SOS Signs of Suicide®

An Evidence-based Suicide Prevention Program for High Schools

Screening for Mental Health

a non-profit 501 (c) (3) organization

Youth Suicide:
Overview of the Problem

"One young person contemplating suicide grips our hearts. Nine hundred thousand young people contemplating suicide grips our collective consciousness."

-Charles Curie, Administrator,

Substance Abuse and Mental Health Services Administration

Screening For Mental Health, Inc.

- 1991: Pioneered the concept of large scale mental health screening and education with National Depression Screening Day®

- SMH programs include:
  - SOS Signs of Suicide® for high schools and middle schools
  - Signs of Self-Injury™ for high schools
  - National Alcohol Screening Day®
  - National Depression Screening Day®
  - College*Response* ®
  - Workplace*Response*™
  - Mental Health Self-Assessment Program®
  - Healthcare*Response* ®

- Ongoing collaboration with:
  - government agencies
  - national health and mental health organizations
  - membership organizations representing school-based professionals
  - health & mental health facilities, colleges, & schools

Prevalence of Suicide Among Young People

While child suicide is very uncommon, mortality from suicide increases steadily through the teens

Suicide is the **3rd leading cause of death** among children ages 10-24

-Center for Disease Control and Prevention (WISQARS, 2004)

Adolescent **suicidal behavior** is deemed to be **underreported** because many deaths of this type are classified as unintentional or accidental

-World Medical Association, 2004

Depression and Youth

In 2005, 8.8% of youth (about 2.2 million youth) had experienced at least one major depressive episode during the past year.

-SAMHSA, 2007

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

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

Overall, approximately 20% of youth will have one or more episodes of major depression by the time they become adults

-National Alliance on Mental Illness (NAMI, 2005)

Prevalence of Suicide/Related Phenomena Among Youth

- 29% felt so sad or hopeless almost every day for two weeks+ that they stopped doing some usual activities
- 14.5% seriously considered attempting suicide
- 11% made a suicide plan
- 6.9% attempted suicide
- Of those that made an attempt, more than 2% required medical attention

- CDC, 2007 Youth Risk Behavior Survey

Risk Factors

What Are Risk Factors?

- Suicide is a **complex behavior** that is usually caused by a combination of **risk factors** in the **context of negative life events**
- A risk factor is anything that increases the likelihood that persons will harm themselves.
- Risk factors are not necessarily causes.
- The first step in preventing suicide is to identify and understand the risk factors.

-Adapted from the National Youth Violence Prevention Resource Center

Risk Factors

- The strongest risk factors for suicide in youth are **depression, substance abuse** and **previous attempts**

