Shining a light on teen mental health

With your support, a brighter future is in sight

inside:

Guest voice: Chloe Sorensen, age 17

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Humans of Packard Children's
This issue of Packard Children’s News is a little different. If you have been a supporter of our hospital or a reader of this magazine, you may expect to see happy stories of children whose lives have been saved by the outstanding care and research you have supported at Lucile Packard Children’s Hospital Stanford and Stanford University School of Medicine.

When it comes to teen mental health—a heartbreaking crisis that often hits too close to home—we have only begun to write that story. We believe that a brighter future is in sight, because caring community members like you are partnering with organizations like ours to shine a light on this important issue and to make a difference.

How the story turns out is up to us, and up to you, working together.

Mental health affects each and every one of us. At Lucile Packard Children’s Hospital Stanford and Stanford University School of Medicine, we are committed to working with others in the community and contributing our scientific and clinical expertise to raise the level of mental health care available for every young person who needs it.

Your support has played an invaluable role in the many wonderful stories we have shared in previous issues of this magazine—children surviving heart defects, cancer, and more. In the same way, a brighter future for youth facing mental health challenges can become a reality with the partnership of compassionate supporters like you.

Will you write the next chapter of this story with us?

David Alexander, MD
President and Chief Executive Officer
Lucile Packard Foundation for Children’s Health
Listen More. Listen Deeply.

Everyone has a story, and everyone deserves to have their story heard.

Chloe Sorensen

BY CHLOE SORENSEN, 17
student body president, Gunn High School, Palo Alto

Two years ago, during my sophomore year, I lost a peer to suicide. This was not the first death by suicide at my school, and it was unfortunately not the last. The losses that my friends and I have endured have forever changed the way I view the world.

Throughout my first two years of high school, I discovered that many of my friends struggle with depression, anxiety, self-harm, or suicidality. According to the California Healthy Kids Survey, nearly one in four of my peers has seriously considered suicide in the past year. Nearly 10 percent of my classmates have made a suicide plan, and 5 percent have attempted to execute it. On multiple occasions, I have had to personally intervene and prevent my friends from taking their own life.

Facing these tragedies at such a young age impacted me deeply. I began to think creatively about how I could make a difference, and I soon discovered the power of my own voice. I began working with school administrators and district personnel to influence decisions related to mental health, and halfway through my sophomore year I found myself at the head of the newly formed Student Wellness Committee at Gunn High School.

Over the next year and a half, my school made a lot of positive changes. Across the community, more and more people were getting involved by having conversations about mental health, while mental health professionals sought to educate and inform. On campus, I noticed that my peers had begun paying more attention to the well-being of themselves and the people around them, rather than just focusing on making it through the day.

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This past April, however, I was faced with something that impacted me on a new level: I lost my friend Sarah to suicide. Sarah, who was three years my senior, was an incredible young woman whom I greatly looked up to, with a charming personality and a bright smile. To this day, I struggle to understand my emotions, as well as both the subtle and the not-so-subtle ways that her death impacted my life. Sarah had been fighting a long and hard battle against depression, and despite the support of her family, friends, and doctors, her illness was indefatigable. It angered me that many people underestimated the severity of her condition—most people fail to realize that diseases of the mind can be equally as fatal as diseases of the body.

I carry Sarah’s story with me every day, as a constant reminder that some things are worth fighting for. Although we may never completely eradicate suicide, there are many people working to improve student wellness and decrease the stigma around mental health. It takes you, me, all of us to do this.

I am not ashamed of my emotions. I believe that having the courage to be authentic and vulnerable is the first step to fighting stigma head-on. If you find that you are struggling yourself, lead by example. Reach out to those you love, and dare to be vulnerable. Having meaningful conversations about mental health is one of the most powerful things you can do to fight stigma. I am incredibly grateful to go to a school where I know that it’s okay not to be okay—and when I need someone to talk to, there is always someone to listen.

I am not ashamed of my emotions, and I believe that having the courage to be authentic and vulnerable is the first step to fighting stigma head-on. One of my favorite quotes comes from Brené Brown, the author of Rising Strong: “When we find the courage to share our experiences and the compassion to hear others tell their stories, we force shame out of hiding, and end the silence.”

For the past few years I’ve been working with others from Gunn, Palo Alto Unified School District, and Lucile Packard Children’s Hospital, including psychiatrist Dr. Steven Adelsheim, to develop ways for kids and families to receive better care. We are working to open a stand-alone wellness center where adolescents can receive confidential mental health support. This program is quite literally my dream come true, and it’s only one piece of the puzzle. For any of these ideas to become a reality, we need your support. Without the help of people like you, students like me lack the money and influence to make lasting change.

