

*Newton South High School
140 Brandeis Road
Newton, Massachusetts 02459
PH: (617) 559-6500
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Dear Parent/Guardian:

We will be conducting the Signs of Suicide (SOS) Curriculum and the Brief Screening for Adolescent Depression (BSAD) in your child's Freshman Wellness class between January 11th and 14th, 2016. This program has been used by thousands of schools over the past decade. It has proven successful at helping students concerned about themselves or a friend. It is the only school-based suicide prevention curriculum listed by SAMSHA in its National Registry of Evidence-Based Programs and Practices that addresses suicide risk and depression. The curriculum includes viewing a video, followed by a discussion period.

The goals of the program are straightforward:

- Help students understand that depression is treatable and assess whether or not they may have some symptoms of depression.
- Train students in identifying serious depression and potential suicidality in themselves or friends.
- Impress upon teens they can help themselves or a friend by taking the simple step of talking to a trusted and responsible adult about their concerns.

Following the program we will provide an opportunity for students to take a few minutes to complete a brief screening form. Mental health counselors from the Newton Public Schools and Riverside will be onsite to speak to any students who may show signs of depression or risk of suicide on the screening form or who express an interest in speaking to someone. These interviews are usually short (15-20 minutes) and are not considered mental health treatment or counseling nor are they a substitute for a comprehensive mental health evaluation. The meetings help us better understand students' reactions to the material, and whether they have any experience with depression or thoughts around suicide. A few students will also be randomly selected for follow-up questions so that we can learn about student response to the program. Parents/guardians will be informed if their child meets with a counselor along with any recommendations.

Please return the attached consent form to your child's Wellness teacher. This consent form will allow you to choose from 3 options for your son/daughter's participation in the program:

1. ***Full participation***. This includes viewing the video, group discussion, and participation in the BSAD screening. ***This is the recommended level of participation.***
2. ***Partial participation***. This includes viewing the video, group discussion, and no participation in the BSAD screening. Students will fill out a general information form, asking if the student wants to talk to someone about the program.
3. ***No participation***. This excludes your son/daughter out of the entire program.

Please review the consent form with your son/daughter, sign and return to your child's Wellness teacher.

If you have any questions about the program please contact Walter Lyons at 978-578-7016 or at walter_lyons@newton.k12.ma.us. If you have questions about your child's participation in this program, please contact his/her school counselor.

Best,

Joel Stenbridge, Principal