  -NAMI, 2003

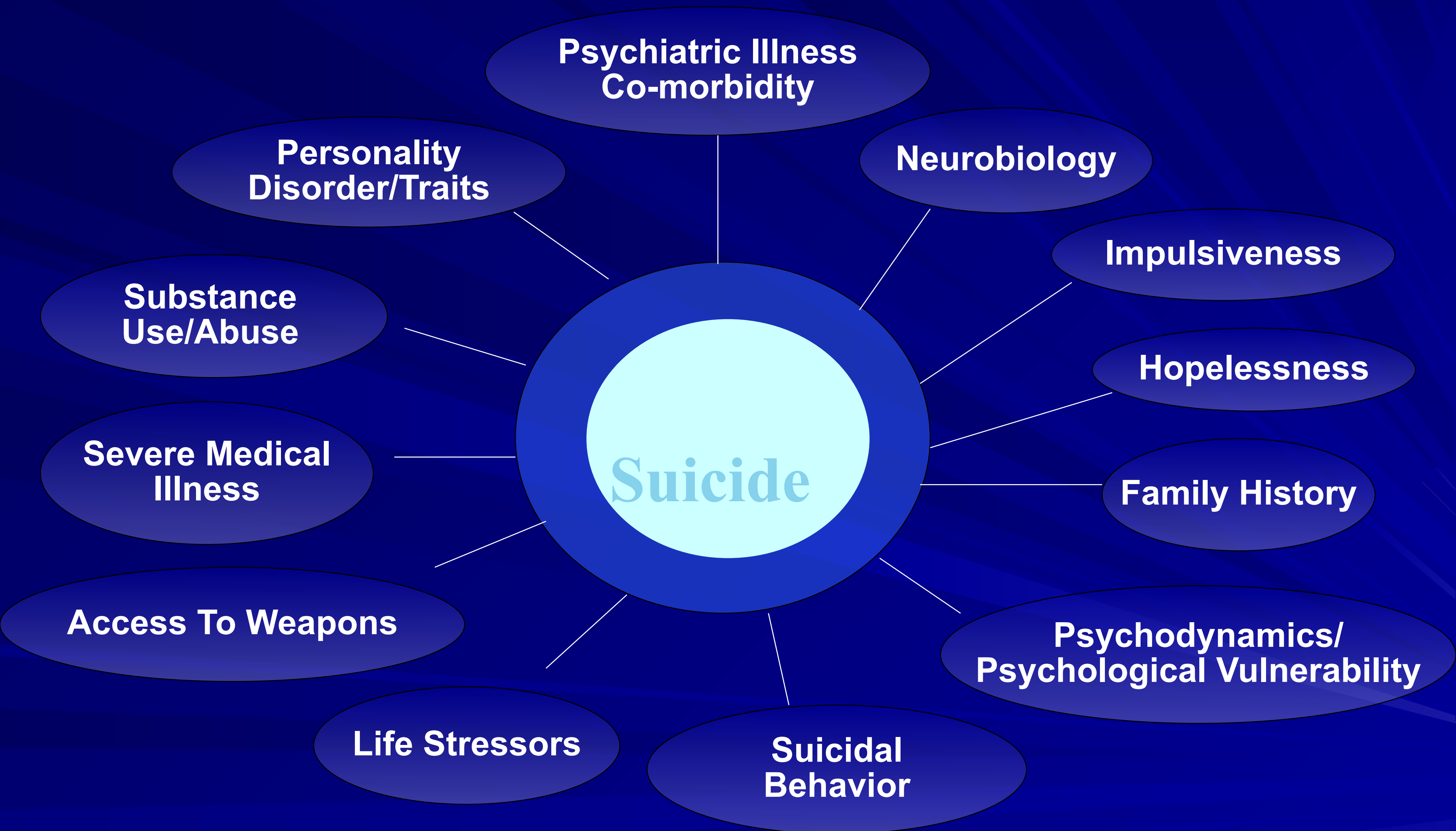
- Clinically depressed adolescents are nearly **5 times more likely to attempt suicide** than their non-depressed peers

  -Mental Health: A Report of the Surgeon General

- Over **90 percent** of children and adolescents who die by suicide have at least one major psychiatric disorder

  -Gould et al., 2003

SUICIDE: A MULTI-FACTORIAL EVENT



Symptoms of Adolescent Depression-Feelings/Thoughts/Behaviors/ Health

- Frequent sadness, tearfulness, crying
- Hopelessness
- Decreased interest in activities; or inability to enjoy previously favorite activities
- Persistent boredom; low energy
- Social isolation, poor communication
- Low self esteem and guilt
- Extreme sensitivity to rejection or failure
- Increased irritability, anger, or hostility
- Difficulty with relationships
- Frequent complaints of physical illnesses such as headaches and stomachaches
- Frequent absences from school or poor performance in school
- Poor concentration
- A major change in eating and/or sleeping patterns
- Talk of or efforts to run away from home
- Thoughts or expressions of suicide or self destructive behavior

-AACAP, The Depressed Child

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
- 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*

Including online communications

Self-injury in Youth

In the pediatric population, self-injury is defined as **deliberate non-lethal harming** of oneself.

Self-injury is a **maladaptive coping behavior** employed by youth experiencing painful emotions

Is generally **NOT an attempt to die** by suicide.

Between **150,000 and 360,000** adolescents in the U.S. **self-injury** - Walsh, Lieberman, 2004 –

Relationship Between Suicide and Self-injury

Death can occur, even if unintentionally

Those who self-injure may become suicidal in the future

The student is experiencing a mental health disorder that should be treated professionally and stands the best chance of recovery if caught early.

If handled inappropriately or not at all, there is a potential for contagion.

Overview of the SOS Program

The SOS Strategy and Four-Pronged Safety Net

Developed and Supported by:

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, unrecognized depression, and the number of youth who die by suicide
- ✓Increase knowledge and adaptive attitudes about depression, suicidality, and self-injury
- ✓Encourage individual help-seeking
- ✓Link suicide and self-injury to mental illness that, like physical illnesses, require 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 communicating that they are **treatable** conditions
- ✓Increase **self-efficacy** and **access** to mental health services for at-risk youth and their families
- ✓Increase **school/community-based partnerships**

ACT

Acknowledge that a friend or classmate has a problem, and that the symptoms are serious.