The media often portrays my community as a cautionary tale. I, however, could not disagree more: the Palo Alto community is a shining example of Rising Strong. I am incredibly proud to be a part of this community—rather than turning our backs or sweeping these issues under the rug and allowing them to become taboo, we are facing our challenge head-on. Growing up in Palo Alto taught me that it is sometimes necessary to be both brave and brokenhearted. It taught me not to take people for granted. But most importantly, it taught me that no matter how hard or hopeless things may seem, there is always another way. I have hope that our struggles are not in vain, and that with your help, there is a brighter tomorrow.

I am not ashamed of my emotions. I believe that having the courage to be authentic and vulnerable is the first step to fighting stigma head-on.
Shining a Light on Teen Mental Health

With your support, a brighter future is in sight.

BY JULIE GREICIUS

When your child gets a fever, you know exactly what to do—call the pediatrician. When he breaks his arm, the first step is clear—head to the nearest emergency room. But if your child develops incapacitating anxiety, a life-threatening eating disorder, suicidal thoughts, or another mental health challenge, would you know where to turn?

SADLY, IT IS AT THIS MOMENT of great need that the mental health care system often fails families. In April 2016, Gunn High School student Chloe Sorensen lost her friend Sarah to suicide. Sarah’s death was Palo Alto’s 15th suicide since 2009 of a person under the age of 24.

“Although I had lost many of my peers, and many of my friends were deeply impacted by the previous deaths, it had never hit so close to home for me before,” wrote Chloe in a recent blog post.

So many of us—parents, students, educators, and professionals—have similar stories of loss. We know the wave of grief that ripples from school to home, where we struggle to reconcile not only the loss of a peer, but the realization that a person so young could feel so much pain. At the time of her death, Sarah, who was on leave from college, was in treatment for her depression. Unfortunately, that is not the case for the majority of young people who die by suicide.

The problem of adolescent mental illness is not unique to Palo Alto, and it cuts across socioeconomic lines. According to the Centers for Disease Control, suicide is the second-leading cause of death for young people ages 10 to 25 in the United States. An estimated 17.1 million U.S. children and adolescents now have, or have had in the past, a diagnosable psychiatric disorder.

Of those, two-thirds of children with a mental illness do not get treatment. This neglect impacts the community in myriad ways, not the least of which is economic. It is estimated that the cost to society of untreated mental illness in young people is hundreds of billions of dollars a year.

You don’t have to be a medical expert to know that this is unacceptable. Adequate mental health treatment is not a luxury. It is the most important and unmet health care need for adolescents.

“The primary health issue for young people ages 12 to 25 is mental health,” says Steven Adelsheim, MD, associate chair for community partnerships in the department of psychiatry and behavioral sciences at Stanford. “Kids this age are generally pretty healthy as a group, but the issue that is most common during this period is mental health-related problems.”

The Stigma of Mental Health

Unfortunately, the stigma around mental health often prevents people from talking about the issue or getting help.

Adelsheim adds, “Access for mental health support is not nearly as strong as the access for asthma or diabetes or obesity or other conditions. And we wouldn’t allow it continued >>
to be this hard to get health care for any other condition. But the stigma issues are so big, and the discomfort talking about it is so big, that mental health care is much harder for people to come by.”

“Mental health is often the elephant in the room,” said Christopher Dawes, president and CEO of Lucile Packard Children’s Hospital Stanford, to a packed room of nearly 400 attendees at the Adolescent Mental Wellness Conference, hosted this summer by Packard Children’s, the Stanford Medicine Department of Psychiatry and Behavioral Sciences, and the Department of Pediatrics Division of Adolescent Medicine, in collaboration with other community partners.

“We all need to be part of the solution,” Dawes added. Even Chloe Sorensen, after the loss of another peer when she was just 15, was compelled to take action. She stepped up as a sophomore to lead Gunn High School’s newly formed Student Wellness Committee. Since then, she’s enlisted friends and staff to address the issue, helped implement new wellness programs, and worked to fight the stigma of mental illness.

“Rather than turning our backs or sweeping these issues under the rug and allowing them to become taboo,” says Chloe, “we faced our challenge head-on.”

Facing the challenge head-on is exactly what we at Stanford Medicine and Lucile Packard Children’s Hospital are working to do. We’re committed to helping solve the adolescent mental health care problem in the ways in which we are uniquely positioned, qualified, and obligated to do so.

