



FOR IMMEDIATE RELEASE

METRO EAST REGIONAL HUMAN RIGHTS AUTHORITY

REPORT OF FINDINGS

HRA CASE # 12-070-9030

ALTON MENTAL HEALTH CENTER

SEPTEMBER 13, 2012

INTRODUCTION

The Metro East Regional Human Rights Authority (HRA) has completed its investigation of complaints 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 violated a consumer's rights when it did not provide adequate and humane services when administering the privilege program wherein staff arbitrarily change level status when unit safety issues are not at risk.

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

Specifically, the allegation states that Center staff do not adhere to the Code and policy when reducing consumers' privilege levels. The Privilege program permits or rescinds incremental changes of freedom that allows consumers to move about the Center and, progression or regression in the level system may influence the Court decisions regarding consideration for discharge or transfer to a less restrictive setting.

METHODOLOGY

To pursue the investigation, an HRA team visited the Center and interviewed two consumers, and a Case Manager. With consent, the HRA reviewed the consumer's record.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES CODE

Under the following Sections of the Code:

“Adequate and humane care and services” means services reasonably calculated to result in a significant improvement of the condition of a recipient of services confined in an inpatient mental health facility so that he or she may be released or services reasonably calculated to prevent further decline in the clinical condition of a recipient of services so that he or she does not present an imminent danger to self or others. ((405 ILCS 5/1-101.2)

interdisciplinary treatment team. The effectiveness of the treatment provided to a patient, as well as the clinical progress displayed by a patient is regularly evaluated, and the plan of care is changed when indicated. The plan of care and treatment, as well as the proposed outcome of the treatment, along with the reviews of the effectiveness of the treatment, are to be available as written documents in the patient's clinical record.

PROCEDURE:

Each patient will have a written, comprehensive individualized treatment/habilitation plan that is based on an ongoing assessment of the patient's clinical needs, and which is regularly reviewed and updated as needed. The plan is developed and implemented by an interdisciplinary team, with each member documenting his/her involvement in the following document under the direction of the patient's psychiatrist...

Short Term Goal (STG) - Smaller steps which will result in reaching the long term goal. Goals should be written in a way that allows changes in the patient's behavior to be measured. A Short Term Goal would be a realistic, concise statement/phrase or group of statements which is/are understandable to both the patient and staff, is provided by each of the appropriate discipline professionals and indicates an expected patient report, result and/or behavior which is measurable. Include date each goal was established.

Alton Mental Health Center policy 2A.03.207 states:

UNIT PRIVILEGES (UP)

This status means that the patient has access to programming and activities on the living unit.

UP status is appropriate when:

- a) The patient is admitted to AFC (Newly admitted patients will remain on UP status until the 72 hour treatment team is held.)
- b) The patient displays imminent of harm to self or others
- c) The patient displays imminent risk for unauthorized absence (UA);
- d) The patient's treatment team, under the direction of the treating psychiatrist, has determined that the patient's safety or the safety of others would be compromised if the patient left the unit.

The living unit is defined as the patient living area. The vending area and patio area are considered part of the living unit. Therefore, the patient can

appropriate behavior is necessary such as bingo, special events, movies....

...In the event that the Treating Psychiatrist is not available, the Unit RN and/or CNM may institute unit privilege (UP) status where necessary. Informing a patient that they have been placed on unit privilege (UP) status should be done by the Unit RN, Psychiatrist, CNM, AOD, or MOD, in a private area, and in a respectful, explanatory manner so as not to further exacerbate any negative behavior. Staff should not present unit privilege (UP) status in a threatening manner.

FINDINGS

The consumer stated that staff rescinded her privileges after she was attacked by another patient. Initially, staff told the consumer that it wasn't her fault and she wouldn't have any negative consequences initiated by staff; however the next day, the unit Social Worker and Physician told her that the Center was reducing her privilege level.

The consumer explained that while watching television on March 21, 2012 a consumer sat at her side and was talking loud and purposely speaking to a third person positioned on the consumer's other side. The perpetrator shouted to the third person, "don't sit next to that bitch" to which the consumer responded "f*ck you." At that time, the staff intervened and told the agitator to leave the area, who in turn, stood and then attacked the consumer by swinging her fist at her and grabbing and breaking the consumer's eye glasses.

DOCUMENTATION

Progress Notes:

March 22, 2012: [The consumer] was watching TV and [consumer 2] kept getting up and down answering phone. Every time she would seat [sic] next to [the consumer] who was trying to watch TV. [The consumer 2] was loud and disruptive each time. staff had asked [consumer 2] several times to quit because others were trying to watch TV and [consumer 2] was very loud. [Consumer 2] was directly in [the consumer]'s ear and [the consumer] continued to watch TV not giving any eye contact toward [consumer 2] After ignoring [consumer 2] [the consumer] to please be quiet because she was trying to watch TV. [Consumer 2] then got louder and started cursing. [the consumer] did curse back then [consumer 2] got up in threatening manner then she reached over and hit [the consumer] and grabbed her glasses, bending them. Staff redirected and [the consumer] [who] didn't try to fight back or try to argue with staff. Staff had to redirect [consumer 2] to the other side of the unit. [The consumer] was redirectable and didn't say anything else until asked what happened by nurse. [The consumer] was compliant after being hit.

consumer] indicated that she felt that a request would not be done no matter what she does. [The Physician] noted the need to meet the criteria for a request for increased privilege. She also mentioned the risk factors and that following rules was an important factor that the states attorney would be looking at in terms of privileges. In addition it was noted the [the consumer] could petition that court as an option when she had her passes back and had appropriate behavior without incidents such as the recent one involving selling cards.... [The consumer]'s request for therapy was also discussed and this writer offered to work with [the consumer] and she indicated that was agreeable. [The consumer] mentioned frustration with being at the facility and some lack of hope about getting out as to what she wanted a therapist to address.

06/13/12: [The consumer] was noted to have made a comment to a peer that offended her. As a result, the peer struck [the consumer] and broke her glasses. [The consumer] reported she has been staying in her room to stay out of trouble. She says she feels that she gets pulled in to situations by peers who ask for her opinion. [The consumer] and the team recommend that she come out of her room to socialize more. [The consumer] was given her SGP [supervised grounds pass] this date and she is wanting to move up her privilege level as soon as possible and is hoping to be allowed an out trip on 06/22/12 for her birthday. [The consumer] was asked about current therapy with her social worker and stated that she finds it helpful.

CONCLUSION

Pursuant to Section 1-128 of the Mental Health and Developmental Disabilities Code, "Treatment" means an effort to accomplish an improvement in the mental condition or related behavior of a recipient. Treatment includes, but is not limited to, examination, diagnosis, evaluation, care, training, psychotherapy, and other services provided for recipients by mental health facilities." Under 2-102 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."

Alton Mental Health Center Policy describes a Short Term Goal as a realistic, concise statement/phrase or group of statements.

Center Policy states Unit privilege status should NOT be instituted for an infraction of a Unit Expectation which is not an imminent safety/security threat. Attempts should be made to fashion an intervention that is pertinent to the infraction.

The HRA notes that the consumer was attacked on March 22, 2012 and, although it was not documented in Progress Notes, staff rescinded her privileges. A recording regarding the incident stated that the consumer did not demonstrate inappropriate behavior and that she cooperated with staff after she was attacked. Also, the