

About Health TV with Jeanne Blake
Teen Suicide
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JEANNE BLAKE: Welcome to *About Health TV*, I'm Jeanne Blake. Depression is an illness that can strike at any age. It is often misunderstood and often overlooked. Left untreated, depression can lead to suicide. On this edition of *About Health TV* we'll talk about teen suicide. Joining me for this discussion is Roberta Hurtig, the executive director of the Samaritans. This is a non-profit organization dedicated to alleviating the isolation and emotional despair that can lead to suicide and Sue Hanly on the right of your screen is a school nurse. Sue's daughter attempted suicide after a year-long struggle with depression. Thank you both for being with us today to talk about this important topic. Roberta, the Samartins have been around for a long time.

ROBERTA HURTIG: Yes.

JEANNE BLAKE: I thought it was a national organization, it's based here in Boston but you reach out to people from across the country can contact you. Tell us what your core mission is and how you go about educating people about suicide?

ROBERTA HURTIG: Thanks Jeanne. Since 1974 we've been operating a 24/7 hotline that people can call at any time of the day for really any reason but particularly for those that are feeling isolated, despairing and at times suicidal. Back in the mid '80's we actually developed a peer-to-peer line for teens called Samartees. Our help lines are staffed by trained volunteers. Adults are 24/7 and for our teen line actually high school students that have gone through a similar training.

JEANNE BLAKE: Much of the work that you do is to help reduce the stigma because that will result in people reaching out for help more readily. Why do you think the stigma persists? I guess do you see it changing at all?

ROBERTA HURTIG: Right. There is definitely a stigma and particularly around mental illness I think. There have certainly been portrayals over the years in the media; crazy people or violent or that somehow mental illness is something that won't respond to treatment which of course it will or that somehow mental illness is different than any other kind of illness that people can experience. In all of our marketing material and in all of the outreach that we do in terms of speaking with organizations in the community a key component of the message which we try to convey is that depression is an illness that if when it's diagnosed can in fact, effectively respond to treatment.

JEANNE BLAKE: Do you see it changing? Do you see it changing at all?

ROBERTA HURTIG: I like to think on a national level, certainly here within Massachusetts that there is increased dialogue about depression, mental health and about the risks of suicide. It's a scary topic for a lot of people but one of the best ways to reduce that scariness is to equip people with information rather than misinformation.

JEANNE BLAKE: That's why Sue, you have decided to speak out in such a proactive way, you don't want other families to endure what yours has endured. Tell us a little bit about your daughter Caroline?

SUE HANLY: First I want to address what she said about illness that it's like any other illness and Roberta and I were talking about this out there. My daughter, we're speaking publicly about it, with her permission because if she did have diabetes for example, you would tell other people because

you'd want them monitoring your child in case their blood sugar dropped or anything like that. A child that has been at risk and has done risky behavior, people should know about it. Not that they're going to scrutinize her but so that they can keep an eye on her. I've talked to Caroline about it and again, she's come a long way. Three years ago we would not be, I would not be sitting here. She's come to a point of accepting her illness. When she started high school we had an incident over the weekend that she made a comment to me that maybe this family would be better off without me. It had been a tough year with her anyway. I was trying to figure out whether she was just being a difficult teenager or what was going on with her. She was just angry and a little bit isolated at home, kind of the black sheep of the family and when she made that comment it scared me. I went to work the next day because I'm a school nurse and in my file cabinet I pulled out an article about suicide and it said parents are afraid to ask their children have they ever thought of hurting themselves because they're afraid they'll bring it on.

JEANNE BLAKE: It's so not true.

SUE HANLY: I went home and I asked her. I said have you ever thought of hurting yourself and she hesitated and then said, I don't know. That was just such a red flag to me and I immediately called and started the process of help.

JEANNE BLAKE: Her suicide attempt came later?

SUE HANLY: Yes.

JEANNE BLAKE: I understand it because I've done work on this topic that let's talk about how a young person who's in treatment and she was on medication and also in talk therapy how a person in that situation still can attempt to take their life.

SUE HANLY: She actually was not on medication and in therapy a year ago. That was part of the problem. She had decided that she was fine and that she didn't want a pill to make her happy. She didn't feel that she needed help and she went off leading up to her senior year of high school. She went off of her medication and stopped going to counseling. I was a little desperate at that time because I could see the problems at home. She told me that she was happy, she just wasn't happy with me. She was very angry. She would tell you in some ways it was the time of her life. Socially she had a lot of friends but she was falling apart at home and really it was not being with the treatment that caused her problems. The treatment was working.

