

Stalking a silent killer

After Gavin Craig and Kelty Dennehy lost their lives to depression and suicide, their families vowed to crack the code of silence around an insidious disease

ANN DOWSETT JOHNSTON

In the middle of August 2001 -- two weeks before he planned to end his own life in a nondescript motel in Washington, D.C. -- Gavin Craig headed home to Vancouver. For his parents, Heather and Lloyd, this was a joyous occasion, a rare opportunity to see their youngest son on home turf. In the two years since he first enrolled at George Washington University, they had been in constant contact, emailing on a daily basis. But it had been a long time since the gifted student had set foot in the rambling house on Summit Crescent. For years, this had been home base for his gang of physics brainiacs, geeky smart kids who worshipped Led Zeppelin and Stephen Hawking with equal abandon. Together they launched the Rock Trivia Club and Butt Ugly Shirt Day at Seaquam Secondary. This was Gavin's gang, and he was the effervescent leader: the one with the number pi scrawled all over his overalls, who counted on his fingers using the binary method, played a mean bass guitar and never met a math sequence he didn't love.

Now, the 25-year-old grad student, about to enter his final semester of a master's program in speech-language pathology, had arrived home with three classmates, determined to show them the people and places he held most dear. Over five days, he did just that: they headed up to Whistler to hike Rainbow Trail, hung out at the house with Gavin's older brother Matthew and his sister-in-law Tracy, and generally just goofed around. When it came time to head to Seattle for the flight back to Washington, they all piled into the Craigs' van and had a farewell dinner. At the end of the evening, Gavin gave each of his parents a long hug. "Physically," says his father, Lloyd, "he looked fabulous. In fact, I said to Heather, 'I don't remember seeing him so good.' "

When it came to reading their son's emotional barometer, the Craigs were exceptionally vigilant. At 19, Gavin -- a straight-A student at Simon Fraser University -- dropped a physics course. When his mother asked why, he said simply: "I can never be as smart as the professor." In retrospect, Heather sees this as the first sign of a spiral of self-doubt. The following fall he headed off to McGill in Montreal, and soon fell into a deep depression. "Gavin was classic," says Heather. "He was anxious, he wasn't sleeping and by Christmas he'd lost 20 lb."

In early January 1996, the Craigs flew their son home and took him straight to the family doctor, who said: "You're not the first person who couldn't handle university." The next day, Gavin saw a psychiatrist who told him not to worry, he would be fine. But he wasn't. Soon, Gavin began eating all the pills in the house -- 292s, Gravol, Aspirin. When he ingested paint thinner, his parents had him admitted to a locked ward, but he was discharged -- without drugs -- after a week. Less than a month later, Gavin drove

his Mazda into a tunnel wall. Says best friend Gord Ross: "It was explicitly planned, like a physics problem. The velocity, everything. Sometimes Gavin was too smart for his own good."

With a punctured lung, a broken right arm, several broken ribs, a shattered cheekbone and injuries to his frontal lobe, Gavin underwent 10 hours of surgery and fell into a coma. When he woke three weeks later, he couldn't walk or talk. For the next six months, he worked with a variety of therapists, and he also began seeing a psychiatrist, who put him on a low dose of Paxil -- one his mother calls "homeopathic at best." "Slowly but surely, he began to pick up speed," says Ross, who helped Gavin learn to walk again. "But his short-term memory wasn't what it used to be." And after his accident, he lost some of his dexterity on the guitar. "He would say that he was never the same," says his brother. "And the fact that he wasn't at his max really bothered him." Most distressing was Gavin's fear that his depression would return. "Next time, I'll depend on you to recognize the signs," he told his mother, "because I will not. I can't trust my own brain."

That fall, Gavin re-enrolled at Simon Fraser, studying math and linguistics. Although he needed extra time to do exams, the A-student was back: after graduating, he headed off to George Washington to do a re-entry year, a walkup to the master's program. As always, he distinguished himself. Carol Frattali, internationally respected for her research on the cognitive abilities of those with frontal lobe damage, had chosen him for a research externship at the National Institutes of Health. "I often forgot he was a student," Frattali told *Maclean's* in 2002, two years before her death. "Of all my externships, he was the one who held the most promise. I knew I would be reading him in years to come."

If Frattali was an important figure, Michael Bamdad -- clinical director of the speech-language pathology program at George Washington -- played an even larger role. A specialist in traumatic brain injury and Gavin's thesis adviser, he had a deep appreciation of his student's struggles. "Gavin had the most wonderful mind," says Bamdad. "And I'm amazed, knowing of his accident, how well he did. He was depressed before the brain injury, and then he had to absorb the fact that he had caused it. He really fought this sucker."

