Some secrets should be shared

Acknowledge:
Listen to your friend, don't ignore threats

Care:
Let your friend know you care

Tell:
Tell a trusted adult that you are worried about your friend

SOS Signs of Suicide® Prevention Program

High School Program Implementation Guide and Resources

A Program of Screening for Mental Health, Inc.

SOS Signs of Suicide® Suicide Prevention Program

HS 5B-14M

SOS Signs of Suicide®
HIGH SCHOOL PROGRAM

Implementation Guide and Resources

Douglas Jacobs, MD
President and Medical Director

— A special thanks to the SOS PROGRAM SUPPORTERS —

American Academy of Child and Adolescent Psychiatry
American Academy of Nurse Practitioners
American Counseling Association
American School Counselor Association
American School Health Association
Center for Clinical Social Workers
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 Student Assistance Association
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Section 1: Overview

Introduction

Welcome and congratulations for championing the youth suicide prevention effort in your school and community by participating in the SOS Signs of Suicide® Prevention High School Program. The SOS Program gives young people a "depression check-up" as well as the knowledge to recognize depression and respond effectively.

The program highlights the relationship between depression and suicide, teaching that most often suicide is a fatal response to a treatable disorder — depression. Through the SOS Program, school staff, students and their parents will learn about depression, suicide and the associated risks of alcohol use. SOS teaches the action steps individuals should take if they experience the signs of depression or suicide within themselves or encounter these signs in a friend: ACT: Acknowledge your friend has a problem, tell the person you Care, and Tell a trusted adult.

We hope that you will see the success of the program through healthier and better-educated students, parents and staff who are more prepared to address mental health issues in your school community. By your participation, you have taken an important step towards protecting youth by identifying who may be at risk for mental health problems, and encouraging help-seeking and appropriate treatment.

We wish you great success in your prevention efforts. Please don't hesitate to contact our office if we can assist you. References for this manual are provided at the end.

Program Rationale and Goals

The strongest risk factors for suicide in youth are depression, substance abuse and a history of previous attempts. According to the Centers for Disease Control and Prevention, suicide is the 2nd-leading cause of death for children and adolescents ages 11-18 in the United States. In 2010, 8 percent of youth (about 1.9 million people) age 12-17 in the U.S had experienced a major depressive episode during the past year (SAMHSA, 2012). In children and adolescents, an untreated depressive episode may last 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 addressing 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 by integrating the topic into existing health curriculums.
- 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.

Research indicates that youth are more likely to turn to peers than adults when facing a suicidal crisis. The SOS Program incorporates peer-to-peer intervention as the model 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 program 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 the 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

The support of administrators, teachers, and parents is crucial to the success of your program. Providing people with the tools they need to respond responsibly when the concern is youth suicide will increase the likelihood of having a positive impact on students. It is important to strike a balance between responding to the signs of a youth who may need help and the harmful effects of labeling or overreacting 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.

Program Materials

SOS DVD and Discussion Guide
The Friends for Life: Preventing Teen Suicide DVD serves as the main teaching tool of the SOS Program. The aim of the DVD 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 25 minutes in length and is accompanied by a Discussion Guide (see Lesson Plan 1) that includes topics for a 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

The video is in two sections:

- **Dramatizations:** Scenes with 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 adolescent depression is completed and scored.

NOTE: Results from the BSAD **are not diagnostic**, but 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.

Your program includes the following:

- The SOS Student Screening Form with Scoring Instructions
- Spanish-language templates of both screenings are included in this manual

(please see Materials for Reproduction—Spanish Language Templates)

- Parent Screening Form (BSAD) with Scoring Instructions in Section 6.

This tool is also available:

- In hard copy: contact our office to order.
- In PDF form, along with other program materials, in our Annual License to Reprint Materials.
- **ONLINE:** this version of the screening form, while anonymous, allows your school to collect aggregate data on parents' responses. For more information or to order this online screening option, please contact our office.

