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**FOR IMMEDIATE RELEASE**

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**Northwest Regional Human Rights Authority**

**Report of Findings**

**Case #20-080-9024**

**Mental Health Resource Center, Incorporated**

**Introduction**

The Human Rights Authority (HRA) opened an investigation into a potential rights violation at MHRC, Incorporated. The complaints brought forward were that a patient's right to refuse services and medications was denied and the patient was not provided with adequate and humane care. Substantiated findings would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

Mental Health Resource Center, Incorporated (MHRC) is medical group that provides mental health services in Rockford, Illinois. The company has two providers that offer clinical services; one provider has been providing services for fifty years in the fields of psychiatry and psychotherapy. The HRA conducted a teleconference call and discussed the case with the provider and reviewed the facility's intake documents and the patient's record with authorization.

**Complaint Summary**

It was reported that a patient who was prescribed medication through a private provider was not allowed to refuse medication and further stated being overmedicated. It was also alleged that the patient was not being provided services according to the treatment plan.

**History/ Records**

The patient was under the care this provider from April 2017 through September 2019 for psychotherapy and medication monitoring. The records reviewed covered the period of April 2019 through October 2019, which was the time of the complaint. The course of treatment determined through a psychiatric assessment was individual counselling sessions conducted weekly. The patient was set up for 34 weekly sessions, but according to the records received the patient completed 12 sessions out of 34 sessions. The time allotted for each individual session averaged 45 minutes in service delivery. In reviewing the sessions, the discussion between provider and patient seemed to vary between numerous issues,

ranging from finances, relationship, and medical issues in which there were collaborations and discussion between providers. There were gaps in the attendance for the psychotherapy sessions from the patient missing one week to not attending any sessions for an entire month.

### **Medications**

The medications that the patient took while under the care of the provider were listed as follows in the records with no additions or deletions: Trintellix 10mg/per day, Niravam 1mg bid, Xanax xr 1mg qam, Sinequan 50mg, Seroquel 800mg, Alprazolam 6mg, Depakote 500mg/daily (stopped), and Wellbutrin 100mg/day (stopped). On three separate occasions in the records, there were notations regarding the patient and medication; in the May 7<sup>th</sup> session, it was noted that there was no change in the psychotropic medication; on May 30<sup>th</sup> it was noted that the Trintellix dosage was discontinued but was restarted after this session. The last notation regarding medication was on September 17<sup>th</sup>, which stated to continue medications.

### **Interview**

The initial communication with the provider was a letter returned to the HRA, in which it stated being surprised that a complaint had been filed, due to the relationship that was built between the patient and provider. During a site visit the provider stated the services that are offered through the office are psychiatry and psychotherapy. According to the provider, the patient was referred for services and once the initial contact was made, it was up to the patient to seek out the appointments. The provider stated the patient determines the need for services and the frequency in which those services would be provided. Per the acknowledgement letter from the provider, the patient would make appointments and not show up and respond to the provider's office that there was not an appointment scheduled. There was discussion of the number of sessions that were provided during the reviewed time frame; the provider stated the sessions were more consistent when the services initially began and became more infrequent later. The provider stated that patient did not have a closing or ending session, just stopped attending and contacting provider, possibly based on the recommendation of the patient to go "either to an assisted living or nursing home setting".

Based on the complaint of not providing adequate and humane care by overmedicating the patient, there was discussion centered around medication dosages and patient input. According to the provider, consultation always occurred with the patient regarding dosages and side effects. The provider stated, "patient was always compliant with medication, a close collaborator and always wanted to know everything about the medication prescribed." The provider stated that the patient never refused services or questioned medication dosages. The provider's insight was that the patient believed the medication and the therapy sessions were helpful and the relationship between the two was great.

In reviewing the counseling notes that were provided, there was a notation of the current medication and treatment recommendations; during the site visit the HRA committee discussed why the medication list were not updated. The provider stated that the medication listing does not change because it documents all the medications that the patient has been prescribed during their treatment and if there is a new prescription it will be listed.

### **Conclusion**

**Complaint:** The patient did not receive adequate and humane care.

Per the Mental Health and Developmental Disabilities Code, when a patient is receiving services in the least restrictive environment based on their service plan, the service provided by the facility must be adequate, humane, and occasionally reviewed with the patient (405ILCS 5/2-102(a)). **A rights violation is not substantiated;** the patient was provided an adequate, individual plan and he determined his level of participation in the counseling sessions, by scheduling, attending or not showing up for sessions, which, according to the provider, is part of the autonomy the provider attempts to instill in patients to be proactive in their treatment.

**Complaint:** The patient's right to refuse services and medications were denied.

Per the Mental Health and Developmental Disabilities Code, an individual receiving services, has the right to refuse medication or services and to be informed so (405/ILCS 5/2-107(a)). The provider stated having discussion with the patient in which an agreement on the course of treatment, including medication, was determined. The intake packet that was received by the HRA included a confidential patient profile, authorization to release and exchange information with other parties and the HIPAA Notice of Privacy practices for Personal Information. **A rights violation is not substantiated;** there was no evidence that the provider overmedicated the patient, as discussed in the record history. The patient was free to attend services and take the prescribed medication or discontinue at his choosing, due to the service being voluntarily. Also, there was no evidence that the patient complained about his services or treatment to the provider.

### **Suggestions**

**The HRA offers the following suggestions:**

- 1) Mental Health Resource Center, Incorporated should revise the intake packet to include language regarding the rights that patients have to refuse treatment, services, and medication as well as the HIPAA policy and procedures that are currently being followed by the agency. This action will ensure that the participant understands their rights and responsibilities in receiving services and the responsibilities of the provider. This action can further develop the level of participation of the patient in their treatment.

- 2) Best practice suggests that Mental Health Resource Center, Incorporated should develop and provide a consent form to patients for all prescribed psychotropic medications (405 ILCS 5/2-102a-5). In addition to verbal education, this form will provide the patient written purpose of the medication, including potential benefits, risks, and possible side effects. The form will also be used to assist the provider in determining if the patient has the capacity to make a reasoned decision about their treatment.

**The HRA would like to thank the staff of Mental Health Resource Center (MHRC), Incorporated in Rockford, IL for their cooperation with this investigation.**

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## **RESPONSE**

**Notice: The following page(s) contain the provider response. Due to technical requirements, some provider responses appear verbatim in retyped format.**

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