

behavioral sciences and health education

mental health researcher

A TRUE TALE

Mindy Fullilove, MD, is a research psychiatrist at the New York State Psychiatric Institute and Professor of Clinical Psychiatry and Public Health at the Mailman School of Public Health at Columbia University. After graduating from Bryn Mawr College in 1971 with a degree in history, Dr. Fullilove obtained a master's degree in nutrition from Columbia University, and then received her medical degree from the Columbia University's College of Physicians and Surgeons in New York in 1978. She was a resident in psychiatry at New York Hospital's Westchester Division and Montefiore Hospital. She worked as a staff psychiatrist at the Morrisania Neighborhood Family Care Center in the Bronx, New York.



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In the mid-1980s, Dr. Fullilove left New York for San Francisco for a position on the faculty at the University of California at San Francisco (UCSF). Her interest in public health began when she worked in a San Francisco community mental health clinic. “The conditions of the clients were extremely poor. Mental health services were so underfunded that we couldn’t do much of the work we knew needed to be done,” she says. Dr. Fullilove determined that the only way she could improve things for the neighborhood, the clinic and the clients was through research, which she hoped would ultimately

lead to the creation of new programs and new policies in mental health.

In 1986, Dr. Fullilove conceived of and founded the Medical Scholars Program at UCSF — a program that provided academic support to minority and female medical students. As co-principal investigator of the UCSF Center for AIDS Prevention Studies, she directed the minority

“Good mental health is related to how people live together. Not too surprisingly, a supportive, nurturing community or group seems to be the ideal environment for the development of healthy minds.”

component of the center, called Multicultural Inquiry and Research on AIDS (MIRA). She also served as principal investigator for several projects,



Mental Health Researcher Checkpoint

Are you interested in the field of mental illness?

Are you willing to accept progress in small increments of success?

Are you interested in the physical and social diseases that can affect the quality of people's lives?

Do you believe you can change people's lives for the better through research?

If so, read on



Did you know?

Four of the ten leading causes of disability in the United States and other developed countries are mental disorders, which include major depression, bipolar disorder, schizophrenia and obsessive-compulsive disorder.¹

including “AIDS in Multiethnic Neighborhoods,” an epidemiological investigation of HIV seroprevalence and risk behavior prevalence in 1,700 single adult residents of San Francisco.

In 1990, Dr. Fullilove and her husband Robert were recruited by Columbia University. In time he became Associate Dean for Community and Minority Affairs at the Mailman School of Public Health, and she became a professor at the School of Public Health and a research psychiatrist at the New York State Psychiatric Institute.

Profiling the job

Within the field of public health, there are three distinct but overlapping divisions of mental health: clinical practice, agency-based practice and research. In clinical practice, professionals generally care for the individual needs of indigent patients in settings that vary from hospitals to group homes to clinics. Patients are cared for by a variety of mental health professionals in these settings. Psychiatrists and psychologists do initial assessments, run groups and implement behavioral intervention plans. Psychiatric nurses provide primary care nursing and often run education groups. Social workers do psychosocial assessments, used to develop treatment plans, and also do discharge planning.

Agency-based practice can have an educational component, such as the training of teachers, parents and others to recognize the signs of mental distress in children. Also, agencies provide programs that support specific populations, for example women who are dealing with the stresses of motherhood. A good case to consider is that of a young mother who is poor, single and feels overburdened by the demands of her new situation, Dr. Fullilove says. A measure as simple as a nurse visiting the new mother’s home can have a dramatic impact and help minimize the risk of post-partum depression.

Research, the focus of Dr. Fullilove’s work, is the third area. Much of the mental health research she conducts is aimed at helping other public health professionals understand the structure of communities as an essential precursor to the development and implementation of meaningful public health outreach. Dr. Fullilove has done research on a wide array of topics related to “place,” particularly in poverty-stricken communities, where she has studied physical and social diseases including AIDS, tuberculosis, asthma, substance abuse and violence, in an effort to understand how these diseases and conditions relate to the environment.

