

**Mental
health
matters**



KETTERING CITY SCHOOLS FAMILY RESOURCES

MENTAL HEALTH GUIDEBOOK

IGNITE STRENGTH. SOAR TOGETHER.

SCAN FOR MORE RESOURCES



IF YOU'RE HAVING A MEDICAL EMERGENCY: DIAL **911**

NATIONAL SUICIDE AND CRISIS LIFELINE: DIAL **988**

WE'RE HERE TO SUPPORT YOU. FIND YOUR COUNSELOR:

| Building & Location | Unit | Counselor | Student Grade | Student Last Name | Ext |
|--------------------------------|-----------------------|---|----------------------|--------------------------|--------------|
| FHS - East | Central & East All | Victor Colón CTC (Biotech, CE, & Construction Jr's) | 11-12 All | A-K All | 937-499-1612 |
| FHS - East | West & South All | Dani Phillips CTC (Fire, Business Academy, & IT Jr's) | 11-12 All | L-Z All | 937-499-1613 |
| FHS - Central | Central & East | Spencer Brown (MVYC Contact & KAP STARS) | 9 | A-K | 937-499-1617 |
| FHS - Central | Central & East | Tara Shirk (KAP CBI) | 10 | A-K | 937-499-1615 |
| FHS - West | South & West | Matt Kesner (ED Unit & Grade 14) | 10 | L-Z | 937-499-1618 |
| FHS - West | South & West | Kelsey Perinovic (KAP 8.5 & 9.5) | 9 | L-Z | 937-499-1614 |
| FHS - CTC | All | Randi Mohler | 11-12 | All Career Tech | 937-499-1616 |
| KMS | North | Myrna Hernandez Washington | 8 | | 937-499-1557 |
| KMS | South | Kelly Zecchini | 7 | | 937-499-1559 |
| KMS | Central | Susie Moses | 6 | | 937-499-1561 |
| VB | | Julie Dennis (A-L) | | | 937-499-1808 |
| VB | | Karen Inbody (M-Z) | | | 937-499-1807 |
| BT | | Amanda Baran | | | 937-499-1748 |
| GMT | | Jodee Ball | | | 937-499-1856 |
| IR | | Ashley Elrod | | | 937-499-1725 |
| JFK | | Tracey Nissen | | | 937-499-1835 |
| OV | | Sara Boesenberg | | | 937-499-1875 |
| OP | | Abigail Hoggatt | | | 937-499-1914 |
| JEP | | Crisinda Tackett | | | 937-499-1784 |
| SD | | Michelle Wise | | | 937-499-1894 |



@HopeSquadFHS

WHAT IS HOPE SQUAD?

Hope Squad is a school-based suicide prevention and mental health awareness group. Students are nominated to Hope Squad by their peers who see the Hope Squad students as trustworthy classmates who will be willing to help connect students with each other and to mental health resources.

The Kettering Hope Squads work to do the following:

- create a safe school environment
- promote connectedness
- support anti-bullying
- encourage mental wellness
- reduce mental health stigma
- prevent substance misuse

Hope Squad members are trained to learn the signs of suicide, and how to effectively help a peer in need. Hope Squad members are not counselors or therapists; instead, they provide hope and support to their peers and know how to refer those at risk to the resources and people that can help them. The Hope Squads at Fairmont, Kettering Middle School and Van Buren Middle School host and attend community events to help spread mental health awareness.

OUR MISSION

- Hope Squad works to reduce the stigma surrounding mental health in the Kettering City Schools and in our greater community.
- We are dedicated to maintaining confidentiality and following referral protocols if we learn that a peer is in danger.
- We strive to provide resources and educational opportunities to ensure our community has knowledge about the factors that impact youth mental health and the skills to support our youth.
- We are driven to create a network of support in Kettering so that each member of our Firebird family has access to the resources needed to find hope on their toughest days.

| Kettering Middle School Hope Squad Advisors | Van Buren Middle School Hope Squad Advisors |
|--|--|
| Melanie Byers - 6th Grade ~ Central Room 206 Craig Byer - 7th Grade ~ South Room 310 Trish Himes - 8th Grade ~ North Room 118 | Hannah Etherton - 6th Grade ~ Room 118 Jill Strickland - 7th Grade ~ Room 126 Debbie Vaughn - 8th Grade ~ Room 204 |
| Fairmont High School Hope Squad Advisors 2023-24 | |
| Andy Aracri - West Unit ~ Room 721 Noah Buell - West Unit ~ Room 337 Norm Dupler - West Unit ~ Room 328 David Fauber - East Unit ~ Room 126 | Karrie Mires - East Unit ~ Room 130 Kelsey Perinovic - West Unit ~ Counselor's Office Dani Phillips - East Unit ~ Counselor's Office Jessica Stickel - East Unit ~ Room 120 |

