

Is Michigan's mental health system set up to help the severely ill? Some experts say no



Kara BergThe Detroit News

The mass stabbing at a Traverse City area Walmart is shining a light on Michigan's difficulties in ensuring severely mentally ill individuals receive continuous care, including involuntary commitment, after a man with a history of mental illness was accused of committing the crimes, experts said.

Bradford Gille's family said they [tried to get him help](#) for paranoid schizophrenia [for years before](#) he allegedly [stabbed 11 people](#) in late July, leaving several in critical condition, though all are now recovering. The family's struggles reflect how Michigan's mental health system fails to help people with severe mental illnesses who do not want to seek treatment themselves, mental illness experts said.

Part of the problem stems from the state's small number of psychiatric beds for its population of 10 million residents, along with the difficult process to have someone involuntarily committed, they said. Michigan's five state psychiatric hospital beds per 100,000 people in 2023 were far below the standard considered minimally adequate to treat severely mentally ill patients, according to the Treatment Advocacy Center, a Virginia-based nonprofit.

The number of psychiatric beds per capita ranks the Great Lakes state in the bottom five in the country, according to the center. Michigan also is second only to Alabama for the number of state psychiatric hospitals closed between 1997 and 2015.

There is also a tension between putting a mentally ill patient in prolonged hospitalization, which can cause harm and isn't allowed by state law without a court order, and allowing the same individuals the free will to live in society, experts said.

"Our will to hospitalize people long-term has diminished, and that's really why we have situations that fall through the cracks," said Dr. Joel Young, the chief medical officer of the clinical trials group at the Rochester Center for Behavioral Medicine in Rochester Hills.

Though the majority of those with a mental illness are not violent, untreated severe issues can lead to tragedies such as the Walmart stabbings, Young said.

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"When people don't get treatment, you can see what happens, and Traverse City is a great example," he said.

Gille, who was [arraigned July 28](#) on 11 counts of assault with intent to murder and one count of terrorism, had run-ins for years with police and had at least four petitions filed for involuntary commitment to a psychiatric hospital in Emmett and Presque Isle counties since 2004.



More: [Brother of Walmart stabbing suspect says family tried to get him help for years](#)

Just one day before the stabbings, Petoskey officials [obtained a court order](#) to have Gille placed in protective custody and undergo evaluation, the officials said in a July 28 statement. But the officials couldn't locate Gille.

Michigan laws make it difficult to impose long-term treatment against someone's will, Young said. The law allows for people to be involuntarily committed to a mental health institution for treatment by a probate court judge, but they must be released once they are no longer a threat to themselves or others, Young said.

Controversial change on horizon

The concerns over what occurred in the Traverse City area come as Michigan is planning to seek competitive bids for the state's Pre-Paid Inpatient Health Plan contracts starting in October 2026.

The Pre-Paid Inpatient Health Plan manages health provider networks, including Community Mental Health programs and private behavioral health providers, according to the state.

The initiative will increase consumer choice and access to services while preserving the Community Mental Health Services programs for Medicaid recipients, according to the Michigan Health and Human Services Department. The goal is to create a "more streamlined, transparent and equitable behavioral health framework that better serves Michigan residents and address conflicts of interest that exist within the current system," said MDHHS department spokeswoman Lynn Sutfin.

Bob Sheehan, the chief executive officer of the Community Mental Health Association of Michigan, said while the Community Mental Health Association of Michigan supports reforms, it has concerns about the state's plan. He argues the change would eliminate transparency and would have the private companies keeping 15% for overhead and administration costs, where CMH only keeps about 2%, he said. That's \$500 million less that would be going to public mental health services, Sheehan said.

Contracting out public services is usually referred to as privatization, though Sutfin said there are "no plans to privatize CMH services."

While the state may not want to call it privatization, it is, Sheehan said: "You can say it's not a duck, but if it walks and quacks like a duck, it's a duck."

The Macomb County Board of Commissioners unanimously passed a resolution July 24 opposing the state's plan for CMH services, noting it's vital the county maintain "a publicly accountable and locally governed behavioral health system," [according to the Macomb Daily](#). The Oakland, Clare, Clinton, Gratiot, Ingham and Newaygo county commissions have passed similar resolutions.

