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NURS612 Population Health

Population Health Program Project Title: Mental Health, Greater Access To

1. **Target Population** (Identify and describe the target population including data)

Patients with mental health disorders find it difficult to obtain care when not in an acute-crisis situation. The health program will address patient populations that do not qualify for inpatient hospitalization on a psychiatric unit. This program would also include patients that have run out of medication and may need urgent refills, or access to substitute prescriptions because of shortage or inability to afford prescribed maintenance mediation for their mental health. Without assistance, many of these patients would require in-patient hospitalization for treatment, placing a greater burden on healthcare.

Populations of patients that need accessibility to mental healthcare include the homeless and low-income populations. Additionally, those that work within the healthcare field and as first responders are commonly subject to mental health disorders. However, there is commonly a stigma that surrounds these issues, making it difficult for patients to seek, or obtain, mental healthcare.

There is also a population of patients that are underinsured, or when adequately insured, do not have any local psychiatric offices within thirty miles from their house. In a lot of cases, this makes it impractical for patients to be able to access care when they do not have appropriate transportation services. This would result in such patients having to seek care either online, or via the emergency department. For many patients, they find that virtual mental health care was not able to adequately provide the care they needed; this issue has become exacerbated since the beginning of the Covid-19 pandemic.

Overall, World Health Organization [WHO] (2022) has stated that most patients do not have access to effective care to address the various mental disorders such as disturbances in thinking, emotional regulation and/or behaviors. Those residing in rural areas are more susceptible to having difficulty with obtaining adequate mental healthcare, with a higher prevalence in those of racial or ethnic minority decent (Morales et al., 2020). These types of areas that have problems with access to appropriate mental health care are commonly referred to as health care deserts (Livingston, 2022). Additionally, it is approximated that 1 in every 8 people throughout the world (around 970 million people) are living with some form of mental health condition (WHO, 2022).

2. **Health Issues** (Identify and describe the health issues the program will address specific for this population)

There are many different mental health disorders that would be addressed throughout this program, with only a few being mentioned throughout. Most mental health disorders are associated with distress of severe impairment in important areas of standard functioning (WHO, 2022). Mental health condition is a broad term used to cover mental disorders, psychosocial disabilities and other such mental states associated with significant distress, impairment in functioning, or risk of self-harm (WHO, 2022).

Anxiety disorders are characterized by excessive fear and worry related to behavioral disturbances; symptoms can be severe enough to result in significant distress or significant impairment in functioning (WHO, 2022). Some common forms of anxiety include generalized anxiety disorder which is characterized by excessive worrying, panic disorder commonly known as panic attacks, social anxiety disorder seen by excessive fear and worry in social situations, separation anxiety identified by excessive fear or anxiety about separation from those individuals to whom that person has a deep emotional bond and several others (WHO, 2022).

Depression is different from usual mood fluctuations and short-lived emotional responses as the person can experience a prolonged loss of pleasure and decreased interest in normal activities at differing intervals (WHO, 2022). Such symptoms can be very disruptive to a person's everyday living and make it difficult for them to function with activities of daily living. Additional symptoms associated with depression include poor concentration, feelings of excessive guilt or low self-worth, hopelessness about the future, thoughts

about dying or suicidal ideation, disrupted sleep, changes in appetite and/or weight, as well as feeling especially tired or low in energy (WHO, 2022). One of the biggest concerns about this mental health condition revolves around the increased risk for suicide.

Bipolar disorder is characterized by an alternating mood disorder, where the person will switch between a depressive mood and periods of mania (WHO, 2022). During a depressive episode, the person will experience the symptoms mentioned prior. However, during the manic episodes, the person will experience symptoms such as euphoria and/or irritability, increased activity or energy, increased talkativeness, racing thoughts, increased self-esteem, decreased need for sleep, distractibility, and impulsive reckless behavior (WHO, 2022). Those with bipolar disorder are also at a higher risk for suicide.

Post-traumatic stress disorder (PTSD) is commonly seen in those that have experienced a traumatic event or exist in high conflict-affected settings such as war and abusive relationships (WHO, 2022). PTSD is characterized by re-experiencing the traumatic event(s) in the present such as intrusive memories and flashbacks, avoidance of thoughts and memories of the event, avoidance of activities and people that remind them of the event(s), and persistent perceptions of heightened current threat and anxiety (WHO, 2022). These symptoms can persist for several weeks to years and lead to significant impairment in functioning (WHO, 2022).

Schizophrenia is a serious condition in where those experiencing the disorder are known to have a life expectancy 10-20 years below that of the general population (WHO, 2022). Schizophrenia is characterized by significant impairments in perception and changes in behavior as seen by persistent delusions, hallucinations, disorganized thinking, highly disorganized behaviors and/or extreme agitation (WHO, 2022). Thos with this disorder have persistent difficulties with their cognitive functioning and can be a danger not to themselves, but also to the general society around them (WHO, 2022).

