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Preventing Psychiatric Hospitalizations in Sangamon County, Illinois

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COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

Social Change Portfolio

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Contents

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OVERVIEW

Keywords: Psychiatric Hospitalization, Sangamon County, Illinois

Preventing Psychiatric Hospitalizations in Sangamon County, Illinois

Goal Statement: The goal of my Social Change Portfolio is to prevent increased psychiatric hospitalizations by reducing the stigma associated with mental health through education, awareness, and resources.

Significant Findings: Sangamon County ranks in the worst 25% of Illinois counties in terms of hospitalizations due to mental health in people 18 years and older (Springfield Memorial Hospital, 2021). There were 7,483 preventable hospitalizations among Black people recorded in 2020, compared with 3,696 white people (County Health Rankings & Roadmaps, 2018). The social-ecological model shows the tremendous impact that individual relationships, community and society have on the issue of psychiatric hospitalizations, and the application of Social Cognitive Theory (SCT) can be an effective approach to preventing psychiatric hospitalizations in Sangamon County.

Objectives/Strategies/Interventions/Next Steps: Partnerships between health care providers and local health departments (LHDs) can address the root causes of poor mental health by improving mental health care access and reducing social stigma (Chen et al., 2018). A starting point for intervention is pinpointing mental health professionals and other individuals who can be trained to work with populations at risk for mental health issues. One existing evidence-based mental health awareness training program that could be implemented is Mental Health First Aid (MHFA). Additionally, an effective strategy at the institutional level may be initiating an institute-wide campaign in a church that serves the most at-risk populations (specifically, predominantly Black neighborhoods) in order to bring awareness to mental health and promote available resources. A community level strategy is developing an outreach initiative involving

members of at-risk communities who have successfully overcome the stigma by seeking mental health assistance. At the public policy level, a task force could be created with the goal of advocating and lobbying for improved mental health laws and policies, including increased funding for mental health programs, more mental health provisions added to healthcare reforms, and stronger protection regarding mental health in the workplace.

INTRODUCTION
Preventing Psychiatric Hospitalizations in Sangamon County, Illinois

Sangamon County, Illinois is located in the heart of the state, and it is home to the capital city of Springfield. This metropolitan county has an estimated population of 200,000 and is considered to have one of the nation's lowest costs of living (Sangamon County Illinois, 2023). Unfortunately, Sangamon County also ranks in the worst 25% of Illinois counties in terms of hospitalizations due to mental health in people 18 years and older (Springfield Memorial Hospital, 2021). Preventable hospital stays have been identified as an area of concern in Sangamon County, given that the rate far exceeds the state and national averages (County Health Rankings & Roadmaps, 2018). The objective of this social change portfolio is to prevent increased psychiatric hospitalizations by addressing immediate access to mental health services. By addressing the causes of this alarming public health issue, Sangamon County could reduce the resulting costs and use of other resources, allocating them instead to other channels that will help improve the overall well-being of the population.

PART 1: SCOPE AND CONSEQUENCES
Preventing Psychiatric Hospitalizations in Sangamon County, Illinois

In Sangamon County, Illinois, data collected in 2020 showed that 3,947 hospital stays per 100,000 people might have been prevented by outpatient treatment (County Health Rankings & Roadmaps, 2018). Comparatively, the state rate was 3,310 and the national rate was 2,809. A large number of the preventable hospitalizations in Sangamon County occur due to mental health; the Illinois Hospital Association reported 89.3 adult mental health hospitalizations per 10,000 people in 2011 (Springfield Memorial Hospital, 2021). While the county numbers trended down in early 2020 after rising steadily from 2015 to 2019, this public health issue has since grown significantly in the wake of the COVID-19 pandemic.

As a clinical mental health counselor in training, I can't help but be concerned about how the populations I serve might be impacted by the increase in mental health hospitalizations, if they haven't been already. Young adults struggling with anxiety and depression make up a significant portion of my client population, and unfortunately, there are many, many more individuals who fall into this category and are *not* seeking mental health services. These individuals are at a vulnerable stage of life as they venture out on their own, attend college, enter the workforce, and establish themselves as independent adults. Being hospitalized due to mental health at this point in their lives would most likely alter their trajectory and have long-term repercussions.

