



WAKE COUNTY PUBLIC SCHOOL SYSTEM

HOLLY SPRINGS HIGH SCHOOL
Robert W. Morrison, Principal
5329 Cass Holt Road
Holly Springs, NC 27540

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Dear Parent or Guardian:

The transition after high school is marked by the push and pull of dependence and independence, as well as new stressors that include being on one's own, changes in family relations, financial responsibilities, changes in social life, exposure to new people, ideas and temptations, and greater academic demands for those attending college. All these stressors contribute to a rollercoaster ride of emotions that can be difficult for students and their parents. It is easy to misread depression as normal turmoil; however, symptoms of depression can be serious and are known risk factors for suicide.

Holly Springs High School is offering the SOS Signs of Suicide® Prevention Program to 12th grade students enrolled in English IV to proactively address these issues. The program has proven to be successful at increasing help seeking by students concerned about themselves or a friend and is the only school-based suicide prevention program listed by SAMHSA for its National Registry of Evidence-Based Programs and Practices that addresses suicide risk and depression, while reducing suicide attempts. SOS has demonstrated an improvement in students' knowledge and adaptive attitudes about suicide risk and depression. It has also shown a 64% reduction in self-reported suicide attempts.

Our goals in participating in this program are straightforward:

- To help our students understand that depression is a treatable illness
- To explain that suicide is a preventable tragedy that often occurs as a result of untreated mental illness.
- To provide students training in how to identify serious depression and potential suicidality in themselves or a friend
- To introduce students to resources in the community and provide them with information on seeking help in college, the work force, or armed forces.

This program includes a self-scoring depression screening. We are attaching a copy of this brief screening for adolescent depression so that you can do this survey with your child. This tool cannot provide a diagnosis of depression, but does indicate whether your child should be referred for evaluation by a mental health professional. You know your child best and if your child is sensitive to this topic, please contact your child's counselor. To find out more about please go to www.mindwise.org/parents

Sincerely,

Principal
Holly Springs High School

If you do **NOT** wish for your child to participate in the SOS High School program, please sign below and return it to Amy Favreau in Student Services. If this form is not returned, then that is your permission for your child to participate in this program

I **do not** want my child, _____, to participate in the SOS program.
(Print Child's Full Name)

Parent Signature: _____

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