

The Woodstock Tragedies

RE-RELEASE OF MENTAL HEALTH INTERNATIONAL

Guidelines for Working Parents To Protect Their Children Against The Risks of Suicide June 8, 2016

PROLOGUE

In light of the tragic events in Oxford County and the remarkable protest by high school students in Woodstock, MHI is re-issuing its suicide prevention Guidelines for Working Parents. This paper was originally released by Bill Wilkerson as Co-Founder of Global Business and Economic Roundtable on Mental Health. It has been updated and is being re-released given the continued urgency of this subject as reflected in the Woodstock tragedies.

Working parents work better if their children are healthy and safe.

Young people coming into the labour market are doing so in large numbers bearing the effects of undetected and untreated mental disorders which began in childhood.

The present state of medical care and treatment for children suffering mental disorders in Canada is deeply troubling. Working parents and further employees deserve better. The high prevalence of depression, anxiety, bipolar disorder and schizophrenia constrain consumer buying from one generation to the next.

1. GUIDELINES FOR WORKING PARENTS TO PROTECT THE MENTAL HEALTH OF CHILDREN

1. **Parents:** Rid yourself of the false perceptions and stereotypes of mental illness that may blind you to the needs of your own kids. Get acquainted with these facts.
 - Depression is the leading cause of suicide.
 - Depression is not a sign of weakness. It is not a character flaw.
 - The average age of onset of anxiety disorders is 12.
 - Suicide is the leading cause of death for kids 11-15 in Canada.
 - Kids can become despondent when rejected by their friends.
 - Kids accumulate disappointments.
 - Kids will use the means available if they decide to kill themselves.
 - Isolation and brooding are dangerous states for children.

2. **Parents:** Pay attention to rapid mood swings in your child, fits of anger mixed with giddy, goofy, impulsive and aggressive behaviour.

3. **Parents:** Be alert to your child's preoccupation with dying, harming themselves, putting themselves at risk (like sitting on the edge of a roof), noticeable changes in motivation and appearance, deteriorating academic performance, new friends that do drugs and booze.
4. **Parents** approach the subject of mental health openly with your child, among them and become informed on the known risk factors of suicide, among them:
 - Depression;
 - Rejection by friends, or someone special;
 - Marriage break-up, frustration and feelings of transience; and
 - Substance abuse.
5. **Parents** with adopted children: depression – does your adopted child have a family history you need to know about? (*We are not suggesting this line of inquiry be made prior to adoption or as a condition of it.*) But, rather, like an inherited allergy, are there any genetic links to depression in your child's past?
6. **Parents** of gay or lesbian children: due to their experiences at school, your child is at a higher risk than straight kids and can suffocate in the closet.
7. **Parents:** Just as you have a clear line of emergency action in the case of fire or accident (911), figure out who you will reach out to in case of emotional crisis. Do not assume that your family physician has the knowledge or training to recognize or act on the signs of mental illness in your child.

There is a significant shortage of medical expertise in this area. Be vigilant and insistent:

- The local hospital emergency room: what are their procedures and is there information available there to guide you?
 - Your child's school: what expertise is available there?
 - Ambulance and police services – an option?
 - Other family members; close friends, neighbours – is help available there?
8. **Parents:** At times of crisis:
 - Ask your child about whether they are thinking about or planning to hurt themselves. You are not planting the thought. You are searching for it.
 - When a child does talk about harming himself or herself, he or she is probably not just trying to get your attention. Bring the child closer, protect him or her against brooding and isolation.

- Accept the child's distress as authentic; don't accuse the child or defend yourself, stay calm, listen hard.
 - During a period of crisis, build a safety circle of family and friends you trust and that your child trusts. Keep your child from feeling alone.
 - In your home, get rid of firearms, poison, kitchen knives – block the entrance to any room where the 'means' of suicide are available.
 - In turning to a hospital emergency room, if your child is either not admitted or discharged before you think he or she is ready, be insistent, force their hand, satisfy your instinct.
9. **Working parents:** Encourage your employer to make information available to all employees on where to turn in support of the mental health of children.
10. **Parents:** Reduce the second hand smoke of adult (work related) stress at home and school from polluting the space of kids and transferring the effects on to children day to day. Learn to recognize what unhealthy adult stress looks like as a contaminant to the atmosphere at home.
- i. Growing irritability and impatience.
 - ii. Chronically unable to stay focused.
 - iii. Being testy about casual interruptions such as a phone ringing, not looking up when talking to others.
 - iv. Treating the concerns of others at work about workload with contempt and 'join the club' sarcasm.
 - v. Displaying frustration with one's own boss in the presence of others and leaving angry voicemails after regular business hours.
 - vi. Stretching the workday at both ends.
 - vii. 'Working at home' to avoid the negative energy of the office.
 - viii. Limiting eye contact with others except to 'react', finding it painful to smile openly, your cheeks heavy, a fuzzy feeling behind your eyes.
 - ix. Finding small talk hateful. Tuning-out what others say. Missing deadlines, faith in yourself and others, resenting and even alienating customers.

