

BOOK REVIEWS

THE CLINIC HABIT

CAMILLE LAMBERT, JR., AND HOWARD E. FREEMAN

in collaboration with

JAMES M. DUNNING, HELEN M. HUGHES, EDWARD C. MALOOF
ROBERT MORRIS AND LEON J. TAUBENHAUS

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With the present categorical approach to the health care problems of the American people, no category gains greater popular support than child health. Many projects are supported at all levels of government. By its nature the categorical approach is incompatible with comprehensive services for large segments of the population. This small but fascinating book takes serious issue with institutionally provided health care services for the very young. It deals specifically with the provision of dental care services in a clinic setting for children and measures the dental health of adolescents who received such services.

The clinic in this study is the public health dental clinic of Brookline, Massachusetts, located in a modern health department building in a lower-income area. It is well staffed, attractively furnished and well equipped. It enjoys considerable prestige in Brookline as well as in the dental community. The particular eligibility requirements of this clinic served as the basis for the study. In addition to family income requirements, which were functionally flexible, the major criterion of eligibility was age. The clinic is essentially one for young children. Patients must be between the ages of four and ten and not beyond the fourth grade. The upper age limit of ten was not a part of the original planning, but when funds were limited, it became

necessary to limit the size of the population to operate within the budget.

The research problem investigated in this study is: is the early use of a publicly supported dental clinic for children aged four to ten related to their dental condition in high school? The hypothesis is that children who were patients in dental clinics during the early years of childhood are *more* likely at high school age to suffer from *poor* dental condition than those who did not avail themselves of clinic services. It is further postulated that the relationship between poor dental condition and clinic attendance cannot be accounted for by financial status alone. The principle of medical dependency is proposed and a further hypothesis is suggested: the disposition to seek care through institutional settings is developed, and, if not obtainable, the patient is not inclined to turn to the private practitioner. In other words, institutional dependency or **THE CLINIC HABIT** emerges.

Under this umbrella a number of theories are developed and the book can be seen at different but interrelated levels.

The community of Brookline, Massachusetts, is of middle and upper income, with an excellent school system and well-established medical and welfare services. Only four per cent of the 624 study group families earn incomes below \$3,000 per year compared to 22 per cent of all American families, while 67 per cent of the Brookline sample earn more than \$6,000 per year compared to 45 per cent of all American families. If clinic dependency can be established in nonpoverty families, the idea most certainly would carry over for the very poor who are forced by economic status to be dependent upon the clinics.

The authors develop a simple index for measuring dental health and dental neglect. Although a comprehensive multidimensional index of dental need was developed, it correlated well with the number of decayed surfaces and this relatively simple assessment emerged as a simple but accurate measure of dental health and dental need.

The relationship between dental care and the disparities between the values of the American society and reality are carefully explored.

The American stereotype of the individual and his family with a private physician who knows his patients intimately and of the family saving and budgeting for possible medical care expenses, which it looks upon as a personal responsibility, for the most part is a departure from reality. It has been difficult to abandon belief in this commitment to autonomy and individualism. Any deviation from private choice and fee for service could be accomplished only if it circumvented the ethos in a way that conformed to it. Although rudimentary dental health insurance and third party payment mechanisms have begun, most dental care is provided by entrepreneurial practitioners. The dentist is the embodiment of the American ethos, but the reality is the poor dental health of the American people.

At yet another level the book is a well-constructed epidemiologic study of the dental habits and health of one well-defined segment of a community and the relationship between dental health and many complex sociocultural factors including economic status, medical care behavior, family and neighborhood characteristics and life style of the study group. Considerable evidence is developed that regardless of which of a number of variables are taken into account, clinic experience in early childhood is negatively associated with good dental condition among teenagers. Dental condition of teenagers on the other hand is favorably influenced by their current participation in a preventive program of dental care, whatever its auspices. Teenagers, however, accustomed in childhood to receiving such services from a public clinic, are unlikely to turn to a private practitioner when denied the clinic's services because of age. Consequently they tend to neglect their dental care except in painful emergencies. Although income is a significant factor it is not the only or even the most decisive variable. More important appears to be the family's resort to an institutional or bureaucratic framework in meeting many of life's problems and their inability to cope with these problems when such superstructure is no longer available. Such families are most frequently found in lower economic groups, but the trend exists in many white-collar and professional groups. Although the young child is provided dental care in a clinic, neither

he nor his family is taught to cope with the world of private practice nor to develop self responsibility. Educational activities begun in a dental clinic are not converted into the good dental habits of later life in the absence of an available institutional setting.

