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# **METRO EAST REGIONAL HUMAN RIGHTS AUTHORITY**

## **REPORT OF FINDINGS**

**HRA CASE # 10-070-9015**

**ALTON MENTAL HEALTH CENTER**

**MARCH 11, 2010**

### **INTRODUCTION**

The Metro East Regional Human Rights Authority (HRA) has completed its investigation of a complaint at Alton Mental Health Center (the Center), a state-operated mental health facility that has 125 inpatient beds in Alton. The allegation states that the Center may have violated a consumer's rights when it reduced privilege levels after the consumer exercised his right to refuse medication.

If substantiated, the allegation would be a violation of the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5/102 and 107) and Alton Mental Health Center's Policy regarding privilege levels and sharps.

Specifically, the allegation states that the Center rescinded a consumer's supervised grounds pass and sharps privileges after a court hearing denied the Center's request to force the involuntary administration of psychotropic medication.

### **METHODOLOGY**

To pursue the investigation, an HRA team visited the Center and interviewed the consumer and the case manager (Manager). With consent, the HRA reviewed the consumer's record and the Center provided applicable policies and procedures.

### **MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES CODE**

Under the following Sections of the Code:

(a) A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible.... In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided. (405 ILCS 5/2-102).

(a) An adult recipient of services or the recipient's guardian, if the

during that emergency room visit she was distraught about the incident. The staff at that hospital suggested she have a mental health assessment and referred her to a second hospital for what she believed to be an assessment. Upon arrival at that hospital, they implied she would be forced to have mental health treatment; she walked away from there only to be picked up by the police and an ambulance was called to deliver her to the Center.

The Administrator stated that the consumer was admitted as a voluntary patient on April 22, 2009 and during hospitalization she refused all treatment, including medication. The Administrator said that the consumer requested discharge the day after admission and that she was discharged within five days of her request on April 29, 2009.

The Therapist stated that the consumer appeared at an area hospital complaining of a knee injury, and after treatment for that injury she was referred to a different area hospital for psychiatric issues. At the second hospital, she allegedly refused to cooperate with admission and when she left that hospital, it called for emergency services and an ambulance brought her to the Center emergency department. At the emergency department the consumer stated that she was homeless after being kicked out of a safe house for violating rules and endangering all of the residents. However, the previous assessments completed at the area hospitals indicated that the consumer reports suicidal and homicidal thoughts and that she possessed multiple forms of identification. According to the Therapist, she and Center staff repeatedly asked the consumer to consent to release information that would allow them to contact family to verify her story.

The Therapist explained that the consumer refused all services and that the Physician agreed to discharge because she was not suicidal. She was discharged to a homeless shelter.

The Manager stated that the consumer's story had conflicting information and that she always refused to consent to release information that would have allowed the Center to verify her statements. The Manager said that it was verified that the order of protection did exist, however, they could not verify the alleged incident at the women's shelter or how she came to possess property labeled with various names.

A Consultation form dated April 22, 2009 documents that following with regard to the patient:

...States that she was attacked by a stalker at 12:30 yesterday and she was taken to [a regional hospital], and she found the conditions deplorable so she signed herself out AMA [Against Medical Advice]. She was then evaluated and treated at [a different regional hospital] for the injuries sustained to her left knee...She was attacked by the stalker yesterday she was attacked, knocked down, and kicked in this same knee causing further injury. She states she has been under attack since [February 2009] and she has been seeking an order of protection. She is currently

seeking to leave and she is very angry as she describes herself being livid as she has been unable to contact her husband to notify him of her current whereabouts.

[She is not willing to discuss medical and family history.]

She stated that she lives with her husband and children and she is not willing to further elaborate. She states she is a self employed realtor and insurance agent [from another State] and she come to Illinois seeking an order of protection as Illinois is the only State that will give lifetime orders per her report. She states that she has brothers that are alive and well. Her mother is deceased and she will not elaborate further on that. Her father is still living. She states that she is a not drinker, nonsmoker and does not abuse drugs

She is not willing to elaborate on any current problems other than her knee pain which she currently rates as 12 on a scale of 10.

Will not allow physical examination as she refused any examination even to the left knee, stating that 'you are not a doctor, I am not willing to have any type of examination at that is facility, I am just desiring to leave.'

Impressions: suicidal and homicidal, paranoid and delusional.

Plan: continue with the psychiatric treatment here as will be outlined by [the Physician] from a medical standpoint there is nothing to offer this very anxious lady as she refused any examination to determine what type of injury she has to the left knee. I had instructed her that if she has been wearing knee immobilizer since January, she really needs to get out of the knee immobilizer. However, she refused that as well. So, no medical treatment at this time. Please contact the hospital's team for any questions or medical problems.