- x. Eventually, physical symptoms of pain and burning. Eventually, physical symptoms of pain and burning, breathing troubles, back problems. Burn-out may migrate to a diagnosable and dangerous medical condition.

NOTE:

- Stressed out: everything matters
- Burnt-out: nothing matters

2. Is Teenage Suicide Predictable or Preventable?

Mental ill health is getting younger.

In a single generation, the onset of depression and bipolar disorder has dropped from the early 30's to the late teens. Nearly half of all adults living with these conditions report that their first manic episode occurred before age 21 and one in five say it happened in childhood.

Untreated bipolar disorder– loaded into a child – ‘gets worse like a tumor’ and as to why the early age of onset for these conditions seems to be in free-fall, there's no clear answer.

Young bipolar victims have alcoholism and drug abuse rate triple that of the rest of the population and a suicide rate approaching 20% and routinely suffer for a decade before their condition is diagnosed – and years longer before it is properly treated.

Family and school stress is seen as one tipping point. Recreational drug use is another. There are genetic considerations.

The sudden death of teenagers at their own hands is a gradual thing. A wide variety of factors are in play. Can teenage suicides be predicted? And, therefore, prevented?

A number of issues stand out.

- One is the malignancy of sadness and isolation a child may feel among his/her peers and even at home. The child seethes, grievances pile up. The outgrowth may be a compulsion, clean the slate and have the showdown and get even.
- Joblessness: Chronic unemployment persists in the same age group that is vulnerable to suicidal behaviour.
- The visual media – whether used for fictional or journalistic purposes – can have a major influence on the outlook and interpretation of violence and death among troubled young people.

Being allowed to visualize how killing happens on almost a daily basis may lead to an ‘I can do that’ interpretation of how killing works, how easy and how decisive it looks as a means of resolving grievances or escaping one's own isolation.

The World Federation for Mental Health: ‘As influential as TV and the movie are, recent studies indicate that violent video games may be even more harmful to children. Sixty to ninety per cent of the most popular video games have violent themes’.

The era of movie and video game ‘special effects’ for troubled and impressionable young minds – may make death and dying commonplace, the process of living less meaningful and the business of killing simple enough.

Immersed in this stuff, the lines between fantasy and real life can be blurred for this searching child. Eventually, perhaps, his impulse or plan to carry out a violent fantasy becomes fathomable and, then practical, even magnetic.

Video war games, grim internet sites and violent music – as part of a very complicated mix of issues – may well, in big enough and regular doses, constitute the imaginative grounding for a youngster’s violent assault on himself or others.

Not one Trigger

Teenage suicide is driven by a complex web of social, biological and behavioural issues and it has emerged as the second leading cause of death among adolescents – second only to motor vehicle accidents.

It is true to say that not one ‘something’ – not one trigger – fires the gun or snaps the mind. Although, in our frail human way, that is what we tend to look for.

Dr. Len Sperry, a U.S. psychiatrist, points to an ‘individual variable’ – ‘a sense of belong which translates into a sense of worth.’ The loss of one can mean the loss of the other.

This, he says, is a decisive issue in matters of rage and violence and can be spawned from divisive cultures at home, school or work.

A school divided rigidly along the lines of students who are ‘in and out’ of favour of the most popular and influential peer group is not much different than a nation split between the ‘haves and have nots’ – or a workplace corrupted by chronic mistrust along social and hierarchical lines.

Once divided, these settings become explosive – however well-to-do and well-placed they may seem on the surface. We must forever abandon the notion ‘it can’t happen here’. These issues are classless.

A massive study of parents and teachers in 1997 discovered a worldwide perception that the present generation of children was more troubled, lonelier, more depressed, angrier and unruly, more prone to worry, more impulsive, more aggressive.

This paper was prepared by Bill Wilkerson and Dr. Richard Guscott, Roundtable Adviser on the Mental Health of Children with invaluable guidance from these leading authorities:

Dr. Madelyn Gould, Columbia University, New York, Professor of Epidemiology in Psychiatry, Columbia University, Researcher, New York State Psychiatric Institute; Dr. Len Sperry of Milwaukee, Professor, Education Department Florida Atlantic University, Boca Raton, Florida;

Dr. Heather Fiske, noted psychologist of Toronto; Dr. Paul Links, Chief of Psychiatry, St. Joseph Mental Health Centre, London, Ontario, Dr. Franco Vaccarino, President, University of Guelph

These Guidelines were also reviewed by David Harris, a father who lost his 10-year old son to suicide in 2005. Mr. Harris has also created a foundation called Cameron Helps in honour of his son.