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News

Many 'less severe' patients in Michigan not getting mental help

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By Angie Jackson, Capital News Service

After years of state cuts, afflicted turn to primary caregivers

LANSING — Years of funding cuts to Community Mental Health have hit people in need of treatment hard, and many CMH programs can serve only the most severe cases, experts said.

As a result, many people with less urgent cases seek help from primary care doctors or hospitals.

Carol Trinder's adult bipolar son is one of those falling between the cracks and hasn't been able to receive outpatient psychiatric care for three years. Instead, he's bounced between hospitals and been repeatedly rejected for CMH services because his case isn't labeled as severe enough.

She lives in Williamstown Township near Lansing.

A CMH unit is a public service provider that offers behavioral health services. Michigan has 46 CMHs that operate under a contract with the Michigan Department of Community Health.

"It concerns me, the lack of funding to the system," she said. "If they reject him again I don't know what I'll do anymore. I'm going to be hitting the roof."

Because her son is an adult and won't acknowledge the severity of his mental health problems at his assessments, he's rejected for treatment.

"Half of what the illness is is that they don't want to accept the illness," Trinder said, noting that her son can't be at home with his girlfriend and child because he isn't stable enough. "My son is suicidal. He needs a psychiatrist, but he can't get the care."

That situation isn't unusual, according to Rebecca Cienki, director of policy and planning at the Michigan Primary Care Association.

"It's a trend in Michigan. As funding of CMHs continues to be depleted, they're less able to care for people who are less severe."

And if a patient isn't covered by Medicaid, a CMH has to rely on reduced state aid to cover his or her care.

Kathleen Gross, executive director of the Michigan Psychiatric Society, said that both rural and urban areas lack mental

health professionals. Each CMH has different priorities and a different amount of funding, she said, noting that it's difficult to assess which parts of the state suffer the most.

Cienki said that among the state's 31 federally funded primary care centers, about 70 percent of patients have some sort of mental health problems.

Donna Jaksic, executive director of the Upper Peninsula Association of Rural Health Services in Marquette, said that as a result of budget cuts, the association's clinics have seen an increase in depression, anxiety and behavioral health illnesses.

"People go back to their primary care doctors," Jaksic said. "But doctors don't necessarily handle these patients as well as other organizations because there isn't a true counseling component. They're busy and can't take the time.

"It's created a new pattern that's happening all over Michigan."

John Bauer, clinical supervisor of Hiawatha Behavioral Health in Manistique, said budget cuts became critical the past three years. As a result, his CMH limits care to people who have Medicaid and it maintains waiting lists.

"If you don't have insurance, you probably can't find psychiatric care outside of a CMH. It makes general hospitals provide care to people who can't get into a CMH," Bauer said.

And Trinder, in Williamstown Township, said hospitals don't provide the care her son needs.

"It gives you a brick wall," she said. "Going to the hospital for 10 days every three months with no follow-up care isn't treatment. Hospitals take care of everything physically, but not mentally. Basically, he's on the streets."

John Basse, chief executive officer of Pathways in Marquette, said his CMH can't take preventive steps in cases such as Trinder's son because of limited funds.

"A lot of times, people go into crisis and that's when we can serve them,"

he said.

To counter budget shortages, Cienki said community partnerships among primary care centers and CMHs or other health organizations can get more resources to people.

"Our patient populations are very similar," she said. "Some new, developing facilities are planning to have mental health services."

One example is Heart of the City Health Center, which is set to open in Grand Rapids next June. The project is a collaboration of Cherry Street Health Services, Touchstone Innovare and Proaction Behavioral Health Alliance and will provide mental health and medical care to underserved patients.

Gross, of the Psychiatric Society, said the health center is fairly promising model of a facility that aims to care for people whom CMHs can't cover.

Uncertainty about state aid means "CMHs have to constantly reassess who is a priority, but the more we can coordinate and not push people into the gaps, the more we can work around the edges to make sure people don't drop off," Gross said.

Trinder said that until her son receives adequate care, he can't move forward with his life.

"If he just received a little help, he could succeed in society. In the meantime, he's still not on meds and he'll end up in the hospital again as unstable as he is now," she said.

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