Program Materials

Your program also contains the following items:

- **Additional Lesson Plans** that build on the essential knowledge and skills in suicide prevention.
- ***Training Trusted Adults* DVD** for staff, parents and community members explaining the elements of the SOS Program. This is an educational tool that details the issues of depression and suicide among youth and emphasizes the important role parents and school personnel can play in helping at-risk students.
- **Plan, Prepare, Prevent: The SOS Online Training Module** offers school professionals an online 90-minute interactive course for planning and implementing the SOS Program. Continuing Education credits will be available for free for school social workers, school nurses, guidance counselors and school psychologists.
- **Life Teammates® Packet for Coaches.** Tools to help coaches reinforce the ACT messaging with student athletes and help build "Life Teammates."
- **Educational materials** for students, parents, faculty and staff, including **Gay, Lesbian, Bisexual, Transgender & Questioning Resource Guide** and postvention guidelines.
- **Wallet cards** for students that can be customized to include local hotline numbers and other information about where to seek help.
- **Posters** that reinforce the ACT message.
- **High School Student Newsletter**
- **Student Response Cards and Template** these cards provide students with an opportunity to request follow-up with an adult (See Materials for Reproduction-Students to make additional copies). 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** (see Materials for Reproduction-Staff) to reproduce for staff to enable them to track and follow-up on at-risk students.
- **School Summary Form** to complete and return to Screening for Mental Health within two weeks of your program. If you are using this program during a subsequent school year, please contact our office for the most up-to-date survey link. We value your feedback each time you implement the SOS Program.
- **Valuable Resources** to supplement your SOS Program. This one page flyer provides links for more information on postvention program in the school (http://www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools.pdf) and school connectedness (http://www.cdc.gov/healthyyouth/protective/pdf/connectedness.pdf).

Section 2: Planning

Planning Your Program: Planning Checklist

- ☐ Identify a project coordinator and team members who will implement the program and follow up with students identified as at-risk.
- ☐ Meet with all program team members to cover what participation in the SOS Program entails. Project coordinator and team members can each take the 90-minute online training module for further education on suicide prevention and the SOS Signs of Suicide Prevention Program.
- ☐ Have all participating staff familiarize themselves with all of 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 and know how to recognize warning signs of youth suicide and respond to those who may approach them seeking help. Consider conducting a staff in-service training (see Educating Staff and Parents, Section 3). Show the *Training Trusted Adults* DVD.
- ☐ 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 organizations that help youth. Let them know you plan to implement the SOS Program. Alert them to 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 to distribute to parents so that they are aware of the mental health services available within the school and community. Visit the SAMHSA Mental Health Services Locator or call SAMHSA's Toll-Free Referral Helpline at 1-800-662-HELP (1-800-662-4357) to identify other mental health resources in your community.
- ☐ Review your school or district's requirements for parental permission and take appropriate steps to implement them. Consider hosting a parent night to help streamline safe messaging to parents. Show the *Training Trusted Adults* DVD.
- ☐ Prepare information to send to parents about the program. Be sure to include the Parent Newsletter. Consider hosting a parent night event (see Educating Staff and Parents, Section 3).
- ☐ Have a structured plan or use the Student Follow-Up Form (see Materials for Reproduction, Section 5) 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 areas to reinforce the program's help-seeking message.
- ☐ Identify an alternative setting for those students not participating in the program.
- ☐ Preview the *Friends for Life* and *Training Trusted Adults* DVDs to ensure that they are working before your program begins.

Planning Your Program

Who Implements The Program?

THE PLANNING TEAM

The best approach to school-based suicide prevention activities is teamwork. Teachers, school health professionals and school mental health professionals, working in close cooperation with community agencies, create the best outcome. 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, and 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, however, provide testimonials for your program and help to 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, 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.

Building Bridges with Community Providers

You may wish to partner with local mental health providers in your community and invite them to help with your program planning, implementation, and to assist with referrals. Partnering with local providers is useful for several reasons:

- Some schools may not have adequate staff to conduct the program if it is being implemented on a large-scale basis.
- Students may feel more comfortable speaking about their personal issues with an "outsider" rather than an individual with whom they interact on a daily basis.
- As an introduction to community-based mental health resources for those who pursue treatment outside of the school.
- To gain broader support in the community for your suicide prevention efforts.
- To enhance the school's referral network for follow-up with at-risk students identified through the program.

Such partnerships can be beneficial to all parties, with schools having additional resources for its prevention efforts and agencies having a consistent source of referrals. Consider contacting local and state professional and advocacy organizations. They may be natural allies in your suicide prevention efforts.

CASE EXAMPLE

A school district in Omaha, NE, prioritized partnering with community-based providers following a cluster of student suicides. They refer to this initiative as "Building Bridges with the Community." Each year, on Martin Luther King Day, the school district invites community-based professionals to a workshop dedicated to a theme of interest to both school staff and the mental health community.

