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ORIGINAL PAPER

Promoting Health Equity Through Voter Support Activities for the Inpatient Psychiatric Population

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Abstract
Individuals with mental illness often face barriers to voting. One of the primary barriers is not being registered to vote. This paper describes voter support activities (VSAs) provided to hospitalized adults on the acute inpatient psychiatric units at Pennsylvania Psychiatric Institute. During the six weeks preceding the 2020 general election, adult inpatients were offered six VSAs and an optional survey examining previous voting behaviors and barriers encountered to voting. VSAs included checking voter registration status and polling location, completing a paper or electronic voter registration application, and requesting a mail-in ballot. Of 189 patients approached, 119 individuals participated in the survey and 60 individuals utilized at least one VSA. This project demonstrates that VSAs are a welcome and feasible resource for psychiatrically hospitalized adults. Psychiatric providers can serve an important role in promoting access to voting-related activities for their patients.

Keywords Voting · Civic health · Political participation · Psychiatric patient · Inpatient psychiatric care · Patient empowerment

Introduction

The right to vote is a foundation of democracy. Voting was recently endorsed by the American Medical Association as a social determinant of health (Firth, 2022), which positively impacts people with mental illness. Hospitalized patients in Israel reported that voting helped them to feel a sense of responsibility, community belonging, and pride (Melamed et al., 2007). Data from United States populations have shown a positive correlation between voting, improved mental health, increased life satisfaction, and mental health recovery (Bazargan et al., 1991; Ballard et al., 2019; Bergstresser et al., 2013).

Individuals living with mental illness, however, may face barriers to exercising their voting rights (Bazelon Center for Mental Health Law et al., 2020). Individuals with more than one physical or mental health problem are less likely to vote, and the probability of voting decreases with each additional chronic condition (Sund et al., 2017). A Finnish study found that neurodegenerative brain disorders and mental disorders had the strongest negative relationship with voting (Sund et al., 2017). A negative association between voting and depression in particular has been attributed to amotivation, apathy, hopelessness, and the somatic and neurovegetative symptoms often seen in depression (Ojeda, 2015).

People who are psychiatrically hospitalized also demonstrate lower rates of voting than the general population (Dyer, 1991; Melamed et al., 2007). One common reason cited by psychiatric patients for reduced participation in

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voting is not being registered to vote (Kelly & Nash, 2019). State voter qualification laws may also disparately impact individuals with mental illness by defining them as not competent to vote based on their psychiatric disability. Only ten states have no disability-related restrictions on the right to vote; Pennsylvania, the site of this study, is one such state (Bazelon Center for Mental Health Law et al., 2020). Logistically, persons hospitalized for psychiatric illness may be legally unable to leave the hospital to vote. Many psychiatric hospitals also restrict patients' access to computers, tablets, and cell phones, which can limit participation in time-sensitive online voting activities, like registration or requesting a mail-in ballot.

Voting disparities may have ripple effects. When mental illness leads to lower political participation, there may be fewer votes in favor of policies that advocate for mental health (Ojeda, 2015). Consequently, individual and legislative factors have a bidirectional relationship (Alegría et al., 2018). Voting has therefore been described as a political determinant of health: barriers to voting have downstream impacts on more immediate social determinants of mental health, including resources for mental healthcare and community rehabilitation, public transportation, and low-cost nutritious food (Dawes, 2020).

To address voting disparities, primary care clinicians have led voter support activities including direct engagement with eligible voters. These efforts have been received positively and led to increased voter registration (Lickiss et al., 2020; Kusner et al., 2021; Liggett et al., 2014). One voter registration drive conducted at two federally qualified health centers resulted in the registration of 89% of eligible voters who were directly engaged by a team member (Liggett et al., 2014). Voter registration offered through an adolescent and young adult primary care clinic registered 35.8% of participants (Lickiss et al., 2020). Vot-ER is a collaboration between the Massachusetts General Hospital (MGH) Center for Social Justice and Health Equity and Turbovote. This partnership allows for an online voter registration platform to be utilized across the United States in a variety of community and academic health settings, through which patients can register to vote using their personal mobile phones while they wait for medical care. However, persons with serious mental illness may underutilize primary care services (Bradford et al., 2008), and when they present to emergency rooms in crisis, they are likely to present with altered mental status and to be housed separately from other patients. Consequently, these persons may not benefit from clinician-led voter engagement efforts in primary care or emergency settings. While some authors have documented assistance to psychiatric inpatients with voting by proxy (Okwerekwu et al., 2018), there are no published studies of voter engagement activities in psychiatric hospitals in the United States.

