

Depression: True Stories 1/16/08 State House Forum

JEANNE BLAKE: Good morning folks and welcome. Our thanks to representative Balser and Senator Gail Candaras for being our hosts this morning. Our thanks to Commissioner Barbara Leadholm and the Department of Mental Health for being a co-sponsor with Partners HealthCare. Matt Fishman, thank you, as always, as the Partners Foundation always steps forward to show its ongoing commitment to children and families in Massachusetts and beyond, and we're grateful; again, thank you. And Lee Chelminiak from Partners who has done so much and worked so hard to help bring us to this place today. She is also with Partners HealthCare. Anna Chinappi from the Commissioners' Office. Steve Cidlevich and Mike Carr who are from Representative Balser's Office and also the Department of Mental Health. And from Blake Works, by the way, I'm sorry; I'm Jeanne Blake, President of Blake Works. Kettie MacLean. Kettie where are you? Are you hiding around the corner as usual? Come out and give a wave because all of these folks have talked with you by email. There she is. There's Kettie MacLean and also Sara Wedemeyer from Blake Works.

To have so many of you here this morning underscores the collective determination to address the issue of depression among young people. To take action to reduce the stigma that is so often associated with this illness and to make sure that we do whatever is necessary to help those who suffer from depression to get the help that they need and deserve. Thank you for making the effort to be here this morning.

I also welcome Mike Haas. Mike Haas is sitting over there with my camera taking some pictures for us. He's double duty today. He's profiled in the film *Depression: True Stories* and he's joined by some friends of his, and also his sister Rachel, and Ronnie and Chris, his mom and dad. Mike, in speaking so publicly about your depression and your recovery you show tremendous courage. Your parents and sisters tell their stories because of your openness. Depression is, as you know, a family disease. Millions of people hide their illness for fear of being shunned or being told

that they are weak of character. Thank you for being so brave and I know that your decision to speak out will help others feel safe in asking for help. And when you hear from Mike and his mom and dad and his sister, I know that you'll share my feelings of respect and deep affection for this family. The program that you have, this one, outlines our agenda for today and we will end at 12:00 sharp, I promise.

Representative Ruth Balsler, of Newton, is the House Chair of the Joint Committee on Mental Health and Substance Abuse. She's a clinical psychologist and actually the first psychologist to serve in the Massachusetts Legislature. Her expertise and commitment to mental health issues is well-known and respected by many. Senator Gail Candaras represents eight communities in western Massachusetts including the City of Springfield. She served for ten years as a member of the Massachusetts House of Representatives prior to her election to the senate in 2006. Since early 2007, the Senator has served as the Senate Chair of the Joint Committee on Mental Health and Substance Abuse and counts the issues addressed by the Committee among her top legislative priorities. Please welcome them.

REPRESENTATIVE BALSER: I want to thank Jeanne Blake of Blake Works and I want to thank Partners HealthCare and I want to thank the Department of Mental Health for scheduling this very important event. It's so important to educate the members of the legislature and the members of the public about the critical issues of mental illness and most especially depression among young people. When the legislative leadership Speaker DeMasi and then Senate President Travaglini reorganized the Legislature several years ago, they did something historic, which was they established the Joint Committee on Mental Health and Substance Abuse. It was historic because in the creating of the Committee, it acknowledged the importance of these critical areas of healthcare and acknowledged the many people in the Commonwealth who suffer from these illnesses, and it was a commitment to never let the public policy related to those illnesses fall through the cracks again, and it's been my honor to serve as the House Chair of that committee, and it's been wonderful to serve with my co-chair Senator Candaras who is such a champion for these causes. I would like to recognize a couple

of colleagues who have joined us today. Chairman Kevin Honan, the House Chair of the Housing Committee. It's so important to have Chairman Honan's partnership because housing is such critical importance to the mentally ill; it's an important piece of the treatment. I also want to recognize Representative Mary Grant, who also is a mental health professional. And I just want to underscore again the importance of this morning's topic. The front page on today's Globe, if you have not yet, was about three suicides of young people in Nantucket. And we know about the state of suicides in Needham. It is so important that people become aware of how many young people are in pain, are hurting, and how important it is to find them the help that is out there that they need, that they deserve, and that we know works. Thank you so much for being here this morning.

SENATOR CANDARAS: Welcome from the Senate and to all of our House colleagues and to all of you this morning and thank you for joining us. It's hard to amplify what Representative Balser has said but together we have worked very hard as the co-chairs of the Committee on Mental Health to address some of these issues. We both feel very strongly that the young people of our Commonwealth and our country are our greatest resource and we need each and every one of them to be a productive, contributing member of society. Depression is pervasive in our society. It's pervasive among our young people. These are difficult times in which we live, so people can be depressed. They can be depressed for clinical reasons. They can suffer from, you know, the disease of depression. This is a treatable, treatable, disease. For any young people in the audience nobody should feel stigmatized by this disease. We want to make sure -- Chairwoman Balser and I want to make sure -- that you get the appropriate help and the appropriate treatment. Children and adolescents are not just small adults, so they have very different issues when it comes to this and we want to make sure that those issues are handled appropriately. I think when Chairwoman Balser and I were growing up, the response society had to depression was simply to pull yourself up by your own bootstraps, which we now know is a ridiculous answer to the problem. It's like telling somebody "don't have cancer." "Don't have depression." "Just don't do it." So we need to address these problems square on. Chairwoman Balser and I are fully intent upon doing that, and making sure that

we completely do away with the stigma that has been too long associated with it. Especially our children and our young adolescents feel very strongly when they hear these things and take these things to heart and I think suffer a great deal, so we're looking forward to seeing the screening of this DVD that's going to go on behind us, this movie today, and learning from it. But I want to thank again all the sponsors who helped us put this together this morning. And thank all of you for being here. Thank you.

JEANNE BLAKE: Thank you Representative Balser and Senator Candaras. Barbara Leadholm was named the Commissioner of Massachusetts Department of Mental Health last September. Commissioner Leadholm has an extensive background in the behavioral health field, including six years at the Department of Mental Health in the 1990's as well as service in the Departments of Medicaid and Welfare. Her clinical knowledge and experience in the public and private mental health service sectors enables DMA to provide quality services, improve access, and empower consumers and their families. Commissioner Leadholm began her career in Massachusetts as a psychiatric nurse at Brookside Health Center in Jamaica Plain and we welcome her today.

