When the Roller Coaster Jumps the Tracks: Writing about Teens with Emotional Disorders

A Hollywood, Health & Society Writers Briefing in Partnership with the Writers Guild of America, west

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Writers Guild of America, west

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This writers briefing, convened by the Writers Guild of America, west, the USC Annenberg Norman Lear Center's Hollywood, Health & Society project and the Mental Health Media Partnership, brought together an award-winning writer/director, mental health advocates and experts to discuss the causes and consequences of mental illness in an already vulnerable population.

Writers Guild of America, west

The WGAw, led by Victoria Riskin, represents writers in the motion picture, broadcast, cable and new technologies industries. The Writers Guild of America is the sole collective bargaining representative for writers in the motion picture, broadcast, cable, interactive and new media industries. It has numerous affiliation agreements with other U.S. and international writing organizations and is in the forefront of the debates concerning economic and creative rights for writers. Visit the Web site at www.wga.org.

Hollywood, Health & Society

Hollywood, Health & Society is a project at the Norman Lear Center that provides entertainment industry professionals with accurate and timely information for health storylines. Funded by the Centers for Disease Control and Prevention (CDC), the project recognizes the profound impact that entertainment media have on individual behavior. The Lear Center helps the CDC supply writers and producers of all types of entertainment content with accurate health information through individual briefings, special seminars and expert consultation. Visit the Web site at www.entertainment.usc/hhs.

The Norman Lear Center

The Norman Lear Center is a multidisciplinary research center that explores the implications of the convergence of entertainment, commerce and society. From its base in the USC Annenberg School for Communication, the Lear Center builds bridges between faculty who study aspects of entertainment, media and culture. Beyond campus, it bridges the gap between the entertainment industry and academia, and between them and the public. Through scholarship and research; fellows, conferences, events and publications; and in its attempts to illuminate and repair the world, the Lear Center works to be at the forefront of discussion and practice in the field. For more information, please visit www.learcenter.org.

The Writers Guild of America, west

HOLLYWOOD, HEALTH & SOCIETY
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Participants

William Arroyo, M.D. medical director, Children's Services, Los Angeles County

Mark Deantonio, M.D., director, adolescent in-patient services, UCLA Neuropsychiatric Institute

Catherine Hardwicke, writer/director, *Thirteen*

Robert Pynoos, M.D. co-director, National Center for Child Traumatic Stress

Victoria Riskin, president, Writers Guild of America, west

Ross Szabo, youth initiative chairperson, National Mental Health Awareness Campaign

Dan Weisburd, producer/writer/director and mental health activist

Gail Wyatt, Ph.D., psychologist

Victoria Riskin: I was particularly enthusiastic about doing a panel on the teenage years and how we might be able to write about those issues for teenagers, not only because I was once a teenager. And I think anybody who survived life, and if you think back to your growing up period, teenage hood is the most turbulent, most difficult, at least it was for me. I don't know if it was for all of you. Even if you come from a supportive, loving background and good family, it's a very tough time.

My background is that I'm not only president of the Writers Guild, but I have a doctorate in psychology. So I'm particularly interested in working with this partnership. I used to say that my view of a way to solve the problems of being a teenager was that every parent who had a teenager should transfer their child to some other parent because kids are at that time pushing against their own parents and getting along better with their friends' parents than with their own. So I thought we could just have a rotation system and that would solve half of the problems. But it's not as simple as that.

We have Dr. Pynoos here. I've met his daughter. She's probably the only normal teenager I have ever met. She's an extraordinary young woman. So let me introduce you… oh, Jennifer are you here? I'd like you to stand up. That's my assistant and she's just not only gorgeous but wonderful. She brings all the little elements together.

Let me introduce our panelists here, starting with Bill Arroyo. Dr. Arroyo is the medical director of children's services at Los Angeles County and an assistant clinical professor of psychiatry at USC. Mark Deantonio is the director of adolescent inpatient services at UCLA's Neuropsychiatric Institute. Robert Pynoos is also at UCLA, a professor of psychiatry and co-director of the National Center for Child Traumatic Stress. Then we have Ross Szabo here, who is the youth initiative chairperson for the National Mental Health Awareness Campaign, and diagnosed as having bipolar disorder as a teen. Dan Weisburd is a producer, director and writer and a mental health activist and the father of a son who was diagnosed with schizophrenia. And then Catherine Hardwicke has a film coming out in the fall called *Thirteen* that she co-wrote with a 13 year old, so we're very eager to hear about that. Alright, let me get started. I

thought I'd like to start with you… oh, I'm sorry Gail. But I'm glad you're not shy. Gail Elizabeth Wyatt, psychologist specializing in sexuality and mental heath issues. You were sitting just a little bit back, so…

I wanted to start with Ross because Ross can talk from experience. He went through a fairly turbulent time and I want him, if you would Ross, to describe what you experienced and take us through the process you went through as your disorder took hold.

Ross Szabo: My name is Ross Szabo, and I'm the director of youth outreach for the National Mental Health Awareness Campaign. I'd like to thank all of you for coming out tonight. I've had a long history of both dealing with mental illness and speaking about mental health and emotional problems. I visited my oldest brother in a psychiatric ward when I was 11 years old. I was diagnosed with bipolar at age 16. My diagnosis changed to bipolar disorder with anger control problems and psychotic features at age 17. I was hospitalized during my senior year of high school for wanting to take my own life, hospitalized again ten months later due to a relapse with bipolar disorder. I've also been speaking to high schools and colleges for years now. I've spoken directly to tens of thousands of young people and reached millions more in media opportunities.

But as I've said, mental illness entered my life at a very young age. I was 11 years old, I was driving in a car with my dad and he turned to me and he said, "Your brother's in the hospital." Now at the time my oldest brother was at the University of Pennsylvania, so I thought my dad was making some really bad comparison between hospital and college. I knew no reason for my brother to be in the hospital, but when I turned and looked at my dad I saw tears streaming out from underneath his sunglasses, so I knew something was wrong. Later that week I found out that my brother was diagnosed manic-depressive, and he was hospitalized with extreme manic highs. And that weekend my family and I drove down to visit him in the hospital. When we got to the hospital, I really didn't know what to expect, and when I saw my brother, he didn't know who I was, he didn't know who any members of my family were, he never really knew he was in the hospital. So aged 11, this was a huge wide opening for me. But we stayed with my brother. He was in the hospital for a while. He took a long time off from the

University of Pennsylvania. I watched my brother return to Penn, get a degree in physics, go on to Florida State University and get a masters in physics. So my first experience with mental illness, while it was difficult to see my brother go through it, I did see a positive example of someone who went through a difficult mental health and emotional problem and went back to function the way he wanted to.

At age 16, the symptoms of bipolar sort of hit me. I had the manic highs where I wouldn't sleep for four days, I'd go out, I'd play basketball, hang out with my friends, and do everything I wanted to do, and then my moods would flip-flop. And I wouldn't want to talk to anyone, I wouldn't want to see my friends. I'd lie in bed, I'd become angry, I'd become depressed. My moods were fluctuating so much I didn't know what to do. I wanted to shut my mind down, so I started self-medicating with alcohol. I'd drink alcohol to a point where I'd pass out, and drink alcohol to the point where there's nothing left, trying to pass out. Luckily a friend of the family noticed my change in behavior and said, "I think you need to see a psychologist." So at age 16 I was diagnosed with bipolar disorder right before my junior year of high school. That was okay. I was starting to deal with that and then the summer before my senior year of high school my diagnosis changed to bipolar disorder with anger control problems and psychotic features. I used to get angry. I would punch and kick things, so I had broken knuckles on my hand, toes on my feet, sprained my wrists, sprained my ankles from punching and kicking walls. I've had severe hallucinations—hallucinations of people chasing me, hallucinations of people waking me up in the middle of the night, hallucinations of hearing voices telling me to kill myself, kill my friends, kill my family members. All this right before my senior year of high school.

So in September of my senior year of high school I started feeling very lonely, very isolated. I felt like there was no one to talk to. But even if there was someone to talk to, I felt like I should deal with this on my own. If I couldn't deal with it on my own, I was weak. I always thought one day I'd wake up and the loneliness would go away. It didn't go away. In November of my senior year, I started having thoughts of suicide, thoughts of death, and that broke to the point where I was thinking about suicide and death 24 hours a day, seven days a week. But again I told no one. I went out and did what I thought I should do and I always thought one day I'd

wake up and those thoughts would disappear. Well, they didn't. And on January 5th of my senior year of high school I was hospitalized for wanting to take my own life. That day I went to all my high school classes, I had a varsity basketball game that night, I played in the game, I scored in the game, we won the game. I went to a restaurant with my friends after the game to celebrate the victory, and on the way home from the restaurant I decided that I no longer wanted to live. So my friends would have seen me leave that restaurant and they never would have seen me again. I was hospitalized that night and I was in the hospital for about 10 days and it was a recovery process of learning about other people but also learning about myself.

