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METRO EAST REGIONAL HUMAN RIGHTS AUTHORITY

REPORT OF FINDINGS

HRA CASE # 13-070-9031

ALTON MENTAL HEALTH CENTER

INTRODUCTION

The Alton Regional Human Rights Authority (HRA) has completed its investigation of complaints at Alton Mental Health Center (Center), a state-operated facility (SOF) that has 125 inpatient beds in Alton. The allegation being investigated is that the Center may have violated a consumer's right to refuse medication and did not allow unimpeded communication. If substantiated, the allegations would be violations of the Mental Health and Developmental Disabilities Code.

Specifically, the allegations state that because the consumer exercised her right to refuse medication, Center staff did not promote her discharge. The consumer did not demonstrate inappropriate behaviors and she completed required Unfit to Stand Trial (UST) classes, but the staff allegedly did not assist her return to court to achieve release. Furthermore, after she was attacked by another consumer, she called 911 and asked that a police report be completed and an ambulance sent to take her to a hospital for injuries she sustained. The police came to the Center; however, the Center reportedly blocked the ambulance from transporting her to a regional hospital.

METHODOLOGY

To pursue the investigation, an HRA team visited the Center and interviewed the consumer and the unit staff member. The HRA reviewed the consumer's record, with consent.

FINDINGS

The consumer stated that the Center routinely denies her assistance to progress and schedule a court date when she will be allowed to demonstrate fitness for trial and attain release.

The consumer explained that she has degrees in psychology and religion. She further explained that she has the capacity to understand medications and their side effects and is capable of making a reasoned decision regarding the refusal of medication. According to the consumer, she has been at the Center for eight weeks and has met the criteria to prove her fit for trial, including passing all the fitness tests. The consumer said Center staff will not assist her because she continues to refuse medication. The consumer noted that she has not demonstrated any behaviors that create a safety concern or that would cause staff to question her mental stability. The consumer stated that she has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and

that the Center refuses her medication for that diagnosis while suggesting she take other psychotropic medication.

In the month of May, the consumer was attacked by a consumer and the Center impeded her call to the police.

The staff on duty during the time of visit stated that the consumer was educated and that soon after admission she was capable of understanding the charges against her, which is a qualifying condition to return to court. According to the staff, the consumer refused psychological testing which delayed her discharge, in part, because the Center could not establish a certain diagnosis based on her history and lack of verification regarding previous treatment. The staff noted that the reason for admission included violation of a court order to seek testing and counseling.

Additionally, the staff reported that the consumer's behavior was not a safety issue that would require her to take medication or force the Center to seek involuntary treatment; however, her arrogant attitude caused problems with other consumers that included an attack and other confrontational behaviors on the part of the consumer and others.

Regarding her call to 911, the staff explained that after the consumer was attacked, she called 911 asking for an ambulance to take her to a regional hospital. The 911 operator dispatched a police officer and together with a nurse on duty they determined that the injuries did not require transport to a hospital. The consumer was seen by a Center Physician soon after the incident and she recovered without difficulty.

DOCUMENTATION

According to the initial assessment dated April 12, 2013 the consumer was admitted after failing to adhere to court ordered outpatient evaluation. The order was made after six charges for misdemeanor, including trespassing, violation of a court order and resisting a peace officer. The consumer stated that "somewhere along the line I was misunderstood." She also states that in regard to the violation of an order of protection that she is "not sure what order they are talking about." [The consumer] basically has a total lack of insight into her current legal situation although she is intellectually aware of the charges against her....She states that she was diagnosed with ADHD while in college and was prescribed Dexedrine by her family doctor. Prior to her arrest she was also taking Zoloft, and claimed that it was prescribed by her gynecologist for symptoms associated with premenstrual syndrome....

Jail progress notes state:

She is not on medication, not even the medication she claims to been taking prior to her arrest. There have been no behavioral incidents of note at the jail. She is well behaved and follows directions of corrections officers.

Jail diagnosis: she has no official diagnosis at the jail.

Forensic Court Examiner Diagnosis: Delusional disorder, Persecutory type; ADHD, in partial remission....

She claims to suffer from Posttraumatic Stress disorder secondary to her reported rape at the age of 13.

