

# Alta Behavioral Healthcare



## Linkages Program



# Presenters

Bethany Koenig  
Program Director

Angela Kearns  
Program Coordinator

# Alta Behavioral Healthcare

- Nonprofit organization devoted to providing professional mental health care to families and their children
- Helps families whose children are experiencing behavioral and/or emotional problems at home or in school
- Consults with schools, physicians, and other child care professionals to achieve a better understanding of and to meet the needs of the youth we serve

# What does Linkage Mean?

- A connection or relationship between two or more things
- A part that connects two or more things

**School**



**Community  
Mental  
Health  
Agencies**

# Depression Awareness and Suicide Prevention Program

- Assists schools, parents and students in recognizing the warning signs and symptoms of depression and other emotional disorders in students
- Assists in linking youth and families to needed services
- Mental health liaisons work with school personnel to assist in implementing education and screening programs into the school's curriculum
- Should signs of depression and/or other emotional problems present themselves, the liaisons will contact parents and may recommend the child obtain a more complete diagnostic assessment

# Linkages Program History

- Over 13 years ago, there was a double suicide involving two senior male students
- After the incident, students came forward to school staff and made statements like “They said they were going to take their lives but we didn’t think they were serious”, or “I didn’t really know what to do after they said they were suicidal”.
- Superintendent approached the director of Alta (then D&E) and began the process of looking for a suicide prevention program to implement

# Suicide Facts

- An estimated 3.1 million adolescents aged 12 to 17 experience one major depressive episode (NIHM, 2016)
- There is one suicide death every 12 minutes in the United States (CDC YRBSS 2017)
- Suicide is the 10<sup>th</sup> leading cause of overall (CDC YRBSS 2017)
- Suicide is the 2<sup>nd</sup> leading cause of death for age 10-24 (CDC YRBSS 2017)
- In 2016, nearly 45,000 Americans age 10 or older died by suicide (CDC YRBSS 2017)

# Suicide Facts continued...

- 17% youth who were surveyed indicated they consider suicide and 14% make a plan (CDC YRBSS, 2017)
- Suicide rates among those 10-19 rose 56 percent between 2007 and 2016 (Twenge, 2017)
- Suicide rates among 15-19 year old girls doubled between 2007 and 2015, reaching a 40 year high (CDC YRBSS, 2017)
- Suicide is underreported and often deemed as accidental death .

# Evidence for Prevention

- To address increases in youth suicide, The Academy of Pediatricians have recommended depression screening once a year for all children (Shain, 2016)
- Programs such a (SOS) program has shown reduction in self reported suicide attempts by 40-64% in randomized control studies (Schilling et al, 2019)

# Programs Implementation

- 2018-2019 13<sup>th</sup> Year of Program
- 47,525 educated 11,932 screened overall
- 2018/2019
  - 30 schools in Mahoning County
    - 4,664 students were educated
    - 942 students were screened
    - 222 of the students were referred for further mental health evaluations
    - 161 of the students received additional treatment

# Linkages Program Staff

- Angela Kearns
- Sarah Babyak
- Kathy Zimmerman
- Christie Amedia

# Linkages Program Staff

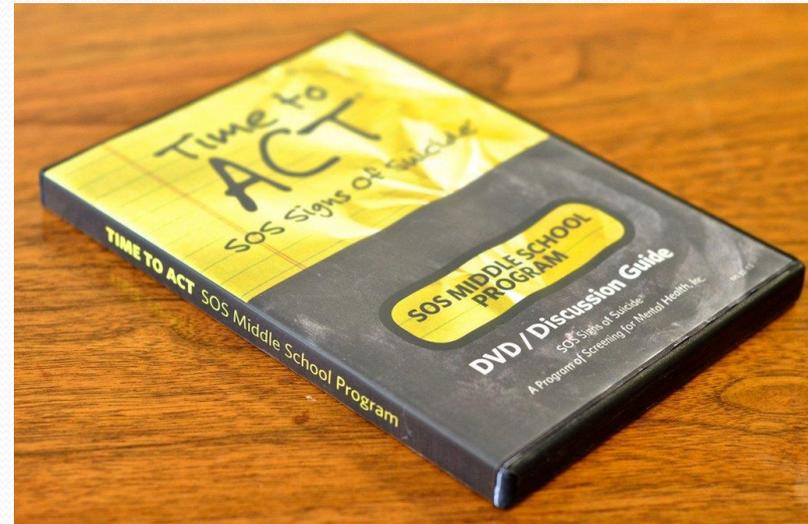
- Staff must have Master's Degree and some experience with students. Prefer clinical experience and experience presenting.