Does Michigan have enough inpatient beds?

When a person is first committed involuntarily, they will be admitted to a free-standing psychiatric facility or go to the psychiatric unit in a hospital, said Kelila Anstett, the director of crisis services at the Oakland Community Health Network.

Someone has to have a documented history of stays in inpatient treatment facilities that did not help them before they can be considered for state-level care, Anstett said.

There are about 2,500 private hospital psychiatric beds across Michigan, Sutfin said. As of July 1, Michigan had 2,483 licensed psychiatric beds for adults, leading to a surplus of 368 beds, according to Department of Health and Human Services data.

But Sheehan said Michigan has eliminated too many state beds, and many of the remaining beds are filled with people accused of committing a crime who are either in the process of having mental competency restored or were found not guilty by reason of insanity and are receiving mandated treatment.

"Very few beds are left for people who, you and I might say, should belong in a longer-term, locked facility," Sheehan said.

Between 1990 and 1998, Michigan closed 13 state psychiatric hospitals, leaving five open, as a money-saving effort and part of a broader push toward deinstitutionalization, according to The Detroit News' archives.

The state has prioritized making "record investments to increase the number of behavioral specialists to treat more patients and create multiple points of access to quality and affordable care to make it easy for people and families to get necessary services," the Department of Health and Human Services' Sutfin said.

While deinstitutionalization was meant to be accompanied by investment in mental health services in the community, the spending never reached the level received by state-run institutions, said Leonard Swanson, the former crisis response manager at Wayne State University's Center for Behavioral Health and Justice.

Michigan now has four inpatient facilities with about 600 beds: the Caro Psychiatric Hospital, the Center for Forensic Psychiatry in Saline, the Kalamazoo Psychiatric Hospital and the Walter Reuther Psychiatric Hospital in Westland. The state is building a fifth hospital at the site of the old Hawthorn Center in Northville Township.

Michigan had five state psychiatric hospital beds per 100,000 people in 2023, according to the Treatment Advocacy Center, a Virginia-based nonprofit focusing on the treatment of severe mental

illnesses. That is far lower than the minimum of 50 beds per 100,000 the center said is necessary to provide minimally adequate treatment for people with severe mental illnesses, putting Michigan 46th in the nation for its number of beds.

Michigan had 643 beds in 2023, 497 of which were staffed and available for patients, according to the Treatment Advocacy Center. Sutfin said there are about 600 beds currently, though the number fluctuates depending on staffing and patient care needs.

This lack of beds has a huge impact on mentally ill people, said Shadoe Jones, the legislative and policy counsel for the Treatment Advocacy Center.

"That is the No. 1 factor that really impacts the whole continuum of care," Jones said. "When there's not enough psychiatric beds, what ends up happening is that either individuals cannot get a placement, so they go without treatment. ... It can also delay treatment, so people need treatment longer to get back to baseline, which can keep that bed occupied longer. And when people don't have access to a psychiatric bed, it creates an influx in other areas of the system."



One of the most frequent areas to see an influx of people with mental illnesses is in the criminal justice system, Jones said.

Oakland County Sheriff Michael Bouchard said while he was a state senator in the 1990s, he voted against the Engler administration's decision to close the Clinton Valley Center in Pontiac and the Lafayette Clinic in Detroit because he felt the state needed a full continuum of services.

“I said at the time, you’re going to see there will be a remarkable and sad change from people being in treatment to people being on the streets, and ultimately in contact with the justice system,” Bouchard said. “I hate to say I was right, but I was right. ... It’s sad to say the largest mental health facility in America is the Los Angeles County jail.”

When he was appointed as the Oakland County sheriff in 1999, Bouchard said about 8% of the jail population was on psychotropic medications. Now, that number is 31%, he said. Nearly 60% of the jail population receives mental health treatment.

