FOR IMMEDIATE RELEASE

Egyptian Human Rights Authority
Report of Findings
Chester Mental Health Center
HRA #14-110-9017

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving complaints of possible rights violations in the care provided to a recipient at Chester Mental Health facility in Chester. The allegations are that the recipient's program plan regarding restraints is not being followed properly, and the recipient was inappropriately suspended from rehabilitation classes. If substantiated, these allegations would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

Chester Mental Health Center is a maximum security forensic mental health facility with approximately 240 beds devoted to males. The allegations were discussed with staff involved in the recipient's care. Relevant policies were reviewed as were sections of the recipient's record with authorization.

COMPLAINT SUMMARY

The complaints stated that a recipient's program plan regarding restraints is not being properly followed. The intended four-step restraint stepdown process includes: 2-point ambulatory restraints (1:1 observation during sleep), 2:1 observation, 1:1 observation, frequent observation. It is also stated in the complaint that the recipient was inappropriately suspended from rehabilitation classes.

FINDINGS

Interviews

A site visit was completed on December 16, 2014 by a team from the Egyptian HRA. During the visit, the team spoke with the recipient as well as the Chester Mental Health Center's staff. The information gathered by the Egyptian HRA was that the recipient is in restraints frequently for about 60 minutes or less per episode. Facility staff stated that he must be showing zero signs of aggression before he is officially released from the restraints. The recipient experiences some memory problems, reading problems, and issues with visual cues; therefore, staff read his treatment plans to him. The HRA attempted to secure additional restraint information without success.

Record Review

The HRA team found that the recipient's treatment plan states that he has the following diagnoses pertaining to the Diagnostic and Statistical Manual of Mental Disorders: **Axis I-** Major Depressive Disorder malingering as unfit to stand trial by refusing to cooperate in treatment; **Axis II-** Personality Disorder, Antisocial; and **Axis III-** Hyper Tension, Hyperlipidemia, Anoxic Brain Injury in 1996 from suicide attempt by hanging. The recipient's admission date was on July 23, 2009. The incident that caused the complaint occurred on April 20th. On the outside of the recipient's chart it states, *"If [recipient name] acts in any way aggressive. ie threats, lunges, hits, he will immediately be placed in restraints for everyone's safety. Prior to release, the treatment team will meet to evaluate for need of ambulatory restraints as indicated. This plan will be put in place, to protect the recipient and everyone on his living unit. If this occurs on a weekend or nights, [the medical director] will be contacted for authorization of ambulatory restraints."* It is also documented that the recipient is to be in restraints for 60 minutes or less, or until the recipient shows no signs of aggression. The record provided to the HRA does not indicate how often the recipient is in restraints; however, the record does state that the recipient is in restraints quite often due to being an extremely aggressive individual. The notice of restriction form for the incident under review is dated 4/20/14 at 7:55 am and was completed in its entirety. The form clearly shows that the recipient did not want anyone to be notified of the restriction that took place, and it was honored, and taken into account. The restriction notice does state, *"The recipient was placed in a physical hold in the hallway during involvement in an altercation with a peer. Recipient immediately calmed when put in the physical hold by staff. Due to the abrupt nature of the incident that occurred, the recipient's preference was not utilized."* The recipient's emergency treatment preference plan includes the initial preferred choice as being medicine, followed by seclusion, and then restraints. The order for physical hold shows that the hold lasted for five minutes, and there was no physical or emotional distress noted. Also noted is that there were injuries reported by the patient and the injuries were observed and treated by staff. The injury report states that the recipient was hit in the lower lip with a fist, but a physician call/exam was determined to be unnecessary. Nowhere in the record supplied to the HRA is there documentation that the step-down process was used during the 04-20-14 incident. Due to the incident that caused the recipient to be put in the physical hold, he also was put on "restricted to the unit" status from April 21, 2014 to May 21, 2015. The record does not state whether or not the treatment team was involved. There are no progress notes regarding the incident in the information provided to the HRA.

There are several other examples of the step down process being utilized when the recipient is put into ambulatory restraints. In the 10/02/2014 Treatment Plan, it states:

> "During 2013, the recipient has been involved in several physically aggressive attacks on peers on the following dates: 1/03/13, 1/04/13, 3/31/13, 4/07/13, 4/09/13, 5/11/13, 6/1/13, 8/18/13, 8/20/13, 8/22/13, and 8/23/13. Due to the recent escalation on 8/23/13, Treatment Plan Modifications were made and he was placed in 4-point ambulatory restraints. On 9/16/13, he was step-down to 2-point ambulatory restraints. On 10/17/13 the recipient was stepped-down to Frequent Observation. Which was then discontinued on 12/2/13."
>
> "On 11/17/13, the recipient slapped a peer over telephone usage. At that time, the recipient was placed in 4-point restraints. On 11/18/13, the recipient was placed in 4-point ambulatory restraints per current Treatment Plan Modification. Then on 11/22/13

the recipient was stepped-down to 2-point ambulatory restraints. On 11/26/13, the recipient was taken out of the 2-point ambulatory and placed on 2:1 and on 11/27/13; the recipient was transitioned from 2:1 to 1:1. The recipient continued to show improvement and on 11/29/13 the recipient was stepped-down to Frequent Observation. Which was discontinued on 12/2/13."

