One Suicide’s Survivors  By Jeanne Blake

FACT: People who die by suicide are frequently suffering from undiagnosed, undertreated, or untreated depression. Source: SAMHSA

As an Army family, General Graham and his wife Carol and three children, Jeffrey, Kevin and Melanie, moved every few years.

“We were really close,” Melanie says of her family. “We’d play cards and watch basketball games together.”

Melanie had a special connection with her brother Kevin. “He was always very protective of me,” she says.

Melanie’s bond with her brothers stuck. They all attended the University of Kentucky and shared an apartment.

Jeff and Kevin were on full ROTC scholarships. Everyone expected Kevin to follow in the footsteps of his grandfather, Daddy Doc, a warm and compassionate family physician.

Melanie and Kevin spent so much time together that Melanie’s sorority sisters thought Kevin was her best friend, not her brother.

Kevin was considered the family’s perfect child – straight A’s, an accomplished athlete, and never causing trouble.

In Kevin's junior year, Melanie noticed that he’d grown uncharacteristically sad.

General and Carol Graham, stationed in Korea, noticed too. “His grades started to slip,” Carol says. “He said college wasn’t what he thought it would be.”

Kevin had filled out a questionnaire that indicated depression. A psychiatric nurse recommended he take antidepressant medication.

Kevin asked his mom, “Did you know depression is an illness and not just a feeling?”

At the campus clinic, Kevin met regularly with his therapist and started taking medication.

Carol didn’t make a big deal out of it. “I thought it was like he had an infection and was taking an antibiotic and would be OK.”

Carol and Kevin had always talked about everything. Not this time. “In my mind, as long as I didn’t talk about it, Kevin didn’t have depression,” she says.

She urged him to sleep, go to church, exercise, and eat healthy foods.

One night, a friend was using Kevin’s computer and found an empty pill bottle in the trash next to it. Kevin was mortified. He worried that if the Army learned he was on antidepressants, he’d lose his scholarship. He quit taking the pills, but kept seeing his therapist.

Kevin was failing organic chemistry. His advisor warned he wouldn’t get into medical school. Kevin said, “Mom, I don’t know what’s wrong. My brain doesn’t work anymore.”

Kevin wanted to take a break from school. Carol reminded him of his scholarship and that he only had a year left. She suggested he take a make-up course. Kevin responded: “Mom, I’m just tired.”
Carol tried to be upbeat, thinking her happy mood might rub off on her son. She said she’d find him a psychiatrist. “That’s a good idea,” Kevin said.

As the school year ended, Melanie asked her brother, “Are there ever days you’re just happy, you smile for no reason at all?”

Kevin said, “I have no idea what that feels like.”

Melanie thought Kevin was sad because their brother Jeff had moved out for Officer Basic School. “I thought Kevin would get up the next day, run six miles, and feel better,” she says.

Meanwhile, Carol was trying to find Kevin a psychiatrist. A representative of their insurance company was reluctant to authorize visits to a psychiatrist, so Carol encouraged Kevin to continue therapy at the university health clinic. She didn’t realize that Kevin’s therapist was away for the summer.

“I also suggested he change his major,” Carol says. “I kept thinking if I fixed the circumstances, he’d be OK. But it wasn’t about school. It was about the illness.”

General Graham said if Kevin didn’t want to stay in the Army, he’d pay back the scholarship money. Kevin responded, “Dad, I’d be a quitter. You know the soldier’s creed: ‘I will never quit.’ ”

When Kevin wasn’t at the gym, he lay on his bed or played video games. He had a hard time sleeping.

“I thought Kevin was being lazy,” Melanie says. “He said he didn’t know his purpose in life.”

One night, sitting on the edge of Melanie’s bed, Kevin told her she had so much potential she could do anything. “He said it like three times,” Melanie says, “Mr. Perfect. He had everything going for him. And he’s telling me that.”

The next morning, Jeff called to see whether Kevin had left to meet him for golf. With Jeff still on the phone, Melanie checked. Kevin wouldn’t wake up. “I said, ‘Kevin, stop it. It’s not funny,’ ” Melanie says.

In that horrifying moment, she realized Kevin had taken his life. Melanie screamed into the phone. “Kevin’s dead!”

Jeff yelled, “Get out! Get help!”

In Korea, the phone rang. General Graham answered. “No! No! No!” he screamed.

Carol rolled out of bed and crawled to her bible. “I’d prayed so hard for Kevin,” she says. “I’d dealt with it spiritually. We’d missed the medical part.”

If Kevin’s heart didn’t work, the Grahams would have gotten the best doctor. But Kevin had said his brain didn’t work. “I can’t explain why I didn’t do a better job when I had the chance,” Carol says.

Melanie says Kevin must have thought suicide was his only way to find peace. “We’d have done anything in the world for him.”