Much of the critical evaluation of the research methodology and the conclusions has been undertaken by the authors. They agree that the study is retrospective and nonexperimental and that of the infinite numbers of relationships that exist, they have had to make decisions as to which to pursue. In addition they accept the dangers of generalization from a selection of individuals in a single community. With these limitations the authors suggest that their data should be regarded as evidence of the plausibility rather than the confirmation of the hypothesis of institutional dependence.

The authors embark in their final chapter on a course that is not frequently found in studies of this kind. They attempt to set forth the implications of their findings and propose social policy and organizational alternatives for the provision of dental and health care services. It is this final chapter, the first that examines contradictions in the provision of medical care, that makes the book an important social document. The book is a significant contribution to an understanding of the realities of organizing and providing effective health care services to large segments of the population, in the face of a value system that makes the realization of such goals difficult.

In their conclusions the authors are able to separate the ideal from the possible. Pragmatically, they accept and perhaps agree with the idea that the national medical insurance schemes of the European countries are unlikely in the near future of this country. What is occurring is a proliferation of insurance and prepaid programs financed privately and publicly. To avoid the pitfall of confusing financing with provision of services, they make recommendations they hope will produce meaningful services under expanding financing mechanisms. They call for the integration of dental care with comprehensive programs of medical care.

Neither public clinics nor the marketplace are realistic alternatives for the institutionally oriented group studied. The one produces two systems of care, separate and unequal. The other is a

perpetuation of present patterns that, because of economic limitations and the life styles so well described in the study, produce little or no dental care and shamefully poor dental health.

As a primary focus of change, it is suggested that public health clinics be revamped and the categorical commitment to care for small children abandoned. Services should be available to all ages and careful screening and case finding done among teenagers so that those who need care can receive it most promptly. A network of financing mechanisms and organizational patterns should be established and evaluated with the goal of providing dental care to the widest base of persons. It has previously been shown that those who are disadvantaged will have to be aggressively sought out and brought into any systems of care that are devised.

The continuation and expansion of existing programs for young children are predicated on a vague hope that they are good. Child health activities must have carefully formulated, regularly evaluated goals so that programs that provide needed care can emerge. Perhaps the lesson learned in this study can be used to look more critically at the entire categorical approach to health care.

EUGENE VAYDA

PUBLIC IMAGE OF MENTAL HEALTH SERVICES

JACK ELINSON, ELENA PADILLA
AND MARVIN E. PERKINS

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by the Mental Health Materials Center, New York, 1967, 288 pp.

Planning the efficient distribution and delivery of health and welfare services is more than a process of matching needs and resources plus the filling of service gaps. Present practice requires working with a conglomeration of inadequate data subject to diverse interpretations; following hunches based on varying experience; resolving power conflicts; considering ideas whose time (according to their proponents) has come; and responding to the clear urgencies of the moment. What complicates the problems even more is that planners—especially in the mental health field—must deal with unclear and competing definitions of “community,” different ideas of who makes up the consumer population, who are the authorized professionals and even controversy about what the illnesses may be.

It is no wonder, therefore, that the program undertaken in New York City on the basis of the State Community Mental Health Services Act of 1954—impacted from “outside” by concurrent and subsequent federal activity—has variously zigzagged, spurred ahead, regressed, drifted, yet inexorably expanded. The agency has grown into an organism whose work in some areas (e.g., growth of permanent investment and quantity of resources) has been relatively successful; in other areas (standard setting) modest and in still others (leadership, coordination, comprehensiveness and continuity of service) questionable.

New York City has at least pioneered; its mental health agency

has tried harder and invested far more per capita than any other municipality. In the long run, its frustrations on important fronts may simply be judged as growing-pains and dips in a curve that cannot be expected to rise, unwavering, to glorious heights. That is perhaps in the nature of community planning for health and welfare services. Even in the development and production of tangible industrial products, movement is not always upward.

As the preface to this book points out, community care of the mentally ill must depend heavily on public acceptance of released patients, who need to be at the least tolerated as neighbors, fellow employees and returned relatives. Thus, in 1963, some eight years after the New York City Community Mental Health Board was born, the agency joined with the Columbia University School of Public Health and Administrative Medicine to conduct a survey, supported by a grant from the Health Research Council of New York City, on the public image of mental health services in the city. The survey had the services of a respected principal investigator as well as the cooperation of the co-authors, who are from the agency's staff, and an impressive list of consultants from the fields of community psychiatry and public opinion survey.

The final report as presented in this book does little more than record the methodology and results of the survey; a minimum of discussion and interpretation accompany the findings, nor do implications for further action. Its 288 pages are divided into three parts. The first 30 pages describe findings about public information and perception about mental health care and mental illness. The second part, consisting of 15 pages, presents collateral data on the selected sample of New York City adults—demographic, socioeconomic, educational, political and personal. The rest of the book consists of the tables and description of the methodology and instruments used.

