

More Than 31,000 Inpatient Denials in One Year

The Status of Mental Health De-institutionalization in Michigan

Introduction

The state of Michigan has more than 150 years of history that includes the state's first Constitution as it was written in 1835 and statehood on Jan. 26, 1837. During this nearly 200-year timespan the political, social, and economic forces have shifted as well. A stain that stands out during this timeframe is Michigan's treatment of the mentally ill. The state established the Kalamazoo Psychiatric Hospital in 1859 as one of its first such hospitals. At its peak, Michigan was home to more than 16 mental health hospitals throughout the state. This short paper will discuss the shift from mental health institutions toward community mental health centers.

Treatment of the mentally ill from 1850 to now

Psychiatric hospitals throughout the country opened as a way for society to hide those that it deemed undesirable from the public eye. According to a timeline provided by the United States National Library of Medicine, the Quakers were the first to make an organized attempt at caring for the mentally ill in the United States.ⁱ Michigan's efforts to treat the mentally ill started with the opening of the Kalamazoo psychiatric hospital in 1859.ⁱⁱ Many patients were forced into solitary confinement and suffered abuse from staff during the early years of psychiatric institutions. During the first half of the 20th Century common barbaric treatments included insulin coma therapy (ICT) that left patients in comas and claimed to restore patients to their prepsychotic adjustment,ⁱⁱⁱ and Electroconvulsive therapy which consisted of administering shocks to the brain and is still in use.^{iv} The list of treatments goes on and includes the infamous Nobel prize winning lobotomy that involved surgically cutting brain connections to patients prefrontal lobe to "cure" them of their mental illness.^v Although most of these practices are now obsolete there are still people alive who live with the ramifications of these treatments. These practices were eventually viewed as inhumane and cast aside as more effective drugs like Chlorpromazine and Clozapine were introduced in the 1950s. These drugs were revolutionary because they were more effective than other practices in treating delusions caused by schizophrenia. In less than 20 years, legislation would be passed that changed the mental health landscape throughout the country.

A Legislative Response to an Issue of Humanity

Two key pieces of legislation paved the way for a changing mental health landscape in Michigan. The passage of the Community Mental Health Act (CMA) in 1963 supplied funding for community mental health centers.^{vi} The Social Security Act in 1965 extended health care coverage to low-income Americans through the creation of Medicaid.^{vii} Michigan also passed its own version of the CMA. Public Act 54 was passed in 1963 and then repealed and replaced with Public Act 258 in 1974. It currently governs mental health in Michigan and is referred to as the Mental Health Code.^{viii}

Public Act 258 states: "AN ACT to codify, revise, consolidate, and classify the laws relating to mental health; to prescribe the powers and duties of certain state and local agencies and officials and certain private agencies and individuals; to regulate certain agencies and facilities providing mental health or substance use disorder services."

This act provided counties with the authority to set up community mental health centers to treat the mentally ill. The state made a shift to building these centers as a new way to treat this population and pivoted away from the large institutions that had been common during the early 1900s. The state was also interested in creating more community mental health centers as these centers would be eligible for Medicaid dollars from the federal government. Since this change was enacted, there have been 46 community mental health centers created that serve the 83 counties in Michigan^{ix}.

From Hospital Lobotomies to Denial of Inpatient Treatment

Community mental health centers serving multiple counties creates an issue when the populations they serve are located several counties away from their office and those potential patients do not have reliable transportation. With the passage of Public Act 258 there was also the establishment of the Department of Mental Health. This agency along with several others would eventually be merged to create what is now known as the Michigan Department of Health and Human Services. This controversial move continues to shape how our state provides services to the mentally ill.

The state's focus on community mental health in Michigan reached an inflection point when former Gov. John Engler closed several of the state's inpatient treatment centers during his time in office to help balance the state budget. Gov. Rick Snyder then merged the Department of Community Health and Department of Health Services into the Department of Health and Human Services^x. This move created a department that employs more than 14,000 employees with a budget of 25.6 billion for the fiscal year of 2019.^{xixii}

These actions have led to a staggering decrease in the number of inpatient beds available in the state of Michigan. According to a 2018 report the number of available beds in 2017 decreased by almost 30% from the 1993 levels.^{xiii} This same report also stated that this decrease in the number of available inpatient beds has resulted in providers having to make multiple calls to find a bed for patients with no guarantee that one would be available. A highlight in the report illustrates how more than 1,500 patients seeking inpatient beds have been denied more than 31,000 times in one year; that's each person being denied services more than 18 times between March 2016 and March 2017. This has led to jails serving as treatment centers for the mentally ill with half of Michigan offenders exhibiting a history of mental illness.^{xiv}

The Michigan legislature needs to address mental health reform at a level that is not limited to funding, more inpatient beds should be created, expanding the number of community mental health centers, and connecting mental health centers throughout the state.^{xv} The focus should not be on increasing the number of inpatient centers, but on increasing the number of beds available at existing locations. There should also be an increased focus on making sure that those who seek out treatment do not have to travel several counties away to receive the help they need. While it will take time to increase the number of centers a more immediate action that can be taken is to connect and standardize the services received across these centers as there are no standards that currently exist. Michigan has made significant strides from the often cruel and inhumane treatment of the past, but there is still more that the state can do to improve the care that those suffering from mental illness receive. By increasing the number of inpatient beds, standardizing how community mental health centers operate, and centralizing community mental health center information the state can better support this underserved population.

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ⁱⁱ https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4896_92486-495572--,00.html

ⁱⁱⁱ <https://ajp.psychiatryonline.org/doi/abs/10.1176/ajp.111.8.583?journalCode=ajp>
iv <https://onlinelibrary.wiley.com/doi/pdf/10.1002/brb3.37>

^v <https://www.nobelprize.org/prizes/medicine/1949/moniz/article/>

^{vi} <https://www.govtrack.us/congress/bills/88/s1576/text>

^{vii} <https://www.medicaid.gov/about-us/program-history/index.html>

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^{ix} https://chrt.sites.uofmhosting.net/wp-content/uploads/2014/10/Community-Mental-Health-Services-Coverage-and-Delivery-in-Michigan-October-2014-update-.pdf?_ga=2.208218645.640434296.1610151792-873955279.1610151792

^x https://www.mlive.com/lansing-news/2015/04/snyder_merged_department_of_he.html

^{xi} https://www.michigan.gov/documents/mdcs/38th_AWFR_Section_Two_605540_7.pdf

^{xii} https://www.michigan.gov/budget/0,9357,7-379-88601_91413_91645-139077--,00.html

^{xiii} https://www.michigan.gov/documents/mdhhs/MIPAD_WorkgroupReport_613570_7.pdf

^{xiv} <https://psychnews.psychiatryonline.org/doi/full/10.1176/pn.38.3.0008>

^{xv} https://www.michigan.gov/documents/mdhhs/MIPAD_WorkgroupReport_613570_7.pdf