

## Program Rationale and Goals

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The strongest risk factors for suicide in youth are depression, substance abuse, and aggressive behavior. According to the Centers for Disease Control and Prevention, suicide is the 3<sup>rd</sup> leading cause of death for children and adolescents ages 10-24. In 2005, 8.8% of youth (about 2.2 million youth) had experienced at least one major depressive episode during the past year (Office of Applied Studies, 2006). In children and adolescents, an untreated depressive episode may last between 7 to 9 months, an entire academic year (U.S. Department of Health and Human Services, 1999). Depression has been linked to suicide, poor school performance, substance abuse, running away, and feelings of worthlessness and hopelessness.

The SOS High School Program was created to assist you in your prevention efforts and to address the problems of youth depression and suicide simultaneously and age appropriately. The program uses a universal approach to assist in identification of at-risk youth. The goals of the program are to:

- Decrease suicide and suicide attempts by increasing knowledge and adaptive attitudes about depression among students
- Encourage individual help-seeking and help-seeking on behalf of a friend
- Link suicide to mental illness that, like physical illnesses, requires treatment
- Engage parents and school staff as partners in prevention by educating them to identify signs of depression and suicidality in youth and by providing information about available referral resources
- Reduce stigma associated with mental health problems as they become topics for discussion that are integrated in the health curriculum and 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 develop community-based partnerships to address issues associated with student mental health with stakeholders who share the mission to reduce youth suicide

Research indicates that youth are more likely to turn to peers than adults when facing a suicidal crisis; therefore, the program incorporates peer intervention as part of its implementation strategy. By training students to recognize the signs of depression and suicidality and empowering them to intervene when confronted with a friend who is exhibiting these symptoms, SOS capitalizes on an important social/emotional aspect of this developmental period. For students, the goals are to:

- Help youth understand that depression is a treatable illness
- Educate youth that suicide is not a normal response to stress but rather, a preventable tragedy that often occurs as a result of untreated depression
- Inform youth of the risks associated with alcohol use to cope with feelings
- Increase help-seeking by providing students with specific action steps to take if they are concerned about themselves or others and identifying resources available to them
- Encourage students and their parents to engage in a discussion about these issues
- Encourage peer-to-peer communication about the ACT help-seeking message

One of the most important factors that determine if a prevention program is maintained is having support from three groups: administrators, teachers, and parents. Persons who are informed about youth suicide are more apt to have a positive impact on students than those who are not educated. An important balance must be found between responding to the sign of a youth who may need help and harmful labeling or overreaction to a situation. Recognizing warning signs and interpreting them as indicators that a child may need assistance reduces the risk that parents, educators, and community members will react inappropriately. For this reason, materials are provided to help gain the support of parents and school staff and educate them about the warning signs of depression and suicide and the action steps they should take if they encounter a youth who may be at-risk.

# High School Program Materials

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## SOS DVD and Discussion Guide

The all new *Friends for Life: Preventing Teen Suicide* video serves as the main teaching tool of the SOS Program. The aim of the video is to create a supportive and responsive atmosphere for those youth who may be at risk for depression or suicide by empowering them to recognize the warning signs and seek help. The video is approximately 22 minutes in length and is accompanied by a Discussion Guide that includes topics for classroom discussion led by a school health professional or counselor.

The main help-seeking message of the video is **ACT: Acknowledge, Care, Tell**.

- **Acknowledge** that you are seeing the signs of depression or suicide in a friend and that it is serious
- **Care** Let your friend know that you care about him or her, and that you are concerned that he or she needs help you cannot provide
- **Tell** a trusted adult, either with your friend or on his or her behalf

There are two sections of the video:

- **Vignettes:** Dramatizations of teens who are depressed and may be contemplating suicide and the words and actions others might use to help. Each vignette includes a friend or family member who is trying to help— first the “wrong” way (i.e. trying to talk them out of it, telling them to “snap out of it,” being sworn to secrecy, etc.), and then the “correct” way (i.e. telling them that they are concerned and that they need to speak with a trusted adult to get help)
- **Interviews** with:
  - Real teenagers who attempted suicide and are now in treatment for depression and doing well, including some of their friends and family members
  - Friends and family members of suicidal teens
  - School-based counselors who explain how to respond to a suicidal or depressed student or to a student’s friend

## The SOS Screening Form (Brief Screen for Adolescent Depression, BSAD)

A brief validated seven-question screening tool for depression is completed and scored by students. NOTE: Results from the BSAD **are not diagnostic**, but merely indicate the presence, or absence, of symptoms that are consistent or inconsistent with depression or suicide. Negative responses to the questionnaire do not rule out depression/suicidality and positive responses do not conclusively establish depression/suicidality. A thorough diagnostic evaluation by a healthcare professional is always necessary to determine whether or not there is the presence/absence of depression/suicidality. Parents should be contacted immediately by phone if a student is deemed at-risk for suicide.

