

Teen-Suicide-Awareness

Saylor Brulte: The material in this podcast is for entertainment, educational, and informational purposes only. It is not a substitute for professional medical advice, You should not rely on this information to make any medical related decisions. Nothing in this podcast constitutes a doctor patient relationship, and nothing should be taken as specific medical advice. For any given person. I hope you enjoyed Mark Medicine.

Aralin Brulte: Lights camera action go.

Dr. Mark Brulte, M.D.: Hello, everybody, and welcome to the very first episode of Marked Medicine. I'm very excited to be here, and we are glad that you've chosen to join us. I'm Dr. Mark Brulte, and I'm a doctor with over twenty five years of clinical experience in acute care medicine.

Joining me today is my favorite nurse practitioner and my wife Amanda Brulte.

Amanda Brulte, FNP-C: I am his favorite, but like Mark said, my name is Amanda Brulte. I'm a family nurse practitioner. I've worked in pediatrics for 8 years, and I've recently embarked on a new journey in my career. I'm now working with palliative and hospice patients. And I'm also super excited to be here, and I can't believe this is finally happening.

This is the product of an idea that was born a few years ago.

Dr. Mark: Yeah. Like, thirty years ago when I started working.

Amanda: Well, parts of it anyway. But this is a dream come true of mine to watch this vision be brought to life, so you may be asking why a podcast? Well, basically, if I've called Mark once and started out the conversation with, hey, Mark, I have a question. I've probably done that. How many times Mark would you say?

Dr. Mark: Once or twice.

Amanda: A few times, but not only have I done that, lots of other nurse practitioners have as well. Many family members, friends, and coworkers have done that, and Mark has graciously answered every phone call and been excited about each and every one, at least all the ones that I've made anyway. So you may not

know this, if you're listening, but we actually live in the state of Georgia and nurse practitioners here do not practice independently. We function with a doctor that we enter into a protocol agreement with. And so that's that's not the only reason that I call Mark, I've actually never been in a protocol agreement with him.

I call him because he's actually really good at what he does, and I'm not just saying that because he's my husband. And Mark's actually pretty humble about this, but I think he's got a gift for taking care of patients. But just so you can get a glimpse of why Mark and why people call Mark for direction so often with medical questions. Mark, how about you tell our listeners, a little bit about yourself and about your philosophy of medicine?

Dr. Mark: Well, I appreciate the compliments, but it's not a gift. There's no natural doctors. It's a learned skill. And

Amanda: I mean, I don't really all the way agree with you there, Mark, because I do think that you actually have a gift for it.

Mark: Well, at any rate. I think the thing that makes me a little different is my varied educational background. I was a dentist before I went medical school. I did a lot of education and training, four years of college, four years of dental school, four years of medical school, four years of residency. I've been in practice for more than twenty five years and predominantly in emergency medicine, but also did general practice including outpatient, inpatient and ICU care for a couple of years.

So it's just been a lot of different types of taking care of really sick people for a long time. I was fortunate to go to very excellent schools and residency and an excellent residency program. And I think that learning happens in a lot of different ways, and that's a big part of what Marked Medicine is about. It's mainly a philosophy that I've developed over time that boils down to two questions. The first question is why? Why is this happening to the patient? Why are they sick? Why are they not changing for the better in the way that I anticipated? Why are things going in one direction and not the other why are they responding to therapies? Why is a big part of taking care of patients?

And more importantly, the second question is, what would I do for this person if they were in my own family? And that's really the the core and the critical question because that allows you to sleep well at night. You do the things that you do for people because it's the right thing to do and it's the best way to do it. And even though the patient may not always have a good outcome, at least you know you

gave them the best opportunity to have a good outcome. And so that's really what this is all about.

And I want to share that philosophy by interviewing people and learning from people, from people from all different backgrounds and walks of life, some will be advanced practice practitioners, some will be physicians, some will be patients and patients' family members, some will be people that do other types of jobs where they interact with people. Everybody has human interaction and those human interactions can teach healthcare providers a lot of things. You know, they everybody has a unique experience and a unique way of teaching us as healthcare providers what we need to know to best take care of people. And that's really what this is about. We want it to be educational.

We want it to be informative. We want it to be entertaining. We want it to be very human and real. We want it, we want you to laugh. We want you to cry.

Mostly, we want you to learn.

Amanda: So what would I do if this person were a member of my own family? I mean, let's just think about that for a minute. I'm sure the listeners. I'm sure if you're listening right now. I'm sure many of you have a doctor or a nurse practitioner that treats you that way.

We're certainly not here to say that health care providers don't treat their patients that way. Instead, what we're here to do is just embrace that idea and provide, like Mark said, education and entertainment along the way as well, for healthcare providers, so that you can really embrace that core idea and keep that at the center of your practice. And, you know, again, when we first started talking about this. We were not sure exactly where we were gonna go, how we were gonna best share all this information, all these stories with the world. We just started asking people to record with us.

And as we recorded, we realized that not only does Mark have knowledge to share with the world, but lots of other people do as well. And as we were practicing for this show, my daughter, Saylor, actually, said to me, she's like, wait, if this is the first episode, you know, how are you gonna talk about the fact that you've already been recording? And I said, well, you know, oftentimes when you're writing an essay, your introduction paragraph doesn't remain the same. Oftentimes, as the story develops, you go back and you rewrite that introductory paragraph, And I think that that concept holds true for many situations in life, you know, where you start is not always where you end.

Dr. Mark: Our first guests are perfect examples of this concept. We do want people to know that we will handle adult themes and topics, some of which are very serious and sensitive. But the goal is to educate, inform, and help others, not to shock or disturb.

Amanda: During this journey, we're gonna be talking to healthcare providers. We're gonna be talking to people with personal stories. We're seeking out healthcare providers and people with personal stories. Maybe you are a patient and you have a story that you'd like to tell or a question you'd like to ask Mark, maybe you're a healthcare provider and you feel like you have knowledge that's useful for all of us, or maybe you have a personal platform that you're super passionate about. Maybe you want to share it with the world.

We wanna hear from you. We wanna learn from you. We really feel like that everyone will find something to relate to here at Marked Medicine. We also have lots of other things on the vision board and in the works, and we're super excited to bring those things to you in the future.

Dr. Mark: It's going to be great fun. There's gonna be great information and great entertainment. I can't wait. Really looking forward to it. If you go to our website, markedmedicine.com and click on the about tab, you will find a more detailed discussion of my philosophy of patient care.

I hope you will find it interesting and I certainly hope you will join us in the future.

Amanda: Hey, Mark. I have a question.

Dr. Mark: Okay.

Amanda: How many times do you think I've asked you that question?

Dr. Mark: Do numbers go that high?

Amanda: I doubt it. And from that concept, the idea of Marked Medicine was born with Doctor Mark Brulte.

Dr. Mark: And with Amanda Brulte, my favorite nurse practitioner.

Amanda: And you're now listening to Mark Medicine.

Dr. Mark: Hello. We're glad you joined us here today at Marked Medicine. We're grateful to have our guests today. We have two guests. First is Ms. Marnie Smith.

Ms. Marnie Smith: Hello. Thank you for having me.

Dr. Mark: It's our pleasure. She is a pre-k teacher with over sixteen years of experience and has a personal story to share with us that is very important. And we also have Ms. Heather Day, a school nurse with over twenty five years of experience. How are you?

Ms. Heather Day: I'm great. Thank you. Appreciate you all having it.

Amanda: Thank you all for joining us. We really do appreciate it.

Dr. Mark: Very much our pleasure. This is a very important and serious topic that we have today. We We hope we can benefit everyone and maybe prevent a future tragedy, also perhaps as healthcare providers, we can learn how to properly deliver care with compassion under very trying circumstances. So I think we just need to get right into it, Marnie.

How are you how are you doing today?

Marnie: I'm doing good.

Dr. Mark: So Yeah. Start with your story. Start how you best feel we should start this story.

Marnie: I can start by saying that I lost my daughter to suicide four years ago. And you would have never picked it up. She was outgoing, a cheerleader. She had friends. She was busy.

