



FOR IMMEDIATE RELEASE

North Suburban Regional Human Rights Authority
Report of Findings
HRA #09-100-9028
Elgin Mental Health Center

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 February 2009, the North Suburban Regional Human Rights Authority (HRA) opened this investigation regarding Elgin Mental Health Center, Forensic Treatment Program, Unit Pinel. A complaint was received that alleged that some staff members on the unit are very vindictive and that staff members have ignored a recipient's complaints about a peer's intrusive behavior. If found substantiated, the allegation would be a violation of the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102).

Recipients receiving services at EMHC's Forensic Treatment Program have been remanded by Illinois County Courts to the Illinois Department of Human Services (DHS) under statutes finding them Unfit to Stand Trial (UST) and Not Guilty by Reason of Insanity (NGRI). Placement evaluations determine the most appropriate inpatient or outpatient setting for forensic treatment based on a number of factors including age, gender, mental health diagnosis, and security need. Unless a person is specifically ordered to receive services in an outpatient setting, court ordered referrals under state forensic statutes call for placement in a secure inpatient setting. The Forensic Treatment Program has 315 beds.

To pursue this investigation the HRA reviewed, with written authority, progress note documentation for December 2008 through January 2009 of the recipient whose rights were alleged to have been violated. An on-site visit was conducted in April 2009, at which time the allegations were discussed with the recipient's Psychiatrist. The recipient whose rights were alleged to have been violated was interviewed via telephone and in person.

Findings

The recipient told the HRA that another recipient "bumps" into him, violating his personal space. The recipient stated that he had made numerous complaints to the staff on the unit and he is told to just walk away and be the bigger man. The recipient also stated that his Psychiatrist says that the recipient's reports of someone violating his space is part of his illness; the recipient disputes this. Regarding the staff being vindictive, the recipient stated that some unit rules seem to be enforced differently for him.

According to the clinical record, in December 2008 the recipient was found to be in possession of another peer's debit card. The recipient met with the treatment team to discuss the consequences of this action. The Psychiatrist wrote that during this meeting, the recipient expressed his perception that certain staff members dislike him. The Psychiatrist and recipient discussed the matter, in that the recipient might encounter an individual who was not to his liking either inside or

outside of the facility and that it was in his own best interest to learn to adapt to different people, places and things.

A Social Worker documented (12/5/08) that the recipient had received some clothing and it was too small; his roommate laughed about this and the recipient was upset. The Social Worker wrote that he and the recipient talked about the recipient controlling himself and not being able to control others.

The recipient's attending Psychiatrist documented (12/8/08) that the recipient continues to express a theme of people (both peers and staff) who do not treat him appropriately and dislike or disrespect him. When such incidents occur it upsets him and causes him to crave alcohol or act out physically. It was written that due to his level of reactivity, treatment options like mood stabilizers or atypical antipsychotics may be of benefit to him. The following day, the recipient reported to the Psychiatrist that he was feeling aggravated in response to perceived interpersonal interactions when he feels that staff or peers are "*fucking*" with him. The Psychiatrist discussed that his reactivity to slights was likely due to a clinical condition such as Intermittent Explosive Disorder or a mood or paranoid state which would likely respond to treatment with a mood stabilizer or an atypical antipsychotic medication.

According to written notes from the Psychiatrist (12/29/08) the recipient reported continued power struggles with certain staff and that he is being frustrated by a peer who bumps into him or bumps into the back of his chair in the dining room which limits his mobility. The recipient reported that this peer is just trying to push his buttons and that he is bumping into him on purpose.

On January 16th, the recipient reported to his Social Worker that there is a recipient on the unit who stares at him in a menacing way and that another recipient has bumped into his shoulder hard at least two times in the past four months. The Social Worker further documented that he asked the peer who had bumped into the recipient to leave a wide space between them; this peer agreed but also said that he did not recall bumping into anyone.

At the site visit, the Psychiatrist stated that the recipient is diagnosed with atypical bi-polar disorder with paranoia. She stated that he exhibits unusual mood reactivity to perceived slights, for example, someone accidentally bumping into him, or bumping into the back of his chair in the cafeteria. The Psychiatrist explained that she has interviewed unit staff to make certain that no staff member is unduly imposing unit restrictions or changing unit rules or that his peers are intentionally bumping into him. She stated (and the record confirms) that she met with unit staff to discuss this recipient's illness, in that they must remember that his perceptions are part of his illness and that he is not making the reports about the staff or peers just to be difficult. It was further stated that while at EMHC, he had a painful side effect from his medication that caused him to discontinue it. Over the last couple of weeks, he has been gradually reintroduced to medication with positive effects.

Conclusion

Pursuant to Section 2-102 of the Mental Health and Developmental Disabilities Code, "A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment..." Based on the information obtained, the HRA found no evidence to confirm the allegation that some staff members on the unit are vindictive. The information obtained confirmed that staff members are aware of the recipient's reports about a peer's intrusive behavior, and they are addressing these reports; the allegation is unsubstantiated.

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 11, 2009

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

Re: HRA #09-100-9028

Dear Mr. Haligas:

Thank you for your recent investigation. Per your finding, the allegations were not substantiated. The Pinel treatment team takes all consumer concerns very seriously and have been actively working with the consumers to resolve them.

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

Sincerely,

Tajudeen Ibrahim, BA
 Acting Hospital Administrator

TI/JP/aw

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