

# High School Parent Overview

## H.E.L.P. (Help Every Living Person)

### Creating Resilient Teens



#### MISSION

Lewisville ISD will utilize a research-based classroom curriculum to increase awareness of teen depression and anxiety among middle school students. Our mission is to empower students to comfortably and confidently seek help for friends or themselves who may be depressed or suicidal.

#### VISION

Lewisville ISD envisions a district where our students are nurtured and supported, where stakeholders are aware of risk factors of suicide, and know how to actively seek help from accessible, effective school and community resources.

#### TEENAGE SUICIDE STATISTICS: 2013 TEXAS HIGH SCHOOL STUDENTS

- ◆ SECOND LEADING CAUSE OF DEATH IN 15-24 AGE GROUP
- ◆ FELT SAD & HOPELESS: 28.3%
- ◆ SERIOUSLY CONTEMPLATED SUICIDE: 16.7%
- ◆ MADE A PLAN ABOUT HOW THEY WOULD ATTEMPT: 15.6%
- ◆ MADE A SUICIDE ATTEMPT: 10.1%
- ◆ MADE AN ATTEMPT THAT RESULTED IN AN INJURY: 3.5%

**DURING 2013-2014, THERE WERE OVER 400 SUICIDAL OUTCRIES ON LISD MIDDLE SCHOOL AND HIGH SCHOOL CAMPUSES.**

#### PARENT FYI

- House Bill 1386 focuses on Early Mental Health Intervention for all Texas secondary students. Best practices include a student education component as a tool for suicide prevention.
- ALL LISD high school campuses will utilize the H.E.L.P. curriculum.
- **An overview materials is available for preview on the Guidance & Counseling website at [bit.ly/LISD-Prevention](http://bit.ly/LISD-Prevention). To view the complete curriculum, contact your campus counselor.**
- Four lessons:
  - Lesson 1: Stress & Depression
  - Lesson 2: Warning Signs/Causes of Suicidal Behaviors
  - Lesson 3: Suicide Intervention Skills
  - Lesson 4: Suicide Intervention Skills Practice/Role-Plays
- Objectives
  - Define the symptoms of depression and stress
  - Identify the benefits of healthy coping strategies and treatment of depression
  - Recognize the warning signs for suicide
  - Identify resources for help at school and in the community

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If you DO NOT want your child to participate in H.E.L.P., please return this form to your child's counselor no later than **(date to be determined by campus principal)**.

Student Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_