The kit includes the following:

- 300 copies of the SOS Student Screening Form, with Scoring Instructions (in English)
- 300 copies of the SOS Parent Screening Form, with Scoring Instructions (in English)
- Spanish language templates of both screenings are included in the manual

## Additional High School Materials

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The kit also contains the following items:

- **Additional Lesson Plans** that build on the essential knowledge and skills in suicide prevention
- **Training DVD** for staff describing ways to implement the program
- **Educational materials** for students, parents, faculty and staff, including **postvention guidelines**
- **Wallet cards** for students that can be customized to include local hotline numbers and other information about where to seek help (300 wallet cards)
- **Posters** that reinforce the ACT message
- **High School Student Newsletter** (300 copies)
- **Response Card Template:** To customize with expected response time, reproduce, cut into individual cards, and provide to students to enable them to request follow-up
- **Follow-Up Form Template:** To reproduce for staff to enable them to track and follow-up on at-risk students.
- **School Summary Form:** To complete and return to the SOS office within two weeks of your program

# Middle School Program Materials

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## SOS DVD and Discussion Guide

The SOS *Get Into the ACT* video is the main teaching tool of the SOS Middle School program. The aim of the video is to create a supportive and responsive atmosphere for those youth who may be at risk for depression, suicide, or self-injury by empowering them to recognize the warning signs and seek help. The video is approximately 17 minutes in length and is accompanied by a Discussion Guide that includes topics for classroom discussion led by a school health professional or counselor.

The main help-seeking message of the video is **ACT: Acknowledge, Care, Tell**.

- **Acknowledge** that you are seeing signs of depression, suicide, or self-injury in a friend and that it is serious
- **Care**—Let your friend know that you care about him or her, and that you are concerned that he or she needs help that you cannot provide
- **Tell** a trusted adult, either with your friend or on his or her behalf

There are 3 sections of the video:

- **Vignettes:** Dramatizations that show adolescents who are depressed and the words and actions others might use to help. Each vignette includes a friend or family member who is trying to help— first the wrong way (i.e. getting angry, not taking the person seriously, or blaming them, etc.), and then the correct way (i.e. telling them that they are concerned and that they need to speak with a trusted adult)
- **Group Discussion:** Five middle school students discuss the topics of depression, suicide, bullying, self-injury, and getting help
- **Student Interview with School-based Counselor:** A school counselor answers questions raised by one of the students from the group discussion

## Student Newsletter

Using short articles, the Student Newsletter provides reinforcement for the ACT message, information about the warning signs of depression and suicide, the risks associated with using alcohol and drugs, strategies for dealing with cyber-bullying, and ways to enhance resilience when facing stress.

## Parent Newsletter

The Parent Newsletter is designed to increase skills and confidence among parents in recognizing and responding to signs of depression, bullying, self-injury, and suicidality among their children. The newsletter also serves to encourage parents to initiate a discussion about these concerns with their children and instill confidence for seeking treatment for their children, if needed.

## Interactive Classroom Games

Classroom games serve to increase student knowledge and skills about a topic. Games that have learning complexity and are successfully infused into the curriculum are a highly effective strategy in getting students to move the knowledge and skills they received into long-term memory and positive behaviors. Two games have been provided to reinforce the teaching points of the SOS *Get Into the ACT* video and the information provided in the Student Newsletter.

## **The SOS Screening Form Template (Center for Epidemiological Studies Depression Scale for Children, CES-DC)**

A template of a validated 20-question screening tool for depression is provided as an option for staff to use when meeting with individual students seeking follow-up as a result of the SOS program. It is recommended that students read and complete the survey. A staff member should score the completed screening forms and provide follow-up for students whose scores indicate a need for further evaluation. It is not appropriate for students to self-score this form.

NOTE: Results from the CES-DC **are not diagnostic**, but merely indicate the presence, or absence, of symptoms that are consistent or inconsistent with depression or suicide. Negative responses to the questionnaire do not rule out depression/suicidality and positive responses do not conclusively establish depression/suicidality. A thorough diagnostic evaluation by a healthcare professional is always necessary to determine whether or not there is the presence/absence of depression/suicidality/self-injury. Parents should be contacted immediately by phone if a child is deemed at-risk for suicide.

**Posters:** To reinforce the ACT message.

**ACT Stickers:** To distribute to participating students. The stickers are designed to promote peer-to-peer communication by making the ACT message popular, personal and powerful, as participating students build awareness around the ACT help-seeking message among their peers.

**Response Card Template:** To customize with expected response time, reproduce, cut into individual cards, and provide to students to enable them to request follow-up.

**Follow-Up Form Template:** To reproduce for staff to track those students seeking follow-up as a result of participating in the program.