One week after Gavin Craig said goodbye to his parents in Seattle, they made their regular Sunday call to Washington. No answer. On Monday, still no answer. "I knew immediately he was dead," says Lloyd. In fact, three days earlier Gavin had checked himself into a motel. That night, he killed himself, leaving an extraordinary 21-page "apologia" to his family, written largely before he had headed west. Ruthlessly negative and ultimately hopeless, it offers a remarkable window into a severely depressed mind. He admits there are things he's going to miss: "Quentin's next movie; *The Lord of the Rings* series; Radiohead's next album; the brilliant bands that the future holds; technology in the next decade; the Mars colonization effort; the coming together of the world to end global warming before it kills us . . . There are some non-trivial things I'll miss. Playing tennis with Matt and Dad. Trying to figure out what post-modernism means with Mum. Going on hikes with Gord."

But, he says, "living is a series of disappointing events that break up an endless monotony." He takes a break from the letter to do his laundry and surfs the Web,

searching for a hotel to "die in." "Most people would deny it, but I argue that I am in a terminal illness that does cause endless suffering." Even as he writes, there's a wistful hope that "something will come about to slide away this need to die." He tells his family: "I really wish there was a way I could die and [make] it seem like an accident to save everyone a little grief." But in the end, he says: "No matter what I did, I couldn't escape my apathy, my depression. I'm sorry I have to leave you."

When Frattali heard the news, she was overwhelmed: "I have to say, in all our time together, there never was a glimmer of a dark side. He had a zest for life, and lived life so fully. It was the last thing I ever expected to hear, and the last person I expected it to happen to." After speaking at his memorial service, the mother of three said, "Everyone was reeling with sadness. Actually, it made me worry for kids in general, my own kids too. Depression seems like a silent killer, one we should all be afraid of."

In William Styron's brilliant memoir of his own depression, *Darkness Visible*, the writer argues that the disease deserves a new name. "Depression," he writes, is a "true wimp of a word for such a major illness," preventing "by its very insipidity, a general awareness of the horrible intensity of the disease when out of control." Styron calls it "as assertively democratic as a Norman Rockwell poster." And he's right. By the end of their teen years, many Canadians will have suffered a depressive episode. Later this month, the Centre for Addiction and Mental Health will release its 2004 Canadian Campus Survey, a random sample of 6,282 full-time undergrads at 40 universities across the country. Using a standard measure of depression and anxiety, 29 per cent of the students reported elevated psychological distress. In British Columbia and Ontario, the rate was markedly higher.

In fact, many campus counsellors across North America are witnessing an increase in the number of students seeking help with mental health issues. Says Bruno Mancini, director of student life and counselling services at the University of Guelph: "I've been here for 27 years, and we are certainly seeing more students who are truly clinically depressed than ever before." Mike Condra, director of health, counselling and disability services at Queen's University, agrees: "Depression is the number 1 mental health problem that we're seeing." In fact, Peter Lake, co-author of *The Rights and Responsibilities of the Modern University: Who Assumes the Risks of College Life?*, predicts that mental illness will soon eclipse alcohol as the No. 1 problem on North American campuses.

But while those aged 15 to 24 suffer the highest rate of depression and suicidal thoughts, they are also the least likely to seek help. Whether it's the complex nature of the illness or the stigma surrounding it, many young people suffer in silence -- which is tragic. "Depression is highly treatable," says David Goldbloom, senior medical adviser, education and public affairs, at Toronto's Centre for Addiction and Mental Health. "But even if it is treated properly, keeping people well remains an important task."

"The earlier the recognition and treatment, the more effective the outcome," says Athanasios Zis, head of psychiatry at the University of British Columbia, Vancouver General and UBC hospitals. "If untreated, the individual may suffer a significant setback from which they may have difficulty recovering." Over time, depression tends to dig in: once a person has had one episode, the odds of a recurrence are 50 per

cent; after two episodes, 70 per cent. "The longer the episode, the greater the anatomical disorder," writes author Peter Kramer in his new book, *Against Depression*. "To work with depression is to combat a disease that harms patients' nerve pathways day by day."

"So many people have said that they respect Gavin's decision to end his life," says Heather Craig. "But that implies that Gavin had agency. I believe the disease made the decision." Zis would agree. "If you tell a person with cancer that they have only six months to live, they don't hear it. But depression strikes at whatever the brain uses to create hope."

