A Life's Work

Advocating for persons with psychiatric disorders and incarcerated populations for over 30 years.

By Dietta Chihade, M.Sc.

Dr. Linda Teplin

is the Director of the Health Disparities and Public Policy Program, and the Owen L. Coon Professor of Psychiatry and Behavioral Sciences at Northwestern University's Feinberg School of Medicine. She is the Principal Investigator of the Northwestern Project, the first large-scale longitudinal study of mental health needs and outcomes of delinquent youth after detention. For nearly two decades, the Northwestern Project has tracked and re-interviewed nearly 2000 participants. Here, we learn first-hand how she got her start and about her ongoing research improving services for persons with psychiatric disorders, especially those who are incarcerated.

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Dietta Chihade (DC): Tell us a little about your core research interests.

Dr. Teplin: I'm interested in "special populations," especially those that are rarely investigated. I specialize in studying people who fall through the cracks of the mental health and criminal justice systems. Since deinstitutionalization, public health experts speculated that many people with psychiatric disorders are often arrested instead of treated.

DC: How did you get interested in this area of research?

Dr. Teplin: This goes way back, [to] when I began at Northwestern—in the mid-seventies. I was put to work on a project where we compared community treatment versus inpatient stays at the state hospital. We studied an unusual population: people brought to the emergency room by police. I noticed that we received only between 35-55 cases per month. That seemed low. Here we were—in downtown Chicago—and police sent us only 35-55 psychiatric emergency patients per month? I wondered if perhaps people with psychiatric disorders were being arrested instead of treated. My serendipitous observation led me to develop an unusual study. We rode with police during all hours of the day and night to see how they managed people with severe psychiatric disorders on the street. We wondered whether because of deinstitutionalization—and the overall paucity of mental health services— people with severe psychiatric disorders were ending up in jail. The police study greatly predates our current work (the Northwestern

Juvenile Project), but it is representative of our interests where we study populations that are rarely investigated and study them in an unorthodox way. The Medical School's publication, "Northwestern Ward Rounds," once featured the police study. Because we rode with police, their headline was, "Hitting the Streets for Public Health." That is an apt description of our work. The police study was the propitious beginning of more than three decades of scientific study. After the police study, the next logical step was to examine jail detainees. We had already established that people with severe mental disorders were disproportionately arrested as a consequence of deinstitutionalization. And, they were arrested not because they were particularly violent, but because the proper infrastructure [like] proper housing, social services, [and] outpatient treatment was never established.

DC: Do you have any special cases or memories from those early days trying to do public health research on the streets of Chicago?

Dr. Teplin: Here's a typical case: The police picked up a guy who seemed to have schizophrenia and was also intoxicated. So, we took him to the hospital. The hospital, recognizing the man from prior visits, said "We don't want this guy. He's not really mentally ill, he's just an alcoholic." So we got back in the squad car and took him to detox. The man had been to detox many times—he went straight to a bed, laid down, and took off his shoes. But the folks who ran detox said, "We don't want this guy. He's not just an alcoholic, he has schizophrenia. We can't keep him." And so the poor man was arrested—not because he had done anything wrong—but because there was no other place for him except jail. This case captivated me. I realized that the systems had broken down and that

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I wanted to conduct research that could guide future public policy. I was really young at the time—25, I think.

DC: How did you choose and survive this unique career path at such an early age?

Dr. Teplin: There were few employment alternatives for women, so my choice was to persevere in school or be a secretary. The help wanted ads in the newspaper read, "Help Wanted–Men" and "Help Wanted–Women." And women's choices were few: you could be a file clerk, a school teacher, a social worker, a factory worker, or a nurse. Being a nurse was out of the question—I was the squeamish sort. It is difficult to imagine how few alternatives there were for women in the late sixties and early seventies. At one point, I was a secretary at a well-known consulting company who had a written policy not to hire women as consultants. The atmosphere was like *Mad Men*, but with less alcohol. Because the secretarial track was not appealing, I just stayed in school and eventually got my PhD. I was fortunate to be hired at Northwestern as an Assistant Professor in 1975. I think I was one of the youngest faculty ever hired. The medical school back then was a challenging environment. The washrooms at Weiboldt were labelled "faculty" and "ladies." I never could figure out which one was the most appropriate for me.

DC: Tell us more about your earliest studies, how did it go?