Care: let that friend know they are there for them, and want to help.

Tell a trusted adult about their concerns

4-Pronged Strategy for Suicide Prevention

EDUCATION about Depression and Suicide

Video

Discussion

"Friends for Life":

- Teaches the link between depression and suicide
- Emphasizes that depression is treatable
- Encourages help seeking

SCREENING for Symptoms of Depression and Suicide

BSAD: 7 item depression inventory

BEHAVIOR

- Acknowledge (the signs)
- Care (express concern)
- Tell (a trusted adult)

ENVIRONMENT

Parent Involvement - Parent version of screening form; letter, educational materials

Staff Involvement - Staff education and training video

Program Components

- Implementation Binder
- “*Friends for Life*” Video and discussion guide
- Depression Screening Forms for students and parents (English and Spanish)
- Staff Training Video
- Educational Materials for staff, parents and students
- Postvention Guidelines
- Self-injury resources for staff and parents
- Lecture for training staff and parents
- Customizable posters and wallet cards

Evaluation of the SOS Program

2001-2002

Evaluation of SOS Program

Two approaches to evaluation (Aseltine):

Process evaluation: school personnel program implementation, quality

Outcome evaluation: students, student attitudes & behavior

School-Level Process Evaluation
2001-2002 Academic Year

Evaluation of 233 Participating Schools

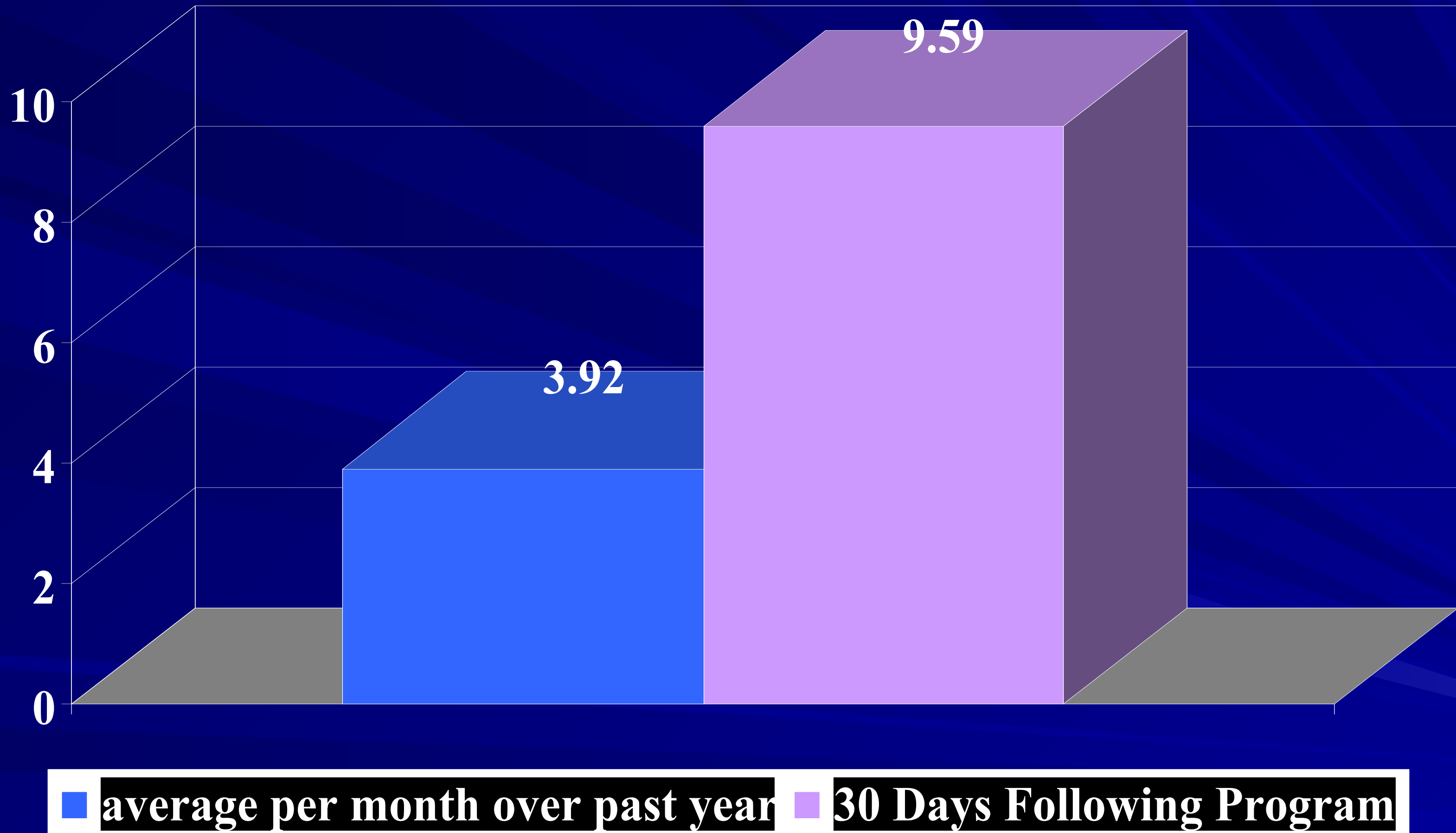
Assessing the **quality** of program components