# Program Components

## Education

### (Evidence Based SOS Program-ACT Model)

- Middle School ( 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> or 8<sup>th</sup>)
- High School (8<sup>th</sup>, 9<sup>th</sup> or 10<sup>th</sup>)
- Transition Years (11<sup>th</sup> or 12<sup>th</sup>)
- Negative Coping Skills-Self Injury (7<sup>th</sup> to 12<sup>th</sup>)



# Program Components

Program Review–Jeopardy style review game

- Online
- Board Game (1-2-3 Down)
  - Can be done on middle or high school level
  - Can be done in eighth grade for program continuity or as a consecutive day for high school

Vocabulary	True or False	Mix-Up	Mental Disorders	Causes & Symptoms
100	100	100	100	100
200	200	200	200	200
300	300	300	300	300
400	400	400	400	400

Team 1		Team 2	
0	0	0	0
+ -	+ -	+ -	+ -

# Program Components

## Depression and Suicide Screening

- Must gain parental permission unless 18 years old
- Paper pencil screen takes less than five minutes to complete
- Each student completing screen is debriefed



Dear Parent(s)/Guardian(s),

Alta Behavioral Care's Linkages Program (formerly D&E Counseling) will be providing a mental health education program in your school about depression and suicide. During the first day of the program, we provide an overview of the topics of depression and suicide. We use video clips from the national SOS (Signs of Suicide) program and class discussion to help students identify the symptoms of depression and suicide. A goal of the Linkages' program is to empower students to reach out to a trusted adult if someone is showing signs of depression or suicide. This part of the program will be provided to all students and is a part of physical and health education.

In addition to the education component of the program, every student, with parental consent, will have the opportunity to complete a Brief Screen for Adolescent Depression. Participation is voluntary. The questionnaire is completed using paper and pencil and the results are reviewed individually with each student by a Linkages' Mental Health Liaison. The questionnaire takes about 5 minutes to complete. The Brief Screen allows staff to identify any students who may benefit from speaking with a trusted adult (such as a parent, teacher or guidance counselor). In some cases, students identify that they believe they may benefit from counseling and the Linkages Mental Health Liaison can assist in linkages to ongoing mental health assessment. If any student reveals that they are thinking of harming themselves, the student will have an immediate follow-up with a Linkages' Mental Health Liaison and the consenting parent/guardian on this form will be contacted. The interview with the Linkages Mental Health Liaison is NOT a therapy session, but an opportunity to discuss the results of the screening and decide on whether a referral is warranted. The results of the screen will only be shared with school guidance counselors and administrators. If you have any questions please call Angela Kearns at (330) 793-2487 ext. 518.

Please check one:

- I agree to have my child complete the SOS Brief Screen for Adolescent Depression  
 I do NOT wish to have my child complete the SOS Brief Screen for Adolescent Depression

Student's Name (Print): \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Legal Guardian's Name (Print): \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If your child will be participating, please provide the following information so we can contact you if necessary:

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Names of other adults in home we can discuss results with: \_\_\_\_\_

Contact Numbers:

1) Cell: \_\_\_\_\_ Best time to call: \_\_\_\_\_

2) Home or Other: \_\_\_\_\_ Best time to call: \_\_\_\_\_

# Program Components

## Scoring Screen

- Negative
- Positive-All “red” receive clinical interview-all “blue” are further evaluated
  - Positive Red
    - Thoughts of Suicide or Previous untreated attempt
  - Positive Blue
    - Four or more symptoms of depression

# Program Components

## Case Management

- Positive Red-Parent contact must be made in 24 hours
  - Certified letter sent if parental contact is not made
  - Most receive guidance referral as well
- Positive Blue-Parent contact and/or guidance referral
- Some Negative turn “blue” during debriefing process

# SOS Signs of Suicide® Prevention Program

## Student Screening Form

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

## Brief Screen for Adolescent Depression (BSAD)\*

These questions are about feelings that people sometimes have and things that may have happened to you. 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 nothing was fun for you and you just weren't interested in anything? | Yes No |
| 2. Do you have less energy than you usually do?  | Yes No |
| 3. Do you feel you can't do anything well or that you are not as good-looking or as smart as most other people?            | Yes No |
| 4. Do you think seriously about killing yourself?  | Yes No |
| 5. Have you tried to kill yourself <i>in the last year</i> ?   | Yes No |
| 6. Does doing even little things make you feel really tired?   | Yes No |
| 7. In the last four weeks has it seemed like you couldn't think as clearly or as fast as usual?                            | Yes No |

\* Columbia DISC Development Group, 1051 Riverside Drive, New York, NY 10032 Copyright 2001 Christopher P. Lucas. Do not reproduce without permission.

## Identifying Trusted Adults

List a trusted adult you could turn to if you need help for yourself or a friend (example: "My English teacher," "counselor," "my mother," "uncle," etc.)

