

Schizophreniasites

Marianne Emanuel

By Anne Harding

A nurse who cares for the whole person - body, and spirit.



Marianne Emanuel was ready to give up on nursing in 1991. At 37, she'd worked in numerous settings, including hospitals, intensive care units, and doctor's offices. "After 17 years, I just couldn't find anything I really liked to do anymore."

From an agency, she learned about a job in a residence in Manhattan, now known as the Clinton Residence, which provided permanent housing to people who had been homeless and had schizophrenia or schizoaffective disorder.

The idea of working with mentally ill people didn't appeal to Emanuel. During her training, she'd seen people with psychiatric illnesses warehoused in state hospitals. "It was all locked wards. You had a ring of keys and you had to open door after door, and I would ask, 'How do people get better here?'" she remembers. "I was told they don't get out, they don't leave. I was looking at people 22 and 23 years old and thinking they were never going to leave the grounds of this hospital."

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But she took the job, intending to stay on until the director found a psychiatric nurse. She's been there ever since. "What really inspired me to do the work and to stay a nurse, actually, was the resilience of the people I met," says Emanuel. "They had lost their homes, their family, their money, and still they had a spirit of hope and wanting to live and wanting to get better."

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Soon after Emanuel started work, psychiatrist Ralph Aquila joined the center's staff with a vision of providing holistic care for residents and not just treating their mental illnesses. Emanuel recalls going through residents' medical charts and finding that no one had bothered to take their blood pressure, weigh them, or do blood work. The state required yearly checkups for residents, but they received only the bare minimum; usually, illnesses were treated only when a crisis occurred, in an emergency room.

"We started screening people right away, doing blood work on people, checking blood sugars," Emanuel says. She focused on being "proactive instead of waiting for a problem to present itself." She adds that it was difficult to get people who were feeling OK but had high blood pressure to get checked out and take their medication, especially when they might have to wait three hours for an appointment, but many did.

Emanuel pushed hard to get a primary-care doctor to care for residents, and seven years ago, one finally signed on. "That was a big, big thing," she says. The center has won a grant to provide a Weight Watchers program. It also runs two wellness groups and two physical activity groups, as well as a smoking cessation support group.

Emanuel considers proper diagnosis, state-of-the-art medical care, and follow-through of treatment to be the top-priority health issues for New York City's mentally ill. "I have many sad stories of folks not being properly diagnosed and actually receiving the wrong treatment for their medical conditions," she says. Clinicians may trivialize a mentally ill patient's complaints or doubt his or her credibility, Emanuel explains. Poverty compounds the problem, for example making it impossible for a patient to pay for prescription drugs.

Holistic care means giving people hope that they can recover, Emanuel says, and "real miracles" have occurred. "We've seen these people go to more independent housing and get jobs or go back to school and have a nice life, have a quality life, and that's what makes me love my work."