That was actually the easy part compared to going back to high school. When I went back to high school, I was the loony, I was the quack, I was the psycho. I was also class president, varsity basketball player, member of SADD. I'd just attended the National Youth Leadership Conference, volunteered five years with the Special Olympics, and now I was the kid no one wanted to talk to. Two months after I got out of the hospital, a psychologist came into my class room to speak about people with mental illnesses. As he used extreme examples of people with schizophrenia every student in the classroom started to laugh. My friends that had seen me hospitalized two months before this started to laugh. I wasn't laughing. I was very angry and so I stood up and I told the psychologist he was a disgrace to his profession and how dare he stand there and mock the people he's supposed to help. As with any time you do that you get taken out in the hall. So, my teacher took me out in the hallway, he asked me what was wrong, and I said, "I'm mentally ill. I don't think this is funny." He said, "Well, what do you want to do about it?" I said, "Well, let me speak. Let me tell people what it's like to visit your brother in a psychiatric ward at age 11. Let me tell people what it's like to be hospitalized for wanting to take your own life when you're 17." He said I could speak, so I started speaking two weeks later. I started speaking while I was in my high school.

And then I went on to graduate from high school and I chose to go to American University in Washington, D.C. Two months into my freshman year everything was going great. I had a B average, I was in intramural sports, I had an internship at a political party headquarters and I started to relapse. I had the manic highs and depressive lows, I had the anger control problems, hallucinations and I started to self-medicate again with alcohol. So I realized that I

needed to leave American University, but it wasn't just leaving school for me, it was leaving a dream, it was leaving a goal. It was leaving the place where I was supposed to move on, and to add insult to injury, I was actually given an invitation to an election night party at the Capital Hilton, and I watched the party at home on my couch, with the invitation in my hand, because I was going to the hospital for the second time that year the next day. And this time when I got out of the hospital, I didn't know if I had a future. I didn't know if there was anything I could do. I didn't know if there was anything I was capable of. There were days where I slept on my couch for 24 hours a day, days where I sat out in my backyard and looked out at nothing.

I knew it was important to stay active, so I took a year off from school, got a job working at a restaurant, then moving furniture, then driving a forklift and throwing 35 to 135 pound boxes, then I went to a local college near my house for three semesters to kind of get acclimated to academia again and after those three semesters I took another year off. And this whole time I was working on myself, working on what worked best for me and also speaking to high schools.

I chose to return to American University in the fall of 2000 and I graduated with honors and a degree in psychology last summer.

So I got to go back and I got to do what I wanted to do, but I did it on my time, I did what I was capable of. And I wish I could say I was the only young person who went through a difficult mental health and emotional problem, but there are so many millions more, and so many millions more that don't come out in the way I did, so I'm very fortunate to have the opportunity to speak to thousands of young people and offer them the positive example that my brother was for me.

Riskin: You're a wonderful example, that's a great story. Thank you. Ross, are you still on medication?

Szabo: I never discuss my form of treatment. When I speak around the country I promote that young people should do what works best for them.

Riskin: So there are different ways of tackling the problem just so long as you come to grips with it.

Szabo: Right. I speak to such a vulnerable age range, if I went up there and said, "I do this," you're going to have a lot of young people that may try to act out in the exact same manner without finding what works best for them. These issues are so specifically individual, so emotionally driven, that it's not good for me to go out and say "I did this." You should find what works best for you because you speak to such a vulnerable age group. I never discourage medication and I never stand up there and promote one type of medication. I try to raise awareness and take away the stigma and help them realize that they're not alone and that they can work on themselves and find a way to get through the problem.

Riskin: Thank you so much. Dan, you were on the other side of this kind of trauma to your family. Your son was brilliant and went off to college and found himself in a crisis, diagnosed with schizophrenia. Can you tell the story a little bit?

Dan Weisburd: I'd just like to correct one thing. Among people there's fragmentation of family on one side and the so-called consumer on the other. I'm on the consumer side. There's a big gulf that happens among people who are advocates. My son, my first-born—I have a daughter and a younger son whose lives have gone on swimmingly—my son was only an embarrassment in school because he won all the awards. He was perfect on his college entrance exams. He went off to Harvard after they sent a representative to recruit him in my living room. I didn't like that he was deep into cannabis and he called me on what he felt was a hypocrisy. He said, "Did you drink beer in college, Dad?" and I said, "Yes, I did," and he said, "Well, pot is the beer of my generation." And since he was doing so well, I put my blinders on a little more secure. I didn't know yet that in countries where they have good medical records they have shown pretty conclusively that in very sensitive mechanisms in some people, the latent susceptibility can be ignited, and he has never returned. He called me one day and I heard that hospital squawk box in the background and he said, "Dad, don't worry about it. I can handle this, but last night the entire Harvard football team in the nude chased me across Harvard Square and threw a grand piano at me and I jumped down three flights of stairs, so I checked myself into the hospital and my doctor wants to talk with you." The doctor came on the line, identified himself and said, "Sir, despite the fact that he's a raving genius and his senior tutor at Quincy

House says he couldn't possibly be severely ill, I've since learned you don't have to be stupid, as our friend shows you very clearly, you can be very bright and have a mental illness that stops your life cold." And the doctor said, "Please, come get your son because there's nothing we know to do to help him." It was one of the rare bursts of honesty that I got out of Harvard University.

I immediately called Herb Pardis, a friend of mine who at that time was the head of the National Institute of Mental Health, and has gone on to be president of the APA and big man at Columbia University and is a dear and trusted friend, and top researcher. He said to my question "Who's the best doctor of the brain in the world because I've been a little bit lucky in my life and I'll spend my last penny on this boy of mine," and Herb said to me very quietly, "Save your money, you're in this for the long haul. There are all manners of charlatans who will take your money with all kinds of things that they believe, but I'll give you a least-worst in California and start from there." We have been through 30 psychiatrists, an inordinate number of psychologists, every medication. I chaired the State Economic Development's Commission's Task Force to see how California spends a billion two at that time – it's now two billion – on people with serious mental illnesses. And my son who is destitute on the street, lost in jail, in hospitals, an upper-middle class kid with no street smarts, and he survived, bless him, through resourcefulness I still don't understand, an attempted suicide, over-dosed on medication, abruptly quit taking it, systems messed up and didn't deliver.

I mean, it was bizarre what the family began to go through. My wife, who wanted to be here tonight and has her own battle with lupus, went from a size seven and a lusty, active, vital, brilliant lady – a composer, lyricist – she's gone to a size zero. I know they lie about women's sizes to make everybody feel good, but she started disappearing. Both my kids were damaged living in a house… we tried… my wife, like a good mother, wanted to take her baby to her breast… they couldn't possibly care about him the way we do. And I think that proved to be right over time, but it was disaster having him in the house. Then one of his psychiatrists said, "You can't take away his driving privilege, Dan." I said, "He's on very powerful medications. He can't really react well." And that particular doctor said, "Well, if everybody in Los Angeles were taken off their psychiatric medication, we wouldn't have traffic jams." Which still seems

like a good idea. He had a head-on collision that first night going out to a dope peddler to get some of the stuff that he wanted to use to augment his medication. We have seen him through 23 years and the other day, and this is what moves me, despite all the advocacy crap that I've done, president of the Alliance in California, chairing the biggest conference they've ever had, raising seven million dollars in publishing… by the way, any of you who want an issue of this journal that I've published for 11 years, 44 issues, and raised seven million dollars to do it, is welcome to it as my gift. This particular one has a lot about children in youth and mental illness.

Riskin: What strikes me, Dan, about what you're saying, is how you, as the father of a boy who was struck with this, turned your life into this becoming really an almost a mission for you as a way of, not perhaps drowning in the sadness and the tragedy, but using your intelligence and good efforts to…

Weisburd: Look for my credits in the past 23 years and I've been elsewhere.

Riskin: Let me move on because I want to get to Catherine who also, maybe from a different perspective, befriended a young girl named Nikki, is that right? You were worried about her. You were worried about her and that worry turned into a movie.