Of people who commit suicide, 90 per cent have at least one psychiatric disorder, depression being the most common. When it comes to adolescent suicides, Canada has a higher rate than many countries, including the United States and the United Kingdom. And while suicide is the second-highest cause of death for those aged 10 to 24, it's the No. 1 killer of men aged 25 to 29. Compared with their female peers, males are nearly four times more likely to die by suicide. Why? They're more impulsive, less likely to seek counselling and tend to use more lethal methods. They are also more likely to succeed on their first attempt. Says Zis: "In the developed countries where you don't have war, where infectious diseases are under control, depression is what plagues us."

From the moment they knew Gavin was dead, Heather and Lloyd Craig had no interest in masking the truth. In Washington to collect their son's belongings, they drafted his obituary, saying they had lost their "extraordinary and beloved Gavin to the ravages of depression and suicide." Sitting in his wife's studio two years later, surrounded by her radiant paintings, the lanky CEO of Coast Capital Savings struggles before he can speak of his son, but his voice is unflinching. "Gavin had a horrible disease, and it killed him," he says. "After he died, we realized the medical profession did not fully understand depression, the same way it didn't understand cancer in the '50s. We knew that research had to be our focus -- we want to help crack the code." Heather continues: "As a society, we have depression in an emotional box, but it's a physical illness. And at this point, we have no insulin for the diabetes."

Within a week of Gavin's death, the Craigs paid a visit to UBC, telling Zis of their determination to create an endowed chair in depression research. Six months later, the Craigs were co-chairs of the VGH & UBC Hospital Foundation campaign to raise \$2.25 million, kick-starting the process with a sold-out breakfast at the Vancouver Board of Trade, featuring B.C. Premier Gordon Campbell. It was a brilliant choice: that morning, the premier spoke movingly about his own father's battle with mental illness and eventual suicide. The room was transfixed.

Lloyd Craig's next step was novel. As CEO of Canada's second-largest credit union, he proposed that each of the 1.5 million members of the province's credit unions donate a dollar to the campaign. More than a million chipped in. "We knew we had cracked the assignment," says Craig. "From there, the trick was to backfill with other gifts."

As it happens, one of the most substantial commitments -- \$500,000 over five years - - came from a foundation in Whistler established by Ginny and Kerry Dennehy in memory of their 17-year-old son, Kelty. If you know his story, it's tough to watch the

video of his final vacation, a meandering collection of family scenes -- badly lit but good-humoured. "Dec. 23, Puerto Vallarta," announces Kerry Dennehy, panning over the glassy surface of a swimming pool to a wide stretch of beach. "Look," he jokes, "way over there, you can see Hawaii!" From there, his camera follows Kelty, his sister, Riley, and their teenage friends. They play a boisterous game of beach volleyball, and Kelty flashes a toothy grin at a good-looking girl. Next comes parasailing. Kelty heads for the heavens in a striped balloon, and lands safely back on Earth. All is well.

Only the final scene, on New Year's Eve, offers a glimpse of something off-key. Twinkling lights are strung up around the pool, the drinks are flowing and an Austrian band is warming up the crowd with *It Never Rains in California*, polka-style. At the teenagers' table, the girls are bright and shiny in strapless dresses, eating jumbo shrimp. "Where's Kelty?" asks the dad. "Right behind you," chime the girls. And there he is, caught off-guard, his face inches from the camera. What strikes you are his eyes: large, haunted, vulnerable. In a split second, he catches himself, mustering a grin for his father. Then he ducks the camera, and disappears.

Within days, Kelty Dennehy was fighting for his life. The extroverted athlete was about to begin his final term of Grade 12 at the Athol Murray College of Notre Dame, the rigorous school in Wilcox, Sask., renowned for producing a host of NHL stars. When he had arrived in Grade 10, the adjustment was tough. Says friend Noah Hughes: "Kelty and I were very different from the guys who had played elite sports their whole lives -- bigger, hairier guys. We were picked on pretty regularly. Typical hazing: guys punching you until your arms were black and blue." Eventually, he and Kelty "learned to suck it up." Both played forward on the bottom-rung team, and they had a good year, first taking the league championship, then the provincials.

That summer, Kelty headed home to Whistler. Perched on the 15th hole of Nicklaus North Golf Course, the Dennehy household became the unofficial headquarters for his gang: a place where they could shoot pool and clown around. Few were surprised when he chose to stay home for Grade 11, but Notre Dame had left its mark. His hockey was better and so were his grades. By spring he wanted to return to Wilcox. "Whistler will make me good," he said, "but Notre Dame will make me better."