And never knew that anything that was troubling her that night that she did this. So nobody's ever asked, but I will share it on here. She had actually taken over the counter sleep aid that you get. We still don't know how many or whatever.

But if you saw her on the street every day, you would have never thought that she was dealing with something, like depression or something that was really bothering her, and enough for her to want to take her own life.

Dr. Mark: And your daughter's name is

Marnie: Caroline.

Dr. Mark: And she was how old?

Marnie: Sixteen.

Dr. Mark: Sixteen. Beautiful girl.

Marnie: Thank you. And

Dr. Mark: So when this occurred in your family Mhmm. Shocking

Marnie: Yes.

Dr. Mark: Not a big enough word. I'm sure. Can you relate the events or

Marnie: What happened that night, which I share this story often, it was Valentine's Day. And, that was the last night me and her and her brother got to be together. And like I said, I bought them a heart-shaped pizza from Danny's and we sat around the bar that night and ate and just listened to her and her brother talk. There was a two year age difference. She was the oldest.

And then she left to go to the baseball game at the high school. And when she came home, it was probably about nine thirty, you know, she seemed fine or whatever. So she went to bed. Her brother was already in bed. She went to bed, and then I went to bed.

Then I woke up about one o'clock to a message from her on my phone that said check on me when you get up in the morning. So I ran to her room to find her laying in her bed having seizures. So I immediately called 911, and I don't know if y'all want graphic stuff. But, you know, I I've never seen someone doing that. And at that point, she was already starting to foam out of her mouth and she was starting to lose her color.

So I knew to start doing CPR on her. And so I started doing CPR own her. And I did that until the ambulance got there, which to me seemed like forever.

Amanda: Mhmm

Marnie: So then by the time the EMTs got there, which those two EMTs that came that night, still to this day have contact with me. And one of them actually kept the heart strip of Caroline, and she still has it. So I remember when they came in the room, you know, I'm panicking there and I'm screaming at them and they're trying to get me to go. And Caroline had written letters.

They were laying on her bed. And so they got Caroline, you know, they had to do that thing to her chest. I remember they put her down on her floor and I was like, you know, any mom for a teenager, I was like, oh oh oh my God. First off, her room's a disaster. I'm, like, y'all in here, and she's got crap everywhere.

Amanda: Yeah

Marnie: You know.. Just just kick the clothes away to try to get her down, you know. And they were doing that as I start reading some of the the top letters. She'd written me and her brother. She had written Addison, Heather's son because they were lifelong best friends.

And then she had written four of her of her good friends. And I kinda was just reading through it, and I got to the part that I wished that I would have told you how I was feeling because I knew that you would have got me help. And so then I just really didn't know what to do. So my parents came over because they lived down the street. It took them a while to get Caroline stable enough.

They had to get another ambulance to come to the house because they had to have so many go in there with her. And so I remember the whole ride to the hospital here in Douglas behind the ambulance, just thinking they got to do something. I mean, surely, we got we got to do something. And I told mama, I said, my mother rode with me. I said, it looks like she's doing good because they're going faster now. But when we got to the hospital, I had to wait a few minutes and then they let me go in there. And at that point, they kinda were just telling me, we've got to get her out of here because I think they knew then, I don't know how long she had went without oxygen because she had was starting to lose her color. And so I was like, well, this is hopeful if they're thinking they're gonna be able to fly her out. So they flew her to Savannah. Me and Heather, I rode with Heather.

And when we got there, they had already placed her on the ventilator and everything else at that point. And the doc that doctor was asking us, what, you know, because the only thing that we found that she had taken that night was over the counter sleep aid, like a Walmart brand. And the doctor was like, I mean, there's nothing in her. Like, she has no drugs, no nothing in her. I mean, you know, that's obviously, she had just had too many of that, and it was too much benadryl type stuff, you know.

I don't really know the medical part of it. But so she was in there from February the fifteenth, and and she passed away on February the seventeenth. Which I think that the neurologist basically, because when we got in there, you know, of course, I've never seen somebody on a ventilator and you come across to see your child. And I'm standing at the end of her bed, looking at the thing that is in her mouth. And I'm looking at her eyes, and she's just I mean, of course, her eyes are closed, and she's nothing.

And so I kept going up to her touching her and talking to her and just not seeing a

reaction. I think they already knew, but the neurologist came in and I don't think they wanted her to go as long as I kinda wanted them to, and I said, no, there's got to be something else. I mean, can't we? He said, okay. We'll give her till, we'll do the test on the seventeenth, to see if she has any kind of response. But the whole time she was there, we would talk to her, and I would even open her eyelids to try to see. And of course, you know, her eyes aren't there. And they came in on February the seventeenth. He did different kind of tests.

I mean, I had to sit in the room with her, and I was completely we had to be completely silent. He took her hands, and he put them in ice and then ice water to see if she had any response. They would lift her eyelids. Of course, there was never any kind of response or anything. And so then he told me that he was sorry that she had passed away, and that basically the ventilator was the only thing keeping her alive.

So after that, a woman came in about donating Caroline's organs because they said she was healthy. You know, nothing had missed. They were kinda having a hard time a little bit with her kidneys at that point, but they were still keeping all that going. And so Caroline was a Organ donor. One of her kidneys went to a sixty three year old in Georgia.

That's all I know. Her heart went to a sixty one sixty one year old mother of three in Kentucky. She also has I've heard from several tissue recipients and and her eye recipient who is an artist who now can go back to doing art because she can see again. And so it kinda hit hard you know, after that because I would have never thought one of my children would commit suicide. And I know that there was something they said about a boy, you know, and stuff like that.

But it just, at that time, if they could see how much they're valued, could they think about it? You know? But I'm glad I can speak about it because I think Caroline would want me to. Because I think that she would want me to get it out, that you do need to know your worth and things like that. And since I've said it, and I can say it on here.

It's hard for a parent to keep living after you lose your child. But I said my purpose was Caroline and her brother Trent. That I got to keep doing it for them. And, you know, as a parent, you go through the different things of grief. As soon as Caroline passed away, she passed away in February and in March, I had my son going to see Mary in Valdosta.

I don't know if y'all know her, but she's phenomenal. And he I had him talking to her every month, and he still does, and he's in college now. But now he doesn't go every

month. But it took me until last year to talk to Mary.

And she said, that's because you're not ready. You're not ready. You need to know when you're ready. And I can tell you you're not ready. But, you know, of course, after Caroline passed away.

A lot of people were like, well, you need to get on medicine. I was like, no. Because you can't medicate, losing somebody. And I still have to deal with it. Every day. But suicide is a hard issue because people don't like to talk about it. People don't like to talk about their mental health and their say I That's right. They're depressed because it's like it used to be a taboo. You know,

Amanda: Right.

Marnie: Right? You would've never thought that something was bothering her because was she your typical teenager? Yes. She was moody just I mean, like a teenage girl. But you she wasn't one that was withdrawn.

Didn't talk to anybody, you know. So you wouldn't have never thought that this was something that just crossed her mind. And I never thought that night as happy as she seemed that that's how the night was gonna end.

Dr. Mark: I for twenty five years, I've been out of residency, hundreds of thousands of patients. Thousands of tragedies and it's it's almost impossible for me to sit here and listen to you. You're incredibly brave. Okay. Heather, how long have y'all been friends?

Heather: Actually, Marnie was one of my very first friends in the whole wide world. We've been friends since we were about four years old. We went all the way. We didn't go to grade school together because she went to Eastside and I went to Westside. But our sisters were friends, and we became friends in middle school. We were the the bratty little sisters that nobody let hang out with them. But I I kid and I tell Marnie I mean, I I tell everybody, Marnie and I were the were the best car thieves in the world. My sister and her sister they could drive well before we could, but that didn't keep us from stealing those cars and getting up town. So Marnie and I have we have a long, long history together. And and my son and Caroline were very close.

Amanda: And the same age. Right?

Heather: Well, Addisone is one year older.

Amanda: Okay.

Heather: Actually, just a couple that he was a grade. Okay. But I don't there's not a single memory that I don't associate her with, and I tell people a lot of times that I couldn't have loved her even more if she had been mine, and that's the God's honest truth. And I told Marnie that night whenever I got to Coffee Regional. Actually, the the first thing I did was I went and woke Addison up because we knew that she had talked to Addison.