Catherine Hardwicke: A movie, exactly. I've known Nikki since she was five years old. She's a family friend. I used to go out with her dad for four years, from the time she was five to nine, so I was with her on weekends and a lot of vacations and trips and a lot of time and had a great relationship with her and her brother. She was really funny and fun and would go do all kinds of crazy, wonderful things. After her father and I broke up, I wanted to stay in close contact with Nikki and her family, and I remained good friends with her mother, her father, her and her brother.

And I started getting my hair cut by her mom. Her mom cuts hair at home which is very similar to the character in the movie, who is played by Holly Hunter, hopefully you guys will see the movie, August 20th it comes out. *Thirteen* is the title. I started noticing when I was getting my hair cut, when Nikki changed to like 12 and 13, that kind of drastic change that a lot of girls go

through when you hit junior high. Suddenly you're supposed to be a hottie and have a good ass and all that kind of thing and get your tongue pierced and your belly-button pierced. She started becoming very angry and really pushing away from her mom, like everybody does to some degree or another. She'd been super close with her mom before. So she was angry at herself, her mom, her family, everyone. And she was obsessed with her appearance, waking up at 4:30 in the morning, doing hair and make-up for two hours before seventh grade, and following the magazines and everything that the media sort of preaches. You know, perfect make-up and eyeliner and stuff. And I thought God, there's got to be some way to inspire her to think about other things besides these issues and to see something about what her mom was going through and just give her another perspective.

And so that's why we started trying to find activities that we could do together. Since I'm not a therapist I was kind of thinking of activity therapy or art therapy—let's go surfing together, let me teach her to surf, let's write stuff together. She was interested in acting and I was worried about the acting might lead to more vanity. So I thought let's try to expand that, a lot of actors write their own material, like Billy Bob Thornton, so let's write our own project. I thought this would be a good chance to work with her and spend more time with her and we thought we'd write a teen comedy. But it didn't come out very funny because as we got deeper into it I was trying to talk to her and hang out with her friends and her mom and find out stuff that was really going on in her life, and how would you really talk to a friend and what problems and what issues are you dealing with. And just the real stuff was a lot more compelling than anything we could make up so that's how we started getting into the real issues that were going on in her life and her friends' lives. And it touches on many things, where there are highs and lows, maybe not as extreme as what you discussed, the bipolar disorder, and a lot of issues, cutting and trying out drugs, petty crime, different things, so the experience was almost like a cinema therapy, where we talked about it and wrote about and I think part of what was great, exactly what you said about passing the kids onto another person, another adult instead of their real mom, is actually very valuable, because there's a point where they just want to kick away from their mom. There's just too much blood stuff in there, and having somebody else outside, like I was kind of her surrogate mom, or big sister, that was really helpful. Somebody else that would listen and dignify what she was going through.

Riskin: I've often felt that every child should know that there is an adult, other than your parents, who is watching them and caring about them. And how we accomplish that is a major issue, but I think if children know there's someone there, you know, hanging right behind them and caring, it makes such a big difference. How has this been for Nikki? She'd worked on this project with you, now this movie's going to come out in the fall, all these people here are going to go see it.

Hardwicke: And also Nikki acts in the movie. It's her first acting role, with Holly Hunter, and she has a huge part in the film, so it's a whole other level of excitement. And as soon as the article in the *LA Times* came out last summer, instead of a therapist she got an agent/manager. Now her problems are really beginning. So she had a certain kind of pressure. She's very beautiful, too, and very outgoing. So it's been really interesting for her. She's only 15 now.

Riskin: But you went through a list of things like some of the normal things that her friends went through, like taking drugs and piercing their bodies and who knows, tattooing themselves or whatever else they're doing, or petty thievery and so on, which really calls the question of what is normal teenage behavior, and then when does it go over the edge? When does it turn into something that is serious and pathological? How do we make that distinction because so much of what kids will do or how they'll test the limits is what any kid will do, and I'm wondering, Mark, you might want to chime in on this. We talked a little bit about this, and I know you consulted on a film that had to do with teenages, and that seems like such a dramatic thing for children to do to themselves, but it isn't all that uncommon, is it?

Mark Deantonio: In thinking about adolescence and mental health issues, they're three kinds of groups of adolescence, at least that I think about. One is children who have had psychiatric problems, attentional problems, other traumatic events as children. And then they come into adolescence and they have a whole other level of challenge. Separation and individuation, find out who they are, separating from their family, finding what they want to do in life, how to negotiate relationships and everything, coming in with major significant issues. Whether they're major ones, like a major psychiatric disorder, or some of the more mild ones, like attentional

problems, anxiety problems or dealing with some very scarring issues like trauma, horrible family issues. That's one group. Another group is that a number of the major psychiatric disorders will develop in adolescence, so you have things like major depression, bipolar disorder or manic depression, schizophrenia, eating disorders. A lot of significant disorders that really color a person's adulthood, as we've heard here, will start in adolescence. So that's another kind of challenge again of an individual, of an adolescent trying to negotiate all the issues of adolescence and suddenly find themselves manic at 16 or very suicidal or starting to hear voices, becoming paranoid and having disorganized thinking. But then there's a third group which are just normal kids without either earlier issues or developing major psychiatric problems trying to negotiate adolescence. And I think what makes adolescence unique is they can have just as severe problems and really have no major psychiatric disorder.

And this is going to what the last speaker was talking about, just negotiating in our complex society, separation and individuation from parents, how to be a confident person dealing with sexuality, drugs, risk-taking behaviors. Do you follow rules or don't you follow rules? All of a sudden you're 16, you can drive and no one knows what you're doing. You can have two six-packs of beer and go down PCH at 100 miles an hour and who will know at two in the morning? And so you're all of a sudden challenging, looking at adult society's rules and also dealing with your self-relationship, who you're going to be, what do you want to be, what every one else wants you to be. And that can be overwhelming enough that you will kill yourself. You will do very dangerous, self-destructive things, without having a major disorder, and that's part of almost the scarier thing about adolescence. The majority of adolescents who actually complete suicide are not depressed, actually have conduct problems and substance abuse problems, and they impulsively kill themselves, and they're usually males and they usually do it by guns or hanging, very permanent ways.

Riskin: Are you saying as kind of an outburst of anger?

Deantonio: Well, the kids who are frustrated, alienated, overwhelmed, and then they're going to go to jail tomorrow, or they got another F and that's a violation of their probation.

Riskin: And they go over the…

Deantonio: And it's usually a little thing. And they shoot themselves in the head or the hand. So I think what makes this period of time very challenging is you don't even have to have a major psychiatric disorder to make adolescence a very difficult, challenging thing. And certainly if you do, it makes it even more complicated, and just negotiating schools and peers and dates and do you go out and how independent should you be and how shouldn't you be, becomes incredibly difficult and challenging. And I've been running the in-patient adolescent services at UCLA since '87 and it's really remarkable. We have two locked in-patient units because you have this, as opposed to an adult unit, you have this incredible mixture of kids, some of them who are clearly severely mentally ill, and then some of them who look like normal teenagers, and why are they there? Yet they all need to be there. And it's a really remarkably heterogeneous group, which is very different from an adult psychiatric unit where most of the people should be having a major psychiatric disorder, mood disorder, psychotic disorder or something like that. You'll see an incredible spectrum in an in-patient adolescent unit.

Riskin: Do you think that there's been a change over time, in other words, do you think that a lot of these disorders have always been there and 20 years ago they were not talked about or identified, do you think kids are under greater pressure today because we know a lot more about anorexia and bulimia, we hear about obsessive-compulsive disorder, suicidal behavior, and so on? Maybe all of that was present in the 50's and 60's. Actually, we were pretty crazy in the 60's, weren't we?

Deantonio: Yeah, I think there is this "ism" of the here and now, especially in dealing with adolescence, it's always the worse now and it was always better before now. And I think it's a distortion. I think there are always new issues; it's different. There are different challenges – now kids have computers and can communicate in ways… there's always something new, but there were things in the 40's and there were things in the 50's. You have things in the 20's – you read about adolescence in the 20's that they were all going to go to hell because there was marijuana, automobiles and telephones that would corrupt especially women. So when you go back and look at people discussing – and it's always technology and youth will be the end –

Elvis Presley was going to make all adolescent girls nymphomaniacs – Frank Sinatra – so, no I don't think it's worse now.

Riskin: You know that may be true, but at the same time it does cause me, and maybe I'm just getting older, but consternation to know the number of girls who are suffering with anorexia or the number of kids who have serious obsessive-compulsive disorder and pressure on them to be sexual at a younger and younger age, and maybe Gail you want to jump in here, because I know that – and talk about minority girls, too, because I know you've treated a whole spectrum, and what kind of pressures do you see young women facing?

