

FIXING MENTAL HEALTH CARE



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Mental Health Wellness Psychology Mind. (CC0)

Dear (name),

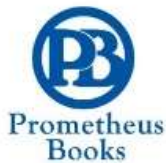
I had lunch recently with an old friend and colleague—Dr. Aron Sousa. He is the Dean of MSU’s College of Human Medicine, and I learned of the tremendous progress they are making from a research perspective, complementing their always exemplary national leadership in medical education—both areas largely focused on underserved minorities. The research team in public health at the Flint campus continues its success with extensive grant funding focused on improving care for impoverished Flint citizens. The new Henry Ford liaison with CHM evinces considerable success in clinical research in Detroit, as well. OB/Gyn activities on the Grand Rapids campus have produced the single most successful such US department in NIH grant funding. And the East Lansing internal medicine faculty will soon be bolstered with new research and clinical faculty. Proud to be a Spartan and to see the continued growth of the research direction.

The interest of CHM in underserved minorities poses the important but typically unrecognized issue of the language we use. The February 2024 issue of the *Journal of Health Care for the Poor and Underserved* ([Project MUSE - Journal of Health Care for the Poor and Underserved-Volume 35, Number 1, February 2024 \(jhu.edu\)](https://www.jhu.edu/projects/muse)) details this problem. The editor of JHCPU, Dr. Virginia Brennan of Meharry Medical College, highlighted in her email (journaladministration@mmc.edu) that several articles in this issue raised the question of proper terminology.

Dr. Brennan points out that, by some time in the 2040s, the White, non-Hispanic population will become less than one-half the US population, while People of Color (African Americans, Native Americans, Hispanics) will make up more than one-half. What, then, does “minority” mean? It now refers to those who receive substandard care relative to non-Hispanic Whites, those who also suffer other disadvantages in, for example, housing and employment. In the 2040s, the new minority population of non-Hispanic Whites will not be similarly disenfranchised. Dr. Brennan argues that inherently negative terms (minority, minoritized, underserved, disparities, inequities) relative to the advantaged non-Hispanic White population perpetuate the injustice. It’s time to eschew such language and focus on new, neutral words such as “health equity.”

Language matters. Such words as “underserved minority” unconsciously promote bias every time we use them.

Here’s another example of the adverse impact of language in an entirely different context. When we use the term “cause,” we foster medicine’s near isolated focus on physical diseases, for example, that some single agent (such as a virus) causes a given disease such as pneumonia. This terminology implies that this virus is both *necessary and sufficient* to explain the pneumonia. While it is indeed necessary, it is not sufficient to explain why pneumonia occurred. Poor housing, depression, drug addiction, unemployment, malnutrition, and many other psychological and social factors determine who is most susceptible. We can explain why a disease occurs only by looking at the multiple influences associated with them. Such a broader biopsychosocial understanding also leads to superior treatment and prevention efforts.



I’ll soon submit the final manuscript of *Has Medicine Lost Its Mind?* to my publisher, Prometheus Books, and I’m about to resume work with my publicist, Joanne McCall. The book will be published in the Spring of 2025, a year from now. This means there’s lots to be done in the interim to ensure that as many people as possible are aware of a book that can serve as the stimulus that prompts a revolutionary change in medical and mental health care.

The best way you can help me spread the message is to ask people to go to my website ([Personal Website](#)) and sign-up for this Newsletter (at the lower right side of the home page). Thanks, I appreciate your help! Asking just one person helps.

Take care and keep me updated on what’s going on with you; I’ve really appreciated hearing from so many of you.

Bob

Robert C. Smith, MD, MACP

[Personal Website](#)