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Tackling the issue of teen suicide

CAROL GOAR

Canada holds the unhappy distinction of having the worst adolescent suicide rate among the world's leading industrial powers. Every year, 300 kids between the ages of 10 and 19 kill themselves.

"That's like having two airplanes with 150 people aboard fall out of the sky," said Richard Guscott, a Hamilton psychiatrist who specializes in treating children with mood disorders. "We're dealing with a huge crisis. Why aren't we outraged about it?"

What makes Guscott angriest is that the tragedy is largely preventable.

Depression among young people — which accounts for 75 to 90 per cent of suicides — can easily be treated. Problems that seem overwhelming to a teenager with an undiagnosed mental illness are usually manageable, once he or she gets help.

The trouble is 80 per cent of these kids suffer in silence. Their condition is never identified or treated. Their parents run themselves ragged, trying to convince doctors, teachers, social workers and school board officials that something is wrong.

"There is nothing more isolating than caring for a child who is in an acute psychiatric emergency," Guscott said. "It changes people utterly."

Senator Michael Kirby, who heads a committee examining Canada's mental health system, got a glimpse of this netherworld during a visit to Toronto this week.

He heard from 30 child psychiatrists, medical researchers, mental health advocates and parents at a roundtable on kids and mental health, organized by enlightened business leaders and hosted by Scotiabank. One message came through loud and clear: Canada is failing its next generation cruelly and needlessly.

"If mental health services are the orphan of the health-care system, child and youth services are the orphan of the orphan," said Simon Davidson, chief of psychiatry at the Children's Hospital of Eastern Ontario.

It was a day of grim statistics and painful anecdotes.

★ In Ontario, an estimated 530,000 children and adolescents have treatable mental illnesses, but only 150,000 are getting care.

★ The youth suicide rate — 18 deaths per 100,000 — actually understates the loss of life because many kids overdose on drugs or die in violence. It also masks the staggeringly high rate — 108 per 100,000 — among aboriginal youth.

★ Children wait one third longer than adults for psychiatric care in Ontario. They wait seven times as long as patients needing MRI or CT scans.

★ Canada produces just 10 child psychiatrists a year.

Jean Wittenberg, who heads the infant psychiatry program at Toronto's Hospital for Sick Children, told Kirby that parents typically wait a year to see him.

Peter Szatmari, a specialist in autism who heads the psychiatry division at McMaster University, said parents are driven to the Internet — where they get unfiltered and often exploitative information — because they can't get the help they need within Canada's public health system.

Guscott described interviews with parents who'd come to him in anguish after being told by well-meaning, but ignorant, family doctors that they were to blame for their children's mental illness. While struggling to deal with a disturbed child, they were racked with guilt for being strict/ too lenient/ too uptight/ too unstable or too unhappily married to provide proper guidance.

Nasreen Roberts, director of adolescent in-patient and emergency services at Queen's University, wondered why school psychologists — society's first line of defence against mental illness in children — are always the first to go during government cutbacks.

As a member of Parliament's unelected upper house, Kirby can't solve these problems.

But he can force fellow Liberals to confront the reality that Canada is doing an abysmal job — worse than the United States, Japan, Israel, Bulgaria, Belarus or Ukraine — of addressing the root causes of teen suicide.

He can make the case, when his committee tables its report next fall, that skimping on treatment for children with mental illness is a false saving. The down-the-road costs — in lost productivity, hospitalization and personal misery — dwarf the price of acting early.

He and his Senate colleagues can use every public platform available to them to deliver the message that mental illness is a sickness, not a weakness. The reason millions of Canadians — especially children — don't seek treatment is that they're ashamed to admit they can't cope and afraid people will

think they're just not trying.

It is wrong that mental illness is relegated to the margins of Canada's public health-care system. And it's the kids who are suffering most.

Carol Goar's column appears Monday, Wednesday and Friday.

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