Assessing the **safety** of program implementation within the student body

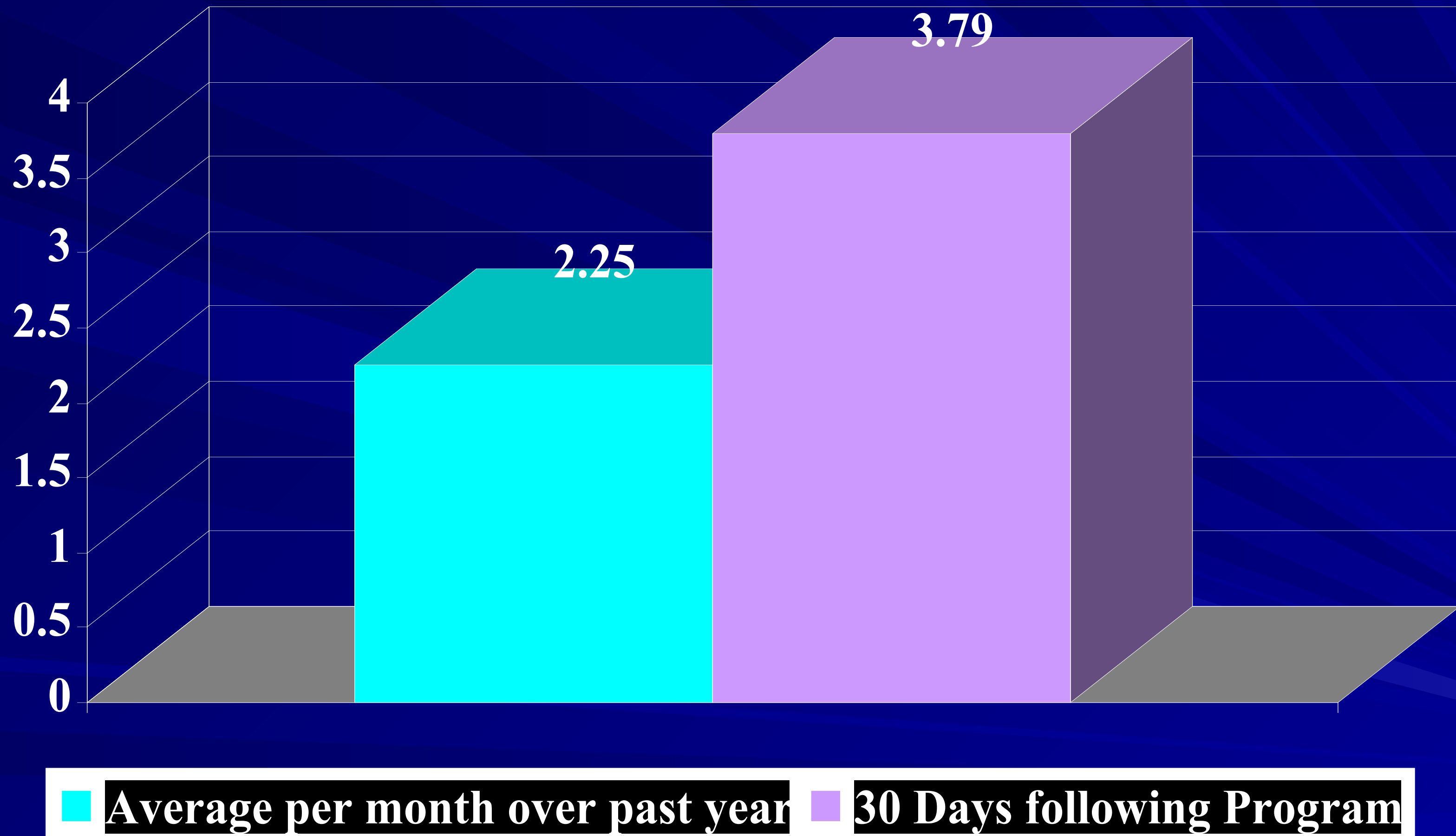
Assessing the **burden** on school staff after

