

# Mental Health Association in Michigan

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March 2, 2021

The Honorable Representative Mary Whiteford, Chair  
Health and Human Services Appropriations Subcommittee

RE: Inpatient psychiatric treatment for adolescents/children

Representative Whiteford and Members of the Health and Human Services Appropriations  
Subcommittee:

Thank you for the opportunity to provide written testimony regarding the need for additional state and community inpatient psychiatric beds and crisis services for Michiganders experiencing psychiatric emergencies.

The Mental Health Association in Michigan (MHAM) is the oldest advocacy organization in Michigan that is concerned with individuals with psychiatric conditions across all age groups. MHAM is deeply concerned about the lack of inpatient treatment and overall crisis services for individuals of all ages in Michigan. From MHAM's perspective, the lack of inpatient psychiatric treatment has been a crisis for many years and became more critical when state general fund dollars to the community mental health system were significantly reduced in 2014. We are hopeful that the lack of overall outpatient and inpatient mental health care will be addressed as soon as possible.

In July of 2017, Michigan Department of Health and Human Services (MDHHS) created MIPAD, a work group whose purpose was to study the lack of inpatient psychiatric beds. According to the Michigan Inpatient Psychiatric Discussions Report (MIPAD) dated February 13, 2018 (page 4):

"The Michigan Department of Health and Human Services (MDHHS) currently operates four state psychiatric hospitals and one forensic center that have a grand total of 772 beds. The number of psychiatric beds in community hospitals have also fallen precipitously over the years: community hospitals in Michigan had a collective capacity of 3,041 adult beds and 729 child/adolescent beds in 1993, and this capacity has dwindled in 2017 to 2,197 adult beds and 276 child/adolescent beds."

Unfortunately, despite the 43 recommendations that were contained in the report, there remain individuals and their families/supporters who experience challenges in being able to find appropriate mental health services when there is a crisis. It is not an uncommon occurrence for MHAM to be contacted by families who have a loved one or a child that has been languishing in a hospital


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emergency room for days, waiting for a psychiatric hospital or unit to have an available bed. This is a situation that cannot continue. We would not require an individual in the throes of a heart attack or a stroke to "wait" for emergency treatment. We should be treating psychiatric emergencies in the same way that we treat medical emergencies: with appropriate and immediate health care.

MHAM recognizes that recent legislation, such as the passage of House Bill 5832 establishing crisis stabilization units and the establishment of the MiCAL hotline, will provide additional resources for families and individuals who are experiencing a psychiatric emergency. At the same time, there is a need for additional beds in state psychiatric hospitals, particularly for individuals who have more significant psychiatric symptoms that cannot be addressed through a community inpatient psychiatric stay. There is a need for a broad continuum of care that is accessible to the community that includes inpatient hospitalization, crisis stabilization and transition to crisis residential programming if warranted.

For children and adolescents, the need for additional psychiatric beds is more critical along with a continuum that offers services that can meet the needs of those who have more significant behavioral health conditions.

Thank you for the opportunity to provide comment on this important matter of public policy. If you need additional information, I can be reached via cell phone: 313-641-1109 or via email: mhuffmham@gmail.com.

Respectfully,  
  
Marianne Huff, LMSW  
CEO