And I said, baby, what what did she say? And my reaction was inappropriate that night. And I have had to fiercely apologize to my own son for that because I said baby, why didn't you come get me? Why didn't you wake me up?

And he said mama? She promised me she was fine. And he's literal, he's a child, and he took it as she's fine, which she had told them that she was fine, you know, and that whatever she was upset about, whatever was bothering her was gonna be fine. So I went down to the hospital and when they said they were gonna ship her, I said, well, let's we're we're gonna we're gonna be fine. You know, like I thought, we're gonna get the Savannah they're gonna they're gonna pump, they're gonna bind, and we're gonna be fine.

And the second we entered the room, I knew we were not. I I knew medically with my background that we were not. But thankfully, she had some amazing amazing doctors and they did they did a lot to to help our feelings. I feel like and and to help the enormous amount of of children that were there to show their support. And no matter how many times I hear the story or tell the story, I still cry.

And and its as fresh today as it was then and and that didn't that didn't change. That didn't get better. But what does get better is seeing the strength that talking about it gives her Then then I know we're gonna be okay. We're gonna get through this and she's gonna be okay because since she has started talking about it,

I visibly see the strength that it gives her. So the more she talks, the more she gives her story, the more she tells exactly the details of what happened that night. I can visibly see the strength that it gives her. So that that is gonna be the good out of this. There is gonna be good everywhere we turn from this. And and I've already seen it and that that makes a world of difference.

But I think that, you know, she she has been so good. We we started she started talking and it's like, everywhere wants her to talk, you know, and and so I'm kind of the tag along and I'm kinda making sure everything's good, you know. And we we go and and she talks and people are moved. There the rooms are silent. Nobody utters a peep.

She just actually talked to Atkinson County's open house and convocation, which is every employee in Atkinson County School System. And they sat in silence, all you could hear was was tears. You know, because a lot of them were female, because they're, you know, in education, so a lot of them were female. And and it was completely relatable to almost everybody in that room. And so I think that's what, you know, a big side of this is that, you know, don't assume.

Don't assume that these kids are not at risk because they don't tell you or they don't they're not withdrawn. They're not having issues, you know, and and And one other thing that I'll say for sure is, Caroline was very bright. She's a very smart girl. Very, very smart girl. Had a stubborn stroke of, but she got it honest.

And and she she would speak her mom and tell you. So you would you would have assumed that she would have been one that would come and say mama, you know, I'm struggling. I gotta do this. I gotta do that. So you can't you can't assume with your own children.

You can assume when kids come to you, like, as a school nurse, you know, we have we both work at Ambrose and and we have some lower income kids, you know. Some kids with some real problems, you know. So don't don't assume because you have one or two that don't, that they're they're above this because they're not nobody. Nobody is above this kind of thing. And and it and when it does happen, you can't You know, I I saw Marnie mentioned the stages of grief, and I saw this firsthand with her, literally stage, best age.

And the worst one for me to see is her friend was the regret and the second guessing of what she did. And I she had no business second guessing anything that she did as a parent because she's been a she's been nothing but a good mama. You know, we've raised our children together and I I tell people all the time I remember days when we scraped up quarters And packed lunches and took our kids to the beach. And, I mean, you know, they were they were raised like siblings and and I would have never guessed it.

I I second guessed myself. I talked to Caroline two days before this happened. You know, we had a serious conversation. About how I was gonna blister her behind for being snappy to her mom.

Heather: She said, you get your butt on that phone and apologize for your mom. She said aunt Heather, I will. I said, okay.

You know? So it's you know, you just that was the hardest part of the whole thing to me was was seeing her her have guilt over something that she did not have to have any guilt over. She's been a fantastic mother.

Amanda: That's right.

Marnie: Well, thank you. But, you know, I said, with suicide, you know, you you're left with daily why. You never are going like, if someone's diagnosed with cancer, you you know the why. But with this, you don't know the why.

So I still question myself did I not do this good enough, did I not do this? And now she was the princess because she was the first grandchild and the first great grandchild. So she was spoiled, but it's just like, she was stubborn. She was your typical teenager.

Me and her would go to blows. But just like

Amanda: That's normal

Heather: No. No excessive behavior. No no risky behavior. Nothing that you know, that we we could have identified at at the time for sure.

Marnie: And I still I can still go I still go through the stages of relief. Now every night, I don't sleep because I'm scared. I blame myself because when she came in, you know, she was fine. But I have fell asleep for a moment to wake up to my guilt is how long has she been laying in there before I woke up to the message check on me when you get up in the morning.

So I was like so I don't sleep at night because I'm scared I'm I'm scared of the what ifs. And every time I close my eyes, I still see her laying there having seizures. That's that's what I see. And that's why people say, you need medicine. I don't want medicine because that does not go away.

That's something that you just always see and deal with. But like my son is at college, I'm scared to death something's gonna happen to him. So that's why I'm just like, that's another what if. So I don't go to sleep. I just sit there.

And I think that that's how it's always gonna be.

Heather: You know, you hear you you hear in society all the time that that suicide leaves such a such a hole, such a void, and and that is that is the truth. And it's not just for the people directly involved.. her friends have that, you know, her family, her grandparents, her aunts, and uncles, you know, you know, we we all have that. And but it it is it is a selfish thing in in that respect, you know, that it that it does make you question things, and you do you do worry about things that you wouldn't have before. And and so, you know, she is right.

I see her struggle with that daily, that what if something happens to Trent and what

if, you know, something happens, you know. And a lot of a lot of Marnie's has turned has turned into not taking care of herself, focusing more on, you know, her children at school. What she's not telling is she came back to work immediately. Because she had to. She said, you know, I can't I can't stay home.

I can't I can't stay here. But then there are comforting things that that you can think back on like the amazing emergency room staff like the amazing flight nurses that they did things that looking back now give us some peace. Knowing that they tried. Knowing that we were in the right place. Knowing that they did, you know, the thing that we could live with. You know.

Marnie: I have like, I wear around my neck. It's her thumbprint. When she was in Savannah, they came in and they wanted they brought the plaster in there and made the imprint of her hand, which I have set by my bed, and then they did her thumbprint that we could send off.

They sent off, and it makes into the the charm and everything. But just those nurses were like, they saw how many people, her friends sat in front of those automatic doors. It was just rows of them. And they were like, we have never seen anything like this. They gave them markers and paper they all drew and wrote notes and they wanted them to hang them in Caroline's room.

So and, you know, then we'd they'd we'd all come in there and the nurses reading and be like, do I really wanna know what happened that night? I said, no. We probably don't want to know what happened that night. But it would just give us something to laugh at, you know, and just keep her in. I'll never forget her first nurse when we got there was a male nurse.

And I had him turning red because I was trying to be positive and I was like, Caroline, if you could see how handsome you're nurse is. And he was like, stop. You're making me blush. But they were just so they took such good care of us and took such good care of her and, like, her very last nurse, which she had been with her a couple of times, she was pregnant with twins. When they took Caroline into the OR for her organs, she would text me back and forth.

You know, letting me know how it was going. And, you know, most of the time probably when you leave, you don't get that same contact and interaction, but they still did. And even after she passed away, some of the nurses still reached out. And like I said, the EMTs from here, I don't know if we could use names, but they were the two that actually came and they are still in contact because they said that it was just the impact that night. They had never seen something like the you know, and see that she was not a troubled child or she was not there wasn't a list that she's

always been depressed or something like that.

They said she just made a impact on that night. Like I said, Paige still has Caroline's heart strip from when they got her heart back. And she said, I keep it in my pocketbook, and I still keep it. And Jenny reaches out to me like when they brought the organ quilt, the organ donation quilt, to Coffee Regional just this past April, Sara reached out because Caroline's picture was on it. From that year, and Jenny, she'll tell me they've got the organ donation flag up and, you know, they're just they have really helped me.

A lot. And and they even come to the house and see me sometimes, and stuff like that. It just shook our community because nobody saw something like this.

