



FOR IMMEDIATE RELEASE

Egyptian Regional Human Rights Authority
Report of Findings
08-110-9021
Choate Mental Health Center
Mental Health Division
May 27, 2008

The Egyptian Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation concerning Choate Mental Health Center, a state-operated mental health facility located in Anna. The facility is comprised of two divisions, a division for persons with developmental disabilities and a division for persons with mental health issues. This report is regarding services within the mental health division of the facility. The specific allegation is as follows:

A recipient at Choate Mental Health Center (MI Division) has been denied unimpeded conversation with a person of the recipient's choice.

Statutes

If substantiated, the allegation would be a violation of the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5/2-103 and 405 ILCS 5/2-201).

Section 5/2-103 of the Code states, "Except as provided in this Section, a recipient who resides in a mental health or developmental disabilities facility shall be permitted unimpeded, private, and uncensored communication with persons of his choice by mail, telephone and visitation. (a) The facility director shall ensure that correspondence can be conveniently received and mailed, that telephones are reasonably accessible, and that space for visits is available. Writing materials, postage and telephone usage funds shall be provided in reasonable amounts to recipients who reside in Department facilities and who are unable to procure such items. (b) Reasonable times and places for the use of telephones and for visits may be established in writing by the facility director. (c) Unimpeded, private and uncensored communication by mail, telephone, and visitation may be reasonably restricted by the facility director only in order to protect the recipient or others from harm, harassment or intimidation, provided that notice of such restriction shall be given to all recipients upon admission. When communications are restricted, the facility shall advise the recipient that he has the right to require the facility to notify the affected parties of the restriction, and to notify such affected party when the restrictions are no longer in effect. However, all letters addressed by a recipient to the Governor, members of General Assembly, Attorney General, judges, state's attorneys, Guardianship and Advocacy Commission, or the Agency designated pursuant to 'An Act in relation to the protection and advocacy of the rights of persons with developmental disabilities, and amending

Acts therein named', approved September 20, 1985, officers of the Department, or licensed attorney at law must be forwarded at once to the persons to whom they are addressed without examination by the facility authorities. Letters in reply from the officials and attorneys mentioned above must be delivered to the recipient without examination by the facility authorities.”

Section 5/2-201 states, “Whenever any rights of a recipient of services that are specified in this Chapter are restricted, the professional responsible for overseeing the implementation of the recipient’s services plan shall be responsible for promptly giving notice of the restriction or use of restraint or seclusion and the reason therefore to: (1) the recipient and, if such recipient is a minor or under guardianship, his parent or guardian; (2) a person designated under subsection (b) of Section 2-200 upon commencement of services or at any later time to receive such notice; (3) the facility director; (4) the Guardianship and Advocacy Commission, or the agency designated under 'An Act in relation to the protection and advocacy of the rights of persons with developmental disabilities and amending Acts therein named', approved September 20, 1985, if either is so designated; and (5) the recipient’s substitute maker, if any. The professional shall also be responsible for promptly recording such restriction or use of restraint or seclusion and the reason therefor in the recipient’s record.”

Investigation Information

Shortly after the complaint was accepted for investigation, the HRA Coordinator (Coordinator) met with the recipient whose rights were alleged to have been violated at the facility. During the visit, the recipient provided written authorization for the HRA to review information from his clinical chart. The HRA requested and received copies of information pertinent to the allegation from the recipient’s clinical chart. Later in the investigation, the Coordinator spoke with the facility Administrator. The facility’s Recovery Handbook was also reviewed.

Interviews:

Recipient

According to the recipient, his mother was in the hospital in December 2007. He stated that during her hospitalization, the facility allowed him to call her once daily. He informed the Coordinator that when he called her on 12/03/07, her fiancée answered the phone and informed him that his mother was not able to speak to him at that time. He stated that later in the day, he asked staff if he could place a second call because his mother was unable to speak with him when he had initially called. The recipient stated that facility staff informed him that he had already placed his daily call and refused to allow him to make the second call. The recipient could not provide the name(s) of specific staff member(s) that refused to allow him the second call. The recipient stated that he was very concerned about his mother’s well-being, and he did not believe that staff should have prohibited him from placing the call. He informed the Coordinator that he was not provided with a Restriction of Rights Notice when he was refused the second call.