COMMISSIONER LEADHOLM: Thank you. It is absolutely wonderful to look out in the audience and see so many familiar faces and friends. This is a historic event from my standpoint. The Department of Mental Health is honored to co-sponsor the premier of this screening with Partners HealthCare, and thank you Senator Candaras and -we lost Ruth here-. I know Representative Balser will be back. But I thank you for all the work that you have done in supporting the Department and helping us educate the public in terms of the importance of mental health services. Jeanne, this is truly remarkable; your commitment, your willingness to bring us together and to really further the education that all of us need to be a part of. If there is a message I can leave everyone with in this room, it's about, and Senator Candaras said it very well: Depression is treatable. We can make a difference in everyone's lives: Those who are directly experiencing depression as well as families and friends who are supporting people with depression. In a few minutes you will be the first to see this amazing documentary. The personal story is very powerful. To hear the courage

of folks who have actually experienced depression. The courage with which they tell you of their struggle, their, I guess you would call it kind of the process of recovery of really understanding what it means to be depressed. To ask for help and then to actually receive the help and try to put your life back together. That is an amazing experience and I take my hat off to Michael, to his family, to his friends, and their willingness to really open their lives to us and to share that experience. This film is transformative. It gives me hope. It underscores again, that if we can spread the word, if we can share our experiences, if we can talk about the ability to bring treatment forward. It also, I think, the personal story that the Haas' share in terms of trying to understand what was wrong. I think again, over and over, we hear from families, we hear from individuals, that they didn't see it coming. Mental illnesses frequently are not easily recognized. We kind of begin to think "well maybe it's just something that will pass with time." And I want to underscore as again both Representative Balser and Senator Candaras mentioned; mental illness is identifiable. It's treatable and you can move on and have a productive life. That is the message I want to leave us with today. I guess I actually would ... one more statistic as I look down to my notes here, every day almost 30,000 people die by suicide in the United States and almost every time mental illness, such as a depression, is the underlying factor. If we can all remember that mental illnesses are treatable, there is hope. There is always hope. And I want you to spread the word: treatment, recovery and hope. Thank you.

JEANNE BLAKE: Thank you Commissioner. For years, public health experts and educators have asked us to produce a video addressing depression in the format of our earlier DVD's: *Alcohol: True Stories Hosted by Matt Damon* and *Drugs: True Stories*. I hesitated. Frankly I didn't think that I could ever work on this topic. My mother suffered from depression and I worried that working on this issue would strike too close to home. After my mother died nearly five years ago, and people suggested again that I work on the issue, I noticed that I had a different response. I felt more open to it. Maybe I *could* do it. I certainly knew that the materials were needed. So we went to work. I met Mike and his family; Chamique Holdsclaw, the professional basketball player whose story you'll see; and Angie Vasquez. And then, of course with the able assistance of my dear friend Dr. Paula Rauch;

Jeff Prince, Janet Wozniak, other leading experts from Partners HealthCare, and other institutions around the country, we produced *Depression: True Stories*. Here it is:

Audience Views Depression: True Stories DVD

MICHAEL HAAS: It was great working with Jeanne and my family and my friends who came. On the video, I guess I just wanted to use the pretty short time I have to say that while this video does do an incredible job sort of showing what depression can be like, I know from experience that one of the hardest things when sort of talking about depression is that the feelings and the emotions defy, defy words. There are no words to talk about the feelings, which is why people have such a hard time sort of taking the initiative and saying that they are depressed. Cuz, there's really no way to say it. That's really all I wrote down!

RONNIE HAAS: You know when Michael was first diagnosed with depression we felt completely alone and isolated. We didn't know anything about teen depression, as you heard, or anyone who had been diagnosed with teen depression we thought. Once we started to talk about the experience, we were shocked to find out how many people were either directly or indirectly affected by depression and as we told our story to one, two, three people, we heard six, seven, eight stories back. Over time we were feeling less alone and less isolated. And at the same time realized that if teen depression was talked about more openly, and if information was readily available, we all might have the opportunity to recognize the signs and symptoms in our kids sooner. If we had attended a forum like this, or seen a similar DVD, we may have asked ourselves some harder questions sooner. We encourage you to spread the word, to share your stories, to share our story. To ask questions and use all different types of learning aides such as these, to reduce the stigma associated with teen depression. We really appreciate the opportunity to share our story with you. It doesn't get any easier to tell, but as time goes on we are more hopeful about where our story is going and I'm very proud of Michael and Rachel and my family for doing this, so thank you.

CHRIS HAAS: I also want to say thank you for the honor of addressing this group on a topic that's very important to me and my family. And I'll just say a few words about my experience in the

workplace sort of coming to terms with the diagnosis of depression and, at the same time, trying to contribute professionally in the workplace. Thankfully, my employer was someone I could talk to. It made an important difference for me that I could say there, out loud, some of the things that I was hearing and didn't quite have a grasp on and it seemed safe. There was kind of a neutral ground there. And of course there were moments at work where it served as a respite so that I could put more familiar workplace problems front and center in my mind. But it's interesting to think about how different it would have been if there were more educational information out there like this DVD provides. It would have provided some context and also given some valuable information at all levels. You know, for me as a newbie in this and even up to the professionals and those people that are in supporting roles that are friends with or employers of. So, but the hard truth is that someone you know, and it's an understatement to this group of course, but someone you know is dealing with teen depression or knows someone very well that is dealing with it. And of course, the good news as you see, there is lots of resources out there. There's research going on right up to the very minute here and the people that you meet along the way are the finest people. For us, the road really started with open and honest discussion. Some of which was captured here on the DVD and it will finish with the same open and honest exchange and we hope that this DVD widens the conversation. Thank you very much.

RACHEL HAAS: As a little sister, I love my brother more than anybody, like, in the entire world. He's my role model and the inspiration for who I really am and the things that I do. And so it was really hard to see him go through this and not totally understand what was going on and not get a lot of the information told to me. And sometimes we would be driving places and he would stop the car and we'd talk about it and I would just sit in the seat and be awe struck by the things that he felt and the things that he was telling me and I didn't know what to do with it. And I felt like it would be very selfish of me to say how I felt to my parents -- to bother them with my own emotions -- because they had their hands full with Michael and their own and that was understandable and I didn't want to feel bad. I didn't want to make him feel worse with the amount of pain that I was feeling because I

love him so much and to see him hurt, hurts me too. And I want people who are family members of someone who's dealing with depression to understand that it's not selfish and it can make you feel so much better and it's really important to talk about it no matter how hard it is because it's easier said than done by far.

JEANNE BLAKE: I know that the Haas family will inspire you to go back to your communities and continue your efforts and in some cases perhaps start efforts to help young people and families talk about depression by giving them the information and the strategies and the words that they need to talk about the issue. As each of the Haas family members said that it is hard but to help them talk about it and recognize the signs earlier as Ronnie suggested. During my interviews with the Haas' and Chamique and Angie, I did think so often about my mom. This project did hit close to home and I would leave their home, and I would think if only my mother could hear their words then I know that she wouldn't have blamed herself so much for her illness. She used to say, "If I just exercise more, I know I won't get depressed again." "Maybe if I just think more positive thoughts, I won't get depressed. If the people in her life, even close relatives had heard what the Haas' had to say maybe they wouldn't have blamed my mother for being depressed. I can't tell you how often they said come on Mary, just snap out of it. I used to remind my mom that it wasn't her fault and that there was nothing that she could do to control it that she had an imbalance in her brain, of chemicals in her brain and if my mom had such a difficult time understanding and coping with depression, we can only imagine how confusing and terrifying it is for an adolescent or a teen who is already struggling to figure out who they are and how they fit into the world. My mom and I talked a lot about her depression. She knew I loved her, but still I could have done better if I'd known then what I know now and so we do know now. And I'm asking all of you to make sure that the young people in your lives know about depression and what to do. The package of materials that you receive today includes the DVD and the *Words Can Work* booklets and they are provided by the Sydney R. Baer, Jr. Foundation, the 3M Foundation and the John W. Alden Trust. George Handran is the Trustee of the Baer Foundation and led this funding effort to make sure that you would receive these materials and

he made the commitment without seeing one frame of film or one written word and George, thank you.

