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A Ray of Hope for Future Nathaniels

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The timing was perfect. I had just asked a Yale professor why there are no mentally ill people living on the streets of Norway, where he helped design some of the most progressive mental health treatment in the world. Then a colleague mentioned she was working on a story about Los Angeles County sheriff's deputies dumping a mentally ill man on skid row in downtown Los Angeles, where thousands of chronically ill people sleep on filthy, rat-infested streets.

As Cara Mia DiMassa and Richard Winton reported, a 27-year-old man who'd told officers he has bipolar disorder was released from Men's Central Jail but didn't seem to have anywhere to go. So he was handcuffed — a sheriff's spokesman said it was standard procedure to handcuff mentally ill people in transit — and taken to skid row, where he was let out.

Aside from the questionable legality of handcuffing the man, Sheriff Lee Baca made matters worse by saying the 27-year-old was "not in a fit state to fend for himself. And he was likely to fall prey to crime by another released inmate."

I have to say I don't quite follow the logic. You take a man who can't fend for himself and dump him in one of the most dangerous corners of the city? Only after an LAPD captain confronted the deputies was the man taken in for psychiatric evaluation.

The fiasco serves as a snapshot of a shamefully inept system beset by lack of coordination and resources and made worse by a societal penchant for treating mental illness as if it were a bad lifestyle choice. But the good news is that for the first time in decades, there's a chance for Los Angeles and all of California to pay penance by building a national mental health care model that eases suffering for thousands.

Just last week, L.A. County officials put the finishing touches on a plan for spending the first infusion of cash next year from Proposition 63, which put a 1% tax on Californians with million-dollar incomes. The state still has to approve the plan, but L.A. County mental health director Marvin Southard expects the county will soon be able to pour \$45 million into bolstering emergency psychiatric treatment, establishing a team of experts who could help navigate the system for someone like the 27-year-old who was dumped on skid row, and beefing up agencies that steer chronically ill patients into treatment and housing.

Southard meets regularly with researchers at USC, UCLA and other schools to stay abreast of the latest mental health developments from around the world, in part so that he can take full advantage of the nearly \$200 million a year that will eventually flow into the county from Proposition 63. It was Southard who referred me to a UCLA psychiatrist named Tyrone Cannon, whose specialties are the genetics and neuroscience of mental illness. His research is aimed at predicting serious brain disorders so they can be treated before they're full-blown.

I told Cannon about Nathaniel Anthony Ayers, the 53-year-old schizophrenic, Juilliard-trained musician I've been writing about, in the hope of learning whether there's a chance for him to live with more dignity than he now does,

chasing away skid row rats with sticks named for Beethoven and Brahms. Cannon told me the reason he's focusing on early intervention is that the treatment of chronic patients like Nathaniel is so difficult.

"We just don't have the cures for these illnesses once they've fully taken hold," he said.

One sign of hope for Nathaniel has been his gradually increasing trust in the people at Lamp, an agency that serves the homeless and mentally ill. They are gently trying to coax him into treatment. I've hoped that with the new generation of anti-psychotic medication, he might be able to think rationally enough to get off the dangerous streets and safely pursue his one true passion — music.

Cannon gave me a jolt, though, with news of a New England Journal of Medicine article that says the new drugs for schizophrenia produce no better outcomes than the old ones. Like the old drugs, they have serious side effects, and 75% of the patients in the study stopped using them, making them no more effective.

It's possible, of course, that Nathaniel could be in the group that can tolerate the meds and is helped by them. So I still hope he'll eventually give that a try.

But the more realistic expectation may be that the suffering of Nathaniel and others could help the next generation, thanks to the research focus on early intervention. The reason schizophrenia first strikes in adolescence and early adulthood, Cannon said, is that a pruning process takes place at that time, as the brain disposes of unused tissue between cells in an attempt to make the brain more efficient.

In young people with a genetic predisposition — roughly 1 person in 100 develops schizophrenia — there's an over-pruning, so that fewer brain cells are left that function normally.

"In the earliest phases ... you get the classic picture of someone who goes from an A and B student — plays with peers and plays in the school band — to a kid who is holed up in his room, not responding to friends or social activities," Cannon said.

"What the patients themselves tell us is that they're attending to some very low-level auditory phenomena you'd call hallucinations, but they're not full-blown. There's a voice calling their name, but at that point they understand the voice is coming from inside their own head."

Cannon and others are trying to ensure that Proposition 63 funding takes this line of research into consideration so that money goes to programs for early identification and treatment of high-risk patients through counseling, family education and medication.

Such intervention is no panacea, Cannon admitted.

"But it helps immediate functioning, so you find that people are able to go back to school or engage in social network.... I think what we're doing is giving people the skills to cope with these problems and giving them internal models of what the symptoms mean, so that they don't have to go at such a right angle to the rest of society."

The Yale professor I mentioned at the top of the column, Thomas McGlashan, is a friend of Cannon's, and he is leading similar research in Connecticut and Norway. That country has a destigmatization program unlike anything in the United States, he said, so that people know what warning signs to look for and exactly where to get immediate help.

When I asked if the mentally ill populate skid rows in Norway, McGlashan said it was unheard of.

"There is no homelessness," he said. "It's banned."

Then what happens to the Nathaniels of Norway?

"They would have him connected with an outpatient clinic," McGlashan said. He'd have a regular doctor, a nurse who visited him at home and a day-care worker who checked to see if he needed help managing his life.

With a national healthcare system in Norway, McGlashan said, there are no questions about who is covered and for what. Another key difference, the professor added, is a Norwegian philosophy that favors involuntary treatment rather than protecting the civil rights of patients who aren't well enough to know how sick they are.

None of this makes all suffering disappear for patients or their loved ones, McGlashan said, calling schizophrenia "one of the worst disorders known to man." But it's a far cry from a set of handcuffs and a ride to skid row.