Gail Elizabeth Wyatt: Well, I see more pressure today. I'm a sex therapist and a sex researcher and I think for all of the problems that we've talked about thus far, everyone has to walk through the door when it comes to sex. And there are so many mixed messages out there today, the pressure to be sexual too soon, and to be sophisticated as if youngsters know what they're doing and how to do it, is really distressing and really quite scary. I think I shared on the phone one young woman who was attempting to deal with it in her own way. She was an African-American young woman, 300 pounds, and fat kids are an issue. I don't think anyone in this room is not aware of how large young people are. They're huge. I went to a high school football game. I was asked to come and just look at the behavior of the kids in the stands. It was really scary that the cheerleaders were all 200 or more pounds and they had on the same little skirts that we used to wear when I was in high school – you know the little ones with the pleats. But they were all huge, and doing the same things, but lumbering. It was atrocious. Atrocious because they didn't really know what else to do.

And this young woman was presented to me by her parents because she was so large and what she was choosing to do was hide her body. There's a lot of concern about image – and body image – and fitting the template of the blonde in blue, and as an ethnic woman this is what we call women who are blonde and blue eyed. The blonde and the blue is not an African descended woman. It's not a Latino, it's not an Asian-Pacific Islander woman or a Native American young woman. So if you don't fit, and if you grow up in a community that has a high carbohydrate diet, you're doomed. Because there isn't anyone, and particularly girls, who

give validation for an overweight ethnic young teen. So this young woman had decided to eat her way out of the whole issue. She was so large she was almost immobile, all kinds of health problems. And with therapy we were able to get to some of those sources of her unhappiness. First of all she had a long, extended history of sexual abuse. So, early in her life, decisions about her body had been taken from her by someone else. She wasn't able to talk about it, because in her home, as in so many homes in America, people don't talk about sex. You don't ask kids what happens to them daily, so she had no resource to tell, so what she did was to eat for pleasure, and this was her way of comforting herself. So she dressed like a hip-hopper to fit in at school, but she was really hiding the fact that she was overweight. She looked as if she had breasts; she really didn't. What she was was fat. And when kids are overweight they take baby fat into adolescence. So many times, to the adult male, particularly young girls look as if they're developing and they're quite mature, when actually they're overweight and that baby fat is very hard to lose when you move into adolescence. Without gym, without any source of exercise, many young girls today are lost in clothing that makes them look like boys. It can in many ways put off this whole issue of looking like a sexual object. So her depression and her sexual abuse, her lack of an image that she could claim, was literally destroying her ability to come out of adolescence with some sense of who she was.

And I think we have to attend to this in our society and our community, that there are many youngsters who really do want to connect somewhere, they want to be like somebody, but the only images they see are ones where women are dressed like men, or women are hardly dressed at all, or they're overweight or they're starving. There is no middle, there is no model. And particularly for ethnic women where their hips may be larger and their behinds are broader and their breasts are heavier, that's not valued in this society, and they're not blonde and they're very blue.

Riskin: As we're having this conversation, the irony is that Hollywood is preoccupied with teens. Preoccupied, I mean whether it's on television or in films, that that's the market the advertisers are obsessed with, and want to reach and connect to. And a lot of these kids are living a very lonely, desperate existence. And there's a complete disconnect between on one hand being sort of the focus of the, forgive the expression, vultures, the advertisers who want to suck them

in, and yet not understanding where they live and breathe on a day to day basis. One statistic that I have here is that one in five kids somewhere suffers from some diagnosable mental disorder. One in five. That's a huge number. That suicide is the third leading cause of death among teens more than some of the more obvious things. And parents are often clueless because, of course, kids hide all this stuff when it's happening. Ross, I'm sure you didn't want to impose on your parents after what you'd been through with your brother. But I'm just struck by this disconnect. I think maybe Dr. Pynoos you want to jump in here, you've seen kids suffer trauma and you deal with that on an on-going basis. Do you have any responses to anything you've heard so far?

Robert Pynoos: Maybe I can add another group to what Mark mentioned about his three categories. There's a group of adolescents—we're talking about very severe psychiatric illnesses. As you've heard, adolescence is a period in which there's a lot of trauma that actually occurs, and I would put that as another category. We've done surveys around the county and in high schools here, most parents, including middle class and upper class parents, wouldn't have the foggiest ideas about the actual experiences their adolescences have really had in real life. I know from my own daughter being in a coffee house in Santa Monica or someplace and having an altercation between some boy and somebody in her group, and somebody put a gun to the kid's head. Again, the boy that had a gun put to his head, told no parent, no teacher, nobody. They will tell on a survey; they'll let you know that things like that have happened. And the largest group of criminal victimization in the United States is adolescents – it's not young adults. The highest rate of rape, prevalent incidence of rape is between 15% and 20%. Automobile accidents, where there are 6,000 adolescents killed each year, imagine the passengers, imagine their friends. One can go on and on in terms of urban violence. It actually has an interaction to major psychiatric illnesses, too, because if you're homeless you're exposed to a lot of violence on the street. And we know that now for families of homeless, if you're using drugs, you're not only going out after your dealer, maybe even getting in a car accident, but you're on the streets where things are happening. And we've done surveys of kids in juvenile detention centers as to what actually the life experiences have been, how many friends they've had that have been lost and killed. Across the United States rarely is that reflected in most writings about adolescence. And the toll it takes, because the industry, as well as our society's interests,

are often on who's going to be the next violent adolescent. But that's actually a misplaced issue. Most of these kids become often withdrawn, quiet, depressed, quite troubled inside by the images and horror of what they've gone through that aren't necessarily going to be violent, aren't necessarily going to be a killer, schools aren't interested in them, media's not interested in them, mental health isn't interested in them. They're a very lost group in the United States right now.

The best example that I can give is of the journalistic literature, the media and others is that, in a society at large, is during the 1980's we went through probably one of the worst epidemics of violence in the United States because crack cocaine is a high cash industry versus heroin, and as a result of the cash, it needed guns to protect it. It introduced young people as runners. It introduced an enormous wave of exposure of adolescence in younger children to violence and the United States didn't provide them any services. There isn't a police officer, a fireman, a rescue worker or a member of our combat troops now that doesn't get a certain kind of standard of care if they witness a friend get killed or if they've been in a street in a situation where a gun's been used. But none of our children do in the United States. So you have to understand this huge epidemic and we rehabilitated none of that. And what do we know about them? We know that in scientific studies if you control for socio-economic, ethnic background, substance abuse in their families, criminality, all that, that their exposure to violence, the kind of post traumatic stress symptoms are very associated with academic failure, difficulties in school, high risk behaviors, you heard some like overweight, but high risk behaviors, substance abuse. So it has a real toll nationally, and we know that from academic schools where if we survey – we can go into a school like in Northwest Pasadena where we used to work – survey the entire school, find that 80 to 100 kids are most affected, treat them and they do much better in school. And they come. Every week to treatment. Along with their friends, but there have been no services. They've not had any place to speak about it. And we've not taken that as a national policy. And it interacts with major psychiatric disorders as I'm saying. They're now studies to show that bipolar disease – the course of it's affected by early childhood physical and sexual abuse, and in fact that there's often confusion about that in some cases. As you heard, lots of kids come into adolescence with terrible experiences as young children of sexual and physical abuse. They never get seen when they're children. When

they come into treatment it's because of behavioral problems, suicidal problems and other things, as adolescents, but rarely are we prepared to actually help them with what they went through.

Gail gave you a good example of what it means to actually help them. And there are myths within our literature and media about even simpler issues like if I asked all of you about Holden Caulfield. I would ask, what happened in Holden Caulfield's family? Some of you must know…. brother died from leukemia – it's probably the first story ever written in American society about the death of a sibling – his parents are off, absent at the grave site, he hates going there, becomes depressed. It's an extraordinary story of the depression that follows in a family after a sibling loss. But that wasn't how it was characterized. It was characterized as adolescent alienation. A real misnomer for what's on every page of the book. So we often mischaracterize real things that happen in people's lives, it reverberates in their family lives and adolescent lives as some kind of normality when we know now that it has real roots and real issues that need to be addressed.

And lastly, I study children dealing with danger; trauma is just a part of danger as an umbrella. Young children you teach to walk across the street. We know as parents how difficult that can be. Adolescents are learning to drive but they're also learning to make judgments about danger that's separate from teachers and parents and they use the peer group and they're very immature about that and they make bad decisions. The risk that you take as an eight year old and the risk you're taking at 16, they're still trying the same parameters, except the consequences are more serious. So learning about danger is normal, with great consequence across the world. And it's probably inescapable in some ways, but we need to know the consequences.

