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North Suburban Human Rights Authority  
Report of Findings  
Alexian Brothers Behavioral Health Hospital  
HRA #08-100-9009

Case Summary: The HRA did not substantiate the allegations presented. The HRA's public record on this case is recorded below.

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Alexian Brothers Behavioral Health Hospital (ABBHH). In September 2007, the HRA notified ABBHH of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint reported that a consumer's Intake call was tape-recorded and the consumer had been denied access to that tape. The consumer was subsequently admitted to the hospital and was told that the only way he would be discharged was if the Petitioner reversed the petition. The rights of mental health consumers are protected by the Mental Health and Developmental Disabilities Code (405 ILCS 5) and the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/4).

The HRA conducted an on-site visit in November 2007. While at ABBHH, the HRA interviewed the Intake employee identified in the allegations and a representative from the Risk Management/Recipient Advocacy Department. The HRA reviewed, with written authority, the clinical record of the consumer whose rights were alleged to have been violated. Also reviewed were hospital policies relevant to the allegations.

### **Background**

Alexian Brothers Behavioral Health Hospital is a 110-bed psychiatric hospital located in Hoffman Estates. It offers mental health and addictions treatment, including inpatient, partial hospitalization, intensive outpatient and outpatient services for children, adolescents and adults.

### **Findings**

The consumer reported that he called Alexian Brothers to see if he could get an appointment with a Psychiatrist. When he was told that it would take a few days to get this appointment, he hung-up on the Intake Worker. The consumer explained that the police were subsequently contacted and he willingly went with them to the hospital. He stated that when he received a copy of the petition, he read that he had made a statement indicating that he wanted to kill himself. The consumer stated that he made no such claim and wanted the tape to prove the same.

At the site visit, the Intake Worker explained (and his written Intake notes confirm) that the consumer called on 8/29/2007 to set an appointment for a medication adjustment. The consumer initially spoke to a receptionist who advised the Intake Worker that the consumer was in great

distress due to financial matters. The Intake Worker called the consumer back and told the consumer that he would be able to see the Psychiatrist on 9/4/2007. The consumer told the Intake Worker that he could not wait that long and that he could not afford the appointment. The Intake Worker told the HRA that the consumer was advised that he could call the Psychiatrist for a medication refill, that the consumer could call his Primary Care Physician for a medication refill, or he could go to the local emergency department for the medication. The appointment was again offered to the consumer; he stated that he did not want the appointment and stated "*I will be done by then*" and quickly hung up the phone. The Intake Worker called the consumer back due to what he believed was a suicide threat and the call went to voice mail; a message was left stating that the call would need to be returned in ten minutes before a safety check was made. The call was not returned.

The Intake Worker contacted the Paramedics to conduct a safety check. The Paramedics arrived at the home and called the Intake Worker saying that the consumer was not threatening but they were concerned for his safety. They asked the Intake Worker to speak to the consumer. The Worker spoke to the consumer who immediately asked if the call was being recorded. The Worker told the consumer that he was not aware of the call being recorded, but that it might be for monitoring reasons. The Intake Worker and the representative from Risk Management stated that upon further review of this matter, they learned that the Intake calls are not recorded.

Regarding the allegation that the consumer was told that the only way he would be discharged was if the Petitioner reversed the petition, the consumer stated that it was the Intake Worker who told him of this procedure. The Intake Worker told the HRA that he went to the hospital to complete the petition upon the request of the police. He stated that once at the hospital, he did not converse with the patient, he just completed the form. He stated he did not tell the consumer that discharge would be contingent upon the petitioner reversing the petition. The representative from Risk Management stated that all behavioral health employees are trained in voluntary and involuntary admission procedures, and would not advise a consumer that a petition could be reversed. The employee would tell the consumer what they would need to do for discharge, like contract for safety for example. It is noted that the petition and certificate (completed about five hours after the petition) mirrored the above information that was written in the Intake notes, in that when the consumer was advised of his options, he stated he would "oust" himself. Once admitted, the psychiatrist documented that the consumer adamantly denied being suicidal and that he did not express any suicidal or homicidal ideation. The consumer was seen by another psychiatrist for a second opinion and it was felt that the consumer was safe for discharge; the consumer was discharged to a coworker on August 30<sup>th</sup>, 2007.

The hospital's Admission Process policy states that patients come to the Behavioral Health Hospital as admissions through the Clinical Access Center. All new patients receive a level of care screening of their emotional and behavioral needs. The policy states that for all patients being admitted to the Behavioral Health Units, the nursing staff receiving the patient shall ensure that either an Informal or Voluntary Admission form has been signed by the patient, unless the patient carries a substance abuse diagnosis/older adult treatment status, or that a petition and certificate have been completed and that the patient's rights have been explained to him. A copy of these rights shall be given to the patient.

#### Conclusion

Pursuant to the Mental Health and Developmental Disabilities Confidentiality Act, Section 110/4, the recipient if he is 12 years of age or older shall be entitled, upon request, to inspect and copy his record or any part thereof. The Intake calls are not recorded; thus the claim that the Intake call was tape-recorded and the consumer had been denied access to that tape is moot.

Pursuant to Section 3-205 of the Mental Health and Developmental Disabilities Code, "Within 12 hours after the admission of a person to a mental health facility under Article VI or Article VII of this Chapter the facility director shall give the person a copy of the petition and a clear and concise written statement explaining the person's legal status and his right to counsel and to a court hearing. Following admission, any changes in the person's legal status shall be fully explained to him." Under Article VI, facilities may detain and admit individuals on the basis of completed petitions and certificates and may discharge them by physicians' orders or court orders (3-600 et seq.). Based on documentation in this record, those required procedures were followed. Although the HRA cannot discount the claim that the consumer was told that discharge would only happen if the Petitioner reversed the petition, no evidence was found to support the claim; the allegation is unsubstantiated.

Suggestion

The HRA takes this opportunity to suggest that staff members are made aware that incoming calls are not tape-recorded.