Assessing the **efficacy** of the program

Number of Students Seeking Counseling



Number of Students Seeking Counseling on Behalf of Friend



SOS Student-Level Research Findings

"An Outcome Evaluation of the SOS Suicide Prevention Program"
Robert H. Aseltine, Jr, PhD and Robert DeMartino, MD
American Journal of Public Health, March 2004.

SOS is the only school based suicide prevention program to…

- ✓Show a **reduction in suicide attempts** (by 40%) in a randomized-controlled study
  (screening form administered in classroom setting)
  American Journal of Public Health, March, 2004
- ✓Be selected by SAMHSA for its **National Registry of Evidence-Based Programs and Practices**
- ✓*SOS has also documented dramatic increases in* ***help-seeking***
  Adolescent and Family Health, 2003

Evaluation Summary

- School-based program evaluation showed SOS program was effective in initiating help seeking among students.

- Safe for students.

- Received and rated positively by users.

Outcome Evaluation
Involved 4133 students in 9 schools (CT, GA, MA)

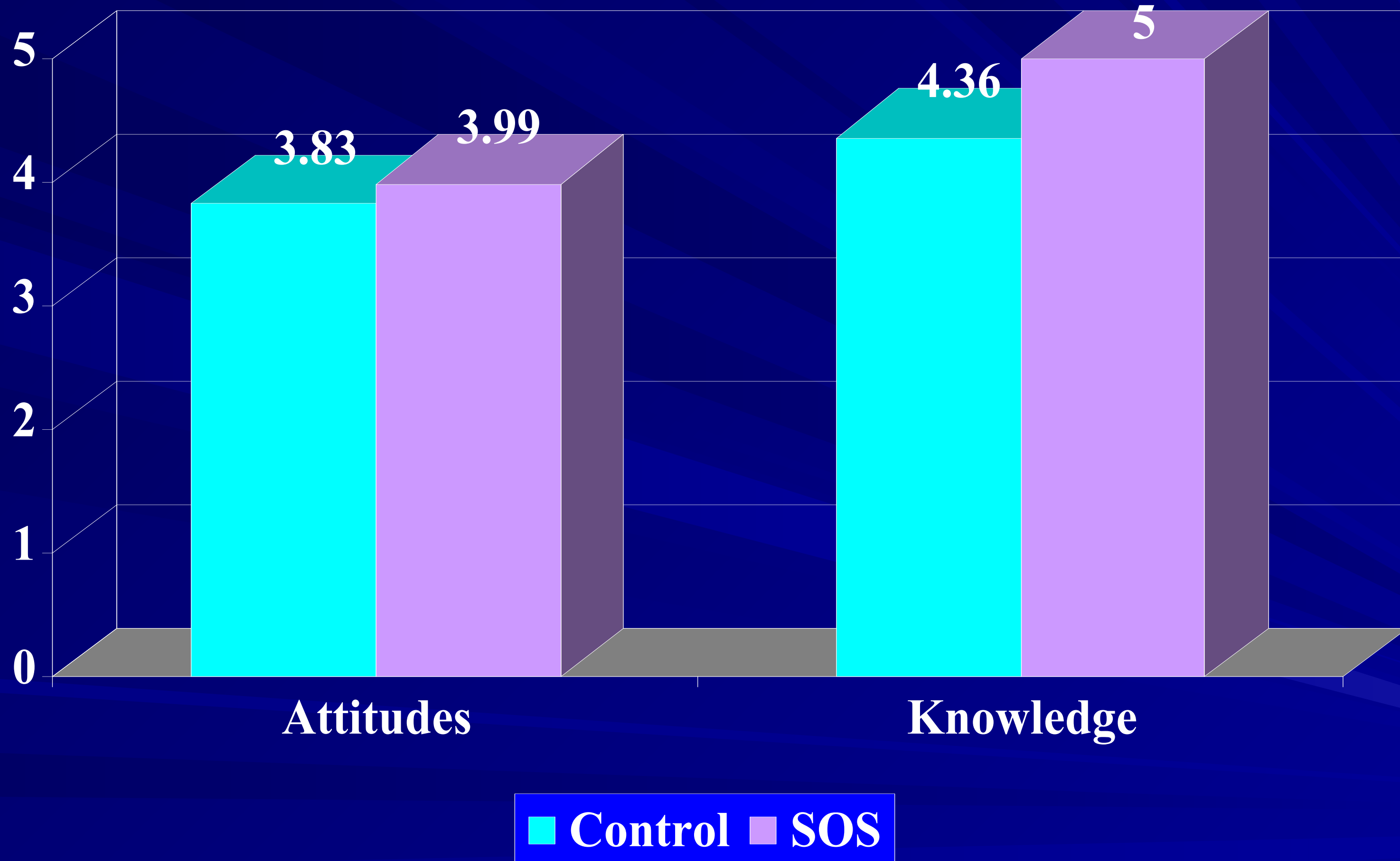
Measures

- Attitudes/Knowledge
  -Attitudes: 7 item scale
  -Knowledge: 10 item scale
- Help-seeking past 3 months:
  -Treatment Y/N
  -Talked to adult Y/N
  -Talked to adult about friend Y/N
- Suicidal behavior past 3 months:
  -Ideation Y/N
  -Attempts Y/N

Study Participants

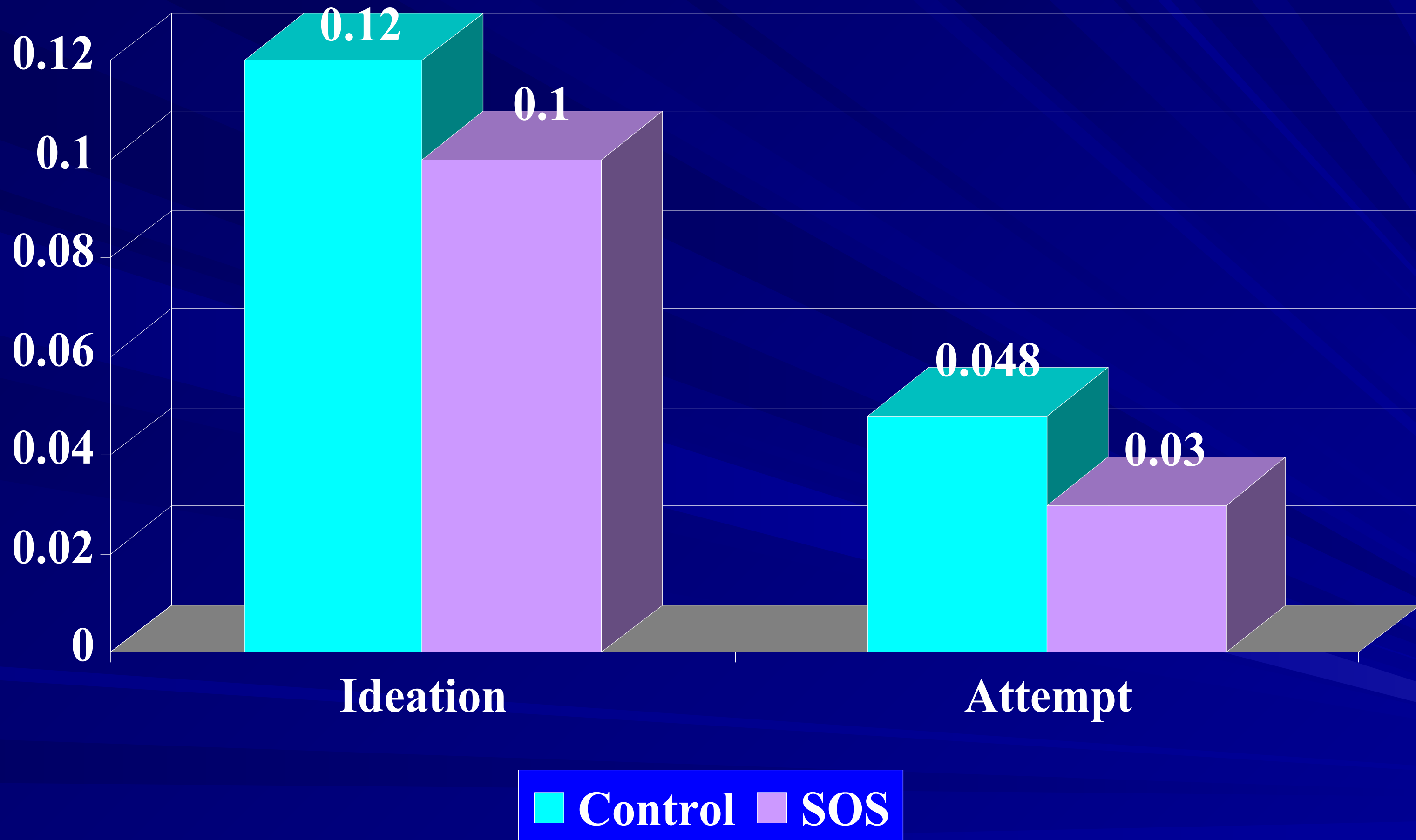
- Gender
  - Male48%
  - Female52%
- Racial/ethnic self-identification
  - White, non Hispanic26%
  - Black, non-Hispanic24%
  - Hispanic35%
  - Multi-ethnic8%
  - Other7%