JEANNE BLAKE: You wanted her to stay on the pill?

SUE HANLY: Oh yes.

JEANNE BLAKE: This is a common thing that when someone is on an anti-depressant medication oftentimes it's working so they feel better and they think I don't need it anymore and they go off of it.

SUE HANLY: That's absolutely what happened. She ultimately, I ended up giving her an over-the-counter remedy that I had read about just to try to encourage her to do something because she was so unhappy. I got her to take it because I didn't call it an anti-depressant, it was a mood stabilizer and I said if you just take this for a month and if you don't feel better after the month. If you don't feel any change after the month, then we'll stop it. A few days after I had given it to her, she overdosed.

JEANNE BLAKE: I have this letter that you gave me that she wrote as a class essay that I'd like to read and it's when she had really come to a place of acceptance and the last line says: "Sometimes people have this cliché on what those suffering with depression look like. Well, they're

wrong. I don't wear black. I don't sit alone at lunch. I don't do drugs. I'm a senior in high school and I'm depressed and I'm not ashamed to admit it." What do you think Sue, brought her from the place where she said I don't need medication, I'm okay, it's really you. To a place where she could say, I have an illness and it's nothing to be ashamed of?

SUE HANLY: She hit rock bottom. You overdose and she absolutely hit rock bottom and she was very, after it happened we immediately went back into psychiatric care and went on meds and she really struggled for a while with what have I done and it was a very painful time for her.

JEANNE BLAKE: I'm sure.

SUE HANLY: It also was a healing time because she was finally able to accept her illness. It was genuinely the first time she ever accepted it. I think as she accepted it, she struggled with the fact that other people didn't get it. She had an incident of a student making fun of her about the overdose and that was why she wrote that essay that you're referencing because she got it and she could not understand why other people didn't understand that she was a girl who was depressed, not a crazy girl.

JEANNE BLAKE: I want to back up to a comment that you made and Roberta I hope that you can weigh in on this as well because I'm sure that you get calls from parents who are concerned. Sue, you brought up earlier that you were confused about whether she was just being a teenager or whether there was really something going on. A lot of parents say that. I couldn't tell whether it was teenager angst or my child had a problem that needed to be addressed professionally. What have you learned looking back on the difference?

SUE HANLY: There's not a lot. I think that's what I've learned. I think it's scary and I think the hardest thing about teenage depression is it's trying to figure out what it is and even when you have a

child with depression, and it's been a struggle for me because now I get so scared when anything happens.

JEANNE BLAKE: Sure.

SUE HANLY: She's still a teenager and she's going to make mistakes because teenagers do, but when you have child whose struggle with depression you get hyper sensitive to it. She reminded me recently of I'm still a teenager and it really put me in my place because I'm like yes, you are. It's a hard thing because you do see similar things. They can be moody, they can be angry, they can be isolated. There can be a lot of things. It's figuring out what the difference and I can't even give you clear cut words to tell you what the difference is.

JEANNE BLAKE: I want to just jump in. The CDC has put out these symptoms which won't clarify it really but if these symptoms persist for two weeks or longer, it's good to get some professional guidance with a mental health professional which finding a mental health professional is a process in itself.

SUE HANLY: A process in itself.

JEANNE BLAKE: It's still important to start with your pediatrician and try to get to someone that can help you. These we'll put on the screen. Sad or irritable mood. Loss of interest in activities once enjoyed. Large changes in appetite or weight, now that can be either way. Difficulty sleeping or oversleeping. Slow or agitated movement. Loss of energy. Feelings of worthlessness or guilt. Difficulty concentrating. Frequent thoughts of death or suicide. It goes on to say most young people experience some of these symptoms but if these symptoms persist more than a few weeks, he or she is likely to have major depression and may need the help of a mental health professional.

ROBERTA HURTIG: One of the things I compliment Sue on and that we try to encourage more families is the ability to have a direct conversation with your son or daughter if in fact you see some of these signs. You can't take lightly the kinds of comments that say gee, everyone would be better off without me.

JEANNE BLAKE: What do you suggest they say to that?