These negative outcomes can include hospital readmission, heightened risk of suicide, and increased acts of violence committed upon discharge (Loch, 2014). Here in Sangamon County, our hospital systems are already overpopulated, understaffed, underfunded, and unable to meet the demands of the community. The number of first-time hospitalizations due to mental health is taxing enough even before taking into account the risk of readmission. The threats of suicide and increased violent acts are physical health consequences as well as relational

consequences, as both can wreak havoc on every level of Bronfenbrenner's social-ecological model. Economically, hospitalizations due to mental health pose serious concerns not only for the individuals and families affected, but also for the health systems' allocation of financial resources, and the community agencies and populations that rely on public funding. The more money that is spent treating preventable mental health hospitalizations, the less there is for the many others in need of it.

This public health issue clearly has far-reaching and severe consequences that are already affecting my community, and if we don't begin to prevent the problem before it occurs, the health of the community as a whole will be greatly compromised. The goal of this Social Change Portfolio is to prevent increased psychiatric hospitalizations by reducing the stigma associated with mental health through education, awareness, and resources.

PART 2: SOCIAL-ECOLOGICAL MODEL
Preventing Psychiatric Hospitalizations in Sangamon County, Illinois

In this section, we will examine the multitude of variables that contribute to psychiatric hospitalizations in Sangamon County, and also those that counteract the risk of this public health problem. In order to do so, it is important to first gain an understanding of the social-ecological model. Bronfenbrenner's ecological systems theory organizes an individual's environment into a nested arrangement of circles—the microsystem, mesosystem, exosystem, macrosystem and chronosystem—based on the amount of impact those environmental levels have on the individual (Evans, 2020). The Centers for Disease Control and Prevention [CDC] (n.d.) simplifies

Bronfenbrenner's model for a broader understanding by focusing in on 4 levels of the social-ecological system: the individual, relationship, community, and societal levels.

At each level of this model are both risk factors and protective factors for public health issues of all kinds. Risk factors are defined as characteristics that precede and are associated with a higher likelihood of negative outcomes, while protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact (Substance Abuse and Mental Health Services Administration [SAMHSA], n.d.).

There are a number of risk factors present in regard to psychiatric hospitalizations in Sangamon County, Illinois. On an individual level, potential risk factors include male gender, unemployment, being diagnosed with a psychotic disorder, and history of previous hospitalizations (Walker et al., 2019). At the relational level, a major potential risk factor is parents who have suffered from mental illness (CDC, n.d.). Additional relational risk factors include being single, loneliness, and scant social support (Walker et al., 2019). Risk factors for psychiatric hospitalizations on a community level include neighborhood poverty, not owning a home, and receiving welfare (Walker et al., 2019). At a societal level, risk factors can include a widespread lack of economic opportunities as well as societal and cultural norms that perpetuate a stigma around receiving mental health care (da Silva et al., 2020).

Conversely, there are also various protective factors that play a part in preventing or lessening the risk of psychiatric hospitalizations in my community. Individual protective factors include being female, having a sense of coherence, and high self-esteem (Walker et al., 2019). Additional protective factors at the individual level can include abstinence from alcohol and other drugs, help-seeking behavior, having goals, and medical compliance (National Alliance on Mental Illness [NAMI], n.d.). Relational protective factors are supportive family and friends, no

history of mental illness or psychiatric hospitalizations in the family, and being partnered (NAMI, n.d.; Walker et al., 2019). At the community level, protective factors include living in a stable environment, the availability of faith-based resources, high ratio of mental health providers to population, and having an average to above-average socioeconomic status (CDC, n.d.; Walker et al., 2019; NAMI, n.d.). Finally, societal protective factors against psychiatric hospitalizations are the normalized societal practice of seeking and receiving mental health care, as well as laws and policies making mental health care accessible (da Silva et al., 2020).

PART 3: THEORIES OF PREVENTION
Preventing Psychiatric Hospitalizations in Sangamon County, Illinois

The social-ecological model has shown the tremendous impact that individual relationships, community and society have on the issue of psychiatric hospitalizations. Further exploration of other theories provides guidance for how this public health problem might be prevented. The application of Social Cognitive Theory (SCT) can be an effective approach to preventing psychiatric hospitalizations in Sangamon County. According to the National Cancer Institute (2005), this theory explores the interactions between people and their environments and posits that there are 3 primary factors affecting the likelihood of a person changing a health-related behavior: 1) self-efficacy, 2) goals, and 3) outcome expectancies. When a person has self-efficacy, they can overcome challenges and change behaviors even when facing difficult hurdles in their path, including mental health problems. Setting goals to adopt new behaviors such as attending counseling sessions, employing coping strategies and engaging in proactive activities

can lead to changes in the individual (improved mental health) and changes in the environment (one less psychiatric hospitalization in the community).