Anorexia nervosa and Bulimia nervosa are eating disorders that involve abnormal eating and preoccupation with food as well as prominent body weight and shape concerns (WHO, 2022). The symptoms associated with both disorders are known to result in significant risk or damage the one's health, significant distress and/or impairment of general functioning (WHO, 2022). Anorexia often has its onset during adolescence of early adulthood and is associated with premature death due to medical complications or suicide (WHO, 2022). Bulimia leads to an increased risk for substance abuse, suicide, and health complications (WHO, 2022).

Neurodevelopmental disorders are defined as cognitive and behavioral disorders that arise specifically during the developmental period of children and are associated with difficulties with the acquisition and execution of specific intellectual, motor, language and/or social functions (WHO, 2022). These disorders include attention deficit hyperactivity disorder, autism spectrum disorder and others (WHO, 2022).

3. **Proposed Interventions (**Describe the components of your proposed program including physical and environmental determinants of health and strategies to target these determinants are explained**)**

Increased clinics throughout the areas in need, both for outpatient and sub-acute patients in need of psychiatric care. This would require additional funding and the re-opening of many of the clinics and hospitals that were closed when the funding for menta healthcare was decreased back in 2008. In populations where there is a greater need for screening, free services can be offered such as the pop-up clinics that are commonly seen in the influenza season to vaccinate the public. Clinics inside frequently used stores, such as Walgreens, CVS, and Walmart would be opportune locations for the introduction of small clinics that could address mental health concerns, not only minor illnesses.

Many offices were defunded and subsequently closed when the government removed federal and state funding for psychiatric healthcare. Also, because of the closures of many facilities due to the pandemic, many healthcare providers began to offer only virtual appointments for their patients. Although this may be beneficial for some, it does pose its challenges for those that do not have access to the technology necessary to participate in these appointments (Mongelli et al., 2020). To help address this issue, more offices within the rural communities should be opened to allow for in-person appointments when necessary. Also, the greater utilization

of advanced practice registered nurses and physician assistants to increase patient dockets would be beneficial in increasing the number of patients that can be provided care throughout all communities in need.

Additional interventions would be the offering of greater access to mental health care and screening within the school populations. Since a large population of those that require mental health care are in the younger population, having greater access in the public schools will help to address this population of patients that require mental health care. Also, this would allow for greater monitoring of the progress of treatment and therapy for this patient population, as they can be monitored by trained professionals in a setting that they are required to attend throughout most of their day.

Aside from the introduction of additional centers for the identification and treatment of differing mental health conditions, this program should also work towards the research of these mental health conditions. Specifically, the research should address the potential for new treatment options that will help patients suffering from various diseases and that may not be responsive to previously identified therapy options. Increasing the knowledge base of communities and those affected by mental health diseases would also be addressed throughout this program, to help reduce the stigma and avoidance of treatment in some patients.

Another intervention that is just as important as those mentioned previously include the offering of prescriptions to patients unable to afford those prescribed by the physicians due to poverty, or lack of access to healthcare insurance. Many patients have already been diagnosed with different mental health conditions, however, are unable to maintain their treatment due to lack of access to the necessary medications. Having social workers that help patients with being able to obtain their medications at a reasonable cost would greatly reduce the financial burden already placed on the healthcare industry due to patients having to seek emergent care through hospitals for continuing treatment for their mental health disorders.

4. **Levels of Prevention** (Identify at least two levels of prevention addressed by this program and describe how specifically the program addresses each)

This program will provide both secondary and tertiary prevention for all the mental health conditions. Secondary prevention can be defined as the detection and prompt treatment of a disease at the earliest possible stage (Vitale & Cupp Curley, 2020). With this program, secondary prevention would be offered through the offering of additional screening and treatment options for those that are experiencing different mental health conditions. Whether this be through screening processes seen in the school programs, or through the aforementioned clinics that could be introduced for patients that feel they need assistance for varying mental healthcare needs.

Tertiary prevention is defined as the treatment of those that have already been diagnosed with the disease and require treatment to prevent the progression of the disease (Vitale & Cupp Curley, 2020). For those patients that have already been diagnosed with any mental health disease, these clinics, hospitals, and services will be able to provide patients with the possibility of being able to obtain proper medication and psychiatric care to prevent a potential crisis from occurring.

5. **Alignment:** (Identify how the program aligns with global or national initiatives)

The WHO has a “Comprehensive Mental Health Action Plan of 2013-2030” that has four main objectives to provide appropriate mental healthcare to all including: strengthening effective leadership and governance for mental health, providing comprehensive and responsive mental health and social care services in the community-based settings, implementation of strategies for promotion and prevention in mental health and strengthening information systems, evidence and research of mental health care (WHO, 2022).