Given the evidence of disparities in voter registration and voting, and the unique barriers to voting facing individuals with psychiatric illness, Pennsylvania Psychiatric Institute (PPI) undertook a quality improvement project to provide voter support activities for hospitalized psychiatric patients (Kelly & Nash, 2019; Melamed et al., 2007; Sund et al., 2017). The primary aim of this project was to provide access to voter registration tools for hospitalized patients in the acute psychiatric care setting. The secondary aim was to document the demographics and voting experiences of participating patients. In addition, while not measured aims, the project was designed to promote participants' voting behaviors and the short- and long-term positive mental health benefits of voting. This paper describes the feasibility of voter registration activities in inpatient psychiatric care settings as well as the demographics and voting experiences among a sample of persons hospitalized for mental illness.

Methods

Project Site

PPI is a free-standing community academic psychiatric facility. It is a joint venture of Penn State Health and UPMC-Pinnacle in the city of Harrisburg, Dauphin County, Pennsylvania. PPI has three acute adult inpatient units serving individuals aged 18 and older, with 64 licensed beds in total. Median length of hospital stay is seven days. During the six-week project time period, 79% of individuals who were discharged had been admitted on a voluntary commitment and 19% on an involuntary commitment. Primary discharge diagnoses during this period were affective disorders (60%), psychotic disorders (24%) and trauma- and stressor-related disorders (13%).

Survey and Project Development

To support the primary aim of this quality improvement project, the authors developed a set of voter support activities (VSAs) for hospitalized inpatients (Fig. 1). VSAs were developed in accordance with the Commonwealth of Pennsylvania's voting laws and policies; all team members who directly offered VSAs to patients reviewed these laws. Importantly, the Commonwealth's Mental Health Procedures Act and Manual of Rights for Persons in Treatment explicitly state that every patient has the right to handle their personal affairs, and that admission or commitment to a mental health facility does not by itself prevent a patient from voting (Commonwealth of Pennsylvania, n.d.). In

