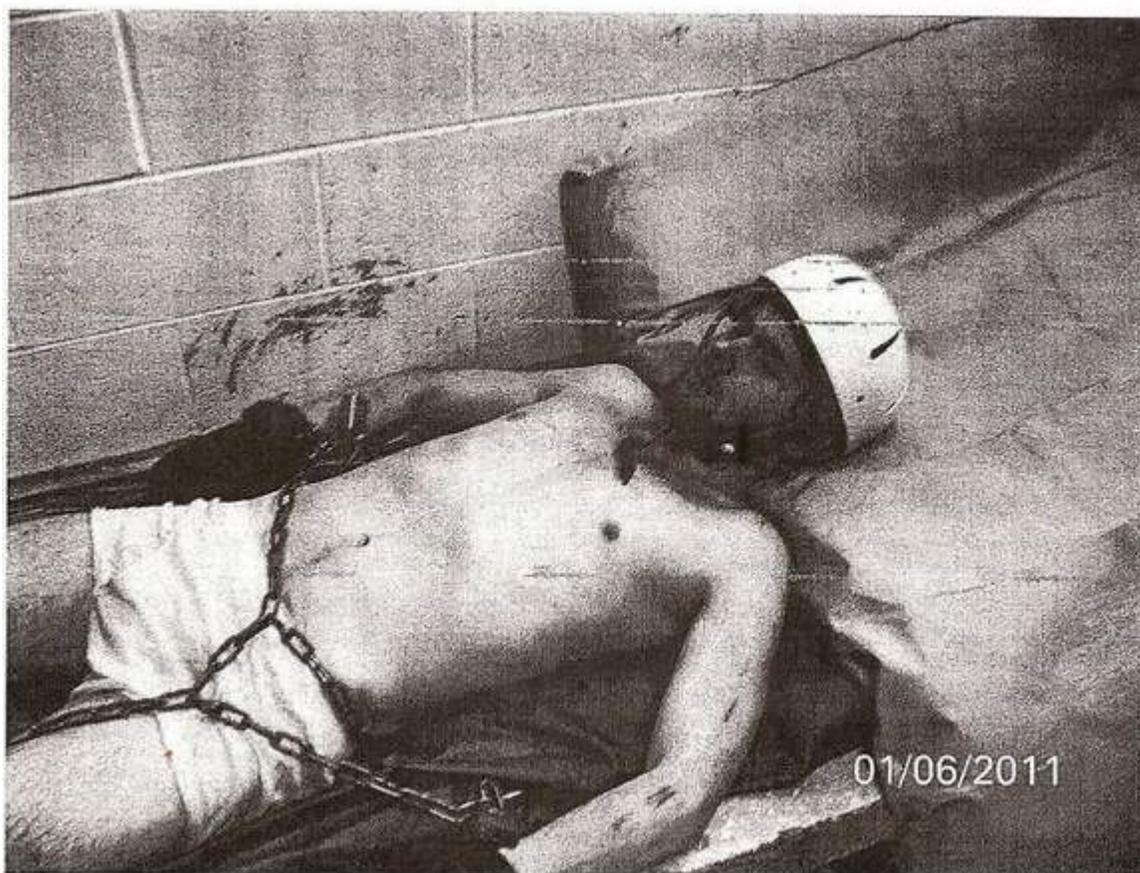


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# Jeff Gerritt: Mentally ill get punishment instead of treatment



**Kevin DeMott is a mentally ill inmate with bipolar and personality disorders. Corrections officers at the Ionia Maximum Correctional Facility chained DeMott to his bed and secured a padded helmet to his head after he refused to stop banging his head against the wall, which is stained with blood. / Michigan Department of Corrections**



By [Jeff Gerritt](#)

**Detroit Free Press Columnist**

**Criminal Negligence:** *This is the first in an occasional series of columns and editorials on mental illness and Michigan's criminal justice and mental health care system.*

On Jan. 10 of last year, corrections officers at Ionia Maximum Correctional Facility found 19-year-old Kevin DeMott banging his head against a blood-stained cell wall.

Diagnosed with bipolar disorder when he was 11, inmate No. 608233 had languished in solitary for four months, sometimes without the psychotropic medication his psychiatrist prescribed. Normally 5-foot-10 and 171 pounds, he had lost 25 pounds.

Officers ordered DeMott to stop banging his head, but he continued.

After DeMott told officers who tried to restrain him that they would have to kill him, he was hit twice with pepper spray, then manacled in belly chains and leg irons, according to a critical incident report. Soon after, prison authorities charged him with disobeying a direct order, resulting in 30 days' loss of privileges.