Since 2009, we’ve doubled the volume in our outpatient child psychiatric clinic to 20,000 visits per year. We have also increased our presence and partnerships in school and community settings to help identify children with mental health needs earlier.

This effort is just the beginning. Today, we’re focused on a vision for a brighter future for young people. “As an academic medical center, we owe it to our patients and our community to make sure that we have services that will optimize the level of care,” says Antonio Hardan, MD, chief of the division of child and adolescent psychiatry at Stanford. “Working together by developing a continuum of care, we can change the landscape of mental health treatment for young people.”

Like Chloe, we’re determined to do everything we can to make a difference.

“We’re working to solve gaps in care along the whole spectrum of childhood mental illness,” says Laura Roberts, MD, chair of the department of psychiatry and behavioral sciences at Stanford. “By the time someone needs inpatient psychiatric care, things have gone too long. We are learning that young people in distress often will have gone for as long as two years before receiving any sort of care from a mental health professional. We want to support kids early—before they get so sick that they need inpatient care, before they have lost their friendships, before they are doing poorly in school, before they have troubles with their families—before they have suffered so much and feel so alone.”

The only way to solve this problem is by working together.

We stand together with many caring individuals and organizations who are devoting their energy and expertise to this issue. We are developing vibrant partnerships with county- and state-based programs, health care providers, school districts, foundations, community coalitions and agencies, other hospitals, and youth and families to explore integrated, innovative, and preventive approaches.

“It’s time to expand the community conversation about youth mental health,” says Sherri Sager, chief government and community relations officer at Packard Children’s. “We are bringing together a diverse group of community members and leaders to create greater awareness, understanding, and support for young people and their families.”

Our vision, says Roberts, involves four key strategies: performing forward-thinking research, identifying young people who are at risk or are experiencing early symptoms, providing rapid access to a continuum of care, and widely disseminating knowledge and services.

This vision can only become a reality with your help.

Today, we are working to achieve these important goals:

- Provide essential services and a continuum of care to treat mild to moderate to severe conditions—offering the appropriate intervention at the right time, and preventing hospitalization whenever possible, while also ensuring Stanford-staffed beds are available when needed.
- Partner with our community in providing solutions, so that families and youth will know where to turn and services will be available and accessible regardless of a family’s financial means.
- Lead and participate in a variety of innovative youth-centered approaches to help overcome the stigma of mental illness.
- Lead research into the root causes of mental health disorders and into innovative ways to address the problem through technology and policy, and disseminate these findings nationwide.

Over the past year, we have:

- Launched the Stanford Center for Youth Mental Health and Wellbeing, which includes early mental health support and exceptional clinical care, educational and community partnerships, and a mental health and technology program.

This vision can only become a reality with your help.
Mental health is often the elephant in the room. We all need to be part of the solution.

Christopher Dawes

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Established a Crisis Team in our Stanford Health Care/Lucile Packard Children’s Hospital Emergency Department with dedicated staffing. We can now immediately evaluate, provide psychological education, and triage young people to the appropriate care within 24–48 hours, and refer them to an appropriate outpatient psychiatric team if they do not already have one.

• Partnered with the Palo Alto Unified School District, Mountain View–Los Altos High School District, AchieveKids School, East Palo Alto Academy, Sacred Heart Schools (Atherton), and St. Ignatius College Preparatory (San Francisco) to provide consultation to school staff and leaders or direct clinical services to students. We have also recently expanded these services to San Mateo Union High School District and the Los Altos School District.

• Secured initial funding to test the feasibility of an early intervention program based on headspace, a model that has proven effective at nearly 100 sites across Australia. The headspace model provides a safe, welcoming place for young people ages 12 to 25 to walk in for early mental health support. We have also secured a commitment of $400,000 from Santa Clara County to pilot a public program modeled on headspace.

• Engaged 62 local teens and their families in a study to understand their mental health needs and concerns, which reflected the tremendous need for coordinated, accessible, confidential, reliable, and youth-friendly mental health outreach and services in San Mateo and Santa Clara Counties.

Continued to work with our community partners in East Palo Alto to improve access to mental health services and to help children become healthier and more resilient (see story on page 14).

Hosted an Adolescent Mental Wellness Conference attended by nearly 400 people. The goal of the conference was to break down stigma associated with mental health diagnoses, increase communication between stakeholders, and identify best practices that can increase access to care.