### **Self-Injury Packet for Staff:**

Self-injury is a maladaptive coping skill for youth experiencing intense emotions and is generally not an attempt to die by suicide. Between 150,000 and 360,000 adolescents in the U.S. self-injure. Many are unaware that while self-injury may appear to be an attempt at suicide, it is most often not.

However, self-injury is a risk factor for suicide because death can occur as a result of self-injury, even if that was not the intention, and those who self-injure may become suicidal in the future.

The packet helps raise awareness about the signs of self-injury and to establish action steps for teachers, parents, and school-based clinicians when dealing with an individual who is self-injuring. Reproduce and distribute the materials designated for teachers, parents of students who self-injure, and school-based clinicians as part of your prevention efforts.

**School Summary Form:** To complete and return to the SOS office within two weeks of your program.

## Planning Your Program-Planning Checklist

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- Identify the Project Coordinator and team members who will help implement the program and follow up with students identified as at-risk.
- Recruit and meet with all program team members to cover what participation in the SOS program entails.
- Have all participating staff view both the SOS video and familiarize themselves with all the kit materials.
- Assign roles and areas of responsibility within your team (logistics within the school, obtaining parental approval, planning for pre-program parent education program and staff in-service, determining staffing and administrative needs, preparing and distributing referral resource information, providing follow-up, storing records, etc.).
- Know your school or district procedure for dealing with potentially suicidal students and review the protocol with all staff. As a student in distress may disclose to any adult, ensure that all staff and school personnel are aware of the program, can recognize warning signs of youth suicidality, and can respond to those who may approach them for help. Consider conducting a staff in-service training.
- Designate date(s) and times during which the program will take place. Work with school administration to plan for and accommodate the program.
- Contact local mental health facilities and related health care organizations that serve youth and advise them of your implementation in advance of your program. Review with them the process for handling any acute crises that may arise that day or throughout the school year. Alert them of the dates and times of your program and verify referral procedures, wait lists, sliding scale fees, and information for the uninsured.
- Create a Referral List for parents, informing them of the mental health services available within the school and community. Visit the SAMHSA Mental Health Services Locator to identify mental health resources in your community.
- Review your school or district's requirements for parental permission and take appropriate steps to implement them.
- Prepare information to send to parents about the program (included in kit). Be sure to include the parent version of the SOS Screening Form (High School only).
- Have a structured plan or use the Student Follow-Up Form to follow students who have been referred for further evaluation and/or treatment. Be sure to indicate if parents were contacted and who is responsible for making follow-up appointments with clinicians.
- Place posters in a wide variety of high-traffic areas to reinforce the program's messages.
- Review the SOS DVD to ensure that it is working before your program begins.

# Planning Your Program

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## WHO IMPLEMENTS THE PROGRAM?

### THE PLANNING TEAM

Whenever feasible, the best approach to school-based suicide prevention activities is teamwork that includes teachers, school health professionals, and school mental health professionals working in close cooperation with community agencies. The first step in planning your program is identifying a Project Coordinator to oversee program planning and implementation. This person will champion the effort to gain support for the program, where it is needed. S/he will oversee all aspects of the program planning and implementation to ensure that all components of the program are addressed and/or delegated to others.

Once the Project Coordinator is identified, recruit a team of individuals from within your school, organization, and/or local community to plan and implement a successful, smooth-running and clinically sound program. Your “program team” may be comprised of social workers, nurses, counselors, psychologists, health teachers, student assistance professionals, safe schools personnel, community mental health or health practitioners who can volunteer their services to help implement the program and/or serve as referral resources. Some schools incorporate planning for the SOS program into another regularly held meeting, oftentimes one that addresses other safe school activities. Having clearly defined and agreed upon responsibilities and holding individuals accountable for following through will increase the success of your program.

You may also choose to involve parents, students, or peer helpers as part of your program team to help plan your program. Please note that while parents, students, and peer helpers may assist in the planning stages of your program, they should not be directly involved in the program’s implementation. Parents, teachers and peer helpers can provide testimonials for your program and help get more broad based support for your prevention efforts.

### SECURITY ISSUES AND HANDLING EMERGENCIES

Members of the program team are responsible for reviewing the school’s emergency procedures and ensuring there are written policies in place for responding to at-risk youth before the program is implemented. Plan to have a licensed mental health professional at your school throughout your program not only to assist with program implementation, but also to handle clinical emergencies that may arise. This person may be a school nurse, school counselor, psychologist, social worker, licensed mental health counselor, psychologist, psychiatrist, or physician.

Be aware of, and follow, your school’s procedures for notifying parents and providing emergency health care services. Notify the nearest emergency room and/or mental health facility about the program ahead of time. Staff at these facilities should be available to evaluate emergency patients. Be sure they will be able to handle any emergencies that arise on the day(s) of your program.