This program closely resembles these objectives that were designed by WHO to provider better treatment of mental health conditions today. Although, this program would be geared specifically towards the United States and the needs within the populations that have poor access to appropriate and necessary mental healthcare. Substance Abuse and Mental Health Services Administration [SAMHSA]

(2022) also identifies that the Health and Human Services (HHS) has already set aside nearly 35 million dollars to create better support for mental healthcare needs in children and young adults throughout the United States.

6. **Change Model** (describe how a change model will be applied i.e. Health Beliefs Model, Transtheoretical Model of Behavior Change)

This program follows the transtheoretical model of change, which consists of precontemplation, contemplation, preparation, action, maintenance, and termination (Boston University [BU], 2020). Specifically, with the introduction of more clinics, the patients that need mental healthcare will begin to enter the preparation state where they'll begin making more appointments to see physicians. Additionally, in the action phase patients will begin to obtain the care they need to stabilize their mental health conditions, making it so they require less and less interventional treatment. After the action phase, the patients can enter the maintenance phase where they can see more out-patients mental health providers for breakthrough problems, or for medication maintenance. However, not all patients will be able to enter the termination phase, where they no longer need any psychiatric monitoring. This concern is one of the main reasons why this program is important to create, as there are many patients that cannot obtain the required psychiatric care, they need to keep them within the maintenance stage of the transtheoretical model.

7. **Expected Outcomes** (What outcomes are expected and how will this be measured)

One of the major outcomes will be the reduction in rates of suicides and associated hospitalizations from attempted suicides. Currently, statistics are available for the suicide rates in different states and provinces throughout the United States. The Centers for Disease Control [CDC] (2023) keeps records of the suicidal death rates throughout the different states, with the highest rates being in Texas and California. The expected outcome would be a reduction in the number of suicidal deaths in each state within one year of initiation of the program.

There has been found to be a direct correlation between psychiatric illnesses and an increase in homelessness, or housing instability (Padgette, 2020). Subsequently, there is also a correlation between homelessness and increased rates of suicides (Padgette, 2020). To be able to assess the outcome of a reduction in homelessness, the statistics can be compared to the previous years after one year of initiation of the program.

Looking at recent statistics, it has been found by Naser et al. (2022) that there has been a more than 17 percent increase in hospital admissions for psychiatric illness since 2000 until now. This study shows that the psychiatric care that we currently have to take care of the patients in need is not appropriate, or effective enough to prevent patients from needing to be hospitalized for acute psychiatric crisis (Naser et al., 2022). The number of admissions for psychiatric illnesses/crisis can be monitored to determine the effectiveness of the new program and compared to previous years. The expected outcome would be a reduction in admissions to inpatient hospitals for acute psychosis or psychiatric crisis within one year of initiation of the program.

8. **Access, Quality and Safety** (How are access, quality and safety addressed by the program and how does this align with PPACA?)

Access to appropriate care is the main factor that is addressed via the creation of this program. With additional locations and providers for patients to obtain psychiatric care, there will be less patients that are hospitalized for acute mental health crisis. The Patient Protection and Affordable Care Act (PPACA), also known as the Affordable Care Act (ACA), was first initiated in 2010, with a goal of providing greater access to healthcare to patients in need, especially those that were incapable of obtaining insurance due to various barriers (Illinois Department of Central Management Services [IDCMS], 2024). Quality of care will be addressed by ensuring that patients are able to access necessary care for their psychiatric needs.

Safety is a factor that is highly prevalent in this program, especially when considering that when providing greater access to mental healthcare, there will be less instances of psychiatric crisis in patients. Many patients experience psychosis, aggression and other symptoms while having an acute mental health crisis (Weltens et al.,

2021). By ensuring that these patients are able to access care when needed and providing them with the ability to obtain prescriptions, when necessary, it will help reduce the incidence of aggressive episodes, both in the public, as well as in the hospital settings.

9. **Communication and Marketing Plan** (Describe how you will reach the population for this program including rationale)

Communication and marketing could be utilized throughout different hospitals, outpatient clinics, pharmacies, and local community centers to provide information on the services this program would provide. The marketing in this case would be more geared towards obtaining employees for the various clinics, hospitals and other center opened within this program. Various websites such as LinkedIn and Indeed could be utilized to spread awareness of the positions open for employment.

Only other marketing that would need to be provided for this program to be effective would be towards sponsors and investors in the program. This could be completed by reaching out to companies known to sponsor similar programs, as well as to hospital networks that may want to join.

10. Barriers for Implementation and Sustainability

One of the most obvious barriers to the implementation of this program is funding, both from the state and federal level. Another barrier that is just as concerning is the amount of available mental health care providers within the areas of need. Additional barriers would be the hiring and training of new staff needed for the various facilities that would be opened from this program. Healthcare staff with previous experience in this field of work would need to be hired to be able to train staff in appropriate care and treatment.

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