• Helped write and pass AB 2246, the Student Suicide Prevention Bill, requiring all school districts in California to adopt suicide prevention and wellness promotion policies for students in grades 7-12.

• Conducted research on peer-led suicide prevention programs in the San Francisco Bay Area.

• Helped Caltrain and the city of Palo Alto initiate new technologies to monitor for suicide-related behaviors at the Palo Alto train crossings.

Within the next 12 months, we will address immediate critical needs.

• In 2017, we’ll start an eight-bed Stanford-staffed inpatient adolescent psychiatric program within Mills-Peninsula Hospital in Burlingame.

• We’ll continue to work with other local hospitals to develop better and more accessible inpatient care staffing by Stanford Medicine specialists.

• We’ll launch an intensive outpatient program for suicidal and para-suicidal patients with mild to moderate needs. This after-school clinic would be available three or four times per week for three hours per day of individual, group, and family therapy.

• We’ll further expand our Crisis Team to local high schools. “Providing mental health treatment in school is important because mental health is part of overall health,” says Shashank Joshi, MD, director of school mental health services for Stanford’s division of child and adolescent psychiatry. “You need your brain healthy to learn.”

• We’ll launch a school-based program in Palo Alto Unified School District elementary schools to serve children in grades K–5. In collaboration with school administrators and teachers, we will help evaluate and treat moderate-to high-risk students in need of immediate care, and also work with teachers and families to identify issues that may lead to future challenges.

This is just the beginning. With your support, we can do much more.

• We’ll launch two pilot sites modeled on headspace to give children and teens a safe, welcoming place to access care for a variety of mental and physical health concerns.

• We’ll recruit additional faculty with expertise in addiction, anxiety, autism, eating disorders, substance abuse, attention deficit hyperactivity disorder, and other areas to build out our capacity for clinical care and research.

• We’ll establish a crisis hotline that any local family or care provider can call for referrals on mental health services and resources, so that Stanford expertise is available with a single phone call.

• We’ll invest in research to better understand the underlying biology of mental health.

• We’ll foster innovation and lessen the impact of mental health disorders. This will include two new initiatives—a Public Policy Research Center to study and advocate for the best government and civic solutions to mental health, and a Technology Research Center to explore methods of using child- and teen-friendly technologies such as smartphones and video games to increase access to mental health care.

• We’ll disseminate findings and solutions to change the tide nationwide.

Our Top Priority

We know that mental health, wellness, and care are a top priority for our community, and we want to ensure that every young person and family has access to the level of mental health care they need. We are poised to make this vision a reality, but we can’t do it without your help.

“We want to do beautiful work in real time to encourage young people and support them with resources that they need,” says Roberts, “to prevent what we can, to identify children early, and to have services that are really attuned to what the child needs.”

Creating the services our children and adolescents need simply cannot be done without community support. If you—like Chloe Sorensen and so many other community members—are as moved as we are by the mental health crisis our teens are facing and you are determined to participate in creating a brighter future, we invite you to join us in building a new model of mental health care.

Together with your support, we can bridge the gap in the current mental health system and ensure that innovative care grounded in science is just a phone call away for every child in need.

As the saying goes, it takes a village—friends, family, and community, including institutions like Stanford Medicine and Packard Children’s—to provide compassionate and meaningful support and care. With your help, we can remove the barriers to care, including negative attitudes toward mental illness, so that no young person feels reluctant to ask for help. It can make the all-important difference in a young life.

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Support LPCH.org/mentalhealth or send your gift in the enclosed envelope.

To discuss giving opportunities, contact Andrew Cope at (650) 724-5005 or Andrew.Cope@lpfch.org

Andrew.Cope@lpfch.org
Local Experts Offer Advice and Guidance

BY SHASHANK V. JOSHI, MD; MEG DURBIN, MD; AND SAMI HARTLEY on behalf of the HEARD Alliance (Health Care Alliance for Response to Adolescent Depression)

As we work in the community to provide education about wellness, depression, and suicide prevention, we hear students raising important issues about mental health. Below are some of the most common questions and answers.

Q: When a friend is depressed, is it better to first try to help or just go straight to a parent or therapist?
A: It depends. If you feel like you can approach your friend and talk to them about your concerns, this can be a great first step. When you talk to your friend, encourage them to get help from a counselor or other trusted adult. If you’ve already tried this or aren’t comfortable approaching them, talk to a parent, teacher, counselor, doctor, or other trusted adult and let them know what changes you’ve noticed. This adult should check in with your friend and make sure they get the help they need. Remember that by talking to an adult when you’re concerned about a friend, you’re not getting them into trouble. You’re getting them out of trouble.