The Intake & Triage Biosocial Assessment completed by a registered nurse commencing at 0530 hours on 04/22/09 states:

Patient seen yesterday at [area hospital] due to [having made the statement that she was] being stalked by 'a man.' Claims she was attacked. Patient was then transported to [a regional hospital] for a psychiatric evaluation but refused treatment and signed out AMA. Patient then called EMS [emergency medical services] and told them to take her to the nearest hospital [Gateway Medical Center]. Patient now self reports that she is suicidal/homicidal. Patient states she is a realtor who is married and has residences in California and Arkansas. Patient states she moved to Illinois from Missouri to obtain an order of protection against [name of stalker] who is always shown up wherever she goes to cause her

harm. Patient believes persons with certain names, or manipulations of letters in names are going to hurt her. Patient believes her dreams are precognitions of what will happen. Patient found to be in possession of belongings with different names.

Recommendations for Treatment: Patient is suicidal and homicidal with specific plans. Patient may be delusional and psychotic. Recommend inpatient care for stabilization.

Clinical Impressions: Met with client for one-to-one session to complete assessment. Client very guarded surrounding family information. Unwilling to sign releases to contact any family member. Amended releases for Madison County Clerk to verify existence of order of protection [verified]. Released information [to a regional safe home for women], had an appointment 2:30 today. Insight/judgment poor.

Hospital Discharge Summary: The patient was admitted to the psychiatric service for close observation and intensive psychotherapy. She was quite disorganized and paranoid. She not only felt that she was being stalked, but felt that the staff and myself were against her. She initially complained that she was not allowed to make long distance calls to contact her father or siblings. I countered by inviting her to sign the release of information to facilitate this contact and hopefully obtain collateral history. Subsequently, the patient steadfastly declined to sign any releases. She argued that she does not even talk to her husband over the phone, but rather communicates only per Internet. Regardless, the patient remained uncooperative with efforts on her behalf. She was religiously preoccupied. Despite my efforts and efforts of several staff members to establish rapport, this was usually answered with her being more verbally hostile. However, this extended to her co-patients. Thinking did not become more organized. On the other hand, the patient was not overtly threatening and did not strike out. I felt that without further history of threatening or violent behavior or examples on the unit that she did not meet criteria for voluntary status. Therefore she was allowed to leave prior to the expiration of her 5-day notice. This cannot amount to AMA status. Also, she did not significantly attend to her hygiene during hospitalization. Further she slept and ate adequately. Insight and judgment remain impaired.

The Mental Status Examination section of the History and Physical form states:

....speech is emphatic. Affect is somewhat labile...She denies suicidal intent in this setting and also denied homicidal ideation. She is fully oriented. She can recall 3 of the last 5 Presidents. Knowledge of recent events reflects average intellect. Insight and judgment appear poor to nil.

The HRA reviewed the Request for Release of a Recipient on Voluntary Admission and it was signed by the patient at 1:30 p.m. April 22, 2009.

The Medication Administration Record verifies that no medication was administered during the admission.

### **STATUTES AND RULES**

Pursuant to the Mental Health and Developmental Disabilities Code

(a) A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan....

(a-5) If the services include the administration of electroconvulsive therapy or psychotropic medication, the physician or the physician's designee shall advise the recipient, in writing, of the side effects, risks, and benefits of the treatment, as well as alternatives to the proposed treatment, to the extent such advice is consistent with the recipient's ability to understand the information communicated. The physician shall determine and state in writing whether the recipient has the capacity to make a reasoned decision about the treatment....(405 ILCS 5/2-102)

(a) An adult recipient of services or the recipient's guardian, if the recipient is under guardianship, and the recipient's substitute decision maker, if any, must be informed of the recipient's right to refuse medication. The recipient and the recipient's guardian or substitute decision maker shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication. If such services are refused, they shall not be given unless such services are necessary to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available. The facility director shall inform a recipient, guardian, or substitute decision maker, if any, who refuses such services of alternate services available and the risks of such alternate services, as well as the possible consequences to the recipient of refusal of such services. (405 ILCS 5/2-107)

### **CONCLUSION**

The Mental Health Code calls for hospitals to provide adequate and humane treatment and that consumers have the right to refuse treatment. The Center documents that the consumer agreed to voluntary admission, was allowed to refuse treatment and was discharged within five days of her request. Based on the investigation, the allegation that the Center violated the consumer's rights is not substantiated.