“What typically happens is they’re not receiving treatment because of a reduced capacity of the system, both inpatient and outpatient,” Bouchard said. “They begin to move deeper into a full-blown crisis, maybe from lack of medication or treatment, or both. Sometimes we see that in behavior that is criminal, and sometimes violent.”

Closed state hospitals

Michigan is one of seven states that closed four or more state psychiatric hospitals between 1997 and 2015, second only to Alabama in the number closed, [according to a 2015 review of the closures of state psychiatric hospitals](#) by the National Association of State Mental Health Program Directors Research Institute. Five hospitals shut down between 1997 and 2009.

The Treatment Advocacy Center's Jones said Michigan has good laws in place — the center graded the state 92 out of 100 for its laws. But implementation and education need to be prioritized, she said.

"The laws are in place, so it's about the system’s capacity and implementation," Jones said. "We need to be able to meet people where they are in their illnesses. ... If individuals aren't receiving the proper support and level of care, it's so easy for systems that aren't built for them to dismiss them and exile them, and not really offer them a solution or next step."

Having more psychiatrists and state psychiatric beds would better help the state's mental health system, the Rochester Center's Young said, as well as making it easier to impose court-ordered treatments. But there is always a struggle between people treating mental health conditions and people with an interest in civil liberties who say it is wrong to commit someone to a hospital against their will, he said.

It's an "eternal struggle," the tension between what the state is willing to impose and how much free will we allow people to have," Young said.

Overall, Michigan doesn't have a terrible system, but it could always be better, he said.

"There are more successes than failures, but the failures are just devastating," Young said.

Gille's family long sought help for him

While Gille was institutionalized at least once, the family said it wasn't long enough, and he didn't get the care they thought he needed.

"For 28 years, our family has been trying to get him placed somewhere," Gille's brother [Shane Gille told The Detroit News](#). "But they just give him disability money and he doesn't have to check in with any mental health people. ... As a family, we're so exhausted trying to deal with this, trying to get him help."

Gille was hospitalized for psychiatric reasons for the first time at age 14 and had a history of using drugs, including crack cocaine and heroin, according to a forensic evaluation done in 2017. He estimated he'd been hospitalized seven or eight times in his life.

The evaluation was done after an incident at a Petoskey cemetery in 2016 in which Gille, convinced someone had been buried alive, dug up a grave and broke a hole into a burial vault with a sledgehammer. Gille was arrested and involuntarily committed at Havenwyck Hospital in Auburn Hills for a few weeks. While there, he was diagnosed with bipolar disorder "type 1...manic with severe psychotic features," court records show.

At the time of the cemetery case, Gille faced felonies that could have sent him to prison for up to 15 years. But he was found not guilty by reason of insanity in 2017 and was sent to the Center for Forensic Psychiatry in Saline for treatment, Emmet County Circuit Court records show.

The involuntary commitment process

In order to commit someone involuntarily, a judge has to find that the individual requires treatment — someone who is a threat to themselves or another person or has made significant threats — and find that there is no alternative to hospitalization, according to Michigan's State Bar Association.

The original petition for commitment must include a psychiatrist's certificate or evaluation of the person, or show a reasonable attempt to obtain one. The judge will then order the subject to have a second evaluation done by a psychiatrist, or if the petitioner could not get a report done, two examinations done by a psychiatrist and either a physician or licensed psychologist.

A commitment can also be made by a police officer who receives an application and a certificate from a physician or psychologist, according to the bar association. The police would then take the person into protective custody and transport the individual to a pre-admission screening unit or hospital. If the patient meets the requirements for hospitalization, then a psychiatrist must examine the person within 24 hours. Police can also choose to take someone into custody themselves if they believe the person needs treatment and is a threat to themselves or others. The initial order of hospitalization cannot exceed 60 days, according to Wayne County Probate Court, but the hospital can request the court's permission to continue treatment.

"Today, we need to demonstrate a high degree of certainty that 'something serious will happen' if we were to compel someone to treatment," Swanson said. "People compelled to psychiatric inpatient treatment often suffer long-term harms, so that decision should not be taken lightly."

