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Egyptian Regional Human Rights Authority
Report of Findings
10-110-9048
Chester Mental Health Center
November 16, 2010

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 230 male recipients. The specific allegation is as follows:

> A recipient at Chester Mental Health Center is not receiving services in the least restrictive environment.

Statutes

If substantiated, the allegation would be a violation of the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5/2-102 (a)).

Section 5/2-102 (a) states, "A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient. The facility shall advise the recipient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment plan. In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided. The recipient's preferences regarding emergency interventions under subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan."

Investigation Information

To investigate the allegation, the HRA Investigation Team (Team) conducted two site visits. During the initial visit, the Team, consisting of three Members (Members) and the HRA Coordinator (Coordinator) spoke with the recipient whose rights were alleged to have been violated and a Representative (Representative) from the facility's Human Rights Committee.

During the second site visit, the Team, consisting of two Members, spoke with the recipient. The Authority reviewed copies of information from the recipient's clinical chart with his written authorization.

I: Interviews:

A: Recipient

During the initial site visit, the recipient informed the Team that he has been a recipient at the facility for more than seven years. He stated that he has been compliant with taking prescribed medication, has not received any Behaviors Data Reports (BDRs) for over two months and has not been in restraints for two months. The recipient stated that he is not a danger to self and has not been harmful to others. He informed the Team that he does not believe that he requires continued hospitalization in the most restrictive mental health hospital in the State of Illinois.

During the second visit, the recipient informed the Team that he has been on green level, the highest level of participation, in the facility's level system. However, he has not been recommended for transfer to a less restrictive environment, and was informed by his Therapist that it would be at least a year before a transfer will be recommended. The recipient stated that he attends his Treatment Plan Reviews (TPRs).

The recipient expressed additional concerns when the Team spoke with him during the second visit to the facility. He informed the Team that he had a sexually transmitted disease (STD) that the facility medical staff had refused to treat with antibiotics. He stated that when he experienced the same problem several years ago he was given an antibiotic, Wycillian, which alleviated the condition for some time. However, the facility physician and nursing staff have informed him that at this time he does not have a STD and have refused to prescribe the medication to treat the condition.

B: Representative:

According to the Representative, criteria for transfer to a less secure setting is established and recorded in a recipient's Treatment Plan Review (TPR). When monthly TPRs are conducted, the recipient's progress is reviewed, the Treatment Team determines if the recipient has met the criteria for transfer, and relevant documentation is included in the TPR. The Representative stated that it is the facility's policy to consider a recipient's behaviors, legal status and the bed space at another facility before a transfer is recommended. With the recipient's written authorization, the Representative provided copies of pertinent information from the recipient's clinical chart for the Authority's review.

II: Record Review:

A: TPRs

Documentation in a 02/01/10 TPR indicated that the 56-year-old recipient was admitted to the facility on 11/20/2003. His Legal status was listed as Involuntary. According to the record, this was the recipient's sixth admission to Chester Mental Health Center and his tenth admission to the Department of Human Services' state-operated facilities.

Documentation indicated the recipient has an extensive history of assaults toward staff and inappropriate sexual behavior toward others. However, during his treatment time at the facility his aggression has stabilized, but his insight into his mental illness remained poor. According to the record, the recipient remained paranoid and continued to have a fixed delusion regarding having a sexually transmitted disease despite regular testing indicating no evidence of the illness.

The recipient's diagnoses were listed as follows: AXIS I: Schizophrenia, Paranoid Type; AXIS II: Antisocial Personality Disorder; AXIS III: H/O (History of) Syphilis, H/O of Seizure Disorder secondary to TBI (Traumatic Brain Injury) and AXIS IV: Moderate stressors-chronic illness; legal problems.

The recipient's medications were listed as follows: Risperidone 8 mg twice daily; Lamotrigine [Lamictal] 200 mg by mouth at bedtime for mood swings; Lorazepam 1 mg by mouth twice daily for anxiety/akathisia; Benztropine 1 mg twice daily for EPS (Extrapryamidal Symptoms), and Chlorpromazine 50 mg every 8 hours as needed for agitation and psychosis.

The recipient's problem areas were listed as aggression toward others and psychotic symptoms (delusions). To address the problem of aggression, the TPR contained a goal for the recipient to be free of displaying aggressive and sexually inappropriate behaviors toward others. Treatment interventions included the following: 1) The psychiatrist will prescribe medication and report the effects on the recipient; 2) STA staff will inform the recipient of the limits on behaviors and that violent behaviors will not be tolerated; 3) The recipient's therapist will address issues related to verbal and physical aggression, inappropriate sexual behavior, and minimal regard for the welfare of others; 4) All staff, including rehabilitation and activity staff will observe, monitor and report the recipient's behaviors. A goal to reduce psychotic symptoms, which consists of a fixed delusion that he has a STD, demands for penicillin shot, and the exhibiting of psychotic exacerbations, such as becoming agitated, when penicillin is not prescribed. Treatment interventions included the following: 1) The psychiatrist will prescribe medication, monitor the recipient's mental status and psychiatric stability, report the effects of the medication on the recipient, and continue to provide reality orientation; 2) Nursing staff will administer medication, encourage the recipient and monitor his compliance; 3) The recipient's therapist will meet with the recipient each week to assess his clinical condition, including the delusional ideation; and 4) The recipient will attend educational/vocational classes to improve reality orientation, attention, concentration and frustration tolerance.

Documentation in the Extent to Which Benefitting from Treatment Section of the 02/01/10 TPR indicated that the recipient had displayed a decrease in physically aggressive

behaviors; however, he continued to harass peers. The record indicated that the recipient's interactions with others suggest that he "relishes when his peers become upset".

