SOS Signs of Suicide® Prevention Program

Screening for Mental Health and SOS

Screening for Mental Health is a national non-profit organization whose mission is to provide innovative mental health and substance abuse resources, linking those in need to quality treatment options.

The SOS Signs of Suicide® Prevention Program is an award-winning, evidence-based educational and screening tool used in middle and high schools across the country.

Taking a Closer Look at Youth Suicide

Statistics, risk factors and warning signs, how we can help!
Myths and Facts

**MYTH:**
Talking to students about suicide or asking a student if they are suicidal is risky because it might put the idea in their head.

**FACT:**
- You don’t give a suicidal person morbid ideas by talking about suicide.
- The opposite is true. Bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

True or False?

1 in 20 adolescents have a diagnosable mental health disorder

**True:** 1 in 5 adolescents have a diagnosable mental health disorder. Approximately 1/3 of mood disorders, such as depression, first emerge during adolescence (Kessler, et al., 2005).

Approximately 50% of adolescents with a psychiatric disorder receive treatment

**Truth:** Less than half of the adolescents with a psychiatric disorder received any kind of treatment in the past year (Regier, et al., 2000)

The prevalence of depression in adolescents and young adults is increasing.

**Truth:** The prevalence of depression in adolescents and young adults increased from 8.7% in 2006 to 11.3% in 2014 (Regier, et al., 2000)

Suicide is the 3rd leading cause of death among 11-18 year olds

**Truth:** Suicide is the 2nd leading cause of death among 11-18 year olds (CDC, 2015)

Utah YRBS

<table>
<thead>
<tr>
<th>Behaviors that Contribute to Unintentional Injuries and Violence</th>
<th>Utah Students</th>
<th>US Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing usual activities)</td>
<td>26.52%</td>
<td>29.9%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide (within previous 12 months)</td>
<td>13.40%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Made a plan about how they would attempt suicide (within previous 12 months)</td>
<td>12.77%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Attempted suicide (One or more times within previous 12 months)</td>
<td>7.54%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Attempted suicide that resulted in injury that needed to be treated by a doctor or nurse (within previous 12 months)</td>
<td>2.12%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>
### Risk Factors

A risk factor is a personal trait or environmental quality that is associated with increased risk of suicide.

Risk factors ≠ causes

**Examples:**
- **Behavioral Health:** depressive disorders, substance abuse, self-injury
- **Personal Characteristics:** hopelessness, ↓ self-esteem, social isolation, poor problem-solving
- **Adverse Life Circumstances:** interpersonal difficulties, bullying, hx abuse, exposure to peer suicide
- **Family Characteristics:** family hx suicide, parental divorce, family hx mental health disorders
- **Environmental:** exposure to stigma, access to lethal means, limited access to mental health care

### Precipitating Event

- A precipitating event is a recent life event that serves as a trigger, moving an individual from thinking about suicide to attempting to take his or her own life.

- **No single event causes suicidality;** other risk factors are typically present

- **Examples:**
  - breakup
  - bullying incident
  - sudden death of a loved one
  - trouble at school

### Warning Signs

A warning sign is an indication that an individual may be experiencing depression or thoughts of suicide. Most individuals give warning signs or signals of their intentions.

Seek immediate help if someone shows warning signs:
- Talking about or making plans for suicide
- Expressing hopelessness about the future
- Displaying severe/overwhelming emotional pain or distress
- Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. This includes
  - Withdrawal from or changing in social connections/situations
  - Changes in sleep (increased or decreased)
  - Anger or hostility that seems out of character or out of context
  - Recent increased agitation or irritability

***Be aware of significant changes in your students – in their affect, behavior, appearance, attendance, etc.***
Basic Steps to Ensure Safety
If you see warning signs, take the following steps right away:

• Supervise the student constantly (or make sure the student is in a secure environment supervised by caring adults) until he or she can be seen by the mental health contact.

• Escort the student to see the mental health contact or administrator.

• Provide any additional information to the mental health professional evaluating the student to help in the assessment process. That person will notify the student’s parents.