What Kelty Dennehy wanted most was to study business at Bishop's University, and then get his law degree. In Grade 12, he headed back to Notre Dame, determined to reach his goal. When he failed math in December, he was crushed. Returning to school after the trip to Mexico, he had anxiety attacks on the plane. Says Hughes: "Kelty was acting strange. He would miss hockey games to stay home and study -- which at Notre Dame is a mortal sin." He was also spending a lot of time praying in the school chapel, seeing a counsellor in Regina, and had virtually stopped sleeping. "Still," says Hughes, "most of us didn't sleep that much. I never fathomed what was going on."

Kelty began phoning his parents five times a night, begging them to visit. Both went to Wilcox, on separate weekends. "By January, I knew something was seriously wrong," says his father. "He was at the end of his rope." On Valentine's Day, when Kelty arrived home on a five-day break, his father took him to emergency. "It was full of snowboarders and skiers with broken this and that," remembers Kerry. "Kelty was obviously ashamed and anxious." Already taking a low dose of Paxil, he was given Ativan for anxiety. His father also arranged for two visits with a local psychologist.

"He didn't seem suicidal to us," says Kerry. "He was helping with hockey practices, sleeping well and seeing friends." But when it came time to return to Notre Dame, Kelty started crying. "I can't go back, Dad. I don't know what's wrong with me. Hide the guns."

On the morning of Feb. 27, Kerry Dennehy headed off skiing with an out-of-town friend, leaving Kelty napping on the couch. At 11:30, he called home. No answer. After lunch, he called again. All he could hear was sobbing, and then: "I love you, Dad." "Hold on," said Kerry, "I'm coming right away." "No, Dad," said Kelty. Dennehy called 911, ordered an ambulance and barreled down the hill. By the time he reached home, the ambulance was just arriving. Tearing up the stairs, he found his son hanging from the rafters. In the end, he was without oxygen for a total of 50 minutes. After spending three days by his side in a Vancouver hospital, the family took him off life support.

Less than six months later, the same week that Gavin Craig was preparing for his last visit home, the board members of the Kelty Patrick Dennehy Foundation gathered for their first meeting at Ginny's parents' summer home outside Winnipeg. They would spend the day trying to hammer out a strategy to fight depression and the stigma surrounding it. Within weeks, they would all be in Whistler for the first annual Kelty Patrick Dennehy Drive for Life golf fundraiser. But for the moment, they sat quietly as Kerry Dennehy, a huge bear of a man, welcomed them. "If I had it to do over again, I would have handcuffed myself to my son, and locked us up in a rubber room." He cleared his throat. "But that's not what happened. Today, Ginny and I are foot soldiers looking for other foot soldiers in the fight against depression-related suicide," he said. "But, before we begin, I'd like to read from the note left by our son. 'Mom, Dad, Ri and all friends and family: no research on how this came to be will ever be understood, my depression was all in my mind.'"

As it turns out, the campaign for a chair in depression research at UBC has succeeded beyond everyone's wildest dreams. As of this week, the fund sits at \$3.25 million. With approval of the chair proposal came a further \$2.25 million from the province's Leading Edge Endowment Fund. Next week, Premier Campbell and UBC president Martha Piper will welcome renowned Scottish psychiatrist Allan Young as the B.C. Leadership Chair in Depression. Young, who moved his wife and four daughters to Vancouver last week, is one of the lead investigators in the use of mifepristone, a drug that blocks stress hormone receptors (and also happens to be a morning-after pill). He is now overseeing international clinical trials, hoping to confirm that the drug can be used to relieve depression and associated cognitive impairment. If successful, mifepristone may be the first truly innovative new psychiatric drug introduced in a generation.

How do stress hormones play a role in depression? "Part of the primary syndrome is a significant disturbance in the ability to think clearly and have normal emotions," says Young. "If you're stressed -- say a mugger jumps you -- your adrenalin rises and your cortisol rises too. But in severe depression, the cortisol stays high. These are brain changes that are part of the illness. When prolonged, you lose the ability to strategize."

Young says one of the main attractions in coming to Canada was what he perceives to be the country's "huge willingness to challenge the stigma around depression and to fight for good research." In fact, his decision to come to UBC has had unforeseen ripple effects. In January, a couple who chose to remain anonymous gave \$10 million to UBC,

earmarking the funds for mental health research. The donor admits he and his wife had first planned to give the money to cancer research. "But," he says, "Lloyd Craig talked to me at a meeting, and we decided to help in an area where no one seems to be doing too much. Maybe this will make a little tiny bit of difference."

