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## Talking about teen suicide is a start

### Parents must be vigilant in spotting the warning signs

By MARK BONOKOSKI

"An average of 400 Canadian kids take their own life every year, enough to fill a jumbo jet. If a jumbo jet went down every year filled with kids, there would be an investigation pretty quick, don't you think?"

-- Bill Wilkerson

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An information package -- guidelines for parents to detect depression and prevent the suicide of their children -- went out today to the prime minister, and every premier in this country, asking them to forward it to all their employees, collectively the largest workforce in Canada.

The document, prepared by the Global Business and Economic Roundtable on Addiction and Mental Health, in affiliation with Toronto's Centre for Addiction and Mental Health and the Harvard Medical School, was co-authored by Bill Wilkerson, co-founder of the roundtable, and Dr. Richard Guscott, a Hamilton psychiatrist and senior consultant to that city's Children's Aid Society.

"The rate of teenage suicide is so high that it is worth the risk to talk about it rather than the quieter risk of saying nothing," said Wilkerson. "It's vital that parents know what we know."

The information package, coincidentally, is being mailed out today, 24 hours after the last instalment of a three-part series here on the suicide death this May of Alison Millar, a 14-year-old Whitby girl who hanged herself while being treated with the antidepressant drug Prozac.

Her mother, Elaine, had done everything -- from seeking medical intervention when her daughter failed in a previous suicide attempt, to weekly sessions with a psychologist.

Yet it happened.

What follows here is an advanced peek at the guidelines for parents now making their way to the office of Prime Minister Paul Martin, and to the offices of all of this country's premiers.

And then, hopefully, to the entire civil service and beyond.

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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 age 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.

As a matter of parenting routine, establish the mental health of your children as a necessary, explicit and understood part of the growing-up process. This means educating yourself.

Become especially attentive to rapid mood swings in your child -- fits of anger mixed with periods of being giddy, goofy, impulsive and aggressive.

#### APPROACH OPENLY

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 or drugs, the deterioration of academic performance, new friends that do drugs and booze a lot.

Approach the subject of mental health openly with your child.

Become informed on the known risk factors of suicide, among them:

- Depression.
- Stressful events, rejection by friends or someone special.
- Marriage breakup. (Sometimes making a kid move every weekend to be with each parent simply adds to the stress, frustration and feelings of transience).
- Disappointments which accumulate.
- Substance abuse.
- The availability of the means to complete suicide, such as guns.

Mental illness has genetic roots. In your child's interest, explore your family history. With adopted children, does your adoptive child have a family history you should know about? (Note: We are not suggesting this inquiry be made prior to adoption, or as a condition of it.)

For parents of gay and lesbian children, due to their experience at school, your children are more likely to attempt suicide more frequently than straight kids. They can suffocate in the closet.

## SHORTAGE OF EXPERTISE

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.

If an emergency arises, do not hesitate.

Where to 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 expertise is available there?
- Ambulance and police services. Are they an option? Make an inquiry now.

At times of crisis:

- Ask your child if 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 and listen hard.
- In your home, get rid of firearms, poison -- kitchen knives if need be -- and block the entrance to any room where the "means" of suicide are available.

## SATISFY YOUR INSTINCTS

- In turning to the emergency room, be insistent and force the hospital's hand if you think your child is either not going to be admitted or will be discharged before you think he or she is ready. Satisfy your instincts and judgment.

Overall, arm yourself with knowledge. Use legitimate Internet sites.

And, for working parents, encourage your employer to make information available to all

employees on where to turn for support on the mental-health issues of your children.

Advocate for your child's mental health. Contact your elected representatives at every level and express your deep concern about:

- The lack of community-based psychiatrists who treat children and teenagers.
- The attitudes of mental-health professionals towards mentally ill children, citing their reluctance, in Dr. Richard Guscott's words, "to diagnose psychiatric disorders among kids -- especially depression and bipolar disorder (manic depression)."