ROBERTA HURTIG: I think part of it is, is reflecting back, it's like your really in a tough place. Has it been so tough that you're thinking of hurting yourself or you're thinking of taking your life? I mean I can only imagine how scary that is to ask that directly of a child but yet how important it is. It does a couple things. One, it lets the person who's at risk know that you're noticing, it also communicates that you're a safe person in which they can have this conversation. Because it's a big difference between having the feeling and actually having a plan or a timetable or even access to means if they've thought that through. It is certainly something that someone can do in addition to bringing in other professionals to really put together a plan that's going to help address the issue.

JEANNE BLAKE: When a young person attempts to take their life or completes a suicide, Sue you can speak to this, it does affect the entire family.

SUE HANLY: Absolutely. I have three other children. It's impacted all of us and every single one of my children has been impacted in different ways. My oldest son, I have an 11-year old and he was 8 the first time Caroline, Caroline overdosed twice and the second time he was 10 and I ended up having to tell him about it and that was a really hard thing. He still struggles with some issues. Worried about his sister. Caroline is wonderful with him. Wonderful. But he worries about her, he does. It really does affect everybody. It puts a strain on a marriage. Even that, educating people is so

important. Well I've had to do that with my family. There's times I think that people think that Caroline is lazy or not very nice and I don't want to use the swear word but in the house she's difficult. I've had to educate that it's part of her illness. She's not lazy she just physically doesn't have the energy to do it. The amazing thing about Caroline is that she's a very good student and her grades never suffered and that's again, a little atypical.

JEANNE BLAKE: That's why it's so tricky.

SUE HANLY: It is tricky.

JEANNE BLAKE: And so difficult. Roberta, in your training materials you have video clips of family members who've had an experience either similar to Sue or otherwise and we're going to hear now from Susan Flynn who's son Mark completed suicide, here's Sue Flynn.

(Video clip)

SUE FLYNN: Mark has five brothers and sisters who's lives have been shattered. His father and I feel like we're walking through a nightmare every day and people don't understand it. There's this big black cloud around the word. People in my own family wanted to say that Mark died of a drug overdose. They wanted to find other reasons. I wouldn't let that happen from the beginning because Mark was a good, happy person. He had a mental illness, a disease that brought him to the lowest depth of despair and I do believe it was a moment that he didn't know how to turn away from. I think his pain was just so great he didn't know how to get out of it. I want people to know how he died because it could have been prevented. He didn't have cancer or something else that there was no hope for. He felt hopeless but there was still hope for him and for his future.

JEANNE BLAKE: That is a heartbreaking very difficult piece of videotape to listen to and I give Susan an enormous amount of credit for speaking out too. She's helping just through talking so openly about it, helping to educate anybody who hears it. Sue, you understand what Susan says when she's referring to that moment. It's a moment.

SUE HANLY: It's a desperate moment. I've talked to Caroline. We've talked very openly about everything and I've always said to her, when she overdosed, she was very upset. I'll never do it again; I'll never do it again. I said to her, I don't worry about the mind that is telling me that when you're thinking clearly. It's the mind when you're desperate that isn't thinking clearly that makes that kind of choice and that's what we've been trying to work on in counseling is finding different ways of healthy coping skills when you hit that desperate moment.

JEANNE BLAKE: Roberta, you wanted to comment on being that moment. Suicide is a difficult thing for someone to understand in anyone at any age. I think Sue, you've taught me just through talking about this too that it's that moment where later your daughter Caroline talked about feeling guilty and then something shifted and she saw life through a different prism and felt guilt and remorse and said it wouldn't happen again.

SUE HANLY: Often when people are struggling with suicidal feelings, what is really is is the desire to end unbearable pain.

JEANNE BLAKE: Right.

SUE HANLY: It's being in a moment, where in that moment they feel completely hopeless that things will be different and they feel unable to help themselves get to another point. It's why interventions of different kinds can be so powerful.

JEANNE BLAKE: Such as?

ROBERTA HURTIG: Certainly, calling the help line. Having a concerned family member or friend or seeing a doctor. I think for any of us who are noticing of those who might be at risk because if you can help someone get through that moment. Since suicidal feelings are often episodic and help them get to a place that's safer, it makes a huge difference. It's one of the reasons why architectural barricades such as protections on bridges can be helpful. I think sometimes the misinformation is well they'll just take their life some other way. If in fact, you can interrupt a person in the moment it can make a huge difference.

JEANNE BLAKE: That's interesting. I never thought about that actually. That's interesting. You offer services to families like Susan Flynn who have been through the loss of a loved one.