Q: Why do so few teens get help for their depression or anxiety?
A: Some teenagers might not recognize that what they’re feeling is depression. Others might not know where to get help or realize that depression is a treatable health condition. Others might be afraid to let people know what they’re experiencing because of stigma or because they think that it’s something they should be able to “get through” on their own.

Clinical depression is common (20 to 25 percent of all teens will experience some form of depression before high school graduation). It can be treated successfully with professional help, so it’s important for you to reach out for yourself or for a friend once you notice signs of depression. Depression isn’t something you can or must “deal” with on your own.

Q: About how long can it take for stress to turn into “distress,” and then distress into depression?
A: It depends on the individual and the degree of stress. Stress is part of everyday life, and learning to cope and adapt can be very helpful. Not everyone responds the same to a given stressor, and although everyone feels some stress at times, not everyone develops “distress” or, eventually, depression. You may be more likely to develop depression as a result of an ongoing stressor, if you have a sibling or parent who has had depression, if you’ve experienced depression in the past, or if you’re dealing with more than one challenging stressor at a time.

Coping strategies and resources (such as reaching out to supportive friends and trusted adults, relaxing, and doing activities you enjoy) can help you effectively deal with a stressful event or circumstance. True depression is not something that should be dealt with on one’s own. Help is available in our schools and in the community.

Q: Is anxiety a form of depression?
A: No, anxiety is a different mental health issue, but research shows that anxious people may be more likely to develop depression. Anxiety can preclude depression, but the two may be commonly experienced together.

Q: What if I get signs of depression but it’s on and off?
A: It’s important to recognize the difference between an occasional depressed mood, which everyone feels transitorily at some time, and true clinical depression. A clinical diagnosis of depression requires that the symptoms be present nearly all the time, every day, for at least two weeks. However, if you’re concerned about how you’re feeling, talk to someone who can help.

Q: How can we get help in our community?
A: There are many resources. Talk to your parent, the parent of a friend you’re concerned about, or a different trusted adult to try to identify the cause for the feelings and if anything can be done to help (answers: yes, it may be depression, and yes, something can be done to help). You can talk to a guidance counselor, school-based mental health staff, or another trusted adult at school. Of course, primary care providers (pediatrician, family doctor, nurse practitioner) can be a great first contact as well, and can evaluate and often treat directly. If needed, they can refer you to a mental health professional.

To make an appointment in Child and Adolescent Mental Health at Lucile Packard Children’s Hospital Stanford, call (650) 723-5511.

Signs and symptoms of depression

- Feelings of sadness
- Loss of interest or pleasure in normal activities
- Irritability, frustration, or feelings of anger, even over small things
- Changes in sleep habits (either insomnia or excessive sleeping)
- Changes in appetite (decreased or increased)
- Agitation or restlessness (pacing, hand-wringing, inability to sit still)
- Fatigue, tiredness, slowed thinking, loss of energy (even small tasks seem to require a lot of effort)
- Feelings of worthlessness or guilt, fixation on past failures/mistakes or self-blame when things aren’t going right, worrying
- Trouble thinking, concentrating, making decisions, and/or remembering things
- Frequent thoughts of death, dying, or suicide
- Crying spells for no apparent reason
- Unexplained physical problems (especially pain-related), such as back pain, headaches, or stomachaches

Additional resources are available at supportLPCH.org/mentalhealthresources
**From Neuroscience to Yoga**

**BY JENNIFER YUAN & ELIZABETH KURIAKOSO**

A determined psychiatrist puts Stanford science to work for our community’s most vulnerable children.

**JUST DOWN THE ROAD FROM STANFORD** University is East Palo Alto, a hard-scrabble community that struggles with crime and poverty. But nowadays it’s home to this uplifting sight: children lined up on yoga mats breathing, stretching, and meditating—and becoming healthier and more resilient.

It's part of one determined Stanford psychiatrist’s personal mission to help all children reach their fullest potential. And it's possible thanks to donors like you.

“I want to see every child have the same opportunities I did while growing up in Puerto Rico,” says Victor Carrion, MD, the John A. Turner Endowed Professor in Child and Adolescent Psychiatry at Stanford University School of Medicine. “To play freely in nature, to receive caregiving support, and to develop creativity when challenged.”

Carrion still remembers the first child who opened up to him about her trauma: a 5-year-old girl who had witnessed violence and abuse in her own home. He saw the tremendously negative mental and physical health effects that children suffered after experiencing a shocking, distressing, or emotionally painful incident or ongoing adversity.

