



ellenhorn

REBUILDING PURPOSEFUL LIVES

We believe that staying connected to the world is central to an individual getting better.

In October 1962, President John F. Kennedy signed the Community Mental Health Act, which was a pivotal event in the lives of individuals who experience extreme events of mind and mood. With this act, the money previously spent on sequestering individuals who were having such experiences was shifted to provide care in the community. It was the birth of what is called “deinstitutionalization,” and from it came government-funded community mental-health centers that offered a host of varying services, depending on each individual’s needs. The stage was set for the kind of care that happens outside the walls of not only hospitals, but of neighborhood clinics as well. It was the dawn of what is now called “community integration,” which, through the decades, has increasingly focused on the concept of empowerment and the belief that a person’s recovery from psychiatric events is only part of the story; that the ravages of stigma and ostracism, the painful result of certain models of psychiatric care, have their own course of healing.

Community integration isn’t just a more humane and respectful approach. Time and time again, it has proven to be the most effective way to help individuals with complex needs.

Studies have shown that remaining in the community while being treated is associated with lower occurrences of depressed mood and loneliness, and greater happiness among individuals who have been diagnosed with a mental illness (4). Clients involved in community-integration treatment also tend to have lower instances of hospitalization and shorter lengths of stay when hospitalized (5). Remaining engaged in the community while simultaneously receiving mental-health treatment is also strongly linked with a higher likelihood to obtain and hold stable employment, maintain social connections and create meaningful, lasting-change treatment (4,5). By engaging in these community-based activities, individuals report feeling increased vitality, the ability to better engage in problem-solving, and increased reward from meaningful, successful social engagements (2,4,5). Community integration has also been shown to decrease feelings of stigmatization, hopelessness and alienation (2). Furthermore, clients receiving care through community-integration based services have traditionally reported feeling more hopeful about treatment outcomes, and have a higher likelihood of meaningfully engaging in services and meeting treatment goals (3). Not only does community integration have massive benefits for mental health, it’s also been proven to have positive outcomes for physical health as well. The Journal of the American Heart Association recently published a statement highlighting the link between social isolation and increased risk of poor heart, blood vessel and brain health compared to individuals who do not struggle with social isolation (1). It also called for health-care providers to ask patients about their social lives and be prepared to refer them to resources that can help them connect with their communities.

Enter any good community mental-health agency today, and you will find community-integration efforts the central mode of care. In this sense, community-integration models have found the right ground for effective work, specifically, the space between hospital and clinics—a giant area of care for individuals who may not want to go to a clinic or can't because of events of mind and mood. Without this care in the middle, such individuals end up needlessly placed in hospitals and perpetuate an uncontrolled cycle of failed clinic care and hospitalizations. Community integration is the linchpin in deinstitutionalized care. Remarkably, this kind of care has not yet reached private-pay clients with the same force as government-funded programs. Instead, these clients are typically offered two choices: an outpatient clinic or sequestered care, which leaves the proven choice of help between the two neglected.

With almost 20 years under our belt, Ellenhorn is leading the change in this area and is the most robust community-integration program in the nation.

Ellenhorn is the most robust private-pay community integration program in the nation. Community integration is the central element to our model of care, which is based on the key premise that social experiences and psychiatric recovery are intertwined. We provide more than 70 percent of our services outside the walls of traditional-care settings, and instead work with our clients right in the homes and the communities in which they work and live. Unlike other programs that might offer outreach, coaching or companion services as adjunct to clinic care, our services are provided by the same caliber of therapeutically trained individuals that you might find in a clinic. This care, itself, is often different from the norm since it can vary between mental-health treatments and psychosocial interventions aimed at helping a person rebuild themselves occupationally, educationally and as valued members in their communities.

Sources:

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