FOR IMMEDIATE RELEASE

METRO EAST HUMAN RIGHTS AUTHORITY
REPORT OF FINDINGS
HRA CASE # 17-070-9009
ALTON MENTAL HEALTH CENTER

The Metro East Regional Human Rights Authority (HRA) has completed its investigation of a complaint at Alton Mental Health Center, a state-operated, medium security mental health care facility located in Alton, Illinois. The facility serves 120 patients between the ages of 18-55. Of that number, approximately 110 (88 male and 22 female) are on the forensic unit. The civil unit houses a maximum of 15 patients and includes one overflow bed which is used for emergency purposes only. Alton Mental Health Center employs 220 staff members to ensure that patients are supervised 24/7.

> ***The allegation being investigated is:*** The facility does not ensure the provision of adequate and humane services when it fails to address recipient upon recipient abuse in an effective manner to ensure patient safety.

If found substantiated, the allegation represents violations of the Mental Health and Developmental Disabilities Code (405 ILCS 5/3-211) and facility policies.

METHODOLOGY

To pursue the investigation, an HRA team interviewed Alton Mental Health Center staff, obtained and reviewed agency policies, reviewed the Alton Mental Health Center Consumer Handbook, and reviewed masked consumer complaints. In addition, the HRA coordinator interviewed several patients who claim to be victims of this aggressor.

FINDINGS

The complaint states a patient on the female unit at Alton Mental Health Center was the perpetrator of abuse of several fellow patients. The issue was ongoing and the patients on the unit feared random attacks.

The HRA Coordinator interviewed 4 patients that claim to be victims of this perpetrator and all state the attacks are random and they are in constant fear of being attacked. The previous administrator stated that he moved one patient to the civil unit to protect her from the aggressor and was working on strategies to make the unit safer. The current

administrator stated an Incident Case Review (ICR) was held with multiple team members to explore solutions for this patient's behavior and it was recommended that the perpetrator be moved into the special care room on the unit that is close to the staff area. The thought was that the special care room has its own restroom which would hopefully keep the perpetrator out of the main restroom, where some attacks have occurred. However, this is not a complete solution as not all attacks occur in the restroom. Per the Peer to Peer Aggression reports, on 2 of the 42 attacks on female units occurred in the restroom, the majority of the attacks were on the unit and near or in the dining room. The attacks are random and happen wherever the aggressor may be.

According to the Peer to Peer Aggression Report, from January 3, 2016 to March 17, 2017, there were 42 documented cases of Peer to Peer Aggression on the female units alone and 84 total on both the forensic and civil units. Females, during this time period, accounted for one fourth of the total patient population, and half of the incidents of peer to peer aggression. The descriptions of the types of attacks detailed in the Peer to Peer Aggression reports provided to the HRA appear to match the reports made by the patients interviewed.

According to the Prevention and Early Response (PERT) Policy # 1G.06.008, "It is the policy of Alton Mental Health Center to provide a safe, person centered, and recovery focused environment for those persons served….Recognition of early behavioral changes in a patient's condition is important so that early and effective intervention may be brought to ensure patient and staff safety….The unit nurse should be contacted when changes are noted in patient's condition, or activation of the PERT response can be initiated per the following procedure…."

1. Primary Prevention Intervention: Primary prevention interventions goal is to create a therapeutic environment that prevents and/or minimizes conflict. The PERT Leader will respond to treatment teams identified high acuity, high risk, and behavioral management patient throughout the facility. The PERT Leader will communicate any concerns, or pertinent information to the unit team through the Clinical Nurse Manager (CNM), Registered Nurse (RN), PERT member, or in writing for use in the morning professional report sessions. The PERT leader will attend shift reports, and visit all units routinely. The unit teams should contact the PERT leader regarding high risk patients who may need special attention. The PERT leader will meet routinely with these patients for the express purpose of building therapeutic rapport, crisis prevention, and review of revisions of Personal Safety Plans (PSPs).

MANDATES/REGULATIONS

According to the Mental Health and Developmental Disabilities Code (405 ILCS 5/3-211):

> Sec. 3-211. Resident as perpetrator of abuse. When an investigation of a report of

suspected abuse of a recipient of services indicates, based upon credible evidence, that another recipient of services in a mental health or developmental disability facility is the perpetrator of the abuse, the condition of the recipient suspected of being the perpetrator shall be immediately evaluated to determine the most suitable therapy and placement, considering the safety of that recipient as well as the safety of other recipients of services and employees of the facility.
(Source: P.A. 86-1013.)

CONCLUSION

As acknowledged by the administration, patients were subjected to multiple attacks by a fellow patient and although attempts were made to evaluate and correct the situation, the facility was unable to rectify the situation in a timely manner and the abuse continued with attacks documented for at least 3 months. The HRA finds that this complaint is **substantiated**.

RECOMMENDATIONS

The HRA recommends that Alton Mental Health Center train staff to respect the rights of patients and to be proactive and more sensitive to patients as perpetrators of abuse as well as their victims.

To meet Code and policy requirements, a protocol should be developed in order to immediately evaluate and determine the most suitable therapy and placement for both the perpetrator and victim.

To help meet the Code's requirement that the facility ensure the safety of other recipients and staff in this type of situation, pursue violence management and prevention trainings for both staff and patients should be implemented. Employees, by policy, are trained in CPI techniques yearly and this should also be a training that is considered for patients. Not only will the patients benefit from CPI and violence prevention techniques while hospitalized but also when they return to the community. The CPI 7 Principles for Effective Verbal Intervention and 10 Tips for Crisis Prevention are already available to the facility as part of the CPI Trainings, The Ultimate CPI Resource Pack, and should be used to train both staff and patients. Conflict resolution and how to respond to a potentially violent person could be added to this training to benefit both staff and patients. Ensure that each patient's Personal Safety Plan, per facility policy, is accurate and updated frequently to reflect behaviors and behavioral modification techniques that are effective for each specific patient.

SUGGESTIONS

The facility should consider having an early reporting system that patients and/or staff can anonymously report their observations and fears that a patient is becoming more aggressive.

Many of the Peer to Peer Aggression reports were lacking details, consider adding time of day, location and documentation about resolutions being pursued to protect the aggressor, other recipients and staff.