2d 139, 148-49 (Minn. 1988), the Minnesota Supreme Court held that forced administration of neuroleptic medication must be preauthorized by a court order. Minn. Stat. § 253B.092, subd. 8(e) (2016), now provides the procedure and authority for forced administration of neuroleptic medication.

court shall commit the patient to the least restrictive treatment program . . . which can meet the patient's treatment needs." Minn. Stat. § 253B.09, subd. 1(a) (2016). A district court may order the forced administration of neuroleptic medication if it finds that the patient lacks capacity to decide whether to take medication. Minn. Stat. § 253B.092, subd. 8(e).

> In determining a person's capacity to make decisions regarding the administration of neuroleptic medication, the court shall consider:
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> (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.

Minn. Stat. § 253B.092, subd. 5(b) (2016). This determination must be supported by "clear and convincing evidence." *Thulin*, 660 N.W.2d at 145.

Here, clear and convincing evidence in the record supports the district court's decision to order treatment with neuroleptic medication. Dr. Meyers testified that Taylor does not have the capacity to make reasoned decisions about taking neuroleptic medication and is not participating in treatment because she does not believe that she has a mental illness. Dr. Meyers also testified that he believed that "without consistent neuroleptic treatment, [Taylor] is likely to continue to decompensate and remain unable to care for her basic needs" and that "benefits of treatment with neuroleptic medication outweigh the risks

in this situation." Dr. Meyers supported his conclusion by saying, "Hospital is of the opinion that patient will not voluntarily engage in treatment and take her medications without the Court's supervision. Without psychotropic medications she will continue to decompensate with bizarre perceptions and distortions in reality, thought, and ability to tend to basic needs."

Dr. Hrabe also determined that Taylor lacks the capacity to make reasoned decisions about taking neuroleptic medication. Dr. Hrabe supported this conclusion by saying:

> [Taylor] has history of previous psychiatric hospitalization and prescription of neuroleptic medication. She does not appear to have been taking any prescribed psychiatric medication in the community for some time, possibly since 2014. During current hospitalization, [Taylor] has been refusing prescribed neuroleptic medication. She does not believe she has any mental illness or need for treatment. [Taylor] continues to present with symptoms of psychosis and mood disturbance. Her insight, reasoning and judgment seem impaired. [Taylor] does not appear to have capacity to make informed treatment decisions at this time. Without supervision and court order, she is not likely to comply with prescribed treatment or medication.

Hospital records establish that Taylor presented with delusions, did not understand why she was in the hospital, and did not believe she had a mental illness. For example, Taylor's chief complaint when admitted and throughout her hold was, "I don't know why I am here."

The district court also considered Taylor's "family and community, as well [her] moral, religious and social values" and concluded that, "[b]ased on these considerations, a reasonable person would authorize treatment with neuroleptic medication." Because there is clear and convincing evidence supporting the district court's determination that Taylor

does not have the capacity to make decisions regarding treatment with neuroleptic medication, the district court properly ordered that treatment.

Affirmed.