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Egyptian Regional Human Rights Authority
Report of Findings
08-110-9039
Chester Mental Health Center
February 10, 2009

The Egyptian Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation concerning Chester Mental Health Center, a state-operated mental health facility located in Chester. The facility, which is the most restrictive mental health center in the state, provides services for approximately 300 male residents. The specific allegation is as follows:

1. Chester Mental Health Center staff confiscated a recipient's property without a valid reason.

Statutes

If substantiated, the allegation would be violations of the Mental Health and Developmental Disabilities Code (Code)(405 ILCS 5/2-104).

Section 5/2-104 states, "Every recipient who resides in a mental health or developmental disabilities facility shall be permitted to receive, possess, and use personal property and shall be provided with a reasonable amount of storage space therefor, except in the circumstances and under the conditions provided in this Section. (a) Possession and use of certain classes of property may be restricted by the facility director when necessary to protect the recipient or others from harm, provided that notice of such restriction shall be given recipients upon admission. (b) The professional responsible for overseeing the implementation of a recipient's services plan may, with the approval of the facility director, restrict the right to property when necessary to protect such recipient or others from harm. (c) When a recipient is discharged from the mental health or developmental disabilities facility, all of his lawful personal property which is in the custody of the facility shall be returned to him."

Investigation Information

Chester Mental Health Center staff confiscated a recipient's property without a valid reason. To investigate the allegation, the HRA Investigation Team (Team), consisting of two members and the HRA Coordinator (Coordinator), conducted a site visit to the facility. During the visit, the Team spoke with the recipient whose rights were alleged to have been violated and the Chairman (Chairman) of the facility's Human Rights Committee. The recipient's clinical

chart was reviewed with his written authorization. The Authority also reviewed the facility's Patient Handbook.

A...Interviews:

Recipient:

According to the recipient whose rights were alleged to have been violated, when he received a package from his family the food items that were in the package were confiscated by facility staff. He stated that he was not allowed to have the items in his room; however, he was allowed to have two of the food items during each commissary period. He informed the Team that recipients have commissary access three times daily.

Chairman:

According to the Chairman, recipients are informed in the Patient Handbook that foods that are brought to them during visits cannot be taken back to the room from a visit, and perishable food items should not be sent to them from home. He stated that any non-perishable food items sent to recipients must be in the original package and subject to inspection. A recipient is allowed access to the food items at commissary time, provided the item(s) fit into any special diet that he might have.

B...Chart Review:

Treatment Plan Review (TPR):

According to a 03/04/08 TPR, the recipient was admitted to the facility in March 2006. His diagnoses were listed as follows: AXIS I: Schizoaffective Disorder (Mixed); AXIS II: Borderline Personality Disorder; AXIS III: Torticollis (a condition in which the neck is twisted and the head inclined to one side) and History of Grand Mal Seizures; AXIS IV: Continuous Hospitalizations since 1994.

The recipient's TPR contained goals to deal with his aggression toward others, to reduce his psychotic symptoms, and to lower his serum cholesterol. Documentation indicated that the recipient had not been involved in any physically aggressive actions since his March 2006 admission. However, he had experienced two incidents of argumentative behaviors since his previous TPR. The record indicated that on 02/28/08, the recipient became argumentative during commissary time because of the facility's rule that only two items are allowed each commissary period.

According to the recipient's 03/31/08 TPR, the treatment interventions to assist the recipient in lowering his serum cholesterol were listed as follows: 1) Nursing staff will administer medication, encourage compliance and report any side effect to the recipient's physician. 2) A facility nurse will monitor the recipient's lipid panel every three months and inform his physician of any abnormalities. 3) A nurse will monitor his weight monthly and send a referral to the dietician if there is a noted significant weight increase. 4) Nursing and Security

Therapy Aid (STA) staff will monitor nutritional intake and diet compliance with a NCS (Non Concentrated Sweet) diet. A facility Registered Nurse (RN) documented that the recipient had been compliant with medication, no medication side effects were noted, and new lab work had been completed during the reporting period. The RN noted that the recipient had gained one lb. since the last TPR; however, he remained 29 lbs. above his Ideal Body Weight. The RN recorded that the recipient was compliant with the NCS diet.

At the recipient's 05/21/08 TPR a STA report stated the following, "He is generally cooperative with the module routine, but does express unhappiness with the commissary policy of only two items at a time." An RN reported that when the Lipid Panel was completed the recipient's cholesterol and triglycerides continued to be above normal. The RN indicated that the recipient had lost six lbs. since the last review, and recommended that he remain on the prescribed NCS diet.

