



Ambridge Area School District

Junior High School 401 First Street Freedom, PA 15042 724-266-2833 Fax: 724-869-5321
Dr. Joseph C. Dimperio, Acting Superintendent of Schools **Shaun T. Cooke**, Principal

November 7, 2016

Dear Parent or Guardian:

The teen years are marked by a rollercoaster ride of emotions---difficult for teens, their parents, and educators. It is easy to misread depression as normal adolescent turmoil; however depression appears to be occurring at a much earlier age, and the past decade has seen teen suicide rates double.

In order to address this issue, The Ambridge Junior High School is offering the SOS signs of Suicide Prevention Program.

Our goals in participating in this program are straightforward:

- To help our students understand that depression is a treatable illness, and help them assess whether or not they may have symptoms consistent with depression
- To explain that suicide is preventable tragedy that often occurs as a result of untreated depression
- To provide students training in how to identify serious depression and potential suicidality in a friend
- 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

As a part of the program students will complete a depression screening tool. The depression screening tool that we are using addresses thoughts and feelings which parents may be unaware their child is having. The tool cannot provide a diagnosis of depression, but does give an indication of whether a young person should be referred for evaluation by a professional. We are enclosing a Parent Version of the same depression screening form and ask that you take a moment to complete it. We include the questionnaire to make you aware of the types of questions your child will be answering and to help you assess your teen's risk for depression.

If you are concerned, we encourage you to speak with your son or daughter and follow up with a mental health professional for a complete evaluation.

If you do **NOT** want your child to participate in the SOS program in school, please complete the enclosed form and return it to the Ambridge Junior High School. If we **do not** hear from you we will assume your child has permission to participate in this valuable program.

SOS Signs of Suicide[®] Prevention Program

Parent Screening Form

- Child's Age: _____
- Child's Gender: Female Male
- Child's Grade in School:
 - 6 7 8 9 10
 - 11 12 GED Program
 - Other: _____
- Child's Ethnicity: Hispanic/Latino Not Hispanic/Latino
- Child's Race: *(Check all that apply)*
 - American Indian/Alaska Native Asian
 - Native Hawaiian/Other Pacific Islander White
 - Black/African American Other/Multiracial
- Is your child currently being treated for depression?
 - Yes No

Brief Screen for Adolescent Depression (BSAD)* Parent Version

These questions are about feelings that people sometimes have and things that may have happened to your child. Most of the questions are about the **LAST FOUR WEEKS**.

Read each question carefully and answer it by circling the correct response.

- | | | |
|--|-----|----|
| 1. In the last four weeks, has there been a time when it seemed like nothing was fun for him/her? | Yes | No |
| 2. Has he/she seemed to have less energy than he/she usually does? | Yes | No |
| 3. In the last four weeks, has it seemed like he/she couldn't think as clearly or as fast as usual? | Yes | No |
| 4. In the last four weeks, has he/she talked seriously about killing him/herself? | Yes | No |
| 5. Has he/she tried to kill him/herself <i>in the last year</i> ? | Yes | No |
| 6. In the last four weeks, has he/she had trouble sleeping—that is trouble falling asleep, staying asleep, or waking up too early? | Yes | No |
| 7. Has there been a time when your child seemed to do things, like walking or talking, much more slowly than usual? | Yes | No |
| 8. In the last four weeks has he/she often seemed to have trouble keeping his/her mind on his/her schoolwork or other things? | Yes | No |
| 9. Has he/she said he/she couldn't do anything well or that he/she wasn't as good looking or as smart as other people? | Yes | No |

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SOS High School Suicide Prevention Program Scoring Instructions and Interpretation for Parents

The Brief Screen for Adolescent Depression (BSAD) is a depression screening tool for teens and adolescents. In the Parent Version, you are asked to answer questions about your child. The BSAD **does not** diagnose a teen or adolescent as depressed, but it does give an indication of whether he or she should be referred to a health care professional (medical doctor, psychiatrist, psychologist, nurse, counselor or social worker) for further evaluation.

The score on the BSAD is achieved by adding up the number of “Yes” answers to the 9 questions on the scale. The following guidelines are *estimates* of the likelihood that your child may be depressed:

SCORE	MEANING
0-2	Scores of 2 or lower (two or fewer “Yes” answers) indicate that it is <i>unlikely</i> that a teen is depressed.
3	Scores of 3 (three “Yes” answers) indicate that a teen <i>may be</i> depressed, and he or she might benefit from further screening by a mental health professional.
4-7	Scores of 4 or higher (four or more “Yes” answers) indicate that it is <i>likely</i> that a teen is depressed. He or she probably has some significant symptoms of depression and would benefit from talking to a mental health professional about these feelings.
Questions 4 and 5	These questions are about suicidal thoughts and suicide attempts. If you answered “Yes” to <i>either</i> of these questions, it is <i>strongly recommended</i> that your teen see a mental health professional for further evaluation, <i>regardless of his or her score</i> .

**If you are worried about yourself or someone else,
call the National Suicide Prevention Lifeline, at 1-800-273-TALK (8255).**