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**FOR IMMEDIATE RELEASE**

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**HUMAN RIGHTS AUTHORITY- CHICAGO REGION**

**REPORT 14-030-9006**

**JOHN J. MADDEN MENTAL HEALTH CENTER**

Case Summary: The HRA did not substantiate the complaint that Madden Mental Health Center did not follow Code procedures when it failed to provide a psychiatric evaluation on a recipient upon admission and administered forced psychotropic medication to a recipient for no adequate reason.

**INTRODUCTION**

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at John J. Madden Mental Health Center (Madden). It was alleged that the facility did not follow Code procedures when it failed to provide a psychiatric evaluation on a recipient upon admission and administered forced psychotropic medication to a recipient for no adequate reason. If substantiated, this would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.).

Madden Mental Health Center is a 269-bed, Illinois Department of Human Services (DHS) facility located in Hines, Illinois.

To review these complaints, the HRA conducted a site visit and interviewed the Medical Director, the Associate Medical Director, the Director of Nursing, the Associate Director of Social Work, the Director of Social Work, the Quality Manager, and the Chief of Security. Hospital policies were reviewed, and the recipient's clinical records were reviewed with written consent.

**COMPLAINT SUMMARY**

The complaint alleges that the recipient did not receive a psychiatric evaluation upon admission. Also, on Sunday, August 11, 2013 the recipient was allegedly given an injection of psychotropic medication for no adequate reason and security threatened to choke him. Two security officers pulled the recipient's hand behind his back and threatened to put him in restraints if he did not accept the injection.

**FINDINGS**

The record indicates that the recipient was admitted to Madden on 8/02/13 for depression. His psychiatric evaluation, completed on the same day states, "Patient is a poor historian, he give (sic) inconsistent and unreliable information. He reported that he has 14 year history of alcohol abuse. He also has 3 year history of depression. (per social worker, he was in [state mental health facility] for over 3 years for anger problems. He reported he has stress, but do not want to talk about at this point. He is separated with his wife and 4 children, lost his job 6 weeks ago 'because of my drinking problem.' He was also in prison 5 years where [sic] no psych treatment. 'I tried to kill myself and cut myself 3 years ago in Prison, because I was depressed.' He was released from prison 2 years ago, under parole, but he reported he got a new case of 'attempted murder' and will have 17 year sentence. He will back (sic) to prison soon. He reported he did not drink alcohol or use any drug in the last 6 weeks. But he has worsen [sic] depression with depressive mood, poor energy, poor concentration and poor appetite. He reported racing thought, insomnia. He denied hear voices or paranoid. He also has suicidal thought at times and thought about walk [sic] into traffic. He denied current active suicidal or homicidal ideation at hospital setting." The recipient was given a diagnosis of Mood Disorder and Substance Abuse.

The recipient's preference for emergency treatment is included in the record and indicates that he preferred medication for emergency treatment.

The record shows that the recipient received emergency medication on 8/03, 8/05, 8/07/, 8/09, 8/10, 8/12, 8/14, and 8/15 all for aggressive and threatening behavior which erupted unpredictably. The record also describes two situations which pertain to the extant complaint. At 7:45 a.m. on 8/11, the record states, History of assault. No evidence of any injury/fracture/dislocation in any part of the body." The next entry is made at 9:00 a.m. and states, "Pt. got into altercation with a peer, required a ROR [Restriction of Rights]. Pt. remains unpredictable. With no insight. Continue FOS [frequent observation]." The next entry states, "Emergency meds with ROR. Pt. have [sic] hand to hand fight with another patient over a sweater, unable to redirect. Least restrictive method failed. Emergency meds given IM [intramuscularly] with ROR." The Restriction of Rights Notice is included in the record. The reason for the restriction is: "Both patient [sic] fighting hand to hand over a hoodie, unable to control fight, very aggressive, unable to redirect. Least restrictive method failed. Emergency meds given with ROR to prevent harm to self and others."

This event was reported to the Illinois Office of Inspector General, who had no findings.