I wish Mr. Baer could have seen it, too. Thank you for saying that. Mike, Mr. Baer would have liked the film. Thumbs up. These materials can start the dialogue that we've been talking about and they can transform and save lives. Please, please make sure that they are used well. There is, on our website www.wordscanwork.com, a step-by-step guide that tells you how to plan a community or organizational forum. We know that many of you have limited budgets and so for the next six weeks, as attendees at this forum, you can order additional *Words Can Work* booklets for half their regular cost - \$2.00 each. So you can put them into the hands of young people and families with whom you work. You represent many professions in this room, more than 300 people here today.

Now, I'm going to briefly outline at the request of some professionals, how our materials are used by various groups.

Schools and community organizations include our DVD's and *Words Can Work* booklets in their curricula. The discussion guide that's embedded on the DVD can help facilitate discussions with students in Middle, and High Schools and at the college level. Young adults are given the *Words Can Work* booklets which underscore the key messages of the film and some schools send the booklets to each students' home so parents and young people can read them and talk about the stories in them. John Walsh is the CEO of Elizabeth Grady and he's here with us today. In Gloucester, he made sure that every student in the Middle and High School received a copy of this booklet mailed to their home. Thank you again, John.

Schools and community groups sponsor parent workshops. The DVD serves as a jumping off point for discussion and then parents then leave with a copy of the booklet to take home and share with their children.

Colleges and Universities distribute our materials - in their health services, campus symposia and freshman orientation packets. Harvard Medical School, Columbia University and Cal

State to name a few, incorporate our DVD's and our booklets into their undergraduate and graduate programs.

Our resources are used by corporate employee assistance professionals – EAP's. At 3M, Partners HealthCare and the Boston Fire Department to name a few. We've trained 3M's nurses internationally in the use of our materials with their employees. At the Boston Fire Department, Lieutenant Willie Ostiguy, the head of the department EAP saw a significant increase in substance abuse referrals in spouses and children after showing *Alcohol: True Stories* and handing out the *Words Can Work* booklets to all 1600 firefighters as part of a mandatory employee training.

Healthcare providers use the materials. Therapists make them available to patients and hospitals have them in their waiting rooms and at Mass General more than 3,000 visitors took copies of the *Words Can Work* booklets from their information desk. That was the booklet on underage drinking.

As you know, Partners HealthCare is a co-sponsor of today's forum and in keeping with its ongoing commitment to improve the health of Boston's young people's lives, Partners psychiatry and mental health will provide *Depression: True Stories* and *Words Can Work* booklets to the city's Middle and High Schools. Their psychiatrists will join me in training educators, social workers and health professionals of the Boston Public School in the use of these materials. Partners psychiatry and mental health, by the way, includes Mass General, Brigham and Women's Hospital, McLean Hospital, Faulkner Hospital, Newton Wellesley Hospital, and North Shore Medical Center. To make sure that our materials have the best possible impact, they are evidence-based. Our scientific advisors sign off on every written and spoken word. In this project we were supported by the very best of the best. Their names are listed in the *Words Can Work* booklet and several are here as part of our expert panel today.

Dr. Paula Rauch, and as I introduce you can you come up and take your seats at the panel please. Dr. Paula Rauch is the Director of the Child Psychiatry Consultation Service to Pediatrics at Mass General Hospital for Children. Dr. Jefferson Prince is the Chief of Psychiatry and Pediatric

Pharmacology Clinics at MGH and the Director of the Child Psychology Department at North Shore Medical Center. Dr. Nancy Norman is the Medical Director for the Boston Public Health Commission. Dr. Norman is a resident of Dorchester and has a wealth of experience both as a medical doctor and public health practitioner. For nearly nine years she served as a Primary Care Provider at Fenway Community Health Center and has served as Director of Women's Health at Fenway since 1998. Commissioner Leadholm please join our panel.

Before we begin, did I forget someone? Oh, Ronnie, you're going to join us. Ronnie Haas. Before we begin our panel I would also like to welcome Patrice Tierney who is the wife of Congressman John Tierney. Patrice where are you? There you are. Yeah! I say that you are the wife of John just to frame that but Patrice brings tremendous energy and commitment to issues surrounding mental health and does a lot of work on this issue and for that we thank you.

I thought that, and for some of you who've been at our forum before, you know that we want you to jump in the minute that you have a question, so I will lead this discussion though by asking Commissioner Leadholm the first question. Commissioner, many people have asked me and actually Lee Chelminiak told me this morning that she had a conversation at her breakfast table with her daughter that young people and actually the Boston Globe article refers to this as well. Um, young people are under enormous stress today. All kinds of pressures both internal and external and it's typical for a teen to be moody sometimes. So how can we know the difference between depression and just being a typical teen?

COMMISSIONER LEADHOLM: Well, obviously that is a complex issue and I think the Haas' began the conversation by talking about communication, by talking about discussions and really recognizing symptoms and asking for assistance and I think that as we know, teenagers do go through their ups and downs and it's important to have the dialogue and look at how long something is occurring, I mean is this something that's going on for a few days, a few weeks, are there changes that seem more longstanding and then it's time to reach out to a professional and ask for that

assistance. I think, unfortunately, we carry too much of this ourselves. We're in our own kind of houses and in our own communities and we're not requesting the assistance that is out there.

JEANNE BLAKE: Dr. Rauch – if you suspect that your child is having trouble and your child doesn't want to go to the doctor, what can you do?

DR. RAUCH: I would start Jeanne, by saying that these are conversations that you want to have starting when children are very young and parents really want to set the stage for those conversations when their children are 6 and 7 and 8 so that children already know that home is the place you come to be safest, not just physically safe but also emotionally safe. And I think as a rule, we need to be thinking more and more about listening as much as we talk and probably listening much more.

JEANNE BLAKE: Thank you. Let's have some questions from the audience. It's impossible for me to imagine that you're not bursting. Yes.

HIGH SCHOOL NURSE: What does one do in the case where home isn't the safe place, and by that I mean there's no physical abuse but that the nurse, the school psychologist, the guidance counselor and the student at 16 which is hard enough when you are not depressed, knows she's depressed, knows she needs counseling, knows she needs meds and the mother says, pull up your boot straps and get over it.

JEANNE BLAKE: Dr. Prince do you want to take that?

DR. PRINCE: Sure, well that's a very straightforward question and I think what we want to do is I think we try to find ways as professionals whether we're teachers or school nurses, or guidance counselors or doctors and certainly as parents really to create opportunities for the parent to be empathic with the child. The thing we all share as parents is none of us want our children to suffer so if we can understand that parent's language and understand how they're seeing the child and try to converse and dialogue. As Dr. Rauch mentions we need to do a lot of listening to that parent and I guess when I was growing up my parents said, you know, you have two ears and one mouth so should definitely listen twice as much as you talk, um, I found that hard but it's important really just to

find a way to be empathic and understand where the parent's coming from. So much of the reaction we have that people have against depression is the label of depression. It's the idea that diagnosis of depression is going to lead right into taking medicines which people have very vigorous reactions to which may or may not be necessary or appropriate so really trying to engage that adult I think in the discussion is where we would begin.

