

## Survey: 900,000 Youth Planned Suicides During Major Depression

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently released data showing that approximately 900,000 youth had made a plan to commit suicide during their worst or most recent episode of major depression, and 712,000 attempted suicide during such an episode.

Iris Alliance Fund President Mary Hayashi reacted to this sobering data. “These numbers demonstrate the vast reach of this largely silent tragedy,” she said. “We know that 42 percent of Americans and 44 percent of Californians know someone who attempted or died from suicide as a teenager. We cannot let our children continue to suffer

in silence. We must recognize that depression and suicide are treatable conditions and speak out to eradicate the stigma that keeps our young people from seeking help.”

The data are extracted from the 2004 National Survey on Drug Use and Health, which asked youth ages 12-17 about symptoms of depression, including thoughts about death or suicide. The special report, “Suicidal Thoughts among Youths Aged 12-17 with Major Depressive Episode” found that over 7 percent of youth ages 12-17, 1.8 million youth, had thought about killing themselves during their worst or most recent episode of major depression.

The data show that about 3.5 million youth ages 12-17, 14 percent, had experienced at least one episode of major depression in their lifetimes. Almost 20 percent of females in this age group and 8.5 percent of males had at least one of these depressive episodes. Rates of major depressive episodes in their lifetimes were similar among racial and ethnic groups and increased with age.

*The report is available on the web at [www.oas.samhsa.gov](http://www.oas.samhsa.gov).*

### IN EVERY ISSUE

Field Notes features important facts and information to help you keep abreast of the latest advocacy issues around youth suicide prevention. We will feature profiles of what other Leadership Council members are doing and offer concrete ways for members of the Iris Alliance Fund National Leadership Council to contribute to the work of reducing youth suicide.



### Personal Story Spotlight:

#### Sharing stories, sharing hope

**Dr. Shoshana Bennett** understands the inspirational and life-saving power of sharing a story.

Dr. Bennett was enduring her second bout with undiagnosed postpartum depression when she saw a television documentary on the subject and recognized herself. Feeling both relieved and furious, Dr. Bennett, a special education teacher, then decided to change careers and focus on helping women like herself. Having never heard about postpartum depression once during either of her two pregnancies, Dr. Bennett knew it was essential to spread the word so women could get help and feel less alone.

“It started with two fliers I posted in a

pediatrician’s office and a grocery store,” she says. “I put my home number on them, and the next thing I knew, I had 15 women in my living room.”

That was her first support group. Myriad support groups later, Dr. Bennett has earned a masters degree in psychology and a doctoral degree in clinical counseling, founded Postpartum Assistance for Mothers, become the president of Postpartum Support International, and written a book, *Beyond the Blues: A Guide to Understanding and Treating Prenatal and Postpartum Depression*.

“I always had a book in my head, but I didn’t want to write a text for professionals—that was being done,” she says. “I wanted to create something a depressed person could pick up and not be overwhelmed; something that would speak

to her and give her steps. A practical tool, which was missing.”

The book is just one part of her overall mission to make sure women have access to information on and treatment for postpartum depression. In addition to counseling individual women from across the country, both in person and via phone, Dr. Bennett is also working to target practitioners. Postpartum Support International (PSI) runs annual training conferences throughout the world to provide practitioners with the latest information on diagnosing and treating postpartum depression. These conferences have continued to grow in popularity over the years, a positive trend that fills a gap in many practitioners’ education.

“Unfortunately, doctors aren’t trained to consider the mental health of their patients,” Dr. Bennett says. “There is no training in perinatal mood disorders. Unless they attend a special training, doctors won’t get that information.”

### *The Courage to Share*

Professional therapists are trained to establish boundaries and maintain professional distance by not talking about themselves. This makes Dr. Bennett unusual among her peers. Sharing her own story with her patients and the public is inherent to her “collaborative” style. (“I’m a hugger,” she says.) Practitioners she meets at PSI trainings call her brave, she says, but sharing her story is a natural part of the process, and professionals should not be embarrassed to share their own.

“If a therapist is symptomatic, of course, he or she should seek help,” Dr. Bennett

says. “But if sharing enhances a patient’s treatment, why hold back?”

In fact, Dr. Bennett’s status as a survivor inspires her patients and makes them more comfortable because they know she can relate to what they’re going through.

“They know I’m not going to look at them with judgment,” she says. “It’s a relief to them because they see I’m healthy, and that gives them hope.”

### *Moving in the Right Direction*

Although many women remain unaware of this common problem, and many cultural, social and economic barriers to treatment exist, Dr. Bennett sees a great deal of progress in the field. Practitioners, especially obstetricians and pediatricians, are becoming extremely supportive of this issue and asking for information; doctors’ and nurses’ organizations are changing their standards; and children’s advocates are educating their audiences on postpartum. (On a note of personal triumph, Dr. Bennett recalls visiting various hospitals and institutions, early in her new career, to offer them information on postpartum depression. Then she was told “We don’t see that problem here.” Now they call her for information.)

