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**Egyptian Human Rights Authority
Report of Findings
Chester Mental Health Center
HRA #15-110-9007**

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of a possible rights violation in the care provided to a recipient at Chester Mental Health Center in Chester, IL. The reported allegation is that the facility provided inadequate treatment when a recipient was not able to see a therapist and did not have access to group sessions. If the allegation is substantiated, it 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 complaint stated that the recipient is receiving inadequate treatment due to not being able to see a therapist, and not having access to group sessions.

FINDINGS

Interviews:

A site visit was completed on September 22, 2014 by a team from the Egyptian HRA. During the visit, the team spoke with the recipient as well as the Director of Clinical Operations and the Chairman of the Human Rights and Ethics Committee.

Recipient: The recipient reported that he has been at Chester Mental Health Center since August 6, 2014, and he has not been able to see his therapist. He stated he had the initial treatment planning meeting, and he requested, but did not receive, a copy of the treatment plan. The recipient indicated that he has made many requests to see his therapist, but he is not being seen at all by the therapist. The recipient reported to only have met with his therapist one time in the hall for around five minutes. The recipient has asked the security therapy aides (STAs) for assistance in facilitating a meeting with his therapist and stated that they did leave a note in the therapist's designated box. The recipient also stated that he is not able to attend any group sessions and has only been allowed to go to, "chow, room, and activities". Then the recipient stated, "I just think this is a mental health treatment facility, you should receive treatment. It never hurts to talk to someone, we all have problems."

Director of Clinical Operations & Chairman of the Human Rights and Ethics Committee:

While interviewing Chester Mental Health Center's staff, they have pointed out that the treatment team determines, on a case-to-case basis, the frequency of therapist sessions, but the minimum is that each recipient must be seen monthly. It has been brought to the HRA's attention that new treatment plans will be implemented in April, 2015 that will include the

frequency of both group and individual therapy services provided to all the recipients. As for the groups, each unit has different groups made available to the recipients. On the recipient's unit there are twelve educational group classes that take place on different days, eight of which take place Monday through Friday at various times. These classes include: adult living, food and nutrition, manufacturing process, craft production (art therapy), business and technology, product marketing, keyboard and formatting, computer concepts/software applications, horticulture, vocational readiness, music appreciation, and media analysis (critical thinking/problem solving). In addition, GED, adult basic education, and symptom management (psycho-education) are offered on an as needed basis.

Record Review:

Upon reviewing the record the HRA team found that the patient's treatment plan states that the recipient has been diagnosed with Psychosis NOS (Not Otherwise Specified), HIV positive, as well with the possibility of being Hepatitis C positive. It states that he was convinced that his girlfriend hired two to three people to follow him with intent to cause him physical harm. He then called the police but claimed that their response time was too slow so he walked into a local hospital's emergency department. It was there that the recipient demonstrated excessive agitation, attempted elopement, and presented with suicidal ideation. The recipient was then moved from the emergency department to a mental health facility. While at the mental health facility the recipient was described as being "potentially violent" due to his actions of: verbal aggression, physical aggression, spitting on peers and staff with the intent of spreading communicable diseases, and urinating in common areas. According to the record, the recipient often refuses to comply with testing which lines up with his history of medication noncompliance. Due to his behavior he had required many seclusions, restraints, and PRNs (as needed medications) to manage his behavior (before transfer to Chester Mental Health Center). It also stated in the recipient's treatment plan that the recipient was admitted to Chester Mental Health Center on 8/6/2014 for his behaviors at the previous mental health center. It was then stated in the interview notes that the recipient was discharged from Chester Mental Health Center on 10/6/2014.