Few of the authors' views are presented, except in a rather non-committal preface. Evaluation of the book is therefore a matter of selecting from the well-presented statistical findings and viewing them in the light of one's own knowledge of the city and its sub-committees.

Tantalizing questions emerge from cross-comparison of the data,

relatively little of which is done in the report. For example, looking into the timely question of minority group feelings discloses that "the frequency of feeling of membership in a minority group is lower for each group than the actual numbers of those groups in the city." Only one in five of the respondents said he considered himself to be a member of a minority group. The city-wide sample was 25 per cent Jewish, 15 per cent "nonwhite" and nine per cent Puerto Rican. Among those considering themselves as minority members, only ten per cent identified their group as Jewish, five per cent as Negro and only one per cent as Puerto Rican. The survey did not analyze responses according to social class.

What does this mean for planners who are pressed by "minority" representatives for facilities organized to serve primarily members of their own group? Is the leadership ahead of, or exploiting, minority status? Are they exaggerating feelings that do not exist in significant measure? Are mental health professionals whose services are not geared to and do not serve the needs of minorities justified in continuing their present course?

Planning in a vacuum can be no more successful than planning by direct response to overt community pressures. How does one tease out the difference between provision of specially oriented services that are "needed," in the opinion of planners, as opposed to services that are "demanded" by minorities because they want "their share?" Is it simply coincidence that neighborhoods and small catchment areas are now proposed by many as the best parameters for public-health-oriented programs, or are they responding unconsciously to politico-ethnic pressures? On the other hand, is not a "minority" often a majority in many a specific catchment area?

Since the community mental health movement has brought to the fore many urgent problems about aftercare and community adjustment of hospitalized patients, the findings on this subject are of great interest. It profits little to release a patient with residual symptoms and/or a recurring illness, if he is not to meet with reasonable acceptance among his associates. It is reported that "willingness to associate with persons who have been patients in a mental hospital varies with the nature of the association." The degree of acceptance

diminishes distinctly according to the closeness of the relationship posed. Thus, respondents indicate more willingness to associate with a released patient as co-worker (73 per cent) than as next-door neighbor (69 per cent), with acceptance diminishing from there through the following relationships: employee (64 per cent) employer (44 per cent), sharing an apartment or marrying into one's family (23 per cent each). Twenty-one per cent said they would "object to having a mental health clinic set up near my home."

The public appears confused about the nature and functions of the mental health professions, perhaps mirroring the inter-professional conflicts that exist in this country, to say nothing of the information received from the various media of communication. Almost half did not know that a psychiatrist is a physician and the same proportion "either do not know or deny that anyone but a psychiatrist can treat a person for emotional or mental conditions." Twenty-four per cent were not certain that a difference exists between a psychologist and a psychiatrist. Three-fourths did express the belief that psychiatrists know more about mental and emotional conditions than do other medical specialists and half thought that psychiatrists' work is more difficult than that of other medical specialists. Four-fifths believed the mental health of psychiatrists to be "at least as good" as that of other medical specialists. Four out of five thought psychiatrists' income to be as good or better than that of other specialists. These and related findings may tend to bruise the self-image of some professional groups. On the other hand, with the confusion as to the very nature of the specific disciplines, these responses may be open to some question.

An interesting, but not original distinction was made by the sampled public between "mental" and "emotional" conditions. The public tended to view persons with "mental" conditions as behaving bizarrely or being disoriented, while "emotional" conditions were seen as being manifested in depressions, irritability or psychomatic symptoms. "Mental" troubles seemed to signify illness more than did "emotional" ones. (This distinction between "mental" and "emotional," it is interesting to note, was also made some time ago, in a ruling by a senior professional educator in the New York City

school system, in relation to the system's responsibility for implementing state legislation mandating special classes for mentally ill children; it was eventually necessary to spell it out more specifically in the law.)

As in many forms of scientific inquiry, this survey raises many questions for further exploration, while at the same time producing facts subject to varying interpretation. Aside from questions of practicability and cost, it might be interesting to repeat this kind of survey periodically, to elicit comparable data over a span of time. One would have wished to see analyses of some responses according to social class. As it stands, however, the report is and may continue to be useful more in relation to issues and problems outside the sponsoring agency than within it, especially when related to some facts and situations not considered in the project itself. It serves to enrich the store of information previously developed by Star, Crocetti, Lemkau and others. Much of the collateral data on the nature of the New York City population will be useful elsewhere and will serve to amplify the value of the survey. For this reason alone, it may be considered as a worthwhile undertaking and deserving the attention of workers within and outside the field of mental health.

SYLVAN S. FURMAN