

HCF Webinar: Signs of Suicide and Unhealthy/Harmful Coping Mechanisms in Children

● Panel of Experts:

- Cara Wright, LPC, LifeAct Instructor (teaching suicide prevention to middle and high schoolers) with 26 years of experience working in the field of mental health
- Linda Cunningham, board certified psychiatric nurse practitioner with a wide variety of experience in the mental health field- including inpatient and outpatient psychiatry, psychiatric emergency medicine, consultation and addiction medicine. Currently providing mental health treatment through Hygge (pronounced Hoo-gah) psychiatry in Lakewood, Ohio.
- Stephanie Collins, LPCC-S, Clinical Mental Health Counselor at Hudson High School with 26 years of experience in both outpatient (Child Guidance & Family Solutions) and school based settings. Also a part-time faculty member at Kent State University teaching in the Masters in Clinical Mental Health Counseling Program. Crisis Team Member - Summit County ESC Crisis Response Team.

● Intro of Topic:

- What is suicidal thinking *really*:
 - A solution to an unsolvable problem
 - A solution to end unbearable pain
 - The only solution
 - It is NOT selfish, with moral implications, or the result of “crazy”
- Harmful coping mechanisms include:
 - Self-harm/injury (quick definition: when a person purposely hurts themselves to tangibly feel pain; to diffuse psychological pain; because they don't believe they are deserving of a body without scars; as a release)
 - Substance abuse
 - Risk-taking behaviors (i.e., driving fast/recklessly, gambling, promiscuity, etc)

● Context for this Discussion:

- Suicide is the 2nd leading cause of death among 12-18 year olds *according to the Ohio Suicide Prevention Foundation- Suicide is the leading cause of death for Ohioans ages 10-14.*
- MOST people (around 80%) who think about or die from suicide have an underlying mental health diagnosis, and typically that diagnosis is depression.
 - Depression is treatable. Understanding the signs and symptoms of depression is key to interceding and minimizing suicide risk/preventing death by suicide

- Those people at risk for suicide that are not with a mental health diagnosis include:
 - Members of minority groups. Our LGBTQ+ friends are 4x more likely to attempt suicide than their peers
 - Those that are extremely isolated

Knowing these environmental/cultural risks is important, as we can be more intentional in checking in with our friends who fall into these groups

- **Risk Factors for Suicidal thinking:**

- Because of the strength of the link between depression and suicide, let's chat **depression**
 - Just because someone is depressed does not equal they are thinking of suicide
 - REVIEW from above: Depression is a risk factor for suicide given about 80% of those thinking of/dying by suicide have underlying mental health diagnosis, typically depression
 - Signs and symptoms of depression:
 - Pervasive sadness lasting for 2 or more weeks
 - Withdrawing from activities that used to be of interest
 - Isolating from peers
 - Lack of energy
 - Lack of motivation
 - Declining school performance
 - Change in diet
 - Change in sleep patterns
 - Anger/irritability
 - Feelings of hopelessness
- Other risk factors for suicidal thinking:
 - History of mental illness
 - History of being abused or mistreated
 - History of self-injury
 - Tendency to be impulsive
 - Major physical illness
 - Affective disorders (i.e. mood disorders)
 - Previous suicide attempt(s)
 - A death or relationship breakup
 - A job loss or change in financial security
 - Feeling unsafe
 - Family history of suicide
 - High stress family environment or dynamic
 - Academic or family crisis
 - Easy access to lethal materials

- **What CAN I do as a parent to help my child who is showing risk factors?**

- Talk to your child. OR ***find someone who can. A trusted adult to them.***
Approach them about what you are seeing. Be objective not judgemental. Take your time. Actively listen. Share your concern about what you are seeing now. Do not be dismissive.
 - “I’ve noticed that you have been down for quite a long time. Is something upsetting you? I’m here to listen if you’d like to talk about it.”
 - “Your grades have been slipping. That’s typically not your style. I’m concerned that there might be something bigger going on.”
 - “You’ve been spending much more time alone in your room. Is everything ok?”
 - “I’ve noticed that you have been angry and frustrated. I’d like to help-talk to me, is there something that is bothering you?”
- The fact that you are saying anything is positive. Don’t worry about being perfect in your approach or needing to say the “right” thing.
- It is OK to talk to your kiddos about mental health, what they are thinking, and to even ask questions about suicidal thinking. **YOU CAN NOT PUT THE IDEA OF SUICIDE IN SOMEONE’S MIND.**

