

# UPDATE

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## Warning Signs: When to be Concerned About A Child

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Parents and schools often need assistance assessing when a child needs professional mental health treatment and when a child should be hospitalized in a psychiatric facility for treatment or to keep them safe.

### Behavior is Key

Children's behaviors can usually tell you whether they need a therapist, more frequent therapy, psychiatric medication or hospitalization.

Observe the child's behavior for clues. Kids and teens don't typically share their thoughts and feelings; they often express them through behaviors. Are they acting out? Do they always seem angry and irritable? Are they acting more impulsively than usual? Are they cutting themselves as a means of handling stress? Are they increasingly cursing and getting in trouble with teachers? Are these behaviors ongoing and worsening? Do the behaviors continue even after the start of therapy?

Even when a child is telling you "I'm fine," you should always ask yourself "Are they really fine?" and "Do they look fine?" Meaning: are they keeping up with schoolwork and spending time with friends; or are they falling behind in schoolwork because they have suddenly stopped doing it altogether and are isolating themselves from friends? If so, then a decision needs to be made as to whether the child can be treated on an outpatient basis or whether the child needs to be hospitalized.

Aggressive behaviors that cannot be managed in school or at home usually lead to hospitalization. Sometimes a child can benefit from medication that can help them with their frustration tolerance that can decrease their explosions and impulsivity.

### Is this child able to express how they actually feel?

Evaluate the severity of the symptoms, as well as how open and honest a child is in communicating distress or suicidal thoughts. Can the child communicate with their family, the school or an outpatient clinician should their feelings worsen? Sometimes a child with a severe depression who can express feelings openly can be safely maintained outside the hospital if followed closely by the clinician and family. It is more difficult to assess the safety of a child who is being secretive or is unaware of their feelings who then may act impulsively.

### How much is the family involved?

Being hospitalized and away from parents for many children adds to the stress of missed school, which can worsen a depression. Some families are able to be very attentive to the child's needs

and closely watch them 24 hours a day/7 days a week until the treating clinician feels the child is no longer a high risk of hurting themselves. If so, then hospitalization can be avoided.

### Assessing Suicidality

Sometimes parents, teachers and even clinicians are hesitant to bring up and discuss suicidal thinking. Children who are not suicidal do not become suicidal by being asked about whether they are thinking about suicide. Children who are not suicidal do not become increasingly suicidal with a discussion of their suicidal thoughts. Rather, it allows suicidal children to be open about their suicidal thoughts.

When a child appears to be in distress, questions that need to be asked are: Are you feeling so sad and angry that you wish you were dead? Do you have any thoughts or plans of acting on these feelings? If yes, have you actually ever acted on these feelings? Would you tell me if you had in the past? Would you tell me if you felt this way now? Would you come and tell me if you feel this way in the future? Do you believe I understand how you are feeling and I can help you?

### Suicidal Thinking: When to Hospitalize

A classmate tells a friend: "I'm so unhappy I want to be dead." Or a note or scribble is found on someone's notebook that says, "Would anybody actually care if I were dead?" Does this mean the child should definitely be hospitalized? It depends.

A good evaluation by an experienced clinician is necessary. Sometimes the child or adolescent is communicating that they are suffering and needs treatment, but is not actually planning on suicidal wishes. That adolescent may be passively suicidal by wishing to go to sleep forever and not feel any pain, but have no plan to kill himself and actually hope to feel better. Other times an actively suicidal child is not saying aloud, "I have a plan to kill myself" but is acting more and more distressed and is expressing feelings through behavior. Those are the warning signs. Often boys express suicidal ideation through hopelessness about the future.

Parents and school professionals should be concerned about all children, but potentially even more concerned about the suicidal child who is not directly expressing their thoughts and feelings. The danger is that the child will not share that they have a suicidal plan and if things get worse they might try to carry it out.

### The Most Important Piece

A child's safety comes first. If you are a parent, school professional

or therapist and you feel a child is at risk of harming themselves or someone else, then an in depth assessment of the child's safety should be made. Whether to hospitalize the child should be discussed as part of the assessment.

Always take into account the child as a whole, including how they are doing in school, whether they have friends, whether they can talk openly with parents. If a child feels alone and unsupported by family, school and peers, that is a red flag. Judging the degree to which a child can talk openly with their parents, and whether those parents are able to listen, lend support and be psychologically available

to the child, should be part of the assessment.

The next steps are: If a child does not have a therapist do they need a therapist? If a child has a therapist, do they need psychiatric medication? If a child is on psychiatric medication, is it the right psychiatric medication or combination of medications to target the symptoms effectively?

Noticing red flags along the way allows parents, teachers and clinicians to add needed supports and avoid escalation of behaviors to a crisis level. Preventing symptoms and behaviors from worsening, and easing the child's distress is the ultimate goal at any level of treatment.

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