IMPORTANT COMMUNITY CONTACTS

Kettering Police Department - 937-296-2555

Drug and Poison Control: 1-800-222-1222

National Suicide Prevention Line: 988 (call or text)

Crisis Text Line-Text CONNECT to 741741

Miami Valley Warmline for Mental Health: 937-528-7777

Kettering Safe Schools Line: 937-643-4444

Community Crisis Lines

Dayton Children's Behavioral Crisis Center - 937-641-4480

Psychiatric Intake Response Center for Children/

Adolescents PIRC - (513) 636-4124

United Way 211 or 513-721-7900

When in doubt call 911

Find a Mental Health Professional

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Which mental health professional is right for you?

There are many types of mental health professionals. Finding the right one for you may require some research. Below is a listing of types of mental health treatment professionals to help you understand the differences between the services they provide.

The following mental health professionals can provide psychological assessments and therapy; however, cannot generally prescribe medications (although some states will allow it):

- **Clinical Psychologist** – A psychologist with a doctoral degree in psychology from an accredited/designated program in psychology. Psychologists are trained to make diagnoses and provide individual and group therapy.
 - **School Psychologist** – A psychologist with an advanced degree in psychology from an accredited/designated program in School Psychology. School Psychologists are trained to make diagnoses, provide individual and group therapy, and work with school staff to maximize efficiency in the schools setting.
-

The following mental health professionals can provide counseling and with proper training, assessments; however, cannot prescribe medication:

- **Clinical Social Worker** – A counselor with a master's degree in social work from an accredited graduate program. Trained to make diagnoses, provide individual and group counseling, and provide case management and advocacy; usually found in the hospital setting.
- **Licensed Professional Counselor** – A counselor with a master's degree in psychology, counseling or a related field. Trained to diagnose and provide individual and group counseling.
- **Mental Health Counselor** – A counselor with a master's degree and several years of supervised clinical work experience. Trained to diagnose and provide individual and group counseling.

- **Certified Alcohol and Drug Abuse Counselor** – Counselor with specific clinical training in alcohol and drug abuse. Trained to diagnose and provide individual and group counseling.
 - **Nurse Psychotherapist** – registered nurse who is trained in the practice of psychiatric and mental health nursing. Trained to diagnose and provide individual and group counseling.
 - **Marital and Family Therapist** – counselor with a master’s degree, with special education and training in marital and family therapy. Trained to diagnose and provide individual and group counseling.
 - **Pastoral Counselor** – clergy with training in clinical pastoral education. Trained to diagnose and provide individual and group counseling.
 - **Peer Specialist** – counselor with lived experience with mental health or substance use conditions. Assists clients with recovery by recognizing and developing strengths, and setting goals. Many peer support programs require several hours of training.
 - **Other Therapists** – therapist with an advance degree trained in specialized forms of therapy. Examples include art therapist, music therapist.
-

The following mental health professionals can prescribe medication; however, they may not provide therapy:

- **Psychiatrist** – A medical doctor with special training in the diagnosis and treatment of mental and emotional illnesses. A psychiatrist can prescribe medication, but they often do not counsel patients.
- **Child/Adolescent Psychiatrist** – A medical doctor with special training in the diagnosis and treatment of emotional and behavioral problems in children. Child and Adolescent psychiatrists can also prescribe medication; however, they may not provide psychotherapy.
- **Psychiatric or Mental Health Nurse Practitioner** – A registered nurse practitioner with a graduate degree and specialized training in the diagnosis and treatment of mental and emotional illness.

Additionally, your Primary Care Physician, Physician’s Assistant or Nurse Practitioner (depending on your state) are often qualified to provide medication.

You've Made The Call To The Mental Health Professional. Now What?

Spend a few minutes talking with him or her on the phone, ask about their approach to working with patients, their philosophy, whether or not they have a specialty or concentration (some psychologists for instance specialize in family counseling, or child counseling, while others specialize in divorce or coping with the loss of a loved one.) If you feel comfortable talking to the counselor or doctor, the next step is to make an appointment.

