



FOR IMMEDIATE RELEASE

North Suburban Human Rights Authority
Report of Findings
Elgin Mental Health Center
HRA #09-100-9017

Case Summary: the HRA did not substantiate the allegations presented. The HRA's public record on this case is recorded below; the provider's response immediately follows the report.

In December 2008 the North Suburban Regional Human Rights Authority voted to open an investigation of possible rights violations within Elgin Mental Health Center's Community Psychiatrist Services Program (CPS), Brunk Unit. The complaint accepted for investigation was that a consumer was advised that she would not receive treatment unless she took psychotropic medication and she did not believe that she needed the medication. The consumer was taken to court for court ordered medication (which was ordered) and she was not given information regarding an appeal. The petition for involuntary admission was completed by a family member; the physician that completed the certificate did not personally examine the consumer (he simply took information from the petition) and the certificate was not completed within the mandated timeframe. Lastly, it was stated that the phones do not allow for calls within the facility.

If found substantiated, the allegations would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-103, 2-107, 3-601, 3-602, 3-604, 3-610).

To pursue this investigation, the HRA requested, with written authority, the clinical record of the consumer whose rights were alleged to have been violated; the record was received the end of January 2009. Subsequent to a review of the clinical record, a site visit was conducted on February 10, 2009, at which time the allegation was discussed with the consumer's attending Psychiatrist.

Background

The Community Psychiatric Service Program provides treatment for voluntary and court ordered patients who are referred by suburban community hospitals and outpatient programs. Each treatment team has a Psychiatrist, a Physician, a Psychologist, Social Workers, Activity Therapists, Mental Health Technicians and Nursing staff. They work together to provide for the assessment, clinical treatment, patient and family education, and therapeutic environment to promote recovery. It is a 75-bed program.

Allegation: a consumer was advised that she would not receive treatment unless she took psychotropic medication and she did not believe that she needed medication. The consumer was taken to court for court ordered medication (which was ordered) and she was not given information regarding an appeal.

Findings

The clinical record contained data on a 33 year old woman who was admitted on July 19th, 2008 after a transfer from a community hospital. The Comprehensive Psychiatrist Evaluation (dated

7/22/08) stated that the consumer was uncooperative at the time, and that most of the information was obtained from her mother, her uncle, the USARF (Uniform Screening and Referral Form) and the certificate and petition. The evaluation stated that according to the USARF, the consumer had been experiencing hallucinations; she was behaving with paranoia in that she believed that there were people in her room, and she was observed talking to herself.

The Social Worker documented (7/28/08) that she met with the consumer to discuss her after care plans. The consumer was encouraged to start taking her medications and it was explained that housing options would be decreased if she choose not to take the prescribed medications. It was documented that the consumer listened, and was not overly hostile as she had been in the past upon receiving this information. On August 4, the Social Worker documented that the consumer continued to refuse most treatment and she remained isolative in her room. The chart documented that the consumer - more times than not -would refuse the medication (anxiety, depression and two topical treatments) that was ordered for her. She at times would take the medication, or take the medication and then throw it away or spit it out of her mouth. On October 3, 2008, the consumer began court ordered medications.

At the site visit, the Psychiatrist believed that this allegation stemmed from the aftercare plan discussions, in that housing options would be limited if she did not get her symptoms under control. The Psychiatrist stated that the consumer did not participate in unit therapies. However, once she began the court ordered medications, she became very active on the unit and even participated in a job-readiness program.

Regarding the allegation that the consumer was not advised of her right to appeal the enforced medication order, the Psychiatrist stated that the consumer is advised of this right by the court. The clinical record contained the order, which stated that the court must notify the respondent of the right to appeal and the indigent's right to free transcripts and counsel. The HRA researched this issue with the Legal Advocacy Service (of IGAC), and was advised that when the respondent comes to court for a hearing, be it a commitment or medication hearing, the judge advises him/her at the end of the hearing about the right to appeal. It is a standard admonishment of the right - to summarize - *"if you do not agree with my decision, you have the right to appeal. If you want to appeal, you must file your notice of appeal within 30 days of today's decision or you will lose the right to appeal forever. If you wish to appeal and cannot afford an attorney, one will be appointed for you. If you cannot afford the transcripts, they will be provided for you as well."* If the respondent is not in court, the court typically asks the respondent's lawyer to notify the respondent of the court's decision and the right to appeal.

The Center's Refusal Of Services/Psychotropic Medication policy states (in part) that an adult consumer of services or the consumer's guardian, if any, are to be given the opportunity to refuse generally accepted mental health services, including but not limited to medication. If such services are refused, they shall not be given unless such services are necessary to prevent the consumer from causing serious and imminent physical harm to the consumer or others or are court ordered. The policy also states that a restriction of rights form shall be completed for each administration of emergency medication.

Conclusion

Pursuant to the Mental Health and Developmental Disabilities Code, Section 5/2-107, "An adult consumer of services or the consumer's guardian, if the consumer is under guardianship, and the consumer's substitute decision maker, if any, must be informed of the consumer's right to refuse medication or electroconvulsive therapy."

The HRA found nothing to show that the consumer was advised that she would not receive treatment unless she took psychotropic medication; she was advised that her housing options might be limited. The consumer did not believe that she needed the medication and her refusals were honored up to the time that the medication was court-ordered. It is concluded that rights were not

violated. It is not the provider's responsibility to ensure that the consumer has been given information regarding an appeal; rights were not violated.

Allegation: the petition for involuntary admission was completed by a family member; the physician that completed the certificate did not personally examine the consumer (he simply took information from the petition) and the certificate was not completed within the mandated timeframe.

