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Guest opinion: Keep Calm and Parent On

What can parents do right now to decrease the risk of suicide in their children?

by Adam Strassberg, M.D.

Two weeks ago, I had the privilege of being a lunchtime speaker during Career Week at Palo Alto High School. I love my profession, I have a son at Paly right now, and there is a severe national shortage of people who do what I do -- so I was excited to see nearly 150 students crowd into the hall.

I am a psychiatrist. Specifically, I am a private practice outpatient adult psychiatrist in our local community. I studied and trained at Stanford and have spent the entirety of my near 20-year career practicing right here in Palo Alto. Innumerable college students, local parents and teachers have been and continue to be amongst my patients.

I am also a parent of two teenagers here in Palo Alto right now. After the tragedy last week, a completed teen suicide in a recent cluster of such suicides, my phone has not stopped ringing with calls from concerned fellow parents.

Psychiatry by its very nature is a private profession, and psychiatrists as a whole are very private people. We are typically listeners, not speakers, and so it is only with a certain awkward reluctance that I feel compelled to join the public conversation.

I am not an academic researcher. I am a poor statistician and no suicidologist. I am, however, a working psychiatrist right here, right now. I talk with local college students, parents, teachers and administrators regularly. I aid people suffering from all manner of psychic distress. I meet with adults who are suicidal on a near daily basis.

What does one do?

In the face of our recent tragedy, how does one "Keep Calm and Parent On"?

There is no single cause of suicide -- the act can arise from any combination of multiple factors -- biological, environmental, psychological and situational. As a community, we agree that whatever can be done to mitigate these factors must be done; where we disagree, however, is where one might expect: What does "whatever can be done" entail? Our public debate continues -- in community meetings, in online forums, in newspaper letters, in school board and city hall meetings. But for me, on line at Starbucks, in the aisles of Safeway, at school campus pick-up or drop-off, this public debate echoes much more private and personal implorations. My fellow parents ask me in whispers: *What can we do right now to decrease the risk of suicide in our children?*

The following is a list of direct suggestions to help us all "Keep Calm and Parent On":

1. Make your teen sleep

Depression is a major factor in most suicides. Depression causes significant disruptions in sleep patterns. However, an emerging body of literature shows that sleep disruptions seem to precede and even precipitate depressive episodes.

Our children need to be sleeping more than us, not less than us. They need to be sleeping regular hours. Sufficient sleep must take priority over homework, athletics, social life, work, etc. I cannot overemphasize the importance of proper sleep hygiene. Poor sleep is just one of a great many contributing factors to depression, but it is such an easily controllable and preventable factor. Make your teens sleep.

2. Talk with your teen

Asking about suicide does *not* increase the risk of suicide. Asking about suicide will *not* implant the idea of suicide into your teens. Asking about suicide *decreases* the risk of suicide. So please do ask your teen directly about suicide.

There is a myth that suicide only can happen to "somebody else's" child. Academic stress, family dysfunction, violence, drug abuse -- these factors increase risk, but suicide crosses all social boundaries, and no family is exempt.

Suicide is an uncomfortable topic, and so it is important to talk about with your teen openly, honestly and calmly.

If your child reports any suicidality, do not leave him or her alone. Contact your doctor or other trained professional, go to your nearest emergency room, or call 911.

3. Model mental health treatment for your teen

In my many years as a psychiatrist here in the Bay Area, I have observed so much success, and yet so little happiness. My refrain to my patients is that I am "in the happiness business, and not the success business." Sadly I have seen the two more and more at odds over the years.

If you want your teen to find the happiness of a balanced life -- to sleep properly, eat well, exercise, study, work, play, date, hang with friends, have community, enjoy nature, gain autonomy and competence, adventure, find purpose -- you must model these things in your own lives. Children imitate the behaviors of the adults around them (even teens).

If you are sad, if you are unhappy, talk with your spouse, friends and family about your feelings. Let your children see you cry, let them see you laugh, let them see you touch and hold and comfort one another. Most of all, if you are suffering from depression or any other psychological difficulties, let them see you seek appropriate professional treatment. If you and your spouse are having marital difficulties, let them see you both enter couples counseling.

Create a life worth living for yourself first. Make it optimistic, wonderful and balanced. Model onto yourself the attention to mental health you aspire for your teens.