Heather: Coming. And then we also had a cluster what they what they've identified now is a cluster after that. You know, we had another another child that actually passed away from suicide was two weeks, two weeks later, and then we had several attempts in the area. So that's deemed by the Department of Public Health as a cluster activity. So out of that cluster activity, Know Your Worth was born, know Know Your Worth Campaign was born from that.

And so there are positives in this whole thing. And, like, I couldn't help but be in medical thinking you know, those nurses probably never thought that what they were doing would one day be something positive that she can think on. So, you know, like just the little things That's right. That stood out like like, the flight nurse contacting us, like, we might not have thought a whole lot about it. That very second

Heather: But thinking about it four years later. That's got us safely to Savannah. And got us there.

Amanda: And it took her all ten seconds to do that

Heather: Absolutely. And, like and and I remember, I can't tell you her name. I can tell you exactly what she looked like, but we went in one morning. She had braided Caroline's hair.

They told us to go get toe nail polish and they would paint you know, they let would they let us paint fingernails and, you know, things like that that just somebody went out of their way. Just, you know, just just you know, I

Marnie: I think they did it too because they knew the severity, and they knew that Caroline had already basically passed away. But they were just and now it they were just so nurturing. And just they would love on her and they would, you know and

Marnie: the things that stand out four years later

Amanda: the compassion

Heather: makes you feel like, you know, we got through that.

Amanda: Yeah the fact. You got to paint your baby's toenails.

Marnie: Yeah

Heather: You know, or or that we we're able to collect all the notes that the friends have written on the walls, you know, just things that, you know

Marnie: They even made her a quilt. They came in because they have a group that makes quilts for kids in the NICU they came in, and they said, we've got Caroline a quilt. Can we put it on the end of her bed? And then they made her a pillow case. You know, I mean, they just were constantly just there, and they were so nice and compassionate. They even let me camp out in that little waiting room right beside her room

Heather: Actually, it was a little doctor's room.

Heather: And they I mean, I I think the the doctor was really supposed to get some rest in there

Amanda: He didnt need any of that

Dr. Mark: Doctors need to work. Exactly. There's there's not enough of them they can all just sleep later.

Marnie: They went and got us blankets to lay on that little couch because it was directly connected to her room. And I was like, I don't wanna I I don't wanna leave. Now my parents got to stay and my son stayed I let them stay at the Ronald McDonald, but me and Heather and my older sister stayed right there in the you know, they never ran us out. They never said you've got thirty minutes to get no. They were like, you hey, you want another chair to put your feet in Yeah.

While you're in this little cubicle with and it was you know, and I would just lay there at night. And I would hold her hand, and I just knew then that she really wasn't there, that she had probably already passed away. But I would just hope and pray she could hear everything I was telling her about how much she was loved and how much we all loved her and this and that. But just the compassion from the medical providers there made it somewhat easier. That's not easy situation to be in, but you could tell that they were parents or, you know, and so they let me do what I wanted to.

With her because I think they knew she was gone too. They were just helping give me time.

Dr. Mark: A lot of what Marked Medicine is about Well, really, what it is about is I want healthcare providers and patients both to understand that, you know, you should treat your patience as if they're a member of your own family. And patients need to understand that they deserve that. And so every question that I had written ahead ahead of time about this podcast today, y'all have touched on and done a far better job than anybody could ever hope for. But one of the questions specifically was the impact upon y'all and your families that the attitude and the caring nature of the healthcare providers you've more than adequately touched on that. But what can y'all tell the healthcare providers about what this does for a family at the at in an acute end of life situation.

I mean Yeah. Well, obviously, we y'all are still talking about it four years later and and the impact that these people had on yall I don't think the importance of what we as healthcare providers do and how we treat families can be overstated.

Amanda: Well, and before you get into that, let me just say that Nick and I have a family member who passed away by suicide and you're right, the impact is not just on one or two, you know, and the impact is forever, and it lasts forever, and it never goes away. And I do think it's important for healthcare providers to remember that there's a person, there's a family on the other side of this, that forever carries this with them.

Marnie: Yes. See, that's what I was saying. I think, you know, you're not ever you're left with why. And like a healthcare provider can prepare a family if this person has cancer or if they were in a automobile accident, and this is what that I think once you could tell with those nurses in that doctor that they were just as taken back by I mean, you know, this is a vibrant healthy sixteen year old who we're laying here

looking at right now that has committed suicide. And you could see the genuineness in them that they they couldn't answer the why, that they wanted to help try to give a little peace, but you never have peace from it, but they were just for the healthcare providers to know just to take the time, let that person cry to you.

I the nurses even cried with me. And because they were just like, you know, she's just you wouldn't have never thought it just looking at her.

Heather: They even told us they they said Marnie and I were in the room with them, and they told us that they had never seen the amount of support, love, friends, with with a patient like that. They had had other kids in that ICU that had committed suicide. They shared that with us. But they said, they lay there alone or they lay there with a mama that's crying or or a daddy or or something, but never like two waiting rooms and hallways full of of friends and, you know, people came, you know, they flooded in. So they were they were even at what what I'm saying by saying all of that is I think it was a learning experience for them because they were they were admittingly saying we haven't seen this.

You know. So I I think it was we were all learning together.

Marnie: And just their willingness to accommodate us and to help us and Do we need it? Do we wanna talk to anybody? Do we want you know, they wanted to make sure we were okay, not only was Caroline okay, but they wanted to make sure all of us were okay, like me and Heather, my sisters, and her brother, and then all of her friends. You know, they wanted to make sure they were okay.

Heather: Super proactive about the feelings of the the the other teenagers that were there because they were you know, obviously upset, obviously shaken. And so their their offers extended even to to begin taking care of them.

Amanda: Well, and this should be a learning experience, you know, to let all of us know that, you know, suicide doesn't always look like you may think it looks like in the book or in the text. And, you know, as we talked a little on our text, you can learn so much more from people's experiences.

Marnie: Yeah.

Amanda: Versus what you can learn reading a book, but you're right. This it doesn't always look like the person who is withdrawn and quiet and who's been telling you

over and over again, you know, I'm gonna take my life away or whatever. That's a great learning experience. And to touch a little bit on when you talked about the stigma, maybe both the of mental health and you I've heard you mention cancer a couple of times. You know, it's and we've talked about this before, but there is a stigma around mental health.

And I'm not sure I'm not sure if you experienced this. I know it sounds like y'all had a lot of support. I know you have great support in Heather. But, you know, God God forbid, but, you know, parents who have children with terminal illnesses, you know, we're we're in the south, you know, you wanna do something to help you show up, you're taking a casserole, you send flowers, you're texting what can I do?

You're posting, you know, you're whatever. Yeah. And, you know, some people because of the stigma of mental health, you know, their child may be going through something, you know, mental health issue or whatever. And all of a sudden, you know, there's there's not always somebody there, bringing a casserole asking, are you okay? You know, instead, it's almost like the opposite.

You know, society's looking at you like, well, why didn't and I'm not sure if you experienced this, but what is you do to cause this?

Marnie: Or what did you do over there? Yeah.

Amanda: What did you do to make her do that? Or you must have done something, you know, I've even read things like that on Facebook.

You know, it's like well, if you have a child that does this, we'll look at yourself. And, you know, it's not it's not always that way. And it is very sad for people that there's such a stigma with mental health issues.

Marnie: And I think that's why so many. Why some of the suicide rate has went up because there is such a stigma

Heather: You know, or social media's a huge contributor. You know, that that we didn't have

Marnie: You know, one of Caroline's great friends, Timothy. He works at the hospital. He grew up went all through Ambrose with Caroline, and he's great they were all great friends. He even said to me and Heather and us in one of our when we went and spoke last year in Jekyll Island at a family connection thing doing dealing with mental health, and it was the first time I had shared Caroline's story. And it's for all of our regions thing.

He said black people didn't talk about mental health. You didn't tell your mom and them, you didn't tell your daddy, your grandma, none of them. He said that after Caroline passed away.

He said they immediately their whole friend group and plus some of his with his other friends he said every day, they decided they were doing a wellness check on each other. And he said, and we're done with this stuff. You know, that Yeah. Oh my God. It's terrible that you're you're sad.