In addition, the school district updates referral information about local providers at the beginning of each school year. These updated lists are then distributed to school staff. The school district also faxes the contact name and information of all school counselors, social workers and psychologists to each of these agencies at the beginning of the school year.

As a result of these proactive efforts, this school district now has specially designated local providers who prioritize the schools' requests for evaluation and treatment for youth in the schools. The long waitlists and wasted time previously spent relying on outdated referral lists with little-known providers, no longer exists.

TIPS FOR PARTNERING:

- When asking for assistance, offer something in return. Simply increasing visibility in the community may be an adequate benefit.
- Be passionate about your efforts to reduce youth suicide. Balance urgency with success stories.
- Remind potential partners of the importance of their contribution.
- Make sure they know how the proposed partnership benefits them.
- Be specific about what you are asking them to contribute.
- Maintain regular communication and modify the relationships as needs change.
- Look for creative ways to convey your gratitude to partners and thank them publicly. For example, write a story about your community partnership for your local paper, school publication or town and school websites.

Suggestions for Program Implementation

Logistics

SETTING
In a classroom setting, students may view and discuss the SOS DVD and then complete the SOS Student Screening Forms as well as the Student Response Card in that same class.

In an assembly/classroom combined option, students can view and discuss the SOS DVD during an assembly period in the auditorium and complete the SOS Student Screening Forms and Student Response Card at a later time in a classroom setting.

These are suggestions only; all options may be conducted over several days, school-wide or class-by-class. Please feel free to design a program appropriate to your needs and resources.

WHICH STUDENTS TO SCREEN?
If your school does not have the staff and/or outside resources to offer the program to the entire student body, you may select a portion of the school population, i.e. certain grades or students in certain classes, such as health.

THE BSAD AND ALCOHOL
Your SOS Program includes hard copies of the Brief Screen for Adolescent Depression (BSAD). This validated, seven-question survey is part of the larger Columbia DISC screening. The purpose of this tool is not to tell whether students are depressed, but rather inform them about whether they, or their friends, may have symptoms that need further evaluation.

Given the strong correlation between adolescent alcohol use and suicide attempts (Schilling et al., 2009), you may also wish to ask the following two questions relevant to alcohol when screening students (responses for both questions are yes/no):

1. In the past year, has there been a time when you had five or more alcoholic drinks in a row? (By "drinks" we mean any kind of beer, wine, or liquor.)
2. In the past year, have you used alcohol because you were feeling down?
   For a reproducible version of the BSAD including these two questions, please contact our office.

ONGOING SCREENING
Schools may also choose to use the screening forms and educational materials in their nursing or counseling office throughout the school year. Students can be screened before an appointment as part of the intake process when they are seeking help in that office.

ANONYMITY
The Screening Form can be administered in any setting and may either be anonymous or non-anonymous. Pros and cons for each option are listed on the following page. Your program team and school regulations should determine which option is best for your school.

Anonymous screenings maybe strictly anonymous and utilize a self-scoring method, in which students complete a Screening Form and score it themselves, using the Student Scoring Instructions. The program leader discusses what different scores mean and what action steps should be considered depending on the scores.

Scoring The BSAD scoring instructions are on the back of the form. Some schools have students self-score before collecting the forms; at other schools, staff and/or mental health professionals from the community score the tool.

In addition to screening in students who score high on the screening or who answer 'yes' to questions 4 or 5, you may consider following up with students who are unable to identify a trusted adult.

The anonymous with voluntary identification method uses the same format as described above but adds an additional step of having each student complete the Response Card (see Materials for Reproduction-Students). This card allows students to voluntarily identify themselves if they wish to be contacted for follow-up. In addition, the card asks if students want to talk with someone at the school about themselves or a friend, and the students must answer yes or no, sign it, and then hand in the card.

If conducting a **non-anonymous screening**, please ask students to write their names on the Screening Forms. You may also **assign students designated numbers** chosen at random by your program team.

NOTE: Depression and suicide may be extremely sensitive issues for some teens. If any student(s) feels overwhelmed and needs to leave the room, excuse them and make sure they have someplace safe to go where they may talk with a professional about their feelings.

STUDENT RESPONSE CARD

All students should complete a Student Response Card regardless of the screening option used. This tool provides an efficient and effective way for students to indicate if they would like to speak with an adult following the program.