JEANNE BLAKE: For anyone on the panel that would like to follow this up, what if a school personal reaches out to the family and says we need help for your child and the parent says no? Who would like to take that? Or would someone in the audience like to address that?

DR. NORMAN: I'll address that one. I'll address that because one of the programs that we have at the Health Commission is connected to the Boston Public Schools and that program is called "Connecting Families to Care" and one of the things that those, the people in that program actually do is deal with adolescents who are dealing with mental health issues, they actually *do* do home visits and they do a lot of work within the teams and the family's community to connect them to services, so that I think is one helpful resource.

JEANNE BLAKE: Paula?

DR. RAUCH: I think another thing is that if we begin to think about depression as we would other illnesses and we talk that way with parents, um, if you brought a parent into your office, whatever kind of office you inhabited and said, "If you're child had diabetes and we told you that his or her sugar was out of control and it was a life-threatening illness, you would have a certain kind of response. We need you to have the same kind of response about this or we need to look at the social agencies that would act on your behalf." When we make the switch to thinking about this as a treatable medical illness, I think lots of other things will fall into place.

RONNIE HAAS: And I will say that absolutely resonates with us. It really was, once the health professionals started to use those kinds of analogies then it became tangible which, you know, looking back is unfortunate which is why we really want people to see this as something very organic and tangible.

AUDIENCE MEMBER: I have a question. How do you help these families when a lot of these are single-parent moms and they don't even realize, they're denying that they are in depression themselves?

JEANNE BLAKE: Commissioner?

COMMISSIONER LEADHOLM: I think I'm going to speak more as a mother rather than as the Commissioner right this minute. Again, we've touched on it. It's about listening; it's about understanding. What is the pushback? I think being, whether you're a single parent or whether you're a parent with a significant person supporting you, it's very hard to think that something is hurting in your child because in some respects that empathy, you start hurting yourself. Meaning how you feel and what can I do? I believe as professionals and as kind of parents, we need to be able to speak out and reach out to each other so I do believe, as people have suggested here, it's about listening, it's about offering the resources that are available, making the analogy in a language that is understandable and I cannot say enough about the educational efforts in the schools with friends and family members because I think we need to think larger in terms of who is out there to support someone in admitting or seeking help for a child.

AUDIENCE: Hi, my name is Chris and I've been in recovery from depression for over twelve years now and I had a lot of childhood depression that wasn't diagnosed or recognized. One of the things that was tremendously important for my recovery was peer support and the film talked a little bit about groups for children of adult alcoholics or, and a little bit about therapy groups but I was wondering if the panel could talk a little bit about the role of peer support for it's role in recovery both for children and people who are suffering from depression but also family members? Thanks.

JEANNE BLAKE: Dr. Norman, you want to take that please.

DR. NORMAN: I'd be happy to. Actually I have some materials and I can share those with folks because most of what we develop is developed with young people, for young people. It's extremely important, the peer support, whether it's about depression, whether it's about anxiety, whether it's about violence, which we know especially for youth in the City of Boston, often is

connected to depression. So what we always try to do, the mantra for the programs that are directed towards adolescents and that have a mental health focus is that everyone deserves someone to talk to and that someone doesn't have to necessarily be a parent. If a youth doesn't feel comfortable with that initially, or with a teacher or principal, it can often be with a peer and that conversation which is many times facilitated by an adult or a young adult, is then able to move that person, that young person to services and to care that they need so we think peer support is very important.

JEANNE BLAKE: Thank you Dr. Norman. Mike's friend Josh is here and actually, you know what Josh, I just would like, if you don't mind, do you mind if I ask you a quick question. You did what a lot of young people wouldn't do in really speaking up and telling your parents so that they would tell Mike's parents that something was going on with Mike. Were you concerned about violating any rules of your friendship or that maybe he would be mad at you when you did that?

JOSH: I didn't even realize I had helped him 'til the video came out!

JEANNE BLAKE: Did you hear what he said? I didn't realize that I helped until the video came out. What Josh did is he spoke up and he wasn't afraid that he was going to alienate - apparently you weren't afraid that you were going to alienate - your friend, right? And so that speaks to your confidence. It speaks to your affection for Mike. It also speaks to the issue really of helping young people. It's important that we talk about this, the different ways that we can help young people realize that it's they have somewhat of an obligation-that might be too heavy of a word- to speak up if they know that a friend is in trouble. You know the front page of the newspaper this morning, talks about the suicides in Nantucket and we'll get to that in a moment but Dr. Rauch can you talk about that for just a moment please? How we can help kids understand they are not breaking a promise if someone shares or confides that they are in some kind of pain or that they are confused and that they do tell an adult that they trust.

DR. RAUCH: One hopes, again, that these are messages that start early. That when it comes to safety, don't suffer alone, don't worry alone, talk to someone else, get help. And I think it's important for kids and teenagers to have the idea that they can come to a range of people; hopefully

to their parents, but also to a favorite teacher or a coach; someone who they trust, and not to worry alone. I think across the board, even the teenagers who are not meeting the criteria for depression are experiencing all kinds of stress and distress during these adolescent years and no one should be managing all that teenagers manage without getting good consultation. Really, emotional health is not being so independent that you don't get help. In fact, an adolescent who doesn't ask for help is a scary person. What you want is for teenagers to be going to the people they trust and care about and talking through those worries and making that explicit, whether it's about a team member, whether it's about a friend, whether it's about a sibling. Don't worry alone, don't suffer alone, come and talk to someone and having the family value. I think, that when things aren't going well, when as a family you don't see things getting better for your child that you're someone who gets consultation and that, you would do it for your car, you certainly should do it for your teenager.

JEANNE BLAKE: And Mike went to his school counselor, which was the turning point in your family's experience Ronnie?

RONNIE HAUS: Yes, we really needed to hear it from the outside and we were lucky to have access to resources and the schools and Michael's peer group. I mean, there was a time, it felt like forever, where Michael, we were looking at day, getting through day-by-day and there were days when it was his peer group that got him through to the next day. And we knew that and we tried to talk and communicate with them about you know, thanking them and also reminding them that you are part of our team and it isn't ultimately your responsibility but you are very likely to hear things from Michael before we hear it because he was telling them that first. So building all of those relationships and working with your network and community is very important.

JEANNE BLAKE: Thank you. Thank you.

AUDIENCE: My name is Bob Anthony with Adolescent Wellness and we've learned today the importance of giving kids the words around depression to develop the insight to recognize symptoms and to act on their observations. My question is whether the folks who helped put this together today

with the Department of Mental Health, is actually talking to the Department of Education regarding the existing health curriculum framework which I know hasn't been updated for a few decades, right?

COMMISSIONER LEADHOLM: This administration is very concerned about inner-agency discussions, conversations, and work and it is certainly something that we have begun in terms of how do we work together more collaboratively? You are absolutely right. There has been a disconnect and I think it is an important issue that frankly I just wanted to run through very quickly a few statistics. One in five children have some sort of mental health, behavioral or emotional problem. One in ten may have a serious emotional problem. Among adolescents one in eight may suffer from depression. Of all these children and teens struggling with emotional behavioral problems only 30% receive any sort of intervention or treatment. The other 70% simply struggles through the pain of mental illness, emotional turmoil and doing their best to make it to adulthood. So I do think there is a lot of work ahead of us and communication between various agencies must be enhanced and certainly Boston is leading the way with their work and I greatly appreciate that.