Amanda: What a legacy.

Marnie: Yeah. He was like, we're not doing so he said they still to this day every single day check on each other to make sure he said because it is a serious issue.

Heather: That that was one thing that was that was born out of Know Your Worth too is is the Collaborative was pastors, counselors, Greenleaf, surrounding countie. We had We had the mayor. We had county commissioners. They had, you know, everybody was on board with that kind of addressing it with with every group of people that, you know, we're here in our county, you know.

Amanda: Because everybody can make such an impact.

Dr. Mark: That's one of the things that one of my questions was since this is was an adolescent. Okay. This was a teenager. Your daughter. What do you think the main stressors of modern adolescents are?

I've got a list, and I don't know, and I know it all together. I'm sorry. And it's not so cut and dry. But some people have intrinsic depression. There's social media, which I call fake book. I mean, it's you know, I know the kids don't do Facebook, but you get it. The concept and there's peer pressures and wanting to fit in, there's drugs, alcohol, there's relationships that they think are so important and the end all be all of life, and literally, in twenty years, they won't even remember the person's name.

Amanda: But it is important to them.

Dr. Mark: So I don't know which ones of those y'all consider to be the most important or it's different per individual. I, you know, I don't know. I mean, help help us all

Heather: I think it's a combination of all of them. I really do. And I I think that not even speaking medically, just as a mama, I think sometimes personally that I have failed to realize in my children that things that they think are a big deal. I do not. It doesn't matter what

Marnie: we think.

Speaker 4: It doesn't matter what we think. It just matters what they think. And whatever they think, Is is their reality? Whether it's right or whether it's wrong and, you know, we can say, you know, it's not even gonna matter in ten years. It doesn't matter what we think. So, you know, I I think it's a combination of all or I really do. Kids are under a lot of pressure

Marnie: It's coming from different avenues and it's hitting on such a young age too to be under so much pressure

Heather: They gotta make better grades

Heather: You know, we were talking earlier about, you know, children having to choose pathways in the 9th grade. Crazy. I mean, my God. We just went to school. Half the time, we didn't do that. We didn't have we didn't have you know, we were okay. We all turned out fine. So when I was talking to my daughter about it. I was like, you're not gonna believe this. When I, you know, aunt Marnie and I went to school, we went to high school, and then we went to college, and we all turned out fine!

Marnie: Caroline, she was in the gifted program... perfectionists. And I was on you're gonna be on honor graduate, honor graduate. But now when we graduated, you had honor graduate and vocational. You still went to college. You still went to South Georgia, the University of Georgia, Harvard, wherever you wanted to go. You still did it, whether you did occasional. But I was like, no. You're you're gonna... And I I I learned... and then after and honey, she would book it. But honey, she might go on one day and have a zero, and then the next day come out with a ninety five in the class.

I'm like, you know, don't have to do anything, but I was like, these kids are under so much pressure.

Heather: It's a lot.

Marnie: And so when Trent came along, I was like, when he was yeah. Because he was in ninth grade when Caroline passed away, I was like, you know what? If you're an honor graduate, you're an honor graduate.

Amanda: It makes you see things differently.

Marnie: That that is not important to me. Wanna go to school. I back you. You don't wanna go to school. I back you. So like I said and now he's in Athens and straight As and I'm and he missed being on honor graduate by a tenth of a point, but I was like, hey, look where you're at. I mean, you're still doing this.

Amanda: It didn't affect him at all.

Marnie: There's so many

Heather: I don't remember who were honor graduates when we were in school.

Marnie: pressures of just being a teenager. Yeah.

You've got girl boy stuff. You got this one might think she's a little more overweight and really she's not, she's perfect.

Amanda: That's right.

Marnie: This one might have a zit. This one got black hair, but she'd be prettier blonde. You know, I mean, there's just so much they have to deal with that we didn't have to deal with.

Heather: And I think that there's so much stigma with talking to your parents about this.

Because, you know, I I tried, you know, go in and and I I I tell people a lot of times, this tragedy made me parent different. It made it made me be a human different. That sounds odd to say been there. It really it it changed my parenting. It changed my life.

It changed the way I react to things. And it kinda lines a lot of things up as really don't matter. Yeah. You know, really, really at the end of the day, it doesn't matter. You know? And And so but I but I think that, you know, like, my daughter and I have a relationship where, you know, we can talk. My son and I have a relationship we can talk. I'm you know, just as involved as Marnie was in their life.: I mean, you can

think you got all that figured out. But there's things they go through. They don't tell anybody about that.

Amanda: Well, and it's interesting you say that because, you know, and I'm sure you learn this in school too, but one of the things that we actually do learn is just ask the person.

Are you okay? Are you thinking about hurting yourself? And I feel I've had to do that a couple of times in in my job, and I've had to do that a couple of times with family members, and it's hard to do that. It's hard to ask that.

And I do think it matters though.

Heather: Sure.

Marnie: Well, that day that that happened, Caroline had woke up with a sore throat. And so I said, alright. Well, your grandma will take you to your lifelong pediatrician who thought Caroline hung the moon. Because she was the only one that could talk him out of a shot, and when I went to see him afterwards because, you know, since, like, they flew her in the helicopter, there was so much insurance stuff. So he was just like, he never knew because she was perfectly fine that morning. That same day. When he he said he would have never thought it. But from when he saw her that morning because she was just like she was any other time she comes in that had came in his office that he would have never thought that she was sad.

Amanda: Well, let me say, I don't I wish you wouldn't beat yourself up for what you said to your son or what you did or didn't say, and I wish you wouldn't beat yourself up. I know that's easier said than done, but the reason I say that is because you both deserve grace. We all do. And give yourself some grace, I can see where sometimes, you know, someone on the outside, again, you know, may wanna I'm not saying in your situation, but they may wanna say, well, what was going on or

Marnie: Yeah.

Amanda: What was missed or what was this or what was that? You know, that's not always the case. It's not always textbook and you should give yourself grace because everybody's just getting up for the most part and doing the best they can every day.

Dr. Mark: And, you know, I actually had scribbled down a comment early on listening to y'all speak about. I heard the guilt in your

Marnie: Mhmm.

Dr. Mark: In your statements.

Amanda: And we felt the guilt

Dr. Brulte: And it's I think it's and I'm certainly not a psychiatrist, but I think it's a guilt born of frustration and a lack of control. Okay.

Amanda: because if you could change it you would

Heather: Sure. Absolutely.

Dr. Mark: And I heard I heard Heather say that her reaction that night was unacceptable or abnormal or whatever words you use, but describe normal in this situation. And so I don't I don't think that that's I I understand the emotion behind it, but I think anybody observing it that's objective and fair would say that's really an incorrect and inappropriately placed guilt upon yourself. And you too as a mother. And and so and the other thing that I heard you all say was Why? Why? And another part of Marked Medicine is I tell people healthcare providers you know, ask why why is this happening to a patient? You know? And I'm speaking pathophysiologically trying to make a diagnosis. And that's great. That's fine. That science to the limits that we can utilize it to help people and overcome disease and treat disease. But this is a different kind of why. This is there's oftentimes in life not a why that you can understand. There's only a what? Okay?

Amanda: Well, it is a different kind of why...I'm kinda butting in, but it's that I think you're I have a very relevant point that goes along with what you're saying and maybe you can help me put it in the words. But maybe because of the stigma, you feel like you don't know the why or you feel like it's a different kind of why because I don't know, you know, mothers who have children who have a terminal diagnosis again. God forbid, I know you're very active in childhood cancer awareness and, you know, I don't know if they always sit around and I'm sure they ask why. Sure.

Heather: Yeah. Sure.

Amanda: But I don't know that it's the same. Right. And why not? You know, because what your daughter went through is no different. That's no different.

Dr. Mark: And I think that's exactly the point I'm trying to make. Why does somebody get cancer? Well, is it genetics? Is it is it toxins in the environment? Is it radiation exposure?

Is it some combination of all these things? And that's generally the the the thought process these days except for people with, you know, clear genetic predispositions again, is it's multifactorial. It's we don't. There's no specific why. Okay?