Already, their gift has had an enormous impact. The province matched the \$10-million donation, and in March, Premier Campbell and UBC's Piper announced the creation of the UBC Institute of Mental Health, home to a chair in child and adolescent psychiatry, a chair in geriatric psychiatry and depression and a chair in psychotherapy. The new institute will build on UBC's already significant brain trust, including bipolar expert Lakshmi Yatham, frontal lobe expert Adele Diamond, mood disorder expert Raymond Lam, Max Cynader at the Brain Research Centre, and renowned neuroscientist Anthony Phillips. Says Phillips, who is the director of the new institute: "The B.C. Leadership Chair is separate, but it proved we could attract a first-class candidate. Once you have this critical mass, the prospects of hiring others of great stature increases enormously."

If brain research is the last frontier of medical science, there is every reason to believe these scientists may play a key role in conquering that territory. They will be coming into a very fertile, supportive environment. In the past five years, Zis and his team have quadrupled the amount of external research funding to their department -- and that was before the institute was created. "We're about 25 years behind the rest of medical research," says Young, "but we're catching up fast." Phillips agrees. "Obviously, it's easier to put a man on the moon than to find a cure for depression," he says. "But we now have the capacity to use pharmaco-genomics. Within the next five years, we'll be able to predict how a certain individual will respond to a certain drug."

If finding the insulin for this complex disease is the ultimate goal, a growing number of Canadians deserve credit for cracking the code of silence around depression and suicide. In 1993, Doris Sommer-Rotenberg led the campaign to establish the world's first chair in suicide studies at the University of Toronto, in memory of her son Arthur, who had battled manic depression. Former federal finance minister Michael Wilson, whose son Cameron took his life in 1995, has become one of the most tireless champions of the cause. Now a special adviser to Treasury Board President Reg Alcock and federal Minister of Health Ujjal Dosanjh on mental health issues in the federal workplace, Wilson is also senior chairman of the Global Business and Economic Roundtable on Addiction and Mental Health. Founded in 1998 by Bill Wilkerson, the former head of Liberty Health whose first wife took her life, the round table has captured corporate attention by putting a price tag on the cost of mental health. Now, their group is acting as the catalyst for a major research initiative, partnering the country's major banks and insurers with the Canadian Institutes of Health Research. Says Wilkerson: "We want to incite their will to act."

The ultimate goal is to build widespread support for a national strategy on mental health and suicide. Is that likely? There are high hopes that Senator Michael Kirby's upcoming report on mental health will trigger positive action. Not a minute too soon, says Wilson: "Our attitude to depression and suicide is a national shame."

According to David Litts, former special adviser for suicide prevention to the U.S. surgeon general, there are three key elements to leading major change. "It takes political will, a knowledge base and a social strategy," says Litts. "However, you can't

get anything going without survivors, because no one can make the case more strongly than someone who has experienced that terrible loss." If Litts is correct, British Columbia is setting an impressive example. Says Premier Campbell: "What's my hope? The rest of Canada will look to B.C. and say: 'There's a province that's making progress.' " But Campbell refuses to take credit. "The best that government can do is be a facilitator," he says. "Lloyd and Heather made the difference here -- they played the leadership role."

As of this month, the Kelty Patrick Dennehy Foundation will have raised \$1.7 million. Having kept their commitment to the UBC chair initiative, Ginny and Kerry Dennehy have now pledged \$1 million toward the the Child and Adolescent Mental Health Centre at B.C. Children's Hospital, due to open next year. Meanwhile, the Craigs have launched the B.C. chapter of the round table, of which they are co-chairs. As well, they will continue to raise funds to support UBC research on depression. "Between the two of us, we have a lot of skills," says Heather. "We feel obliged to try to make a difference." But, she says, "we don't want to be the poster children for this disease. We don't want Gavin's death to define us."

Still, each year, the Craigs make sure they are out of town in early September for Gavin's birthday, a day that Heather says "is more charged than his death day." Two years ago, they were in Ireland, walking at dusk in Dublin, when they came across a beautiful square filled with people holding candles, listening to a men's choir and a string quartet. As they got closer, Heather noticed a small poster marking the event. It was Sept. 10 -- World Suicide Day, which the Irish call Bereaved by Suicide. They stopped and were given candles. "We stood silently with all the others, weeping in the dark for all the loved ones we had lost."

She tells the story, sitting in a private booth in a Toronto restaurant. It's late in the afternoon, and the place is virtually empty, but she isn't finished. She has something important to say. "I wonder, if I could do it over again, what I would do differently? What could I tell others? I know I would ask my son more often if he was suicidal. I would be a better advocate. I would demand the right care because when a person is depressed, the stakes are so high." Her eyes are full of tears, but her voice is resolute. "You know, I used to think that Gavin was going to do something remarkable in the world. I still think that."