Screening Implementation Options: Pros and Cons

	Pros	Cons
Anonymous	• Students may be more likely to answer screening questions honestly if they know their anonymity is protected	• Program team cannot identify students needing referrals for further evaluation • Students must refer themselves unless all students are required to speak with a counselor or other clinical staff
Anonymous with voluntary identification using Response Card	• Gives students the opportunity to ask to be contacted for a follow-up meeting yet doesn't specify if it is for themselves or a friend • No one is singled out. All students must fill out form and indicate either yes or no. Students can't identify which of their classmates are asking for help	• Students may hesitate to seek follow-up appointments on their own • Adds more work for staff because it requires review of every Response Card so that those who request a meeting are not overlooked
Non-anonymous	• Program team can identify students needing referrals for further evaluation	• Students may be afraid to answer screening questions honestly if they know school personnel can identify them • More work for staff because it requires that they review every screening form the day of the program to ensure that students with high scores receive help
Non-anonymous with number ID	• Program team can identify students needing referrals for further evaluation, yet students' identities are still protected to some degree	• Same as above

Ensuring Follow-up

You may wish to partner with local mental health providers in your community and invite them to help with your program
A critical component of your planning is ensuring follow-up for youth who come forward for help as a result of the program. Procedures for each school or district will differ based on the organizational structure, state laws, and availability of support services. However, all school staff should be familiar with the protocol for responding to youth who approach them for help to ensure a consistent and effective response (see Materials for Reproduction — Staff).

The Project Team must have the capacity to respond to requests for follow-up in a timely, coordinated, and effective manner. While it is recommended that follow-up be provided the day of your program, if this is not feasible, set realistic expectations for when follow-up can be expected by students seeking help. Any student needing immediate assistance the day of your program can be instructed to approach the designated school staff immediately. You can include this information on the bottom of the **Student Response Card** distributed to students for them to complete at the end of your program (see details below).

THE STUDENT RESPONSE CARD

Have all students complete a Student Response Cards after watching the DVD and participating in the discussion. By having all students complete the card, you are not singling out only the students who have concerns about themselves or a friend. That way, students who wish to speak to a counselor about symptoms in themselves or a friend will be identified and follow-up arranged. NOTE: To protect anonymity, do not ask students to pass forward completed Response Cards. You may want to customize the cards to set expectations for when students requesting follow-up can expect to be approached by staff. Emphasize that those needing immediate assistance should approach staff the day the program is implemented.

INDIVIDUAL MEETINGS WITH YOUTH SEEKING FOLLOW-UP

How schools follow up with at-risk youth will vary. Some schools provide evaluative and treatment services for students within the school, while others may do an initial assessment and then refer at-risk youth to a community-based provider. You may use the Brief Screen for Adolescent Depression (BSAD) included in the manual and/or a standardized tool in follow-up meetings with youth identified through the program to help determine whether the individual needs further evaluation.

After the screening, those who score positive should be referred to a healthcare professional who can conduct a thorough diagnostic evaluation to determine whether or not there is the presence/absence of depression/suicidality. If you are referring youth who need follow-up to someone else in the school or to a community-based provider, send a copy of the completed screening tools as part of your referral. Remember, results from the screening tool 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 questionnaires do not rule out depression/suicidality and positive responses do not conclusively establish depression/suicidality. You may wish to also follow up with students who are unable to identify trusted adults in order to promote this protective factor in youth

ADDING ANONYMITY TO STUDENT FOLLOW-UP

Many schools find it useful to announce that a handful of students will be randomly selected to provide general program feedback. Calling a few students down for a brief interview helps create anonymity for those students who need further mental health evaluation.

TALKING TO YOUR STUDENTS ABOUT DRUGS AND ALCOHOL

As alcohol use is strongly associated with suicide in adolescents, it is recommended that you inquire about drug and alcohol use with students as you conduct your follow-up. Youth engaging in substance use while feeling down have demonstrated a threefold increase in self-reported suicide attempts (Schilling et al., 2009). Screening for alcohol use provides another avenue for early identification.