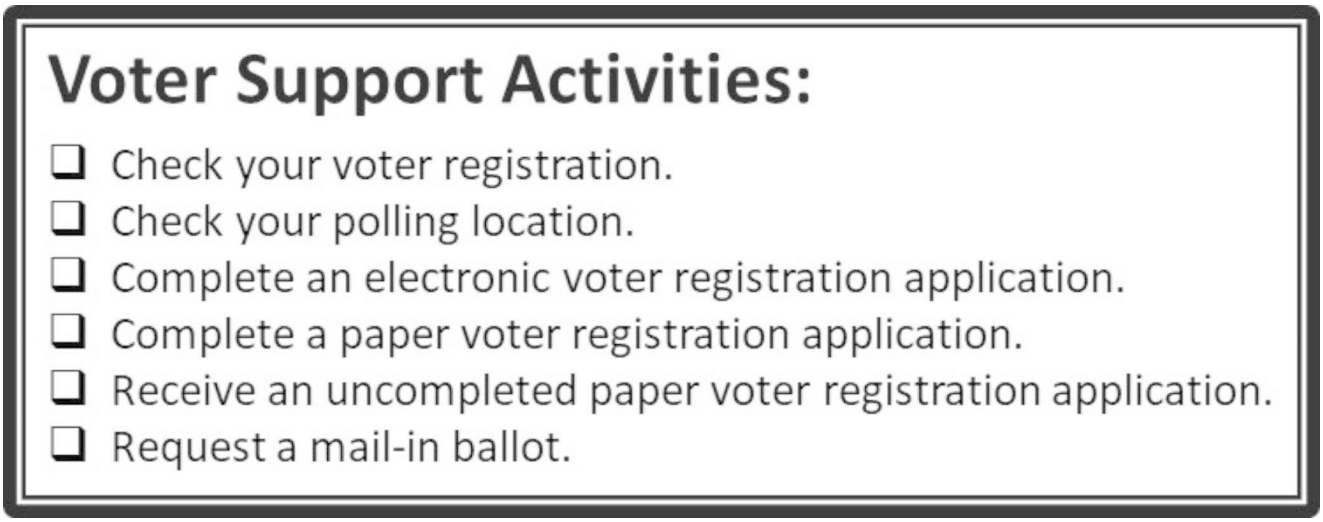

Fig. 1 List of voter support activities (VSAs) offered

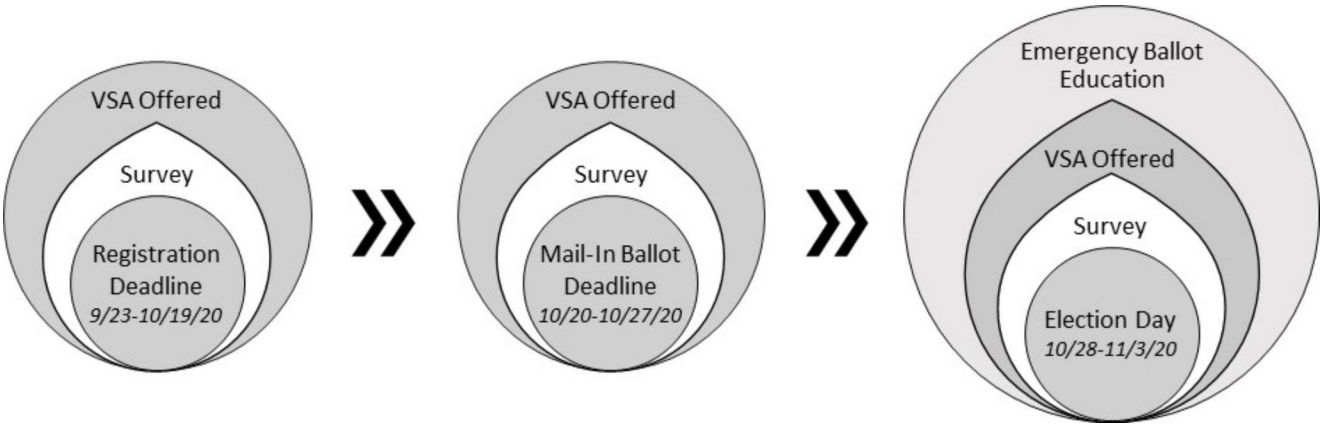

Fig. 2 Timeline of VSAs and Pennsylvania voting-related deadlines

keeping with the Pennsylvania Department of State's voter registration drive guidance (Pennsylvania Department of State, 2020), the project team communicated with Dauphin County's Director of Election and Voter Registration. The project team also sent a letter regarding the project's goals and purpose to 15 neighboring counties' Directors of Election and Voter Registration.

To address the secondary aim of the project, the authors created an optional survey including questions about participants' voter registration status, voting history and attitudes, past barriers to voting, the desire to register to vote, and demographics. Portions of the survey were informed by a published survey of inpatients in Ireland (Kelly & Nash, 2019).

The project occurred during the six weeks prior to the November 3, 2020 general election. Specific VSAs were offered to participants in three time blocks corresponding to the Commonwealth of Pennsylvania's voting-related deadlines (Figs. 2 and 3). The first time block ran from September 23, 2020 until the Pennsylvania voter registration deadline (October 19, 2020). The second block began October 20, 2020 through the Pennsylvania mail-in ballot request deadline (October 27, 2020). Participating registered voters in time blocks one and two were offered assistance with requesting a mail-in ballot. The third time block ran from October 28, 2020 until Election Day (November 3, 2020). Participating registered voters in this final block were offered instructional materials about how to request an emergency ballot if they were still hospitalized during the 2020 election.