ROBERTA HURTIG: Right because you become a member of a community you never would have thought you would have been a part of or certainly would have never chosen to join. As you say, suicide impacts not just the person who struggles with those feelings and sometimes loses the battle and loses their life but also those who have to survive afterwards. We have support groups. We help try to educate people about the issue. They get to hear from other survivors to help them through their own healing process because they become an at risk population themselves so it's a really important group to pay attention to and to provide support for.

JEANNE BLAKE: You both advocate for the idea that it takes a community to raise awareness, reduce stigma, and to save lives. You both are, Sue, you've really, as I've mentioned earlier become very proactive in this in your community as well and beyond your community now in speaking with other communities.

SUE HANLY: Yes. I've tried to spread the word. Again, I've been very open about Caroline and she's allowed me to so that's the good thing. I'm in a very good position to be able to do that because I think a lot of parents can't talk about it because their kids are embarrassed of it or ashamed. I feel very grateful to Caroline that she's allowing me to speak about it. Really, I'm trying to help her heal and letting her know too that it's an illness that can be treated. I think it's important to again get that message out and I think if I speak, I'm a more believable person instead of just giving statistics. These are the signs, these are the symptoms. If you talk with a real person who has really experienced it.

JEANNE BLAKE: You took a table at a health fair in your city. Tell me about some of the conversations if you can that you had where you thought that you really connected with someone that came up to you.

SUE HANLY: I had a big billboard on the silent illness. My daughter helped me put it together and on it there were things about suicide and depression and her essay was on it and I had several people walk right by when they found out what it was about. Then I had a lot of other people stop and pick up pamphlets that were on the table and whenever somebody stopped they would share about their child. You give people an opportunity to talk about their own self when you talk about your journey.

JEANNE BLAKE: I've been really amazed. You both know about our program *Depression: True Stories* and I've been really amazed at how many people have contacted me since I completed that work. It's really amazing to me and it really is the silent illness because there are many, many, many families in communities across the country that have contacted us that have told us about the fact

that they haven't spoken out before about the topic. You're right. People just want an opportunity to talk.

SUE HANLY: They want an opportunity.

ROBERTA HURTIG: We say often it's hard to heal if you can't tell your story.

SUE HANLY: Absolutely.

ROBERTA HURTIG: So being able to tell your story in a way to help educate and hopefully inspire others but also for our help lines. It's really at the heart of it. If people can't share or talk about what they're struggling with it's hard to get to a different place. We are pretty fortunate here in Massachusetts and I'm sure other states but we have a Massachusetts Coalition for Suicide Prevention that in fact brings together individuals, families, grass roots organizations, state agencies, private providers because as you mentioned earlier it really takes a connected community in order to keep everyone safe.

JEANNE BLAKE: Community leaders. Mayor Menino in Boston cares a lot about the mental health of young people and adults. We also have a strong Department of Public Health that is funding programs across the State.

ROBERTA HURTIG: The Governor's wife who struggled with depression publicly shared her story. The Speaker of the House's wife who lost a brother to suicide who's daughter was attending a high school and there were teen suicides. We've been very fortunate to have public persons speak forward and put a face on this issue combined with Sue's and others it really helps to reduce the stigma and increase the level of information and discussion.

JEANNE BLAKE: Absolutely. Sue, again thank you for speaking out and I know you'll continue.

SUE HANLY: Thanks for giving me the opportunity.

JEANNE BLAKE: You'll continue to touch lives I know. And for you and for all of the people that work for Samaritans we thank you as well. I like to end on a positive note and Mike is one of the young people profiled in *Depression: True Stories* and he had suicidal thoughts and so here's a sound bite from Mike talking about what therapy and treatment has done for him and how he looks at life differently. At the end we'll put up the 800 numbers for the Samaritans help lines as well for teens and for adults. So thanks Sue and thanks Roberta, I appreciate it so much. We thank you for joining us on this edition of *About Health TV*. I'm Jeanne Blake and I'll see you next time. Here's Mike.

(Clip from *Depression: True Stories*, available at www.wordscanwork.com)

MIKE: When you're suicidal, you simply don't believe that it's going to get better. Now that I've been through that, I've seen that it gets better. What I've really come to realize is that you don't have to deal with things on your own. There's therapy, there's medicine, there's programs that are designed to help and as someone who used to consider everything completely hopeless, I really have been able to find a new will to keep living and keep facing good and bad.