And the last point is that your media needs to know that trauma has a long history. Almost all the horror movies written in the late 1910's, 20's and 30's came out of World War I, the trauma of World War I, and of the returning, disabled, scarred individual being accepted back into the village across Europe. But the media portrayed that, almost knew it in the background, because they modeled some of their characters on that. You know, like the opera with a

character that has no nose was actually modeled on a World War I victim who had lost his nose. I'm just saying that we need to recognize, the last point, that media deals with these issues, but often not for the direct meaning of what those experiences are…

Riskin: Right, not head on. I know that Catherine has to leave. I asked her to come tonight anyway because I wanted our community of writers to see how she took her personal relationship with this young girl and turned it into a film. And I think everyone here wishes you the very best of luck and we will all come and see the film. She's on the talk circuit now. But what you bring up, and sort of what Catherine was… you're touching upon these children who are completely invisible basically, who are lost and who have been traumatized. Ordinarily teen life can be traumatic, but many of these children live in a violent neighborhood or have been victims of sexual abuse or some kind of trauma and there hasn't been the opportunity for them to get some counseling or to get found and so on. And then as they go through life they may get into trouble and they may get into prison. And I've spent a little time in facilities where teens are housed. I'm horrified frankly, talking to Dr. Arroyo here, because the minute they get into those institutions they are treated as objects, they are not treated as human beings. I've never been to a facility that's run by the county anyway, or the city, where these teens are given any treatment to speak of for whatever disorder they have, or any kind of counseling. I've been to some group homes where that takes place, but can you talk about them, that dark hole they find themselves in.

William Arroyo: Sure. I'd actually like to dovetail a little bit about what Bob Pynoos stated about traumatized adolescence. As some of you may or may not know, the foster care system, and certainly the juvenile justice system, is riddled… it's really comprised of a very large percentage of youth who have been psychologically traumatized. And detention facilities and our juvenile halls here in Los Angeles and our camps in Los Angeles, and really across the juvenile detention facilities across the nation, 50% of the girls have post-traumatic stress disorder. And 25% of boys have post-traumatic stress disorder. We earlier heard that in the general population of youth, one in five have a mental illness. In detention centers for youth, up to 70% of youth have a diagnosable mental illness. And many of them have at least a couple. And the boys – I work one day a week in a detention facility and actually just came from there today – over 50% of

the youth there have had problems with drugs and in large part that's how they end up in detention facilities.

And the overwhelming majority of youth who are in detention facilities are of minority backgrounds. There is a disproportionate incarceration of African-American kids for sure across the country, but also Latin-American kids. So the detention facilities are filled with minority kids who are often traumatized and have mental illness. And as you indicated, the services for these kids leave a lot to be desired across the country. Los Angeles, in fact, the detention facilities are under the investigation by the Department of Justice in part because the mental health services provided to these kids really leaves a lot to be desired. Many of these youths have the same types of severe mental illness that we heard about from Ross and we heard about Dan's son. And some have more mild. But there are many youngsters, like Ross reported and I've seen, hit their fists against the wall during an episode of mania, others out of frustration. Many, during the first few hours are suicidal and so that every detention facility must closely screen these youngsters who are incarcerated, especially those for the first time, because they're at risk of trying to take their life within the first 48 – 72 hours of entering the facility. Many of these youth come from backgrounds where they had no one like we heard Ross had in his family, or a father like Dan.

In fact, today I met with a young man who, 16 years old, who was desperate to meet with me, and I had seen him in the hallway once. And he began to say that he couldn't trust anybody, couldn't trust me, and most of all couldn't trust his mother. And he couldn't trust his mother because she abandoned him when he was three or four years old. And she was going to come and visit him in the detention facility last weekend and didn't show up. And whenever he thinks about his mom he becomes suicidal. And he then said that if he told me what has happened to him, that I, like his mother, would probably abandon him. So we have a young man who is suffering deeply and yet can't find the where-with-all to communicate his pain to another adult who, it's clear to me, he is longing to establish some relationship with.

Riskin: At the same time he's reaching out to you. I thought Antwone Fisher might not have been the most brilliant film, but I really appreciated that film and it reminded me of when I was a

psychologist of a woman that I saw who had paranoid schizophrenia, I think. After my first session with her I could just feel in the room not to talk anymore. I had said something that had really offended her in some way, but she came back the next week. But when she came in she didn't talk, and I didn't talk. I just knew not to talk. You just kind of feel those vibes – don't say anything. So we got through 45 minutes or an hour with not talking, that's very hard. And the next time she came back she said, "Sure am glad you didn't talk." She said, "I had a knife." Well, I don't think she would have used it, but she was letting me know, don't screw around with me. The trust is so very fragile on one hand, but on the other hand she came back, or he reached out to you. I am sure that there are a lot of writers here who are writing stories or would like to write stories and they have some questions. Mark.

Deantonio: One clarification on when you asked has anything changed in adolescence today. There's media, there's guns. But there is actually one thing that is really different, and it's this issue that the onset of adolescence is earlier now then it was before. And that is something that is different. If you listen to Catherine's thing about this movie, that shouldn't be about a 13 year old, that should be about a 16 year old, where 20 years ago it would have been about a 16 year old. And there is this pressing phenomena that the age of onset of adolescence which is considered the age of developing menarche in women and the age of men, boys being able to have ejaculations, that onset for both men and women has lowered from I think in 1900 to 17 – 18, and now it's 11. And the reason for this is not clear. It's not hormones in meat, because it's both males and females. I've talked to some pediatricians, the most reasonable explanation of why this has happened has to do with immunizations, that kids don't get serious illnesses anymore, because now they don't get chicken pox. They don't get measles, mumps. And because they don't get serious illnesses, somehow getting serious medical illnesses as a child delays the onset of puberty, maybe for some reason because they think you can't have a child if you're sick. So because kids don't get serious illnesses anymore, the onset of puberty is earlier. So what's happening is you're getting girls and boys at 11 or 12 who all of a sudden are developing sexually – my son is 13 today – I guarantee you he's developing sexually before my eyes – and they really aren't prepared to deal with it. You're getting girls who are really fully sexually developed at 12 or 13, and they feel sexual, and they're masturbating, and they're feeling sexual, and boys, too. And then they have all this adult media, but it's more relevant to

a 13 year old who has all these feelings then it would have been 30 years ago. It just wouldn't have been that relevant. It would have been more relevant to a 16 year old. Many 16 year olds really can cope with sexuality and stuff just fine. But there's no 12 or 13 year old who can deal with intimate sexuality. None. That's the one thing – what's different now from the 60's, what's different now from the 20's – that is really different is that you've got 12 year olds who are really able to do what 20 year olds do and there is no way they're able to do it, and I think that's unique. And that adds to trauma…

Riskin: And confusion. Gail.

Wyatt: I want to build on this because it's a really important point, I think, that Mark is making. Not only are kids becoming sexually active earlier and more confused about sexuality because of the programs that sort of don't have any boundaries, you know, you kiss girls, you kiss guys, you can just do anything. And it's very confusing to grow up in a society like this where there don't seem to be any differences between guys and girls. You know, it's sort of comforting. I remember my husband bought a purse in Italy when my son was six and we had to spend the whole vacation explaining why did daddy have a purse. It just didn't fit. We don't have any idea of how confusing these things are. But the other phenomena that Mark was moving to was that the partners of these 12, 13, 14 year olds are adults. You see adult men and women preying on these young folks. And I say women because we often hear of the adult man preying on the young 12 or 13 year old little Lolita. But what we don't hear about is your best friend hitting on your 9, 10, 11 year old son and wanting to initiate him into sex early, because he's vulnerable and extremely interested in ejaculation and what have you, and exploring his body. And that's the hardest thing for us to get, is for a man to admit that he was initiated too early into sex. Hardest thing to report is sexual abuse in men. And I was one of the first, I must tell you, in 1984, to publish one of the first papers on the prevalence of child sexual abuse. And I've been working in this area for the last 30 years and let me tell you, the rates in men are increasing. And they may have always been there, but the rates in males are increasing. Now to one in four, whereas it's one in three in females. And that all of the perpetrators for males or females are of the opposite sex. So it is an issue of predator-ship that I think is moving with early sexuality that I think is complicating and confusing our youth.

