



SOS Signs of Suicide®

*An Evidence-based Suicide
Prevention Program for
Secondary School Students*

*“One young person contemplating
suicide grips our hearts. Nine hundred
thousand young people contemplating
suicide grips our collective conscious.”*

-Charles Curie, Administrator,
Substance Abuse and Mental Health Services Administration

Prevalence of Suicide and Related Phenomena Among Youth

- 29% felt so sad or hopeless almost every day for two weeks+ that they stopped doing some usual activities
- 17% seriously considered attempting suicide
- 17% made a suicide plan
- 9% attempted suicide
- Of those that made an attempt, more than 3% required medical attention

- CDC YRBS, 2003

Risk Factors

- The strongest risk factors for suicide in youth are **depression, substance abuse and aggressive behavior.**

-National Institute for Mental Health, *In Harms Way*, 2003

- Clinically depressed adolescents are **5 times more likely to attempt suicide** than their non-depressed peers.

-*Mental Health: A Report of the Surgeon General*

- **Over 90 percent of children and adolescents who die by suicide have a mental disorder before their death.**

-*Shaffer & Craft, 1999*

Depression and Youth

- Approx. **5%** of children and adolescents in the general population suffer from **depression**

-American Academy of Child and Adolescent Psychiatry, 2004

- In children and adolescents, an **untreated** depressive episode may last **between 7 to 9 months**

-Birmaher et al., 1996a, 1996b

- Depression has been linked to **suicide, poor school performance, substance abuse, running away, and feelings of worthlessness and hopelessness**

-National Institute for Mental Health, 2005

Suicidality and Substance Abuse

- Youths aged 12 to 17 who reported past year **alcohol use** (19.6 percent) were more likely than youths who did not use alcohol (8.6 percent) to be at risk for **suicide**.

-SAMHSA. NHSDA Report: Substance Use and the Risk of Suicide Among Youth, 2002

- **1/3-1/2** of teenagers were under the **influence of drugs or alcohol** shortly before they killed themselves.

- National Strategy for Suicide Prevention, DHHS

Signs of Suicide

- Talking, reading, or writing about suicide or death, includes **online communications**
- Talking about **feeling worthless or hopeless**
- Saying things like, “I’m going to kill myself,” “I wish I were dead,” or “I shouldn’t have been born”
- Visiting or calling people to **say goodbye**
- **Giving things away**
- A sudden interest in drinking **alcohol**
- Purposely putting oneself in **danger**
- Obsessed with **death, violence, and guns or knives**
- Previous suicidal thoughts or **suicide attempts**
- <http://pbskids.org/itsmylife>

Overview of the SOS Program

The SOS Strategy and Four-Pronged Safety Net

Used by more than 2500 schools nationwide

Developed and sponsored by the:

American Academy of Child and Adolescent Psychiatry
American Academy of Nurse Practitioners
American Association for Marriage and Family Therapy
American Counseling Association
American School Counselor Association
American School Health Association
National Association of School Nurses
National Association of School Psychologists
National Association of Secondary School Principals
National Association of Social Workers
National Association of Student Councils
National Education Association Health Information Network
National Student Assistance Association
National Peer Helpers Association
School Social Work Association of America
United Educators Insurance

