

CRAZY

STREET

*America's
Mental Health
Tragedy*

STEPHEN B.
SEAGER, M.D.

STREET CRAZY

**America's Mental
Health Tragedy**

Stephen B. Seager M.D.

WESTCOM PRESS

Street Crazy: America's Mental Health Tragedy

Stephen B. Seager M.D.

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Dedication

To Shannan, Jim, Brett and Stevie.

To Michael and Nancy.

Most of all, to sweet Mia Kay.

You are loved.

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Introduction

"WHERE DO YOU LIVE, MR. SMITH?" asked the public defender, a slight woman with a determined face.

Mr. Smith shifted a bit in the witness chair. His thinning hair was long and bedraggled. Three deep, partially healed wounds ran down his right cheek. "Underneath a car," he said.

"Where is that car located?"

"Vacant lot."

"Do you know the address of the lot?"

"Santa Monica."

"This vehicle provides you with adequate protection from the rain?"

"It's a good car." Mr. Smith leaned back. "Been there for..."

"And what do you eat?" the attorney persisted.

"I know rancid garbage. Don't touch that," Mr. Smith replied. "Maggots are from God. They tell me what's bad."

The attorney, seated behind a long table before an imposing judicial bench, looked up. "Then you know which food in the garbage is good and which is bad?"

"Yes, the maggots..."

"Do you plan to kill yourself or anyone else?" the attorney interrupted.

Mr. Smith paused, cocking his head. "Been shot twice already. Don't think God or the maggots want that."

"Thank you, Mr. Smith," the attorney said, apparently satisfied. "Your witness."

I sat in the audience section of the courtroom, second row next to the center aisle. I'd already testified. It was my third day as a psychiatrist-in-training. Mr. Smith was the first patient I'd taken to court to detain for further treatment. He'd come to our facility five days earlier having been found at the bottom of a drainage ditch soaking wet, babbling and bleeding. According to passers-by, a pack of feral dogs had mauled him. Not spotted, he would have died during the night.

Despite our ministrations, Mr. Smith still looked terrible. Save one molar and incisor on the left, his mouth was toothless. Our clean hospital clothing hung on a skeletal frame like dropcloths over attic furniture. A leg infection was barely beginning to heal. The facial lacerations, recently scabbed over, would cause permanent scarring. Mr. Smith was fifty-six years old, had been homeless for fifteen years and suffered from chronic schizophrenia.

The district attorney, representing the hospital, stood. "Do you think living under a car is appropriate shelter?" he asked.

"Shit, yes," Mr. Smith said.

"And eating garbage gives you enough nutrition?"

"I've been sick some but ain't died so far. No maggots in me." He grinned crookedly.

"No further questions," the D.A. said.

The courtroom fell silent as the judge pondered his decision.

"It's dry underneath the car?" he finally asked Mr. Smith.

"No maggots, no rain. Dry as a bone," Mr. Smith answered.

"And food with maggots is bad. You know that?" the judge continued.

"All maggots are bad," Mr. Smith replied confidently.

"Thank you, Mr. Smith."

After another pause, the judge began speaking again. "Mr. Smith has demonstrated that he can provide himself with shelter and food. He's not dangerous. The writ is granted. The hospital's hold is released. You're free to go, Mr. Smith."

Mr. Smith rose, mumbled something over his shoulder, hobbled past the spectators and out the door. Back to the streets.

My jaw dropped. I had thought the decision to keep Mr. Smith hospitalized had been so obvious. Watching that ragged man limp away, I could no longer contain myself. “He’ll die out there,” I blurted at the psychiatrist sitting beside me, a middle-aged woman preparing to testify in the next mental health hearing. She didn’t look over.

“Probably so,” she said.

“I don’t get this.”

“No one does,” she replied.

II

In some form, this scene is re-enacted daily in American courtrooms. Across the nation, scores of mentally sick persons are judicially removed from hospitals and let out into the streets to care for themselves despite repeated episodes demonstrating that they clearly can’t do this.

