Books, the Children of the Brain

'Nickel and Dimed'

BY RODRIGO A. MUÑOZ, M.D.

Over an expensive lunch with a high-powered New York editor at a tony French restaurant, Barbara Ehrenreich—a celebrated author with a Ph.D. in biology—conceived an idea to take a series of low-paying jobs and live solely on her wages.

The resulting book, "Nickel and Dimed: On (Not) Getting By in America" (New York: Henry Holt and Company, 2001), spent several months on the New York Times best seller list, and it's definitely worth reading. It has a lot to say about how millions of Americans on the margins of society spend their days in an often futile attempt to make ends meet.

The book makes no direct mention of psychiatry, and doesn't even have much to say about health care, but it does have a lot to say to those of us who are concerned about mental health.

Ehrenreich waited tables at a cheap restaurant in Florida, joined a housecleaning crew in Maine, and reracked clothing at a Wal-Mart in Minnesota.

She derived many lessons from her experiences, the central one being that the problems of the poor are generally ignored by society. They are not, however, ignored by psychiatrists. We have known for many decades that poverty interferes with emotional health. The fact that mental health and social class are inversely related has been known at least since A.B. Hollingshead and F.C. Redlich published their classic book, "Social Class and Mental Illness" (New York: John Wiley and Sons, 1958).

Their study included a 10-year follow-up of clinic and hospital patients that revealed the somber prognoses of the poorest among them. Their disorders tended to be more severe and led to unemployment, financial problems, and a high degree of social isolation. If treated in hospitals, these patients faced the prospect of returning to their communities without friends, sufficient income, or adequate housing.

Studies on the downward social mobility of chronic psychiatric inpatients preceded the closing of many state mental hospitals, which sentenced the chronically mentally ill to unremitting urban poverty.

For example, California's board-and-care homes were created in the 1960s in response to deinstitutionalization. They were intended to ensure a level of care in the community that would be equal to or better than that which was formerly provided by state hospitals.

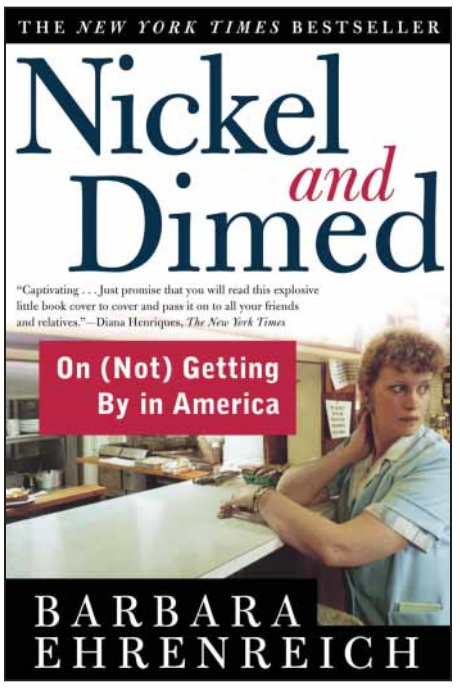
Reality, unfortunately, has never lived up to those intentions. The continuity of care is fragmented or nonexistent, and the quality of services is, in most cases, poor—or worse. These facilities have become the permanent housing of many psychiatric patients in the poorest areas of big cities. Many of them live in squalor with no hope of progress. Even their physical appearance is repellent to many. A few years ago, my landlord sent me a letter about my clinic for the homeless. He said I should stop bringing "hoboes" to his building. I reminded him that the Americans with Disabilities Act protects not only the disabled, but also those who offer them care.

The people whom Ehrenreich met when she was trying to live on minimal wages were barely better off than the patients we visit at the board-and-care homes.

What is it like to work for minimal wages? Ehrenreich shows us, through many examples, that it is very difficult. You may not find a job; if you do, the working conditions probably will be awful—and even then, you may not be able to earn enough to survive. Even though she was not naive about poverty and hard work, Ehrenreich's experiences were often surprising, painful, and bitter. She discovered that there is no balance, no elegance, and no distinction in low-wage work. You live from humiliation to false hope, and from frustration to anger.

We psychiatrists know that poverty is a major obstacle to adequate medical care. Even when the poor do not have emotional difficulties, their lack of money creates a vicious downward spiral of other problems.