Effects of SOS Program on Knowledge and Attitudes About Depression/Suicide



Treatment and controls differ at the .05 level for both outcomes.

Effects of SOS Program on Suicidal Ideation and Suicide Attempts



Treatment and controls differ at the .05 level for suicide attempts.

40% fewer suicide attempts among the students who completed the SOS program

Summary

SOS: first program to curtail suicide attempts in randomized study

Program well received by schools

Safe for students

SOS Program Implementation

at the school level

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. freshmen) 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

First Steps

The Team Meeting

- Review program goals, assign roles/responsibilities
- Review kit, video, and discussion guide
- Review screening form and scoring
- Designate time and date for program implementation
- Review school policies for handling suicide disclosure, parental consent, record keeping, etc.

Decide on Format

Flexible model can be adapted to meet a school's needs

Provide program school-wide or select target student group based on grade level, class enrollment, or special need

Screening Implementation Options

- Anonymous
- Anonymous with Response Card
- Non-anonymous
- Anonymous with number ID
- Eliminate

Note: Self-assessment is a critical tool in all public health programs that address personal/social issues.

BRIEF SCREEN FOR ADOLESCENT DEPRESSION (BSAD)

These questions are about feelings that people sometimes have and things that may have happened to you. Most of the questions are about the LAST 4 WEEKS.

Read each question carefully and answer it by circling the correct response (No/Yes).

1. In the last 4 weeks, has there been a time when nothing was fun for you and you just weren't interested in anything?
2. Do you have less energy than you usually do?
3. Do you feel you can't do anything well or that you are not as good-looking or as smart as most other people?
4. Do you think seriously about killing yourself?
5. Have you tried to kill yourself in the last year?
6. Does doing even little things make you feel really tired?
7. In the last 4 weeks has it seemed like you couldn't think as clearly or as fast as usual?

Get Teacher Buy-In

- Involve teachers from the start
- Change requires growth
- Change is a process
- Speak to teachers' needs
- Speak their language
- Keep change small and simple
- Everyone is different (process of change)
- Change is reversible
- Maintain change
- Minimize the risks
  - From Student Assistance Journal, Spring, 2006 and adapted from *that Works!* Knowles, Cynthia, 2001

Staff Training

- Training faculty and staff is universally advocated and essential to a suicide prevention program.

- Research indicates that training faculty and staff can produce positive effects on an educator's knowledge attitudes, and referral practices.

-Doan, J., Roggenbaum, S., & Lazear, K., 2003

Staff Training

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

Staff Training Suggestions

- Show the *Friends for Life* video and facilitate a discussion
- Review the signs of depression and suicide
- Answer questions, dispel myths
- Review the school policy for handling students who disclose suicidal intent
- Review school and community mental health resources
- Review the Parent Screening form
- Distribute protocol for what to do when approached by students asking for help

Security Issues and Handling Emergencies

- Review school's emergency procedures and parental notification
- Identify who will be handling emergencies, in advance
- Notify the nearest crisis response center/ about the program in advance to facilitate referrals

Community Partnering

- If a school does not have adequate staff
- Students may feel more comfortable speaking with an outsider
- As an introduction to community-based mental health resources
- Enhance referral network for the school

Allowing these agencies into the building educates and familiarizes students with their services and how to access them.

