

## THE THREAT

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It was a warm April morning as Scott Williams walked toward St. Andrews Medical Clinic. The neighborhood was strangely quiet given how warm the day was and how active the neighborhood usually became during the spring. As he got closer to the clinic he could see the staff shuffling around in the waiting area. As he reached the door, nurse Sarah Cox pointed, and yelled in a loud, frantic, "Here's Scott!" and raced toward the door to let him in.

### **St. Andrews Medical Clinic**

Located on the north side of Chicago, St. Andrews Medical Clinic was a small clinic that provided health care to community residents who were homeless. The clinic was established as a free walk-in clinic where patients were served on a first-come, first-serve basis throughout the day. The clinic was open five days a week, with evening hours on Tuesday. Patients described the clinic as a "refuge" and many described the clinic as the "place that saved my life". The clinic was a warm place for patients, both physically and emotionally. The front waiting room was lined with large picture windows looking out to the street and tall plants filled the corners. Approximately 20 chairs were arranged back-to-back in the waiting room and a front desk lined the room opposite the windows. Two doors to the side of the front desk led to the back medical examination rooms and staff offices. Often the

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Development of this decision case was supported in part by the University of South Carolina College of Social Work. It was prepared solely to provide material for class discussion and not to suggest either effective or ineffective handling of the situation depicted. While based on field research regarding an actual situation, names and certain facts may have been disguised to protect confidentiality. The author and editors wish to thank the anonymous case reporter for cooperation in making this account available for the benefit of social work students and practitioners.

waiting room was full of patients waiting to be seen.

The clinic was funded through a federal grant given to a local hospital. The purpose of the clinic was to serve the community and provide health care to a segment of the population that did not often receive health or prevention services, specifically in the clinic's community on the north side of Chicago. With no executive director or hospital administrator directly assigned to administer the clinic or provide on-site supervision, the clinic staff worked as a team to hold one another accountable and solved day-to-day issues that arose on their own.

Four full-time staff worked at the clinic and was considered the core team. These staff included Scott Williams, a BSW, Sarah Cox and Elizabeth Andrews, both registered nurses, and Robin Smith, the receptionist and office manager. The core team members held formal staff meetings every other week, but because of the nature of their work, they were often interacting on an hourly basis about the needs of patients. The other members of the team were all part-time or volunteers and included a half-time physician in addition to volunteer physicians. Specialists including a podiatrist, ophthalmologist, and physical therapist also provided voluntary services on a monthly basis. Legal services were available to patients two days a month and two part-time MSW social workers also were available for counseling services.

### **Scott Williams**

Born and raised on the north side of Chicago, Scott Williams began volunteering in soup kitchens and homeless shelters when he was in high school. He developed a connection with those who were considered by others as "undesirables". To him, these "undesirables" were simply people looking for a connection and a way to fit in. He knew he could take the time to strike up a conversation with them or help them receive a warm meal.

In 1988 Scott graduated with a BSW from Trinity Christian College, a small Christian college located in a south suburb of Chicago. As a Christian Scott believed he could live out his faith by choosing social work as his vocation. Following graduation Scott moved back north and to the neighborhood where he grew up in Chicago. He interviewed for and was offered a position as case manager at St. Andrews Medical Clinic.

Scott enjoyed his work and saw it as an important part of the holistic services that the patients received while at the clinic. As the only full-time social worker and

the employee who had been at St. Andrews the longest, Scott had the most consistent contact with the patients. He knew all of the patients by name and would often spend part of his day visiting with patients in the waiting room and also walking through the community to say “hello” and connect outside of the clinic. Scott also spent his time conducting intake assessments, making referrals to outside service providers, and dealing with crisis situations. He strongly believed that the clinic could help with short-term solutions and the problems would always continue; but as a social worker he also needed to advocate for having social services available in the community to help by addressing issues of housing, substance abuse, and basic needs such as food and clothing. Because of these ideas and the work he did in the community, Scott was seen by community leaders and social work educators as a great community resource, and frequently invited to speak at community events and in both undergraduate and graduate social work classes on the topics of homelessness and building community support systems. His fellow team members also looked to him for leadership, both in regards to serving clients’ needs and managing the Clinic.

### **Fall 1999**

In fall 1999, Jeff Richards came to the St. Andrews Medical Clinic to receive treatment for severe pain in his leg. Jeff was a tall, 50 year old, Caucasian male with a medium build. He presented no mental health history information at his intake, but through observation the clinic staff suspected he might be suffering with schizophrenia or another mental illness.

Jeff was diagnosed with peripheral neuropathy (nerve damage in the leg). Because Jeff had not tested positive for diabetes or other diseases related to peripheral neuropathy, the doctor believed it was more than likely caused from a previous injury and scheduled him for regular checkups to monitor him and prescribed prescription painkillers to be taken on a daily basis. Jeff was fairly consistent in showing up for his appointments, although he frequently complained to the staff that his visits to the clinic were keeping him from making the necessary arrangements to “move back to Belgium and save the orphanage.” The visits also “slowed him down” and forced him to wait for medical treatment with the “lowest of the low.”

“Royalty should not be treated like this,” he often said aloud in the waiting room to no one in particular.

Although Jeff was fairly reliable with his appointments, he refused to take his

medication with the same regularity. Scott had talked to Jeff about this, but often Jeff was aloof and didn't engage or express interest in this discussion with Scott. As a team, the staff discussed having Jeff come by the clinic each morning for his pills in an effort to help with this consistency. Jeff agreed to do this and for a while he was consistent in his attendance. Some days, however, when he was extremely delusional, he would verbally confront Sarah claiming loudly, "these pills are poisonous!" After a period of time when he wasn't showing up for his medication, Jeff cited his "high position in Belgian Royalty" as the reason for his absence. At one staff meeting Sarah expressed concerns about Jeff's mental health and her desire to see him undergo a mental health evaluation. She suggested, and the team agreed, if a window of opportunity would open, they might be able to have Jeff evaluated and medication for his mental illness could be prescribed.

### Spring 2000

As Sarah unlocked the clinic door, Scott could see that she was shaking.

"What's going on?" he asked as he cautiously entered through the door and walked into the waiting area.

"Jeff was here not even five minutes ago; he was coming for his medication," Sarah explained. "I opened the door and when I started to hand him his medication, he didn't take it but looked at me with this strange look and came toward me with his arm cocked back. I thought he was going to hit me."

"What happened next?" Scott questioned.

"I yelled and slammed the door in his face," Sarah said loudly "and he took off running."

Scott looked around the waiting area; Elizabeth was standing by the front windows, and Robin was behind the front desk.

"Were all of you here when this happened?" Scott asked.

"Robin was here," Elizabeth responded, "but I was in the back office area when I heard Sarah yell."

"It was odd," Robin said quietly, "It was like any other day when he would show up for his medication, and all of a sudden he turned on Sarah."

"We need to get him evaluated," Elizabeth interrupted. "We have always talked about how we should get him to see someone for a mental health evaluation."

"That's true," Sarah agreed. "This was aggressive behavior and he should be evaluated."

"I don't know," Robin said cautiously. "True, it was odd behavior, but that's Jeff. That's how he acts. Plus, he's never physically threatened us before. This shouldn't be an excuse to have him evaluated."

"How do we know this isn't behavior we will continue to see?" Elizabeth questioned. "Do you want to open the door tomorrow and have the same thing happened to you?"

"Don't you think we could resolve this in a different way, other than just calling for a mental health evaluation?" Robin asked.

"Why don't you think a mental health evaluation will help him?" Sarah asked. "Perhaps it will help us better serve him."

"We know he suffers from some sort of mental illness," Elizabeth stated, "it isn't a bad thing to have him evaluated so we can give him the help he needs."

"That's true," Robin stated, "but what would this do to our relationship with Jeff? We know he trusts us. What would this involuntary evaluation do to that relationship?"

"Shouldn't we be concerned about his mental health and his treatment more than our relationship with him?" Elizabeth asked.

"If we don't maintain our relationship with him, who do we think will give him his medication or look out for his general well-being?" Robin asked.

"What do you think, Scott?" Elizabeth asked abruptly.

Scott thought, *It is clear that Sarah and Elizabeth want him to get evaluated. Is this the best approach to dealing with the situation and helping Jeff in the long-run? Or are we doing him a disservice by not attending to his mental health? Is there any possible way to maintain our relationship with him and get him the help he needs?*