TRACKING STUDENTS WHO NEED FOLLOW-UP

Families are central to children's educational success and their social and emotional adjustment. Family involvement at each step, from program referral through the implementation of individualized interventions, requires that they feel valued and supported. Be sure to provide a referral list for parents/guardians (see Materials for Reproduction — Parents). Modify the Student Follow-Up Form (see Materials for Reproduction — Staff) based on your school's procedures to help track students who require follow-up after participating in the program. It is important to document whether a student received appropriate services in a timely manner or if school staff need to take additional steps.

PROVIDE REFERRAL INFORMATION

Provide information regarding school and community mental health resources for parents. Include community hotline numbers in your resource list (see Materials for Reproduction — Parents). Some schools have printing capabilities and create business-size cards with information regarding school and community mental health resources for parents.

IDENTIFY ADDITIONAL REFERRAL RESOURCES

Visit SAMHSA's Center for Mental Health Services Locator: www.FindTreatment.samhsa.gov
This locator provides comprehensive information about mental health services and resources and is useful for professionals, consumers, families, and the public.

Section 3: Educating Staff and Parents

Before You Start: Important Vocabulary

Below are four important terms to know in suicide prevention training. Emphasize to all staff, parents, and other community members that no one event creates suicidality: it takes a combination of stressors across different areas in one's life to reach a point where someone feels hopeless enough to attempt suicide. Much of this information is taken from *Preventing Suicide: A Toolkit for High Schools,* produced by the Substance Abuse and Mental Health Services Administration (http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669).

RISK FACTOR

A risk factor is any personal trait or environmental quality that is associated with suicide.

- Risk Factors are NOT causes
- Examples:
    - **Behavioral Health** (depressive disorders, NSSI, substance abuse)
    - **Personal Characteristics** (hopelessness, low self-esteem, social isolation, poor problem-solving)
    - **Adverse Life Circumstances** (interpersonal difficulties, bullying, history of abuse, exposure to peer suicide)
    - **Family Characteristics** (history of family suicide, parental divorce, history of family mental health disorders)
    - **Environment** (exposure to stigma, access to lethal means, limited access to mental health care, lack of acceptance)

WARNING SIGN

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
    - Threat to kill themselves, actively seeking means, talking and/or writing about death.
- Other warning signs to take seriously
    - Risky behavior, recklessness
    - Increased substance use
    - Decreased interest in usual activities
    - Withdrawal

PROTECTIVE FACTOR

A protective factor is a personal trait or environmental quality that can reduce the risk of suicidal behavior.

- Protective factors don't imply that anyone is immune to suicidality but help reduce risk.
- Examples:
    - **Individual Characteristics** (adaptive temperament, coping skills, self-esteem, spiritual faith)
    - **Family/Other Support** (connectedness, social support)
    - **School** (positive experience, connectedness, sense of respect)
    - **Mental Health and Healthcare** (access to care, support through medical and mental health relationships)
    - **Access to Means** (restricted access to firearms/medications/alcohol, safety barriers for bridges)

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.

- Precipitating events are often confused with causing suicide.
- *No single event causes suicidality*: other risk factors are typically present.
- Examples of precipitating events are:
    - a breakup
    - a bullying incident
    - the sudden death of a loved one
    - getting into trouble at school

Sample Lecture for Staff In-Service and Parents Night Presentation

1. Present Your Plan to Implement the SOS Program
Sample Introduction: "In an effort to reduce depression and suicide among our students, we plan to implement the SOS Signs of Suicide Prevention Program (*specify school-wide, in health classes, grade level, etc.*) on (*specify date*).

Our goal is to help students recognize the symptoms of depression or warning signs of suicide in themselves or their friends and teach them the appropriate action steps they should take to get help. The purpose of this program is not to tell whether students are depressed, but rather inform them about whether they, or their friends, may have symptoms that need further evaluation.

Through the SOS Program, school staff, students, and parents will learn about depression, suicide, and the associated risks of alcohol use. They will also learn steps for getting help through the simple acronym **ACT: A**cknowledge that your friend has a problem, express that you **C**are, **T**ell a trusted adult.

2. Explain Why Implementing SOS is Important

- While child suicide is uncommon, mortality from suicide increases steadily through the teens. Suicide is the third-leading cause of death for those ages 10-24.
- Over 90 percent of children and adolescents who die by suicide have a diagnosable mental disorder at the time of their death (Gould et al, 2003), yet 80% of youth with mental illness are not identified or receiving services (Merikangas, et al 2011). Adolescents who suffer from depression are at much greater risk of suicide than children without depression (U.S. Department of Health & Human Services, 1999). Overall, approximately 20 percent of youth will have one or more episodes of major depression by the time they become adults (NAMI, 2003).
- Childhood is an important time to promote healthy development, as many adult mental health disorders have related antecedent problems in childhood. Since a previous suicide attempt is the leading risk factor for adult suicide, introducing prevention early may help promote prevention throughout the lifecycle.

