

Mental Health and Wellness Commission Public Hearing Testimony

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Commission Members and guests, thank you for the opportunity to speak to you this evening and for your efforts to improve the care we provide to our citizens who struggle with mental health issues.

My name is Jill Goodell. I am an attorney practicing in the areas of estate planning, probate and elder law. I also have had 20 years of experience in a hospital in the mid-Michigan area which has an inpatient psychiatric unit as well as a 'partial hospitalization' program which provides partial-day services to psychiatric outpatients. At that facility I was responsible for hospital-wide programs that taught me a great deal about the complexities and challenges of providing mental health services. I say this to let you know that I am not critical of the people who work hard to provide care to those in need of mental health services.

I'm here to share a story about a woman who was a client of mine about 18 months ago. I will call her Nancy, although that is not her name. A friend of hers called me when Nancy had been involuntarily admitted to Pine Rest. I met with her in the facility the next day. I eventually learned that she had been cared for by our local community mental health program. She had stopped taking her medications, and had begun to frighten her neighbors and friends with her behavior. The subsidized housing facility where she lived called her adult daughters who then took on the responsibility to resolve the situation. She was taken by police to an emergency room for evaluation, strapped to a gurney and brought here to Pine Rest against her will. When I met with her she was angry, and the staff was concerned about my safety while I met with her.

Because she did not trust anyone and as is her right as a patient involuntarily admitted, she requested an independent psychological evaluation, which was paid for by the county. There was a court hearing to order treatment for her. At the hearing her daughter was required to testify, an assistant prosecutor was present to act on behalf of the community, the clinical staff at Pine Rest were required to testify, and the Probate Judge presided. Nancy was cared for at Pine Rest for over two weeks. All of these resources and time were necessary because Nancy stopped taking her medications.

In addition there were other consequences of her actions. She lost her subsidized housing and her daughters had to help her find a place to live. She traumatized her neighbors and friends and

her daughters, and she was traumatized by the experience. All of this happened because she stopped taking her medications.

Prior to these events Nancy was under the care of community mental health. She had been admitted to Pine Rest 18 months prior to this admission in a similar way with the same result – court ordered treatment and monitoring.

The management of patients like Nancy is in the hands of caring and committed people who work in an environment most of us can only imagine. Unfortunately they can't be everywhere at once and aren't able to always know what their clients are doing. There are not enough of these people to go around or resources to help them do a better job of preventing repeated events like Nancy's. I believe our community mental health programs need additional resources to help prevent or reduce the resource burden and stress on our communities, patients' families and those struggling with mental health issues. I am not naïve enough to think we can prevent every incident like Nancy's, nor do I have data to support one specific change in programming over another, but I am optimistic enough to think that improvement is possible. I ask you to seriously consider including this issue in your report to Governor Snyder.

Thank you, again, for this opportunity to share Nancy's story with you and for your work on behalf of the citizen's of Michigan.