The complaint form stated that the issue that caused the complaint is that his therapist was never available for any sort of conferences with any of his patients. The recipient requested many times to speak with his therapist, even making the effort to leave notes to speak with him. The treatment plan did not support those claims; it stated that the therapist would meet and work with the recipient 1:1, but did not supply the frequency of the visits. In the treatment plan dated 9/12/2014 it stated that he attended his treatment planning session being calm and cooperative. He reported doing well and attended library and rehabilitation classes every week. The recipient's treatment plan stated the criteria for separation from Chester Mental Health Center as *"In order to be recommended for transfer to an open hospital, the recipient must exhibit: an ability to inhibit any significant impulses to engage in aggressive behaviors of violence; a genuine desire for transfer; be cooperative in his adjustment as exhibited by his statements, compliance of any medications and testing deemed as essential, the participation in activities off the unit, and the making of reasonable plans. The recipient has met this criterion and is subsequently recommended for transfer at this time."*

In the progress notes on 8/18/2014 it is provided that the recipient did attend an infection control (HIV/AIDS) class in which he participated. The following day on 8/19/2014 the recipient met with the interdisciplinary treatment team. The treatment team was in agreement

that the recipient was not in need of maximum security hospitalization at this time. The recipient was recommended for a transfer out of Chester Mental Health Center.

The progress notes referenced one incident on August 6th, 2014 when the recipient was extremely aggressive, hostile, paranoid, swearing, threatening staff and peers, and was unable to follow redirection. The recipient was put in restraints, and given a medication that did calm him down. After the incident had occurred the recipient began to feel frustrated and anxious in the environment of Chester Mental Health Center, and his claim was, "These people are always trying to touch me". The recipient met with the treatment team regularly.

The HRA found no documentation in the chart indicating that the recipient had requested a copy of his treatment plan.

POLICY REVIEW

The Chester Mental Health patient education policy states, "It is the policy of Chester Mental Health Center to assess and address the identified learning needs, abilities, and preferences of every patient admitted to the facility; and provide patients and their families with information that will enhance their knowledge necessary to promote recovery and improve function."

Education is provided to recipients based on the needs of a recipient as indicated by multi-disciplinary assessments and physician referrals. The education groups are provided to recipients on a 1:1 basis, or in a small group not to exceed four recipients. Length of the sessions will be determined based on the content being addressed, and the sessions will be held weekly until the content being addressed is mastered. Staff will consider all factors that will influence teaching and learning. The process includes the consideration of the following: patient's age, culture, previous life styles, abilities, and readiness to learn.

There is no policy concerning therapist visits and how they are to be documented. According to the interviews with Chester Mental Health Center staff, the therapists are supposed to meet with the recipients at a minimum of once per month. The treatment team decides, on a case-to-case basis, the frequency of visits. It was also stated in the interview with Chester Mental Health Center's staff that the new treatment plans will prescribe the frequency of visits for both group and individual services. Their goal to implement the new treatment plans is in the month of April, 2015.

CONCLUSION

Pursuant to the Mental Health and Developmental Disabilities Code (405 ILCS 5/102)

"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 5/1-128)

““Treatment” means an effort to accomplish an improvement in the mental condition or related behavior of a recipient. Treatment includes, but is not limited to, hospitalization, partial hospitalization, outpatient services, examination, diagnosis, evaluation, care, training, psychotherapy, pharmaceuticals, and other services provided for recipients by mental health facilities.”

Based on the available information obtained in the policies, interviews, and the Mental Health and Developmental Disabilities Code, the HRA concludes that the policies are in compliance with the basic requirements of the Mental Health Code in regard to therapist visits, and the availability of groups. Treatment plans documented the recipient’s participation in classes, groups and meetings with the treatment team; therapist contacts were referenced in the treatment plan but actual therapist contacts were not documented, thus the HRA could neither confirm nor deny they occurred. The HRA also notes that the recipient progressed in his treatment to the point of being transferred out of the facility. Therefore, the allegation that the recipient did not receive adequate treatment by not being able to see his therapist and not having any groups available to him is **unsubstantiated**.

SUGGESTIONS:

1. Include and document the frequency of therapist visits with the recipients; develop policy accordingly. Provide the HRA with a copy of the policy scheduled to be implemented in April, 2015 governing treatment plans.
2. Remind recipients that groups are available throughout the week.
3. Document recipient participation in groups and include this practice in policy.
4. Ensure that recipients receive copies of treatment plans when requested and inform recipients of this right during treatment plan meetings.