And no more should the families of cancer patients be stigmatized than the families of suicide

Amanda: Because nobody's nobody blames the mother of a child who has cancer. You know? And honestly, from the outside looking in, I don't know anyone that blames you for what your daughter went through. And I I wish that you could feel that too and embrace that.

And I wish that anyone listening who may be going through something similar could embrace that same thing because it's just as real as those other things.

Dr. Brulte: It's a it's a terrible topic. It's a necessary topic.

Marnie: It's a topic that needs to be educated and

Dr. Mark: and this is placing a lot upon you. And I I almost loathed to ask this, but I feel like I have to Is there anything, any advice you can give to people in general, in specific? How can you help families maybe prevent something like this. And and I know that's asking a lot of you, and and it may and I know that every situation is every situation is different.

Marnie: Right. Because there's nothing you should have done different. Right.

Heather: Well, culturally, we lack resources. We lack the resources that just just like in you know, I have children every day that need they need to see somebody. Those are the issues that require counseling services that either number one Medicare doesn't pay for it or number two, the people aren't there. They're just physically not there.

Amanda: Our area we don't have the mental health resources

Heather: We are struggling. We are struggling with those types of resources. So we can we can advise parents all day long, seek help, do this, do that. They're not there.

Marnie: And then they fall into the well, we don't take your insurance. So then these parents are like okay. Well, then we're gonna move on. And but now I will have to say the one that Trent sees Mary in Valdosta after, she is phenomenal. Yeah. She's phenomenal. And you know, she was like, if I don't have it, I'm gonna find where we can get it. And, you know, and she would tell about there was actually another mother who her daughter committed suicide.

She was a cheerleader. She was everything, you know, very similar to her story. And, I mean, it just kinda came out of nowhere. And but Mary also did tell me that they were seeing a cluster of it happened in Valdosta after It's just like they don't I feel like there is not the resources.

Amanda: There's not and I'm not trying to blame everybody's problems on social media. But I do think that that plays a lot in my opinion. Mhmm. You know, because it's just a totally different mindset than what we're used to.

Marnie: And there's so much hidden

Heather: there's a lot that we can't you can think you're all over it. Let me tell you those are the smartest technically gifted kids that have ever come through the world or coming right now.

Amanda: And the stressors that they have, if they don't if they leave somebody on read, whatever that means.

Marnie: We didn't answer in ten seconds.

Amanda: Oh my goodness. And then, you know and I think, you know, because of that, like, for example, when we were younger, if we were at home, because we were in trouble or whatever over the weekend, it wasn't rubbed all in her face who all was at the party having fun, you know. And so now and it's and it's hard to parent nowadays because of because it's like, how do you make her sit at home and not let her go? But everybody is there

Heather: Yeah.

Marnie: Because we came from the sit a bag phone. You you weren't texting and you weren't sending pictures. Yeah.

Heather: I mean, you do you would feel guilt. If you got on to them and, like, well, you're not going out there tonight. And then you'd feel bad because well now

everybody is gonna make fun of them. Well now everybody's gonna say well you couldn't do this because you got in trouble.

Amanda: Oh, yeah.

Marnie: So, you know, I would be a little pushover sometimes for Caroline because I would just

Amanda: We all are

Marnie: feel heartbroken. Oh my God. Okay. You go ahead. Go ahead. Because I don't want you to be made fun of

Heather: Yep. Then you begin to parent out of guilt.

Amanda: That's right. But it's it's so hard because of the situations they deal with. It is. It's hard to parent.

Marnie: I can't say that since this happened on Trent, her brother and I, we we talk about Caroline. But it's we've never sat down like that whole night because his room was across from Caroline's. Like, they have a little hallway. I never wanted him to see her. I never wanted him to see her like that because I was like, you know, that's the picture I don't get out of my mind. I don't want him to but we don't ever bring up what that night and what happened. And, you know, I don't know if that's good. But, you know, in which Mary has said, she said, y'all need to talk about it. She said, but Marnie, he won't talk to you about it because he don't wanna see you cry. And I said, well, I don't wanna talk I don't wanna say something because I don't wanna make him cry. She said, who gives a shit? Sorry. Cry. That that's what you gotta do. I mean, you know, but I I think he I don't he doesn't tell me if he's sad. And, you know, that I can kinda tell that he just handles and deals with it, that he being the sibling to someone that committed suicide, he's done phenomenal. He's still, you know, like I said, he has a purpose, and I thank his purpose for Caroline that keeps him going.

Heather: He's he's been able to work through his survivor's guilt. He definitely has survivor's guilt.

Marnie: So and he's done really good. Like, I was worried, oh my gosh. He's he's gone back. So he said, what's he gonna do? I mean, what's that he just keeps on

going.

And like I told him, I said, I was coming here to do this today. He said, oh, that's pretty cool. Mhmm. You know? And when I tell him, they did Know Your Worth did want Trent to speak, being the sibling. And I told them, I don't think I could ask him to do that. You know? And I did ask him, man, he said, oh, I don't know about that. Yeah. You know, he's not. Yeah. If he don't and I told him, I said that is perfectly fine. Said, this just gives me the will to try to put one foot forward.

Heather: He did say he would record

Marnie: He said and then I came up with the idea for Know Your Worth because they want it to be when we have to do Teen Maze at the high school in November. I said, what about her very best friends, Carson and Morgan? And they were like, oh, yeah. I mean, I said, what if they could record? You know, what it was like losing their best friend. To suicide not knowing what was going on. You know, they didn't even know.

And I said, Trent, you could do and he was like, oh, yeah. I would probably do that. You know, but it's just amazing. He's done phenomenal.

Heather: And the other thing too is, like, when they when they do have that big group of friends, then then they all become the patient. They all become Yeah. Their mamas are heightened, and their families are heightened. So, you know, there's a whole another group of issues, of patients, of needs. You know? Mhmm.

Dr. Brulte: So listening to all this, it's the the love that y'all feel for Caroline and her brother, and both of your families is it's literally palpable in the room. You need to have so much to be proud of as parents.

Amanda: And and her legacy is one to be proud of.

Dr. Mark: So I guess my question is because what you're doing is unimaginably difficult, I'm sure. I mean, it's can't be placed into words. So What are you hoping to get from telling people this story? Because obviously, you're trying to help people.

Marnie: Try to save lives. Just yeah. Just one. One. If it could just be one.

Dr. Mark: So it's worth all of your pain.

Marnie: Pain to save somebody.

Dr. Mark: To prevent this kind of pain and others. Well, and What a human, what a person?

Amanda: Well, and through Caroline is saving lives through you.

Marnie: Yeah. And that's what I told Heather when April Thomason asked me to speak for the very first time to completely share the whole story. Because it's never been told. And I told her, I'm not embarrassed about it.

Amanda: You shouldn't be

Marnie: She's not I mean, I'm not embarrassed about what happened. Yeah. Talk. I'm not embarrassed. Of course, I'll I'll share it. But I was just like, she's given me the purpose. I think that if she were here, she's telling me to do this. And then I said, I think that if she were here, when Know Your Worth started that she would be a big advocate for. And so that's what

Amanda: She is an advocate.

Marnie: She gives me the okay. I'm a go talk about this today. Now and I said it to April, this should be Caroline's senior year of college. I said it just gets me every time about this year because I'm like, she should be fixing to graduate from college. I won't get to see her get married, you know, have children. But thank you, Caroline. Every day before when I know I have to go speak, I always talk to Caroline. I'm like Caroline, you gotta help me with it. And some days, I'll cry through it. And then some days, it's like I can do it. And then when I leave, then I'll fall apart.

Dr. Mark: So you have proof that you have already achieved one of your goals to prevent one death. So everything from here on out is a blessing.

Amanda: Well and I and I told you so when we were not recording that there'll I'm know there will be lives saved. That you'll never know about Yeah. Because of Caroline Yeah. And because of you because of you being that vessel Mhmm. You know, relaying her message and her story. I hope so. I know that you will be.