On your first visit, the counselor or the doctor will want to get to know you and why you called him or her. The counselor will want to know-- what you think the problem is, about your life, what you do, where you live, with whom you live. It is also common to be asked about your family and friends. This information helps the professional to assess your situation and develop a plan for treatment.

If you don't feel comfortable with the professional after the first, or even several visits, talk about your feelings at your next meeting; don't be afraid to contact another counselor.

Feeling comfortable with the professional you choose is very important to the success of your treatment.

12 Things Parents Can Do to Help Prevent Suicide

The following information is provided by the American Academy of Pediatrics (Copyright © 2022)

As children grow into pre-teens and teenagers, it becomes more challenging for parents to know what they are thinking and feeling. When do the normal ups and downs of adolescence become something to worry about?

Parents and family members can help pre-teens and teens cope when life feels too difficult to bear. Learn about the factors that can increase your child's risks for suicide and explore the 12 suggestions below. These steps can help you feel better prepared to offer the caring, non-judgmental support your child needs.

1. If you see signs that your child's mental health is under threat, tune in.

Maybe your child is just having a bad day, but when signs of mental health troubles last for weeks, don't assume it's just a passing mood. Studies show that 9 of 10 teens who took their own lives were struggling with mental health conditions such as anxiety. But keep in mind:

- Teens who haven't been diagnosed with any mental health condition may still be at risk. In part, this is because it can be hard to pinpoint mental health issues at early ages.
- Many teens who attempt suicide do not have underlying mental health issues, but in most cases, they will give signs that they're considering ending their own lives.

Your goal should be to remain calm, alert and ready to speak with your teen. Don't wait for them to come to you. You might start by saying, *"You seem sad. I'm open to talking about this, because I love you and I care what happens to you."* Here are more tips for opening mental health conversations with your child.

2. Listen—even when your child is not talking.

Don't be surprised if your teen turns away when you first raise the subject of mental health or suicide. Keep in mind that, even if your child is silent at first, actions may speak even more loudly than words.

Watch for major changes in your child's sleep patterns, appetite, and social activities. Self-isolation, especially for kids who usually enjoy hanging out with friends or playing sports, can signal serious difficulties. If your child is struggling more than usual with schoolwork, chores and other responsibilities, these are additional signs you shouldn't ignore.

3. Realize that your child might be facing suicide risks you haven't considered yet.

Many parents wonder: Could this really happen to my child? Unfortunately, the answer is yes. Young people of all races, ethnicities, gender identities, sexual orientations, income levels,

and community backgrounds die by suicide every year. In fact, suicide is the second leading cause of death among young people 10 to 24 years old.

Here are some things that can cause young people to think about ending their lives:

- Loss of a loved one to death, divorce, deployment, deportation or incarceration
- Bullying (in person or online)
- Discrimination, rejection or hostility due to gender identity or sexual orientation
- Racism, discrimination and related inequities and stressors
- Family history of suicide or mental health difficulties
- Stigma (the belief that it's wrong or shameful to talk about mental health or suicide)
- Easy access to firearms or other life-threatening tools and substances
- Witnessing or suffering violence or domestic abuse
- Financial instability that causes worry and insecurity
- Suicide in their school or friend group

Get more perspective on your child's specific risks here.

4. Try not to dismiss what you're seeing as "teenage drama."

Never assume your child is exaggerating or playing games if they say or write:

- *"I want to die."*
- *"I don't care anymore."*
- *"Nothing matters."*
- *"I wonder how many people would come to my funeral?"*
- *"Sometimes I wish I could just go to sleep and never wake up."*
- *"Everyone would be better off without me."*
- *"You won't have to worry about me much longer."*

Many kids who attempt suicide will tell their parents ahead of time (though others do not). These words indicate an urgent need for help.

Don't risk being wrong about this. Take every statement about suicide seriously.

5. Respond with empathy and understanding.

When your child talks or writes about suicide, you may feel shocked, hurt, or angry. You may even want to deny what you're seeing or argue with your child. These feelings are natural and valid, but it's essential to focus on your child's needs first and foremost. Your goal is to create a safe space where your teen can trust you to listen and express concern, but without judgment or blame.