Szabo: I always say in my speech, we may never be able to change the causes of mental health problems; the only thing we can do is change the way we deal with those problems. What we've done tonight is identify thousands of intricate ways of how these things can develop, where they develop from, what young people have to worry about, what they have to focus on. Mental health problems can develop from biological imbalances that we spoke about, but they can also develop from societal occurrences that we spoke about, of sexual abuse, of physical abuse, of rape, of money situations, of living situations. I've spoke to a little under 40,000 young people this year, in areas of Queens, inner city schools, to the private schools where everyone is going to an Ivy League school to the middle of the country to the coast, everywhere. And the reoccurring theme in young people everywhere is they are extremely comfortable talking about things that they think are normal. They have this theorem that it's okay to be yourself, as long as there's somebody else like you. But as soon as there's no one else like you, you're not going to talk about it; you're not going to express yourself. And that's fine, that's how you develop friendships, that's how you develop relationships. But it becomes dangerous when you have the thought that you don't think anyone else has, because you're not going to talk about it. So young males, they'll go out, they'll talk about girls and sports and music, and young females, they'll go out and talk about whatever young females talk about, and they're very comfortable doing that. And they will sacrifice their most important thoughts, feeling and emotions to talk about things that they think are normal.

You have over 66% of young people with substance abuse disorder who also have a co-occurring mental health problem. Young people don't feel like talking about their issues is an option, so they will turn to drugs, they will turn to alcohol, they will turn to sexual promiscuity, they will turn to violence, they will turn to cutting themselves. In every state in this country, I've yet to meet one young person who isn't either cutting themselves or knows of someone cutting themselves. They will turn to negative forms of expression before they even know positive forms of expression are out there. We may never be able to change the causes of mental health problems. The biggest way to change the way we deal with those problems is to provide positive examples. Is to show them the outlets that are out there and is to change this stigma that exists and to let young people know that they're not alone. And to take all the

issues, all the causes, all the horrible things that young people see and provide them with solutions and take away the stigma and help them feel more comfortable with themselves and their emotions.

Riskin: Very good point.

Audience Member #1: I'm always so concerned when there's a traumatic event in this country. There have been many of them over the years and it seems like the newspapers and magazines always say "Why is this happening?" And it seems that what they come up with "Well, there's a presence of guns in these peoples lives, or in the case of Columbine, they were just alienated." And I'm thinking, are we talking about – and this is for anybody – because I really, really would love to know what the experts and doctors are saying what this is all about. Is this mental illness, is this abuse at home that has turned into a rage that these young people are going out to kill, or is it simply adolescent alienation?

Deantonio: I think these different episodes have different causes. In some of the cases some of these adolescents were really psychotic. The one in Oregon where he killed his parents, he had bombs throughout the house. Sounds like he's schizophrenic and he wasn't in school one day, they took the guns away, then he came back the next day. One kid, there was a *Frontline* thing on PBS, that kid sounded really disturbed. The biggest thing about that that just blows my mind is these kids made 50 bombs in the parent's garage, and the parents didn't know. That to me, it's more in that case, the lack of parental involvement, so I think there can be different things. I think that's more adolescent alienation and family… I don't know if there was abuse going on – but no one was talking. These kids were making large amounts of bombs in the garage of the house where the parents are all the time. For like a month, and no one knew. So to me it kind of underlines this thing of getting adolescents – what you're talking about, getting them, challenge them to talk – about what's going on. You know, adolescents get disaffected and they feel estranged, and it's always a challenge for adults to not be the enemy, but to have some adults be part of a dialogue with the kid because kids get estranged and they do really crazy things.

Audience Member #2: I'm currently working on a project for Fox on the Dartmouth murder*s*, which as you know concerned two kids who randomly killed two Dartmouth professors. Now, we've talked a lot about all of the different manifestations of mental illnesses, we haven't done a lot of talking about the recognition of those symptoms. And the big question that always happens after a Columbine or after a Dartmouth is why didn't we see. In the case of the Dartmouth kids, these kids were the children of hippie parents who wanted to raise their kids in a free and open environment, an environment that was not inundated by the media or by the high pressure of city life. These kids were honor students, these kids were well liked, these kids were presidents of their class. And yet, obviously something was terribly, terribly wrong. And what I'm asking is, I think what Ross was saying, was really true. We could list mental problems from here to Casablanca and it's not going to mean anything, unless we can start dealing with how we can identify and see and grasp them before they explode before our eyes.

Arroyo: Yes, this is really a multi-faceted problem. The thing that first comes to mind is stigma. And I think stigma for adults is different than for youth. I know in working with the population that I work with, the last thing they want to be is what they refer to as a "mental." So they don't want to convey to anyone that they might be so different that they need special help because they're loony or crazy and so forth. Secondly, there is the whole business about public awareness; educating the general public that I think Ross has alluded to a couple of times. And then of course there is educating those people who spend the most time with these kids in addition to their parents, of course, are people in the educational system. Why can't they detect some of these problems earlier? Well, as you may well know, there are actually a number of laws recently passed in other states – almost in California, but not yet – that would preclude any person in education from suggesting to the parent that the parent should get their child evaluated for medication for mental illness. That will happen, and there is a bill in Congress pending along those lines.

Riskin: Who's supporting that bill?

Arroyo: You know, I can't tell you. But if you're interested you need to call Boxer and Feinstein and tell them really to vote against that. But what that does is it has a chilling effect on educators in

terms of trying to assist the youth that they're trying to teach and help society raise to become productive citizens.

Riskin: I was thinking of the case up in Santa Barbara, if some of you may have heard about it, because this is the son of somebody who is a well-known director in television and a close personal friend of mine. His son was bipolar and he was way out on a limb and he was hyper-sexualized, he was trying to have sex with anybody he could get his hands on, he was driving wildly, and of course, ultimately, he drove down Main Street of Santa Barbara yelling "I'm the Angel of Death," and mowed down four people and killed three and permanently wounded the other. But what struck me about this, certainly the trauma for the family of having had the hope that this young boy would be able to stay on his medication and be all right when he went to college and he wasn't able to and so on, but what struck me was that in his dorm for weeks, odd behavior, strange and troubling behavior, none of those kids, nobody in that dorm said "This young man needs help." And of course that startled me except when I thought back to when I was in college and my suitemate – we shared a bathroom – was having an emotional breakdown. She was becoming more and more reclusive. She wouldn't leave her room, wasn't bathing, wasn't eating. And it was as if it didn't exist; we just moved on. I think finally she got some help and had to go home early. But it's not just young kids; it's more mature young people, and even maybe adults.

Wyatt: I think that when a youngster is an achiever, popular, good looking, has good manners, we tend to stereotype those kids as kids who might be a little quirky, but you know, they're okay. When a kid is poor, when they're an ethnic minority, I think that the tolerance level for their kinds of problems are much less than there would be a middle class kid. You're talking about kids in a middle class kind of setting who somebody should have picked up. I think if they had been minority kids, someone would have. They would have been in juvenile detention camp much sooner, and that's why everyone was so shocked, we were laying bets on who the snipers were in D.C. Everyone said those are not black people. Those are not black people, we just know it, they don't do that. And when those guys, you know the older gentlemen, we said "Oh, my god. What is happening?" This is not the scenario. So I think we can't overlook that, that there are clusters of behaviors and there's external appearance that we excuse. These

were strange kids in Colorado, very weird kids. But because they were from middle class homes – you notice you never saw the parents? Never saw them. They were never interviewed. Now you know if they had been a poor kid in the inner city, television would have been all over, watching them, every minute.

Riskin: They probably had flanks of lawyers. 1, 2, 3, 4, 5, 6 – okay, in that order.

Audience Member #3: I'd like you please to address the issue of all of this depression as opposed to sadness, things that make you verifiably sad as opposed to something that can be treated with medication. And the second thing is to the factor of religion in this. Because if you have somebody who is suicidal who has been taught to believe that the afterlife is better, does that enhance the direction of suicidal gestures or is there a way to nullify it? How do those things come into play?

Riskin: Does anyone want to take that one?

Wyatt: Suicide is a sin for religious people. There's no connection between your spirituality and your religiousity and your tendency to want to be suicidal. Actually, the more religious you are, you're supposed to stay on this earth and do God's work. So, no, I don't think it's religion that's pulling it.

Riskin: Okay, next question.

Audience Member #4: Seems to me that the only difference that I could discern between high school and college read by behavior, is that high school seems that the tendency is towards the group whereas in college the social cliques become different. I'm wondering, Ross, if maybe in your course of speaking if you've maybe addressed how to become more of a community to prevent what happened in Santa Barbara.