Dr Mark: I know so

Amanda: I do too. Well, I have a question. This is kind of for both of y'all. If there are any adolescents, teens, early twenty year olds, listening, you know, What advice do y'all have for them? Do you have any advice for them?

Hust coming from a mama, a parent.

Marnie: Talk to your parents. When they ask you something, they're not hell hacking you. Right. They're just looking at they wanna make sure you're okay. They want you to be okay before they're okay. And they're not doing it to make your life miserable. They want to make sure you're okay and protected and safe and that you're not dealing with something that they're not gonna be able to understand and that your parents aren't the bad guy that they're there to help you. If they didn't ask then they wouldn't want to help you. So they're asking because they want you to know that they are there to help you and we'll do what they can to help you if you talk to them.

Amanda: That's right. Well, and maybe maybe for you, Heather, or both of y'all, what advice do you give to parents?

Heather: I I say stay involved, you know. And even though you're shut out, nine times out of ten, just go back. Continue to go back. You know? I think if you ask either one of my kids, they'll probably tell you that they know I'm crazy, and I and I'll live by that.

That's okay. Because sometimes you have to show them that that you are a little bit crazy. And it works out for the best for me. I mean, I've I've gotten mine this far with with that kind of with that kind of parenting. But, you know, just revisit it. Go go back. Go back. They turn you away. Go back. That's all you can do.

You know? At the end of the day, they're not gonna realize until their parents theirselves one day that you really aren't crazy, that you really aren't mean, and that you really are smarter than they ever gave you credit for. I did the same thing. You know, my parents were divorced and I I gave my mama a fit, but it didn't take me long to realize my mama was a very smart woman. And she she raised independent girls on her own, and and, you know, we turned out fine. Now, you know, we had rough times. Everybody does, you know. But But that experience of being raised by by a strong willed single mama, it makes you the same way, you parent the same way. And so you know, I think kids just they want structure. They they want, you know, they want to know that we care and and we love them and we just gotta keep going back. You know, regardless of the outcome. Just just just keep trying.

Marnie: That's what I told mine. If I don't ask, then that's showing you I don't care. I said, but guess what I do care. I do care. And I do love you. And so that's why I'm gonna keep asking and asking and asking it might cause a blow up. At least I asked.

Heather: And they're they're gonna always have friends that maybe their parents won't ask, because hey, let's be honest, I think you said earlier. We're all just putting one foot in front of the other. I I'm not judging anybody's parenting skills, and and I I hope to Jesus and nobody's, you know, judging mine because might have have been off the chart at times and, you know, buy the books sometimes and and that didn't matter because nobody's paying bills at my house.

Amanda: We're all doing the best we can.

Heather: That that grace is for everybody.

Marnie: The scariest hood you'll ever go through is parenthood.

Amanda: Are there any risk factors that either one of you can identify because I know you say the signs were just not the typical signs were not there for Caroline. Are there any signs that maybe people that you feel like, well, maybe that was a sign, but I didn't know it was a sign. And you may not have any. But are there any risk factors you can help parents identify?

Marnie: In the letter that she wrote me. I should have brought it, but it said I thought because she was very involved, but, like, she would go to parties. I'm not one of these moms who thought my child didn't ever do this. Because I was not

Amanda: We live in a small town.

Marnie: Yeah. And that's just I mean and I told her where if y'all are going to a party, let me know you're going to a party. You know?

Amanda: Just be honest with me

Marnie: And she said in her letter, I thought that if I drank more, it would make me not feel so bad. She said that that was only made it worse. And then, you know, So at that moment, I mean, I didn't I mean, I knew yes. I'm not gonna say I didn't think that much y'all didn't drink because you right now. Alrighty.

Amanda: Hopefully, none of us say that

Marnie: And so I don't live in that world. But I was like, wow, I didn't really know that, you know, she was trying to mask something.

Heather: Using it as a tool

Marnie: That's that's one thing. And just if your child probably which now Caroline talked, you know.

Heather: That's that's what I'm just thinking is I think that's part of the problem. We've looked for signs, and they're not there.

Amanda: They're not there.

Heather: You know what? And I think, you know, like, you know, reading in the books and learning in nursing school and learning in, you know, all this, you know, there are documented signs They're just they're not there anymore. And that's that's part of the risk is that, you know, as educators, as parents, as medical professionals, we're looking for those boxes. We can check off, and they're just not there.

Amanda: They're not there. They're not there.

Heather: And she can't be the only one they're not there for. We're you know, that these kids that have, you know, everything in the world, you can't check those boxes, but you also can't check the boxes for the kid that has a mama that is not in their life. There's just no by the books. There's not boxes. There's no

Dr. Mark: I think lightening does strike.

Heather: Mhmm. Absolutely.

Dr. Mark: It's it's it's a real thing. And I don't know that there is a way to prevent that. But I think what you're doing, oftentimes, there are signs. Mhmm. Sometimes, there are people with difficulties. Right. And oftentimes, people have insight to these difficulties. And I think people will hear your story, hear Caroline's story, hear your friend's story, and maybe just maybe you can turn someone around. You already have. Right. And so you know, between the organ donation and the life you've already saved. Yeah. You know, you're you're doing better than most of the doctors I know.

Marnie: That's right.

Amanda: Well, And I'm thinking back, you know, so we kinda touched on any advice for kids, any advice for parents, you know, and kinda circle them back to what we're doing advice for healthcare workers you know, we're in pediatrics for eight years. And, you know, the kids come in for the well-checks. And the ones for the adolescence is a little more in-depth than, you know, they are supposed to go through the questionnaire in front of their mama and, you know, answer it if they're drinking or if they're partying or if they have any thoughts of hurting themselves and who knows if that's even read, you know, or looked at or if they're telling the truth because you know, the mom was sitting there like that. But, I mean, can you give any tips for health care providers? Like, is there I know you said your daughter's pediatrician who adored her Yeah. You know, saw her that one and didn't see any signs. We all know that he did not or he would have done anything and everything just like anybody would have. But is there anything that you can think of for other people that may be healthcare providers should do or ask or a way they should ask or anything.

Marnie: You know, it seems like it would be easier for the healthcare providers for the adolescents if their parent couldn't be in the room because I think they would be more honest. Mhmm. With you know, but, I mean, no. Of course, you can't do that because they're an adolescent that I just just because from what we found out with this thing that what does it called Heather that goes to the school where the kids, It's actually they just found out last year I was was saying that it's asking questions. Have you thought about killing yourself? Have you and this is something that is sent out to everybody

Heather: It is a risk survey.

Marnie: And she said getting it, we were starting to see in middle school more more and more. It's like, I guess, I think that they could be more honest. I know they might think their parents might be disappointed if my mama sees that I've been drinking. You know, so I'm not gonna be honest. And I'm not gonna be honest with you that I'm really sad and really think about dying. You know? So I don't know.

Amanda: But, you know, to speak on that though, if we could let anybody know, listening, you know, if you are having that thought, if that's your barrier for not seeking help, is your mama's disappointment.

Marnie: They're not disappointed. They'd much rather have you here than to know that you smoked cigarette. Or that you went to a party or they would much rather have you here.

Heather: And I I don't I I just personally don't think that, medically, we're gonna catch a lot. I don't think so. I I think that they can be more anonymous in a school setting. Right. They're gonna talk to their friends. But, you know, as parents, I think our job is to educate our kids to big good friends, and to to listen out for their friends. You know, to to to know that's not inappropriate, to know that, you know, it's not betrayal to look out for your friends. But I I think that you know, being able to respond anonymously is is probably where we're gonna find

Amanda: And you know as health care providers. It may be all that we can do is just try your best to treat every single person. How you'd want your own child to be treated.

Marnie: And not just assume because they have friends or these because they're a cheerleader because they're,

Marnie: they're driving the Mercedes. They got this. You know, that they're good. Yes.

Heather: Right. That's exactly right.

Dr. Mark: If somebody wants to reach out to y'all for a speaking engagement, I don't know if y'all have a means or a route to do that yet. If not, certainly certainly you can tell us if you do. If not, they can always reach out through our relationship. Yeah. But I I think that people should consider that organizations schools should consider this.