JEANNE BLAKE: Dr. Norman do you want to add something to that?

DR. NORMAN: The numbers from Boston are very different from what the Commissioner mentioned. We look at, well we look at it as people know there are data sources from a number of different places and so the numbers that we look at that pertain particularly to teens: two major surveys, one's the Boston Youth Survey the other is a behavioral risk survey and those two surveys are done in Boston Public Schools with over a thousand different students and we do, they are done every two years, and if you look at 2006 versus 2004, you'll see for mental health related questions there is a steady little increase, it's not an dramatic jump but there's a steady little increase and I think one of the things that we do along with many different partners many of whom are in this room are pay attention to those blips and try to look at the different programs and services that we can offer that can hopefully make a difference. One of those is the fact that, and many people don't know this is that the Boston Public Health Commission actually runs eight student health clinics within eight of the city's high schools. We'd love to see that number be higher but we work with the eight that we

have and those eight clinics have, just over the past year, we've increased the number of providers, specifically mental health providers, so that we now have six full-time mental health clinicians who cover those eight clinics and you know, we're, I guess in some ways we're happy to say they are very busy but we, you know, we'd love it if they weren't as busy but they are busy and they're busy seeing students who are coming in to talk with them about many of these stressors and issues that you are hearing about so.

JEANNE BLAKE: Dr. Norman, I know that Mayor Menino is very committed to the issue of Mental Health and making sure that young people have their needs addressed, and I, and I'm also aware Commissioner that the Department of Public Health has substantial funding that is going to be used state-wide to address this issue in young people and in adults, I believe. You, have a question?

DR. PRINCE: Actually Jeanne can I just add one other? Because there are already and these are exciting developments but there are already a number of organizations that are really reaching out towards schools, towards parents and we have some of them here, the Parent Advocacy League in the State of Massachusetts has been wonderful. There are organizations through family resource centers here at North Shore within Partners and other hospitals that have parents helping parents groups. So that when somebody's identified like maybe this student in Gloucester, we might be able to connect that mom up with another mom of a child who suffered depression who didn't realize it. And you know, moms have a lot more cache with each other than with doctors too. Or school nurses sometimes. The other issue is for siblings is there are number of opportunities and things called Sib Shops that are really designed to help improve the conversation among siblings of the family members who suffer these illnesses so there are a lot of these services going on and available within the state.

JEANNE BLAKE: On the back of the program there are some links but Dr. Prince, how can people learn about those.

DR. PRINCE: Well, so, up at North Shore Medical Center we have actually Marguerite Roberts here, we have a family resource center so either on the North Shore Medical Center website

or the Family Resource Center at North Shore and I'm happy to give the number if that's appropriate but um,

JEANNE BLAKE: Sure, give the number.

DR. PRINCE: 978-354-2660 um, there's similar resources for children and adults at McLean Hospital and at Mass General as well and I know throughout the State and the Parent Advocacy League. I don't remember the name but I think the website is www.pal.org.

JEANNE BLAKE: Right, I think that is on the back of the program.

DR. PRINCE: Okay, is that?

JEANNE BLAKE: Yes, there are good resources on the back of the program.

DR. RAUCH: There's important information for Pediatricians too with consultation to pediatricians by child psychiatrists. So I think that's another connection that's going on. To an earlier question about how to help the single mom, I think that everyone in this room wishes that access to child mental health services were simpler and I think sometimes families with fewer emotional resources need our help to actually set them up with an appointment. People with lots of resources can be pretty daunted by negotiating mental health systems. But when someone has an appointment and knows where they can go, that already takes care of many hurdles.

JEANNE BLAKE: Commissioner could you please address the need for mental health parity in Massachusetts while we're close to that topic please.

COMMISSIONER LEADHOLM: Sure, it's very significant this year that mental health Parity is being looked at again and the issue is both Representative Balser and Senator Candaras are sponsoring full Parity that we are very hopeful will pass and the issue is to really move away from kind of an artificial distinction of biological and non-biological illnesses so we're quite hopeful that parity will pass. The issue for us is that we believe that in some respects by not having parity we're saying, we're continuing to support the myth that somehow there's a difference between medical illnesses and mental illnesses, and we're really looking to put it on same ground in which all diagnoses in the DSM floor will be covered, and that we know, in some respects, by passing full parity

we're admitting that the illnesses are on the same ground. People should have access to treatment and that it is an important statement as a State that certainly has supported universal health coverage and we want to make sure that all illnesses are covered within that insurance paradigm.

AUDIENCE: My name is Joe Walsh. I'm a parent of a 22-year old son who has suffered at least since Junior High School and my question I'd like to shift to the doctors, please, regards medicine. As a parent it seems like such an inexact science and that there seem to be very serious side effects with some of the popular medications. Is there any reason to be optimistic in the near future that things are going to improve?

DR. PRINCE: Well I'll take that up. Certainly the use of medicine and the consideration of using antidepressant medicines is important and really in this country since 1988 we've had what are really safer medicines and what I mean by that, and I'll just -those that include the prozacs, et al. of the world and it's not necessarily that they are even more effective than some of the older medicines that have really been around for about 40 plus years, it's just that these medicines are actually safer in overdose and they generally have less side effects; that's the reason we like them clinically. Now all medicines have side effects and I've not yet really met a parent who would prefer to have their child take medicines. I've met every parent who would prefer to have their child not suffer, so the dilemma is always what role does it play? And so I'll just use maybe Mike as an example since he's volunteered himself and as he mentioned that his second time in the hospital, in the DVD, he kind of learned that he didn't need to be perfect all the time. Well often in taking medicine, you know, never really teaches you anything, but it can set the stage and so perhaps it would set the stage for someone like Mike to be able to accept that "you know what, I don't have to feel perfect all the time. I'm not flooded, consumed, overwhelmed with all of these feelings" which I thought was a wonderful way to put it, that lack words. We don't have words for some of the things people experience. That's what medicine can do, but taking medicine never in and of itself changes your mindset, that, that's and so it's really the interplay between those two things. One issue in particular that's garnered a lot of attention in the media is the issue around suicide and

antidepressants and that's the thing everyone is afraid of and there's a lot of mortality associated with depression and I'll just address that in a couple of ways because we have a lot more hard data about the use of antidepressants. We know, in fact, that antidepressants do work in young people. We know in fact that in children studied as young as seven years old we have a medicine that is approved to treat depression. On the other hand, we know that they are not for everyone. On the other hand we know that, and suicide is the third leading cause of death amongst our young people in this country under the age of 24. All right? When we use an antidepressant medicine, we change the climate; these are climate medicines. People take the medicine, it makes changes in our brain and then we believe that as the brain and the mind adapt to those changes we see relief in suffering. Sometimes those changes don't go in the right direction. So that close monitoring is crucial. On the other hand, if we look at it in big groups of people, we know the most likely people to kill themselves are those who have a depression and they're not treated either with therapy or medications. So it's a dilemma and we take the hard data and try to apply it to this child in this situation in this family and make sure there's appropriate monitoring, that people know what to look out for if this goes in the wrong direction here's what you do. And so anyway that's, that's how we think about these issues with, as Jeanne so well shows in the DVD, a lot of depression doesn't require medicine, but depression that's probably moderate or marked or severe, or depression that's associated with some other symptoms may not respond at all to treatments- psychological treatments- without medication and in fact it's been shown that really and recently in a study sponsored by the NIMH is that antidepressant medicines in children help alleviate suffering from depression more quickly initially than therapy. But then in the long run therapy helps keep you well so it's like the medicine gets you on the road and then the therapy keeps you there so it's really the combination that seems to be the most helpful.