We all know these people—the homeless mentally ill. They’ve become a fixture of our national urban landscape. We see them in parks and subway tunnels, sleeping on steam grates or sprawled across the sidewalk. These are the individuals loudly rambling to no one in particular, rank with their own excrement, wandering in traffic.

Not all homeless people are mentally ill. Some are drug addicts, others choose to live as they do. Many are on the street due to economic circumstance. These aren’t the people about whom I’m talking. I’m concerned with the ones who are homeless because they’re sick. According to different sources, one-third to one-half of the homeless population is chronically mentally ill. That’s roughly one million people.

We’re moved by them. We feel guilt over their predicament. We fear them. But few of us know why they behave and live as they do. And most are confused when it comes to assisting them in any significant way.

I hope to change this situation. By explaining our current understanding concerning the cause of mental illness, by demonstrating

how the present treatment system functions and why it developed, this book aims to illuminate a bit of the darkness surrounding mental illness in America. A human story at heart, it's a look at the murky, dangerous world of the seriously mentally ill told by someone from the inside.

I intend to illustrate how grave mental illness affects not only the people who suffer from its devastation but also the impact it has on their families and those who try to treat these diseases. Mental illness touches nearly every American family. Yet, this is a subject about which very few people talk. We don't understand and thus are alarmed by it, oftentimes thinking that, if ignored, perhaps it, and those disturbing people, will go away.

Fear has always been a natural reaction to serious mental disease, but it needn't be so. We simply need the answer to certain questions. Who are these people? What afflicts them? Might I catch it? Can they be helped? These are quandaries that have generated discussion for thousands of years. We're certainly not the first ones to be troubled by them.

Mental illness isn't new to the twentieth century nor is our dread of it. These maladies have always been with us, as ancient as history itself. In order to alleviate our terror, we have developed various conflicting hypotheses to explain mental disease. The controversy has classically revolved around its cause. Three ideas have permeated this debate. (1) Are mental afflictions supernatural in origin, either a divine punishment for sin, or the doings of nefarious beings, namely demons and witches? (2) Could their genesis be a bad environment, improper parenting, life stress or the eruption of a Freudian Id into consciousness—the so-called “psychological” theories? Or (3) are they (as was first posited by the ancient Greeks) simply disorders of the brain, no more mystical than any other biological ailment? From century to century, each view has had its proponents.

The debate, however, is now over. With the advent of modern brain scanning machines and other sophisticated scientific techniques, the mental illnesses have proven to be diseases of the brain. Nothing more, nothing less. Mental illness is a problem with the

brain, as heart disease is a problem with the heart. They aren't other-worldly or psychological.

What, then, are these brain afflictions? Why do they force people to live in the streets? There are many so-called mental disorders, but, based on severity of symptoms and the amount of havoc they wreck in a person's life, three stand out from the rest: major depression, bipolar disorder and schizophrenia. When discussing the homeless mentally ill, they're almost always diagnosed with one of these three syndromes in ascending order of frequency.

Major depression consists of long bouts of profoundly sad mood combined with feelings of hopelessness, chronic fatigue, changes in weight, poor concentration, irritability, interrupted sleep and, unfortunately, thoughts of self-destruction. The preponderance of people who commit suicide suffer from untreated depression.

While the exact cause of depression remains unclear, evidence points toward a decline in the function of serotonin. This is one of a class of chemicals called "neurotransmitters," molecules brain cells use to communicate with each other. The newer anti-depressants—Prozac, Paxil, Zoloft and the like—selectively increase the function of cerebral serotonin and relieve the symptoms of this disease.

Most people with depression get completely well or nearly so with adequate anti-depressant treatment, but a few do not. For them, the medications are intolerable or simply don't work. The resulting long bouts of melancholy eventually alienate these individuals from family and friends, the person's job becomes difficult to handle, and chronic debility results. A group of people with unrelenting depression ends up on the streets but in relatively small numbers.

Manic depression, or what's now coined as "bipolar disorder," is akin to major depression. The two are called "Mood Disorders." Those who suffer from bipolar disorder have the same prolonged bouts of depression but also periods of mania, the opposite of depression. Bursting with energy, some don't sleep for days on end. Rather than feeling hopeless, they assume they are capable of performing incredible, super-human feats or have been transformed into business tycoons, the President and, traditionally, Napoleon.

