



*Affiliated with the Centre for
Addiction and Mental Health*

Guest Resident at Great-West Life Assurance Company
330 University Avenue, Suite 400, Toronto, Ontario M5G 1R8
Phone: 416 552-5937 or bill.wilkerson@gwl.ca
www.mentalhealthroundtable.ca

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WORKPLACE PUBLIC SERVICE

***Guidelines for Working Parents
to Protect the Mental Health of Children
June 8, 2005***

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 City; Dr. Len Sperry of Milwaukee, now Orlando, Florida; Dr. Heather Fisk, noted psychologist of Toronto; Dr. Paul Links, also of Toronto, President, Canadian Association for Suicide Prevention and holder of the Arthur Rotenberg Chair in Suicide Studies of the University of Toronto and Dr. Franco Vaccarino, Head of the Department of Psychology, University of Toronto.

These Guidelines were also reviewed by David Harris, a father who lost his 19-year-old son to suicide earlier this year. Mr. Harris has created a foundation called Cameron Helps in honour of his son.

PROLOGUE

Employers and the Mental Health of Children

The question of whether the mental health of children belongs on the agenda of business merits an answer. The answer is yes. For at least three reasons:

1. Working parents will work better if their children are healthy.
2. Young people coming into the labor market are doing so in large numbers bearing the effects of undetected and untreated mental disorders which began in childhood.
3. The present state of medical care and treatment for children suffering mental disorders in Canada is deeply troubling and working parents – and their kids – deserve better.

***GUIDELINES FOR WORKING PARENTS
TO PROTECT THE MENTAL HEALTH OF CHILDREN***

1. First and foremost: 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
 - Pre-adolescent kids are susceptible to anxiety before depression
 - 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. As a matter of parenting routine, establish the mental health of your child as a necessary, explicit and understood part of the growing-up process. This means educating yourself.
3. Become especially attentive to rapid mood swings in your child, fits of anger mixed with periods of being giddy, goofy, impulsive and aggressive.
4. Observe other signs of trouble – the child’s preoccupation with dying, harming themselves, putting themselves at risk (like sitting on the edge of a roof), big changes in motivation and appearance, too much drinking, drugs, deteriorating of academic performance, new friends that do drugs and booze a lot.
5. Approach the subject of mental health openly with your child.
6. Become informed on the known risks factors of suicide, among them:
 - Depression
 - Stressful events, rejection by friends, or someone special
 - Marriage break-up (sometimes making the kid move every weekend to be with each parent simply adds to their stress, frustration and feelings of transience)
 - Disappointments which accumulate
 - Substance abuse
 - And the availability of the means to complete suicide such as guns

7. Mental illness has genetic roots. In your child's interests, explore your family history and 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.*)
8. Parents of gay and lesbian children: due to their experiences at school, your children are more likely to attempt suicide more frequently than straight kids. They can suffocate in the closet.
9. In advance of any crisis which may ensue, establish your own lines of emergency action. 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.
10. Decide now, if an emergency arises, do not hesitate, get help:
 - The local hospital emergency room: what are their procedures and is there information available there to guide you?
 - Your child's school: what is the expertise available there?
 - Ambulance and police services – an option? Make the inquiry now.
11. At times of crisis:
 - Ask your child about whether they are thinking about or planning to hurt themselves. You are not planting the thought.
 - When a child does talk about these things, it is probably not just to get your attention. Bring the child closer, draw them to you, protect them against brooding and isolation.
 - In these circumstances, accept the child's distress as authentic, not as a tactic to get their way, 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 your child trusts. And who have judgment you trust. Keep your child from feeling alone at this time.
 - In your home, get rid of firearms, poison, kitchen knives, if need be – block the entrance to any room where the "means" of suicide are available.

