Mental Illness


The Jacket of Pete Earley’s book Crazy is dramatic and desperate: a faceless young man hunches in the fetal position under the words of the subtitle. Earley, a seasoned former investigative reporter for the Washington Post, drew inspiration for his book experiences with his son Mike’s evolving bipolar affective disorder.

The already embattled mental health system may assume that Crazy will be yet another attack on treatment providers, who face a near-impossible mission when confronted by exigencies such as limited insurance coverage and declining inpatient bed space. Nothing could be further from the truth. In Crazy, Earley provides a remarkable and fresh look at the US mental health system. He does so in a balanced, honest, self-reflective, and informed way. Crazy offers a unique and sensitive perspective on questions America is reluctant to address. It should be required reading for psychiatry residents, forensic fellows, and any psychiatrist interested in public sector psychiatry.

Earley’s account focuses on the mental health system during the time (not specified, but apparently recent) that his college-age son Mike was diagnosed with bipolar disorder, soon stopped taking his medication, and was charged with two felonies after breaking into a stranger’s house while disorganized and delusional. In his effort to get his son psychiatric care, Earley proposes solutions to the problems confronting the US mental health system. Placing his argument in historical context, he describes deinstitutionalization as a well-intentioned but poorly reasoned outgrowth of the antipsychiatry movement, which began in the 1960s. This movement hinged in part on the belief that individuals had a right to be “crazy” and to refuse dangerous treatments. Current awareness that mental illness is biologically driven and the development of effective and less dangerous treatments call these conclusions into question. Earley describes deinstitutionalization as an “unplanned social disaster,” which, in part owing to economic constraints and street corners, families of the severely mentally ill, civil rights groups that support the right to refuse treatment, groups that advocate mandated treatment, and even the late Morton Birnbaum, MD, JD, considered the father of the concept of right to treatment.

Earley is dispassionate but relentless in his search for facts. For example, when he hears of Sanbourne v Chiles, class action litigation that forced Florida to deinstitutionalize its state psychiatric hospitals, he talks to lawyers, mental health staff, and ultimately the Sanbourne family. He learns that, after 20 years of hospitalization, Deidra Sanbourne was discharged to a system ill equipped to care for her. She visited emergency departments every two weeks until her death following a decompensation necessitating inpatient care. Again and again, Earley strips the veneer of superficial, well-meaning, yet uninformed activism by recounting stories like Sanbourne’s. He bemoans a system that allows patients to “die with their rights on” and challenges America to rethink its position on treatment of the mentally ill.

In the closing section of Crazy, Earley offers solutions to the problems confronting the US mental health system. Placing his argument in historical context, he describes deinstitutionalization as a well-intentioned but poorly reasoned outgrowth of the antipsychiatry movement, which began in the 1960s. This movement hinged in part on the belief that individuals had a right to be “crazy” and to refuse dangerous treatments. Current awareness that mental illness is biologically driven and the development of effective and less dangerous treatments call these conclusions into question. Earley describes deinstitutionalization as an “unplanned social disaster,” which, in part owing to economic constraints and
failure to fully fund community mental health centers, has created an environment as abusive to the mentally ill as the dreaded state hospitals of the past. He calls for increased education about mental illness for everyone in the medi-colegal arena, crisis intervention training for the police, rethinking of civil commitment criteria, and a fresh look at asylum, which, despite their negative associations, he envisions as potential refuges for the seriously mentally ill. Earley poignantly reflects on a society that accepts homelessness as a civil right yet acts outraged when the homeless mentally ill are raped, killed, and otherwise victimized.

Crazy challenges mental health advocates to have enough humility to revisit what was once thought to be resolved. The mental health system in the United States should not be “crazy.” We would do well to listen to Pete Earley.

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Global Children’s Health

In 1844, FRIEDRICH ENGELS DOCUMENTED the conditions of England’s working class. Based on firsthand accounts of suffering, he concluded, “All conceivable evils are heaped upon the heads of the poor.” Although his later works with Karl Marx, which sought to diagnose and prescribe solutions for urban poverty, have been disputed, Engels’ contribution to the descriptive epidemiology of urban poverty remains sound.

Fast forward to 2006: Jody Heymann and her team at Harvard’s Project on Global Working Families have applied modern tools of qualitative and quantitative survey research to document the suffering of the urban poor around the world, described in Forgotten Families. Heart-rending firsthand accounts are accompanied by bar graphs and tables to complete the picture. Heymann, like Engels, is calling us to take action. Both tellers and hearers of these horror stories cannot remain complacent. As Marian Wright Edelman writes on the book jacket, “[W]e can and must do better for all of our children.”

The book’s great contribution is the recognition that, because it takes both time and money to raise healthy children, we must distinguish the effects of time poverty from material poverty on the well-being of families. From Engels until Heymann, most descriptions of poverty recognized only material deprivation. Readers will gain understanding of the harmfulness of parental time poverty to children’s health. The many case reports broaden accessibility beyond academicians and policy analysts. Interviews put a human face on poor families, for instance, what it means to be a 19-year-old widow raising a toddler in Honduras, where the “best” choice is to rely on a ten-year-old relative for child care during 11- to 22-hour shifts in a sweatshop. Unfortunately, the case reports are sometimes used to buttress sweeping conclusions that require more evidence about children’s safety under various care arrangements. For instance, a single case of a preschooler falling from an escarpment is used to back the claim, albeit a plausible one, that injuries are common in children of working parents (p 192).

Secondary analysis of representative surveys from Botswana, Russia, Vietnam, the United States, Brazil, Mexico, and South Africa offer limited information on the association between parental work status and children’s school enrollment. The most relevant quantitative analysis is based on 1000 in-depth interviews that the project conducted with working caregivers in samples of various sizes, recruitment strategies, and participation rates from six countries (Botswana, Russia, Vietnam, the United States, Mexico, and Honduras). Graph after graph depicts the care arrangements in this aggregated sample and selected consequences for children. It is clear that in this particular sample many children received suboptimal care and paid a heavy penalty. However, the graphs are presented as authoritative data on the magnitude of a global problem, when in fact they emerge from a highly selected sample. The book misses an opportunity to check the data from the interview samples against corresponding data from national samples and to offer an appraisal of the data limitations.

In its goal to raise awareness of the plight of today’s urban poor, the book succeeds despite its missteps. After putting it down, one might even wonder whether the poorest of the poor are better off in 2006 than they were in 1844. The pessimistic tone makes it easy to forget that, worldwide, life expectancy in rich and poor countries is higher, child mortality is lower, and the number of people living on less than a dollar a day has shrunk by 235 million since 1970 despite global population increases. But the tremendous progress we have made is no reason we cannot do better for the world’s forgotten families.

The recommendations in the final chapter are sure to provoke debate. Heymann believes that universal paid parental leave, expanded early childhood education, a living wage for all workers, and short-term leave would help substantially. She sees in the global labor market a potential race to the bottom, in which countries vie to lure multinational corporations by competing to offer the least protections for their workers. To level the playing field she recommends international global agreements to offer basic safeguards for the families of all workers everywhere.

As with Engels, there are heroes (workers) and villains (corporations). Phrases such as “were forced to” and “had to” are used repeatedly in descriptions of the choices taken by desperately poor families facing either starvation or low-wage jobs that would rob their children of proper supervision. Absent from the book is analysis of unemployment and the factors that lead poor

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