Dr. Teplin: The police study was funded by NIH. It may have been a bit of a quirky study, but it was highly organized. Field workers made a list of observed encounters between police and any people they interacted with. After the shift, the fieldworkers used their list to record data in two ways. They dictated a narrative of the encounter—on an antique device

objective features of the encounter, including symptoms of psychiatric disorder. So we had quantified data—that could be analyzed statistically—and qualitative data that provided the explanation for our findings.

DC: Why were not clinical psychologists making the diagnoses?

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Dr. Teplin: Well, it would be difficult to give standard diagnoses in a squad car to someone who has just been mugged. We developed a checklist of symptoms of severe psychiatric disorders, and we validated our checklist against standard psychiatric assessments in a separate study. The checklist worked quite well, especially since we needed only a dichotomous variable: having a severe psychiatric disorder (yes/no).

DC: How did this police study influence your subsequent research interests?

Dr. Teplin: The police study turned out to be important for the field because we documented—for the first time—that people with severe mental illness were often arrested instead of treated. And, not because they were violent but [rather] because of the failures of the mental health system. Our findings led me to focus on incarcerated populations. Since then,

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we've studied men in jail, women in jail, and kids in detention. Our studies are unusual. Many public health researchers study patients. Or they collect data using household-based samples. Or they sample from school populations. But very few people study incarcerated populations. I often wonder why. I think it's because many public health researchers are intimidated by the idea. They don't know how to obtain access to study jails and prisons. They don't know how to collaborate with correctional staff. Ironically, criminologists study correctional populations all the time. But criminologists focus on crime, not on health. So we have this gap: criminologists study correctional populations, but do not study health. And public health researchers avoid correctional populations. So my group has focused on studying people who fall between the cracks of the disciplines.

DC: What life or career lessons did you learn from these early research years?

Dr. Teplin: I'm always amazed that many researchers don't seize the opportunity to study the interstices between disciplines. We've received funding because we point out—in the nicest possible way—to the Feds, "You fund these terrific large-scale epidemiologic investigations of the general population. But you are systematically undersampling African-American males because none of your studies include incarcerated populations." So that's what we have done for years and years. But our trajectory has been a bit of an accident.

DC: Do you think the reluctance to research incarcerated populations has had to do with stigma associated with that population?

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Dr. Teplin: Not at all. People don't mind studying other stigmatized populations. But some public health researchers may not know how to study correctional populations. You need to develop cooperative relationships with all the agencies involved—in our case, with the police department, the Cook County jail, the Detention Center, and the courts. And we always try to give something back.

DC: It appears that a fundamental limitation to studying populations in corrections starts with gaining access. How do you gain access to these populations for your studies?

Dr. Teplin: Researchers need to think of ways to give back to the institution that they are studying. When we attempt to gain access I will meet with the people involved—it might be the presiding judge of the juvenile court or the director of the Cook County jail— and I will explain, in very straightforward terms, what our research is about, and why it's important. We present the larger public health context. I explain how the findings could help their work. And we behave, and are not demanding. I've heard horror stories of researchers demanding on the first day, "Where are our offices? Where is the copy room? We need office supplies, we need this, we need that, etc…" We remember that it's their party, and that we're the guests. We strive to be unobtrusive, and not disrupt their normal procedures. Also, we try to provide a product for them that helps their work. So, we often say to people who run the institution, "We are going to be doing this research paid for by the Feds. What can we build in that would be useful for you?" For example, years ago, we developed a screen for severe mental disorder for jail detainees because the associate director of Cook County jail detainees said, "Well, screening is a problem for us. Can you help us develop a screen for severe mental disorders?" I said sure. It ended up becoming [a] journal article. Researchers need to recognize [that] working with community organizations is a partnership.

DC: Any final words of advice for young students or researchers just beginning their career?

Dr. Teplin: My advice to people is to be well trained methodologically. Then you can pick up any content area. I've not been trained in the dependent variables we study, but I understand qualitative and quantitative methods. Also, it helps to be savvy. To be pleasant. To be bold. To choose a methodological approach that best fits the question, rather than the one that you are most comfortable with. To pick brilliant colleagues like mine (Professors Karen Abram and Leah Welty). And finally, to have the perseverance of a Jack Russell terrier.

Dietta Chihade is a Northwestern graduate student who also holds a master's in neurobiology and a certificate in Health Services and Outcomes Research from Feinberg. She loves discovering new eateries in Chicago, salsa dancing and reading Snapple caps.