Dr. Curt Cummins, chief medical officer at the Northern Lakes Community Mental Health Association — which serves six counties, including Grand Traverse, in the northern lower peninsula — said it can be challenging for people with serious mental health issues to get connected to care, as they may not recognize they need help.

There is also a "significant shortage of funding, resource constraints and administrative burdens" in the public mental health system, Cummins said.

The Rochester Center's Young said Michigan has "pretty permissive laws," which makes it harder to impose treatment against someone's will.

President Donald Trump issued an executive order July 24 that would make it easier to put homeless people into long-term institutional settings by civil commitment, which could change the

level of ease. The order, in part, directs the Attorney General's Office to reverse judicial precedent and end consent decrees that limit the government's ability to put homeless people into mental health institutions.

"It's rare to get a court order for prolonged treatment," Young said. "If someone is acutely ill, they can find the patient and civilly commit them. Once the patient gets better, usually the court order goes away."

Young said the classic example is a middle-aged man living with his parents. The son has a bad psychotic episode, the parents call police and get him committed to a treatment facility against his will. He gets better after a week or two of treatment, then he goes back home because he's no longer a danger.

"As soon as you demonstrate self-harmful or violent attitudes, the court can act. However, as soon as those ideations go away, the court then usually takes away the mandate for treatment. There's a very high standard to impose treatment," Young said. "Then the cycle repeats itself."

Alternatives to hospitalization

The U.S. Department of Justice launched in November a disability rights investigation into whether Michigan has unnecessarily institutionalized adults with serious mental illness in state-run psychiatric hospitals. The Department of Justice did not respond for comment about the status of the investigation.

Alternatives exist to hospitalization, including assisted outpatient treatment and [crisis centers](#), where people can request help so they do not have to go to the emergency room or end up involuntarily committed in an inpatient facility.

Michigan has 35 certified community behavioral health clinics across the state, which will help anyone with a behavioral health diagnosis, regardless of their insurance or ability to pay, Sutfin said. The state also has two adult crisis stabilization units, which provide short-term, intensive treatment for people experiencing a mental health crisis: one in Wayne County at the Detroit Wayne Integrated Health Network and one through Network 180 in Kent County.

Community outpatient treatment is largely voluntary and often depends on the person's desire to seek treatment, said Swanson, the former Wayne State crisis director. This can leave people on their own if they're unwilling to seek help.

More: ['First of its kind' crisis care center opens in Detroit; two more to open soon](#) More: [With mental health calls up, Wayne Co. rolls out mobile units to help those in crisis](#)

Assisted outpatient treatment is a court-ordered program for people with serious mental illnesses who need support but may not voluntarily seek it. It provides services aiming to keep people out of hospitals, jails or prison, according to Wayne State University's Center for Behavioral Health and Justice. It can be initiated with the same process used for involuntary hospitalization.

Unlike forced hospitalization, assisted outpatient treatment can be used before someone is in crisis, which keeps the person, the community and law enforcement safer, according to Wayne State.

This program is for people who do not want to voluntarily seek treatment and who are at risk of harming themselves or others, according to Wayne State. The goal is to prevent harm, not to force someone into treatment. It keeps them out of inpatient care or jail and helps them transfer back to voluntary treatment, and is generally a longer-term approach than a psychiatric commitment.

But this is an unfunded mandate by the state, meaning courts can order someone to an assisted outpatient treatment center, but it is paid for by their insurance, posing a barrier to use, said Jenny Kimmel, a project manager at Wayne State's Center for Behavioral Health and Justice.

"Other states have researched assisted outpatient treatment, and they found it reduces inpatient hospitalizations, recidivism, incarceration, homelessness, even," Kimmel said, adding there has not been similar research done in Michigan.

Anyone in crisis or considering suicide can text or call 988 or 1-800-273-8255 at any time to be connected to Michigan's suicide and crisis lifeline. The 24/7 Detroit Wayne Integrated Health Network's crisis hotline number is 800-241-4949. People who need help can also call the Michigan peer warmline at 1-888-PEER-753 between 10 a.m. and 2 a.m. to be connected to a certified peer support specialist.

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