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Forum: Mental health care

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I read an article recently about mental health hospital-level care that included comments about focusing primarily on “root causes.” Prevention and early intervention are extremely important, but we should be careful not to confuse prevention with treatment.

Serious mental illness is not caused solely — or even primarily — by childhood trauma. It can stem from genetics, brain chemistry, medical conditions, environmental toxins, substance use, and many other factors. While trauma-informed care is very important, the current policy narrative that frames trauma as the central driver of mental illness risks diverting attention from the most urgent problem Michigan faces: We do not have enough places or therapists to treat people who are seriously ill.

Right now in Northern Michigan, people in serious psychiatric need often cannot access hospital-level care. Many are transported hours away from their communities, sent out of state, or end up in county jails simply because there is nowhere else for them to go. Sheriffs across the region report that a significant share of their jail population consists of people who should be receiving mental health treatment, not incarceration.

No other area of medicine would tolerate this. If someone has a stroke, heart attack, or traumatic injury, we do not tell them the system is focused primarily on prevention and, therefore, hospital care is limited. We build hospitals and provide treatment when and where people need it.

Mental illness should be treated the same way. Parity in healthcare means that psychiatric illness must be treated with the same urgency and clinical capacity as any other medical condition.

Prevention efforts are worthwhile, but they will never eliminate the need for inpatient and residential psychiatric care. A modern mental health system requires both.

To meet the needs of Northern MI, we have proposed a Northern Michigan Mental Health Campus NMMHC (<https://namigt.org/nami-gt-proposal-funding-request-for-nmmhc/>) — a regional behavioral health treatment campus that would include inpatient psychiatric beds, residential treatment, and outpatient behavioral health services for both adults and youth.

This project is proposed as a state-university partnership, which means there would be: Access to emerging treatment models; development of a local workforce pipeline through university training programs, bringing skilled mental healthcare professionals directly to our community; and enhanced opportunities for state and federal funding, leveraging the university partnership to maximize local impact.

Other states are successfully using these kinds of state-university partnerships.

The proposed Northern Michigan Mental Health Campus is not simply another program — it is an innovative attempt to correct a structural failure in Michigan’s behavioral health system.

Without building regional treatment capacity, the burden will continue to fall on families, emergency rooms, and county jails.

We must do better. Please remind your state legislators that Northern MI deserves more.

About the author: Kate Dahlstrom is president of the National Alliance on Mental Illness — Grand Traverse board and a member of the MI Behavioral Health Advisory Council.

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