Instead of blackness, a manic person sees bright splurging colors. Imagining himself to be wealthy beyond belief and acting accordingly, a manic person may find a bill for three-hundred thousand dollars on his American Express card statement.

Mania is a frequent cause of psychosis—hearing voices, believing things that are patently not true or using grossly disordered thinking—which leads these unfortunate folks to perform outlandish, violent and sometimes disastrous acts.

Not always euphoric, “bipolars,” as they’re called, can tip over into extreme irritability as well, often becoming belligerent, fighting with the police or family members. Infused with omnipotent powers, they rarely brook criticism or restraint.

The devastation wrought by bipolars can be unbelievable. In the throes of a manic run, some will have sex with multiple anonymous partners thus ruining long, stable marriages. They will get AIDS. A carefully tended family business will be ruined. Bar brawls can even-tuate in prison time.

Interestingly, a current explanation for bipolar disorder is that it may be a variety of epilepsy. The most effective treatments for mania are anti-seizure medications, e.g., Depakote, Tegretol, Neurontin and Lamictal. The old standby, lithium, is gradually passing out of favor, mainly due to unpleasant side effects.

On the correct dose of medicine, the greater number of people with bipolar disorder can also live normal or nearly normal lives.

Sometimes, however, these people don’t feel the need for help. And, again, for a percentage, side effects of the remedy are unpleasant. This leads to unmanaged disease and possible marital, financial or employment disaster. Five to ten percent of the homeless mentally ill suffer from brittle bipolar disease.

Schizophrenia is, unfortunately, another story. People who contract this disastrous condition make up a vast majority of the homeless mentally ill, consigned by sickness to an agonizing life and early death. They’re the people this book is mainly about.

Why do people with schizophrenia live on the street? The answer has roots as far back as the Greek philosophers Plato and Aristotle. It runs through Ancient Rome, the Middle Ages, the Renaissance,

Nineteenth Century Idealism and the 1960s' radical social revolution. The tale is strange and circuitous. It involves religion, human nature, medicine and the law.

Sadly, very few people know this story. We just see the results. In our hearts, we recognize something is wrong but aren't quite sure what. We're not, as I've discovered, alone in this feeling. Despite the staggering medical and human cost, most doctors can't fathom how the mentally ill came to be homeless. It's not taught in medical schools. Remarkably, even the bulk of psychiatrists, medical specialists that treat these diseases, don't comprehend why either.

Few judges and lawyers who deal daily with the homeless mentally ill are conversant with the facts, nor are many politicians and other decisions makers. Why, then, would the average citizen understand? We have a dilemma acknowledged by everyone but about which people know very little.

This book will attempt to change that. The antidote for fear is knowledge. I hope to present the seriously mentally ill as real people who have become ill, people deserving of our understanding and compassion, not aversion and neglect. I would like to have you ponder, contemplate and then, perhaps, take action. As we shall see, despite the apparent enormity of the problem, we actually have resolved this dilemma before and can again if we only care to consider it.

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Of Lice and Men

"HE'S A STREET DING. Calls himself John Doe. Been here a thousand times," explained Tom "Bull" Willis, former Marine drill sergeant, now head nurse, walking alongside two policemen as they escorted a tattered piece of human refuse in through the front doors of our Los Angeles County psychiatric emergency department. The cops, bracketing the shuffling wretch and nudging him forward, could barely contain their disgust. One finally broke away, burying his nose in a sleeve. I thought he was going to vomit. It wouldn't have been the first time.

"Found him wandering down the 91 freeway," the other cop said, turning his head to the side as well.

"Let's hose him!" Bull boomed, waving toward me and Bill Ten-Trees, a stocky Navajo nursing attendant.

"Not again," I sighed after recognizing our new charge. We hustled over and took John Doe from the relieved cops then quickly walked toward the back door.

Though the man had been in the ER only briefly, his smell seeped everywhere.

"Jesus Christ?!" Dr. Andrew Yang, an intern, popped his head out of the doctors lounge.