In school \_\_\_\_\_  
Out of school \_\_\_\_\_

Green or Blue Screening Form

Green

1. When you were filling out the questionnaire did any concerns come up that you would like to talk to me about?      Yes                      No

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2. Would you like to talk to the school counselor or school nurse about any concerns or difficulties you are having?      Yes                      No

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3. How do you handle your stress? What type of coping strategies do you use?

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4. Do you have any feedback about the program? Any further questions?

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Blue

5. Discussion of 4 symptoms listed? Any stressors?

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6. Reason change green to blue? (ONLY NEEDED IF CHANGED)

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Debriefee Name: Kathleen Zimmerman

Debriefee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Presenting Needs:**

<input type="checkbox"/> S.O.S	<input type="checkbox"/> Symptoms of depression (4 or more)	<input type="checkbox"/> Wants referral
<input type="checkbox"/> Current thoughts	Number Identified: _____	
<input type="checkbox"/> Suicide attempt without treatment	Explanation: _____	

**Situation Summary:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Treatment History:**

<input type="checkbox"/> Active in treatment	<input type="checkbox"/> Past treatment not active	<input type="checkbox"/> No previous treatment
Place: _____	Place: _____	
<input type="checkbox"/> Non-Suicidal	<input type="checkbox"/> Non-Suicidal	
<input type="checkbox"/> S.O.S.	<input type="checkbox"/> S.O.S	

**Explanation:**

\_\_\_\_\_

\_\_\_\_\_

**Non-Suicidal Student Referral Desires:**

<input type="checkbox"/> None	<input type="checkbox"/> Guidance Only	<input type="checkbox"/> Community Counseling Only	<input type="checkbox"/> Guidance and Community
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**Explanation:**

\_\_\_\_\_

\_\_\_\_\_

**S.O.S. Student Immediate Action Plan:**

<input type="checkbox"/> Confirm Treatment	<input type="checkbox"/> Immediate Inpatient Referral	<input type="checkbox"/> Immediate Walk to guidance	<input type="checkbox"/> Parent Guardian Contact & Referral Within 24 hours	<input type="checkbox"/> Certified Letter
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**Explanation:**

\_\_\_\_\_

\_\_\_\_\_

<u>Intervention</u>	<u>Date Achieved</u>
Treatment Confirmed	
Guidance Referred	
Contact with Parent or Guardian for Community Referral	
Community Resource List Sent	
Certified Letter Sent	
Community Counseling Appointment Made	
Community Counseling Appointment Attended	

Debriefed/Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
 Parent/Guardian Information:  
 Name: \_\_\_\_\_  
 Other Adult permitted to discuss: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone 1: \_\_\_\_\_ Type: \_\_\_\_\_ Time: \_\_\_\_\_  
 Phone 2: \_\_\_\_\_ Type: \_\_\_\_\_ Time: \_\_\_\_\_  
 Phone 3: \_\_\_\_\_ Type: \_\_\_\_\_ Time: \_\_\_\_\_  
 Notes: \_\_\_\_\_

**Summary Parent/Guardian Contact:**

Date	Time	Number	Type	Response
			<input type="checkbox"/> Text <input type="checkbox"/> Phone	<input type="checkbox"/> No Answer <input type="checkbox"/> Left Message Machine <input type="checkbox"/> Contact
			<input type="checkbox"/> Text <input type="checkbox"/> Phone	<input type="checkbox"/> No Answer <input type="checkbox"/> Left Message Machine <input type="checkbox"/> Contact
			<input type="checkbox"/> Text <input type="checkbox"/> Phone	<input type="checkbox"/> No Answer <input type="checkbox"/> Left Message Machine <input type="checkbox"/> Contact
			<input type="checkbox"/> Text <input type="checkbox"/> Phone	<input type="checkbox"/> No Answer <input type="checkbox"/> Left Message Machine <input type="checkbox"/> Contact

**Summary of Parent/Guardian Referral:**

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**Summary of Guidance Referral:**

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**Future Action Plan Summary:**

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**CAMS SUICIDE STATUS FORM**

Student: \_\_\_\_\_ Mental Health Consultant: \_\_\_\_\_ Date: \_\_\_\_\_

**Section A: Treatment**

Currently Seeing a Mental Health Professional: Y \_\_\_\_\_ N \_\_\_\_\_

Therapist Name: \_\_\_\_\_

Future Appointment Scheduled: Y \_\_\_\_\_ N \_\_\_\_\_

Does your therapist know about your suicidal thoughts Y \_\_\_\_\_ N \_\_\_\_\_

**Section B: Self Assessment**

Rate and fill out each item according to how you feel right now. Then rank in order of importance 1 to 5 (1 = most important to 5 = least important)

