Case Study: John

The following hypothetical scenario is based on a recent Los Angeles Times Op-Ed titled “Have you seen my brother standing in the shadows?” available at http://www.latimes.com/opinion/commentary/la-oe-dusseault-homeless-brother-20140105,0,4599082.story#ixzz2yyRHRHZn. The piece highlights how a lack of services and the intractable nature of mental illness create challenging barriers to ending homelessness for some people.

Thirty-eight year old John was diagnosed with schizophrenia in his early 20s. A former model and math whiz, he is still attractive and wickedly smart at times, but his skin is weathered from years of homelessness. He is unmistakably homeless but still charming enough to persuade passersby to give him clothes or a beer.

When John stops taking his medication, he eventually gets into trouble, usually from self-medicating with alcohol, ends up on the street, and bounces from incarceration to forced hospitalization. He spent Thanksgiving locked up for stealing a $4 beer.

His latest round of homelessness began last spring after his landlord lost his apartment building to foreclosure and all of the tenants were evicted.

John had stopped taking his medication a few weeks before he lost his home, blaming the fact that yet another Valentine's Day had passed without someone to share his life. Since then he hasn't accepted offers of help because he has stopped thinking rationally.

John’s family regularly tries to help him but keep hitting dead ends.

Study after study from across the country has demonstrated that the cost of dealing with people with mental illness, who ricochet from the streets to hospitals and jails and back, is exorbitant. In the last year, the federal government, several counties, the state and local communities have spent more than $1 million on John—without a positive result. To wit: the government could have bought him a cute single-family home in Pasadena with a full-time social worker and spent less.

John’s brother has tried to get appointed as his conservator, but each time the matter has come before the court, John has convinced a judge that he is capable of managing his own affairs. John passes his days in conversation with imaginary people, but he is still capable of repeating a few memorized sentences that a judge accepts as proof he can care for himself.

For weeks at a time, John goes missing. Then he turns up in an emergency room, police station or hospital. He's been picked up for throwing himself at cars or belligerently talking to himself. He recently spent one month in a psych ward of a hospital. The hospital released him to a board-and-care
facility, claiming he'd been stabilized, but he stayed only briefly before leaving and returning to the street.

John sometimes stays at his sister’s house, and she recently called an outreach worker from a housing program to try to get him help (again). They came and worked out a plan with John for housing and healthcare, but he changed his mind later in the day and disappeared back to the street.

His sister later found him but couldn't persuade him to accept help. His appearance had deteriorated; he was thinner and his skin was blistered from sun and cold.

A few days later, he was forcibly hospitalized for a couple of weeks but wouldn't allow the social workers to contact his family. Shortly thereafter, John did yet another brief stint in jail.

John reached out to his sister once again. He had been released from jail the night before and walked through the night to Pasadena. He called at 6 a.m., and she went to meet him. They made big plans about getting him a place to live and connecting him with services. She left him at a barbershop about to open because he wanted to get cleaned up. By the time she returned, he was gone.

For the next few days, she drove around with a full duffel bag of clothes and supplies looking for John, and eventually found him. His medication had been stolen and he was holding on to a brick wall, talking to himself, on Colorado Boulevard.