



## Notes From The Parent Forum on Adolescent Mental Health Marian McCord's Presentation Feb. 16, 2010

- In Clayton: 17% of our 8<sup>th</sup> graders, 8% of our 9<sup>th</sup> graders, and 9% of our 11<sup>th</sup> graders reported they seriously considered suicide in the past year according to the Youth Risk Behavior Survey in 2008.
- Suicide is the 3<sup>rd</sup> leading cause of death for 15-24 year olds. More 15-19 year olds die of suicide than the top 6 medical caused of death combined. In 2005, 272 five to fourteen year olds, 4,212 fifteen to twenty-four year olds, and 28,153 adults committed suicide.
- For every completed suicide by youth, it is estimated that 100-200 attempts are made. One in 11 students report having made a suicide attempt during the last year. That means 2-3 students in a typical classroom.
- One out of 8 teens will have an episode of clinical depression; 60-80% of them are not getting help.
- For more information, visit CHADS Coalition's website, [www.chadscoalition.org](http://www.chadscoalition.org). CHADS offers many free programs and resources to support families dealing with the mental illness of a child, adolescent, or young adult.

### Depression and Suicide It's Time to Talk About It

Imagine a river full of children with mental illness. There is a waterfall where the children who couldn't get out of the river lose their lives to suicide. The community does a good job of turning its back to this river.

Marian lost her 18-year old son, Chad, to suicide on April 15, 2004. Chad had it all. He had lots of friends. He was handsome and academically and athletically gifted. He was an Eagle Scout, stood on the podium at the Junior Olympics, and was in line for many athletic and academic college scholarships.

A month before graduation, Chad told his girlfriend he wanted to take his life. She told Chad's parents. Marian had been a nurse at Children's Hospital for many years. She told Chad it sounded like he was suffering from depression, a very treatable illness. She was able to pull some strings at Children's and got Chad in to see a psychiatrist right away. They tried 17 different medications. Sometimes he was on 6 or 7 medications at a time. Chad was 100% compliant and really wanted to get better.

Chad told his parents that if he had cancer, all of his friends would shave their heads and have fundraisers for him. But since he had a mental illness, his friends had backed away from him. Chad couldn't face going to school anymore but pledged to his parents that when he was better, he would work to remove the stigma about mental illness. He would stand up at his school and say, "I'm Chad McCord and I have a mental illness".

Unfortunately, Chad had treatment resistant depression. Eventually, they tried ECT, a very aggressive treatment and were told that after ECT, medications had a 92% chance of helping Chad. But Chad told his Mom that he just couldn't hold his charge and this too did not work.

Chad attempted suicide many times in an effort to end his pain. Once he ran out on a five lane road trying to get hit by a car with his 8<sup>th</sup> grade brother running after him, trying to save Chad's life. They learned that Chad had been thinking about taking his life since he was in 3<sup>rd</sup> grade. Every morning he put on his mask of disguise.

On April 15, 2004 Marian and Chad were running at their church's soccer field. Marian was pleased to see that Chad had found his stride again. Chad had found a place where the fence was down and ran up on Hwy. 55 and was hit by a truck. Every morning he put on his mask of disguise. One of his teachers told Marian that out of Chad's graduating class of 500 students, they would have picked Chad as the least likely to commit suicide.

Research on mental illness gets only a sliver of the national research budget. Marian wondered, "Why can't there be a place like St. Jude's for children like Chad?" Chad's parents pledged to fulfill Chad's promise to work to remove the stigma and make a difference for children with mental illness and started CHADS Coalition.

## **Who Is at Risk for Depression?**

- Family history
- Girls are twice as likely to develop depression.
- A difficult life event
- Other diseases such as cancer, diabetes, heart disease
- Certain medications can induce depression
- Abuse of alcohol or other drugs - Many young people self medicate their mental illness with alcohol or other drugs.
- Anxiety disorder

## **Warning Signs of Depression**

- Feelings of sadness or emptiness, hopelessness, negativity or guilt, helplessness or worthlessness, suicidal thoughts or actions.
- Having problems with school and family
- Difficulty making decisions, concentrating and remembering,
- Complaint of loss of energy, trouble falling asleep, staying asleep or not being able to get out of bed, change in appetite, lose or gain weight
- Sudden change in behavior: restless, irritable, isolation, skipping school or lose interest in their hobbies, use of alcohol or other drugs, moodiness, rage and anger, self harm.
- If a cluster of symptoms is present for 2 weeks or longer it is a good idea to have an assessment done.
- There are great treatments available including cognitive and interpersonal therapy, exercise, medications, ECT (electroconvulsive therapy), and repetitive transcranial magnetic stimulation.