Suicide: A Multi-Factorial Event

Suicide

Severe Medical Illness
Personality Disorder/Traits
Psychiatric Illness Co-morbidity
Psychological/Vulnerability
Psychodynamics
Family History
Hopelessness
Impulsiveness
Substance Use

Applying Our Knowledge
As Trusted Adults, How Do We Identify Students in Need?
Student Bio: Margaret

- Margaret, a very sweet and social 8th grade student recently lost her aunt to suicide and has been treated for anxiety in the past. She is very active and competitive with the debate team. In the last month you’ve seen her grades drop dramatically, she’s missed 3 days of school (which is unusual) and she’s been seen crying in the bathroom. Today you just found out that her boyfriend broke up with her.

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Warning Signs</th>
<th>Protective Factors</th>
<th>Precipitating Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family history (aunt’s death)</td>
<td>Grades dropping</td>
<td>She’s social (personality trait)</td>
<td>Breakup</td>
</tr>
<tr>
<td>Other mental health issues</td>
<td>Missing school</td>
<td>Active in debate club</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crying in the bathroom</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How would you reach out to Margaret?

- Mention changes you have noticed in his or her behavior and that you are concerned and ask how he/she is doing.
- Ask if they have been thinking about suicide, e.g., “Are you feeling so bad that you’ve thought about suicide?”
- Be supportive, remain calm, show that you care and reassure the student that they can get help.
- Escort the student to talk to their counselor.
- Whether or not the student sees a mental health provider:
  - Continue to check in with the student
  - Talk to the school’s mental health contact/administrator about your concerns
  - Stay in touch with the school’s mental health contact/administrator

ACT To Help a Student In Need

**Acknowledge** that you are seeing signs of depression or suicide in a student and that it is serious

**Care:** Let the student know you care about them and you can help

**Tell:** Follow your school protocol and tell your mental health contact
Acknowledge

• “You sound really down. Things have gotten really tough for you.”
• “I’ve noticed how you seem really quiet recently, like something major is bothering you.”
• “It seems like you are dealing with some major struggles right now.”
• “It sounds like you’re really hurting. Are you feeling so bad that you’ve thought about suicide?”

Care

• “I’m really concerned about you trying to deal with all of this on your own.”
• “I care so much about your input in my class that I want to see how I can help.”
• “I would never want you to be hurting like this.”

Tell

• “There are people at school who know how to help kids who are dealing with big issues like this, let’s walk down to the counseling suite together.”
• “Ms. ________ will know how to get you the help you need. Let’s go see her now.”
Managing Your Reactions

Avoid:

• Arguing with the student about their feelings or choices.
• Minimizing the student’s feelings.
• Keeping what you learn a secret.

Remember:

• You don’t need to be the expert or have all the answers.
• Give yourself permission to be human. It’s normal to feel anxiety or other difficult feelings.
• Talk to a supportive person beforehand and debrief afterward.

There is no perfect script for talking about suicide. Simply show the student that you care and get help.

We Know the Facts, Now What Can We Do?

Building protective factors, universal prevention, SOS Program

What Can Schools Do?

“School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.”
(Carnegie Task Force on Education, 1985)

• Remove barriers to the mission of education
• Recognize and seek to minimize environmental factors that lead to student alienation & despair
• Promote healthy development & protective buffers

Center for Mental Health in Schools at UCLA (http://cmhs.psych.ucla.edu)
Building Protective Factors

Protective factors are personal traits or environmental qualities that can reduce the risk of suicidal behavior. Protective factors ≠ immunity, but help reduce risk.

- Individual Characteristics
  - (adaptable temperament, coping skills, self-esteem, spiritual faith)
- Family/Other Support
  - (connectedness, social support)
- Mental Health and Healthcare
  - (access to care, support through medical/mental health relationships)
- Restricted Access to Means
  - (firearms, medications, alcohol, safety barriers for bridges)
- School
  - (positive experience, connectedness, sense of respect)

Universal Prevention

Universal prevention strategies are designed to reach the entire population, without regard to individual risk factors and are intended to reach a very large audience. The program is provided to everyone in the population, such as a school or grade, with a focus on risk reduction and health promotion.

- Reach a broad range of adolescents
- Reduces stigma
- Promotes learning and resiliency in all students
- Overrides implementer assumptions

SOS Prevention Programs

- SOS Signs of Suicide Prevention Middle School Program
- SOS Signs of Suicide High School Program
- SOS Signs of Suicide Second ACT Program
- Signs of Self-Injury Prevention Program
**SOS Program Goals**

- **Decrease** suicide and attempts by increasing knowledge and adaptive attitudes about depression.
- **Encourage** individual help-seeking and help-seeking on behalf of a friend.
- **Reduce** stigma: mental illness, like physical illness, requires treatment.
- **Engage** parents and school staff as partners in prevention through education.
- **Encourage** schools to develop community-based partnerships.