Instead of reacting this way:

- *"That's a ridiculous thing to say."*
- *"You have a great life - why would you end it?"*
- *"You don't mean that."*
- *"I can't believe what I'm hearing!"*

Manage your own feelings so you can respond with empathy:

- *"It sounds like you're in tremendous pain and you can't see a way out."*
- *"Maybe you're wondering how life got this complicated and difficult."*
- *"Right now, you're not sure of the answers to the problems you're facing."*
- *"You must really, really be hurting inside to consider ending your life."*

6. Get professional help right away.

If your teen is self-harming, or you sense they're at risk for attempting suicide, take them to the emergency department of your local hospital. Fast action is crucial when things have reached a crisis point.

If you see signs of suicidal thoughts but don't sense an immediate crisis, you still need to take action. Reach out to your pediatrician or local mental health providers who treat children and teens. Explain what you're seeing and hearing and schedule a mental health evaluation.

Health care providers can help you and your teen create a safety plan that covers:

- Warning signs or triggers your teen feels will lead to suicidal thoughts
- Possible steps to help them cope when they feel triggered
- Sources of support: family, friends, teachers, mentors and others
- Emergency contacts and steps to take if things get worse

7. Remove or secure guns you have at home. Do the same with other lethal tools and substances.

Half of youth suicides occur with firearms—and suicide attempts with firearms are almost always fatal. By far, the safest option is to remove guns and ammunition from your home while your teen is struggling with thoughts of suicide. Many families turn guns over to relatives or other trusted individuals to help safeguard their teen during a vulnerable time.

Safe home storage is the second-best option. Locking and unloading all guns, with ammunition stored and locked in a separate space, does reduce the risk of tragedy – but only if your teen doesn't know the combination to the lock or where the key is hidden. Disassembling guns and storing the components separately and locked is another option.

Of course, guns are not the only means of suicide your child might seek out. Prescription medications and over-the-counter drugs can pose hazards during a suicidal crisis. Families should keep medications locked away and, whenever possible, reduce the volume of medications on hand. Also consider buying over-the-counter medications in blister packs instead of bottles, to slow down access to pills.

Other potentially lethal tools and substances you should consider locking away include:

- Alcohol
- Illicit drugs
- Household cleaners and other poisonous products
- Canned dusting products
- Inhalants

- Antifreeze
- Knives, razors, or other weapons
- Ropes, belts, or plastic bags

The work of removing or locking up these objects and substances may seem daunting, but your child's safety is at stake. Suicide attempts are often impulsive, and a moment of crisis can escalate very quickly. Making sure your teen cannot lay hands on lethal means at the wrong time is critical.

8. As your child enters treatment, focus on creating hope.

Your child's care team will likely recommend a combination of steps to reduce mental health symptoms and thoughts of suicide. Medications, talk therapy, and stress-reducing techniques such as yoga, meditation or journaling may be part of the plan.

Provide realistic reassurance for your child along the way. Remind them (and yourself) that difficult times don't last forever. People do feel better when they receive effective treatment and support.

If your child expresses feelings of stigma or shame, you can remind them that 1 in 5 people have mental health symptoms at some point in their lives. Mental health is part of total health—and seeking help is a sign of self-respect and maturity.

9. Encourage them to see family and friends.

Your child may feel reluctant to spend time with other people, but you can explain that social support will help them feel better. Though more quiet time might be needed at first, gentle encouragement to hang out with family, friends and neighbors will be helpful. Avoid power struggles around specific events or invitations, since your goal is to respect your child's needs and minimize stress.

10. Suggest exercise.

Physical activity eases mental health symptoms and supports your child's wellness plan. Whether it's getting outside to take a daily walk, a gym workout, an online exercise class or something else, exercise will:

- Elevate your teen's mood by stimulating the production of endorphins (natural substances in the brain and body that help balance out stress and manage pain).
- Support higher levels of serotonin, another brain-body substance that leads to positive moods and restful sleep.

Experts recommend working out 30 to 40 minutes between 2 and 5 times per week. Any form of exercise is fine. What matters most is that your teen enjoys this activity and feels motivated to do it regularly.

11. Encourage balance and moderation.

Teens in crisis need to go easy on themselves. This means adopting a realistic pace and avoiding experiences that could prove overwhelming.

Reassure your teen that self-care is never a sign of weakness. Everything we do in life is affected by our health, so giving ourselves time to heal is essential. Big tasks can be divided into smaller, more manageable ones, and gradually, as your child's confidence and strength grows, they'll feel ready to take on more.