Per hospital policy, the project was reviewed and approved by the PPI Research Support Review Committee. The study procedures were reviewed by the Penn State Human Subjects Protection Office, determined not to meet the definition of human subjects research, and were therefore exempt from Institutional Review Board review and approval.

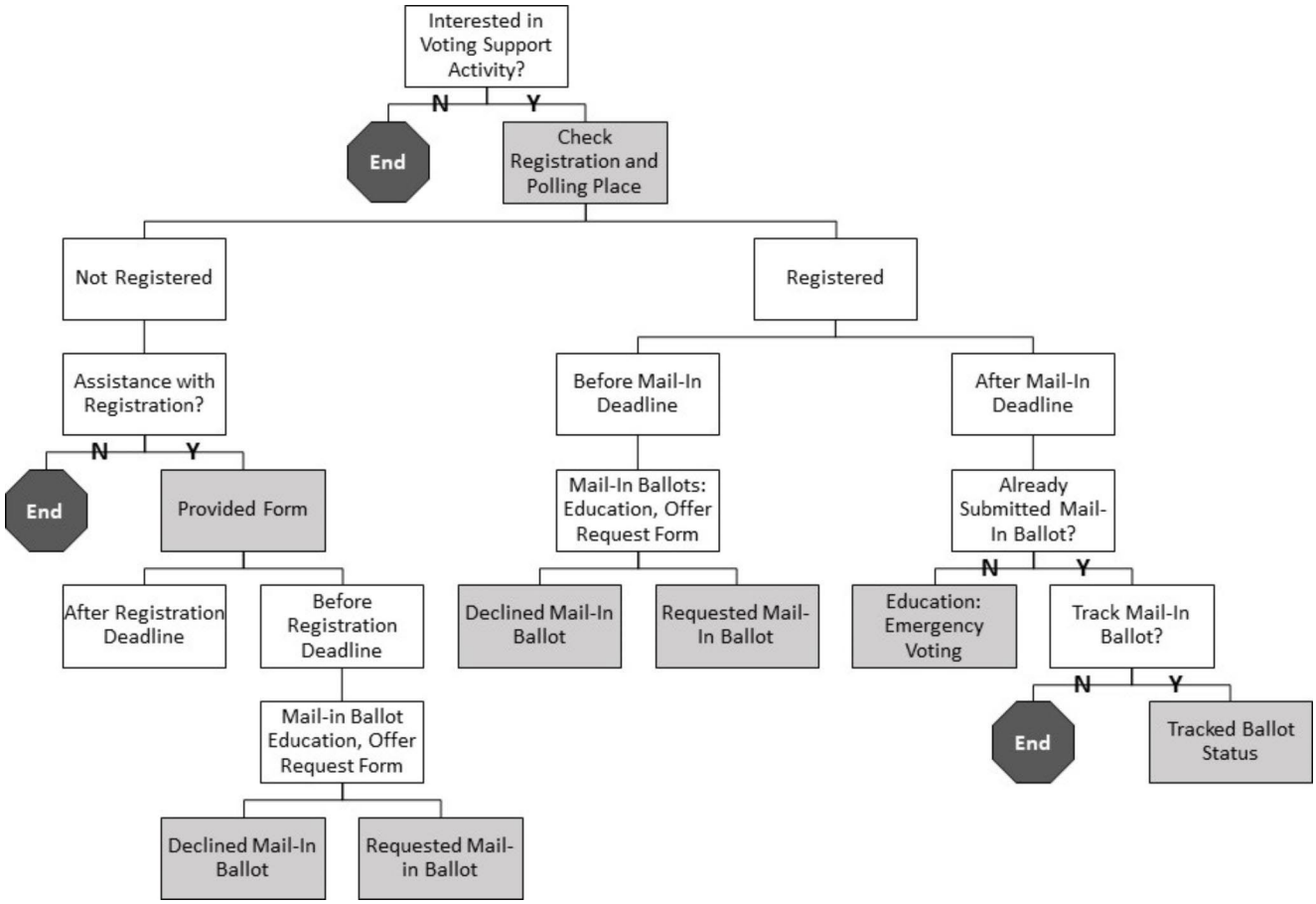

Fig. 3 VSA pathways to voter engagement

Project Participants

All inpatients over age 18 were eligible for participation in this project. No psychiatric diagnoses were excluded. Information about the project was distributed to patients through a flyer and reviewed aloud during the daily community meeting. Before approaching individual patients, the project team communicated proactively with individual unit psychiatrists to prioritize those patients approaching discharge. As time block deadlines neared, the project team shifted to approaching all hospitalized individuals prior to the voting-related deadlines.