4. Want the best for your child, not for your child to be the best

Our community is so intelligent and so educated, and yet the basic sociological concept of "regression to the mean" is misunderstood so widely. The "more" of a quality any parent possesses, the less likely their child will equal or exceed them in that quality. If you are very good at mathematics, your child is unlikely to be as good or better than you. If you are a great musician, maybe they will manage to be a mediocre musician. If you are a polyglot, they may stammer in English alone. And then there is that most damnable anxiety: If you attended an Ivy league college, your child is unlikely to attend an Ivy league college. This hard reality is anathema to all.

We are so many of us wealthy and secure beyond imagining, and yet we have such enormous anxiety. We fear the future harm that we will lose our wealth and privilege and be unable to pass it on to our future generations. Maintaining and advancing insidiously high educational standards in our children is

a way to soothe this anxiety.

But it harms our children.

Be brave. What a strange world we have when having your child only take the SAT once, not take advanced math, not play a varsity sport, not have a college coach, not take an AP class -- what a strange world indeed when this is a type of bravery? Since when does it make sense that a 16-year-old's weekly schedule should be twice as packed with meetings and assignments than his middle-aged parents? This not normal. This could never be normal.

As a psychiatrist, I will never be neutral on this issue. The "Koala Dad" is the far better parent than the "Tiger Mom."

5. It's you and the teachers versus your teen, not you and your teen versus the teachers

Teachers are professionals who are supposed to be our allies in raising our teens, not our enemies. Please know that amongst our local teachers, being labeled a "Palo Alto parent" is not a compliment. This needs to change.

If a teacher approaches you with concerns over your teen's behaviors, emotional health, suspected substance abuse, possible cheating or other academic issues, the teacher is not your and your child's enemy. Your job as a parent is not to "defend" your child against this teacher, it is not to keep your child's record "perfect" so they can be accepted to a "good" college. Rather, your job as a parent is first to allow yourself to be sad or anxious or disappointed or all three but then to open your heart to the teacher and work closely with them as a team in order to help your child.

When did this change? When we were young, it was always teachers and parents "against" the children; now somehow it is normal to have parents and students against the teacher? This is not normal. This could never be normal.

6. Get a pet

For adults, having children is a significant negative risk factor for suicide. In childless adults, I have seen this effect mirrored quite dramatically via pet ownership. Over the years, I have lost count of the number of my suicidal patients who report their lives having been saved by love for their dog or their cat.

Our mammalian companion animals are literally "bred" to be perfect therapists: accepting, great at listening, warm, cuddly, always attentive, ever present, ready for petting.

Before my own teenagers slam the door on me, they always take one of our cats into their bedrooms. They could be angry at their parents, at school, friends, the world, but their pets always understand them. It may seem trite, but the effect is real, so if you have the resources and room in your family, please consider the joy of pet ownership as an aid to overall happiness and mental health.

7. Keep Calm

To be expansive, we must acknowledge the null hypothesis: Perhaps "whatever can be done" to lessen our suicide rate has been done. Suicide is a rare event, but it is also a leading cause of death in teenagers, and statistics over the phenomenon of suicide clustering remain obtuse.

Our town is blessed but now also "cursed" by a train. Our Silicon Valley culture wants to "fix" this, with a premise that all things are "fixable." Public debate continues over train-related barriers and policies to make the train less immediately attractive or available, the premise being that "inconvenient" time delay will save lives; the counterargument is that people then will just find some other means of dying

by suicide. This is an important debate to guide the use of our limited resources; however, I fear that it misses the forest for the trees.

Why does it need to take a suicide, or worse yet this cluster of suicides, to justify and invigorate public conversation over improving the mental health, happiness and quality of life for our teens?! More sleep, more free unscheduled time to play and to grow, less homework, more balance, better stress tolerance -- these are inherent goods and worthy continual goals for our school district and community. These goals should be active and ongoing and not be predicated upon any "crisis" in student mental health, "perceived" or "actual."

Is there a spike in suicides? Boys typically choose more violent, and thus more lethal, methods of suicide than girls. But three times as many girls attempt suicide than boys. This would suggest that our total number of teenage suicide attempts over the last many months likely is much larger than the four public suicides covered by our news media. How many occur here each year? We cannot know: Suicide attempts are not reportable events. We need to live with this uncertainty, and tolerating anxiety is a challenge for all of us.

We must "Keep Calm." But that does not mean we must do nothing. Do not overreact -- please do react. Please "Parent On."

Dr. Adam Strassberg is a psychiatrist in local private practice who has two teenagers in the Palo Alto Unified School District.

The Palo Alto Weekly has created a Storify page to capture the numerous voices, opinions and our news coverage on teen well-being. This page will continue to be updated. To view it, go to [Storify.com](https://www.storify.com).