Newcomers to a community may have difficulty making contacts with neighbors, coworkers, and even members of the same minority group. The resultant alienation and isolation may hinder them from



The book shows that the poor are, to a great degree, invisible to the affluent.

adapting more effectively to their situations. Because they lack social interaction, they are often minimally aware of the usual occupational or social ladders that can lead to a better life.

People in poverty may spend so much time trying to survive that any ideas—about exercise, nutrition, sleep, or strategies simply to stay healthy and feel well—may be absent. In the midst of multiple stresses and minimal outside help, they may not pay attention to early manifestations of illness. Because of the lack of communication, they never learn about benefits they have paid for or places they can go for help.

All of this results in a large concentration of people with psychiatric disorders among the untreated poor. An irony is that their disorders could be diagnosed and effectively treated if the proper policies were implemented. For example, when Californians passed Proposition 63 by a healthy margin in November 2004, they showed that they believe the current neglect of the chronically ill has to end. Voters approved a tax on those who make more than $1 million per year to improve county mental health services for the chronically ill. At the same time, however, they resoundingly defeated Proposition 67, a proposed telephone tax that would have better funded the state's overwhelmed emergency medical services.

One of Ehrenreich's conclusions is that the poor are no longer visible to the affluent. Given deteriorating public services, the exodus to the suburbs, the common belief that it is dangerous to visit places where the poor live, and the increasing difficulty the poor have in getting beyond the boundaries of their limited communities, the poor may be doomed to being ignored. The dearth of professionals and facilities means that the poor are frequent visitors to emergency departments, which further complicates a chronic community problem.

Even if we implemented far more enlightened social policies in this country, the poor would probably still be with us. Here's hoping that we'll also have enlightened mental health professionals who can minister to some of their ills. ■

Dr. Muñoz is a psychiatrist in private practice in San Diego. He can be reached at cpnews@elsevier.com.

New Public Health Program Targets Health Disparities

BY SHERRY BOSCHERT
San Francisco Bureau

San Diego — A new Howard University program offering a master's degree in public health aims to train leaders who will help eliminate racial and ethnic disparities in health.

The degree program is the first to focus on health disparities using a multidisciplinary team approach, Mohammad N. Akhter, M.D., said at the annual meeting of the National Medical Association.

"Leadership is very important because leadership is all about setting the priorities. If you are a leader, you are in a position where you can change our policies, you can change the system," said Dr. Akhter of the university in Washington.

Currently, few public health leaders are members of racial and ethnic minorities. "For us, this is the next battle of the civil rights movement," he said.

The new degree option is the fastest-moving program in the university's history, he said.

After the deans of all 15 schools at the university met in November 2003 and backed the new M.P.H. program, a 29-member public health council was formed from faculty, community leaders, representatives of the city's health department, foundations, and others to flesh out the program and its policies.

The program has accepted 22 students from 18 different disciplines for the first class, out of more than 100 applicants. Students were warned that they would have to be fighters in this field; jobs are not waiting for them to eliminate racial and ethnic health disparities, Dr. Akhter said.

Preference is given to applicants who already hold advanced degrees (M.D., D.D.S., Pharm.D., Ph.D., and the like) or who have an undergraduate degree and at least 2 years of fieldwork in public health. Courses are held at night so that students can continue their jobs if desired. The degree could be obtained in 2 years, Dr. Akhter said.

The program has no dedicated faculty but instead uses faculty from Howard, George Washington, and Georgetown universities as well as teachers from the city's health department and the community. Students must take five core courses (such as biostatistics, epidemiology, and social and behavioral sciences) and two other required courses—global health, and eliminating racial and ethnic disparities in health. They also choose three electives from among 65 graduate classes that include three new courses introduced alongside the M.P.H. program—community nutrition, mental health, and public health policy.

Students also attend a biweekly seminar focused on solutions to current public health problems and complete a community practicum in which they use a team approach to solve a problem in the school system, the health department, or a cancer center.

The Robert Wood Johnson Foundation funds a separate 2-year program—at six institutions—that accepts 18 scholars who have completed doctoral training. The program aims "to build the field of population health," defined as taking a broad approach to understanding why some groups of people are healthy and others are not, but it does not focus specifically on racial and ethnic health disparities. ■