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HUMAN RIGHTS AUTHORITY-SPRINGFIELD REGION

Report 24-050-9005
Packard Mental Health Center

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving a complaint of potential rights violations at Packard Mental Health Center, a Department of Human Services hospital in Springfield that treats adults in civil and forensic programs. The allegation is that a patient was restrained and forced medicated multiple times without justification.

Substantiated findings would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-107; 2-108 and 2-201).

Relevant sections of the patient's record were reviewed with authorization. The facility had no comment on the compelling record.

FINDINGS

Restraints

One instance of restraint use was revealed in the record for the complaint's given timeframe, August through November 2023. It occurred on October 3rd after the patient approached a peer and punched him in the face while ranting about raping his mother according to the notes. The restraint order repeated the same, and the accompanying restriction notice stated further that the patient continued to struggle physically when escorted to his room where he tried assaulting the staff. The patient designated no emergency intervention preference nor wished anyone to be notified per the notice. He was placed in a restraint chair for about forty minutes until he was able to contract for safety. Fifteen-minute checks for circulation, range of motion, signs of injury, etc. were completed through the duration.

CONCLUSION

Packard policy (MD460) states that restraint use is limited to emergencies where there is a “clear and present danger” of harm and may not be used for coercion or discipline. The individual must be observed continuously. A restriction notice is to be completed for each use. The Procedures are near identical outlines of the Mental Health Code’s requirements to use restraints only to prevent physical harm, to observe the patient no less than every fifteen minutes, and to complete restriction notices (405 ILCS 5/2-108 and 2-201).

The physical violence described in the documentation provided enough support for the need to restrain this patient, and the appropriate procedures were followed in the application. A rights violation is not substantiated.

Emergency Forced Medications

The record showed fourteen instances of forced medications given to the patient within the complaint’s timeframe upon the following justifications on orders, emergency medication progress notes, nursing incident notes and restriction notices:

-Aug. 21: approaching female peers to have sex, antagonizing peers and then becoming aggressive and threatening with staff when confronted, creating an imminent situation.

-Aug. 24: physical threats toward peer and staff; “I’ll fuck you up and beat your ass”; posturing toward staff.

-Aug. 26: approaching peers about having sex; escalating aggressiveness when redirected, “who the fuck you talking to?”; began throwing up gang signs, inciting peers.

-Aug. 27: sexual inappropriateness with staff; bullying peers; increased agitation when redirected; posturing toward staff; fear of imminent risk.

-Aug. 31: threatening peers; increasing agitation; punched glass at bottom of the desk.

-Sep. 2: “coming at staff and peers”; severe physical agitation; targeting other patients, threatening to punch them in the face.

-Sep. 3: threw a cup of water on a peer because he walked behind him; continued threats to harm others when redirected.

-Sep. 6: yelling, screaming at peers; taunting peer to fight; refusing to redirect.

-Sep. 15: threw chess set at staff; screaming, pounding on the plexiglass.

-Sep. 23: physical aggression and agitation toward a peer; blocking punches- putting self in danger.

-Sep. 25: yelling, cursing at staff; throwing objects at the staff, window and nurses' desk; not responding to redirections.

-Sep. 28: targeting peers; posturing toward them and staff.

-Oct 3: along with restraint episode: continued physical struggles with staff.

-Oct. 13: a psychiatry note referenced a court-filed petition for administration of psychotropic medication and then the subsequent presentation of a completed Power of Attorney (POA) for Health Care. The patient confirmed the POA status and designated agent, who consented to prescribed scheduled medications.

-Oct. 15: yelling, screaming at peers; posturing, pulled fists back and hit a peer. Given emergency forced medication outside the prescribed regimen.

In each instance, all redirection attempts failed before giving the medications and the patient elected no emergency intervention preference nor anyone to be notified of his restricted right to refuse treatment according to the record.

CONCLUSION

Department procedures (PPD 02.06.02.020) state that an emergency exists when treatment is necessary to prevent an individual from causing serious and imminent physical harm to self or others. There must be documentation in the record that staff explored alternative options to contain the emergency.

Under the Code, all adult recipients have the right to refuse medications. They shall be given opportunities to refuse and not be given them unless it is necessary to prevent serious and imminent physical harm and no less restrictive alternative is available. (405 ILCS 5/2-107). Emergency intervention preferences, if any, must be considered for use. (405 ILCS 5/2-200). Restriction notices must be given to the patient with each administration, and to anyone so designated. (405 ILCS 5/2-201).

All fourteen emergency administrations were for well-documented reasons to prevent serious and imminent physical harm after less restrictive alternatives failed. Restriction notices were completed for each as well. A rights violation is not substantiated.

-The HRA suggests that staff use more descriptive behavioral language as observed instead of "aggressive" and "threatening", which may not necessarily imply a need to prevent serious and imminent physical harm.

RESPONSE

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