JEANNE BLAKE: Dr. Rauch and Dr. Prince could we have you address a little bit more how there is consultation available to pediatricians because we know that the only possible downside, and I hesitate to even say that of their growing awareness in recognition of depression in young people, is

that there are already as we've heard the resources are strapped they are stretched thin. So can you talk about the program I know it's got a Mc something acronym?

DR. RAUCH: I think Dr. Gold is in the front row from McLean and Partners Psychiatry is probably the best person.

JEANNE BLAKE: Okay, Dr. Joe Gold is the Chief Medical Officer at McLean Hospital. If you could stand for this please? Thanks.

DR. GOLD: There are a number of folks in this room. Lisa Lambert from PAL, other folks who helped work together to design and speak with and persuade the Legislature that we had a good idea for a program that is now administered through the Department of Mental Health and the Mass Behavioral Health Partnership. In a nutshell it makes available a senior child psychiatrist immediately by telephone to a pediatrician free of charge to call us by phone and get advice on anything; A developmental issue, substance abuse issue, depression or mental health issue, to better understand what they're looking at and what treatment or resource might be indicated. If the pediatrician believes that they're in over their head and need some further help or there needs a more specialized evaluation, that, that child can, guaranteed, be seen within a week. The legislature has fully funded this so that in really what's a very cost effective way there are six hubs now spread across the state and over 92% of the primary care pediatricians in Massachusetts have enrolled, so if you do the math of the 1.5 million children, adolescents in Massachusetts, 1,400,000 are now covered by this project. It makes it possible often while the parent, usually the mom, is still sitting with the child in the pediatrician's office for that question to get answered and for help to be rolled out. I just would add one other thing that McPAP is one example of a number of effective and large-scale projects that are going on. Folks were talking about the school nurses earlier. The school nurses have been very active and tremendously helpful in working with the school physicians to roll out a new school health manual that's now available on DVD and in hard copy and it does have a new, very modernized module on depression.

JEANNE BLAKE: I'm going to ask you just for just to stay with me for one more question to shift gears just a little bit and then we'll get to the questions on the other side of the room. My advisors on this project certainly learned in walking through the process how concerned we were in how we handled a number of the issues: self injury, the issue of medication, and also suicide. It's incredibly important that these topics are dealt with in a very careful manner with young people and for the professionals in this room that work with young people, in addition to the resources that you just mentioned. What words of wisdom do you share, I mean there are guidelines for, I was distressed I have to see, to read in the Globe, and I don't know if you'll share this, that because this is something that I've been taught by my advisors, you don't talk about the methods of suicide. It's just you don't, you do not do that. And so I was disturbed to see that in the Globe today. Can you help us understand the issue of contagion suicide and why we must tread so carefully on this?

DR. GOLD: That's a very tough one and I'm not sure that any of us exactly have wisdom about it and I will welcome comments from other folks sitting in the room. There are a number of towns in Massachusetts, towns and cities that have been besieged over the last five or so years with any combination of multiple suicides, fatal car crashes, deaths by drug overdose and in some locals was by Oxycontin. These things go by various names. Clusters which cluster sort of captures it by an epidemiologic or public health vantage point. Some people refer to it as copycat events, which is a term that I really have trouble with. I think what we're trying to get to is in these towns in which people have made very considerable efforts through the schools and through the churches and through other organizations, sometimes it's hard to get out ahead of it. You were talking to Dr. Norman about the surveys. The numbers are large. The numbers are large of kids who express depression and express or check off on the survey that they have thought about suicide. So we know it's common to think about it, but the key is the movement from thinking about something to acting on it and that's where it gets very scary and then when we talk about wisdom, I think we're going to have to- the kids who are no longer kids, who are older and have figured part of this out, the professionals- we are all going to have to work together to get a better handle on this. The most worrisome thing

about the clusters is that something that seems unthinkable okay to think about but unthinkable to actually do, suddenly becomes on the menu of options of something that you could do. Another kid did it, maybe it's not impossible to do it and I think that's the, that's the phenomenon that we have to get out ahead of. We talk about addressing the kids at risk, I think we have to talk about all of the kids and create schools that feel more comfortable and healthier and happier. The kids at risk are all of our kids and we have to create a different atmosphere in the schools and there are a lot of folks in this room who have worked on that through violence prevention and bullying reduction and substance abuse programs. There are many different ways to go about this. The key I think is to teach people that it's okay to talk about it and to acquire some skills that you need in every facet of your life and one of the key ones of those is to be able to tolerate strong emotion and not take action on it and that's the sort of skill that Dr. Prince was talking about. That's one of the key ones that can be taught in psychotherapy but it can also be taught as part of public school education.

JEANNE BLAKE: Thank you Dr. Gold. We'll come back. I want to give the other side a little bit of a chance, they've been ignored..

JOSH: I was just wondering how you feel about the potential over -diagnosing of depression and how that might affect like differentiating between people who are actually depressed and as you said, just typical teenagers?

JEANNE BLAKE: Jump in.

DR. RAUCH: I'll take this one. I guess I'm not so worried about it. I think appropriate treatment makes sense. If someone says they are depressed, it's an inner experience, they are depressed or there's something wrong that's internal whether you call it depression, whether you call it being overwhelmed and my feeling is that a person who feels overwhelmed and is suffering deserves help and company on that path. I think what you're maybe alluding to is the idea that maybe too many kids are on medication and I think that's a more complicated discussion about what's the right intervention and I think more and more I agree with Dr. Gold that it's not just some kids who are at risk it's every child who's at risk. We live in a complicated world and we need to be

focusing on what emotional health looks like and how do we help young people of all ages to feel hopeful about their futures to feel like they can solve problems in positive ways and not feel like the only options they have are the quick fix of checking out and suicide being one of those very troubling and tragic ways of solving a problem in a way that no one would support. So thinking about giving young people the skills and tools to manage complicated feelings to feel like they can make the things that they want to make happen in their lives, that they have a sense of mastery and agency and also that when faced with obstacles they have the confidence that they can get beyond those obstacles.

JEANNE BLAKE: Alright. Thank you.