Too often, the Department of Corrections punishes instead of treats mental illness. Michigan's 32 prisons hold thousands of mentally ill inmates, including as many as 200 isolated in segregation cells, where they are locked up for 23 hours a day, or longer, unable to participate in treatment programs, and sometimes cut off from the medications prescribed to help manage their illnesses.

- [Jeff Gerritt: After closing psychiatric hospitals, Michigan incarcerates mentally ill](#)

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It's an insidious cycle: Mentally ill inmates act out and exhibit unstable or destructive behavior. Prison officials respond by further restricting their movements and their opportunities to get treatment.

Privately, MDOC officials acknowledge that many mentally ill inmates don't belong in prison, where security demands trump treatment needs. Over the last two decades, however, Michigan has slashed spending on in-patient treatment, leaving courts with few options but to send mentally ill offenders to jail or prison.

"We don't control who comes to us," said Russ Marlan, administrator of MDOC's executive bureau.

Between 1987 and 2003, Michigan closed three-quarters of its 16 state psychiatric hospitals. Michigan now provides fewer psychiatric beds per capita than all but five

other states, according to the Treatment Advocacy Center. County jails and state prisons have become, in effect, the state's primary mental health institutions.

A 2010 University of Michigan study found that more than 20% of the state's prisoners -- about 10,000 inmates out of a population of 45,000 -- had severe mental disabilities. The same study found that 65% of those with severe mental disabilities had received no treatment in the previous 12 months -- a finding MDOC disputes. MDOC, which started screening new prisoners for mental health needs a year ago, estimates that 17% of its prisoners are mentally ill, although the department's estimates before the screenings were as high as 25%.

Worse, nearly 1,000 inmates in Michigan are in administrative segregation, the highest and most restrictive custody level, and many of them are mentally ill. MDOC administrators acknowledge that the percentage of mentally ill inmates in segregation is probably higher than in the overall population. Prisoners in segregation are handcuffed when they leave their cells, eat off serving trays pushed through the slots of steel doors, and generally lack the few privileges extended to those in general population, such as telephone calls, contact visits and television. Some stay in segregation for months, even years.

"It's one of the worst things you can do for the seriously mentally ill," said Mark Reinstein, president of the Mental Health Association in Michigan.

It also appears to violate the department's own policies, which state that "prisoners with a mental disability ordinarily should not be housed in segregation if the disability may preclude adequate adjustment." MDOC policy also states that prisoners should have access to health care, including psychological services, consistent with community standards.

### **Smart but troubled kid**

Kevin DeMott was just 13 when he used a toy gun to hold up a Little Caesars pizza store in Battle Creek on Nov. 17, 2005. With a heavy marijuana habit, DeMott owed \$600 to drug dealers who threatened his life. But he fled before collecting any money from an employee and three teenage customers.

"I was scared," DeMott said during a recent interview at the Marquette Branch Prison, where we were separated by glass and communicated through phones. "I just ran out of the store and took off down the street." Police arrested him a few blocks away but never recovered the toy gun.

DeMott showed promise as a student, attending Endeavor Charter Academy in Battle Creek through the fourth grade. But he also exhibited sudden fits of rage from the time he was 4, erupting in tantrums of yelling and hitting that lasted as long as three hours.

Sawyer Lahr, a childhood friend from Battle Creek, recalls DeMott as a smart, tender kid who brought snacks to his older brother and Lahr but sometimes exploded with little provocation, punching a hole in a wall or throwing an ax at a window.

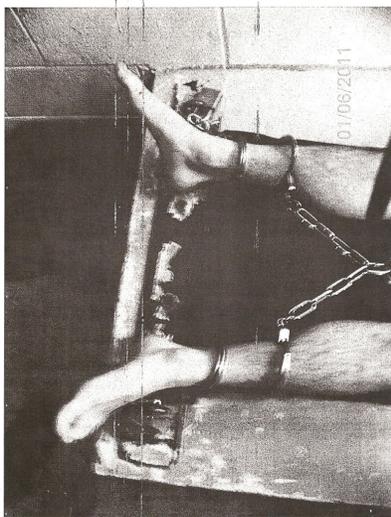
"There was a fine line between anger and love with him," said Lahr, now a 24-year-old film school graduate. "I don't remember him having a lot of other friends." DeMott

started taking psychotropic medications at 9. Frequently truant from school, he entered a juvenile home in Calhoun County when he was 11.

"The medications weren't working," said his mother, Lois DeMott, who now lives in Lansing. "He gained 20 pounds. The side effects of the medication made it very difficult for him to cope."