3. Review Suicide Risk Factors, Warning Signs, Precipitating Events, and Protective Factors
Refer to the previous page for detailed descriptions of vocabulary. You may want to stress to parents the importance of safe storage of firearms in the home.

Note on firearms in the home:

- A 2004 study published in the Journal of Epidemiology and Community Health found that those who stored their firearm locked, unloaded, or both were less likely to commit suicide with it compared to those who had direct access (unlocked, loaded, or both).
- The four practices of keeping a gun locked, unloaded, storing ammunition locked, and in a separate location are each associated with a protective effect and suggest a feasible strategy to reduce risk of suicide by firearms in homes with children and teenagers where guns are stored (Grossman, D., et al, JAMA, 2005). However, whether these measures prevent firearm suicide or unintentional injury in children and adolescents is not clear.

Summarize
Sample Summary
"The goal of the SOS Program, school staff, students, and our parents is to learn about depression, suicide, and the associated risks of alcohol use, and increase confidence to seek help for those who need it. Through your participation, we are taking an important step toward protecting our students and your children by identifying mental health problems and encouraging them to seek help from trusted adults. We hope that the program will help instill confidence in you, our staff, and our students about identifying the signs of depression and suicide and how to access help if someone needs it."

Note: Identify a school contact for attendees to address questions or concerns that may arise after the training

Preparing School Personnel Through Training and Involvement

Below are four important terms to know in suicide prevention training. Emphasize to all staff, parents, and other community Training faculty and staff is universally advocated and supported by research as an essential component to an effective suicide prevention program. When dealing with the sensitive issues of depression and suicide, there are guidelines that all schools participating in the program need to cover with school personnel before the program. First and foremost are school procedures for dealing with students who disclose suicidal intent. Know your school or district procedure for dealing with potentially suicidal students and distribute this information to all staff.

A student may disclose the need for help to any adult at your school. Therefore, it is important that all school personnel, both professionals and staff, be aware that the SOS Program is being presented and why. They should know the warning signs for depression and suicidality and how to effectively respond to students who may approach them for help. Research indicates that training faculty and staff to develop the knowledge, attitudes, and skills to identify students who may be at risk for suicide and make referrals can produce positive effects on an educator's knowledge, attitudes, and referral practices. In-service training can help to educate school staff and support your prevention efforts. The following pages include suggestions for conducting your staff training.

Show the *Training Trusted Adults* DVD to help familiarize staff with suicide prevention and the SOS Signs of Suicide Prevention Program. A discussion guide for this DVD is included later in this section. Taking time for this conversation can help educators share their concerns about youth depression, self-injury, and suicide, establish a sense of cohesion, and increase staff confidence in addressing these problems.

Schools lacking resources to conduct staff training can distribute a letter for all staff about the plan and rationale for implementing the program, dates of implementation, depression and suicide warning signs, protocol for responding to youth requesting help, and school staff available to contact if they have concerns about a student.

PLAN, PREPARE, PREVENT: THE SOS ONLINE TRAINING MODULE

Make use of this valuable tool. Login information was provided in your initial confirmation email upon ordering your kit. If you are currently seeking the login information please contact our office. This 90-minute, interactive online course provides your SOS implementation team with an in-depth understanding of suicide prevention and a step-by-step guide through the implementation process. Continuing education credits/contact hours are provided for several disciplines and a certificate of completion is offered to anyone who finishes the module. There may be staff in your building who are not on your implementation team but who express an interest in this continued learning; we invite you to share the online course with them as well.

Planning Your Staff Meeting Checklist: Key Steps for a Successful Training

- ☐ Preview the *Training Trusted Adults* DVD. Make sure the disc is in working order, familiarize yourself with its content, and think about your own reactions to this video.
- ☐ Read the DVD Discussion Guide (provided at the end of this section). Consider key questions and talking points.
- ☐ Review risk factors and warning signs of depression and suicidality as well as protective factors. Print copies of corresponding handouts to distribute during the training. Be prepared to answer questions and clarify information for staff.
- ☐ Understand myths and corresponding facts about depression and suicide. Print related handouts.
- ☐ Review protocol for how staff should respond when approached for help by a student. This process may mean referring the student to you or another point person in the school. Have printed guidelines ready.
- ☐ Review your school's policy for following up with at-risk students. Be prepared to give detailed information.
- ☐ If applicable, inform staff of date, time and setting of program implementation.

