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SPRINGFIELD REGIONAL HUMAN RIGHTS AUTHORITY

REPORT OF FINDINGS

HRA CASE #14-050-9004

ANDREW MCFARLAND MENTAL HEALTH CENTER

### INTRODUCTION

The Springfield Regional Human Rights Authority (HRA) has completed its investigation of complaints at Andrew McFarland Mental Health Center, a state-operated mental health facility that has 125 inpatient beds in Springfield. The specific allegation states that the Center violated a consumer's rights when it administered psychotropic medication to which he was allergic.

If substantiated, the allegation would be a violation of the Mental Health and Developmental Disabilities Code (405 ILCS 5) and Center policies.

### METHODOLOGY

To pursue the investigation, an HRA team visited the Center and interviewed the Health Management Information Director and the consumer separately. Documentation from his record was reviewed with consent.

### FINDINGS

The consumer stated that in May 2013 he was given a Haldol injection that made him act strangely and that it concluded with a transfer to a more restrictive state facility because of behaviors that were beyond his control.

The information director had nothing to share about the allegation saying that the consumer was only at the Center for a few days. Documentation from his stay at McFarland was eventually provided.

According to a psychiatric evaluation dated May 6<sup>th</sup>:

[The consumer] presented on 4/29/13 on an emergency admission from [an intensive care unit]. [He] is reported to have been on a train...when he was observed to be delusional and exhibiting bizarre behaviors.... [He] was removed from the train and taken by police to [an] emergency room and admitted. It is further reported that he has been non-compliant with medications for a year.... [He] was expressing that he believed people were after him.... [He] also had stated he would harm others who he believes are wanting to harm him [sic].... The main impetus presenting is related to medication non-compliance.

5/3 [The consumer] was observed spitting and throwing things and making severe threats to kill staff, he was escalating and not able to redirect. State police were called, there were six officers who had to redirect him to the restraint room and it took them more than twenty minutes in order to medicate him and restrain him. He was making threats to the police officers too. He was in restraints for 3 hours. [The consumer] remained severely agitated during this restraint episode by pulling at restraints, threatening and cursing staff. He was not able to contract for safety.

On 5/4...at 0030 he was released from restraints.... Through the day...he did receive emergency forced medications following refusal of scheduled medications. By 2145 [he] escalated with threats.... At 2200 a code was called for emergency forced medications...and a physical hold was initiated from 2205-2210. Restraints were started at 2210 following increased severe agitation, threats to staff and he had grabbed a staff member's shirt and would not release. [He] remained in restraints from 5/4 at 2210 to 5/5 at 0345. During this restraint episode, he continued to threaten and curse staff, was severely agitated, continued to pull at restraints and attempted to force release from restraints.

The escalation of delusional content, severe agitation and response to internal stimulation is increasing in severity and response. The episodes since admission have required use of emergency forced medications, brief physical holds to administer...medications, a brief restraint episode and finally culminated to a lengthy restraint episode.... [The consumer] refuses any treatment with medication. [He] is a large male who can be difficult to redirect when agitated.

Past Psychiatric History: [The consumer] is reported to have received treatment [in another state]. His history of treatment is largely unknown and he is reported to have not been compliant with services.

Past Medical History: Hypertension.... No known drug allergies (emphasis added). [He] is currently receiving 24-hour forced medication to include Chlorpromazine 100mg, Lorazepam 2mg and Benztropine 1mg....

Haldol is not listed as a prescribed scheduled or emergency medication in the records we reviewed.

A drug alert form (IL462-0715), dated May 6<sup>th</sup> identifies Haloperidol as a sensitive drug for the consumer. It describes sensitive as an extension or magnification of a desired therapeutic or idiosyncratic effect or reaction to an individual drug. Sensitivity may not be clinically significant.

#### MENTAL HEALTH CODE

Pursuant to 405 ILCS 5/1-117:

‘Neglect’ means the failure to provide adequate medical or personal care or maintenance to a recipient of services, which failure results in physical or mental injury to a recipient or in the deterioration of a recipient’s physical or mental condition.

405 ILCS 5/2-102:

(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.... 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.

405 ILCS 5/2-107:

(a) 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...services, including but not limited to medication. If such services are refused, they shall not be given unless such services are necessary to prevent serious and imminent physical harm to the recipient or others and no less restrictive alternative is available.

## CENTER POLICY

Pursuant to policy TS 101:

McFarland Mental Health Center shall ensure that each individual is receiving active treatment to address problem areas which precipitated hospitalization. Treatment planning is a fluid, ongoing process in which problems, goals, objectives and interventions are identified and monitored. The treatment planning process is to be documented from admission and throughout an individual's stay via assessments, treatment plan reviews, progress notes and other documentation in the medical record.

## CONCLUSION

The Mental Health Code states that neglect is the failure to provide adequate medical or personal care which results in physical or mental injury or deterioration in a condition. Services, including psychotropic medication, may be refused and shall not be given unless it is necessary to prevent serious and imminent physical harm and no less restrictive alternative is available.

Based on documentation in the consumer's record, psychotropic medication was administered during emergencies when he physically threatened staff or others. While Haloperidol was noted as a "sensitive" drug, there were no references to the medication being prescribed or administered, scheduled or emergency. The complaint is not substantiated.