Planning for Referrals

- Contact local mental health facilities and advise them of your program dates and times
- Verify referral procedures, wait lists, insurance details, etc.
- Create a Referral Resource List to send with parent letter
- Use SAMHSA's Find Treatment Locator to identify additional referral resources

SAMHSA's Find Treatment Locator

AK WA OR CA NV ID MT WY UT AZ NM CO ND SD NE KS OK TX MN IA MO AR LA WI IL MI IN OH KY TN MS AL GA FL SC NC VA WV PA NY VT NH ME MA RI CT NJ DE MD DC HI

Guam

American Samoa

Puerto Rico

Virgin Islands

Texas Listing

Filter your results by city:

--Select City-- go

And/Or filter by organization type:

--Select Organization-- go

Mental Health Service Locator:

U.S. States & Territories go

http://www.mentalhealth.samhsa.gov/DATABASES/DEFAULT.ASP

Parents/Guardians as Partners in Prevention

- Studies have shown that as many as 86% of parents were unaware of their child's suicidal behavior.
- The percentage of parents who are involved in the student's activities is very small.

  -Doan, et al, 2003
- 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

Communication with Parents/Guardians

- Send parents a letter stating the goals of the program (template provided) and Parent Screening Form (reproduce Spanish materials, if needed)
- Decide between Active Consent vs. Passive Consent (templates provided)
- Hosting a Parent Night: Show the video, distribute the Parent Screening Form, answer questions, dispel myths, provide referral resources

Parent Permission Issues

Combine permission form collection with another activity (sports, spring orientation with packet of all required forms, next year's schedule, etc.)

Rewards/incentives (pizza parties, raffle prizes)

Testimonial letters of support

"*Feed them and they will come!*"

The Day of the Program

Proposed Schedule

- Introduce Program
- Show video
- Facilitate discussion
- Students complete and score screening forms and Response Card
- Follow up with students requesting help

Ensuring Follow Up

- Respond to requests for help
- Set expectations about when follow-up can be expected
- Provide Referral Information
- Track students seeking help using the Student Follow-up Form provided

Reducing Liability

Common Themes in Lawsuits

- The institution **ignored warning signs** of suicide.
- The institution **provided the tools** that the student used for suicide.
- The institution took **insufficient steps** to address the warning signs.
- The institution **failed to notify the family** about the student's condition.

-United Educators, "The Suicidal Student: Issues in Prevention, Treatment, and Institutional Liability" Roundtable Discussion

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

Common Objections & Talking Points

Suicide is not a problem in our school

- ***No school is immune to adolescent suicide***

Schools are not appropriate for suicide prevention programs

- ***Student problems with academics, peers, and others are more apt to be evident in school. The majority of parents are unaware of their child's suicidality.***

The program may introduce the idea to students

- ***There has been no harm seen in screening teens for suicide risk*** **Gould et al, 2005**

I don't agree with labeling youth

- ***The screenings are not diagnostic***

Common Objections & Talking Points

I don't have enough staff/time

- ***The program can be implemented in one class period using existing resources and partnerships with community providers.***

There are no referral resources in my area

- ***Identifying the need can help justify the need for funding.***

We cannot conduct mental health screenings

- ***Screenings can be done confidentially or not at all***

We already have a suicide prevention program

- ***SOS is the only evidence-based program shown to reduce suicide attempts***

High School Booster Program

- "Graduates the ACT acronym from "**A**cknowledge, **C**are, ***Tell an adult***" to "**A**cknowledge, **C**are, ***Treatment***-Help the person get to treatment"
- As an introduction to the mental health community
- Provides materials for parents to keep the lines of communication open about the problems of depression and suicide

For more information, contact:

Candice Porter, MSW, LICSW
Program Coordinator
781.239.0071 x122
cporter@mentalhealthscreening.org

Or visit:

www.MentalHealthScreening.org/schools/index.aspx

Screening for Mental Health, Inc.
One Washington Street, Suite 304 Wellesley Hills, MA 02481
Phone: 781.239.0071 Fax: 781.431.7447
www.MentalHealthScreening.org