Eight months later, Jeff was serving in Iraq. “There was a knock on the door,” Melanie says. “It was my aunt and uncle. They told me Jeff was killed by a roadside bomb. I thought I couldn’t go on living.”

When Melanie told her dad she didn’t know how to be an only child, General Graham held her and said, “We’ll make a new family – the three of us – and love each other even more.”

The Grahams speak openly about depression and suicide with hopes of sparing other families a tragedy. Their message: Depression is a treatable illness. There’s always a way out, and there’s no shame in asking for help.
"I knew Kevin was sad," General Graham says. "I didn't know he could die from being too sad."

Melanie thinks if she'd known the warning signs of suicide, Kevin might be alive.

After her brothers' deaths, she took a year off from school and worked through her grief with a psychologist. Now she's a nurse, dedicated to helping others.

The Grahams believe Kevin and Jeffrey died fighting different battles. They're working diligently to raise awareness of the dangers of untreated depression. They know depression awareness is suicide prevention.

Melanie's words to young people
"I wish I'd known the seriousness of depression. I live with regret every day. If anyone you know and love exhibits depressive behavior, get him or her help immediately. Life is too precious to live with regret."

Consider This

Jeanne Blake: There were signs of Kevin’s depression that everyone around him missed.

Dr. Rauch: Many loving family members, like Melanie and her parents, struggle to recognize the difference between occasional shifts in mood and depression. We all occasionally feel upset, sad, or have trouble concentrating. This is normal. When someone’s depressed, their mood change persists every day for weeks and is associated with appetite and sleep disturbance, loss of concentration, and lack of interest in favorite activities. Often, they also have suicidal thoughts and experience feelings of guilt and worthlessness. Family members and the depressed person may each be hoping that if the symptoms associated with depression are ignored, they'll just disappear. But Kevin needed treatment for his depression.

Jeanne Blake: If you're worried that a person is showing signs of distress and might hurt him or herself, what do you suggest doing?

Dr. Rauch: If you're worried, ask: "Are you depressed?" "How bad does it get?" "Do you ever feel like life isn’t worth living?" “Have you thought about hurting yourself?” If the person says yes, ask what he or she imagines doing, and whether they feel they may act on these suicidal thoughts. Remind him or her that depression clouds thinking and judgment and makes things seem hopeless. It’s important to help the person get professional treatment and to be safe until they’re under a doctor’s care.

Jeanne Blake: Hopelessness is a common symptom of depression. Melanie says Kevin must have thought he could only find peace in dying.

Dr. Rauch: Depression can feel like carrying an overwhelmingly heavy weight or a sense of complete emptiness or numbness. In this state, it’s hard for someone to believe that things will get better. In reality, depression is a treatable illness.

Jeanne Blake: Although Kevin wanted time off from school, he pushed himself to keep going. Depression is both physically and emotionally debilitating.

Dr. Rauch: As with a physical illness, when someone’s depressed, it’s important to step back, take the pressure off, and focus on getting the treatment to get well. The depressed person needs help to recognize the options and not feel burdened, trapped, and without choices.

Jeanne Blake: Carol did what many parents would do: she encouraged her son to take care of himself physically. But, as she says, she missed the medical part.

Dr. Rauch: If someone has a physical illness, such as diabetes, it’s not enough to just get more sleep and eat well. They need medical treatment. As Kevin said, his brain wasn’t working right. A combination of talk therapy
and antidepressant medication, under the care of a mental health professional, can be lifesaving in the treatment of depression.

Jeanne Blake: What else would you like family members to know?

Dr. Rauch: It’s important for each of us to remind the people we love that part of loving each other is recognizing that we have a responsibility to each other. Every parent can have this conversation with his or her children whether the young person is showing signs of depression or not. You can say, “Please let someone know if you’re feeling desperate. If it feels like you reached out for help and help didn’t come, ask again and keep asking until you get the help you deserve.”

Jeanne Blake: The Grahams hope others will learn from their experience and be spared tragedy.

Dr. Rauch: When someone speaks openly about suicide, as the Grahams do, it educates other loving families to take the necessary steps to get help for a child, sister, brother, parent or spouse. It also helps to reduce the stigma that surrounds mental illness. The stigma too often keeps people from talking openly about their suffering and from seeking lifesaving treatment. If more families speak out, lives will be saved.

General Graham’s words to parents
“We speak out about what happened because something good has to come from our family’s tragedy. We couldn’t save Kevin, but there are so many other Kevins suffering in silence. We want people to know that you can die from depression.”

Carol’s words to parents
“If your child shows signs of depression, seek professional help just as you would if you suspected he or she had a serious physical illness. Kevin said his brain didn’t work any more. If he’d said his heart or lungs didn’t work, I’d have gotten him immediate medical treatment.”

One Suicide’s Survivors is excerpted from Words Can Work: When Talking About Depression. To purchase the complete booklet and accompanying DVD Depression: True Stories visit wordscanwork.com.