Observational learning (modeling) is an important concept within SCT, and refers to the process by which people learn through the experiences of others, as opposed to through their own experiences (National Cancer Institute, 2005). By providing role models for proactive mental health and demonstrating the positive changes that can occur when mental health resources are used as an early line of defense, communities can educate young adults who could benefit from these resources and might otherwise be at risk of eventual hospitalization due to poor mental health.

A clear illustration of the SCT at work in addressing the prevention of psychiatric hospitalization is the provision of evidence-based mental healthcare services by local health departments (LHDs). Chen et al. (2018) found that rates of preventable hospitalizations for individuals with mental health concerns were significantly lower if LHDs directly provided mental health preventive care, and were also significantly lower if LHDs were actively involved in mental health promotion. Their research suggests that partnerships between health care providers and LHDs can address the root causes of poor mental health by improving mental health care access and reducing social stigma (Chen et al., 2018). An example of an effective service LHDs can provide is mental health awareness training (MHAT) in the workplace; participants who have undergone such training report increased knowledge and awareness of mental health resources and increased confidence in assisting others who are in emotional distress (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022).

One existing evidence-based MHAT program that has shown efficacy in preventing psychiatric hospitalization through LHD-provided mental health promotion is Mental Health

First Aid (MHFA). This program, which can be offered in workplaces such as office, faith-based organizations, retail stores, etc., teaches participants how to recognize signs and symptoms of a mental health problem such as anxiety, depression or psychosis in adults aged 18 and older, offer and provide initial help, and guide a person toward appropriate care, if necessary (SAMHSA, 2022). Not only do participants learn how to seek help for their own mental health issues, but they can serve as positive role models and educators for others in their community who are in need of mental health assistance. According to data provided by SAMHSA (2022), MHFA training increases confidence in the ability to interact effectively with individuals struggling with mental health, enhances basic mental health knowledge in both the short-term and at six-month follow-up, and shows post-training improvements in knowledge, beliefs, self-efficacy, and reduction of stigma related to mental health. The Mental Health First Aid program could potentially serve as a valuable addition to the resources provided in Sangamon County in order to prevent an increase in psychiatric hospitalizations.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS
Preventing Psychiatric Hospitalizations in Sangamon County, Illinois

Studies have found that the rate of preventable psychiatric hospitalizations is nearly double among Black patients, at 10%, compared with white patients, at 5% (Chen et al., 2018). This is true of Sangamon County, where there were 7,483 preventable hospitalizations among Black people recorded in 2020, compared with 3,696 white people (County Health Rankings & Roadmaps, 2018). This particular subgroup of the adult population is at greater risk of psychiatric hospitalizations in part because Black people are less likely than white people to live in communities that are active in the provision of preventative mental healthcare (Chen et al.,

2018). Additionally, this subgroup is more susceptible due to the increased social stigma around seeking and receiving help for mental health-related issues, as well as diminished access to resources (Chen et al., 2018).

In order for a preventative program addressing the issue of psychiatric hospitalizations to make a difference amongst Black people, they must employ mechanisms that raise the cultural significance with this subgroup, including forging strong relationships with stakeholders in the communities in which they live. This would include connecting with government officials, local health departments, organizations that provide assistance, and other individuals and bodies that serve predominantly Black communities. Additionally, they must engage the community as a whole so that those who do choose to participate do not experience the stigma that is so often attached to mental healthcare. For example, employers might offer incentives to employees who take part in workplace-based mental health education programs in order for a larger sector of this subgroup to become invested. Another major stakeholder in Black communities is the church. As Brewer & Williams (2019) point out, the Black Church could use its influence to transform negative beliefs toward those struggling with mental illness to supportive attitudes and initiatives that promote psychological well-being as a part of spiritual well-being.

It is also important that such programs address the specific and unique issues that Black people experience which contributes to their higher risk towards mental health problems and eventual psychiatric hospitalization. Reese & Vera (2007) emphasized that when program content does not reflect participants' actual experience, interventions delivered by racially similar staff will not make the program relevant or effective. It would not be enough for an aforementioned workplace mental healthcare program to simply be implemented by Black counselors and trainers; community stakeholders should seek out Black individuals who have

themselves struggled with mental health problems and other issues that are relevant to this population and overcome them. They can then serve not only as educators but also models of how other Black people in the community can seek help, use the resources available to them, and prevent problems from escalating to levels at which hospitalization is necessary.

