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Egyptian Human Rights Authority  
Report of Findings  
Chester Mental Health Center  
HRA #16-110-9003

**Introduction**

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations in the care provided to a recipient at Chester Mental Health facility in Chester, IL. The allegation reported is that Chester Mental Health Center denied a recipient the right to practice his religion. If substantiated, these allegations would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

Chester Mental Health Center is a state-operated, 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 a recipient is not being allowed to practice his religion of Scientology because he was being forced to take medication which is against his religious beliefs.

**Findings**

**Interviews**

The HRA spoke with the recipient on 8/19/2015. He stated that it is against his religion to take medications. According to the recipient, an employee at Chester Mental Health Center stated that he could not go to the cafeteria, rehabilitation classes, or any activity if he refused his medications. Also, according to the recipient, a different employee stated that Chester Mental Health Center is breaking the law by making him take medications. However, the recipient said that he has been willingly taking his medications to "get out of here" and that he has never refused medications. It was also documented in the interview that the medications he is given make him feel "tired, and groggy."

The HRA decided after meeting with the recipient that they did not need to interview staff to see if medications had been refused since the recipient admitted that he had never refused medications.

### 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-** Bipolar, Post-Traumatic Stress Disorder from childhood trauma; **Axis II-** Deferred; **Axis III-** Inguinal Hernia, Tourette's Syndrome; **Axis IV-** UST [unfit to stand trial], Legal Issues; and, **Axis V-** GAF score of 40. The recipient's admission date was 6/02/2015. The recipient's treatment plan states that the recipient was arrested on 8-16-14 in Aurora on complaints of the witnesses. It was reported that he was yelling at children in public. One of the victims reported to the police that he was threatened by the recipient with a knife. While he was in jail, the recipient had struggles with impulse control, and was often seen trying to provoke peers. The recipient has struggled with daily routine and staff redirection when it is needed. During the treatment team meeting on 8/19/2015 it states, "The recipient was alert and oriented in all three spheres. The recipient acknowledged that he has charges pending...and understands that the charges are Misdemeanor charges." The treatment plan did not mention the recipient's religion of Scientology or any impact that it may have on his treatment plan.

In a nurse's note dated 7/5/2015 it states that the recipient "refused psyllium powder x 3 attempts this am: instructed on importance of using medication to relieve constipation." It was also documented in the record that the recipient signed that he was in agreement with his treatment plans on 8/19/2015 and 6/25/2015 which included the medication plan.

In a nurse's note dated 7/16/2015 it states that he was in the gym being loud, disruptive, and making verbal threats towards staff. He was placed in a physical hold where he struggled, and eventually needed metal handcuffs. In the note it states that seclusion and medicine are his emergency preferences, but they were unable to utilize his preferences due to severe agitation and aggression.

### Policy Review

In the policy "Level System Procedure" it states that there are three levels. The levels are labeled as: Red, Yellow, and Green.

- A. Red: is the level with the most restrictions on activities, and is to protect the recipients' from harm. The activities that are allowed are:
  - I. Church
  - II. Dining Room
  - III. Gym
  - IV. On-Unit Activities
  - V. Commissary – once per week
  - VI. Birthday Party
  - VII. Cook-outs
  - VIII. Yard (Civil)
  
- B. Yellow: is the level with the moderate restrictions on activities, and is to help stabilize the recipients'. The activities that are allowed are:
  - I. Church
  - II. Dining Room
  - III. Gym
  - IV. On-Unit Activities

- V. Commissary – twice per week
- VI. Birthday Party
- VII. Cook-outs
- VIII. Treatment Mall
- IX. Yard
- X. Library
- XI. Inter-Unit Activity
- XII. Feature Fil
- XIII. Veteran’s Party
- XIV. Eligible to serve on Consumer Advisory Council

C. Green: is the level with the least restrictions on activities, and is to help provide quality of life in the facility. The activities that are allowed are:

- I. Church
- II. Dining Room
- III. Gym
- IV. On-Unit Activities
- V. Commissary – twice per week
- VI. Birthday Party
- VII. Cook-outs
- VIII. Yard
- IX. Library
- X. Inter-unit Activity
- XI. Feature Film
- XII. Veteran’s Party
- XIII. Game Room
- XIV. CAPS Room
- XV. Special monthly activity
- XVI. Increased opportunities for Treatment Mall activities
- XVII. Eligible to serve on Consumer Advisory Council.

In the policy “Patient Rights” it states, “A list of patients’ rights as delineated in the Program Directive 02.01.06.010, Prevention of Abuse and/or Neglect of Individuals, is as follows: Individuals shall have the right to a choice of services by spiritual means through prayer...Individuals and the individual’s guardian or substitute decision maker shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication or ECT. Individuals shall be treated with electroconvulsive therapy (ECT) only after full compliance with all applicable requirements set forth in Section 2-107 and 2-107.1 of the Mental Health and Developmental Disabilities Code... Initial Notification of Restriction of Patient Rights. Non - Emergency Restriction of Rights:

1. A restriction of a patient’s rights should be based on clinical assessment of the patient and/or the situation. A Notice Regarding Restricted Rights of Individuals ([IL462-2004M](#)) will be issued to restrict the patient’s rights.