- In turning to the 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 instincts and judgment tell you your child will be safe at home.
12. Overall, arm yourself with knowledge. Use legitimate internet sites. A list of suggested reading for patient and family members can be obtained at the Guscott Mood Disorders Clinic, 70 Frid Street, Hamilton, Ontario, phone: 905 522-1384.
13. As a working parents:
- Encourage your employer to make information available to all employees on where to turn in support of the mental health of children.
 - Advocate for your child's mental health. Contact your elected representatives at every level and say this:

Dr. Richard Guscott is a senior consultant to the Children's Aid Society in Hamilton, Ontario and he expresses "deep concern" about:

1. *The lack of community-based psychiatrists who will treat children and teenagers, and*
2. *The attitudes of mental health professionals toward mentally ill children, citing "a reluctance to diagnose psychiatric disorders among kids – especially depression and bipolar disorder."*

Note: There are only two psychiatrists in Canada who are listed on the web site of the Children and Adolescent Bipolar Foundation in the U.S. (www.bpkids.org). Richard Guscott is one of them.

DISCUSSION (1)

The Mental Health of Children: Tips To Contain The Second Hand Smoke of Adult Stress

In growing numbers, all day long and all evening long, our kids are in the hands of stressed-out adults at home and school immersed in a struggle to juggle conflicts born of time compression and too much to do all the time – both at home and work. Work and home stress are synergistic.

Three trends merit the attention of working parents:–

- The staggering rates of mental disability among men and women in their prime working years and the rise of adult job stress as a public health concern

- The “sadness factor” among large numbers of children and the chilling standard of teenage suicide in this country
- The stubborn prevalence of suicide as an annual alternative to living for 4,000 Canadian adults, mostly men in their middle years

These trends suggest parental vigilance is needed to protect the mental health of their kids against the mental health problems of the adults which must dominate their world.

The high levels of chronic job stress facing teachers and working parents quite clearly mean that children today are surrounded by adult in stress in their own work place – schools – and at home.

The best way to reduce the second hand smoke of adult stress from polluting the space of kids is to reduce adult stress at sourced. One step in that direction is getting a handle on certain facts.

Job Stress Fact Sheet for Working Parents

Stress is not a state. It is a process, a set of variables, with how we react to circumstances at work or in life, an individual experience.

Stress is not all bad, or all good. Some keeps us on our toes. Too little makes us disinterested. Too much – even of a good thing – can upset our well-being.

Disruptive job stress and constructive job stress is defined, simply, by the presence or absence of hope. For example, stress becomes dysfunctional over time when:

- The skills of the individual and expectations of their boss are not aligned with the demands of the job or the resources available to do it.
- Workplace policies, practices and behaviors seem routinely unfair or illogical.
- Workplace stress – probably related to the perception of fairness – intensifies near the close of the work day and is taken home. According to the Institute of Health and Work, this poses a greater risk to the cardiac health of people than smoking.
- The “struggle to juggle” the obligations of home and work duties never lets up. Job and home stress are synergistic.
- Job stress becomes chronic and, in fact, chronic stress can:

- Override our natural defenses to ward off infection and viruses, escalate the production of inflammatory hormones that drive heart disease, obesity and diabetes, spark flare-ups of rheumatoid arthritis, trigger depression.
- Escalate hormonal release which boost our heart rate, blood pressure, breathing and blood flow to our muscles. This is OK from time to time and for limited periods. But not continuously.
- Cause accidents on the job. Stress, a trigger for depression, fuels and feeds off sleep deprivation and lost concentration.
- Learn how to recognize what unhealthy stress looks like. It has a face – in fact, there are 10 faces of stress for working parents in middle management. Do you see these in yourself?
 1. Growing irritability and impatience, “no end in sight” reactions to even routine requests for information.
 2. Inability to stay focused, finishing other people’s sentences to “save time,” wincing at new ideas (who needs another new idea), being unable to sit still, looking distracted and far away.
 3. Staying out of sight, keeping the world at bay, being testy about casual interruptions such as a phone ringing, not looking up when talking to others.
 4. Treating the concerns of others about workload and deadlines with contempt and “join the club” sarcasm.
 5. Displaying frustration with one’s own boss in the presence of others and leaving angry voicemails after regular business hours.
 6. Stretching the workday at both ends, calling in sick a lot, persistently late for meetings.
 7. “Working at home” to avoid the negative energy of the office;
 8. Limiting eye contact with others except to “react,” finding it painful to smile openly, your cheeks heavy, a fuzzy feeling behind your eyes.
 9. Finding small talk hateful. Tuning-out what others say. Missing deadlines, losing faith in yourself and others, resenting and even alienating customers.
 10. Eventually, physical symptoms of pain and burning, breathing troubles, back problems. Burn-out may migrate to a diagnosable and dangerous medical condition.