Szabo: Well, in colleges it's a little bit more difficult because as you said there are cliques. But there are definite ways to address it. What I'm working on right now is a lot, but we're working on a

high school program to open a sense of community and then I'm going to be touring the country with *Cosmopolitan* magazine and speaking to colleges around the country on health issues and I'm going to be speaking about mental health. One of the biggest ways – and people always look at me differently when I say this – even in the Greek community there are cliques. In the Greek community there's diversion and people are talking, so right now – I'm specifically targeting the Greek community through Baucus and Gamma – I'll be doing a featured speaker session at their conference in the fall – and we're starting slowly with the Greek community. And one of the biggest problems with mental health is starting slowly and finding a way to provide a sense of community. In a capitalistic, individualistic society a sense of community isn't cared about. At a college where you're trying to get a better grade, a better internship, a better job, it's tough to be open with your emotions, your thoughts, and your feelings because that's vulnerability for someone to say, "Okay, well, you're crazy," but I still have these thoughts and emotions. So I think it's definitely something that needs to be addressed. It's definitely something I see in every college. And the country is again that almost fear of being different, almost that fear of having those thoughts, feelings and emotions. And I encourage everyone to try and start things on their own college campuses or where they graduated from, I firmly believe that every single person in this country can play a part in taking away stigma, or opening a sense of community. So it's definitely something I see and it's something we're starting to work on, slowly. Right now counseling centers on most colleges aren't adequately prepared for the young people that have mental health and emotional problems. And a lot of young people aren't open to the idea of seeking the counseling center.

Riskin: Right. Even to go away to college for the first time if you, you know, can be very traumatizing and it's overwhelming, a whole new environment, are you going to make it or not make it. Next question?

Audience Member #5: Dan, you talked about your son being schizophrenic. I was wondering what was the first sign that showed you he was schizophrenic? Were there episodes before that or did it just hit him at a certain age?

Weisburd: Who knows, you look back you can find all kinds of things you should have looked at more seriously. What was masking it for me was his great success in all the measurements that people would hold up. My son was in a very advanced pre-school and was doing fantastically. And when he started kindergarten he started twisting the hair on top of his head and became a perfect bald circle. And they immediately got him to a psychologist who did a work up on him and they decided that his intelligence ability went off all of their measurements. So they put him in a highly gifted class and he became the best of those. And from that point on he was flying independently. What caused it to happen in my boy? I've been donating years now of my time encouraging brain research. I stopped making speeches around the country, but I made hundreds of speeches where I said, "I've had the privilege of looking at the book of knowledge about the brain and it's mostly empty pages." Why there has been such a reluctance… for me there's no national will here to address our biggest problems. We solve problems in distant lands through violence. But the stuff that's going on in our own heads – and as a veteran who has seen some of it – I can tell you the kids coming home are not just the one that made the front page of the *LA Times*. It's almost impossible to reintegrate into a so-called normal reality. They give a good name to it because you can bill against the name, post-traumatic stress disorder now, but finally you can bill against it so good people who have studied it somewhat can try to help somebody. But unless things are billable in our worlds, we tend to cover them up until they explode in our face like the kids at Columbine. Or, I've been filming in jails now, with real prisoners, about suicide. And, you know, I thought *Oz* was the greatest thing that ever hit the screen until I got into the real jail and realized it was very sanitized. But finding early hints about things – maybe at some point we'll have tests that can truly tell – but as far as I know, no one has them at this moment.

Riskin: We have a question there, and then Sharon and then Brenda.

Audience Member #6: I was confused earlier by this point. Dr. Arroyo, you were saying that the young people don't want to be stigmatized as "mental," but I thought that someone was saying in a couple of cases that the students liked when there's the opportunity they do like to take advantage of mental health care. Now are they making other students aware that they're walking in to use the resources? That's what I'm curious about.

Arroyo: You know I think that the image among youth in our country of someone who is mentally ill is not an image that conjures up, you know, "I want to be just like them" kind of thing. If anything, it's "I don't want to be like them." And youth with mental illness are often ostracized not only by their peers but by their family as well. We work in large high schools – we're in about 41 high schools in Bosnia doing the same kind of work. First of all, we don't have a very major public mental health attitude in this country at all. Public mental health doesn't exist until terrorism sort of put it on the map again, so we don't really go about things systematically. Even though we have depression days and others, few children are ever screened. Fact is that almost all the shootings, I would say, at Dartmouth, too, you won't really know the inside of the mind of the people. But you could have taken the kid at Springfield to a psychiatrist, but if you had given him a depression scale and suicidal questions when he was taken and apprehended at the police station, he would have filled it out, he would have endorsed it right there. What we don't do, even about depression – because most adolescents in our high schools actually answered questions fairly well – we don't follow-up, but we don't do the next steps. I get involved with all the large school shootings with programs years after. Almost all the kids are in treatment. Nobody cleared guns; nobody cleared bombs from anybody's house. I've never seen a media production that has a kid screened for depression, has a therapist speak to them and the family, and clears the house of guns. There's no public health attitude in the United States to do that. Forget your views on guns or whether you should have them or not. There are high-risk circumstances. I know of people who work with Veterans Hospital, who won't treat a combat soldier unless they clear the environment of guns. So we have no public mental health principals by which to ensure safe life, even as we identify and treat people who might be going through a very serious time. And we don't certainly do that with youth. Youth actually fight it, but they'll accept it, it can be done.

And what I was saying is that these high school students – you're talking about some adolescents who are vulnerable to psychotic disorders where they're not going to be able to participate at that point. But these are kids who don't have psychotic disorders who have pretty disturbed behavior, who know things have happened in their lives that are serious. You screen out in high school, they come to the class. It's not stigmatized because they're there—

essentially trauma is an easier path than most mental illness issues, and I have to admit to that. But they come, they participate, they refer. We did a program in Inglewood in an elementary school. There were five children in that school that had their mothers murdered and no arrest. We did a program for the kids – there's nothing like seeing a ten year old go up to his friend and say, "You should go over there because you had the same thing happen to you." There's much less stigma, there are ways to reduce stigma with support from within a school and among the adolescents. They develop their own peer group support. We are starting to change attitudes, certainly in the adult world, to some degree, about depression, about other mental illness. We need to be doing much more of that. There are no science courses in high schools that talk about the issues that we've just raised. But these teenagers all walk in and they all stay and they all get better. But that's been not just trauma, treatment of anxiety disorders and depression at schools, it's very hard to do school based interventions. But it's clearly the place that kids get treated. They don't go to clinics, you can do it school-based. That would be a varied change in American attitude, to do that for people that need treatment. And it clearly would need special facilities and special care for those that become psychotic at some point and require a very different level of treatment.

Weisburd: And when the school does choose to do it – I have a 12 year old granddaughter who qualifies on all the levels that the others have mentioned, and is a lovely young lady who is the blonde, blue-eyed girl, and she's in the biology class and the teacher is talking about the cause of schizophrenia as being bad mothering. Now, she stood up in the class and unloaded because she happens to love her Uncle David who has schizophrenia and she explained that it was a biological disorder, which was what the class was supposed to be studying about, and that it was brain chemistry, and went on. Her grade somehow magically went from an "A" to a "C." She learned something – the reaction – you have to be willing to take the heat.

Riskin: I think Bill wants to comment on that.

Arroyo: Yeah, just something very briefly. There is a ballot initiative related to mental health services that will be introduced on next year's ballot. A piece of that, I'm reminded by Dan's comments,

would be to fund the change in school curriculum to teach youngsters about mental illness. So look for that ballot initiative next year.

Riskin: I just have to interject here – I think for far too many years in the field of psychology and psychiatry, mothers were blamed for everything, and it's sort of a joke, but it really wasn't a joke. There were many mothers and children who were traumatized by that. We have a mother here who has an autistic child and forgive me if I bash Bruno Bettleheim, but I can't bash him often enough…

Weisburd: Vicki, once my wife and I were speaking at the closing of the Humanities Building at USC, and it was appropriate because R.D. Lange, you know *Politics of the Family*, R.D. Lange was also on the panel. People didn't come to see Elaine and Dan; they came to see R.D. Lange. There were some 1500 students with copies of *Knots* and *Politics of the Family* and so on. And my wife was set for him, because he's the man who created the schizophrenic mother. She said, because she was a smoker and he was a smoker, "Let's go out for a smoke, Ronny." And they went outside and she unloaded, as she's so gifted at doing. But the point is, he said, "Well, I don't believe all that shit." And she said, "Why don't you pull the books out of the hands of these students. They're all here because they believe what you say. Why don't you get up on the panel and say you don't believe any of this." He never did. So once it's in print, once it's out there, once it receives its adulation, once the idea gets out that you can put people in a safehouse and blow through to the other side of the psychosis, everybody wants to believe it because it's another fairy tale.