#### FACILITY REPRESENTATIVES' RESPONSE

Facility representatives were interviewed about the complaint. The Chief of Security indicated that all staff utilize the Crisis Prevention Intervention (CPI) technique when intervening in behavioral situations. The goal of CPI is to de-escalate the recipient and prevent further need for intervention. Options are offered to the recipient and the goal is to get the recipient to calm down in his/her room or the quiet room. The security staff are only present to follow the directives of the treatment team staff and support their decision on how to respond to the recipient. The technique of CPI ensures that all areas of the body are supported. The arms of the recipient are held against their body on both sides. The staff stated that holding the

recipient's arm behind his back or choking would not be part of the CPI protocol and objecting recipients are not threatened with restraint if they refuse medication. Staff indicated that the recipient in this case had become very violent however he was not placed in restraint which indicates that the CPI technique was effective and the situation did not escalate.

## STATUTES

"Upon commencement of services, or as soon thereafter as the condition of the recipient permits, the facility shall advise the recipient as to the circumstances under which the law permits the use of emergency forced medication under subsection (a) of Section 2-207, restraint under section 2-208, or seclusion under Section 2-109. At the same time, the facility shall inquire of the recipient which form of intervention the recipient would prefer if any of these circumstances should arise. The recipient's preference shall be noted in the recipient's record and communicated by the facility to the recipient's guardian or substitute decision maker, if any, and any other individual designated by the recipient. If any such circumstances subsequently do arise, the facility shall give due consideration to the preferences of the recipient regarding which form of intervention to use as communicated to the facility by the recipient or as stated in the recipient's advance directive."

The Mental Health Code describes the requirements for the administration of psychotropic medication and its refusal:

"If the services include the administration of...psychotropic medication, the physician or the physician's designee shall advise the recipient, in writing, of the side effects, risks, and benefits of the treatment, as well as alternatives to the proposed treatment, to the extent such advice is consistent with the recipient's ability to understand the information communicated. The physician shall determine and state in writing whether the recipient has the capacity to make a reasoned decision about the treatment. .... If the recipient lacks the capacity to make a reasoned decision about the treatment, the treatment may be administered only (i) pursuant to the provisions of Section 2- 107 [to prevent harm]...." (405 ILCS 5/2-102 a-5).

Should the recipient wish to exercise the right to refuse treatment, the Mental Health Code guarantees this right unless the recipient threatens serious and imminent physical harm to himself or others:

"An adult recipient of services...must be informed of the recipient's right to refuse medication... The recipient...shall be given the opportunity to refuse generally accepted mental health or developmental disability 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 recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available. The facility director shall inform a recipient...who refuses such services of alternate services available and the risks of such alternate services, as well as the possible consequences to the recipient of refusal of such services" (405 ILCS 5/2-107).

Additionally, the Code states that whenever any rights of the recipient of services are restricted, notice must be given to the recipient, a designee, the facility director or a designated agency, and it must be recorded in the recipient's record (ILCS 405 5/2-201).

## FACILITY POLICY

Madden policy (Section 200 Patient Rights) affirms the Mental Health Code right of patients to refuse medications. Madden Mental Health Center policy (#230 Refusal of Services/Psychotropic Medication) states that adult patients are to be given the opportunity to refuse generally accepted mental health services, including but not limited to medication. If such services are refused, the policy states that they are not to be given unless such services are necessary to prevent the patient from causing serious and imminent physical harm to self or others. A physician's order for the medication must accompany an order for emergency medication. Also, the nurse shall document the circumstances leading up to the need for emergency treatment in the patient's record along with the rationale. Policy also dictates the completion of the Notice of Restricted Rights of Individuals document.

## CONCLUSION

**The clinical record contains the psychiatric evaluation completed for the recipient at his admission on 8/02/13. The HRA does not substantiate the complaint that Madden failed to provide a psychiatric evaluation on a recipient upon admission.**

The clinical record and staff report indicate that the recipient in this situation became violent and staff required the assistance of security staff, who by their report followed standard protocol for de-escalation, which provides safety and support for the recipient's limbs and does not include threats of restraint if medication is refused. The HRA does not substantiate the complaint that facility staff administered forced psychotropic medication to a recipient for no adequate reason.