Sadly, one in four children will experience a serious traumatic event before their 4th birthday, such as witnessing abuse or crime. When Carrion started his career in the 1990s, the existing treatments did not work for up to 50 percent of children and teens with post-traumatic stress disorder (PTSD). So Carrion set out to create one that would.

**A Breakthrough Discovery**

In 2006, Carrion made a breakthrough discovery that forever changed how the scientific and medical community understands and treats PTSD in children and adolescents. Using functional MRI and saliva tests, he found that when children are repeatedly exposed to stress, their brains are bathed in the stress hormone cortisol. Over time, cortisol has a toxic effect on their brains, particularly in key regions that control emotion regulation, academic performance, and behavior. The ongoing psychological trauma was literally altering these children’s brains, putting their brains and other physical health at risk.

Armed with this new knowledge, Carrion developed an intervention called cue-centered therapy (CCT) that empowered children with PTSD to take charge of their own healing. Through this form of talk therapy, patients learn how stress affects their minds and bodies. They learn to recognize the things that trigger their post-traumatic reactions, read the signs that indicate a reaction has begun, and use healthy self-soothing techniques. The therapy helps to heal parts of the brain most affected by cortisol and helps patients rebuild the skills that have been impaired, including emotion regulation and memory.

Carrion’s first CCT patient was a 14-year-old former straight-A student who came to him displaying anger, panic attacks, and a D-grade average. These drastic changes began when the boy was attacked by his estranged father, on top of witnessing a lifetime of community violence. After treatment, the boy’s signs of PTSD almost entirely disappeared, and he flourished.

By 2013, CCT had been proven effective in a clinical trial and its results became widely disseminated. The technique is now being deployed across the Bay Area, in New York, in Carrion’s native Puerto Rico, and as far away as Spain, where it is being used in the country’s foster care system.

Carrion didn’t stop there.

“Treatment can change a child’s life,” he notes, “but prevention is equally important.” To help more vulnerable children and families before they need therapy, Carrion has also spent the past 15 years building trusted programs in local communities where violence, poverty, and other sources of trauma occur all too often.

At Ravenswood Family Health Center in East Palo Alto, primary care physicians are now trained to recognize and address mental health needs even though those are usually not the reasons patients initially come to the clinic. The psychiatry program there now serves more than 800 patients a year.

And today, through a major research project in partnership with the Sonoma Foundation, K-8 students in the Ravenswood City School District—not 3,500 of them in all—are learning yoga and mindfulness as a way to cope with stress. With each breath and stretch, these children are gaining healthy coping skills and greater adaptability.

Through brain scans, sleep analyses, and other data collection, Carrion’s team is scientifically validating the effectiveness of this intervention.

What’s more, Carrion participates in statewide efforts to address systemic influences on children’s mental health. He currently chairs the California Mental Health Services Oversight and Accountability Commission, and the group recently lobbied the California legislature to devote more resources to public mental health programs for youth. The legislature responded—to the tune of $30 million. While the need is still great, Carrion remains optimistic.

“I have seen firsthand how stigma, compromised health care access, and limited resources can limit individuals’ abilities to recover from trauma and succeed in life,” he says. “I have also witnessed the remarkable spirit of caregivers, parents, and other stakeholders in assuring a more prosperous future. Their courage and character should give us all hope for the future.”

“TREATMENT CAN CHANGE A CHILD’S LIFE, BUT PREVENTION IS EQUALLY IMPORTANT.” – VICTOR CARRION, MD
Teen Health Van Celebrates 20 Years

In 1996, Seth Ammerman, MD, hit the road in an RV retrofitted to serve as a mobile adolescent health clinic. He was on a quest to deliver care to at-risk teens and young adults where they were—at school, at parks, and on the street.

Since that first outing 20 years ago, the donor-supported Teen Health Van has given more than 4,500 Bay Area homeless and uninsured youth access to comprehensive primary health care services, ranging from immunizations and physicals to family planning and mental health counseling. The care team, which includes a physician, nurse practitioner, medical assistant, social worker, and registered dietitian, focuses on each patient’s strengths rather than weaknesses, keeping them engaged and focused on improving their own health.

Thanks to the generous support of donors, all the Teen Health Van’s services, medications, and supplies are free of charge for patients. The program now serves 400 unique patients each year, about 70 percent of whom come back for repeat visits.