Administrator

The Administrator stated that she had personally worked with the recipient before becoming the facility Administrator and had first-hand knowledge of the period of time that the recipient's mother was in the hospital. The Administrator stated that the recipient's mother was in a very serious condition that required hospitalization in an intensive care unit in an out-of-state hospital. She stated that while the recipient's mother was in the hospital, he was allowed to call and speak to her at any time that she was well enough to accept the call. The Administrator informed the Coordinator that the facility allowed the recipient extra state-paid calls during his mother's illness, and he was allowed to use the pay telephone at other times. She stated that the recipient was informed that the only restriction that would be placed on calls would be when hospital personnel or family members informed him that his mother was not well enough to speak to him when he called.

The Administrator informed the Coordinator that the recipient was transferred from the most restrictive state-operated mental health facility to Choate Mental Health Center shortly before his mother's hospitalization in the intensive care unit. She stated that when the recipient learned that his mother was seriously ill, he requested that facility staff take him to the hospital for a personal visit. According to the Administrator, when professional staff members reviewed the recipient's request it was determined that he was not clinically stable enough to be allowed the visit. The Administrator stated that when the recipient was informed that he would not be allowed to leave the facility to go the hospital for a personal visit with his mother, he became very upset.

The Administrator informed the Coordinator that the recipient was recently discharged from the facility. However, during his hospitalization at the facility, a telephone restriction was implemented after he repeatedly called a former female recipient at her community residence. Based on the female's concern about the repeated calls and her request to have them cease, a telephone restriction was implemented. However, at no time was he restricted from calling his mother. The Administrator stated that the recipient was provided with a Restriction of Rights Notice when he was restricted from calling the former female recipient.

Record Review

Treatment Plan Reviews (TPR)

The HRA reviewed the recipient's TPR that was completed 10 days after his admission to the facility. According to documentation in the 11/09/07 review, the recipient had been pacing the halls and was very demanding with others. Additional documentation indicated that when events were not routinely followed, the recipient became very angry.

Documentation in an 11/29/07 TPR indicated that the recipient had been attending programs as recommended. However, improvements in his interactions with others were needed. In the Review of Barrier to Discharge Section of the TPR, documentation indicated that the recipient had not been accepted into a community program because he did not meet the criteria for placement at that time.

In the 12/26/07 TPR, documentation indicated that on 11/23/07, the recipient threatened peers. On 11/25/07 he requested medication for agitation and anxiety. On 11/30/07, he tore a suggestion box off the wall, threatened staff and requested medication for agitation. The record indicated that the recipient also slammed doors and expressed anxiety concerning his mother's hospitalization. On 12/08/07, the record indicated that the recipient requested medication for anxiety and agitation after informing staff that he felt as if he was going to hit the wall.

According to a 01/24/08 TPR, the recipient's telephone rights were restricted on 01/23/08 because he repeatedly called a former female recipient. Upon request by the female, the recipient was restricted from placing further calls to her residence. Documentation indicated that when the recipient was informed of the restriction, he threw chairs, threatened to pull the pay telephone off the wall, and threatened harm to those around him.

Restriction of Rights Notices

On 12/24/07, the recipient stated that he had injured his right arm, and when examined by a facility physician, it was determined that he had a sprain in the shoulder area. As a result, the recipient was given a 48-hour medical restriction that prohibited any off the unit activities. The record indicated that the restriction was implemented for the recipient's safety until he could gain full use of his arm. The recipient was provided with a Restriction of Rights Notice pertinent to the medical restriction.

