Letters from readers are welcome. They will be published at the editor's discretion as space permits and will be subject to editing. They should not exceed 500 words with no more than three authors and five references and should include the writer's e-mail address. Letters commenting on material published in *Psychiatric Services*, which will be sent to the authors for possible reply, should be sent to Howard H. Goldman, M.D., Ph.D., Editor, at psjournal@psych.org. Letters reporting the results of research should be submitted online for peer review (mc.manuscriptcentral.com/appi-ps).

Why "Occupy Wall Street" Should Occupy Us

To the Editor: I have made several visits to Zuccotti Park in Lower Manhattan to join the Occupy Wall Street protests. Some critics have complained that the participants are unfocused and anarchic. However, the festival-like atmosphere, consisting of street theater, shirt painting, musical performers, and soapbox orators, has not been a distraction but has added energy and exhilaration to the protest. Moreover, as noted in a *New York Times'* editorial on October 9, 2011 (1), it is "obvious what they want," and it is not the job of the protesters to draft legislation. Rather, the public airing of grievances is a legitimate and important end in itself. The chants and placards express rage at rising income inequality, the increased political power of corporations, unemployment, mortgage defaults, wasteful wars, and the like.

What does this have to do with psychiatry? Organized psychiatry has been battling, correctly, the federal and state cutbacks that directly affect mental health. However, this battle cannot be won unless there are serious efforts to address the root causes of the cutbacks, as well as the factors that precipitate and prolong mental illness. This is why the protests are so important. Psychiatrists are experts on how economic and social conditions affect mental health, and there is a well-established literature in psychiatric epidemiology documenting these effects. Articles presenting such findings have appeared regularly in this journal. Income inequality, unemployment, poverty, and diminished expectations about one's economic future are associated with worsening mental health, higher suicide rates, poor general medical health, and higher mortality rates.

Although the findings of biomedical research are important, there is ample evidence that economic conditions account for much more of the "explained variance" in mental illness than any single genetic factor. This nation can do considerably more to promote better mental health if we make serious efforts to target the root causes of income inequality and enhance public investment in education, job training, and housing, to name a few.

What can we do as psychiatrists? Psychiatry needs to get on board with serious reform, not only by attacking cutbacks but also by supporting broader economic goals that can improve mental health and generate more revenues for services. We can work at a number of levels to achieve these goals. As psychiatrists, we have several organizations to promote these objectives and thereby provide a unified and stronger voice. The more voices that are heard, the more serious the nation's leaders will take such exhortations. Many small acts can crystallize into a momentous movement.

Carl I. Cohen, M.D.

Dr. Cohen is distinguished service professor and director of the Division of Geriatric Psychiatry, SUNY Downstate Medical Center, Brooklyn, New York.

Reference

1. It's obvious what they want: what took so long, and where are the nation's leaders? New York Times, Oct 9, 2011, p SR10

Mental Illness and Homelessness Among Veterans

To the Editor: Researchers have documented mental illness profiles (1), homelessness trajectories (2), and intervention outcomes (3) among homeless veterans with mental illness. Few recent studies, however, have examined the influence of mental illness on homelessness risk in a general veteran population receiving care in the Department of Veteran Affairs (VA) health care system. Although homeless veterans report a high prevalence of mental illness (4) and incidental findings of recent studies indicate that psychoses (1) and posttraumatic stress disorder (PTSD) (2) influence homelessness risk, few studies have systematically examined various mental illnesses to identify the ones that contribute most to homelessness risk.

Addressing this need, this study examined mental illness and homelessness among 6,819 VA patients in the Veterans Aging Cohort Study, an eight-site study of veterans in VA care in Atlanta, Baltimore, New York, Houston, Los Angeles, Pittsburgh, and Washington, D.C. (5). Homelessness was measured as lifetime homelessness, homelessness in the past month, and shelter use in the past month. Mental illness diagnoses were obtained from hospital administrative data. The effects of depression, PTSD, anxiety, and schizophrenia were assessed in our analysis. We conducted bivariate analyses and entered significant correlates into logistic regression models.

Almost 40% of the sample (N=2,693) had experienced past homelessness; 13% (N=866) reported recent homelessness, and 11% (N=714) reported recent shelter use. Almost 11% (N=780) had a diagnosis of major depressive disorder, 9% (N=603) had a PTSD diagnosis, 6% (N=378) had an anxiety disorder diagnosis, and 4% (N=271) had a diagnosis of schizophrenia. Compared with participants without depression, a significantly higher proportion of depressed veter-