

## FAQ

*Here are some responses to common questions you may have about “Hey NHS”, “Hey WMS”, and “Hey KMS”. If you have additional questions, please never hesitate to contact us. You can email us at: [howareyou@wellesley.edu](mailto:howareyou@wellesley.edu).*

*You can also call us at: 781-283-2733. Thank you!*

### About the Natick Depression Prevention Initiatives

**1. I don't think my child is depressed. Why should they be involved in this program?**

We are glad to hear that your child is doing well! We hope that by participating in this program, students will be able to better look out for themselves and their peers and know what to do if they suspect someone might be depressed or suicidal. Although your child may be doing well now, as life circumstances change and challenges arise, we want students to be aware of signs and symptoms that may possibly emerge. For many students, this will be the first time they are asked questions regarding their mental health – and we feel that this practice is important for prevention later down the road.

**2. Is this a research study?**

This prevention program is being funded by the MetroWest Health Foundation & the Natick Public Schools. Our goal is to raise awareness in the community about the problem of youth depression and to help teens and families gain access to mental health resources. We will be doing some program evaluation, which means we will be collecting some general information about the number of teens who are depressed, and about how many accessed treatment. However, please note that no identifiable information will ever be shared.

**3. Is this a one-year program or is it a yearly program?**

This program will begin in September of 2016 through the end of the academic year. Follow-up phone calls may be made up to 6 months after the last student has been screened.

**4. Does my child have to participate in both the SOS sessions and the screening?**

No! This is completely up to you and your teen. The SOS Signs of Suicide educational sessions will be held separately from the screenings; both will be conducted throughout this school year. Your teen can participate just in the SOS session, just the screening, or both! If you would like to opt out of either or both programs, please contact Karen Rufo, Natick's Nurse Leader, at [karufo@natickps.org](mailto:karufo@natickps.org).

**5. As a parent/guardian, are there more resources that I can access to learn about depression and suicide?**

Yes! The SOS Signs of Suicide prevention program offers adults access to an online learning resource. If you would like access to this resource, please let us know by emailing us at [howareyou@wellesley.edu](mailto:howareyou@wellesley.edu).

**6. I've heard that suicide can be "contagious" - so isn't talking about it so much potentially a bad thing?**

Many research studies have demonstrated that talking about suicide does **not** increase the likelihood of a teen attempting suicide.

**7. If my child asks why students are being screened, what should I say?**

We encourage you to tell your teen that depression is very common and is nothing to be embarrassed about. Just like teens go to a doctor each year for a check-up to make sure that they are healthy physically, this screening is a way of making sure that teens are healthy emotionally as well. We also want teens to become more aware of the signs and symptoms of depression/suicide so they can look out for themselves and for their friends.

### About the screen...

**8. Where will the screenings happen and how long will they take?**

The screening can take anywhere from 5 to 30 minutes. Screenings will be held in our private offices located at each school, during the regular school day.

**9. Will the screening be recorded?**

*Hey NHS/WMS/KMS is a three-part program to address adolescent depression throughout the Natick Public Schools directed by Tracy Gladstone, Ph.D., associate director, senior research scientist, and director of the Stone Primary Prevention Initiatives at the Wellesley Centers for Women at Wellesley College, assistant in psychology at Boston Children's Hospital, instructor at Harvard Medical School, and research scientist at Judge Baker Children's Center.*

Hey Natick – Hey NHS, Hey WMS, Hey KMS

#### Frequently Asked Questions Factsheet

No, the screening will not be recorded. Your teen's responses to questions will be indicated on a scoring sheet, but no audio recording will occur.

#### **10. Who will be screening my teen?**

Licensed mental health counselors/social workers and trained staff will be screening your teen. If you have any questions or concerns about who will be talking to your child, please do not hesitate to contact Dr. Gladstone at [howareyou@wellesley.edu](mailto:howareyou@wellesley.edu).

#### **11. What kinds of questions will you ask my teen?**

We are going to be asking your teen about down/sad feelings they may be experiencing now or may have experienced in the past. Specifically, we will ask questions about mood, motivation, sleep, engagement with peers, and suicidal thinking. If you would like more information about the specific content of the screening, please contact us at [howareyou@wellesley.edu](mailto:howareyou@wellesley.edu).

#### **12. What if I don't feel comfortable with you talking to my teen, but I do have some concerns about them?**

That is completely fine! Please feel free to contact us regarding any questions or concerns you may have about your teen's mental health. We still would like to offer you resources and support, even if we do not speak directly with your teen.

