



FOR IMMEDIATE RELEASE

North Suburban Human Rights Authority
Report of Findings
Chicago Behavioral Hospital
HRA #16-100-9016

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Chicago Behavioral Hospital. In July 2016, the HRA notified Chicago Behavioral Hospital of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint accepted for investigation was that the parents of a minor patient were given an outdated parent handbook and the parents did not receive a copy of the admitting application.

If found substantiated, the allegations would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102 and 5/3-503).

To pursue this investigation, a site visit was conducted at which time the allegations were discussed with hospital personnel. Because the HRA was unsuccessful in obtaining authorization to review the minor's clinical record, the HRA focused its investigation on provider policy and practice.

The HRA acknowledges the full cooperation of facility personnel.

Background

According to its web-site, Chicago Behavioral Hospital provides specialized mental health and substance abuse treatment. The hospital offers specialized programs to decrease symptoms of mental illness in inpatient and outpatient settings. The 125-bed hospital serves children, adolescents, adults and senior adults in the following inpatient programs:

The Extra Mile Veteran Care program provides services for those with Post-traumatic Stress Disorder (PTSD) and/or substance dependence.

The Women's Program offers treatment for depression, postpartum depression, depression during pregnancy, suicidal thoughts, homicidal thoughts, bipolar disorder, anxiety attacks, post-traumatic stress disorder and trauma from physical, emotional or psychological abuse.

The Geriatric Psychiatry Program addresses those struggling with one these symptoms along with dementia or Alzheimer's Disease: depression, bipolar disorder, bizarre behavior, suicidal thoughts or gestures, hallucinations, and extreme delusional thinking.

The Adult Mental Health program provides stabilization and treatment for adults with symptoms for: suicidal thoughts or behaviors, homicidal thoughts or behaviors, hopelessness, depression, anxiety, PTSD, Bipolar disorder, Schizophrenia, hearing voices, seeing things that are not really there, and extreme anger.

The Addiction Program offers a detox treatment for those with a co-occurring mental illness, like depression and bipolar disorder. This program is offered for ages 18 and older.

The Adolescent Mental Health program addresses: attempted suicide, skipping school, isolating him or herself, self-injuring, angry and does not know why, feeling hopeless, tried to hurt someone else, overly critical of him or herself, feeling overwhelmed frequently, experiencing bullying

regularly, bullying others regularly, hyperactive all the time, unable to sleep, unable to pay attention, experimenting with tobacco, using marijuana or other drugs, such as speed or ecstasy, and running away often and for long periods of time.

Findings

A review of the admitting documents for the adolescent program show that the patient and parent receive a welcoming statement from the Program Director that explains what the patient can expect during the hospitalization. The statement concludes with the Director's cell phone number, the number to the hospital, and the nurses' station extension number. Additional admission documents included another welcoming page that shows the names of all staff members assigned to the adolescent program, the phone times, visitation hours and the phone numbers for the unit public phone. A review of the Parent Handbook contained a number for the nurses' station. The HRA made calls to each number provided in the admission documents and all numbers were correct.

At the site visit, the Director of the Adolescent Program stressed that communication is important and is encouraged on a regular basis for both the patient and parents/guardian. He stated that he provides his cell phone number and he is accessible 24 hours a day. Each patient and parents/guardian are given a copy of the Parent Handbook at the time of admission, as well as additional admission documents.

The facility's Admission of Adolescents/Children policy states that the admission forms are to be reviewed with parents/guardian to facilitate their understanding and comfort level. The original application that is signed by an adult for the admission of a minor is retained in the medical record; one copy is given to the parents/guardian, one copy is given to the patient. At the site visit the above policy was reiterated, in that the parent is to receive a copy of all admission documents. When asked, it was stated that the facility does not use any form showing that the parents/guardian sign-off on receiving said documents.

Conclusion

The Illinois Mental Health and Developmental Disabilities Code calls for adequate and humane care pursuant to an individual service plan. (405 ILCS 5/2-102a). The hospital provides the patient and parents/guardian with the main hospital number, cell phone numbers, nursing station numbers and patient unit numbers; all numbers were operational and current. The allegation is unsubstantiated.

The Illinois Mental Health and Developmental Disabilities Code dictates that, "Any minor may be admitted to a mental health facility for inpatient treatment upon application to the facility director, if the facility director finds that the minor has a mental illness or emotional disturbance of such severity that hospitalization is necessary and that the minor is likely to benefit from inpatient treatment. Except in cases of admission under Section 3-504, prior to admission, a psychiatrist, clinical social worker, clinical professional counselor, or clinical psychologist who has personally examined the minor shall state in writing that the minor meets the standard for admission. The statement shall set forth in detail the reasons for that conclusion and shall indicate what alternatives to hospitalization have been explored. (b) The application may be executed by a parent or guardian or, in the absence of a parent or guardian, by a person in loco parentis. Application may be made for a minor who is a ward of the State by the Department of Children and Family Services or by the Department of Corrections" (405 ILCS 5/ 3-503 a).

There is a policy in place that addresses the application of a minor by an adult and the disposition of this application. It is concluded that patient rights are protected.