2017 IL App (4th) 160430-U

NO. 4-16-0430

FILED
March 10, 2017
Carla Bender
4th District Appellate
Court, IL

IN THE APPELLATE COURT

OF ILLINOIS

FOURTH DISTRICT

In re: SHEILA N., a Person Found Subject to Involuntary Admission,	)	Appeal from Circuit Court of
THE PEOPLE OF THE STATE OF ILLINOIS,	)	Sangamon County
Petitioner-Appellee,	)	No.16MH268
v.	)	
SHEILA N.,	)	Honorable
Respondent-Appellant.	)	Jennifer M. Ascher,
	)	Judge Presiding.

JUSTICE HOLDER WHITE delivered the judgment of the court.
Justices Steigmann and Pope concurred in the judgment.

ORDER

¶ 1 *Held*: The appellate court dismissed, concluding respondent's appeal challenging the trial court's order for involuntary admission was moot.

¶ 2 In April 2016, respondent, Sheila N., presented herself at a hospital emergency room agitated, confused, and under the delusional belief she was pregnant. A social worker thereafter filed a petition for emergency inpatient involuntary admission. Following a June 2016 hearing on the petition, the trial court ordered respondent involuntarily committed for a period not to exceed 90 days.

¶ 3 Respondent appeals, asserting the trial court's order for commitment was against the manifest weight of the evidence. For the following reasons, we dismiss the appeal as moot.

¶ 4 I. BACKGROUND

¶ 5 On May 12, 2016, a social worker filed a petition for the emergency inpatient involuntary admission of respondent, asserting respondent, a person with a mental illness, was (1) engaging in conduct that placed herself or others in physical harm or in reasonable expectation of physical harm, and (2) in need of immediate hospitalization to prevent such harm. Specifically, the petition alleged respondent presented herself at a hospital emergency room with the delusion of being pregnant, and she displayed agitation and confusion. Respondent's mental-health providers reported she had not been compliant with her medication since April 1, 2016.

¶ 6 Later that month, the trial court held a hearing on the petition, where the court heard the following evidence.

¶ 7 Dr. Obiora Onwuameze, a psychiatrist, testified he examined respondent's medical records and examined respondent daily while she was hospitalized. He thereafter diagnosed respondent with schizoaffective disorder, bipolar type. Respondent's medical records indicated she was first diagnosed with this disorder more than 30 years prior.

¶ 8 Dr. Onwuameze testified respondent was disorganized, delusional, and agitated when she presented herself in the emergency room. Personnel were concerned for her safety, particularly because she was not taking her medication. During the proceeding, respondent interrupted numerous times, denying the doctor's statements, to the extent that her attorney asked for and received a continuance.

¶ 9 The hearing recommenced on June 3, 2016. Dr. Onwuameze testified respondent was exhibiting a delusion that she was pregnant with four children (which she was not), and refusing to take her medication because she denied having a mental illness. Dr. Onwuameze found respondent was unable to understand her need for treatment as a result of her mental

illness. Respondent was also exhibiting psychomotor agitation, mood dysregulation, and the inability to have a rational conversation.

¶ 10 Because of her mental illness, Dr. Onwuameze opined respondent was reasonably expected to inflict physical harm upon herself or others, given her delusions, psychomotor agitation, and mood lability. Although respondent had not hurt herself or anyone else while hospitalized, three to four days prior to the hearing, she threatened harm to a nurse when the nurse provided the negative pregnancy test results. While in the hospital, Dr. Onwuameze acknowledged respondent would eat without prompting and slept regularly, though she would need prompting to bathe regularly. After initially refusing to take her medication, respondent finally relented and began taking Risperidone, but she refused her other antipsychotic medication.

¶ 11 Approximately one week before her recent hospitalization, respondent was discharged from Andrew McFarland Mental Health Center (McFarland) to some sort of specialized home in Jacksonville. Respondent had already been discharged from the Jacksonville home due to her significant delusions. Accordingly, Dr. Onwuameze opined respondent would be unable to manage outside a structured facility such as a mental-health facility. He also considered the possibility of a nursing home, but he concluded her psychomotor agitation would interfere with her care at a nursing or group home. If not treated on an inpatient basis, Dr. Onwuameze believed respondent's mental or emotional health would deteriorate. He based this on respondent's repeated hospitalizations, which included six admissions in the past year. Dr. Onwuameze testified respondent's mental illness could be regulated through medication; however, in her current mental state, only a facility such as McFarland was equipped to address her psychomotor agitation and delusions.

¶ 12 Dr. Onwuameze recommended respondent be involuntarily admitted for a period not exceeding 90 days to McFarland, a facility equipped to provide respondent with the long-term care she required.

¶ 13 Respondent testified she disagreed with her diagnosis of schizoaffective disorder and that she was suffering from delusions, but she acknowledged having problems with anxiety. She agreed she was prone to agitation; however, she testified she could control her anger. Respondent denied threatening to harm herself or others. When asked if she was pregnant, respondent stated she could feel movement, so she knew she was pregnant despite the negative pregnancy test. Respondent also testified she believed herself to be an angel who died as a baby, and then her spirit returned to her body.

¶ 14 Following the presentation of evidence, the trial court found respondent's delusions and agitation could potentially harm respondent or others and prevented her from functioning in society. Further, respondent was not taking her medications to address her mental illness. Based on Dr. Onwuameze's expert testimony, the court ordered respondent committed for a period not to exceed 90 days.

¶ 15 This appeal followed.