A project team member (JG, CM, and TL) directly approached each patient to offer information about VSAs and to ask if they were interested in completing an optional survey. Only eligible Pennsylvania residents were offered the VSAs, and all eligible Pennsylvania residents could receive voter support regardless of survey participation, individual political views, or party affiliation. Political views and party affiliation were not addressed with or asked of participants. VSAs included checking the individual's voter registration status or polling location, completing a voter registration application (either electronically or on paper), distributing a blank voter registration application form, and requesting a mail-in ballot (either electronically or on paper).

Inability to complete a survey was the only exclusionary criterion for survey participation. Participants were offered the survey regardless of their state of residency, citizenship, language, literacy level, voter registration status, or previous voting behaviors. A team member was available to read the survey and any voting-related forms to patients with literacy limitations. Telephonic interpreter services were available for patients who requested them. The utilization of literacy and language support services were not tracked by the project team.

Data Analysis

Survey respondents' basic demographic information, voting behaviors and perceptions were summarized using descriptive statistics (such as mean and standard deviation (SD) for quantitative variables, and count numbers and proportions for categorical variables). The summarization was then stratified by VSA utilization status (VSA non-utilizers vs. VSA utilizers). The comparisons between two groups were

Table 1 Survey participant demographics

	VSA Non-Utilizers N = 59		VSA Utilizers N = 60		Total N = 119		P-value
Age							0.9471[1]
N	56		60		116		
Mean (SD)	45.4 (16.36)		45.2 (17.01)		45.3 (16.63)		
Median (IQR)	44.5 (29.5)		44.5 (29)		44.5 (28.5)		
Sex	**N**	**%**	**N**	**%**	**N**	**%**	**0.0369[2]***
Female	32	58.2	21	36.8	53	47.3	
Male	23	41.8	36	63.2	59	52.7	
Gender Identity							0.2537[2]
Female	30	54.5	21	38.2	51	46.4	
Male	22	40.0	31	56.4	53	48.2	
Non-Binary	2	3.6	1	1.8	3	2.7	
No Answer	1	1.8	2	3.6	3	2.7	
Racial Identity							**0.0497[2]***
White	47	83.9	37	64.9	84	74.3	
African American	5	8.9	9	15.8	14	12.4	
Others[3]	4	7.1	6	10.5	10	8.8	
Prefer not to Answer	0	0	5	8.8	5	4.4	
Ethnicity							**0.0459[2]***
Hispanic	2	4.2	8	17.8	10	10.8	
Non-Hispanic	46	95.8	37	82.2	83	89.2	
Level of Education (High school vs. higher degree)							**0.0044[2]****
High School or less	17	29.8	32	57.1	49	43.4	
College degree or Higher	40	70.2	24	42.9	64	56.6	

SD = Standard Deviation, IQR = Inter-Quartile Range (the range of the middle 50% of the distribution)

[1]Wilcoxon rank sum test p-value; [2]Fisher Exact test p-value; [3]"Others" category included 3 individuals who selected Asian as their race, 4 individuals who selected multiple races, 3 individuals who selected "something else" with 1 writing in "brown" and 1 writing in "Spanish"

* <0.05 ** <0.01 ***<0.001

performed using nonparametric Wilcoxon Rank-Sum test or Fisher's exact test when appropriate. All analyses were conducted via statistical software SAS version 9.4 (SAS Institute Inc, Cary, NC, USA). All tests were two-sided, and the statistical significance level used was 0.05.