12. Remind each other that this will take time.

You and your child will benefit from knowing that progress will come at its own pace. Setbacks may happen—they're part of the healing process, too. Encourage your child to be patient and self-forgiving. They've been through a lot, but with the right care and support, you will both see improvement.

Remember:

If your child is considering suicide, call or text 988 or chat on 988lifeline.org right away. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones.

Ask your teen's care team for other resources you should know about. The National Alliance on Mental Illness has great information.

Parents of LGBTQ2S+ children can visit the Trevor Project website for focused resources. Parents and teens facing racial stress can benefit from these strategies and tools offered by the American Psychological Association.

You can also visit the American Academy of Pediatrics Blueprint for Youth Suicide Prevention for information about ways to prevent suicide in your community or school.

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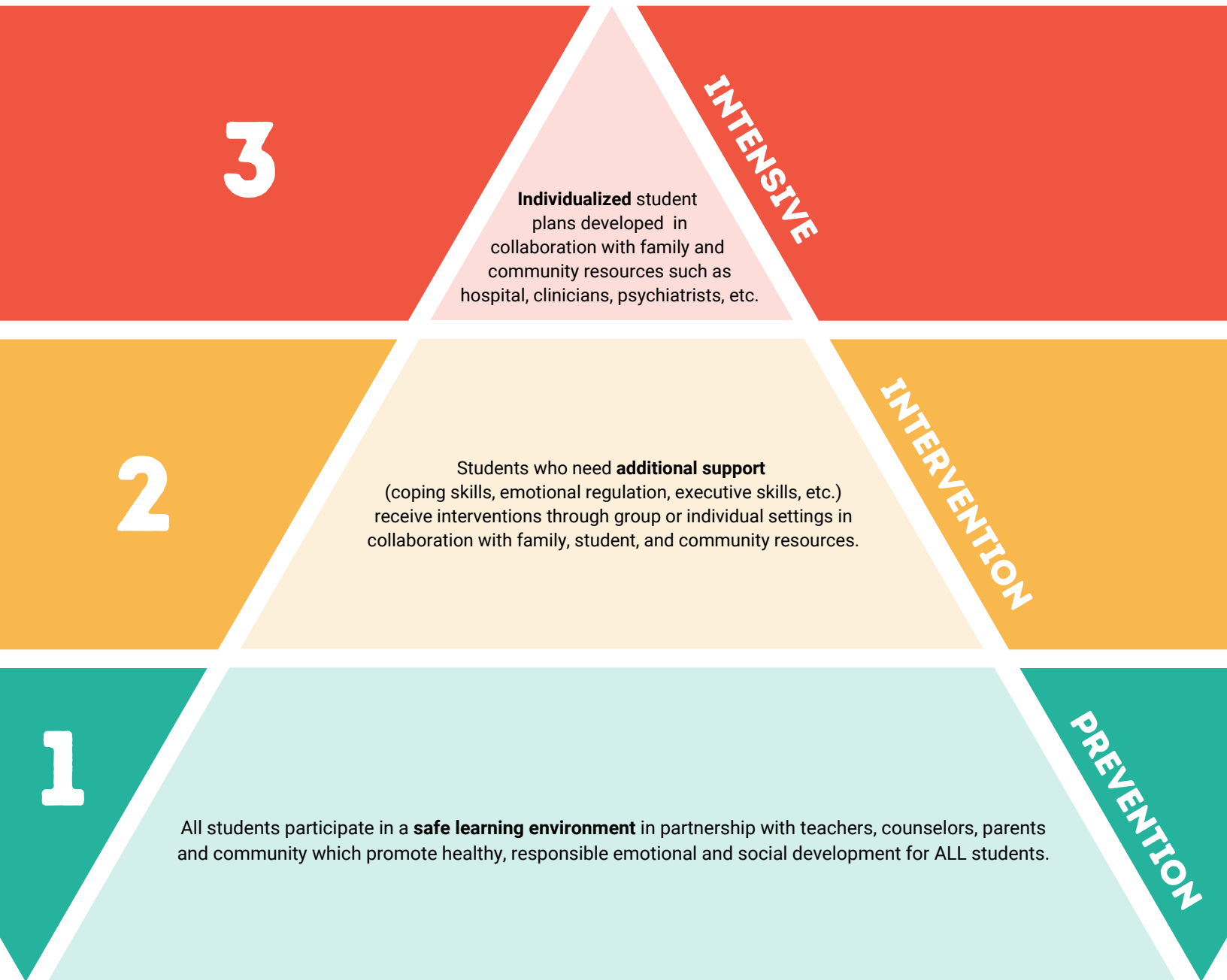
Source: American Academy of Pediatrics (Copyright © 2022)