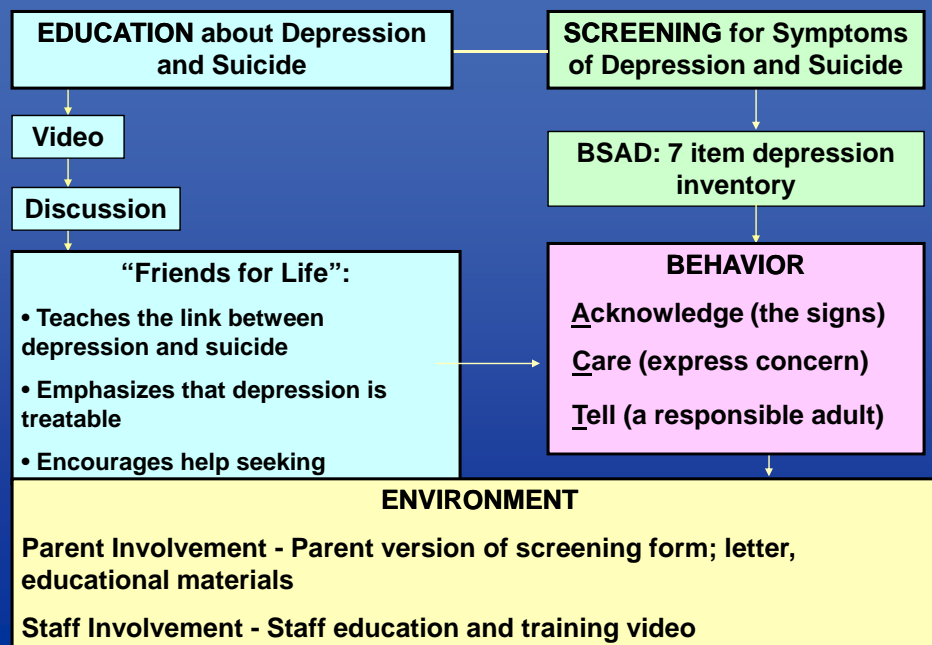
SOS Goals

- ✓ **Decrease the incidence of self-injury, suicide attempts, untreated depression, and the number of youth who die by suicide**
- ✓ **Increase knowledge and adaptive attitudes about depression and suicide and how they are related**
- ✓ **Encourage individual help-seeking**
- ✓ **Link suicide and self-injury to mental illness that, like physical illnesses, requires treatment**
- ✓ **Address risk factors for self-injury and suicide**

SOS Goals (continued)

- ✓ Engage parents and school staff as partners in prevention
- ✓ Reduce stigma associated with mental health problems by integrating as topics for discussion in the health curriculum as conditions that are responsive to treatment
- ✓ Increase self-efficacy and access to mental health services for at-risk youth and their families
- ✓ Encourage schools to form community-based partnerships

4-Pronged Strategy for Suicide Prevention



**SOS is the only school based program
to...**

✓ **Show a reduction in suicide attempts in a
randomized-controlled study**

American Journal of Public Health, March, 2004

✓ **Be selected by SAMHSA for its National
Registry of Evidence-Based Programs and
Practices**

www.samhsa.gov

**SOS has also documented dramatic
Increases in help-seeking**

Adolescent and Family Health, 2003

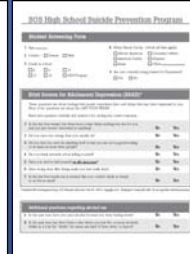
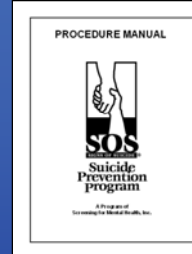
Implementation Overview

- **School personnel** implement the program with materials provided by SMH: School Psychologists, Health Educators, School Nurses, School Counselors, Student Assistance Professionals
- Usually implemented in **one classroom period**:
 - Students **view and discuss video** in classroom
 - Students **complete screening form** in classroom
- **Entire student body or a select portion** of student body may be screened (i.e. freshman) depending on the school's resources
- Screenings may be taken **with or without identification**
- Parent version of screening forms and information provided; assists in the identification of depression and suicidality and **helps initiate family discussion**
- **Passive or active parental permission**

Program Components

Each school receives:

- Staff Training Video and Implementation Manual
- Video and discussion guide
- Depression Screening Forms (English and Spanish)
- Parent educational and screening materials (English and Spanish)
- Customizable posters and wallet cards
- Educational Brochures
- Postvention Guidelines
- Self-injury Resources



Staff Training

- Schools must prepare all staff, as **students may disclose to any adult.**
- Increase school staff's knowledge about:
 - SOS program: Why, when, where, how
 - Warning signs and protective factors
 - School-and community based mental health resources
 - School protocol for providing help for at-risk youth

Parents/Guardians as Partners in Prevention

- Studies have shown that as many as 86% of parents were unaware of their child's suicidal behavior.

-Doan, et al, 2003

Parents/Guardians as Partners in Prevention

- By raising parental awareness, schools can partner with parents to watch for signs of these problems in their children and instill confidence for parents seeking help for their child, if needed.
- Involving parents may increase cooperation in prevention efforts and broaden community support

-Doan, et al, 2003

Liability

- Prevention programs can serve as an important **risk management tool**
 - Record of prevention
 - Screening and education is a **proactive approach** to identifying students with mental health issues
- Prompt **disclosure of a suicide threat** to a parent is both legal and prudent.
- **Document steps** taken by school, parental follow-up and clinical care status.
- **Joint decision-making**

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