2. If any of the patient’s rights as described in Section I. of this procedure are restricted then a Restriction of Rights of Individuals (IL462-2004M) will be initiated. This includes when a patient is restrained, secluded and/or subject to a physical hold.

3. The Unit Director or designee will ensure that the initiation of the restriction is reported, discussed, and approved at the Facility Morning meeting.

4. When a Restriction of Rights is implemented and reviewed by the treatment team – emergency or non-emergency they will ensure the restriction form is approved and signed by the Facility Director or designee. When the Restriction of Rights involves mail, access to the patient’s room, or telephone, the form IL 462-2004M must be signed by the Facility Director or designee prior to initiation of the restriction.”

The policy entitled “Rehabilitation Services Modification of Provided Services” lists reasons that rehabilitation classes may be modified. The reasons listed included presenting problems such as “The patient has refused 50% of scheduled programming during a reporting period...The patient has requested removal from programming...The patient has exhibited inappropriate behavior while enrolled in programming. All presenting problems involving modification of programming must be reviewed by the case manager and the patient’s therapist...All incidents of inappropriate behavior must be communicated to the therapist and documented on an Information Report...”

In the policy “Use of Psychotropic Medication” it states the following regarding informed consent: “The consent form shall be included in the admission packet and must be completed and signed by the treating psychiatrist and the patient after the initial assessment if medication is prescribed...”

Regarding refusal of medication, this policy states “All refusals of psychotropic medication shall be documented on the Psychotropic Medication Refusal form CMHC-748 and in the progress notes by the nurse... During business hours, the nurse shall notify the attending psychiatrist, psychiatrist on unit, psychiatrist of the day, or psychiatrist in house, if psychotropic medication is refused. After hour/weekends when the psychiatrist is not available, the nurse shall notify the medical officer of the day (MOD) if medication is refused. The Physician shall make an assessment to determine if emergency medication is indicated. The nurse shall enter on the CMHC-748 whether or not emergency medications were ordered by circling ‘Yes’ or ‘No’. The physician shall enter his/her initials next to the entry. The nurse shall then place the form on the Medication Refusal Clipboard. The nursing supervisor shall give CMHC-748 to the patient’s treating psychiatrist for review. The treating psychiatrist shall determine if the patient meets the

criteria for court enforced involuntary medication. Issues regarding psychotropic medication refusals shall be discussed with or by the Treatment Team during the unit Morning Report...”

In the policy “Right to Practice One’s Religion” it states “The Chester Mental Health Center recognizes patient rights as they are stipulated in (405 ILSC5/) Mental Health and Developmental Disabilities Code; specifically 2-100 of the MHDD Code that reaffirms the exercise of rights secured by law, the Constitution of the United States and Illinois Constitution, to include freedom of religion.” Although most of this policy is directed toward the Muslim religion as a result of the Banks, et al., V. Almazar Settlement Agreement, the policy did include the following paragraph: “Religious church services are offered to patients at the Chester Mental Health Center on a weekly basis and on special holidays. The religious church service schedule is as follows; Protestant service on Mondays at 2:00 PM, Islamic service on Wednesdays at 3:00 PM, and a Catholic Mass are held monthly on the second Thursday at 3:00 PM. These services are conducted by a minister provided by arrangement. Representatives of other generally recognized churches may visit and conduct services, at patient request. In addition to formal church services, the clergymen make regular visits to the patient living units and, when there is sufficient patient interest, conduct Bible or other instructional groups.”

### **Statutes**

Pursuant to the Mental Health and Developmental Disabilities Code (5/2-100)

(a) No recipient of services shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of the receipt of such services.

Pursuant to the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102)

“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 5/2-107)

(a) An adult recipient of services or the recipient's guardian, if the recipient is under guardianship, and the recipient's substitute decision maker, if any, must be informed of the recipient's right to refuse medication or electroconvulsive therapy. The recipient and the recipient's guardian or substitute decision maker shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication or electroconvulsive therapy. 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, guardian, or substitute decision maker, if any, 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.

### **Conclusion**

Based on the available information obtained in the policies of Chester Mental Health Center, Interviews, and records, the HRA concludes that the practices in this case are in compliance with the basic requirements of the Mental Health Code, and the policy at Chester Mental Health Center. In the record it shows that the recipient has never objected to psychotropic medications, but has refused constipation medications per a nurse's note dated 7/5/2015. The recipient admitted to the HRA that he was taking the medications willingly so he could "get out of here", included medications as an emergency treatment preference and agreed to his treatment plan which included a medication plan. Therefore, the allegation that the recipient was denied his right to practice his religion of choice by being forced to take medications is **unsubstantiated**.

### **Suggestions:**

1. Allow all recipients access to the activities per the level they are assigned.
2. Update policies to encompass all religious practices. Ensure that the policy includes a means to address any religious/treatment conflicts via the treatment planning process, a human rights committee review, etc.
3. Ensure that staff are aware that a recipient's refusal of medication alone does not automatically prohibit him from participating in off unit activities.
4. Address any treatment issues associated with religious practices in recipient treatment plans and through a human rights committee review.
5. Consider revising the "Right To Practice One's Religion" policy to include addressing religious preferences and treatment issues in the treatment plan.