The most encouraging thing, she says, is that women are asking for help. Not only does this bring the issue to more caregivers’ attention, but it also shows that postpartum depression is increasingly part of the public discourse and more women are able to seek help, which is essential to recovery.

“There are all these myths about motherhood,” Dr. Bennett says. “The only way we’re going to dispel the myths is to be real with each other by telling our stories.” ■

## *The Consequences for Children*

*A mother’s depression can affect her children throughout their lives. Such effects include:*

### **Infants**

More negative interactions with a friendly stranger  
Brain activity looks the same as in clinically depressed adults

### **Toddlers**

Insecure attachment with mother  
Less social interaction with peers  
Lower self esteem

### **Preschoolers**

Poorer cognitive processing  
Poorer social behavior  
Poorer expressive language skills

### **School Age Children**

More conflict with peers and siblings  
Poor schoolwork  
Sleep problems  
Withdrawal, passivity  
Anxiety

### **Adolescents**

More asocial behavior  
Conflict with parents, siblings and peers  
School problems  
Sexual Problems  
Stealing  
Sleeping problems  
Eating problems

## *Diagnosing Postpartum Depression*

Each year in the United States, about 3.5 million women give birth, and 15-20 percent of them will experience actual postpartum depression (PPD). Another 15 percent of those women experience depression severe enough that they attempt suicide.

The good news is that PPD is relatively easy to diagnose, Dr. Bennett says. In addition to the fact that the risk group is readily identifiable, an interview takes less than 5 minutes, and it’s even possible to do self-screening by filling out a questionnaire in the waiting room — as long as someone then reads it. A doctor or physician’s assistant can be capable of assessing someone and

referring them to a mental health practitioner.

So, if it’s easy to diagnose and the risk group is easy to find, why do so many women go through pregnancy and childbirth without hearing anything about it? In addition to many doctors and caregivers simply lacking this information themselves, there are other barriers, many having to do with the stigma associated with depression and the myth that motherhood is and should be a blissful time of mother/child bonding.

According to Dr. Bennett, one reason doctors do not offer information on PPD is that they are afraid a woman might get defensive because it’s perceived as a negative

thing or a weakness. However, if it’s presented as just another common condition related to childbirth—which it is—in a matter-of-fact way, that helps. Another concern of doctors is that a woman might “worry herself into a depression.” However, if a woman is in a state to over-worry about something, Dr. Bennett says, then she probably needs help already.

“The danger doesn’t come from talking about it,” Dr. Bennett says. “The danger is in the lack of information, when a woman is sitting at home, quietly thinking she is going crazy.”

## The Iris Alliance Fund welcomes 15 new members to the National Leadership Council!

**Lupe Alonzo-Diaz, MPA**  
Executive Director  
Latino Coalition for a Healthy California

**Carol Berkowitz, MD**  
President  
American Academy of Pediatrics

**Kyra Bobinet, MD**  
Executive Director  
Vision Youthz

**Father Gregory Boyle, SJ**  
Founder and Director  
Homeboy Industries & Jobs for a Future

**Charles Bresler, PhD**  
President  
The Men's Wearhouse

**John Buck**  
President  
California Council of Community Mental Health Agencies

**Bruce Fisher, JD**  
Executive Director  
Huckleberry Youth Programs, Inc.

**Susan Jamerson, MPH**  
Executive Director  
Native American Health Center

**Ted Lempert**  
President  
Children Now

**Daniel Macallair, MPA**  
Executive Director  
Center on Juvenile and Criminal Justice

**Shelly Masur, MPH**  
Director  
Adolescent Health Collaborative

**Sandra Naylor-Goodwin, PhD**  
Executive Director  
California Institute of Mental Health

**Carole Shauffer, JD**  
Executive Director  
Youth Law Center

**The Honorable Tom Torlakson**  
California State Senate

**Jorge Valencia**  
President & Executive Director  
The Trevor Project



Iris Alliance Fund  
One Embarcadero Center  
Suite 500  
San Francisco, CA 94111  
Phone: 415.773.2878  
Fax: 415.773.2872  
mail@irisfund.org  
www.irisfund.org

### ADVOCACY TIP:

*Be available to the press. This can include any situation, such as granting interviews for stories, appearing on talk radio or other news shows as an expert commentator, or being available to a reporter as a regular source on mental health issues.*

### National Leadership Council Updates:

Steering Committee member **Reese Butler**, president of the Kristin Brooks Hope Center, Inc., received Special Recognition from the National Mental Health Association at their annual conference this year "for his groundbreaking work in launching the center and the 1-800-SUICIDE crisis line." This hotline receives more than 1,000 calls each day from individuals in crisis nationwide.

Steering Committee member **Brenda Drake** is now the director of the Public Health Trust in Oakland, California. A project of the Public Health Institute, the Public Health Trust is a national program that manages litigation settlements, directing funds to public health-related programs and organizations.

**Janet Gorewitz, PhD**, the past executive director of Crisis Support Services of Alameda County is a consultant on mental health issues. She has recently completed a project with the Mental Health Services Act Alameda County, California and is now working as an independent consultant.

**Jane Henderson, PhD**, retired from her position as executive director of First 5 California Children & Families in March 2005.