On 01/23/08 at 2:25 PM, a Restriction of Rights Notice was given to the recipient after he repeatedly called a former female resident and asked other recipients on the unit to call her. Documentation on the Restriction of Rights Notice indicated that the restriction was implemented at the request of the former resident who was receiving the calls.

The HRA did not review any documentation that indicated the recipient had been restricted from calling his mother during her illness or at any other period of time.

Progress Notes

Documentation in a 12/24/07 Progress Note indicated that the recipient had reported to an activity therapist that he had injured his shoulder when he fell in the bathroom; however, he had not reported the injury to medical staff. When the activity therapist noticed that the recipient was

holding his right arm with his left arm splinted next to his body, and the recipient had informed him that he could not move his right shoulder, arm or fingers, the recipient was brought back to the unit and his condition reported to medical staff.

A Nurses Note on 12/25/07 indicated that when a nurse examined the recipient no redness, scratches, scrapes, whelps or disfigurement to the shoulder, arm or fingers were noted. The nurse documented that she completed an injury report and notified the facility physician. A medical restriction was given to keep the recipient on the unit for his own safety and until he could be “deemed fit per the facility physician”.

In an additional 12/24/07 note, a facility physician recorded that he had examined the recipient and had determined that he had a sprain in the right shoulder area.

Recovery Handbook (Handbook)

The HRA reviewed the Handbook, which is given to a recipient when he/she is admitted to the facility. The Handbook provides information about the following: the facility’s vision, mission, treatment team process, patient rights, patient responsibilities, unit guidelines, facility policies, psychiatric treatment program, advance directive, community mental health information, and wellness recovery program.

In the Patient Rights sections of the Handbook, recipients are informed of their right to communicate by mail, telephone calls, and visits with others in private, without obstruction, or censorship by staff at the facility

In the Unit Guidelines Section of the Handbook, recipients are informed of the facility’s policies regarding pay phone usage. According to the policy, there are no restrictions on the use of the pay phone. However, as a courtesy to others, recipients are requested to limit the time on an individual phone call to 10 minutes.

When the unit phone is used, phone conversations are limited to five minutes. Two state paid calls are allowed weekly after 6 pm on Monday through Friday and before 4:30 PM on Saturday, Sunday and holidays. Recipients are informed that additional state paid calls might be allowed if arrangements are made with the their case manager.

Summary

The recipient whose rights were alleged to have been violated informed the HRA Coordinator that his mother was hospitalized for a serious condition in December 2007. During her hospitalization, he was allowed to call her once daily. The recipient stated that on 12/03/07 when he made a call to his mother’s hospital room, her fiancée answered the phone and informed him that he could not speak with her. He stated that when he requested to place the second call, facility staff informed him that he had already placed his call for the day. According to the facility Administrator, the recipient’s mother was in an intensive care unit at an out-of-state hospital. The recipient was allowed to speak with her at any time that she was well enough to

Speak with him. He was allowed extra state paid calls; however, he was allowed to use the pay phone at any time. The Administrator informed the Coordinator that the extra state-paid telephone calls were allowed as an encouragement for the recipient to speak with his mother. Although the recipient's record indicated that he had a telephone restriction during his hospitalization at the facility, the restriction was involving a former female resident, not his mother. According to the documentation in the recipient's clinical chart, a Restriction of Rights Notice was given to the recipient pertinent to his being restricted from calling the former recipient. However, the HRA did not observe any documentation that indicated that any other telephone restrictions had been implemented. Upon admission to the facility, recipients are informed of the facility's policies pertinent to telephone usage and those policies are in accordance with the Code's requirements.

Conclusion

Based on record review and interviews, the HRA does not substantiate that the recipient was denied unimpeded conversation with a person of the recipient's choice. No recommendations are issued.

Comments

When the recipient requested to make the second state-paid call to this mother, the HRA believes that facility staff should have informed the recipient that he was allowed to make calls at the pay phone or explained to him that his mother was not physically able to speak with him on that particular day.