Results

A total of 189 patients were approached for participation in the survey and/or in VSAs during the project. The survey had an overall participation rate of 63% (119/189). The demographics of survey participants, as well as those who did and did not utilize a VSA, are described in Table 1. Of note, all participants who utilized a VSA also completed the survey.

Among survey respondents, 112 were Pennsylvania residents; 4 additional survey respondents left this question unanswered but later reported being registered to vote in the state of Pennsylvania. 97.4% (116/119) of survey respondents were therefore presumed to be Pennsylvania residents. 70 individuals declined participation in the survey and/or a VSA, of which 67.1% (47/70) cited that they were not interested; 10% (7/70) had already registered and/or voted; 5.7% (4/70) were unable to complete the survey; and 4.2% (3/70) stated that they had too much going on.

67.2% (78/116) of participating Pennsylvania residents were registered to vote in the state. 25.5% (30/119) of state residents did not believe they were registered to vote in Pennsylvania; through a VSA, 6 of these confirmed that they were registered. 9.4% (11/116) reported being unsure if they were registered to vote in Pennsylvania, with 9 of these 11 individuals confirming their voter registration through a VSA. Including those individuals who were unsure or who did not believe that they were registered, but confirmed their registration through a VSA, an estimated 80.1% of Pennsylvania residents surveyed were registered to vote.

Regarding previous voting behaviors, 52.1% of survey participants had voted in the 2016 Presidential election. A higher percentage of participants reported voting in federal elections (73.1%) than in state (50.4%) or local elections (44.5%). Thirty-one individuals surveyed (26.1%) reported never having voted; more than half (n = 18) of these individuals utilized a VSA. Patients who did not vote in the

Table 2 Survey participant voting behaviors and perceptions

	VSA Non-Utilizers N = 59		VSA Utilizers N = 60		Total N = 119		P-value
Have you ever voted in the past?	**N**	**%**	**N**	**%**	**N**	**%**	0.4044[1]
Not voted	13	22.0	18	30.0	31	26.1	
Voted	46	78.0	42	70.0	88	73.9	
Last time voted							**0.0165[1]***
2016 or Before	14	30.4	23	53.5	37	41.6	
2017–2019	14	30.4	14	32.6	28	31.5	
2020	18	39.1	6	14.0	24	27.0	
Did you vote in the most recent Presidential election (2016)?							**0.0050[1]****
No	18	31.0	32	54.2	50	42.7	
Yes	39	67.2	23	39.0	62	53.0	
Prefer not to answer/Unsure	1	1.7	4	6.8	5	4.3	
Would you like our help in registering to vote?							**0.0013[1]****
No	12	80.0	9	27.3	21	43.8	
Yes	3	20.0	24	72.7	27	56.3	
Did completing this survey encourage you to check your voter registration?							**< .0001[1]*****
No	46	83.6	12	21.4	58	52.3	
Yes	9	16.4	44	78.6	53	47.7	
Did completing this survey encourage you to register to vote?							**< .0001[1]*****
No	5	9.3	7	12.3	12	10.8	
Yes	11	20.4	33	57.9	44	39.6	
Maybe	38	70.4	17	29.8	55	49.5	
Did this help you think about requesting a mail-in ballot?							**0.0002[1]*****
No	29	53.7	13	22.8	42	37.8	
No, I had already requested a mail-in ballot	10	18.5	5	8.8	15	13.5	
No, but I will think about requesting a mail-in ballot	3	5.6	6	10.5	9	8.1	
Yes	12	22.2	33	57.9	45	40.5	
Do you think you will vote as a result of receiving this support?							**< .0001[1]*****
No, I am not interested in vote	6	11.5	1	1.8	7	6.4	
No, I was already going to vote	26	50.0	11	19.3	37	33.9	
Yes	13	25.0	39	68.4	52	47.7	
Maybe	7	13.5	6	10.5	13	11.9	
Actions taken							**< .0001[1]*****
Individual checked to see if registered - No	59	100.0	16	26.7	75	63.0	
Individual checked to see if registered - Yes	0	0.00	44	73.3	44	37.0	

[1]Fisher Exact p-value

* <0.05 ** <0.01 ***<0.001

2016 election had more perceived barriers per person (3.40 average barriers) compared to those who voted in the 2016 election (1.72 average barriers) ($p < 0.01$). Table 2 describes the differences in previous voting behaviors between VSA utilizers and non-utilizers, as well as the impact participants perceived that the survey had on their current and near-future voting behaviors.