The information contained in this article should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Learn more at [healthychildren.org](https://www.healthychildren.org)

KETTERING CITY SCHOOLS
MTSS FRAMEWORK
K-12 STUDENT WELLNESS

At KCS, fostering student wellness lies at the heart of our dedication. We wholeheartedly commit to offering a comprehensive range of resources and services, tailored to meet the unique needs of every student, empowering them to thrive and reach their fullest potential. Our unwavering mission revolves around nurturing the whole child, inspiring growth, and cultivating a thriving community where success and goal achievement become a reality.



You make it possible to help children realize academic success and holistic wellness.

Questions? Contact your school counselor for more information.

DAYTON CHILDRENS | COMMUNITY RESOURCE HUB

Health goes beyond medical care. The Community Resource Hub connects you to community services and resources to help your family reach optimal health. Find local services and resources such as health care, job training, food, housing and more. Many of the services and programs are free or reduced cost, and some have eligibility criteria.

SCAN QR CODE AND CLICK

FIND HELP: DAYTON CHILDREN'S RESOURCES

TO VISIT RESOURCE HUB



Youth Suicide Facts

- Suicide ranks as the second leading cause of death for young people ages 15-24.
- Research has shown that the access to and availability of firearms is a significant factor in the increase of youth suicide.
- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined.
- Depression is the most treatable mental illness.
- Of youth who meet the criteria for mental illness, 80% are not diagnosed or receiving services.

Symptoms of Clinical Depression in Teens

Looking for the prevalence of 3-5 and occurring for at least 2 weeks:

- Sadness
- Lack of motivation
- Withdrawal from family and friends
- Feelings of hopelessness or desperation
- Loss of interest or pleasure in usual activities
- Extreme anxiety, agitation, or enraged behavior
- Irritability
- Overreaction
- Change in sleeping and/or eating patterns
- Lack of concentration
- Thoughts of death, suicide, or wishes to be dead
- Excessive drug and/or alcohol use or abuse
- Physical complaints
- Neglect of physical health
- Chronic fatigue Problems with authority
- Diminished ability to think or concentrate, slowed thinking, or indecisiveness
- Depressed mood (sad, down, grouchy, or irritable)
- Feelings of worthlessness, self-reproach, or guilt
- Speaking and/or moving with unusual speed or slowness.

Source: SOS Signs of Suicide Prevention Program, National Center for School Mental Health

Myths of Suicide

MYTH: Talking about suicide may give someone the idea.

FACT: Bringing up the subject of suicide and discussing it openly provides an opportunity to talk about unspoken feelings and is one of the most helpful things you can do.

MYTH: It's normal for teenagers to be moody; teens don't suffer from "real" depression.

FACT: Depression can affect people at any age or of any race, ethnicity, or economic group.

MYTH: There's nothing anyone can do to help.

FACT: Depression is not a weakness, but a serious health disorder. Both young people and adults who are depressed need professional treatment. For many people a combination of psychotherapy and medication is beneficial.

MYTH: People who talk about suicide won't really do it.

FACT: No matter how casually or jokingly said, statements about suicide may indicate serious suicidal feelings. Almost everyone who dies by suicide has given some clue or warning. Do not ignore suicide threats.

MYTH: Anyone who tries to kill themselves must be crazy.

FACT: Suicidal people may be upset, grief-stricken, depressed, or despairing. Extreme distress and emotional pain are not necessarily signs of mental illness.

MYTH: If a person is determined to kill themselves, nothing is going to stop them.

FACT: Most suicidal people do not want death; they want the pain to stop.

MYTH: Depression is the only mental health problem connected to suicide.

FACT: While depression is strongly connected to youth suicide, other mental health concerns are important too. Substance use problems are a major predictor for suicide. If a young person is using alcohol or drugs to deal with negative feelings, they are at increased risk. Some young people use non-suicidal self-injury (hurt themselves on purpose) to deal with negative feelings. While these injuries are not generally about suicide, students who self-injure are at increased risk. Early intervention and treatment for all mental health concerns are the best protections for suicide risk.