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Egyptian Regional Human Rights Authority  
Report of Findings  
09-110-9004  
Chester Mental Health Center  
April 28, 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 allegations are as follows:

1. Staff at Chester Mental Health Center inappropriately restricted a recipient's communication by telephone.
2. The recipient was placed in restraints without a valid reason for the application.

Statutes

If substantiated, the allegations would be violations of the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5/2-103, 405 ILCS 5/2-108, 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 reasonable 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facility to notify the affected parties of the restriction, and to notify such affected party when the restrictions are no longer in effect.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 the 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 attorneys 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 5/2-108 states, "Restraint may be used only as a therapeutic measure to prevent a recipient from causing physical harm to himself or physical abuse to others. Restraint may only be applied by a person who has been trained in the application of the particular type of restraint to be utilized. In no event shall restraint be utilized to punish or discipline a recipient, nor is restraint to be used as a convenience for the staff."

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 therefor 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 the Acts therein named', approved September 20, 1985, if either is so designated; and (5) the recipient's substitute decision maker, if any. The professional shall also be responsible for promptly recording such restriction or use of restraints or seclusion and the reason therefor in the recipient's record...."

#### Investigation Information for Allegation 1:

Allegation 1:Staff a Chester Mental Health Center inappropriately restricted a recipient's communication by telephone. To investigate the allegation, the HRA Investigation Team (Team) consisting of three members and the HRA Coordinator (Coordinator) conducted a site visit at 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 reviewed the facility's Patient Handbook and the facility Patient Telephone Calls Policy /Procedure.

#### Interviews:

##### A...Recipient:

According to the recipient, facility staff members have restricted him from calling a girl that he has known for some time. The recipient requested the HRA's assistance in getting the restriction lifted in order that he might speak with his friend. He denied displaying any behaviors while speaking with the girl that could be considered as harassment or intimidation.

### B...Chairman:

When the Team spoke to the Chairman, he stated that phone restrictions are implemented when a recipient has harassed or intimidated someone or has been a victim of intimidation or harassment. He stated that he was not aware of the circumstances of this particular restriction. He related that recipients are asked to share time with other recipients who are waiting to use the telephone.

### Clinical Chart Review:

#### A...Treatment Plan Reviews (TPRs)

According to the recipient's 09/03/08 TPR, the recipient was discharged from a correctional center and admitted to Chester Mental Health Center on 09/10/04. His status upon admission was listed as Involuntary. After reaching his projected parole date, he was deemed to be in need of immediate hospitalization for self protection and the protection of others.

The recipient's Diagnoses were listed as follows: AXIS I: Schizoaffective Disorder, Bipolar Type, History of Alcohol Abuse; AXIS II: Antisocial Personality Disorder; AXIS III: History of gun shot wound to abdomen and left humerus (08/98), Thrombocytopenia, History of MVA ( Motor Vehicle Accident) with loss of consciousness (1991), Sexual dysfunction; AXIS IV: History of admission in Juvenile and Adult Department of Corrections.

According to documentation in the TPR, while on the unit the recipient laughs, horse plays, bullies other patients and tells them what to do. He talks a lot and doesn't cooperate in getting off the phone in a timely manner. He is compliant with medication but does not believe that he needs the medication.

Documentation in a 09/29/08 TPR indicated that the recipient continued to have problems with remaining on the telephone for lengthy periods and would not cooperate when he was requested to get off the phone so that others were able to make calls.

#### B...Restriction of Rights Notice...(Notice)

According to a Notice dated 12/22/08 at 11 AM, the recipient was restricted from being allowed to communicate by telephone or mail with a female in a northern Illinois city. Documentation indicated that the restriction was requested by the female because the recipient had repeatedly called and sent numerous letters to her, actions that she defined as intimidation.

Documentation indicated that the Notice was delivered to the recipient in person, and he stated that he did not wish any one to be notified of the restriction.

The HRA did not observe anything on the Notice to indicate that there would be a review of the restriction or that the restriction was time limited.

#### C...Progress Note:

Documentation in a 12/22/08 Progress Note indicated that the recipient had been restricted from calling a female because she had reported that the recipient had been placing numerous calls to her residence and had written her copious amounts of letters, actions that she perceived as harassment.