RANK	1) RATE PSYCHOLOGICAL PAIN ( <i>hurt, anguish, or misery in your mind, not stress, not physical pain</i> ): Low pain: 1 2 3 4 5 :High pain What I find most painful is: _____
	2) RATE STRESS ( <i>your general feeling of being pressured or overwhelmed</i> ): Low stress: 1 2 3 4 5 :High stress What I find most stressful is: _____
	3) RATE AGITATION ( <i>emotional urgency; feeling that you need to take action; not irritation; not annoyance</i> ): Low agitation: 1 2 3 4 5 :High agitation I most need to take action when: _____
	4) RATE HOPELESSNESS ( <i>your expectation that things will not get better no matter what you do</i> ): Low hopelessness: 1 2 3 4 5 :High hopelessness I am most hopeless about: _____
	5) RATE SELF-HATE ( <i>your general feeling of disliking yourself; having no self-esteem; having no self-respect</i> ): Low self-hate: 1 2 3 4 5 :High self-hate What I hate most about myself is: _____
N/A	6) OVERALL RISK OF SUICIDE (Self Assessed) Extremely low risk: 1 2 3 4 5 6 7 8 9 10 :Extremely high risk (will not kill self) (will kill self)

Please list your reasons for wanting to live and your reasons for wanting to die. Rank in order of importance 1 to 5.

Rank	Reasons for Living	Rank	Reasons for Dying

I wish to live to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 9 10 : Very much

I wish to die to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 9 10 : Very much

The one thing that would help me no longer to feel suicidal would be:

\_\_\_\_\_

\_\_\_\_\_

**Section C: Mental Health Consultant Assessment:**

Y ___	N ___	<b>Suicide Ideation</b>	Describe:  Active: _____ Passive: _____ Frequency: _____ Duration: _____ Triggers: _____
Y ___	N ___	<b>Suicide Plan</b>	When:
		Where:	
		How:	Access to Means Y ___ N ___
		How:	Access to Means Y ___ N ___
Y ___	N ___	<b>Suicide Preparation</b>	Describe:
Y ___	N ___	<b>Suicide Rehearsal</b>	Describe:
Y ___	N ___	<b>Past suicide attempts</b>	Number of : _____ Date of Last attempt: _____ Treatment: Y ___ N ___ Describe:
Y ___	N ___	<b>Self Injury</b>	Describe:
Y ___	N ___	<b>Substance Abuse</b>	Describe:
Y ___	N ___	<b>Significant Loss</b>	Describe:
Y ___	N ___	<b>Relationship Problems</b>	Describe:
Y ___	N ___	<b>Burden to others</b>	Describe:
Y ___	N ___	<b>Health problems</b>	Describe:
Y ___	N ___	<b>Sleep Problems</b>	Describe:
Y ___	N ___	<b>Legal/Financial Problems</b>	Describe:
Y ___	N ___	<b>Shame</b>	Describe:
Y ___	N ___	<b>Anxiety</b>	Describe:
Y ___	N ___	<b>Social Isolation</b>	Describe:
Y ___	N ___	<b>Aggression/Impulsivity</b>	Describe:
Y ___	N ___	<b>Religious Beliefs</b>	Describe:
Y ___	N ___	<b>Family Support</b>	Describe:
Y ___	N ___	<b>Social Support</b>	Describe:
Y ___	N ___	<b>Pet</b>	Describe:
Y ___	N ___	<b>Ways to cope stress</b>	Describe:

Screening Impressions: \_\_\_\_\_  
\_\_\_\_\_

Mental Health Consultant Name: \_\_\_\_\_  
Mental Health Consultant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUICIDE RISK ASSESSMENT  
Updated 4/21/17  
\*Represents a range of risk levels, not actual  
determinations (Adapted from Suicide Prevention  
Resource Center)

**LOW RISK:**

- Multiple Protective Factors
- Few Risk Factors
- Passive Suicidal Ideation
- No Current Plan/Low or no Intent/Behavior

**MODERATE RISK:**

- Few Protective Factors
- Multiple Risk Factors
- Suicidal Ideation With No/Vague Plan
- Low or Moderate Reported Current Intent/Behavior

**HIGH RISK:**

- Multiple/Severe symptoms of Depression/Multiple Risk Factors
- Acute Precipitating Event
- N or Low Amount of Protective Factors/Protective Factors Not Relevant
- Previous Attempt(s)/Previous Psychiatric Hospitalization
- High Self-Reported Current Intent/Specific Plan Reported/ Means to Carry Out Plan

**CIRCLE ALL RISK AND PROTECTIVE FACTORS THAT APPLY BASED ON INTERVIEW:**

**Risk Factors:**

1. History of suicide attempt(s)
2. History of or current self-injurious behavior
3. Family history of mental illness/suicidal behaviors
4. Hopelessness
5. Anxiety
6. Social isolation/disconnectedness
7. Life-altering stressor/Trauma history
8. Aggression/impulsivity
9. Access to firearms/weapons