#### **13. My child is already receiving psychological treatment - do they need to still be screened?**

This is completely up to you. We understand that for some students, a screen may not be appropriate at this time. For others, having your child screened could be a good way to check-in and see how treatment is working for them.

### About confidentiality

#### **14. Will any of my child's information be shared with anyone?**

All information we obtain from this program, including interview materials and questionnaires, will be held in confidence. Data will be kept on secured computers only accessible to program staff at the Wellesley Centers for Women. Neither your name nor any information that could identify you will ever be used in any summaries of our findings. Any articles, talks, or books about this program will present our findings about groups, types, or examples of development and will not identify any individuals who participate in the program.

#### **15. Will this information go into my child's "permanent file" and be shared with colleges?**

Absolutely not. This information will be kept separate from any academic information that would be sent to colleges. Our protocol ensures that Natick Public School staff will remain uninvolved, unless a family explicitly asks us to make school staff aware of their teen's situation.

#### **16. What if I don't want the school getting involved or knowing anything about this?**

That's fine! We do not share conversations we have with you or your teen with the school, unless you explicitly ask us to do so. We do want to make sure that we provide your teen with any resources they need, but we can find those resources without involving the school if that is your preference.

#### **17. Why can't I know what my teen is saying? What if they say something dangerous or about alcohol/drugs/sex?**

It is important to us that teens feel they can speak with us honestly. We keep the conversations confidential in order to help facilitate an honest and open discussion. We worry that if teens know we will tell their parents everything they have said, they may withhold critical information. We have found in the past that even though we tell teens that we will break confidentiality if they tell us something concerning about their safety, they still will report serious issues they may be experiencing. If we discover that your teen is significantly depressed, in danger of being harmed by somebody else, or is at risk for harming themselves or others, we will let them know that we will need to contact you. Similarly, if a student is engaging in behaviors around alcohol or drugs that are endangering themselves or others, we will let the student know that we will be informing their parent/guardian.

#### **18. What will you do with the information collected from this project?**

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## Frequently Asked Questions Factsheet

Throughout this project Dr. Gladstone will collect data in several different forms. The entire program has been reviewed by the Wellesley College Institutional Review Board to ensure that teens and families are protected from the misuse of data. At all the educational sessions (with teens, parents, and school staff), everyone will be asked to complete anonymous questionnaires about what they have learned. No names are associated with these forms, and any data collected may be presented as an indication of how successful the program was in communicating information to the community. Dr. Gladstone also will collect general demographic data when talking with parents and teens. The data she collects here will be identified so that she is able to help with referrals, when needed and also so she is able to follow-up with parents and teens, as needed. It is likely that she will ultimately choose to share aggregate data from the screenings (no identifying information, group data only), so that she can contribute to the literature on large-scale screening efforts with adolescents.

## About the screen outcomes

### **19. I am worried about my teen, but we do not have health insurance that would cover the cost of services if they need them – what should I do?**

We do have resources at the school that do not require insurance for all Natick Public School students to utilize; school social workers are available for your teen. We also can share contact information for two large community practices that accept MassHealth and other state insurances.

### **20. I do not believe that my child needs professional help. Was the screen too sensitive?**

We very much respect that parents/guardians know their teens better than anyone. The screening is not a comprehensive diagnosis; it's just a quick screen that gives us a general idea of how your child is doing. If our screen suggests that your teen is experiencing symptoms of depression, then we suggest that you touch base with someone either in the school or in the community who can provide a more thorough evaluation. We can help you contact your teen's school counselor, or we can help you to contact the Interface program for help with a referral to a provider in the community. Also your child's pediatrician is a valuable resource.

### **21. What is Interface? What do I say to them when I call?**

The William James INTERFACE Referral Service is a phone-based mental health resource and referral service. The service provides free referral support to all Natick residents. INTERFACE is available Monday-Friday, 9am-5pm. When you call, you will be asked to participate in a 15-20 minute intake during which you will be asked questions about your concerns with your teen, your health insurance, your teen and family's availability, and convenient locations to attend a therapeutic appointment. INTERFACE Resource and Referral Counselors will strive to make a match within two weeks, although often are able to provide matches more quickly. During the matching process, INTERFACE counselors contact potential mental health providers and present a brief, confidential overview of the referral. Once INTERFACE has found a clinician who seems like a good fit, the INTERFACE counselor will provide those matches directly to the caller, and will follow-up until the caller is satisfied that appropriate resources have been identified.

### **22. What if I begin to think that my teen is depressed in a couple of months?**

Please feel free to reach out to us. We are happy to screen your teen again or to set you up with INTERFACE and/or the school mental health staff. We will not be following up with teens who initially do not report depressive symptoms, but we are always here to support them if things change.