Last year, the program launched a brand-new, state-of-the-art mobile clinic equipped with two exam rooms, interactive technology, and access to specialists at Packard Children’s via live video chat. Ammerman, medical director of the program, estimates that each dollar spent on prevention and intervention through the Teen Van saves $10 in future medical costs.

“Please accept my deepest gratitude for your support for this program that provides a lifeline to so many,” says Ammerman. “It has been an eye-opening experience and I have learned that you never give up on a kid. Thank you for not giving up either during our 20-year journey.”

Your Gift to Our Community

“Please accept my deepest gratitude for your support for this program that provides a lifeline to so many. It has been an eye-opening experience and I have learned that you never give up on a kid.”

— Seth Ammerman, MD
Every day, donors like you make gifts of all sizes to build a healthier future for children and expectant mothers. Your support makes our hospital a special place for our patients and families, and we are tremendously grateful.

Ambassadors Bring Pumpkin Fun to Patients

EVERY AUTUMN, AMBASSADORS for Lucile Packard Children’s Hospital partner with Webb Ranch to host a day at the pumpkin patch to benefit our hospital. In October, the Ambassadors and their children collected pumpkins and then hosted an in-hospital event in our Forever Young Zone playroom. This year the Ambassadors donated more than 400 pumpkins for our patients and their siblings to decorate during the fall celebration.

In addition to volunteering, the Ambassadors select an annual focus for their fundraising efforts, called Fund-A-Need. They also host educational talks with hospital staff and researchers to engage the community in philanthropy.

Donors Contribute More Than $11,000 for a Strong Start to the School Year

WITH CONTRIBUTIONS FROM more than 100 donors, the annual Back-to-School Fundraiser exceeded its goal and raised more than $11,000 for school supplies and other resources for students at our Hospital School.

The school allows patients to continue their education uninterrupted, provides an outlet for creativity, and gives families a sense of normalcy through trying times. On behalf of all of the teachers, volunteers, parents, and patients at the Hospital School, we are so grateful for your support this back-to-school season.

Peterson Family Foundation Provides Critical Support for Music Therapy

THIS FALL THE PETERSON FAMILY FOUNDATION made a crucial investment in our music therapy program at Packard Children’s. The foundation’s extraordinary gift will fully fund a music therapist for the next five years. Thanks to additional generous gifts from the Wender Weis Foundation for Children, Cashman Family Foundation, and Miranda and Levy families, our patients will now have access to this integral form of healing year-round.

Music therapy provides more than a creative respite for children being treated at our hospital; it helps empower patients at a time when they feel they have little control, reducing their stress and helping them express themselves both verbally and nonverbally.

Foundation president Jeff Peterson understands these benefits well. “It’s exciting to be a part of the emergence of creative arts programs, watching children heal, grow, and overcome such great adversity,” Peterson says.

IN HONOR OF Childhood Cancer Awareness Month, Kathleen Sakamoto, MD, PhD, the Shelagh Galligan Professor in the School of Medicine, and Ann Walkush, NP, hosted the inaugural Cycle for Kids Cancer event and raised nearly $15,000 for pediatric cancer research. The indoor cycling event at SoulCycle Palo Alto encouraged our community to break a sweat in support of children battling cancer.

Today 80 percent of children with cancer survive, but their treatment often comes with complications. Childhood cancer remains the leading cause of death by disease in children.

“Our team aims to transform the way we treat children with cancer, especially those who have a highly resistant cancer that is not responsive to traditional cancer treatments,” says Sakamoto. “Our goal is to cure 100 percent of children diagnosed with cancer.”
Hartman Challenge Match Raises $2.4 million for Food Allergy “Vaccine” Research

OUR TREMENDOUS COMMUNITY raised a total of $2.4 million in just three months for food allergy research! It all started with a visionary challenge match of $1.2 million from the Hartman Family Foundation, which inspired 30 other donors to join in with gifts ranging from $10 to $500,000 to quickly raise the remaining $1.2 million.

Kari Nadeau, MD, PhD, director of the Sean N. Parker Center for Allergy and Asthma Research at Stanford University, will launch a new study to test an approach called peptide “vaccine” immunotherapy. Similar to a tuberculosis test, the food allergy “vaccine” will go under the skin, with the goal of stimulating immune cells and permanently reducing or suppressing allergic reactions.

“We cannot make progress without generous organizations and families like the Hartman Family Foundation,” says Nadeau. “Ninety-five percent of our research funding has been made possible by donors. They are what propel us forward into this exciting new frontier of care for allergic diseases.”