## **Who is at Risk for Suicide?**

- Family history of suicide
- Previous suicide attempts
- History of mental illness, especially depression and anxiety disorder
- History of child abuse
- Abuse alcohol or other drugs
- Feelings of hopelessness
- Low self-esteem (easy targets for bullies)
- Impulsive/aggressive tendencies

- Isolation
- Loss of relationship, social, work or financial
- Lack of access to mental healthcare – There is a severe shortage of child psychiatrists. Pediatricians prescribe 80% of the medications for childhood mental illness. There isn't one bed at Children's Hospital for a child with mental illness. Many insurance companies do not cover mental illness.
- There is no one reason. Suicide is a very complicated issue.
- Suicide can happen to anyone. Often these kids are high achievers – successful in school, home and community. Suicide crosses all socioeconomic, racial, cultural, environmental and intellectual barriers. We are all vulnerable.
- Suicides are under reported. Statistics are just the tip of the iceberg.

## **Warning Signs of Suicide**

- Overwhelming feeling of helplessness, hopelessness and/or worthlessness.
- Trying to end their unbearable emotional pain.
- Perceive their unhappiness is permanent. Feel no one will ever be able to help them.
- Talking, reading or writing about suicide or death.
- Talking about feeling of worthlessness or helplessness
- Overwhelming sense of guilt
- Saying things like, "I'm going to kill myself" or "I don't want to live anymore."
- Visiting or calling people to say goodbye
- Giving personal items away
- A sudden interest in drinking alcohol
- Obsessed with death, violence and guns or knives, poetry essays and drawings that refer to death.
- Previous suicidal thoughts or suicide attempts
- Irrational bizarre behavior

## **Helping Families in Crisis**

- Be patient, understanding and supportive
- Encourage the family to find a doctor. Consider changing doctors if you don't get better or the one you have isn't a good match for you.
- Children need an advocate.
- Knowledge is power
- Instruct the family to remove any guns, pills, knives, belts, and ropes out of the home.
- Refer families to persons or agencies specializing in crisis intervention and suicide prevention.  
SLCH HelpLine 454-teen, CHADS Coalition's Dora Project 952-8274, Life Crisis 647-HELP, National Hopeline Network 1-800-SUICIDE, National Suicide Prevention Lifeline: 1-800-TALK, Kids Under Twenty One Crisis Helpline 1-800-644-KUTO, Gay & Lesbian Hotline 367-0084 or Youth Line 800-347-8336, CHADS Coalition, NAMI, Annie's Hope, Kaitlin Harris Foundation.

## **Obstacles to Care**

- Uninformed, uneducated community
- Children need their parents to report symptoms
- Stigma of mental illness
- Fear of having kids' labeled
- Lack of insurance parity

- Lack of trained child psychiatrists
- Lack of adequate treatment facilities
- Lack of research dollars
- A broken mental health system.

Contact Marian McCord, [www.chadscoalition.org](http://www.chadscoalition.org), [marian@chadscoalition.org](mailto:marian@chadscoalition.org), 952-2046, PO Box 510528, St. Louis, MO 63151

The School District of Clayton is supporting CHADS Coalition's Kids Walking for Kids event to raise money for prevention, education and research on adolescent depression and suicide. To join our team or make a donation, please contact the Community Alliance, [anne\\_wilding@clayton.k12.mo.us](mailto:anne_wilding@clayton.k12.mo.us), 725-5828. Visit [www.chadscoalition.org](http://www.chadscoalition.org) for more information.

Notes from Tina Meier's presentation are on a separate page attached on this website.