AUDIENCE: Hi, my name is Margaret Hannah and I'm here representing the Massachusetts School of Professional Psychology but also a model called Project Interface and I just wanted to piggyback on what Dr. Gold said. It actually, Project Interface is supported this year as a pilot out of McPAP and what we're doing is bringing people to the resources in three communities right now. It's all around community which we've talked about today and the website is www.projectinterface.org and it's really just a model which is "where are the resources" and "how can we as a community work together and break down some of the silos that often exist within helping people with access to mental health services." So I just wanted people to also look at that website as a place of "here are some of the resources and access." It also has by-member password in the three school systems that we're in right now; Waltham, West Roxbury, and Newton, and access to clinicians. So I think that it really speaks about the issue of community that you were talking about and when I heard Josh speak about he really didn't think about it when he, and how much impact he had when he went to the Haas' it really touched my heart because what that said was that the Haas family had set up a wonderful community among Josh's peers and that Josh felt so comfortable with the Haas' but he didn't even think about it, he just said, "I'm gonna go to them" and that's really what we're trying to do. As I often say to people in the communities, your kids may not want to talk to you, but your kids' friends do. So what are you doing in your community to make sure you as a parent are a role model to somebody else's kids, and that's really what we're trying to do with Project Interface, is to set up

this kind of thing so I just can't help but say Josh, you're great and the Haas' wonderful parents so thank you.

AUDIENCE: Hi, my name is Sue Hanley. I'm a Middle School nurse in Westford, MA and Bob Anthony I attended your suicide across the lifespan and we have put a curriculum into our school for 6th grade about stress and this year we're hoping to do one on depression for 7th graders. I'm thrilled about this DVD. I also have lived with depression. I have an 18-year old daughter who has had two overdoses and is a cutter. Mental health is my passion. My question and my frustration, I think, is when you talk about what is not available. Um, I have been through the ringer with having a Section 12 filed on me, and being sent to mental health facilities and there's just not enough so you can say your child needs to be inpatient or they need to be in DBT therapy but there's nothing out there, especially for adolescents. What can we do and what are we doing?

DR. PRINCE: Well, we share your frustration and the, we are in the process, you know, we all try to do a good job and lead by example, and really help families working with an extraordinarily frustrating system and really rely on people such as Lisa Lambert and other parents like yourselves and the Haas' who have direct experience to try to make the system more friendly. And as Dr. Rauch mentions you know, going and really doing some of the legwork particularly for the more vulnerable, I mean here you are as a person with lots of resources and it's hard to get service. Imagine if you're a single mom um, you know, and others have written about their difficulties I mean, um, I'm not sure

AUDIENCE: SUE HANLEY: You know, that, it's interesting that you say that because I am a nurse, so I have. I'm in the field, and I spend hours, days, you know, the things I've had to do for my daughter and I've always said that I'm in the profession and I kind of know what to do. What do these people do who have no idea what to do?

DR. PRINCE: Well they're counting on us and we have to be present and available better. And all the resources that are here are really going towards trying to do that in this Commonwealth.

JEANNE BLAKE: Commissioner can you address what parents might be able to anticipate in the coming six months or year that will make it, the system, more accessible?

COMMISSIONER LEADHOLM: Well as I underscored, we are very hopeful about the passage of Parity, and again we just see that as setting the bar. Kind of the minimum foundation so that at least whatever kind of coverage you have, you have access to services. So that is certainly one part. The other is, as we look at our budget, whether it's the Department of Mental Health who is obviously serving the most vulnerable, and as we look at our systems of care, we really are anticipating kind of how can we simplify the system and that's on a multi-faceted approach, I mean I think we need to do educational efforts, I think we need to look at our partners, whether they're healthcare professionals, whether they're advocacy organizations, certainly there are many, many resources and we do hear you. It's not a quick fix. It's really all of us here in this room, each of us saying "well what is our role in the maze" and not making this a more simplified, straightforward someone-has-identified-they-need-services and how do we support -that- you in whatever way is needed.

DR. PRINCE: I'll just add another thing to piggyback along with what you are saying with the McPAP project. Within the McPAP sites there is a care coordinator so the, you know, everyone has a primary care doctor, or each child should so that that physician will have access to that care coordinator who in theory and in practice is out there partnering with the pediatrician, with the parent, trying to identify the appropriate sources so that if we're looking for a DBT group in daa daa daa daa, then we can try to help find those resources and bring all those things together to make them more accessible. We'll just make it more friendly and easier to get help.

DR. RAUCH: Mental healthcare is expensive. It has to do with relationships. It's when someone commits to patient and clinician working together it's usually a long term relationship, and those long term relationships are expensive. So even though nobody wants to talk about money, we really have to look at reimbursement because when the facilities feel that it's not cost effective to

provide this kind of care, then, then people stop providing the care and that's really not what any of us want or need.

AUDIENCE: Hi, I'm Laurie Martinelli from NAMI – Massachusetts and I just want to validate what you're saying because indeed we do have a crisis in access for children with mental health in Massachusetts. But I just want to add to what the Commissioner said. There's two things on the horizon that we hope will bring about necessary change and more resources. One is Rosie D. which probably many of you heard about, which is a federal court case which is really going to require Mass Health to put thousands and thousands of dollars and really change the way they do business for children in Mass on Mass Health which is about a half a million kids who have behavioral health problems. So that is changing a lot of the agencies and I know the Department of Mental Health is involved in it. But then there's also a bill that Representative Ruth Balser is sponsoring with Senator Tolman that is looking at children's mental health in the private sector outside of Mass Health and its talking about the changes that need to happen with that. So I would say help is on the horizon. You're not, you know, this is really a problem, but there needs to be a lot more work done in Massachusetts because there are not, people cannot get access. We hear that every day at NAMI - Mass and um, I just wanted to mention those two things and also mention NAMI did a report card of all the states in 2006 and the children in Massachusetts got a lower grade than the adults and I think it was, was it a D? It was a very low. It was a low. It was a low grade so I think there's absolutely room for improvement. And I just want to applaud this program.

AUDIENCE: I just want to make a comment. This is an incredible advocacy thing and if we can just create a ground swell for parents and teachers and people who work with kids every day to increase the demands, I think it's the only thing that can happen. I work with school-based health centers there are 50 in the Commonwealth. They almost all provide mental health services and they have chosen to focus on improving the quality of the services which is also a key component, not just putting a name out there.

We've heard a lot about it. But I really wanted to encourage the policy makers to do things to make it easier for people who work in schools to identify children to work together. There's tremendous issues around Silos and failure to collaborate and to really make the insurance programs work. All of these programs need to make it work so kids can get access no matter who their primary care provider is, no matter who the insurer is, whether it is private or public to quality care and that is a huge mountain to climb and I realize it but we'll support you 100% in doing that.

JEANNE BLAKE: Thank you.

AUDIENCE: I'm Susan Peppercorn from Wellesley, MA and I have a 9-year old, well my son is now 14 but was diagnosed with bipolar disorder at the age of 9. We were very fortunate to find an excellent psychiatrist to help with that diagnosis. We've talked a lot about adolescent depression. Can you talk about any resources that might be out there to help parents and educators identify depression in younger children? Thank you.