Champions for Children Dance to Raise $20,000 for Packard Children’s

ON SEPTEMBER 11, Prathibha Arts Foundation hosted “Inspiration,” a traditional Bharatanatyam dance recital benefiting cancer research at our hospital. Two students, Sathvik Vivek, 16, and Sanika Vivek, 11, performed the classical Indian dance at the Santa Clara Convention Center to rave reviews. The inaugural event raised more than $20,000.

The Prathibha Arts Foundation is a nonprofit organization that allows artistic individuals to display their talents for a worthy cause.

“We are aspiring young individuals striving to make an impact on society,” says Sathvik, who is also the foundation’s president.

Binns Family Gift Re-establishes Cord Blood Research Program at Stanford

LAST YEAR THE BINNS FAMILY made an outstanding gift to our hospital and Stanford School of Medicine to launch and sustain a cord blood donation program. Now they are seeing their vision come to life.

The Binns Program for Cord Blood Research gives parents the opportunity to donate their newborn’s cord blood to develop new and potentially curative therapies. Cord blood is a valuable source for stem cells that would otherwise be thrown away. The program has already received 300 donations—phenomenal progress for such a short amount of time.

Since 1988, cord blood transplants have treated more than 80 different blood and immune disorders, from cancers to bone marrow failures. Technological innovation has spurred the need for new and advanced therapies, creating an unprecedented need for cord blood in scientific research.

LEARN MORE
Host your own fundraiser and become a Champion for Children. Visit supportLPCH.org/champions

LEARN MORE
For information on donation and research, visit supportLPCH.org/bloodresearch
In case you missed it…

Countdown Begins for Expansion Opening

LUCILE PACKARD CHILDREN’S Hospital Stanford is counting down to the debut of its expanded pediatric and obstetric hospital campus, slated to open in fall 2017. Designed to lead the way in family-centered care, the expansion nearly doubles the size of the existing campus, adding 149 patient beds and six operating suites.

The new building and surrounding 3.5 acres of green space and gardens were developed with input from patients, families, and hospital staff to ensure that all areas of need were met. Private patient rooms will be more spacious, with sleeping accommodations for two family members.

“MY mother saw the power that nature had to heal and uplift,” says Susan Packard Orr. “I’m proud that we have carried her vision forward, with world-class sustainability and holistic elements throughout the new hospital.”

Community support was essential in making this expansion possible. The Breaking New Ground campaign, which ran from 2007 to 2012 under the volunteer leadership of Anne Bass, Elizabeth Dunlevie, and Susan Packard Orr; raised $262 million for the expansion.

“Keeping pace with the growing needs of our patients was the catalyst for this transformation,” says Christopher Dawes, president and CEO of Packard Children’s. “Together we are advancing a vision to heal humanity through science and compassion, one child and family at a time.”

Stanford Opens Laboratory for Cell and Gene Medicine

STANFORD’S LABORATORY FOR CELL AND GENE MEDICINE, opened in Palo Alto this September. The lab is devoted to making biological materials for use in phase-1 and phase-2 clinical trials for therapies aimed at attacking cancers and genetic diseases such as severe combined immune deficiency, sickle cell anemia, and epidermolysis bullosa. It is Stanford’s first dedicated facility to comply with the Food and Drug Administration’s current good manufacturing practices, and epidermolysis bullosa. It is Stanford’s first dedicated facility to comply with the Food and Drug Administration’s current good manufacturing practices, and epidermolysis bullosa. It is Stanford’s first dedicated facility to comply with the Food and Drug Administration’s current good manufacturing practices, and epidermolysis bullosa. It is Stanford’s first dedicated facility to comply with the Food and Drug Administration’s current good manufacturing practices, and epidermolysis bullosa. 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In the NEWS

Introducing Humans of Packard Children’s
HumansOfPackardChildrens.org

Now through the end of the year, we are pulling back the curtain to introduce you to some of the children, families, staff, volunteers, and supporters who make Lucile Packard Children’s Hospital Stanford so special.

“It was my birthday dinner and they were about to sing happy birthday to me. She got me my favorite Oreo cake! But right before they were going to sing, she said, ‘My water just broke.’ I thought she was joking because baby Jayden wasn’t supposed to come until next month.”

“He’s 5 days old now and I haven’t gotten to hold him yet. I just can’t wait to kiss his face.”

CHRISTIAN, NEW DAD TO JAYDEN
Your support gave students at our Hospital School a strong start to the school year. From our patients, families, and staff, thank you!