"On 12/5/13, the recipient slapped a peer after being redirected by staff. Earlier in the day he was horse playing with the peer. At 12/5/13 at 2015 he was placed in restraints until 2245. He was then placed in 4 point ambulatory restraints as per his treatment plan. The following occurred: 12/26/13 he was placed in 2 point ambulatory restraint, 12/27/13 the recipient was stepped-down to 2:1 observation and 12/30/13 he was placed on 1:1 observation. On 12/31/13 the recipient was discontinued from all Special Observation. The recipient is no longer on any restriction. On 2/17/14, he shoved a peer. On 4/20/14 he hit a peer. The recipient has had no further aggression. On 6/20/14 a peer hit the recipient and he did not retaliate. The recipient has been expressing a desire for transfer to Elgin Mental Health Center. On 9/21/14 he assaulted a peer and on 9/22/14 the recipient was placed in 4-point Ambulatory Restraints per his Treatment Plan. The recipient fully cooperated and on 9/25/14 he was step-down to 2-Point Ambulatory Restraints. On 9/29/14 the recipient was then stepped-down to 2:1 Observation, then on 10/14 1:1 Observation and discontinued from all special observation on 10/2/14."

In the recipient's treatment plan it specifically states, *"Upon release from 4-point restraints, will be placed in 4-point ambulatory restraints. All regular restraint procedures will apply. Treatment team members will evaluate the need for continued ambulatory restraints based on behavior. Recipient will be on 2:1 or 1:1 observation as determined by the treatment team while in ambulatory restraints. During sleeping hours, when all other patients are in their locked rooms, recipient will be released to a security room and placed on frequent observation."* The recipient's treatment plan documents the behavior modification plan for the recipient's release from restraints due to his aggression. The recipient's treatment plan goals are as follows:

1. Recipient must be compliant with established routine procedures (i.e., medication administration, nursing assessments, and following established module routines).
2. Recipient must refrain from physical aggression or verbalizations of aggression toward himself and others. He must also display appropriate affect.
3. Recipient must continue to follow a plan to avoid future aggressive incidents and consistently discuss it during his daily contacts with his treatment team. This will be evaluated at a minimum on a weekly basis.
4. Recipient will be released when he is not an imminent threat of harm to self or others nor display signs of instability for 60 minutes or less.
5. If at any time the recipient is considered an imminent threat to others or himself, he will immediately be evaluated by the Treatment Team for level of care.

The complaint also states that a recipient was inappropriately suspended from rehabilitation class. Very little evidence exists within the file that supports or negates that claim. However, it does state in the restriction of rights notice that the recipient was restricted to the unit for a month. The recipient has many goals and objectives listed in the most recent treatment plan provided to the HRA. When it comes to rehabilitation goals the recipient's treatment plan states, "The recipient will demonstrate the ability to cooperate with treatment regimen and comply with unit rules and routine. Will attend and participate in at least three activity programs or leisure opportunities per week by 10/2014. The recipient is progressing

well in this area of treatment." The treatment plan also states, "*[Recipient Name] likes to play pool, play cards, listen to music, watch TV, and socialize on the unit. Off the unit he attended 12 (+5) activities. He attended benefits of exercise, central movies, independent leisure time and special programming with the art show."*

Policy Review

The Chester Mental Health Center's restraint and seclusion policy statement, states:

> "The goal of Chester Mental Health Center is to limit the use of Restraint or Seclusion to emergencies in which there is a clear and present danger of an individual harming himself, other patients, or staff. Neither Restraint nor Seclusion may ever be used as a means of coercion, discipline, punishment, convenience or staff retaliation. The least restrictive intervention that is safe and effective for a given individual will be used."

The Chester Mental Health Center's rehabilitation policy statement, states:

> "The Chester Mental Health Center staffs encourage and reinforce patient participation in rehabilitation programs, and to that effect have established procedure to ensure that patient access to such programming is consistent, properly monitored, and supervised."

In the procedure section of the rehabilitation section it clearly states that residential unit staff will be responsible to adhering to the level system in determining if it is appropriate for each recipient to attend the class each day. If the recipient is experiencing signs of aggression, acting out behaviors, maladaptive sexual acting out behaviors, and/or non-compliance with structured unit routine and/or staff directions, the recipient will remain on the unit.

CONCLUSION

Pursuant to the Mental Health and Developmental Disabilities Code (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 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."

Pursuant to the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-108)

> Use of restraint. 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.

From the evidence collected, the HRA did find evidence that the restraint step-down process was followed in the 10/2/14 Weekly Treatment Plan. The 10/2/14 treatment plan provided a few cases as to where the step-down process was used successfully; however, it is not clear if the step down process was followed during the April incident due to the lack of documentation. However, the restriction notice does state that the recipient calmed immediately after the physical hold and, thus, the step-down process may not have been warranted. Therefore, the HRA does not substantiate the complaint that the recipient's plan regarding restraint use was not followed.

The HRA does not find the second allegation to be substantiated as it appeared that the recipient was suspended from the rehabilitation class due to aggressiveness on the unit towards peers and consistent with facility policy.

The HRA takes this opportunity to offer the following suggestions:

SUGGESTIONS

1. Ensure that the recipient's restraint step-down process is being followed as per the recipient's treatment plan by documenting its use or the reason for not utilizing.
2. Involve the recipient in treatment planning to the extent possible.
3. Allow the recipient to participate in rehabilitation groups as much as possible.