In the course of this work, Dr. Fullilove developed a theory she calls *the psychology of place*. Her theory sets forth the fundamental psychological connections people make to their environment — how people work, function and adapt within groups, how their need to create a common life within the group is met, and how they react when their environment is altered.



Dr. Fullilove’s theory describes three fundamental processes common to people in all cultures. First, people have an emotional connection to where they live, a process she calls “place attachment.” Second, in any human environment, people have to

understand where they are, which in Dr. Fullilove’s work is known as “orientation.” Third, people’s identities arise in part from the place they are in. For example, if you live in New York, part of your identity is as a New Yorker. People who move often experience stress because they must disconnect and reconnect on all three levels.

Additionally, people in a particular space belong to many different groups that interact in unique ways over time. For example, the simple community habit of buying a paper at the local newsstand each morning and saying “hello” to the other people buying their newspapers makes the newsstand a crossroads of the neighborhood, Dr. Fullilove says. This applies as well to schools, churches, banks, grocery stores, dry cleaners, apartment buildings, houses, streets and parks.

Dr. Fullilove’s research came to the fore on September 11, 2001, when the World Trade Center collapsed, taking with it the lives of more than 2,800 people. According to Dr. Fullilove, the obliteration of a neighborhood that was home and workplace to so many may mirror in its consequences the losses experienced during urban renewal in the ‘50s and ‘60s, when entire city neighborhoods were bulldozed. People were uprooted and lost the connection to their “place.” Even 50 years later, she says, urban renewal



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projects still have negative repercussions. “My fear on September 11 was, and indeed still is, that the loss of place and home will continue to affect the mental health of the affected for decades to come.”



With so many work places destroyed, companies were dispersed. “They are now scattered all over, and this leads to an absolute loss of social connections.” In order to repair social connections and prevent mental illness, Dr. Fullilove and her multidisciplinary research team of psychologists, psychiatrists, social workers, mental health nurses, health educators, sociologists and

other public health practitioners has established “NYC Recovers,” an alliance of organizations working for the social and emotional recovery of New York City.

A day in the life

Popular notions notwithstanding, not all mental health professionals treat patients, interpret dreams or divide their days into 50-minute sessions. Dr. Fullilove is a terrific example.

Much of Dr. Fullilove’s week is taken up with research projects that affect the daily lives of thousands of people in New York City. She is currently principal investigator on a project entitled, “Root Shock: The Long-term Consequences of African American Dispossession.” The project aims at assessing the continuing impact of urban renewal conducted in the 1950s and 60s. She has also served as principal investigator in “Case Study of School Violence,” a research project funded by the National Research Council in 2001 to examine lethal school violence in East New York, and in “Coming Home: an Evaluation of the Bradhurst Project,” funded by the Centers for Disease Control and Prevention, and designed as a longitudinal study of housing resettlement in central Harlem.

When she’s not immersed in research, Dr. Fullilove is likely to be teaching, writing or discussing future projects with public health consultants or community groups. Lately she’s been devoting significant time to her work on

the 15-member National Task Force for Community Preventive Services, which is collaborating with the CDC on an evidence-based guidebook to public health practice. Each task force member is responsible for contributing one or more chapters in a specific area of public health practice. Dr. Fullilove's chapters address violence prevention and the sociocultural environment.

“We have high hopes that our work will add to the public health profession's understanding of the psychological impacts of displacement and violence,” says Dr. Fullilove of her research. “Ideally, policy and funding to deal with these traumas will follow, to heal and nurture the mental health of whole communities.”

career at a glance



Mindy Fullilove, MD

2000–Present	Professor of Clinical Psychiatry and Public Health Columbia University
1990–Present	Research Psychiatrist New York State Psychiatric Institute
1986–1990	Director Multicultural Inquiry and Research on AIDS, Bayview-Hunter's Point Foundation, San Francisco, CA
1986–1990	Director Medical Scholars Program, UCSF School of Medicine
1983–1986	Staff Psychiatrist Bayview-Hunter's Point Foundation
1982–1983	Director Day Treatment, Morrisania Neighborhood Family Care Center, Bronx, N.Y.

1 <http://www.nami.org/fact/htm>