**Protective Factors**

1. Religious Beliefs
2. Ability to cope with stress
3. Strong family support
4. Strong social support
5. Beloved pet

Case number: \_\_\_\_\_

Risk level: \_\_\_\_\_

\*SELF-REPORTED CURRENT LEVEL OF INTENT (0 TO 10 SCALE): \_\_\_\_\_

**SCALE OF INTENT SEVERITY:** \_\_\_\_\_

0-3 = No/Low Intent  
4-6 = Moderate Intent  
7-10 = High Intent

# Alta Behavioral Healthcare



## Linkages Program High school

# Mission of Linkages Program

- Teach how untreated depression can lead to suicide
- Teach students to recognize the symptoms of depression and warning signs of suicide
- Teach students how to seek and find help in trusted adults by using the ACT MODEL
- Provide an overview of treatment options that are available for depression by seeking professional help

# Depression and Suicide Risk?

- Although the majority of people who have depression do not die by suicide, having major depression does increase suicide risk compared to people without depression.
- Untreated major depression can lead to suicide
- Recognizing depression symptoms and early intervention can prevent or decrease suicidality

# Why Can It Be So Hard To Discuss This Topic?

Raise your hands and tell us

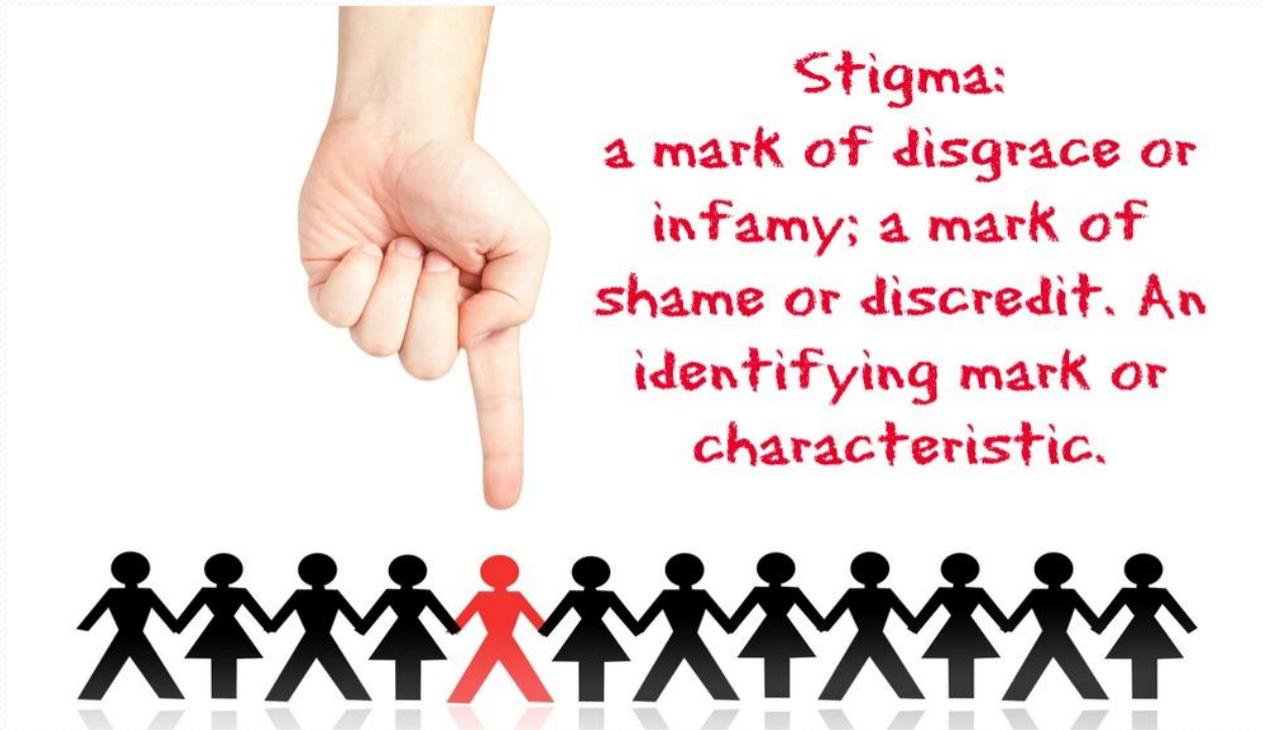


# Talking Depression & Suicide

- Sad topic
- Hard to talk about
- Too personal
- Fear of being judged/labeled
- Myth that talking about suicide will cause it
- STIGMA

# What is Stigma?

- A set of negative and often unfair beliefs that a society or group of people have about something



# Stigma of Mental Illness

4 IN 5

THINK IT IS  
HARDER  
TO ADMIT TO  
HAVING A  
MENTAL  
ILLNESS  
THAN OTHER  
ILLNESS.



ONE

IN

TWO

ARE

FRIGHTENED

BY PEOPLE WITH

MENTAL ILLNESS.