After the attempted robbery, DeMott received a blended sentence with placement in another juvenile facility -- Clarinda Academy -- in Iowa, which offered few services for the mentally ill.

DeMott's behavior became more unstable, his thinking more fatalistic and obsessive. At night, he would chew off the stems of his glasses and cut himself with the broken edges. He wrote his mother a suicide note. DeMott failed the program and came home six months later in January 2007, returning to the juvenile home in Calhoun County. There, DeMott attempted suicide by hanging and, later that year, by cutting his wrists in the Calhoun County Jail.



### **Harsh prison placement**

DeMott entered prison in May 2007, sentenced to 23-60 months on four counts of attempted armed robbery, with credit for time served. It was a ridiculous sentence for a 15-year-old, as even then-MDOC health services administrator Lynda Zeller suggested: "It is unfortunate that Mr. DeMott was directed into prison at 15 years old rather than being retained in the juvenile justice system where more age-appropriate resources exist," Zeller wrote in an Oct. 20, 2008, confidential memo.

During DeMott's first prison term, he racked up 52 misconduct tickets, including citations for threatening behavior, disobeying direct orders, destruction of property, assaults and insolence. His most serious infraction -- a 2008 assault that sent an officer to the emergency room with cuts and abrasions -- resulted in a second prison term of 14 months to five years.

DeMott was paroled on the robbery charge in April 2009 but returned to prison three months later. Since then, DeMott has compiled nearly 50 more misconduct tickets. Eligible for parole since July 26, DeMott will see the Parole Board again in a year, but he could stay in prison until November 2015.

MDOC health records show DeMott has bipolar disorder, a history of marijuana abuse, seriously disordered moods, impaired anger and impulse control, and poor stress tolerance. Symptoms include anger mania and aggression. He is at intermediate risk of suicide. An MDOC treatment plan for DeMott dated Oct. 17, 2011, warned that "being locked in his cell all day" could increase the risk of relapse.

Even so, he has spent nearly a year of his current prison term in segregation, where his mental health problems appear to be punished instead of treated. On Sept. 17, 2011, for example, DeMott ripped a suicide blanket in order to hang himself. He was found guilty of destroying property, ordered to reimburse the department \$145 for the blanket and given 12 days' loss of privileges.

"It's like a panic attack, like being trapped in an elevator," DeMott told me, describing his feelings before a fit of rage. "Eventually, I have to do something to get it out." During our 45-minute conversation at Marquette, DeMott was cogent and courteous, though he showed little emotion. Already certified, he hopes to work as a fitness trainer. He writes poetry and wants to attend college and work on prison reform.

"If I can't get proper care with what my mom and family are doing, what about the guys who have no support?" he said.

## **Further reforms needed**

**DeMott's case is hardly the most egregious in the prison system. In August 2006, for example, I reported the death of Timothy Joe Souders, a mentally ill 21-year-old serving one to four years for petty theft and resisting arrest. He died of heat and thirst, after spending four days strapped down in a segregation cell.**

**The state settled a federal lawsuit filed by his survivors for \$3.25 million.**

Since then, the department has initiated mental health care reforms, including more effective screening, employee training, weekly clinical reviews of mentally ill prisoners in segregation, and new treatment programs.

Still, the department and state Legislature need to enact more fundamental changes, including restricting the use of segregation for severely mentally ill prisoners, as New York did last year with a prison solitary confinement exclusion law. Meantime, any mentally ill inmate in segregation should be checked daily by a mental health professional.

Even mentally ill inmates who must be isolated for security reasons are entitled to treatment at one of MDOC's inpatient or residential centers.

For Lois DeMott, a middle-class former hospital worker and day care operator, her son's plight has turned into a mission. A year ago, she cofounded Citizens for Prison

Reform, an advocacy group for Michigan prisoners and their families that meets monthly and lobbies for legislative reform.

"This has changed my life," she said. "I'm not just fighting for one prisoner."

<http://www.freep.com/article/20120205/OPINION02/202050442/PUNISHMENT-INSTEAD-OF-TREATMENT-Hundreds-of-Michigan-s-mentally-ill-inmates-languish-in-solitary-confinement-lost-in-a-prison-system-ill-equipped-to-treat-them>

[The two **bold**-printed paragraphs immediately following "**Further reforms needed**" were normal print like the rest of the article, but switched themselves to **bold** through some technical glitch when copying and pasting. Attempts to restore the original formatting were unsuccessful. -JLS]

May 2009- Lois DeMott with son Kevin DeMott at the Capitol in Lansing, MI. She was given a National award for her work on behalf of Juveniles who are sent into the criminal justice system.