- **So, who do I call for help if help is needed?**

- (Thanks to Andrea Hall- who is a psychiatric nurse practitioner at Akron Children’s Hospital, and a Hudson parent, for providing us with so many of these great resources to share)
 - There is a psychiatric intake response center open 24 hours a day within the emergency department at Akron Children’s Hospital in Akron
 - Akron Children’s Hospital offers partial hospitalization (which is day programming, but you do not stay overnight at the hospital) and IOP (which is intensive outpatient programming. This type of program is usually several hours per day, several days a week and introduces participants to a variety of therapies to teach coping skills - group therapy, art therapy, etc). These are offered at the Akron campus. Self referral is okay.
 - There is also a parent support group offered by Akron Children’s called Parent Partners- parents use their personal experiences to provide support to other parents who have a child experiencing a mental health crisis. 330-543-5573
 - Charlie Health offers a robust virtual IOP program - it is personalized and also offers LGBTQ+ programs (can find it on the web at Charliehealth.com (also offers parent support)

- MRSS (which stands for mobile response stabilization services)- is delivered to anyone under 21 years of age who are experiencing a mental health crisis. They will come to the school or the home based on the situation and can recommend treatment options or higher levels of care. The number is 1-888-418-6777.
- Beyond Healthcare located in Fairlawn provides PHP, IOP and medication management. (888) 355- 1613
- Child Guidance and Family Solutions has locations in Akron, Barberton and Cuyahoga Falls. They offer outpatient counseling and medication management (330) 762-0591
- NAMI- which stands for the national alliance on mental illness. Their website (NAMI.org) offers tons of resources for people struggling with mental health, or those who want to support them, or who love someone who is struggling with mental health.
- Support group for those experiencing loss from suicide- Kellysgriefcenter.com. Kelly's Grief center is located in Kent, Ohio
- Hygge Psychiatry in Lakewood offers medication management for ages 12 and up (216) 504-5112
- Crisis/immediate action resources:
 - 988 (available 24/7/365). Can call or text.
 - The Trevor Project (trained crisis counselors specifically for the LGBTQ+ population): text "start" to 678-678

● **How is depression treated if my child is diagnosed with this (or another mental illness)?**

- Medications
 - The theory is that people who suffer with anxiety and depression have lower levels of mood altering neurotransmitters- such as serotonin, norepinephrine and dopamine. Antidepressants increase the levels of these neurotransmitters by blocking receptors that would normally inhibit them. Increasing the levels of these neurotransmitters is thought to improve mood and emotion.
 - Research on medications in adolescents is limited for a variety of reasons- things such as needing parental consent, we don't want to risk testing new medications on developing brains, teenagers are often not adherent to treatment protocols.....Prozac is the only antidepressant FDA approved to treat depression in pediatric patients, but other antidepressant medications have been commonly used in practice for some time and are generally shown to be safe. Always talk to your provider about any questions or concerns you may have regarding medications. There is a black box warning to be aware of. Around 2004 the FDA issued a black box warning for SSRIs indicating that they may increase suicidal

thoughts and behaviors in adolescents. It is important to note that no one from the associated studies ever completed suicide, the increase in reported thoughts and behaviors was minimal and reanalysis of the data by different groups has reported inconsistent results and questions regarding the coding of the data surround the suicidal thoughts and behaviors.