PSYCHO

+

NUTS

+

MENTALLY ILL

+

CRAZY

ARE THE MOST  
COMMON DESCRIPTION  
OF THOSE WITH  
MENTAL ILLNESS.

MENTAL  
ILLNESS

RANKED  
AS THE

TOP

STIGMATIZED  
ILLNESS

A close-up photograph of a person's hands holding a black camera. The camera has a strap and a lens. The person's fingernails are painted red. The background is a textured, light brown surface. Overlaid on the image is a quote in white text.

"No one would ever say that someone with a broken arm or a broken leg is less than a whole person, but people say that or imply that all the time about people with mental illness."

ELYN R. SAKS



# Physical Problem vs. Emotional Problem

<u>BROKEN BONE</u>	<u>EMOTIONAL PROBLEM</u>
Will admit if it occurred	Often denied
Will tell story	Want to keep details private
Easy to talk about	Hard to talk about
No stigma for having	May be stigmatized
Told to get treatment	Told to handle on own

In **2013**  an estimated

**2.6** **MILLION**  
**ADOLESCENTS**

had at least one depressive episode in the past year

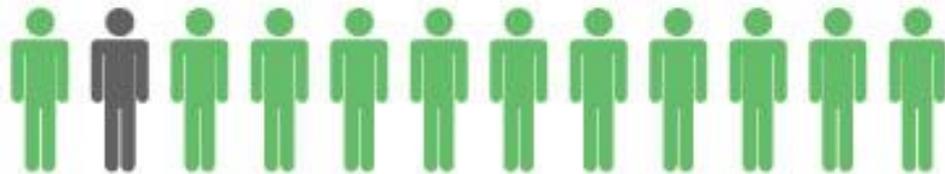
that's  
**10.7%**  
of the entire adolescent population  
of the United States **1 in 10**  
of all  
teens



According to the  
Centers for Disease Control and Prevention

Nearly  
**20%**  
of teens  
seriously consider

suicide **each year**



**1 in 12 each year attempt suicide**

YOU'D  
NEVER SAY,  
"IT'S JUST  
CANCER,  
GET OVER IT."

So why do some say that about depression?

It's all in the head. It's just a bad mood. It's a personal weakness. They're just a few of the common misperceptions about depression. The truth? Depression is a real medical illness that can be as debilitating as other major diseases. Like cancer, it can be fatal. And like diabetes, it's biologically based. But like other life-threatening illnesses, it can be treated. Which means there's real hope for everyone who has it.

**Learn more at [DepressionIsReal.org](http://DepressionIsReal.org)**

American Psychiatric Foundation | Depression and Bipolar Support Alliance | Mental Health America  
National Alliance on Mental Illness | National Medical Association

# Jordan's Story

- During the following video segment you will learn hear Jordan's Story
- Jordan attempted to complete suicide
- Jordan jumped out a nine story building and lived
- Jordan and his family discuss the time leading to his suicide attempt
- Through Jordan's story some of the symptoms of depression will be revealed

# Jordan's Story



**Jordan, survived suicide attempt**

# Symptoms of Adolescent Depression

- Frequent sadness, tearfulness, crying
- Hopelessness
- Decreased interest in activities
- Persistent boredom; low energy
- Social isolation, poor communication
- Low self esteem and guilt
- Extreme sensitivity to rejection or failure
- Increased irritability, anger, or hostility
- Difficulty with relationships
- Frequent complaints of physical illnesses
- Frequent absences from school or poor performance
- Poor concentration
- A major change in eating and/or sleeping patterns
- Talk of Thoughts or expressions of suicide

# Elyssa's Story

- During the following video segment you will learn hear Elyssa's Story
- Elyssa completed suicide
- Elyssa's friends and family discuss the time leading to her suicide
- Through Elyssa's story some of the causes of depression will be revealed