#### Patient Handbook:

The Authority reviewed the facility's Patient Handbook, which is given to recipients when they are admitted to the facility. The Handbook provides information about the facility description, mission, values, vision, services available, unit information, food/clothing/personal property information, cost of services/use of money, items that are considered contraband, recipient responsibilities, recipient rights, restriction of rights, the complaint process, transfer to court and a recovery statement.

Documentation in the Restriction of Rights Section of the Handbook is as follows: "According to the Mental Health and Developmental Disabilities Code, your privileges or rights may be restricted in order to protect you or others from harm, harassment or intimidation. You and your guardian (if you have one) will be notified of your restriction of rights. The Mental Health and Developmental Disabilities Code allows you to name another person or agency (such as the Guardianship and Advocacy Commission) to receive notice regarding your restriction of rights. You are also allowed to inform staff to give no information about your restriction of rights to any person or agency. Talk to your therapist or nurse if you want this information given to such a person(s) or agency. If you feel that your rights have been violated, you may contact the Human Rights Committee and report your concerns."

#### Patient Telephone Calls Policy/Procedure (Policy)

The Authority reviewed the facility's Policy regarding telephone usage. According to documentation in the Duration of Calls Section of the Policy, if there is another recipient waiting to make a call, each recipient's call should be limited to a 10-minute period. However, if there is no one else waiting to make a call, there is no time limit to the recipient's call. Recipients are informed that if an emergency situation arises during the course of a call, he may be asked to curtail the call and re-initiate another call once the emergency situation is over.

#### Summary

According to the recipient whose rights were alleged to have been violated, facility staff members restricted him from calling a girl that he considers a friend. However, according to documentation in a Notice and Progress Note, the restriction was implemented at the request of the girl that the recipient was contacting. There was consistent documentation that indicated that she considered the recipient's contacts to be a form of harassment. Additionally, the recipient's

TPRs specified that the recipient had some problems with monopolizing the telephones, a practice that caused problems for other recipients wanting to make calls. Documentation in the Patient Handbook indicated that recipients were informed that their communication rights could be restricted in order to protect them or others from harassment.

### Conclusion

Although the recipient interpreted his communication with the female to be friendly; she considered the communications harassing and notified the facility of her concerns. The Authority has determined that the facility followed the Code requirements regarding the restrictions of the recipient's communication; therefore, the allegation is unsubstantiated. No recommendations are issued.

### Suggestion

The duration of a restriction should be documented on any Restriction of Rights Notice that is given to a recipient, as well as the method of review to determine if a restriction continues to be appropriate (i.e. Treatment Team review).

Allegation 2: The recipient was placed in restraints without a valid reason for the application. To investigate the allegation, the Team spoke with the recipient and reviewed his clinical chart.

### Interview:

When the recipient was interviewed on 08/13/08, he stated that he had recently been placed in restraints without an appropriate reason. He informed the Team that he had not been involved in any type of aggressive action. He stated that he could not remember the exact date that the restraints were applied.

### Chart Review:

During a second visit to the facility on 11/12/08, the Team reviewed the recipient's clinical chart. TPRs for 01/23/08, 02/20/08, 03/19/08, 04/16/08, 05/14/08, 06/09/08, 07/07/08, 08/04/08, 09/03/08, and 09/29/08 were examined. There was no documentation in any of the TPRs that indicated that the recipient had been placed in restraints.

Goals listed in the 09/03/08 and the 09/29/09 TPRs included the following: 1) The recipient will reduce psychotic symptoms, which consist of paranoid and grandiose delusions; 2) He will be compliant with a medication regime; and 3) He will have a normal bowel elimination pattern. Neither TPR contained a goal related to restraint experiences.

The recipient's clinical chart did not contain any Restraint Order(s), Flowsheets or Restriction Notices pertinent to restraints.

### Summary

According to the recipient, he was placed in restraints without a valid reason for their use. However, the HRA did not observe any documentation for 2008 that indicated that the restraints had been applied.

Conclusion:

Based on information obtained during the course of the investigation, the HRA does not substantiate that the recipient was placed in restraints without a valid reason. No recommendations are issued.