Before, During, and, After Incarceration

In my thirty-four years of volunteering at the Grand Traverse County Jail as an ordained Catholic minister, a deacon, I have come to understand the makeup of the incarcerated population every year a little better.

Pre-Covid-19, my routine would be spending Sunday mornings at the facility conducting two separate worship services and then returning during the week or on Sunday evening for counseling sessions of those who requested to talk with me. From my many hours spent in jail and from the in-depth conversations with inmates often ongoing over several visits, I have no problem whatsoever believing that the clear majority of incarcerated individuals suffer painfully from mental or emotional illness often co-occurring with substance abuse disorder.

More than a few times I have passed by the isolation cells to observe through glass individuals experiencing psychotic episodes – pacing, throwing up hands, talking to self, tortured screaming, sobbing, etc. I would also observe a corrections officer at the desk right across from these observation cells with a pained expression knowing that the person in the isolation cell deserved treatment from a mental health professional and not isolation wearing nothing but a "bam-bam suit" as the inmates call it, a heavy, padded tunic.

One morning I observed one such person talking to himself. I asked if I could talk to him and was allowed to stand at the open door. Although the conversation was disjointed due to his condition, I found out that all he had to read after several days was a soft-cover dictionary that was lying on the floor. I got him another book to read; and when I returned that evening for counseling, I found that he had finished the book and was ready for another. Obviously, providing reading material for a person experiencing a psychotic episode does not even come close to appropriate treatment.

In these cases I always ask jail staff, and the answer is always the same. He or she is in jail because there is a three-week, six-week, or nine-week wait (depending on externals) to access a bed in the psychiatric ward of the hospital.

Many counseling visits dealt with many other forms of emotional/mental disruption – obsessive behavior, panic-anxiety, stalking, paranoia and on and on. One young lady I recently counseled confided in me that she could not leave her bunk. That was her safe zone. If she left, hyper-ventilation and severe panic would set in.

Here's the point: jails are not designed as facilities to deal with incarcerated individuals experiencing mental health issues nor do they provide appropriate clinical staffing used in the most efficient ways able to assist the majority of the population.

As president of Before During and After Incarceration (BDAI), I and our nonprofit continue to advocate for jail diversion. We are working collaboratively with a dozen agencies on establishing a Crisis Stabilization Center where law enforcement may take those with SUD issues or with mental/emotional issues which are not public safety issues instead of taking them to jail. As it functions in other communities with similar centers, the Crisis Stabilization Center will perform triage and attempt to connect clients with the appropriate treatment for either SUD or mental health problems. The difficulty, as alluded to above, is that in many instances the appropriate mental health resources for treatment do not exist in our Traverse City area or indeed in any community north of Grand Rapids. Diversion programs, including Community Court or other such programs dealing with people with brain disease, do not have the continuum of resources available to them.

In particular Munson Hospital lacks sufficient critical/intensive psychiatric hospital beds to meet local needs. And it should be noted that a brief three or four day stay in the hospital does not stabilize a patient struggling with deep-seated mental health issues. **What our community needs, in addition to more intensive psychiatric hospitalization beds, is a step-down facility where patients may continue their stabilization and recovery well past the typical 3-4 day stay at Munson before reentering the community.**

Deacon Tom Bousamra, President
Before During and After Incarceration

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Karl's Journey

My name is Toni Stanfield. I am the Co-founder of BDAI and mother of Karl Stanfield, a man who on March 1 of 2019 lost his battle with bipolar disorder and died by suicide.

My son was diagnosed with Bipolar at Munson Hospital in 2004. In the last 14 years of his life, Karl was hospitalized nine times, 2 of them were involuntary hospitalizations. In 14 years, he spent the total of 40 days in the hospital. He was in jail 5 times for a total of 495 days. And twice in rehab programs for a total of 134 days.

From these numbers, it is clear that jail was the main facility where he received the majority of his "treatment" and where he was able to be stabilized. His 3-day treatments at Center One at Munson were not enough to truly stabilize him or provide him with tools to deal with his illness which was complicated by a concurrent substance abuse disorder.

Because mental health services failed him, he became part of the legal system where he was criminalized. Two weeks before he died, he came to me and said," Mom, this illness does not allow me to be the man I am, and I do not want to go to jail anymore."

I am here today to continue the work I started before he died. We need to provide places where individuals with mental illness can receive recovery based mental health support to help them transition from the hospital to the community. We cannot expect correction officers to do the job of nurses, psychiatrists, art therapists and occupational therapists.

In July of 2004, it took Karl 3 hospitalizations of 3 days each to stabilize him from his first psychotic breakdown. What if we had had a step-down, inpatient program where he would have received the kind of support which would have educated him about his illness and offered him classes on what to expect from this potentially fatal illness and how he could learn to take care of himself? We will never know.

I still have nightmares of having a child who is psychotic and knowing that there is no help for him or for our family.

I am asking that Traverse City be designated as the city to build a state funded step-down, inpatient mental health treatment facility where individuals are able to stabilize and learn skills.

Presently there are such programs in southern Michigan and Grand Rapids, but there are none available north of Grand Rapids.

The Traverse City facility could meet the needs of all the Northern Michigan communities.

As a member of NAMI and the founder of BDAI (BDAIconnect.org), I will work tirelessly to help in the implementation of such a program.

Presently BDAI is in the process of developing a jail diversion program for individuals with a mental illness. The question is: if we will be diverting individuals with a mental illness from jail, where are they going to be diverted to?

Please help us answer this question by committing to **long term rehabilitation from a mental health crisis**. It's time to stop the revolving door between hospital, jail and the community.

Sincerely,

Toni Stanfield

Parent, Clinical Psychologist and Co-founder/Vice President of BDAI