# Elyssa's story



Elyssa's mother

# Risk Factors for Depression

- Stress
- Chemical Imbalance in the Brain
- Family History

# Stress



CAPITAL  
“S”  
Stressors

Little “s”  
Stressors

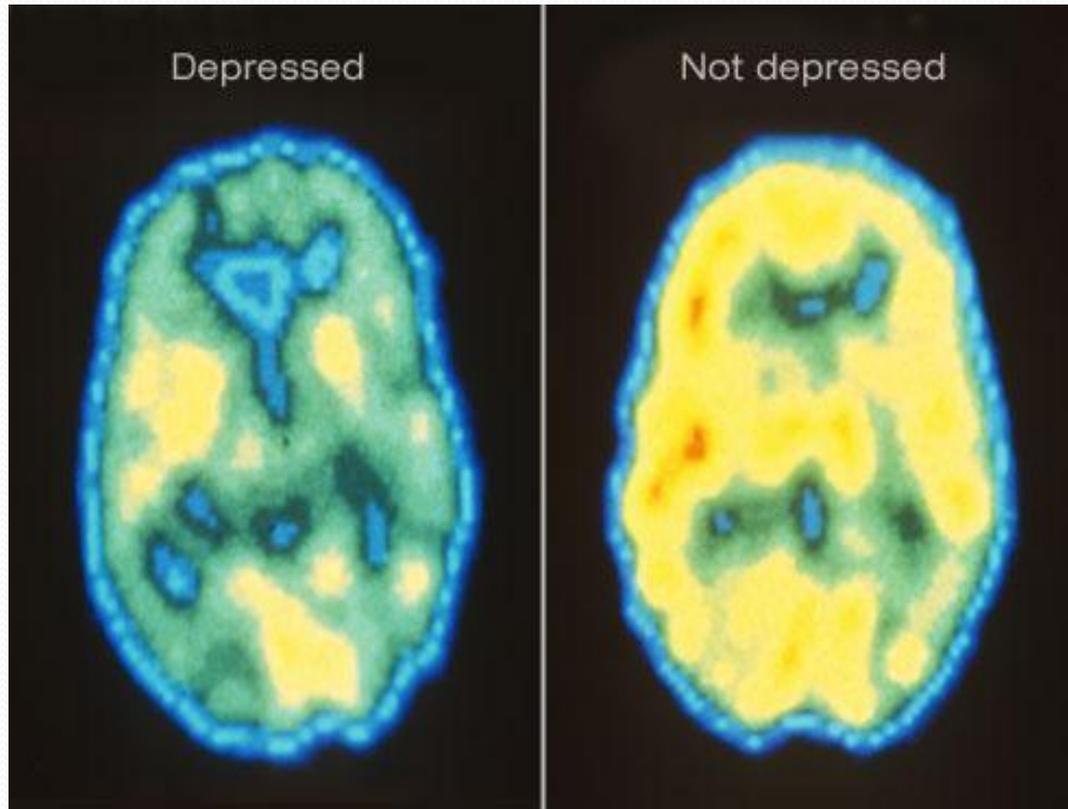
## The Holmes-Rahe Life Stress Inventory

### The Social Readjustment Rating Scale

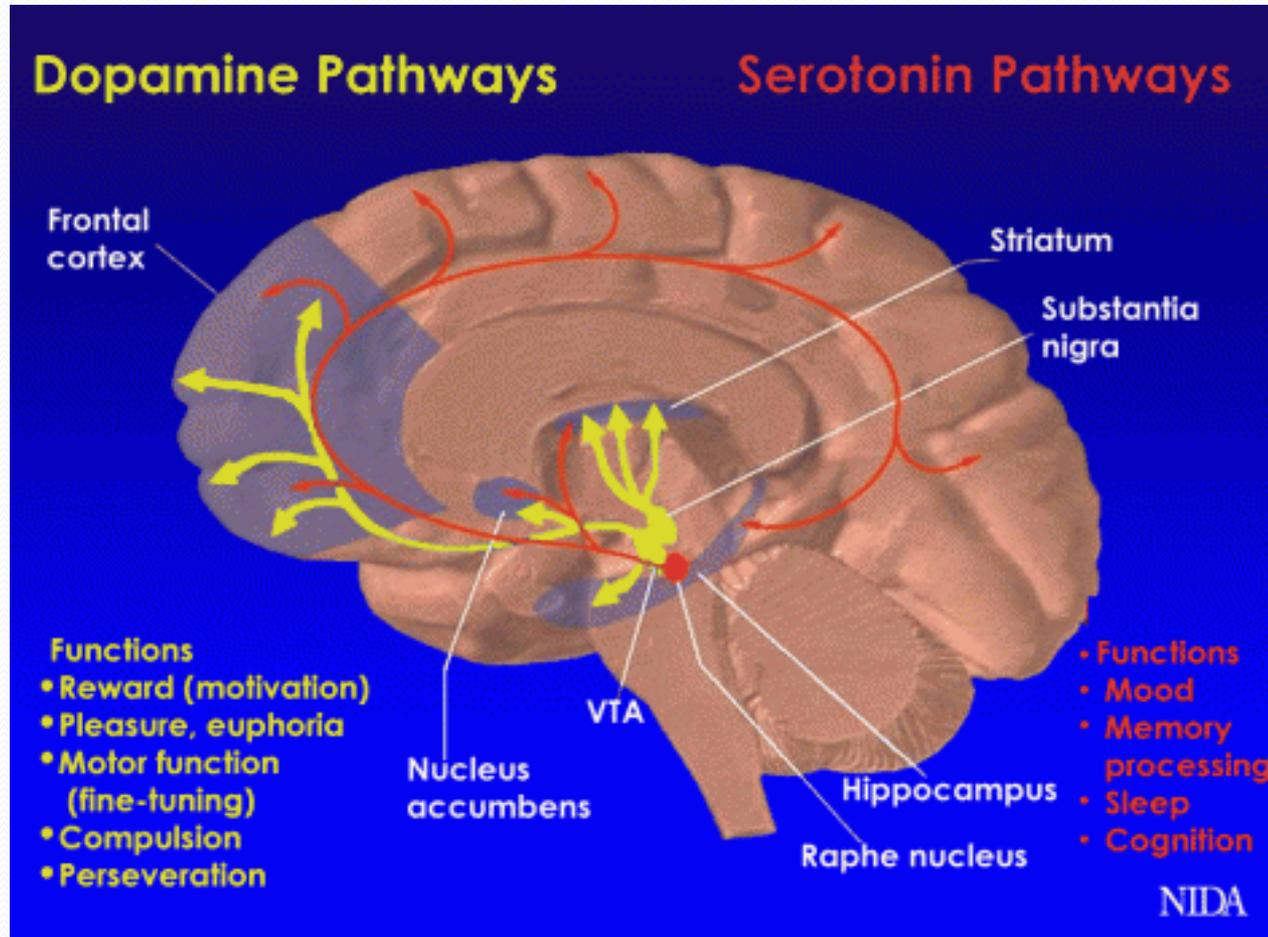
**INSTRUCTIONS:** Mark down the point value of each of these life events that has happened to you during the previous year. Total these associated points.