Appearance: Neat with excellent hygiene and grooming

Behavior: Attention: She was attentive but was also preoccupied with the conspiracy which allegedly has not resulted in her being evaluated for admission to a state hospital and was confused concerning her legal status versus the civil matters of the order of protection and custody of her daughter. Ability to concentrate was impaired.

Interpersonal: cooperative and forthcoming, regarding especially her delusional material, while at the same time remaining generally somewhat reserved and guarded.

Speech: Coherent and goal directed but often illogical. Was often circumstantial....

...Her contact with reality was good as long as the topic was far removed from her civil or criminal legal situation or her daughter. However, even when one attempted to discuss a neutral topic, she would soon manage to turn the discussion back to the conspiracy keeping her from her daughter. In order to complete the interview it was often necessary to redirect her, or to repeatedly re-inquire to obtain a relevant response....

...Recommendations for Placement: [The consumer] certainly requires a comprehensive psychological evaluation, given her main diagnosis of Delusional disorder, which is an uncommon diagnosis (estimated at 1 in 10000), with a secondary diagnosis of ADHD, plus claims to have been a victim of rape at the age of 13 which, according to her, has resulted in PTSD, with an additional report of having been fondled by a priest while in elementary school.

Treatment of Delusional Disorder is sometimes difficult. Prognosis is generally improved if this disorder occurs earlier in life rather than later, so at her age is a plus in terms of prognosis. Cognitive behavioral therapy is sometimes useful in helping whiff the persons focus away from the delusion, but that is a time consuming process, with a low success rate but is generally more successful with younger individuals with the disorder. If psychiatric stability can be attained such that she is no longer delusional, or at least the delusions are diminished to the extent that she

can accurately, on both an intellectual and emotional level, differentiate between her civil legal situation and her criminal charges, she is unlikely to require much in the way of formal fitness restoration training.

The treatment plan short term goal dated April 24, 2013 states:

Goal: Patient will be compliant with medications as ordered for three days.

Interventions/rationale: Nursing will administer medications as ordered by MD, monitoring for therapeutic response and/or side effects.

The Treatment Plan review summary of discussions of treatment goals, objectives, interventions and progress of patient states:

Goal: [The consumer] will have zero reports of verbal aggression for 6 consecutive months [goal not met]:

05/07/13: [The consumer] was observed arguing with female peer over a cup of coffee. Staff counseled peers to only attend to their own business. Peer began to pound patient in the face and head and staff led peer away from patient out of dining room. Peer continued to threaten [the consumer] yelled at peer. [The consumer] was redirected to return to dining room for her own protection. [The consumer] was allowed to contact [local] police department at her request and met with officer. Note that officer stated that she had called 911 for an ambulance and to file and assault charge.' [The consumer] admitted to Clinical Nurse Manager and [Police] that she had called ambulance.

Goal: [The consumer] will have zero reports of sleep difficulty time 3 consecutive months: goal not met. On 05/19/13 [the consumer] requested Ambien [sleep aid] and this was given around 0015 hours.

05/06/13: Psychiatric noted that records which had just been received indicate prior diagnosis of ADHD and treatment with Dexedrine. Psychiatric discussed with [the consumer] and patient agreed to treatment with Strattera 40 mg. [milligrams] by mouth in a.m. for three days, then 80 mg. by mouth each morning.

05/08/13: Psychiatrist met with patient who had refused Atomoxetine that morning. Patient withdrew consent for this medication. Psychiatrist noted that [the consumer] was not threatening, suffering or showing deterioration of functioning to the extent required to justify involuntary medication. Atomoxetine was discontinued. Psychiatrist discussed placing [the consumer] on frequent observation while on living UCPLL unit for her safety. Psychiatrist noted 'refused to discuss measures regarding other patients.'

Psychiatric Review of Progress notes state:

Period [admission-04/18/13]: On one-to-one [observation] upon admission which was downgraded to frequent observation on 04/13/13 which was discontinued on 04/14/13.

Risperidone was rearranged to HS on 04/15/13 because of refusal to take in a.m. She has exhibited episodes of anger and demands to be reported as fit to stand trial. She went to court on 04/17/13 continued until 04/25/13 because of refusal to take Risperidone.

Period 04/24/13 - 05/02/13: Psychotropic medication: Vistaril 50 mg. PRN for anxiety; Ambien 50 mg. QHS (at bedtime) PRN (as needed) sleep... Patient currently refusing all recommended psychotropic medication....