Restriction of Rights Notice (Notice):

When the Team reviewed the recipient's clinical record the only Notice observed was pertinent to a restriction dated 08/03/07. According to the Notice, the recipient was restricted from using a pencil after he wrote a letter describing his intentions to murder others. Due to his history of using a pencil to assault others, the restriction was implemented. Documentation indicated that the restriction was reviewed weekly by the recipient's treatment team and had been rescinded at the time of the site visit.

Progress Notes:

The Team did not observe any documentation in the Progress Notes of the recipient's clinical chart to indicate that the recipient had received a package that was confiscated or that he was restricted from having any items that had been given to him from visitors. However, there was documentation that specified that the recipient was upset with the facility's rule of obtaining only two items during commissary periods.

C:... Patient Handbook (Handbook)

Recipients are provided with a Handbook upon admission to the facility. The Handbook outlines the following: 1) Introduction to staff involved in a recipient's treatment; 2) The facility's description, mission, vision and values; 3) A recovery statement; 4) Unit information; 5) A list of services provided; 6) A responsibility statement; 7) Information about cost of services/use of money; 8) A list of contraband items; 9) Information about recipients' rights/restriction of rights/complaint process; 10) Transfer and return to court information; 11) Information concerning mail delivery/phone calls/visits; and 12) Food/clothing/personal property information.

In the mail delivery/phone calls/visits section of the Handbook, recipients are informed that if a visitor brings them food items, the food will be thoroughly examined by control center staff for safety and security. All food and drinks that are approved must be consumed during the

visit. Any leftovers will be disposed of or returned to the visitor. No food or beverage can be taken back to the unit.

In the food/clothing/personal property section of the Handbook recipients are notified that all perishable food brought into the facility must be eaten during the visit or returned to a recipient's guest. No food can be taken back to a recipient's room after the visit. Any non-perishable food items sent from home must be in accordance with any special diet that a recipient is on, must be in the original package and subject to inspection. Recipients are informed that family and friends should not send perishable food to recipients since there is no way to guarantee the safety of the item(s).

Additional documentation indicated that recipients may purchase food, personal care items and other products from the commissary if they have money or token points. If a recipient is on a special diet, there might be a limit in the selection of food that he is able to purchase. Additionally the treatment team might place other restrictions on commissary purchases if a recipient's treatment required the restrictions. According to the Patient Handbook, "Commissary orders are limited to \$15 each order, but only \$7 can be used to buy food."

Summary

According to the recipient whose rights were alleged to have been violated, when his family sent him a package that contained food items, he was not allowed to have the items in his possession. He stated that the food substances were placed in the commissary where he could only obtain two items during each designated commissary time. Documentation throughout the recipient's clinical chart indicated that the recipient had expressed that he was unhappy with the facility's policy regarding being able to obtain only two items during the commissary periods. According to the recipient's TPRs, he had elevated cholesterol and was on a NCS diet, which limits items with sugar, to assist in lowering the levels. However, there was no documentation to indicate that the recipient was restricted from having a package that was sent from his family. The only documented restriction was a restriction for pencil usage, and that restriction had been discontinued a considerable period of time prior to the Team's visit to the facility. According to the Chairman and the Handbook, recipients are not allowed to take food items into their rooms. When packaged food items are sent to them, the items are placed in the commissary and can be retrieved during scheduled commissary times. Recipients are also informed in the Handbook that friends and family members should refrain from sending perishable items since the facility could not ensure their safety.

Conclusion

The Authority recognizes the importance of family support through visits, calls and/or sending packages, and believes that the facility should encourage the practice unless there is a valid documented reason that the procedure would be detrimental to the recipient. However, based on the information obtained during the course of this investigation the Authority is unable to determine that the recipient was restricted from obtaining the contents of the package; therefore, the Authority finds no rights violations. The allegation that facility staff confiscated a recipient's property without a valid reason is unsubstantiated. No recommendations are issued.

Comments

According to the recipient's report, he was only allowed to purchase two items each commissary period. However, documentation in the Patient Handbook indicated that recipients are allowed to purchase a \$15 order with only \$7 being used to buy food. The HRA would like to remind the facility of the requirements in section 5/2-105 of the Code which states, "A recipient of services may use his money as he chooses, unless he is a minor or prohibited from doing so under a court guardianship order..."

The recipient also reported to the Team that two STAs who work on the unit where he resides have teased him about the manner in which he holds his neck. He informed the Team that he has some complications from taking an antipsychotic medication, which has resulted in some rigidity to the neck area. He stated that the STAs ask him if he has broken his neck and mimic the manner in which is required to hold his neck. The recipient stated that a report had been made to the Illinois Department of Human Services, Office of Inspector General (OIG), regarding the STAs' comments. When the HRA Coordinator spoke with an OIG Representative she stated that there was record of the allegation; however, an OIG Investigator would conduct an investigation into the matter. An OIG Report of Findings was not available at the time the HRA report was completed.