Life Event	Mean Value
1. Death of spouse	100
2. Divorce	73
3. Marital Separation from mate	65
4. Detention in jail or other institution	63
5. Death of a close family member	63
6. Major personal injury or illness	53
7. Marriage	50
8. Being fired at work	47
9. Marital reconciliation with mate	45
10. Retirement from work	45
11. Major change in the health or behavior of a family member	44
12. Pregnancy	40
13. Sexual Difficulties	39
14. Gaining a new family member (i.e., birth, adoption, older adult moving in, etc)	39
15. Major business readjustment	39
16. Major change in financial state (i.e., a lot worse or better off than usual)	38
17. Death of a close friend	37
18. Changing to a different line of work	36
19. Major change in the number of arguments w/spouse (i.e., either a lot more or a lot less than usual regarding child rearing, personal habits, etc.)	35
20. Taking on a mortgage (for home, business, etc..)	31
21. Foreclosure on a mortgage or loan	30
22. Major change in responsibilities at work (i.e. promotion, demotion, etc.)	29
23. Son or daughter leaving home (marriage, attending college, joined mil.)	29
24. In-law troubles	29
25. Outstanding personal achievement	28
26. Spouse beginning or ceasing work outside the home	26
27. Beginning or ceasing formal schooling	26
28. Major change in living condition (new home, remodeling, deterioration of neighborhood or home etc.)	25
29. Revision of personal habits (dress manners, associations, quitting smoking)	24
30. Troubles with the boss	23
31. Major changes in working hours or conditions	20
32. Changes in residence	20
33. Changing to a new school	20
34. Major change in usual type and/or amount of recreation	19
35. Major change in church activity (i.e., a lot more or less than usual)	19
36. Major change in social activities (clubs, movies,visiting, etc.)	18
37. Taking on a loan (car, tv,freezer,etc)	17
38. Major change in sleeping habits (a lot more or a lot less than usual)	16
39. Major change in number of family get-togethers ("")	15
40. Major change in eating habits (a lot more or less food intake, or very different meal hours or surroundings)	15
41. Vacation	13
42. Major holidays	12
43. Minor violations of the law (traffic tickets, jaywalking, disturbing the peace, etc)	11

# Chemical Imbalance in the Brain



# Chemical Imbalance in the Brain



# Family History

- If one of your parents has had depression you are 50% more likely to have depression.
- If both of your parents have had depression you are 75% more likely to have depression.

# Family History

- Shared brain chemistry as biological parents and shared life stressors.



# Linkages leads to **ACT**ion

- Sometimes it is difficult to know how to react to a friend who may be displaying symptoms of depression and signs of suicide
- We are **NOT** here to teach you to provide treatment for your friends
- We teach you a model called the ACT model
- The video clip will provide an example on how to use the model

# ACT

**A**cknowledge that a friend or classmate has a problem, and that the symptoms are serious.

**C**are: let that friend know they are there for them, and want to help.

**T**ell a trusted adult about their concerns



# ACT Scenario

VIDEO

# Using ACT Model

- What did brother do wrong?
- What did brother do right?

# Negative Coping Skills

- Drugs
- Alcohol
- Self Harm

# Treatment Options

- Counseling – Talk Therapy
- Antidepressants
- Combination – Most Effective



Closing

VIDEO

# Reaching Out

- Connecting to trusted adults in your school or home
- Keep reaching out until you get help you need
- Depression is 100% treatable

# References

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# Questions or Comments