¶ 16 II. ANALYSIS

¶ 17 On appeal, respondent asserts the trial court's decision to involuntarily commit her was against the manifest weight of the evidence. The State argues respondent's claim is moot. Respondent did not address the mootness issue. Because we find the case is moot and that none of the recognized exceptions to the mootness doctrine apply, we dismiss the appeal.

¶ 18 Respondent's 90-day commitment order expired on its own terms on September 1, 2016. Thus, respondent's case is moot. See *In re Barbara H.*, 183 Ill. 2d 482, 490, 702 N.E.2d

555, 559 (1998) (a case is moot when the original judgment no longer has any force or effect). Generally, Illinois courts do not decide moot questions or render advisory opinions. *In re Alfred H.H.*, 233 Ill. 2d 345, 351, 910 N.E.2d 74, 78 (2009). However, we will consider an otherwise moot case where it falls under a recognized exception. Here, respondent's case does not fall into any of the following three mootness exceptions: (1) the collateral-consequences exception, (2) the capable-of-repetition-yet-evading-review exception, or (3) the public-interest exception. See *id*. This court considers these exceptions on a case-by-case basis. *Id.* at 354, 910 N.E.2d at 79.

¶ 19 A. Collateral-Consequences Exception

¶ 20 As previously stated, the collateral-consequences exception to the mootness doctrine is applicable to mental health cases. *Id*. On a case-by-case consideration of the relevant facts and legal issues raised, a reviewing court must determine whether application of the exception is warranted. *In re Rita P*., 2014 IL 115798, ¶ 34, 10 N.E.3d 854. "Collateral consequences must be identified that could stem solely from the present adjudication." *Id*.

¶ 21 In this case, respondent fails to assert the applicability of the collateral-consequences exception and also neglects to identify collateral consequences that could stem solely from this adjudication. Additionally, we note respondent has been involuntarily committed on previous occasions throughout her decades-long struggle with mental illness. According to Dr. Onwuameze, respondent had been involuntarily committed six times in the past year. Moreover, we previously entered an order with respect to a case where respondent had been involuntarily committed. See *In re Sheila N.*, 2014 IL App (4th) 130415-U (unpublished order under Supreme Court Rule 23). Thus, the collateral consequences of involuntary admission have already attached, and the trial court's order in this matter does not merit application of this exception.

¶ 22 B. Capable-of-Repetition-Yet-Evading-Review Exception

¶ 23 The capable-of-repetition-yet-evading-review exception to the mootness doctrine applies where "(1) the challenged action is in its duration too short to be fully litigated prior to its cessation and (2) there is a reasonable expectation that the same complaining party would be subjected to the same action again." *Barbara H.*, 183 Ill. 2d at 491, 702 N.E.2d at 559. The respondent must demonstrate "a substantial likelihood the issue presented by him, and resolution thereof, would have some bearing on a similar issue in a later case." *Alfred H.H.*, 233 Ill. 2d at 360, 910 N.E.2d at 82-83. In other words, respondent must show statutory or constitutional errors made during the trial court proceedings could impact a future case against respondent based on the same errors. *Id.* at 358-60, 910 N.E.2d at 82-83.

¶ 24 Due to respondent's long history of mental illness resulting in numerous involuntary commitments and orders to take medication, she likely will face further commitment proceedings pursuant to section 1-119 of Mental Health and Developmental Disabilities Code (405 ILCS 5/1-119 (West 2014)). However, the ruling in this case was based on the unique set of facts—specifically, respondent's delusion that she was pregnant and her psychomotor agitation—presented to the trial court during the June 2016 proceedings; any future court ruling must be based on the unique set of facts presented to the court on that future occasion. *Alfred H.H.*, 233 Ill. 2d at 358, 910 N.E.2d at 82. Thus, we conclude the capable-of-repetition-yet-evading-review exception to the mootness doctrine does not apply in this instance.

¶ 25 C. Public-Interest Exception

¶ 26 Finally, the narrowly construed public-interest exception to the mootness doctrine allows a reviewing court to consider an otherwise moot case when (1) the question presented is of a public nature, (2) a need exists for an authoritative determination for the future guidance of

public officers, and (3) the question is likely to recur in the future. *Id.* at 355, 910 N.E.2d at 80. Respondent must demonstrate "a clear showing of each criterion." *In re Andrew B.*, 237 Ill. 2d 340, 347, 930 N.E.2d 934, 938 (2010). The exception does not typically apply to cases in which a respondent appeals only the sufficiency of the evidence because the unique set of facts upon which the trial court based its findings impacts only the individual, not the public. *Alfred H.H.*, 233 Ill. 2d at 356-57, 910 N.E.2d at 81.

¶ 27 Because the only potential issue on appeal concerns the sufficiency of the evidence that is unique to respondent, we conclude the question presented is not of a public nature. Moreover, nothing in the record demonstrates the trial court or parties committed a procedural error that requires an authoritative determination for the future guidance of public officers. Additionally, the unique facts considered by the court during the June 2016 proceedings are unlikely to recur in future proceedings against future respondents such that the case presents a matter of public interest. We therefore conclude the public-interest exception to the mootness doctrine does not apply in this case.

¶ 28 Because we have concluded none of the exceptions to the mootness doctrine are applicable to the present case, respondent's appeal is moot.

¶ 29 III. CONCLUSION

¶ 30 Based on the foregoing, we dismiss respondent's appeal as moot.

¶ 31 Dismissed.