"Did someone shit?" Dr. Alice Dupree, a second year resident-in-training, shouted from inside an exam cubicle. Her question wasn't meant to be discourteous. Where we worked, shit was a daily fact of life.

Even the patients in our holding room, a score of muttering people lost in their own tortured world of psychosis, began to bang on the observation window.

The odor was more than that of excrement. It was the smell of the sewer. Of disease. Of rot. Unless you've experienced it, you just can't know. Distinctly indescribable, it must be, I've concluded, something akin to the stench that leads detectives to long dead bodies stuffed into the trunks of abandoned cars.

Once outside, I grabbed a garden hose from the pavement. With me at the spigot and Bull at the nozzle, we hosed down John Doe until enough dirt, filth and vermin had been removed to reveal some semblance of a human form.

"He gets worse every time," Ten-Trees said, approaching the soaked man. "How can people live like this?"

"Careful," I cautioned, twisting the water handle closed. "He's holding his arm funny. It might be broken."

Ten-Trees nodded and gingerly touched John Doe on the opposite shoulder.

"NIGGER! FAGGOT! LIAR!" John Doe thundered, suddenly energized beyond anything you would expect from his scrawny, malnourished frame. He attacked Ten-Trees, pummeling his broad back with a rain of wild, whirling blows.

"FUCKING FAGGOT SPIES!!" he screamed as Ten-Trees covered his face. Bull and I each grabbed one flailing arm while Ten-Trees corralled both kicking legs. Bumping and jostling, we fell into a dripping, feces-splattered pile. It took us more than a minute to finally pin our patient to the asphalt.

"FAGGOTS! NIGGERS!" John Doe shrieked attempting to wriggle free, but he was at last secure. The back ER door opened. Maria Gonzales, a nurse, surveyed the situation. "Can't you boys play nice?" she said with a smile.

"Call security," Bull said, struggling to suppress one last fling of the man's extremity.

"Done," Maria replied and closed the door.

Bull, Ten-Trees and I, still puffing, eyed each other. We were hot, wet and streaked with things none of us wanted to identify.

"Vitamin H?" Ten-Trees asked while we waited for help. He was referring to Haldol, a powerful anti-psychotic medication.

“Five milligrams IM,” I agreed. “With one of Cogentin and two of Ativan.”

Haldol would, hopefully, put John Doe out for a few hours. Cogentin is used to combat a side effect of Haldol, painful muscle cramps called “dystonias.” Ativan is like a quick acting Valium. It helps quiet any situation. This Haldol, Cogentin and Ativan combination, given by injection, is the standard psych ER cocktail for violent psychotic episodes. It’s enough medication to drop a horse.

Finally, three burly security guards arrived and, after a bit more scuffling, escorted our equally winded patient back into the ER and to a restraint room. There he would be sedated, get some sleep, be given a decent shower and a good looking over. Watching John Doe depart, I felt something in my hair. Reaching up, I pulled out two squirming lice and, without a thought, snapped them dead between my thumbnails.

I returned to the nursing station, washed my hands then spotted the two cops just finishing their part of John Doe’s paperwork, a detailed legal document called a “72 Hour Hold” or “5150” as it’s known in our business. The term 5150 refers to the section in California’s Welfare and Institutions Code that allows for a mentally ill person’s detainment.

With so many homeless, psychotic people living in the streets, policemen write a lot of 5150s. They don’t like it, and I don’t blame them. It takes up an inordinate amount of time.

“What’s the point of this?” the first cop said to his partner, tapping the 5150 with a pen. They didn’t know I was standing behind them. “We pick up the same miserable people over and over and they end up back on the street a week later. I’m beginning to spend more time in this damn psych hospital than I do on patrol. I know the local crazies better than the criminals.”

“They should just declare mental illness illegal,” he went on. “Hell, it’s easier and more humane to arrest them.”

Unfortunately, he was right. The largest population of seriously mentally ill people in the United States is in the LA county jail, not because they’ve committed a major crime but, something to which the cop had eluded, eventually there’s nothing else to do with them.