Marnie: Well, since we've started doing this, there's been Ware county has had an influx of suicide. Mhmm. So Ware county is now taken in, they want to be part of Know Your Worth. And I've spoken to several places in Ware county, in which I gotta go next week and speak. But it's there's more counties are starting to want to get it because they're starting to see it, and they want it to be talked about.

Heather: And because school wide, we have students that, you know, they identify more with maybe the lunchroom ladies, or maybe the nurse. Maybe the counselor or maybe a teacher. Maybe it could be the custodian. Right. You don't know.

So everybody needs to be educated on, you know, just build a relationship with these kids. Right.

Amanda: And we are lucky because we're we're from here and we know about the Know Your Worth Collaborative. And later in our show, we hope to have some of those individuals speak with us as well. But for those of for the listeners who may not know what Know Your Worth is, I know that second nature for us. Mhmm. Tell them a little bit about what that is, if you don't mind.

Marnie: Know Your Worth started a little over a couple weeks after Caroline passed away. And It was a pastor. Actually, the superintendent said, what can we do? We've got we can't we gotta save our kids. Something's not going doing right.

So a pastor, what was his name? It's been so many years ago. But anyway, they reached out to him and he they met with different pastors in Oh. Preachers in the county. Mhmm.

And one of the pastors said, well, we need to do Know Your Worth. You know, we he just threw that out there and he said, I think that we got to start educating the children and the adults on knowing their worth and that they do matter. And that's basically where Know Your Worth started, is to get the word out there that you do matter. No matter what, you need to know your worth and you do matter.

Heather: So then it connected to, like, the FCA club. Same thing is why they had they had prayer around the pole that's when that was more Mhmm. We had they had a huge event at the stadium. Mhmm. You know, so they had just just things trying to get the kids involved, you know, feeling like you know, just Right. Just a comfortable place, you know, a a safe place.

Marnie: They you go in the school and they had a board where they write on an affirmation. They stick on, like, on sticky notes on board at the high school, and they filled it up. And then if anybody needed affirmation, just something to make them feel. They go and pull it off. And in no time, they are steady having to refill that board. You know, it is. You know, they've just said that they would just come by and grab it, and you would have never thought. But, really, these kids need to know their worth.

Amanda: They do. They do. And and I actually do believe that Caroline knew her worth, and she still is worthy. She's still touching so many lives even today. But to go back to Mark's question, so this a little bit about Know Your Worth.

You can find that online. But how can people find you guys online? Or how can they contact y'all rather? I'm sorry.

Heather: I think probably by email, you're gonna be the best way. And they can email Marnie. They can Yeah.

Marnie: It's Marnie, marnie.smith.k12.ga.us

Amanda: Okay. And we'll link that Yeah. Show notes for everyone.

Marnie: And and then Heather's is the same way, but hers is heather.day

Amanda: Mhmm. Okay? In the link link. Yeah. So if they would possibly like to have you all for a speaker engagement, they could reach out for email.

Again, if we get a message, we'll be more than happy to forward that on to you guys because y'all story is very touching. It is. And when we you know, and this idea came to well, actually, I got that idea because I saw where y'all'd spoken in Atkinson County. I didn't realize you were doing it. Yeah.

And I was, like, oh, you know, that maybe.. But y'all are doing phenomenal. Y'all are doing phenomenal. And I'm I'd really want y'all to know that there is no doubt in my mind that there will be lives saved that y'all never even know about

Marnie: I sure hope.

Amanda: Because of what y'all are doing and because of Caroline.

Marnie: Well, thank you.

Amanda: You're welcome.

Dr. Mark: I wanna thank y'all for being here.

Marnie: Thank you for having us.

Dr. Mark: I want to tell you that Caroline is alive in a different type of way than you would have wanted. Yeah. It's an amazing thing you're doing.

Marnie: Thank you.

Heather: Thank you.

Amanda: Thank you.

Dr. Mark: Well, Amanda, I believe what we just listen to is an example of the very best that human beings can be to take such a tragic situation and turn it into a story of hope and good. What she's doing is brave beyond compare. It's informative beyond anything you can imagine and the importance of what she's doing just simply can't be overstated. She's already saving lives and her outreach just has to be expanded beyond what she's doing now.

Amanda: I agree. Her compassion was palpable. Her genuineness was palpable. Both she and Heather, and the story that she has to tell, and the story that Caroline has to tell is very important. And this is not an ending to Caroline's story in my opinion.

This is a beautiful new beginning. Yeah. And I'm honored that she's chosen us to share Caroline's story.

Dr. Mark: Yes. It's it's it truly is an honor. You know? Yep.

Amanda: Or help share Caroline's story. I should've said.

Dr. Mark: You know, in two thousand twenty two, over forty nine thousand people in the United States committed suicide. It's the third leading cause of death in the age group of fifteen to twenty four.

Amanda: And let's let's just think about that first thing. And, again, I'm not trying to interrupt. This is just a subject that's close to home for me, the third leading cause of death for fifteen year olds, sixteen year olds, seventeen year olds, the third leading cause.

Dr. Mark: Yes, it's a healthcare catastrophe. It's something that needs to be approached by the healthcare system. It's difficult. You know, you just heard the story. There's oftentimes not, you know, foreshadowing of this of this event about to occur.

Amanda: At least not in the way that we're teaching today.

Dr. Mark: Right.

Amanda: Hopefully this can help start to change that to a degree.

Dr. Mark: But there's that's five thousand five thousand Americans between the ages of fifteen and twenty four commit suicide annually.

Amanda: That's far too many.

Dr. Mark: And it's what we hope to do here at Marked Medicine is we hope that healthcare providers can learn how important it is to be the type of provider that leaves patients and families knowing that you cared for them and you tried no matter how horrific the circumstances. I mean, imagine what they live through it. Mhmm. When you heard it, you don't even have to imagine it. And and yet they still care for the nurses and the paramedics. And the people that came in and changed the linens and the doctors and the helicopter personnel everybody. Everybody that was involved in her care made the most terrible thing they will ever experience. As good as it can.

Amanda: Right. That's exactly what I was thinking. Because of the compassion that they were shown by the healthcare providers that they interfaced with, they have been able to turn what was the most horrific situation that they had ever faced into a pleasant experience if I may put it that way.

Dr. Brulte: At least pleasant in their relationship with these people certainly not pleasant.

Amanda: But Right.

Dr. Mark: It's you know, it

Amanda: Right. And, you know, being a healthcare provider, may not always be, what the textbooks say, it may not always be, making sure you have the right patient and the right medication and you're given it at the right time and the right dose, it may be bringing in the nail polish, braiding the hair, bringing in the blanket, just being kind just treating them the way that you would want to be treated.

Dr. Mark: It's a terrible and wonderful responsibility all at the same time what we do.

Amanda: It is. And to have this opportunity to hopefully share stories like this with listeners, with the world, and, you know, help health care providers understand that, hey, we do impact people's lives just like we said with Marnie. You know, I truly believe that you'll make an impact on people that you'll never even know about. I believe the same thing about healthcare providers, you know, you will be making an impact on the people that you interface with. You may not ever think about them

again, and that's okay because we come in contact with so many people. You can't possibly remember them all.

But there is a possibility that they all will remember you.

Dr. Brulte: Thank you for listening. And one more point I'd like to make is that anybody out there hearing us if they're having a crisis or thinking about suicide or having problems in general, you can always call or text the 988 suicide and crisis lifeline. This is a resource that is available to four seven three sixty five to help you. It's very analogous to the 911 system. You dial 988 and you will hear a pretty recorded message as they connect you to regional or local people to speak with you about your situation.

It's a very good resource and it's something that people may not know about like they know about the 911 system, which is always the ultimate fail safe system in life that you can call if you have a medical emergency.

Amanda: Right. And to find us, go to our website at markedmedicine.com. That's m a r k e d medicine dot com. And on our website, you will find links for our social media pages. You'll also find a button, you know, like Mark talked about earlier, that you can click on, ask Mark.

You can submit questions. We would like to hear from you in the future. Again, if you have a story to tell, we'd love to hear from you. Let us know. And thank you all so much for joining us and for listening, and we hope that you will join us in the future.