Patient's perception of Medications: "I'll think about it."

Comments: Patient does not consent to other medication. Would not meet criteria for involuntary medication at this time....

...Clinical course since last review...Reports some anxiety and remains very guarded. Refuses recommended psychological testing to help clarify the diagnosis, explaining I think that it would just give everyone another dagger against me. Refused psychotropic medication. Patient disruptive during community meeting.

For the 05/06/13 - 05/14/13 period:

C. Patient continues to refuse medication. Withdrew consent for Atomoxetine after a couple of doses. On 05/07/13 patient got an extra cup of coffee at lunch, another patient argued with her about it and the other patient attacked [the consumer] Patient called 911 for police and an ambulance but she only suffered minor injuries. On 05/09/13 she attended court related to foreclosure and behaved appropriately. On 05/11/13...patient agrees to psychological testing.

For the 05/14/13 - 05/20/13 period:

...C. Clinical Course since last review 05/20/13: Remains on no psychotropic medication. Uses PRN [as needed] Vistaril specifically at bedtime for anxiety. No episodes of anger or aggression requiring use of emergency interventions. Reports she knows she is fit to stand trial and says she has [sic] lawyer....

...E. Psychotropic treatment discussion: At Atomoxetine 40 mg. starting today to 80 mg. [in] 1 day....

...F. Patient's perception of Medications: 'I'll try Strattera.'...

Progress notes state:

04/18/13: Social Worker during meeting noted above in a.m. today writer gave patient copy of 04/12/13 court report today. Patient later told writer there were errors in said report. Worker encouraged patient to complete complaint form...

Behavioral note: spoke with [the consumer] regarding consumer complaint. She requested that we make sure she is reported fit when she goes to court on 04/25/13 and that we make sure her property goes with her. I attempted to explain that the psychiatrist writes her court report and makes the determination of fitness based on fitness review. She then asked how to complain...

MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES CODE

The following rights are guaranteed under these Sections:

(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 and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient...[405 ILCS 5/2-102].

ALTON MENTAL HEALTH CENTER HANDBOOK

Unfit to Stand Trial (UST): You have been to court on a criminal charge and the judge determined that you were not able to understand the court process or help your attorney due to your mental illness. Because of this, your court hearing has been delayed until the judge determines you are ready to continue with your trial. The staff here will provide fitness restoration education to help you learn about the court procedures and your treatment team will recommend to the court that a new hearing be held when you become fit (e.g. know the court information and can assist your attorney in your defense).

Social Services: A social assessment will be completed during the first days of your admission. A social worker, who works on the unit where you reside, will be assigned to coordinate your plan of care and discharge

planning. Your social worker will work closely with you, counsel you, will answer your questions, work with you as you collaborate with the treatment team to develop your treatment plan, and will assist you in reaching your goal of being discharged or returning to court. Your social worker will assist you in planning your discharge, and help you make the necessary arrangements in the community for care after discharge. The Social Service staff also provides a variety of individual, group, and family education.

Medications: You are expected to know what medications you are taking and when. Staff will assist you in learning this.

Telephone Use: All patients are allowed two outgoing, five to ten minute domestic telephone calls per week...

The handbook does not address consumer's privilege to call 911.

Restriction of Rights: There may be times when your Rights may have to be restricted. Your rights can only be restricted for cause.... You have the right to refuse treatment, including any medication. If you refuse to take the medication as ordered and the staff become concerned that you are in imminent danger of harming yourself or others, you may be given **Emergency** medication. Should this be necessary, you will be given a written Restriction of Rights Notice. The treatment team may petition the Madison County Court for court ordered medication if the need continues.

CONCLUSION

The Mental Health and Developmental Disabilities Code states a consumer shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan reviewed with the participation of the consumer.

According to record review, the consumer's discharge date was not delayed based on the fact that she refused medication. Rather, discharge was affected by the consumer's refusal of evaluation and other factors, including cooperation on the unit, which delayed her court appearance.

Documentation verified that the consumer was allowed to call 911 and therefore communication was not impeded.

Based on the documentation and the Center's policy the allegation being investigated that the Center may have violated a consumer's rights regarding refusal of medication and impeded communication is not substantiated.