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HUMAN RIGHTS AUTHORITY-NORTH SUBURBAN REGION

REPORT 20-100-9020
CHICAGO BEHAVIORAL HOSPITAL

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving complaints of potential rights violations in the care provided to a patient at Chicago Behavioral Hospital in Des Plaines. Allegations were that the patient was detained in the hospital for six days without cause and authority. Substantiated findings would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

The hospital has a one hundred-forty-five bed capacity for adult and adolescent inpatient treatment and provides intensive outpatient treatment as well. The HRA held interviews with representatives from administration and intake. The patient's record was reviewed with authorization.

COMPLAINT SUMMARY

The patient was found unresponsive one day in 2018 and was taken to another hospital's emergency room, allegedly due to diabetes and low blood sugars. He was transferred to Chicago Behavioral where he was reportedly kept for six days without a petition, certificate or completed voluntary application.

FINDINGS

Intake records showed the patient's arrival at Chicago Behavioral on Saturday morning, July 21. He presented with odd behavior, decompensated functioning, disorganization and an altered mental status. He had poor hygiene, a disheveled appearance and only responded to yes or no questions. The petition and certificate that traveled with him noted the same, and added that he struggled the past six months following his mother's death, was on a leave of absence from work and appeared unable to care for himself given his low blood sugar, which was treated and resolved before the transfer. The patient signed an application for voluntary admission about thirty or forty minutes later, and a counselor who accepted the application certified by signature that the patient

was suitable for the admission, had the capacity to consent to the admission and that he understood his discharge rights.

Clinical evaluations from the next day described the patient as having depressive symptoms and a potential for drug and alcohol abuse. He reported being asocial and lacking sleep, appetite, energy and concentration although he had no suicidal ideations. On exam he was said to be cooperative but guarded, hypo-verbal, anxious, and lacked insight to his condition. The attending psychiatrist diagnosed severe Major Depressive Disorder with psychosis and opioid dependence, and a preliminary treatment plan was written to help decrease the depression symptoms and substance abuse withdrawals via medications and therapies. The estimated length of stay was one to two weeks.

According to psychiatric progress notes and discharge summaries, the patient achieved maximum benefit from hospitalization over the next five days with medications and various supportive therapies that increased his coping skills and frustration tolerance. The patient agreed to schedule follow up appointments as an outpatient, and he was discharged on July 27, six days after the voluntary admission. The patient did not need to formally request his discharge per the record.

The hospital's clinical supervisor for intake explained that all counselors who accept admissions are master's level clinicians, and they solely determine whether suitable patients have the capacity to consent to a voluntary admission, which includes understanding their discharge rights. A patient's orientation to time, place and date, his understanding of what is going on, and whether he makes eye contact and uses sensible language are example factors in determining capacity. The supervisor further explained that when patients arrive by petition and certificate, the clinician who believes the voluntary route is appropriate will explain that option thoroughly, covering the application itself, discussing the right to discharge and the five-day timeframe and the right to withdraw a discharge request, all of which is included in the rights of the admittee portion of the application. Otherwise, they would e-file the accompanying petition and certificate and any second certificate accordingly. Copies of accepted voluntary applications are given to anyone who is with the patient should the patient request. All patients are given copies of the recipient rights form, and that form is also explained to them in detail. Information on contacting advocacy agencies is provided on that form, and the staff will assist any patient who needs help in making requested contacts.

CONCLUSION

Under the Mental Health Code, every facility shall maintain adequate records subject to the section under which he is admitted, including documents for changes in status. (405 ILCS 5/3-202). A petition asserting the need for an involuntary admission and an inpatient certificate may be completed and court filed within twenty-four hours of admission, excluding weekends/holidays (405 ILCS 5/3-601; 3-602; 3-611). At any time, the patient may sign an application for a voluntary admission should s/he be determined suitable and has the capacity to consent to the admission. (405 ILCS 5/3-400). A voluntary patient may be discharged at the earliest appropriate time, not to exceed five business days, after submitting a request in writing. (405 ILCS 5/3-403).

The complaint that this patient was detained at Chicago Behavioral for six days without cause and authority is unsubstantiated. Compelling documentation from his record included intake and psychiatric assessments with narratives and diagnoses to support a need for hospitalization and the transferring petition and certificate and subsequent voluntary application that was accepted soon after his arrival all provided cause and authority to keep the patient there for the six days. He was discharged well within the estimated timeframe, and he did not have to make a formal request. The Code's process was followed, and his rights were not violated.

SUGGESTION

Hospital staff said that copies of the voluntary will be given to anyone who accompanies a patient if the patient so requests. We point out that pursuant to the Code, "Upon admission the right to be discharged shall be communicated orally to the recipient and a copy of the application form shall be given to the recipient and to any parent, guardian, relative, attorney, or friend who accompanied the recipient to the facility." This record suggests that the patient's brother was with him or was present at some point during the admission, at least much of the history was provided by the brother. If so, perhaps this complaint was avoided if the brother had a copy of the voluntary.