**SOS Program Components**

**Peer-to-Peer Student Program:**
- DVDs, discussion guides, newsletters and supplementary materials provided for the evidence-based SOS Program.

**Screening:**
- A validated, seven-item Brief Screen for Adolescent Depression (BSAD) designed to identify at-risk students for further evaluation. Screening forms are educational in nature and do not take the place of a formal diagnosis.

**Adult Education:**
- Training Trusted Adults DVD, tips on hosting staff training and parent nights, parent newsletter, toolkit for coaches, online training module, etc.

**SOS Program Materials**

- Implementation guide
- Student video & discussion guide
- BSAD screening forms
- Student response cards
- Student newsletters
- Parent newsletters
- Wallet cards, stickers, posters
- Training video & discussion guide
- Online training module
- Life Teammates toolkit for coaches
- Downloadable materials and Forms
Evaluation of the SOS Program

SOS is the only universal school-based suicide prevention program for which a reduction in self-reported suicide attempts has been documented.

In randomized controlled studies, the SOS Program has shown a reduction in self-reported suicide attempts by 40–64%.

A new replication study published in the Prevention Science Journal (2016) found SOS to be associated with:

- greater knowledge and more adaptive attitudes about depression and suicide
- 64% fewer suicide attempts among intervention youths relative to untreated controls
- decrease in suicide planning for “high risk participants” (those who reported a lifetime history of suicide attempt) (Schilling et al., 2016)

SOS Program in Action

Day of the Program

On the Day of the Program:

1. Introduce program
2. Show video
3. Facilitate discussion
4. Students complete screening forms and student response cards
5. Set expectation about when follow-up can be expected; provide referral information
6. Follow up with students requesting help/ screening in
SOS Video Clip

https://www.youtube.com/watch?v=CRjAm3b-e_w

Identifying Students In Need

Students are identified 3 ways:
- Screening
- Student response card
- Help-seeking: students ACT and tell a trusted adult (teachers, coaches, parents)

Based on the video and/or screening, I feel that:
□ I need to talk to someone...
□ I do not need to talk to someone...

About myself or a friend.

Name/Print: ____________________________
Homeroom Section: ______________________
Teacher: ________________________________

If you wish to speak with someone, you will be contacted within 24 hours. If you wish to speak with someone sooner, please approach staff immediately.

Brief Screen for Adolescent Depression (BSAD)
How Many Students Will Need Follow-up?

- Did Not Require Follow-up: 60%
- Student Follow-up:
  - 2% Students Identified with Student Screening Form
  - 2% Students That Sought Help for a Friend
  - 5% Students That Sought Help for Themselves
  - Required Follow-up: 12%

Planning Step-by-Step

1. Identify and train implementation team
2. Scheduling and logistics
3. Prepare for follow up with students in need
4. Train the trusted adults: including staff and parents
5. Implement!

Resources for your Trainings

- SOS Online Training Module, visit:
  - [www.sosplanprepareprevent.org](http://www.sosplanprepareprevent.org)
  - Certificate of Completion available for all learners
- Training Trusted Adults DVD
- Program Implementation Guide
- SMH Staff (contact us!)

- FREE online resources!
  - [www.mentalhealthscreening.org/login](http://www.mentalhealthscreening.org/login)
  - Password: sosresources
Let’s Review- SOS Program in 10 Steps
1. Identify and train implementation team
2. Work with administration to update policies and schedule program
3. Work with community partners to gather referral resources
4. Train faculty and staff to be Trusted Adults
5. Reach out to parents
6. Implement SOS!
   • Video and discussion
   • BSAD screening
   • Student response card
7. Follow up with students requesting help/ screening in
8. Contact parents, refer for further assessment, etc. as needed
9. Document all suicide prevention/intervention activities (Student follow-up form provided)
10. Plan for next time

Questions?
“One social worker we worked with met with a student who had been screened in after the program.

He kept asking her: ‘But why did you do this program today?’

Turns out he had planned to take his life that afternoon.

They saved this boy. We are identifying kids and saving lives.”

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References


http://www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=602

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References


