



FOR IMMEDIATE RELEASE

North Suburban Regional Human Rights Authority
Report of Findings
HRA #12-100-9006
Elgin Mental Health Center

In December 2011, the North Suburban Regional Human Rights Authority (HRA) opened this investigation regarding Elgin Mental Health Center, Forensic Treatment Program, Hartman Unit. A complaint was received that alleged that a recipient needs a new psychiatrist because there is a lack of trust and poor communication between them. 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 relevant portions of the recipient's clinical record with written authorization. Interviews with the recipient and psychiatrist were conducted to discuss the allegations. The HRA recognizes the full cooperation of Center personnel.

Findings

Information obtained from the recipient

According to the recipient, the lack of trust between himself and his psychiatrist has caused emotional distress and it has been very hard to develop a working relationship. The following examples were cited by the recipient: the day before a court hearing (2010), the recipient spoke to his psychiatrist who told him that his status of "Unfit to Stand Trial" was unchanged. The recipient stated that the psychiatrist then sent a fax to the court, without informing him, and changed his status to "Fit to Stand Trial." The recipient also stated that his psychiatrist was very "vague" in giving him explanations about his medical treatment and that he was frequently told the "That's just the way it is" in answer to his questions. The recipient specifically mentioned the diagnosis of "Narcissistic Disorder" (ND) that the psychiatrist gave him and he said that when he questioned the basis for this particular diagnosis, the psychiatrist would not explain its rationale. The recipient stated that he had talked to the psychiatrist about

these problems and told him that he wanted to have a good relationship, but that the psychiatrist was “recalcitrant to any changes in their relationship.” The recipient affirmed that he has been under treatment by this psychiatrist for 18 months and has been unable to find any middle ground. The recipient stated that he currently sees the psychiatrist once a month at the staffing meetings. When asked, he said that he had no idea why the psychiatrist was treating him in this fashion and that he has been the cause of emotional distress.

The recipient stated that he was placed on a unit restriction and he was restricted from his computer/ reading materials and center personnel could offer for no clear reasons for the restriction and that the restriction was for an indeterminate period of time.

Information obtained from the clinical record review

The clinical record revealed data on a male client who was remanded to DHS in 2007 as Unfit to Stand Trial. According to Fitness Evaluation documentation, regular fitness hearings were held; in 2009 the recipient's term of unfitness to stand trial was extended by the court for two years. In February 2011, the recipient was found subject to G2 status (unable to be found Fit) and he was given a maximum date of October 2037. Documentation showed that it was the opinion of the treatment team that the recipient was Fit to Stand Trial; the court has ruled that he is unfit.

According to the clinical record, in August 2011, the recipient's I-pod was checked to see if it had recording capabilities and it was found to have images deemed inappropriate given his crime and diagnosis. Due to the concerns about those images, a review of his computer contents was reviewed and similar images were discovered. A Restriction of Rights Notice was issued for the confiscation of the recipient's computer and all electronic media for further review for inappropriate content. The computer was found to have hidden files and it was password protected; the recipient would not provide the passwords. He was informed that he could not possess electronic media or participate in school programming if he was not willing to provide the passwords so that the contents could be reviewed. The recipient was also unit restricted due to questions about how he was obtaining some of the media materials. Reading materials and DVDs were discovered in the recipient's bedroom and a restriction was issued for these materials. Progress note documentation showed that in late August 2011, the recipient met with the Forensic Program Director and his psychiatrist and the restrictions were discussed at length. In early September 2011, the recipient was granted access to reading material that was deemed appropriate; the computer was given to police department for review. It is noted that he was able to leave the unit for therapeutic activities and that the restrictions were reviewed every 30 days.

Information obtained from Center personnel

The psychiatrist explained to the HRA that the treatment team has always considered this recipient to be fit to stand trial and has not changed that opinion. However, the court is not in agreement with this opinion and continues to find him unfit to stand trial. In discussing the assertion that the psychiatrist changed the recipient's status unbeknownst to the recipient, the psychiatrist stated that the fitness status would not typically be discussed with the recipient because if the recipient was malingering, for instance, then that recipient would stop doing what they were doing to remain unfit.

The psychiatrist offered that the recipient frequently refuses to meet with him because anything that is said during the meeting could be used to make a determination regarding the recipient's fitness to stand trial. The psychiatrist stated that he meets with the recipient at staff meetings and whenever there is a need for a meeting. He pointed out that the recipient complains

that there is a failure of communication between them, but refuses to meet with him to discuss these issues.

The psychiatrist explained that the recipient has an official diagnosis of “Personality Disorder NOS” (Not Otherwise Specified). A prior social worker thought that the recipient met the criteria for Narcissistic Disorder with Social Disorder traits. The psychiatrist believed that the recipient does not meet the criteria of ND and has never told the recipient that he has that diagnosis.

In discussing the recipient's stance regarding a new psychiatrist, individual requests for a change in a psychiatrist are typically not granted unless there is a good clinical basis because to build a trusting relationship, the recipient and physician must work together for some time. And, it was stated that often a request for a change in psychiatrist is made when the recipient is simply not happy with what the psychiatrist has to say about the treatment course. If requests of this nature were granted, changes would be made all the time and there would be no therapeutic benefits.

As stated earlier in this Report, the recipient claimed that he was placed on restriction for an “indeterminate period.” The psychiatrist stated (and record confirms) that the recipient was placed on restriction for 30 days, and that the restriction was then reviewed/renewed. Clinical documentation showed that the restrictions were reviewed with the recipient.

Conclusion

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, section 2-102, "(a) 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 allegation that a recipient requests a new psychiatrist because there is a lack of trust and poor communication between them is unsubstantiated. The HRA found no corroborating evidence to support the claim that the recipient's psychiatrist changed the recipient's fitness status from Unfit to Fit. There was nothing found in the clinical record to show that the recipient had been diagnosed with a Narcissistic Disorder, and the record showed that the recipient met with Center personnel to discuss the imposed restrictions in detail.

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

Michelle R.B. Saddler, 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

February 22, 2012

Ms. Kori Larson - Chairperson
North Suburban Regional Human Rights Authority
9511 Harrison Street, W-300
Des Plaines, IL 60016-1565

Re: HRA #12-100-9006

Dear Ms. Larson:

Thank you for your recent thorough review of this patient's concern. Staff at Elgin Mental Health Center strive to provide the highest level of treatment quality. We are glad that this concern was found unsubstantiated. We will continue to work with this individual in the hopes of resolving his concerns.

I would request that this response be included with any public release of your Report of Findings.

Sincerely,

Paul N. Brock, M.P.A., M.H.A.
Hospital Administrator

PNB/JJP/aw

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