Among participating Pennsylvania residents, 51.7% (60/116) engaged in one or more VSAs. When comparing VSA-utilizers versus non-utilizers, there were significant differences in the reported demographic factors of gender ($p < 0.05$), racial identity ($p < 0.05$), ethnicity ($p < 0.05$), and level of education ($p < 0.01$). There was no significant difference in VSA utilization observed in gender identity. There was also no significant difference in VSA utilization between the three time blocks of the project. Participants were more likely to utilize a VSA if they had not voted in a recent election ($p < 0.05$), including the 2016 Presidential election ($p < 0.01$) (see Table 2).

Of the 60 participants who utilized a VSA, 44 checked their voter registration, and 43 checked their polling place. Ten individuals completed an electronic voter registration application, and 9 completed a paper voter registration application. Twenty-five individuals requested a mail-in ballot.

Thirty individuals did not think they were registered. 6 (20%) of these checked their registration and 6 (20%) checked their polling place. Thirteen (43.3%) of these

individuals ultimately completed a voter registration application. Eleven individuals were unsure whether they were registered; all of them checked their registration status. Nine (81.8%) individuals checked their polling place and 2 (18.2%) completed a registration application. Of those individuals who either did not know or were unsure of where their polling place was located (n = 51), 48.3% and 40.9% checked their polling place, respectively.

Among the patients surveyed, the most common reported barriers to voting were not being registered to vote, not knowing where to vote, and not having transportation. Of the 29 individuals who reported not being registered as a previous barrier to voting, 7 completed a voter registration application, and 6 requested a mail-in ballot. Forty-six people reported not knowing where to vote as a previous barrier; of these, 20 checked their polling place, and 10 requested a mail-in ballot. Twelve of 33 individuals who had previously encountered lack of transportation as a barrier requested a mail-in ballot.

Of the 53 individuals who did not vote or were unsure whether they had voted in the 2016 general election, 36 utilized at least one VSA, including 14 who completed a voter registration application, and 16 who requested a mail-in ballot. Overall, VSA utilizers were more likely to note that completion of the survey encouraged them to check their voter registration ($p < 0.0001$), register to vote ($p < 0.0001$), consider requesting a mail-in-ballot ($p = 0.0002$), and consider voting ($p < 0.0001$) compared to VSA non-utilizers (Table 2).

Discussion

While available research suggests that persons with psychiatric illness both benefit from and experience unique barriers to voting, to our knowledge this project is the first published report of voter registration and support activities in an inpatient psychiatric setting. This paper reports on the primary aim of the project: to provide access to voter support tools for hospitalized psychiatric patients. A majority of eligible patients participated in the project, and over half of the people who were Pennsylvania residents engaged in a VSA. These results support both the feasibility and the acceptability of VSA efforts in psychiatric inpatient settings. While the acceptability of VSAs on the inpatient psychiatric unit is consistent with previous studies in primary care settings (Lickiss et al., 2020; Liggett et al., 2014), the participant population in this study is unique because of their uniform reliance on a volunteer's provision of education and access to the technology needed to complete tasks required for voting.