DR. PRINCE: Well, certainly there are a number of screening tools that may be available and sort of the screening tools fall into two, two broad categories = a broad base that just looks for sort of signs and symptoms of distress. One of the ones that's developed by Mike Jellinek and Mike Murphy through Mass General is called the Pediatric Symptom Check list and it's in the public domain. That's one sort of screening tool. Another one specifically for depression is called the CES or the Center for Epidemiologic Studies, depression tool and that's being used in both pediatrics and in adolescent medicines, studied widely throughout the country. I would sort of turn you towards a website that a friend of mine, Jeff Bosik and others developed at Mass General. It's all one string called www.schoolpsychiatry.org and it really has resources about screening instruments. It gives information for teachers, for parents for clinicians about disorders and it also incorporates suggestions for schools that use, depending on diagnosis for 504, making 504 plans and to incorporate into the IEP's. So that's a resource, www.schoolpsychiatry.org around screening tools.

COMMISSIONER LEADHOLM: And I just want, kind of picking up on what Laurie was talking about in terms of the Rosie D. remedy. I don't think any of us like to face a lawsuit in terms of

considering how we change what the system is currently doing. But for us, frankly, it has created an opportunity to really bring all the agencies together and really think about some of the systemic issues that the young woman from Western Mass was suggesting and in looking at how Mass Health people are screened. I mean, it really is allowing and supporting all the pediatricians in their offices to screen for mental illnesses whatever the age of the child and to have the earlier identification of mental illnesses following up with a referral. And really from our standpoint not using the remedy and the various planning that we need to do regarding the remedy but actually use that again as the foundation for Mass Health and then transform the system so that regardless of payer type you are really supporting early identification of all children in the office of a pediatrician or a nurse, and then from that is an earlier referral and access to treatment. I just caution us though. I mean this is a major change for everyone and I do once again appeal to all you in the room: this is not something you can look to a policymaker, a legislator, a physician, a hospital system, the school system. This is really a partnership that has to cross beyond kind of just who you're typically working with but really much more of a consensus building and partnership across all lines in terms of who touch children and families.

JEANNE BLAKE: Thank you Commissioner. We have two questions. Dr. Gold we'll finish with you. This gentleman has a second-to-the-last question.

AUDIENCE: Thank you. I'm Buck Weaver. I'm a clinical psychologist and we have an office in Nantucket where we've suffered these losses. I have a comment and then a couple, just two questions. One is the most recent, over the last three weeks have been honor students, they've been terrific athletes, they've had good social networks and it's an unbelievable tragedy that we've lost four kids over the last year or so, I know other communities have gone through the same. My questions are really about how do you, many of my questions have been answered, this has been a great forum so thank you all, but how do you talk to other kids that either know kids that have committed suicide and died, about to explain to them why this happens and secondly it's difficult to know what to advise

them to do if they know someone that they are worried about. I don't know whether you could address those two.

JEANNE BLAKE: Dr. Gold do you want to take that because of your expertise around suicide and I think Dr. Rauch could certainly add something to that.

DR. GOLD I'm sorry that you are going through this it's awful. I don't think we know the answers. It's what I was saying before that we're going to have to put our heads together with kids in the school, kids who have since moved on and understand, with the faculty of the schools and with the community. It's hard to get out in front of. This sort of a program on the adolescent wellness curriculum and the school nurse's curriculum it's starts, all these things together start to create a new culture in which it's okay to talk about it. It's okay to talk about having very strong feelings or very scary things going through your head that didn't used to be okay to talk about. So then if it's okay to talk about, then you can start to get to the question of what's a normal, strong feeling and what's depression and maybe it's only depression if it's really impairing your capacity to function and do what you want to do everyday. Otherwise, it's just a lot of strong feelings which we've all got. We, we're going to have to make it okay in the way that we've talked about both at home and in the schools to talk about this stuff and to more glorify people who have the courage to talk about it and the courage to struggle with it and recover from it than it is the glory of the everybody getting together to mourn the last tragic event which we all have to do but we've got to celebrate the kids who are fighting through and doing good and managing. The other thing I wanted to say is that on the answer to the help for earlier and the access to services, we've got a lot of work to do. There's good news, McPAP, or the service of the pediatricians is good news and we're the first in the country to have this and if you're listening closely to what Commissioner Leadholm and others up here are saying we're pretty close to being the first in the country to having an early detection method. If every primary care pediatrician in the Commonwealth starts to screen for autism in toddlers and infants, if they start to screen for psychosocial dysfunction we call it the PSC, or just having troubles and then go on from there. If they start to screen for mental health problems and use simple tools like the graph which

came out of Children's Hospital to screen for substance abuse, pretty soon you have a capacity to catch a lot of things early in their course before they become more severe. At this point, every major payer in Massachusetts has agreed to pay a modest amount to each of the pediatricians each time they screen for something to just make them not lose money on the effort to look and to ask the question and now, through Rosie D., Mass Health will be joining in that so it will be possible for a pediatrician to do it on all of the kids. So we have some things that are cutting edge that are really starting to improve things but we have to tell the plain truth it's not good enough. It's not good enough yet. It's too hard to get the care even when you recognize it. Even when you overcome this stigma, it's too hard to access care and there are lots of places in this state where it's harder yet. And the medicines aren't perfect and we will get better at that too. It's going to turn out that depression is likely ten different things suddenly different and that each of them will respond to a different treatment, a different therapy, a different medication and eventually people will be spared the trial and error of going through three things that didn't work or had side effects to get to the one that do.

JEANNE BLAKE: Representative Balser, then Dr. Rauch. I know that you'll understand if we pass the microphone to Mike for a final comment. Thank you.

REPRESENTATIVE BALSER: Good. I just wanted to thank the Commissioner for mentioning the Mental Health Parity Legislation that I have filed this session and I wanted to thank Laurie Martinelli for mentioning the Children's Mental Health legislation that I have filed and I just couldn't resist the opportunity to encourage all of you to know that there is action that you can take. Legislation does make a difference and we could pass these two pieces of legislation this session and it would change the face of mental health care in this Commonwealth. Mental Health parity would make sure that all insurance plans cover all psychological disorders to the same extent as all other medical disorders and the Children's Mental Health legislation would get at the very problems a lot of you are talking about, about access and building the infrastructure of care both in the pediatrician's office and in the schools and in our mental health system so I'm going to ask all of you to write your Representative and Senator after this meeting and support, Steve Cidlevich, tell me if

I've got the numbers wrong. The Children's Mental Health bill is House 4276 and the Mental Health Parity bill is House 4423 and I would ask you to take all of this wonderful energy that you have and all the caring and concern and get to the policy makers to make some change and I also want to make sure that folks recognize Representative Harkins and Representative Wallace who've joined the group since the introductions.

MIKE HAUS: This is in response to Nantucket. Needham and Wellesley went through a very similar phase for a time and I know specifically for my friends or people I know, there are definitely people who want to move past but there are those who don't want to and can't and I know a big problem in the Needham and Wellesley Schools particularly was that they were being told that their time for grieving is over and it's time to go back to their regular life and it's time to get back on track and it really messed up a lot of kids and it really sort of being, and the resources were taken away after like the two week sort of you can be sad now time. So I guess putting a limit on that would be probably, I've seen it hurt a lot of kids more than help.

JEANNE BLAKE: Michael, thank you. We could go on. I hope this is the beginning of a discussion that will result in a lot of change. Thank you again to our panel for all that you offered throughout the last two years. To Paula and Jeff, the Hass', and to George Handran, of course, and to all of you. Thank you for taking time to be here this morning.