In Criteria for Separation Section of the TPR the following conditions are listed in order for the recipient to be transferred to a less restrictive setting: 1) The recipient will consistently verbalize his desire to leave Chester Mental Health Center and to transfer to a less restrictive facility; 2) He will have no incidents of verbal or physical aggression or attempts at sexual predatorily behaviors for six consecutive months; 3) Positive symptoms of schizophrenia such as delusions, hallucinations are controlled, as evidenced by no exacerbation of psychotic symptoms resulting in severe agitation when talking/believing that he has syphilis and needs penicillin. 4) He will be medication compliant for a six month period; 5) He will be cooperative, follow treatment recommendations and comply with the module's routine.

Documentation in the Extent To Which Benefitting From Treatment Section of the recipient's 03/03/10 TPR indicated that the recipient had continued to harass his peers, and has intimidated them to the point that they will give him their food items. Documentation indicated that the recipient's delusion regarding having a STD and being a central figure in the Old Testament continued.

Recordings in the Emergency Intervention/Rights Section of the 03/03/10 TPR indicated that the recipient was informed of the circumstances under which the law permits the used of emergency forced medication, restraint or seclusion. Should any of these circumstances arise, the recipient listed the following interventions in the order of his preference: 1) Seclusion; 2) Restraints; and 3) Emergency medication.

Documentation in a 03/31/10 TPR indicated that the recipient required restraints on 03/04/10 as a result of severe physical aggression toward a peer. Reports from STAs indicated that the recipient had shown a significant increase in physical aggression during the reporting period.

According to documentation in a 04/27/10 TPR, the recipient had become significantly more aggressive. On 04/25/10 he was placed in restraints after he attacked a peer. The record indicated that the recipient agrees to meet with his therapist; however, he will not address the central clinical issues, such as his delusional beliefs, mistreatment of others and his limited insight.

B: Restraint Records:

Documentation indicated that the recipient was placed in a physical hold at 1:40 PM on 03/04/10 after he attacked a peer in the dining room. While in the hold he continued to fight and bit the peer on his chest. He was transferred into restraints at 1:45 PM for the safety of all. According to documentation verbal support and reassurance failed to calm the recipient prior to restraint application. The record indicated that the recipient met the criteria for release at 5:45 PM. All documentation pertinent to the restraint, including Orders for physical hold and restraints, Restriction of Rights Notices, Flowsheets and Post-Episode Debriefing, were in accordance with the Code's requirements.

The recipient's record indicated that he was placed in restraints on 04/25/10 at 7:30 AM after he entered a peer's room and hit him in the head. Documentation indicated that the recipient admitted the attack, walked to the restraint room and was placed in restraints. According to the record, when the recipient met the criteria for release at 11:30 AM, he voiced an apology regarding the incident. All documentation relevant to the restraint episode was in accordance with the Code's requirements.

C: Progress Notes.

Documentation in a Physician's 03/04/10 Progress Note indicated that the recipient was placed in restraints after he got into an argument with a peer and proceeded to hit and bit the peer on his chest.

A STA recorded in a 03/04 Progress Note that the recipient, while leaving the dining room, turned toward another recipient, hit him and then began to bite him. He was placed in a physical hold, escorted to the restraint room and placed in 4-point restraint for the safety of all.

A Registered Nurse (RN) recorded in a 5:45 PM Progress Note on 03/04/10 that the recipient was calm, cooperative and able to discuss the prior incident without any hostility or aggression. The RN recorded that the recipient denied any thoughts of hurting self or others. Based on this assessment, the RN determined that the recipient had met the criteria for release from the restraints.

In a 03/31/10 Progress Note, the recipient had voiced disappointment that the treatment team had not recommended him for transfer to a less secure facility. The Therapist recorded that the recipient made several grandiose, delusional statements during the conversation. The Therapist documented that during the past few weeks, the recipient had regressed. He was placed in restraints on 03/04/10 due to physical aggression toward a peer, and he was involved in an additional physical altercation with a peer on 03/11/10. The Therapist recorded that the recipient continued to exhibit severe positive symptoms of psychosis and physically aggressive behaviors.

A RN recorded that on 04/25/10 the recipient went into a peer's room and hit him in the head. A STA recorded that on 04/25/10 the recipient entered the peer's room, hit him in the head, came out of the room, admitted the attack and walked to the restraint room.

The recipient's Therapist recorded in a 04/30/10 Progress Note that the recipient makes statements to his peers that he knows will be upsetting, and he appears to enjoy when they become upset. The Therapist documented that the recipient admitted this kind of behavior, laughed about it and was unable to offer a rational explanation for this kind of treatment to others.

Summary

According to the complaint, a recipient at Chester Mental Health Center is not receiving services in the less restrictive environment. When the Team spoke to the recipient he stated that he has not received any BDRs or had not required restraints for over two months. He also denied being aggressive toward others and engaging in any type of self harm. He informed the Team that he had been at the facility for almost seven years and believes that he should be transferred to a less restrictive setting. Documentation throughout the recipient's clinical chart indicated that he continues to exhibit psychotic symptoms and aggressive behaviors toward other recipients. His record indicated that he fails to acknowledge how his behaviors affect others and expresses justification in exhibiting aggressive actions toward those that he perceives to be a bother to him. The recipient's record indicated that his progress is reviewed in monthly TPRs, and the treatment team has indicated that the recipient has not met the criteria for transfer to a less restrictive environment. According to Illinois Department of Human Services Forensic Handbook posted on the Internet, transfer to a less restrictive environment is determined by the treatment team on an individual basis for each recipient, considering the recipient's progress, dangerousness potential, etc.

Conclusion

Based on the information obtained during the course of the investigation, the allegation that the recipient is not receiving services in the least restrictive environment is unsubstantiated. No recommendations are issued.