Riskin: And because we're also quite desperate to try and find answers. Brenda, and then Sharon, and then I'll get back to you.

Audience Member #7: One of the things I think you also touched on—this notion of who were doing the sniper shootings, and this idea of social profiling certain mental illnesses. And in going through these triggers and signs, but what I don't see here, is actually what I've heard you all talk about, I don't see anything about the over-achievers, clearly that's been something that should be

acknowledged. There's something of it that maybe those are signs that we need to be looking for.

Deantonio: I think part of what teenagers do, is they do like to compartmentalize. They want people to see themselves… they don't want people to know all of them because they're not sure all of who they are. So, they'll want to hide behind being a very high achiever, other kids want to hide behind being the freak. They'll want to take an image and kind of caricature it because it's much more comfortable. So they try to scare their parents, but they're all doing the same thing. So they all get their tongues pierced, but five of them will do it together, because it's set a unique rebellion niche. So it makes all adolescents really tough, because you've got the kid who'll hide behind being the over achiever so no one will look at their problems, and then they end up killing themselves or hurting someone else. Unless you can get this problem… it's more not taking any kid at face value, but being very curious about engaging them and talking to them.

To answer this thing about the stigma of mental illness. I think that what Bob Pynoos is saying is that if you normalize that it's okay to talk about issues and things, they'll buy into it. I think in that normalizing it by having it a normal part of school programs, a number of private schools in L.A. have done this very well. They have very active peer counseling programs, and they normalize being okay to talk about things, kids will go to that any buy into it. I think that's part of the strategy. The problem is, if going to someone means you're going to be labeled as "crazy," you'll get no teenager doing that. So part of working on this is how you present it to them. Present mental health interventions in a pro-active way, in a normalizing way, like in a school program, or I've seen it done in church programs, or some other thing, those kids will fill up rooms talking about all sorts of things.

Audience Member #8: There are two shows that are coming on TV this year, one is *Joan of Arcadia* and one is *Wonder Falls*, both dealing with people who hear voices in a very positive way. On both of these shows they're hearing voices that are telling them to do good things and telling them to help solve crimes, another one is to help people. Is this something that you want them talking about, yeah, I'm hearing voices?

Weisburd: As a writer you can appreciate this. I'm sitting out in a little shack that I have in the back of our property working late at night with a script deadline, and I'm working away, and my son was living at home at that time. And I don't know if you do this, but my characters are talking through me and I'm talking back to them. And they're going in a direction I don't want. We haven't blocked it that way. And I'm fighting them, and all of a sudden I'm aware someone is watching me. It's 2:30 in the morning. And there's my son with schizophrenia standing in the doorway with a big smile on his face, "Oh, Daddy, you hear voices, too!"

Audience Member #9: I'm not sure about all ethnic communities, but I know particularly in the African-American community, the stigma about consulting mental…

Riskin: Right. Going to a psychiatrist…

Audience Member #9: Right. Has there been any in-depth study on what impact it has had on adolescents or people of color who need the help?

Wyatt: Absolutely. There was an Institute of Medicine report, last year – 2002 – that documented that African-Americans in particular, Latinos second, get less care for all kinds of health problems, regardless of mental health, but all kinds of health problems. And I think that when people go back to Tuskegee, but just not – do you know the Tuskegee story? – you have to know it. I wish I could tell it to you, it's a whole evening, because it's not the only experiment that was done on one particular group, but it ran African-Americans out of the health care system and we haven't been able to get them back.

But the whole stigma of being mentally ill goes back to slavery. You had to be able to function to survive and if you were sick in any way you could be sold. So those historical pieces live with people today. They're passed along with your grandmother. And one of the neatest things when I want to find out about culture is to ask people "What did your grandmother tell you about this event?" or your great-grandmother. And you'll hear patterns of beliefs and values about mental illness that will help you to understand why that person will not go to a therapist,

why couples won't go into therapy if they have trouble. Because weakness is a sign that you will become so fragile that you will not survive.

And because in the health care system, the county health care system, if you as an ethic minority or poor person got on a ward, you could not get off. It's just like if you were in a class in what they use to call the educate-able mentally retarded, you could not get out, because they only teach you what they want to teach you. You can't learn more in order to show that you can surpass it. So there are some very old beliefs about the mistrust of the medical system, that's exactly what we call it, and we have to work with that in ethnic communities. And believe me, when I go out, I'm seen as an instrument of UCLA. I have to establish my credibility all over again, by telling them about my parents. There's a whole talk about how you present yourself in ethnic communities, because it's not your degrees, it's who you are as a person and can you be trusted and have you forgotten your history and who you are? And if you measure up on all those issues, then maybe somebody will listen to you professionally. They could care less whether I have a PhD from UCLA.

Riskin: Yeah, exactly. Good point. Yes, in the back.

Audience Member #10: Hi. This is for anybody. I'm glad that you mentioned the politics of the situation. I'm wondering more about that, what we can do. I happen to teach in a small school that specializes in kids with ED, I don't even know if it's called that anymore. But kids who couldn't survive in the public schools. They all have IEP's. One of the things I've noticed is that they go to a psychiatrist, they all have psychologists at the school, and really good psychologists, but they go to a psychiatrist, maybe once every three months. And these are kids with bipolar, these are kids with schizophrenia, these are kids who come out of rehabs and institutions and juvie, and they hate the meds because they are treated generically. I know a little bit about it because my mother is a psychiatrist. So I know there is so much that they can do in terms of experimenting with the meds. So I'm just wondering, is there anything we can do on that level and also, this issue of the stigma and teachers not being able to suggest to parents, there's a political factor there, too, because LAUSD would never be able to pay for all the kids that would rightfully have this as a tool for their own education. That's really what's going on.

Riskin: Interesting.

Szabo: Yeah, let me start. I could go on this subject for the next week, but let me just say, because it's more than urgent. Those children that you're speaking about in your classroom, across the state, are at risk as we speak, of not having those services anymore. The reason being is that the state has decided to withhold payments from counties who provide those services to your students. And so there has been at least one county that has stated to the governor, we are no longer providing those services. LA has not jumped on the bandwagon, but San Diego will follow closely and there will probably be a domino effect across the state. And so those kids who have been identified by school districts who are in need of mental health services because they can't achieve academically may not get them unless the state legislature and the governor come to some agreement that they are going to pay for this federal mandate, counties, to provide those services.

Riskin: I think I'm going to bring the evening to a close. I see we have one last question, but I think maybe you can afterwards nab some of these guys. What I'd like to emphasize here is that for those of you who are writers, want to work on these projects, that the Hollywood, Health & Society project—Vicki, could you stand—the point of this project is that you have a place where you can go to get all of your questions answered and to be able to tap into the kinds of experts that we have on this panel because when you write an episode of a series or you do a feature film on any of these kinds of topics, you are reaching millions of people. You are part of the possible re-education of the public,

Vicki Beck: There are materials in the folder. I think on the left hand side you'll see some materials for the Mental Health Media Partnership, how to contact them, and then on the right hand side, behind the bios and pictures, you'll see some information for Hollywood, Health & Society, and how to contact us.

Riskin: They've done a terrific job of interfacing with staff writers on series on any number of topics. But I hope you really avail yourself of the extraordinary resources that are here and available to

you. This is about getting information only. Any kind of information you want. The point is to be a link for you. We'd also like you to fill this out, because we want to know whether you found this evening worthwhile or valuable. But in closing I want to thank all the panelist, Ross and Dan for coming and telling their personal story and for being so terrific to go out and tell others your personal stories. And I just want to say, lastly, because I was in the profession for a long time, and I always felt that not only was mental health very badly portrayed in film, but the helpers, the psychologists, the psychotherapists, they psychiatrists, were even more badly portrayed. I mean, they were either the manipulative, devious doctor, or the person who never spoke and was cold and unfeeling. And the first film I did and what got me in this crazy business of television was doing a story about a therapist and a patient. And it was a great experience to be able to convey what it's really like when it works well. And these people here are exemplary and I'm proud of what they do and it's a tough, tough job with very few resources that are provided by the public. So bravo to you for your dedication and your hard work and bravo to you both for telling your story. Thank you to everybody for coming.