Handouts (from your Implementation Guide):

- Risk Factors and Warning Signs
- Protective Factors
- Myths about Depression and Suicide
- Disclosure Template for School Staff to Use When Approached by Students Asking for Help
- Your school's policy and protocol for handling at-risk students*

*not provided

Parents as Partners in Safeguarding Youth

Studies have shown that as many as 86 percent of parents were unaware of their child's suicidal behavior. This statistic in complicated by the fact that the percentage of parents who are involved in their child's activities is very small (Doan 2003). For this reason, parent materials an integral part of the SOS Program. The goal is to actively engage parents in your prevention efforts, to gain their support, and to encourage discussion among parents and their children about the issues of depression and suicide. By raising parental awareness, schools partner with parents to watch for warning signs in their children and instill confidence in them to seek help for their child, if necessary.

Consider hosting a parent night to help streamline safe messaging to parents. Show the *Training Trusted Adults* DVD and conduct a discussion.

The SOS kit includes a parent version of the screening form to help parents look for warning signs of depression and suicidality in their children. Not educating parents about these concerns is a missed opportunity in identifying at-risk youth who may not otherwise be identified.

Inform parents about your plans to implement the SOS Program. Consider taking the following steps to increase cooperation in your prevention efforts and to broaden community support:

- Distribute educational materials to all parents, not just for those whose children are already identified as being at-risk.
- Throughout the year, include articles about depression, suicide, and resilience in your school newsletter, town paper, or town or school website.
- Reach out to faith-based communities to offer education programs.
- Conduct annual parent forums to proactively address promoting youth safety.
- Include information about your youth suicide prevention efforts at health fairs.
- Involve parents and the PTO early in your prevention planning and ask advocates for your efforts to get the support of other parents.

PARENTAL CONSENT

If your school or district guidelines require you to obtain parental consent before implementing a suicide prevention program, we recommend that you send out a letter introducing the program with a permission slip to parents. Be sure to include a copy of the Parent Screening Form and information about who to contact at the school if they have questions or concerns.

There are two different methods of acquiring parental consent: active and passive. We advise using whichever option your school district requires. **Active consent** allows for a student's participation only if the parent or guardian has explicitly granted either verbal or written permission. **Passive consent** requires either verbal or written communication to the school only if the parent or guardian does not wish to have his or her child participate. A lack of a response from the parent or guardian indicates consent for his or her child to participate. Sample parental consent letters and permission slips for both active and passive consent are included. (See Materials for Reproduction — Staff.) TIP: Incorporate written consent with other paperwork required for parents to sign. (See Additional Resources for information about maximizing parent consent returns.)

BRIEF SCREEN FOR ADOLESCENT DEPRESSION – PARENT VERSION

This screening allows parents to consider if their child is exhibiting warning signs for depression. It is available for photocopy in Section 6 of this binder. There are several additional ways to access this tool:

- You may order hard copies (contact our office for order information).
- It is available, along with pdf copies of other program materials, for order with our Annual License to Reprint Materials. With this option, you may print as many copies as you need.
- **AVAILABLE ONLINE:** this version of the screening form, while anonymous, allows your school to collect aggregate data on parents' responses. For more information or to order this online screening option, please contact our office.

Suggestions for a Parent Night

If you decide to conduct a parent night event, it can be very similar in content to the staff training. The goals of the event should be to gain support for your prevention efforts and provide parents with information about the signs and symptoms they should watch out for in their children, and the mental health resources in the school and the community that are available should they need them.

The following are suggestions for conducting a parent night event:

- Plan an educational presentation for parents on ensuring the safety of youth. Invite a guest speaker with expertise in this area. Ask the PTA/PTO to sponsor the program.
- Entitle the parent night event in a general way, such as "Keeping Your Teen Safe" or "Safeguarding Youth."
- Serve food.
- Combine the event with another well-attended or mandatory event, such as orientation, parent/teacher conferences, or registration for courses, special events, or sports.
- Show the *Training Trusted Adults* DVD and facilitate a discussion (guide provided at the end of this section). Show the video during open house night for parents in the fall and at any health fair events you host during the year.
- Answer questions; dispel myths by reviewing Common Myths (see Lesson Plan 3).
- Review the symptoms of depression, risk factors, protective factors, and signs of suicide.
- Inform parents that restricting access to lethal means, especially access to firearms, and educating them about how to limit access to lethal means is an effective way to prevent youth suicide.

