SMH Screening for Mental Health

SOS Signs of Suicide® Prevention Program

What is the SOS Program?

The SOS Signs of Suicide® Prevention Program is an award-winning, nationally recognized program designed for middle and high school-age students. The program teaches students how to identify the symptoms of depression and suicidality in themselves or their friends, and encourages help-seeking through the use of the ACT® technique (Acknowledge, Care, Tell).

The SOS High School Program is the only school-based suicide prevention program listed on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices that addresses suicide risk and depression, while reducing suicide attempts. In a randomized control study, **the SOS program showed a reduction in self-reported suicide attempts by 40%** (BMC Public Health, July 2007).

For which grades or ages is the SOS program appropriate?

The SOS High School program is appropriate for schools, grades 9-12, whereas the SOS Middle School program is designed for grades 6-8. The SOS Second ACT Program is for high school students only, as it is designed for students preparing for graduation. The Booster program serves as a "refresher" course for students, namely juniors and seniors, preparing for life beyond high school.

Why is it important to screen the students?

We highly recommend using the screening tool, the Student Brief Screen for Adolescent Depression (BSAD). The 40% reduction in suicide attempts in the randomized controlled study is a result of schools using both the screening and education components.

What is the Student BSAD?*

Brief Screen for Adolescent Depression (BSAD) is a brief seven-question screening assessment tool for depression that is included in the SOS High School kit. There are parent and student versions with scoring instructions for each version.

What is the Parent BSAD?*

The parent version is a tool that schools distribute to parents of students participating in the SOS Signs of Suicide Prevention program. It engages parents to be partners in prevention by assessing their son or daughter for possible suicide/depression risk factors.

PLEASE 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

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Common Myths and Facts

MYTH: Talking about suicide may give someone the idea.
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. There is no evidence that screening youth for suicide induces suicidal thinking or behavior.

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: Teens who claim to be depressed are weak and just need to pull themselves together. There's nothing anyone else 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. A trained therapist or counselor can help them learn more positive ways to think about themselves, change behavior, cope with problems, or handle relationships. A physician can prescribe medications to help relieve the symptoms of depression. For many people, a combination of psychotherapy and medication is beneficial.

MYTH: People who talk about suicide won't really do it.
FACT: Almost everyone who dies by suicide has given some clue or warning. Do not ignore suicide threats. Statements like "You'll be sorry when I'm dead," or "I can't see any way out"-no matter how casually or jokingly said-may indicate serious suicidal feelings.

MYTH: Anyone who tries to kill themselves must be crazy.
FACT: Most suicidal people are not psychotic or insane. They may be upset, grief-stricken, depressed, or despairing, but 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: Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

MYTH: People who complete suicide are people who were unwilling to seek help.
FACT: Studies of suicide victims have shown that more than half had sought medical help within six months before their deaths.