

Dear Parent or Guardian,

The teen years are marked by a roller-coaster ride of emotions-difficult times for teens, their parents, and educators. It is easy to misread depression as normal adolescent turmoil; however depression (among the most common of all mental illnesses) appears to be occurring at a much earlier age, and in the past decade teen suicide rates have doubled. To proactively address this issue, Rushmore Academy High School is offering depression screenings and suicide prevention training as part of the SOS (Signs of Suicide) Program. This program has been used by thousands of school nationwide over the past 9 years. It has proven successful at increasing help seeking by students concerned about themselves or a friend and is the only school based suicide prevention program to show a reduction of suicide attempts in a randomized controlled study (American Journal of Public Health, March 2004)

Our goals in participating in this program are straight forward:

- 1) To help our students understand depression is a treatable illness, and help them assess whether or not they may have symptoms consistent with depression.
- 2) To explain that suicide is a preventable tragedy that often occurs as a result of untreated depression.
- 3) To provide students training on how to identify serious depression and potential suicidal tendencies in friends.
- 4) To impress upon teens that they can help themselves or a friend by taking the simple step of talking to a responsible adult about their concerns.

Rushmore Academy High School will be offering the screenings during the 2015-2016 school year. The depression screening tool we are using concerns thoughts and feelings, which a parent may be unaware that their child is having. This tool can not provide the diagnosis of depression, but does give an indication of whether a young person should be referred for further evaluation by a mental health professional.

If you do not wish your child to take the written screening for depression and participate in the SOS: Signs of Suicide intervention training, please fill out the form at the bottom and send it back to school by _____. If we do not hear from you we will assume your child has your permission to participate in this program. Please feel free to contact me with any concerns or questions at 740-389-4681.

Respectfully,
Guidance Counselor
Jessica Jerew

I (Name of Parent) _____, do Not give permission for (Name of Student) _____ to be screened for depression or to participate in the SOS, Suicide Prevention Program, to take place the 2015-2016 school year.

Signature of Parent or of Guardian: _____