There are a number of ethical considerations to attend to in designing a program meant to prevent psychiatric hospitalizations, particularly amongst the Black community, and the American Counseling Association's [ACA] Code of Ethics (2014) should be consulted throughout the process regarding issues of stakeholder collaboration, informed consent, and confidentiality. When it comes to collaborating with community entities and interdisciplinary teamwork, counselors should acknowledge the expertise of professional groups (including those who serve Black communities specifically) and work to develop and strengthen relationships with colleagues from other disciplines in order to best serve clients (ACA, 2014). Informed consent is an important part of counseling, and information must be provided in a way that is developmentally and culturally appropriate and carefully consider cultural implications of the informed consent process (ACA, 2014).

In terms of confidentiality, counselors must obtain consent prior to engaging in advocacy efforts to improve the provision of services and to work toward removal of systemic barriers or obstacles that inhibit client access, growth, and development (ACA, 2014). Clients should also have a full understanding of the limitations of confidentiality, especially when participating in a group program where personal and private information could potentially be shared. It is imperative that participants in a program that provides counseling-adjacent services and mental healthcare of any kind receive thorough explanations and fully grasp both the potential positive and negative outcomes of such, especially when they are members of a vulnerable population.

PART 5: ADVOCACY
Preventing Psychiatric Hospitalizations in Sangamon County, Illinois

As is outlined in the Multicultural and Social Justice Counseling Competencies (MSJCC), counselors engage in advocacy efforts with and on behalf of their clients at institutional, community and public policy levels (Ratts et al., 2015). Advocacy is a critical component of change, as it can positively affect guidelines, approaches, attitudes, and legislation at each of these levels in a way that can decrease and even prevent public health problems. In this section, we will explore potential barriers to addressing the issue of psychiatric hospitalizations as well as identify specific advocacy actions that can be taken at the institutional, community and public policy levels.

The institutional level refers to social institutions such as schools, churches, and community organizations such as healthcare centers and hospitals (Ratts et al., 2015). There are a number of barriers that exist when it comes to addressing psychiatric hospitalization at this level, including lack of funding, scarcity of resources (staff, availability, materials, etc.), and the fact that implementing institute-wide change often comes with resistance, administrative red tape, and slow action. One advocacy action that could be taken at the institutional level to address psychiatric hospitalizations is initiating an institute-wide campaign in a church that serves the aforementioned at-risk populations in order to bring awareness to mental health, plant the seed for seeking help as soon as mental health issues become apparent, and promote the resources that are available to this population. This action would be effective in that the church is a trusted and supportive institution for those who regularly attend and participate, so a campaign such as this

would carry significant weight with its congregants. Additionally, because this institution is well-versed in addressing the needs of their population, they would be able to apply that knowledge and experience in creating an efficacious mental health campaign.

The community level represents the implicit and explicit norms, values, and regulations that are present in society (Ratts et al., 2015). Barriers to preventing psychiatric hospitalizations that exist at this level include stereotyping, outright discrimination, and deep-seated beliefs established and maintained by the culture. In order to address the problem of psychiatric hospitalization at this level, one advocacy action might be employing a program that directly addresses the stigma that exists in at-risk communities around mental health and seeking support for mental health issues. An example of such a program might be an outreach initiative involving members of at-risk communities who have successfully overcome the stigma by seeking mental health assistance, paired with counselors and other professionals who can serve as mentors in assisting others in those communities to do the same. This action would be effective because it exemplifies that pushing back against societal norms and limiting beliefs is not only possible, but can result in community members improving their mental health and lives as a whole.

Finally, the public policy level refers to the local, state, and federal laws and policies that regulate or influence the people who live in those jurisdictions (Ratts et al., 2015). There are certainly barriers that hinder the prevention of psychiatric hospitalizations at this level, including lack of knowledge and/or understanding of the problem by legislators, resistance on the part of laawmakers, and limited financial resources for advocacy efforts on a larger scale. One action that could be taken to effect change regarding the issue of psychiatric hospitalizations is creating a task force with the goal of advocating and lobbying for improved mental health laws and policies. These might include increased funding for mental health programs, more mental health

provisions added to healthcare reforms, and stronger protection regarding mental health in the workplace. This action would be effective in that it pools the time, effort and resources of many dedicated individuals and organizations toward a common goal; there is strength in numbers when it comes to enacting the sweeping changes that are needed in public policy—and on all levels, quite frankly—regarding increased mental health in order to prevent psychiatric hospitalizations.

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