This paper also addresses the secondary aim of the project: to better understand the voting experiences among participating psychiatric inpatients. Survey responses revealed significant voting disparities relative to the general population. An estimated 80% of this psychiatric inpatient sample was registered to vote, though only 65.5% of the survey population believed they were registered to vote prior to participation in a VSA. At the time of the 2016 general election, 87.07% of voting age Pennsylvanians were registered to vote (Pennsylvania Department of State, n.d.). 51.2% of patients in this sample reported having voted in the 2016 general election, compared to 61% of voting age Pennsylvanians. The implications of a 10% reduction in voting are significant in the context of the 2016 general election in Pennsylvania: the presidential race was decided by a margin of 44,292 votes, a mere 0.73% of votes cast and 0.44% of Pennsylvania's voting age population (Pennsylvania Department of State, 2016). Participants' responses suggest that barriers to voting influenced voting behavior given the significant difference of perceived barriers per person between those who did and did not vote in the 2016 general election. These results provide some of the first data regarding voting in a sample of Americans with disabling mental illness that both aligns with and adds to previous empirical work among hospitalized inpatients abroad (Kelly & Nash, 2019; Dyer, 1991; Melamed et al., 2007) and population-based findings in the United States (Bazargan et al., 1991) and Finland (Sund et al., 2017).

These findings also suggest that offering VSAs can help to reduce barriers to future voting participation. More than half of the individuals who were unregistered, or unsure if they were registered, confirmed their voter registration or completed a voter registration application and almost a quarter requested a mail-in ballot. Participants who reported not knowing the location of their polling place were able to find it, and participants who lacked transportation to the polls were able to request a mail-in ballot. Proactively providing these resources may have been especially important to some subgroups in the sample. Eleven people who utilized a VSA lived in one of the top ten ZIP codes with the greatest socioeconomic barriers served by the hospital (according to Pennsylvania Psychiatric Institute's 2019 Community Health Needs Assessment). Many of these barriers are influential social determinants of mental health and have downstream effects on numerous health and governmental policies throughout the decades (Dawes, 2020). The act of voting has been described as one of the primary political determinants of health (Dawes, 2020), and is essential for the further promotion of health equity. In order to better understand the relationship between barriers and voting behaviors in this sample, a more detailed quantitative analyses of survey responses could be conducted in the future.

Limitations of this project include the modest sample size of patients surveyed and the limited racial diversity within our sample. Pennsylvania's legislated protections for voters with mental illness may limit the generalizability of data and process to other states without these protections. As reported, participant engagement in elections tend to be higher during Presidential election years, and voter turnout for the 2020 general election was a record high of 67% of registered voters, up 5% from 2016 (Fabina, 2021). This trend may have increased motivation to participate in VSAs and the survey offered during the lead up to the 2020 general election. However, even among participants for whom the deadline to register to vote had passed, the desire to vote extended beyond calendar deadlines, as evidenced by 5 individuals who completed a voter registration application after Pennsylvania's 2020 registration deadline had closed.

While this project did not collect qualitative data from patients regarding their participation experience, many participants expressed appreciation for the provision of these VSAs, and some commented that they felt it was important for individuals with mental illness to be able to vote. Among individuals who utilized a VSA, 68.4% responded "yes" and 10.5% responded "maybe" to the question of whether they will think about voting as a result of receiving this support, with a significant difference seen between the VSA utilizers and non-utilizers. At least one patient expressed that without the VSAs, they may not have been able to complete voting-related tasks before the state deadlines due to their inpatient status.

While this project was conducted on the inpatient psychiatric units, most individuals with mental illness are served in the outpatient level of care. Previously described work conducted in outpatient primary care settings has demonstrated successful voter engagement (Liggett et al., 2014; Lickiss et al., 2020). In order to reach more individuals with psychiatric illness, future work will include expansion of voter support activities to the outpatient mental health care setting. Additional studies in the future could engage and survey participants across a range of psychiatric service settings, years and election cycles, and could also collect and analyze qualitative data from participants regarding their experiences with voting and voter support activities, particularly any psychological benefits conferred in participating in these activities. Follow-up could also include information on whether those who chose to utilize a VSA subsequently voted, as well as qualitative analysis of the relationship between VSAs and voting behaviors.

Overall, these project findings suggest that psychiatric providers can fill an important role in promoting access to voting-related activities. We have demonstrated that voter support activities are a realistic, acceptable, and welcome addition to the comprehensive care provided for psychiatric inpatients. As the psychiatric community increasingly examines mental health disparities, taking steps to promote voting access may be an important means to advance mental health equity. Future advocacy and efforts to address the barriers to voting for psychiatric patients may reduce the sociopolitical disparities in mental health.

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