Prevention themes to stress with parents include:

- Do not be afraid to talk to your kids about suicide.
- Know the risk factors and warning signs of youth suicide.
- Respond immediately if your child is showing warning signs.
- Reach out to the school for resources.
- Make all firearms in the house inaccessible to kids.

Planning Your Parent Meeting Checklist: Key Steps for a Successful Training

- ☐ Preview the Training Trusted Adults DVD. Make sure the disc is in working order, familiarize yourself with its content, and think about your own reactions to this video.

- ☐ Read the DVD Discussion Guide (provided at the end of this section). Consider key questions and talking points.

- ☐ Review risk factors and warning signs of depression and suicidality as well as protective factors. Print copies of corresponding handouts to distribute during the training. Be prepared to answer questions and clarify information for parents.

- ☐ Understand myths and corresponding facts about depression and suicide. Print related handouts.

- ☐ Review your school's policy for following up with at-risk students, including how and when parents/guardians will be contacted if their child needs further help.

- ☐ Provide parents with school and community-based mental health resources in your community.

- ☐ Prevention themes to stress with parents include:
    - Do not be afraid to talk to your kids about suicide
    - Know the risk factors and warning signs of youth suicide
    - Respond immediately if your child is showing warning signs
    - Reach out to the school for resources
    - Make all firearms in the house inaccessible to kids

- ☐ If applicable, inform parents of date, time and setting of program implementation.

Handouts (from your Implementation Guide):

- Risk Factors and Warning Signs
- Myths about Depression and Suicide
- Copies of the Parent Screening Form
- Copies of the American Academy of Child and Adolescent Psychiatry articles "Teen Suicide" and "The Depressed Child" (see Materials for Reproduction – Parents).
- Referral list of school and community-based mental health resources*
- Your school's policy and protocol for handling at-risk students*

*not provided

Training Trusted Adults DVD Discussion Guide

BEFORE YOU START

It is important, before you begin this presentation, to acknowledge that you are about to discuss a sensitive and serious matter. There may be people in your audience who have a personal connection to the issues of depression and/or suicide. Some people may even be caught off-guard by their own reactions to the material. Let your audience know that they may leave the room for a few minutes if they feel they need space. You may even appoint someone on your team to stay in the hallway for people who need to talk. If this is the case, let your audience know who this is and where they can be found.

INTRODUCTION

1) Why do you think the SOS Signs of Suicide® Prevention Program is important for our community to embrace?
    - The SOS program can help you differentiate between normal development and what may be a more serious mental health issue.
    - According to the CDC, suicide is the 3rd leading cause of death among people aged 10-24.
    - More than 90% of youth who die by suicide have a diagnosable mental disorder, most likely depression and/or substance abuse, which are treatable.
    - 80% of youth with mental illness are not identified or receiving services(Kataoka et al., 2002).
    - Half of all mental health disorders start by the age of 14.
    - Many people are uncomfortable with the topic of suicide. Implementing a program like SOS can help your community discuss mental health issues, which is an important step in preventing suicide.

WARNING SIGNS

1) Please review the following definitions with your Training Trusted Adults audience. They are not spelled out in detail in the video but are explained and differentiated further in the online module and in your implementation guide.
    - A risk factor is any personal trait or environmental quality that is associated with suicide. The first step in preventing suicide is to understand the risk factors. They are not necessarily causes.
    - A warning sign is an indication that an individual may be experiencing depression or thoughts of suicide. Most suicidal individuals give warning signs or signals of their intentions.
    - 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. Precipitating events are often confused with causing suicide. No single event causes suicidality; other risk factors are typically present.

2) What are some of the risk factors and warning signs listed in the DVD that stuck out for you?
    - Warning signs are changes that occur over a period of at least two weeks, including: changes in eating or sleeping patterns, increased irritability/moodiness/rapid fluctuation in mood, decreased interest in usual activities/hobbies, isolation, involvement with the law.
    - