

## **Mental Illness has been a Top Cause of ER visits in MI.**

### **Where was the Care for my Sister?**

Carrie Johns

My name is Carrie Johns. I am speaking on behalf of my twin sister who can no longer speak for herself. Two years ago, my sister died by suicide, losing her long battle with mental illness. Sadly, by the time she finally reached out for help, the systems currently in place failed her, leaving her hopeless and believing she could not get the help she so desperately needed.

On December 19th, 2021, my sister had suicidal thoughts. She, for the first time in her struggles, sought out help. She drove herself to Chelsea Hospital, a place she knew to have been newly renovated and well-staffed, in her hometown, a place she felt comfortable. Upon arriving the staff were kind and accommodating. My sister was told there was a bed for her and while waiting in the ER, she felt some hope. Later, however, she was told that her insurance would not cover her stay at this particular hospital. My sister did not want to be in other facilities, in which she has been before and knew the unfavorable conditions. Frustrated, she called my mom. My parents picked her up and brought her to their house. Thinking she was safe, my parents helped her to bed. The next day, December 20th, my mother tried to wake my sister only to learn that she had taken all of her prescribed medications, trying to kill herself. My parents drove her to Henry Ford ER where they waited late into the night until they were told they wanted to have my sister admitted. Unfortunately, as is the case with many other hospitals in Michigan, there was not a bed available for her there. She was then transferred to another facility, a fear of my sister's, who did not want to be far away from family.

On December 22nd, my sister was taken to Harbor Oaks, a facility that was more than two hours away from her family, a facility that my sister did not want to be at. During her very short stay, the medical records seem to contradict her state of well-being from admittance to release. The day she arrived, doctors recorded her being at being an extremely "high" risk of suicide, listing details of various plans my sister had in mind to attempt suicide again. Less than 48 hours later she was released saying she had "no" suicidal ideations and "N/A" was written next to her suicide risk assessment discharge papers, as well as "no" written under medications, despite the fact she was taking

several medications for years and was doing so at this facility during her stay there. Just four weeks later my twin sister took her own life, leaving her three daughters, two grandchildren, her parents, siblings and me, her twin sister, to live life without her.

My purpose in writing this is three-fold. First, I feel a change needs to occur. It is unbelievable to me that the only time my sister drove herself to the hospital for help, she wasn't able to go to a place she felt safe and comfortable because of insurance. I truly believe that when my sister drove herself to the hospital, only to be turned away, was a pivotal point for her. I believe it was then that she felt she would never get the help she wanted and needed. Next, I feel that there are not enough beds dedicated to mental health in most of the hospitals in Michigan, despite mental health being the top cause of ER visits in the state. Even at a second attempt to get her help, she was turned away because there was no room for a mental health patient, only for those patients with physical needs. And, finally, that Harbor Oaks did not keep my sister for as long as needed. After attempting suicide and discussing multiple ways she planned to kill herself in the future, she was released just 47 hours later. It seems to me that the doctors in charge provided cursory care without follow up or concern.

I hope that I can speak on behalf of and in memory of my sister to make a change. A change that can help others get the help they need, a change that can help loved ones avoid this road our family has had to walk. I am speaking on behalf of my twin sister who can no longer speak for herself. I want her life to matter and to give others the hope of help that she didn't have.

Carrie Johns

## **Long Distances Create Big Barriers to Families and Care**

Paula Smith, MA, BSW

Regarding the need of local beds for children, when a child is placed in a bed 2.5 to 6 hours away (often occurring after spending days in a local emergency room waiting for a bed) their parents/caregivers many times are unable to stay in the area due to financial, work related and/or transportation barriers. When parents are responsible for other children, the distance further limits the time they can be present to support their hospitalized child. Distance often limits parents' involvement in their child's therapy. I think we all know that having a caregiver and supportive others nearby and involved makes a positive difference in treatment outcomes.

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## **Putting our Son out to Bid.**

### **Are you kidding?**

Pat Nuffer

It was a painful time to remember. Our son, our bright promising pianist and 5<sup>th</sup> grade teacher had relapsed with the bipolar disease that had sidelined his life so often. It was time to move home—from his beloved mountains of Colorado where he had lived, and climbed and taught school and outdoor education for the last 5 years. But it was evident that he could no longer manage this brain disorder successfully with a regular regimen of medicine and life style management. He came home to live, a defeated 30-year-old man.

So once again, we got him services, medical oversight and he began to rebuild his life. But it was not soon enough and another relapse brought him back into the darkness. We took him to the ED of Munson Hospital for help. Then began the “wrestling match” of their assessment of him verses our long history of his condition. They sent him home – unmedicated, unsupported - to us because we said he is our son, but he only grew worse. We went to NLCMH “Welcome Center “where they agreed he needed inpatient hospitalization and we were told the first misinformation. They would find a bed at Pine Rest where we felt he could best receive treatment but we had to go back to the ED for reassessment first.

So, we did and this time their staff agreed he needed hospitalization. We said there was a bed in Pine Rest but were told we had no input in where he went. We were told he would be “put out for bid “with hospitals in Michigan and the returning bid would determine where he went. I was repeatedly told we, his parents, did not have any recourse or input into an appropriate placement. He went to a hospital in Detroit where we were not even given the opportunity to leave them written medical history on our son.

After 3 days there, he was still not over the crisis of the episode, but was again discharged to us. We drove him to Grand Rapids and had him admitted to Pine Rest there on our own.

We made a formal complaint to Munson Recipient Rights, only to be told they do not have jurisdiction over the ED and that is a separate entity. We made a complaint again to a different department and never heard any more.

I do serve on the Board of the Recipient Rights Committee of Munson Hospital now and support parents through the National Alliance on Mental Illness (NAMI) and have hope more parental input might make a difference for other families. However, the lack of psychiatric beds, medical doctors and clear oversight in staff training remain to keep our quadrant of Michigan sorely lacking in compassionate and quality care for mental health.

I hope and pray for a better future for the many, many families in our area who continue to face the same challenges we did to find appropriate and successful services to support recovery and wellness.

Pat Nuffer

## **Michigan ranks as one of the Worst States in Shortage of Social Workers and Inpatient Beds**

### **Do Lansing Legislators care?**

Nancy Stevenson, LMSW

My name is Nancy Stevenson and I am a chief operations officer for a community mental health agency in Northern Michigan. I would like to share my experience as not only a boots on the ground social worker, but now as an executive leader. Since I began my career (which is nearly two decades now)- the trajectory of people's needs has drastically changed, primarily in the behavioral health/social work/human service industry. People's needs/behaviors are worsening not improving. It is evident the treatment to condition does not apply for the state of Michigan. We need more hospital beds, more state hospitals, and residential facilities and brilliant minds to incentivize the workforce for the human service industry. As I see it, there is not a single incentive to do any type of human service work. Michigan ranks 3<sup>rd</sup> out of the 50 states following California and Texas with behavioral health staff shortages. Living in what is considered a "rural area" means for CMHP's the needs far exceed the services of what we can provide. For example, children with autism that exhibit aggressive behaviors will sit in the emergency room for weeks if not months before a placement can be secured- a placement that really is not suited for their neurodevelopmental disorder- what is needed are more specialized residential facilities for this specific population. This is unacceptable in every way imaginable.

Our local police officers are now our first responders- without state hospitals, people with severe/persistent mental illness are inundating our local jails- is this on purpose? This is also inhumane and wildly unacceptable. It is a misappropriation of public resources that are much needed to keep our communities safe. How are we to keep our communities healthy without the vital resources to do so? Vital resources that are needed are more state hospitals, more residential facilities, and the expectation that we are to become a society that treats to condition not to discharge.

Quite frankly, lack of foster care placements for children and appropriate placements for adults have really abused our hospitals which further complicates an already far too

complicated system and contributes to long stays in the emergency rooms- which is another example of how shattered this system is. This cannot go on as eventually we will be a society without social workers, cops, nurses and teachers. We cannot keep putting Band-Aids over gaping wounds and expect things to improve. Staff turnover in the human service industry is at its all-time highest- does this even matter to anyone? Is anyone bothering to ask themselves why are things worsening to the degree and speed at which things are worsening? I am extremely fearful, there will be another wave of a mass exodus of human service staff and when that happens- we are all in serious trouble.

If you care to hear some examples of the experiences I continue to see- 1) significant increase in violent/aggressive/disturbing behavior- lack of APPROPRIATE placement options, largely contributes to extremely unwell people being discharged much too soon and then they find themselves in jail and legal trouble. 2) Significant increase in substance abuse, 3) significant increase in violent sex offenses, 4) Lack of affordable housing and 5) Breakdown in the family system- just this last week I learned two separate instances where kids were nearly starved to death- multiple cps investigations- no removal of children due to lack of placement options- HOW? Is this really the best we can do? As a seasoned worker- I have to say if I were just starting my career in social work- I would be looking for a different career path altogether. When I started in the field- kids were angry, now they are disturbed.

I cannot tell you how often I have heard how many billions of dollars are available for behavioral health- my ask would be to take 4 billion and build 5 top-of-the-line psychiatric state hospitals in lower Michigan and maybe 1 or two in the upper peninsula. The remainder of those funds could be used for youth homes and then incentivize to entice quality staff to work there.

Also, figure out the administrative overhead. This is a huge problem- my staff are constantly being dictated to (by the state) to apply for waived services such as CWP, SEDW, HABW, Ispa- why? This could easily be solved if the government was serious about parity. Equality, diversity, and inclusion is all the buzz this day and age- when will mental illness be included in health care? Mental illness is a physical illness as it is a neurological condition of the brain, and it is human suffering. When will our mentally ill receive the much-needed care they deserve to have?

I am a big believer of community-based services and I love the populations my agency serves, and the amazing staff that provides the care and advocacy to some of our most vulnerable. I am not only advocating for the populations my CMH serves. I am advocating for my staff, myself, families, all human service workers as it really feels like a system that is designed on purpose to fail. Please help.

Nancy Stevenson, LMSW



## **The Definition of a Recurring Nightmare... Our Reality**

Cheryl Solowiej

I am the older sister of two, now geriatric, Severely Mentally Ill brothers.

For thirty-five years I have been their primary advocate and supporter. Their diagnosis of paranoid schizophrenia has ravaged their lives and greatly altered the lives of those who love them. This isn't just a complaint, it's the reality we deal with on a day-to-day basis.

Between the two of them they have been hospitalized at least twenty times. Only once was voluntary. They have both lived in northern Michigan throughout these struggles. In the beginning our state hospital in Traverse City was still partially open for severe needs. This put me four blocks away and our parents fifty. This was tolerable. This was accessible. Once the Traverse City hospital closed, the options for emergent inpatient care dwindled. The remaining options were scant and distant. One bro was lucky, twice, to find a bed at Munson Medical Center. During the successive hospitalizations, not only was it harder to pass the gauntlet of involuntary admissions, the available facilities became far off lotteries. Alpena, Grand Rapids, Saginaw, Sault Saint Marie, Fremont and most recently Stonecrest in Detroit.

During the Stonecrest stay, one brother "fell in the shower" after breakfast. Sometime in the late afternoon staff dropped him off, alone, in a big city hospital, during COVID. Turns out he had a complicated broken hip. No one informed us. (It was not a HIPAA issue). We found out by making a routine call to check on him. After the four-hour drive to the medical hospital, we arrived late to find he had been laying on a gurney in the hallway of the ER still alone and unexamined. Medicated for his mental illness? We don't know. His physical condition & surgery required an eight day stay.

The fact we, the loved ones of the Severely Mentally Ill, are still trying to make you realize the severe shortage in appropriate, accessible inpatient beds illustrates you have yet to comprehend the real picture.

We tell our painful stories in earnest. We beg for understanding and improvement....it is the definition of a recurring nightmare, yet it is our reality. The need should not be a question. We are waiting again, for action.

Sincerely,  
Cheryl Solowiej  
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## **Boarding in the ER for Days or Weeks without Treatment is Inhumane**

My name is Patricia Mahan.

My home is in Charlevoix County.

Here are some experiences we have had in hospitals in Northern Michigan:

My grandson was petitioned from a psychiatrist appt to Charlevoix Hospital.

Upon arrival, we were told that we could wait up to 5 days in the ER for inpatient treatment.

No medication was administered to ease my grandson's anguish. He writhed on the bed and no one entered the room to check on him the entire night.

Eventually he was transported to the upper peninsula to War Memorial. I was allowed to ride in the ambulance. The ambulance personnel sat with us and had some understanding of mental illness. For the transport he was administered a medication that assisted my grandson to relax. My husband followed the ambulance for the hours it took to arrive at War Memorial in order to take me home.

Other ER experiences include days of waiting as well as a nurse attempting to administer a pill and pushing it forcefully up his nose. Some experiences are better than others depending if someone was working that had even basic knowledge of mental illness.

I guess first –

Is it too much to ask that personnel with training be available even if it's on-call? The shunning, criminalizing of someone who is ill is shameful. Everyone involved is terrified and helpless, including the unprepared staff.

Please help us.

Patricia Mahan