- There is no cure for depression. The science behind the treatment of mental illness is constantly evolving. While antidepressants are not effective, or right, for everyone- they can be helpful. Even though medication can be a useful part of treatment, research does show that the use of medication in combination with therapy is most effective. We know that The human brain does not fully mature until around 24- 25 years of age. Our prefrontal cortex- which is the part of our brain that is involved in planning, impulse control and executive function- is one of the last brain areas to fully mature. However, the limbic regions (like the nucleus acumbens and amygdala) are fully matured in adolescence. This is the part of the brain that is associated with emotional reactivity. So adolescent brains are able to have strong emotional reactions, but are less capable to plan and control impulses. Some research is showing that adolescents with history of suicide attempts show altered neural connectivity as well. Psychotherapy can help strengthen some of these neural connections and reinforce/ teach coping skills.
- Therapy/counseling
 - Your children have access to school counselors and mental health counselors within their respective schools. The roles of the school counselor vs. contracted mental health counselor in the school setting vary. WE HAVE ONE contracted mental health counselor at the high school in Stephanie Collins! How to reach out to Stephanie: Parents can reach me at HHS directly via email (CollinsSt@Hudson.edu or by calling the school and asking for me). We have 2 additional contracted Clinical Counselors - one at HMS and one who serves the elementary buildings. All can be reached by calling the school your child attends.
 - Outside (of school) sources of counseling
 - Work with primary care physician
 - Involve older children/students in the process and provide them with choices

 - Check your insurance! Not all insurance plans cover counseling and not all outside providers accept insurance
 - Ask to be added to waiting lists

- Don't give up! If you don't resonate with a counselor at first, try a different counselor or a different type of therapy!
- Safety plans (often created with students by counselors within therapy)
 - Safety plans are intended to provide parameters for both removing access to lethal means and strategies/resources for kids to utilize to cope with stress/difficult feelings
 - [Parent Tips for Keeping Your Child Safe](#) - available to all Hudson School families. This document explores many examples of warning signs as well as suggestions for both home precautions (what to remove/lockup/secure) and monitoring your child when there is a safety concern.
 - Safety Plans - typically include:
 - Coping skills to manage tough emotions and stressors. These are broken down into 2 categories - skills that can be used at home and ones that can be used at school
 - Trusted adults the student can talk to - again broken down into the 2 categories of trusted adults outside of school and at school
 - Crisis lines and resources
 - Protective Factors
 - Counselors often work with students to identify protective factors - these are things that build resiliency and help an individual cope and manage obstacles.
 - 6 areas: social support, coping skills, physical health, sense of purpose, self esteem and healthy thinking.
 - Students are worked with to assess areas of strength and challenge to identify which areas they feel would be most helpful to them if they are strengthened. Students then brainstorm ways to improve those areas to come up with a working plan to address those areas.
- Encouragement of positive and resilience-building coping skills (**parents can reinforce these resilience-building coping skills at home! PARENTS, engage in these coping skills WITH your kids!**):
 - Movement (perhaps as a family) this can include working out, playing a sport, walking the dog nightly
 - Art
 - Journaling
 - Self care- taking a hot shower or bath, massage, paint nails, get your hair done,
 - Making or listening to music - make a feel good playlist
 - Call a friend, family member or help line. Dont be afraid to utilize your support networks
 - Connect with nature, garden, hike

- Consider learning something new like cooking, sewing, knitting, origami, baking- things that keep your mind and hands busy.
- Practice mindfulness, meditation, yoga
- Spend time with pets
- Consider volunteering- sometimes it helps to feel you belong to a community or that you are making a difference
- Deep breathing exercises
- Progressive muscle relaxation
- Grounding techniques
- Positive self talk
- Getting enough sleep

● **When do I as a parent need to take immediate action?**

- If you see harmful coping mechanisms
 - REVIEW: these include self-harm/injury, substance abuse, risk taking behaviors such as promiscuity, reckless driving, etc.
- If your child talks about suicide directly or indirectly
 - “You won’t have to worry about me much longer”
 - “I wish I could fall asleep and never wake up”
- If you see any of these warning signs that increase suicidal risk:
 - Expressions of hopelessness in person or on social media
 - Obtaining lethal means
 - Saying good-bye or giving away possessions
 - Relief or sudden improvement

Kids mostly don't want to die. They want to be heard. Almost any positive action when you experience any of the above is met with the reduction of a risk of suicidal thinking/action.

It is worth noting- that if parents are seeing signs of worsening depression, harmful coping skills, suicidal thoughts or behaviors- parents should limit access to lethal means. Lock medicines up. Lock up or remove guns from the home. Lock up cleaning products that could be lethal if ingested etc. Lock up or remove alcohol