Findings

According to the clinical record, the consumer was sent to a community hospital via ambulance for mental health treatment on July 19, 2008. She was admitted to Elgin Mental Health Center on a petition written by her mother who stated that the consumer had been delusional for some time; she had been hearing voices and thought that people were conspiring to hurt her. The petition stated that the consumer had taken knives and hidden them in her room due to the fear of someone harming her. The petition was completed on July 19, 2008; the time was not noted. The petition did show that at 10:30 p.m., the consumer was given a copy of the petition. At 5:30 p.m., a physician from the community hospital completed the first certificate. It was documented that the consumer was in need of immediate hospitalization because she presented with paranoia and delusions. It was documented that she was suspicious and combative with emergency department staff-members in that she was screaming at staff to throw her in the lake. It was further documented that the consumer attempted to elope and that she required restraints to prevent her from harming herself or others. The second certificate was completed on July 21st at 11:30 a.m. by the consumer's Psychiatrist at Elgin Mental Health Center. He noted that she was uncooperative with the interview and he noted that she had been carrying a box cutter in her purse, had knives in her room, and she thought that people were trying to kill her and trying to poison her food.

The Psychiatrist told the HRA that he personally examined the consumer. The certificate documented (by signature) that the Psychiatrist personally informed the consumer of the purpose of the examination and that she did not have to speak to him, and that any statement made might be related in court as to her condition or need for services.

Upon inquiry, the HRA was advised that the Center does not have a policy that addresses the completion of petitions and certificates; they reference the Illinois Mental Health and Developmental Disabilities Code.

Conclusion

Pursuant to the Mental Health and Developmental Disabilities Code Section 5/ 3-601, "When a person is asserted to be subject to involuntary admission and in such a condition that immediate hospitalization is necessary for the protection of such person or others from physical harm, any person 18 years of age or older may present a petition to the facility director of a mental health facility in the county where the respondent resides or is present. The petition may be prepared by the facility director of the facility."

Pursuant to Section 5/3-602 of the Code, "The petition shall be accompanied by a certificate executed by a physician, qualified examiner, or clinical psychologist which states that the respondent is subject to involuntary admission and requires immediate hospitalization. The certificate shall indicate that the physician, qualified examiner, or clinical psychologist personally examined the respondent not more than 72 hours prior to admission. It shall also contain the physician's, qualified examiner's, or clinical psychologist's clinical observations, other factual information relied upon in reaching a diagnosis, and a statement as to whether the respondent was advised of his rights under Section 3-208."

Pursuant to Section 5/ 3-604 of the Code, "No person detained for examination under this Article on the basis of a petition alone may be held for more than 24 hours unless within that period

a certificate is furnished to or by the mental health facility. If no certificate is furnished, the respondent shall be released forthwith".

Section 5/3-610 of the Code states "As soon as possible but not later than 24 hours, excluding Saturdays, Sundays and holidays, after admission of a respondent pursuant to this Article, the respondent shall be examined by a psychiatrist. The psychiatrist may be a member of the staff of the facility but shall not be the person who executed the first certificate. If the respondent is not examined or if the psychiatrist does not execute a certificate pursuant to Section 3-602, the respondent shall be released forthwith".

Since the first certificate was completed by the transferring hospital, the HRA cannot address the allegation that the physician that completed the first certificate did not personally examine the consumer. Regarding the second certificate, the EMHC physician stated that he personally examined the consumer, but she was uncooperative. The certificates were completed within the mandated timeframes. It is concluded that rights were not violated.

Allegation: the phones do not allow for calls within the facility.

Findings

The HRA learned during the course of another investigation (#09-100-9027) that the telephones do not allow consumers to direct dial the extension of Center employees. It was explained that the old telephone system had been set up in such a way that the consumers could dial an extension number on the patient telephone and contact facility members directly via their extension number. This information was contained in the handbook.

When a new phone system was installed (some months ago) the consumers were unable to continue to do this. They have to call the EMHC general number and then ask the operator to connect them to the required facility member. This is a free call, as are all local calls. The Director did say that the consumers were given the direct number to the Safety Officer, the Consumer Specialist and herself the Program Director, via their direct phone lines by using the patient telephone. This information is contained in the Patient/Family/Significant Other Information Booklet. The Director emphasized that all consumers have access to the patient telephones and they can use their Social Worker's telephone, if needed, for long distance and/or international calls.

Conclusion

Pursuant to the Mental Health and Developmental Disabilities Code, Section 2-103, "Except as provided in this Section, a consumer 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."

The HRA concludes that consumers have access to Center personnel via the telephone. Although all personnel direct extensions are not available, it is concluded that the right to communication has not been impeded.

RESPONSE

Notice: The following page(s) contain the provider response. Due to technical requirements, some provider responses appear verbatim in retyped format.



Pat Quinn, Governor

Carol L. Adams, Ph.D., Secretary

Division of Mental Health - Region 2
Elgin Mental Health Center — Singer Mental Health Center

RECOVERY IS OUR VISION
 Recovery is a Personal Journey of Hope, Healing, Growth, Choice, and Change

June 12, 2009

Mr. Dan Haligas, Chairperson
 North Suburban Regional Human Rights Authority
 9511 Harrison Street, W-300
 Des Plaines, IL 60016-1565

RE: HRA #09-100-9017

Dr. Mr. Haligas:

Thank you for your letter dated June 3, 2009. As always, we appreciate your investigation which is always thorough and professional.

I request that this response be attached to the report and be included with any public release of your Report of Findings.

Again, thank you for your excellent work.

Sincerely,

Tajudeen Ibrahim, BA
 Acting Hospital Administrator

TI/RP/mjp