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IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA

SECOND APPELLATE DISTRICT

DIVISION SIX

THE PEOPLE,

Plaintiff and Respondent,

v.

SEAN GREENSHIELDS,

Defendant and Appellant.

2d Crim. No. B276804
(Super. Ct. No. 14-MH-0085)
(San Luis Obispo County)

Sean Greenshields appeals an order granting a petition by the State Department of State Hospitals (DSH) to compel him to submit to involuntary treatment with psychotropic medication. We affirm.

FACTUAL AND PROCEDURAL HISTORY

In 1993, Greenshields was found not guilty of attempted murder by reason of insanity. Pursuant to that finding, he was committed to the DSH. (Pen. Code, §§ 1026, 2962.)¹ His commitment has been extended yearly since then and

¹ All further statutory references are to the Penal Code.

he has been involuntarily treated with psychotropic medication. (§ 2972.)

On May 16, 2016, DSH filed a petition to renew Greenshields's involuntary treatment, and it noticed a hearing regarding the matter. On July 15, 2016, the trial court received evidence of written documents and testimony from Doctor William Yee, Greenshields's treating psychiatrist.

Yee testified that Greenshields suffers from schizoaffective disorder, bipolar type, characterized by his paranoid delusions, cognitive and behavioral disorganization, unstable moods, agitation, aggression, depression, suicidal ideation, and hypomania. At the time of the hearing, Greenshields continued to experience paranoia and delusions. During the prior year, Greenshields was hostile and threatening at times; he was subdued on several occasions with wrist restraints. Nevertheless, Greenshields had not engaged in recent violence and Yee opined that Greenshields presented a low risk of violent behavior.

Yee testified that Greenshields denied having a mental disorder and that Greenshields stated that he was mentally ill only at the time of his committing offense. Greenshields refused psychotropic medication and stated that the DSH psychiatrists were poisoning him and that the hospitals were "killing machines." Greenshields believed that he was a victim of psychiatrists and psychiatric hospitals. Yee described Greenshields's position: "[F]or him to accept the benefit of the medication would be for him to accept having a mental illness. And he has a delusional system."

Yee also testified that Greenshields was knowledgeable regarding the unwelcome side effects of

psychotropic medication. Yee offered to adjust the dosage of Greenshields's medication to the lowest effective dose, but Greenshields refused to speak with him. In sum, Yee opined that Greenshields lacked the capacity to make decisions regarding the administration of antipsychotic medication and that his mental disorder required treatment with the medication. Yee stated that Greenshields displayed a calmer mood and lessened volatility with his psychotropic medication regime.

Greenshields testified that he had been treated with psychotropic medications for 23 years "against [his] will." He stated that he suffered from "torment[ing]" side effects of the medication and described the hospital as a "killing machine." Greenshields believed that he was competent to make decisions regarding his medication and stated that he would continue to refuse psychotropic medication.

Following argument by the parties, the trial court determined that Greenshields lacked capacity to refuse treatment with psychotropic medication and it issued an order permitting the involuntary administration of medication. In ruling, the trial judge commented: "[T]o suggest that all these hospitals are just killing machines, and that all they're doing is giving medicines to people to poison them . . . is totally irrational and not sustainable."

Greenshields appeals the order authorizing involuntary treatment.

DISCUSSION

Greenshields argues that there is insufficient evidence that he lacks the capacity to make treatment choices. He relies upon *Conservatorship of Waltz* (1986) 180 Cal.App.3d 722, 733, fn. 14 [lack of capacity must be established by clear and

convincing evidence].) Greenshields points out that orders for involuntary treatment with psychotropic medication are disfavored and require a compelling showing. (E.g., *Sell v. United States* (2003) 539 U.S. 166, 178-179.) He asserts that Yee's reasoning is circular, i.e., Greenshields is mentally ill and lacks capacity because he insists that he does not have a mental disorder.

In reviewing the sufficiency of evidence to support an order authorizing involuntary administration of psychotropic medication, we examine the entire record and draw all reasonable inferences therefrom in favor of the order to determine whether there is reasonable and credible evidence to support the trial court's order. (*People v. Fisher* (2009) 172 Cal.App.4th 1006, 1016 [determination of capacity to consent in mentally disordered offender proceeding]; *Conservatorship of Waltz, supra*, 180 Cal.App.3d 722, 730 [determination of capacity to consent in conservatorship proceeding].) We do not redetermine the weight of the evidence or the credibility of witnesses. (*People v. Albillar* (2010) 51 Cal.4th 47, 60; *People v. Young* (2005) 34 Cal.4th 1149, 1181 ["Resolution of conflicts and inconsistencies in the testimony [are] the exclusive province of the trier of fact"].) We must accept logical inferences that the trier of fact may have drawn from the evidence even if we would have concluded otherwise. (*People v. Streeter* (2012) 54 Cal.4th 205, 241.) "If the circumstances reasonably justify the trier of fact's findings, reversal of the judgment is not warranted simply because the circumstances might also reasonably be reconciled with a contrary finding." (*Albillar*, at p. 60.)

Our Supreme Court has articulated the incapacity standard as a determination that the patient is "incapable of

making rational decisions about his own medical treatment.” (*In re Qawi* (2004) 32 Cal.4th 1, 20.) Judicial determination of competency to consent to treatment with psychotropic medications concerns whether: 1) the patient is aware of his or her situation (psychotic disorder); 2) the patient is able to understand the benefits and risks as well as the alternatives to the proposed treatment; and 3) the patient is able to understand and to knowingly and intelligently evaluate the information required to be given patients whose informed consent is sought. (*Riese v. St. Mary’s Hospital & Medical Center* (1987) 209 Cal.App.3d 1303, 1322-1323.)

Sufficient evidence and all reasonable inferences therefrom support the trial court’s determination that Greenshields was not aware of his situation, that he did not understand the benefits to treatment, and that he could not knowingly and intelligently evaluate and participate in his treatment. Despite his diagnosis of schizoaffective disorder and the presence of paranoid delusions that psychiatrists were trying to kill him and the hospital was a “killing machine,” Greenshields denied that he had a mental disorder (“I’m fine right now”). Greenshields also admitted prior acts of violence -- assaulting a psychiatrist who he claimed was poisoning him as well as another patient. Greenshields also did not understand or appreciate the benefits of his medication. Yee testified that the psychotropic medications calmed Greenshields, lessened his volatility, and reduced his violent outbursts. Greenshields’s delusions regarding the administration of the medication precluded his intelligent and knowing participation in his treatment. It is true that the side effects of medication are often unpleasant as Greenshields points out. Yee, however, testified

that Greenshields refused to speak with him to be evaluated for a reduction in dosage. If “the evidence suggests the patient’s health would be greatly jeopardized without the therapy, and the patient shows absolutely no appreciation of the gravity of his situation, an inference can be drawn the patient understands neither his illness nor the need for treatment.” (*Conservatorship of Waltz, supra*, 180 Cal.App.3d 722, 728.)

Conservatorship of Waltz, supra, 180 Cal.App.3d 722, does not assist Greenshields. There, the conservatee suffered from an intermittent psychosis with lucid periods during which he could rationally understand and make decisions concerning his care. (*Id.* at p. 730.) Moreover, Waltz admitted that he was mentally ill, and stated that he preferred medication treatment rather than electroconvulsive therapy. (*Id.* at pp. 729, 732.)

The order is affirmed.

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GILBERT, P. J.

We concur:

YEGAN, J.

PERREN, J.

Jacquelyn H. Duffy, Morgan Dougherty, Judges

Superior Court County of San Luis Obispo

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