Special Vulnerability

Employees especially vulnerable to the health risks of chronic stress:

- Working women who are pregnant;
- Employees returning to work from heart attack, stroke and depression;
- Employees with chronic conditions such as asthma, depression or diabetes.

Management Traps

Learn how to recognize management practices most likely to trigger bad stress at work – these are the stress traps that working parents are routinely snared by:

1. Managers' continuous imposition of unreasonable demands on subordinates and withholding information that is materially important to them to carry out their jobs
2. Managers' refusal to give employees reasonable discretion over the day-to-day means and methods of their own work and failing to credit or acknowledge success.
3. Managers rejecting "out of hand" employee work load and deadline concerns and creating a treadmill effect in the allocation of work and priorities
4. Managers pushing unnecessarily tight deadlines as a force-feeding technique and talking personally to direct reports only when there's a problem and, in doing so, creating an e-mail only culture.
5. Managers changing priorities without notice or reason, tolerating ambiguities in work assignments, expectations and outcomes. The job description and annual performance reviews are an anachronism in this environment.
6. Managers' creating treadmill effect at work – one deadline morphing into another and draining the work experience of its essential "job fulfillment" quota.

A series of questions will help individuals evaluate the kind of stress they are experiencing at work – for example:

- Does the job at hand call upon the skills, time and resources I actually possess?
- Conversely, do I feel responsibilities piling on and resources disappearing?
- Does my job right now create the opportunity for fulfillment of some sort?
- Do I feel I am – or can – contribute – or is this just a treadmill I'm on?
- Do I realistically think the job I'm doing right now will add up to something?

- Do I realistically think the job I've been given to do under deadline can be successfully completed and recognized as such?
- Does the task at hand flow from a job that is meaningful?

DISCUSSION (2)

Is Teenage Suicide Predictable?

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

A number of issues seem to 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, as it was in Colorado, to “go out this way,” clean the slate, have the showdown and get even.
- These are powerful influences in a troubled child's world. In Colorado, the shooting of classmates may have been the residual effect of a decision to self-destruct. In other words, nothing to lose.
- Joblessness is a factor in the suicide rate of young people – and chronic unemployment persists in the same age group that is the most vulnerable to suicide and suicidal behavior.
- As for the means and methods: Easy access to guns facilitates acting on destructive impulses.
- 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 decisive it looks as a means of resolving grievances or escaping their own isolation.

The World Federation for Mental Health: “As influential as TV and the movies are, recent studies indicate that violent video games may be even more harmful to children. Sixty to 90 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 seem 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 behavioral 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 belonging which translates into a sense of worth” and 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-do-do and well-placed they may seem on the surface. We must forever abandon the notion “it can’t happen there.” 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.

These are the breeding grounds of malignant sadness.

Vivid evidence that mental ill health is getting younger appears in this illustration – that is, while the number of men and women living with manic depression is holding steady, the average age of onset has plummeted.

In a single generation, it has dropped from the early 30s to the late teens – and this statistic does not include kids under 18. In fact, some experts believe an additional one million pre-teens in the U.S. suffer from the early stages of bipolar disorder.

When adults living with this condition are interviewed, nearly half report that their first manic episode occurred before age 21 and one in five say it happened in childhood.

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

Untreated bipolar – 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.

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

These guidelines and discussion notes will be distributed by the Roundtable to corporations, business associations including the Canadian and provincial Chambers of Commerce.

Most particularly, the Guidelines will be released publicly on June 8, 2005 at an Economic Summit – Mental Health and Productivity in Ontario to be staged by the Ontario Chamber of Commerce.

We will also ask unions, the Canadian Labour Congress and provincial labour federations to share this information with their members

And a special attempt to place this before Canada’s Premiers will be made this spring.

We encourage all parties to share this information widely as a workplace public service.

Submitted,
 Bill Wilkerson
 Co-Founder and CEO
 bill.wilkerson@gwl.ca or 416 552-5937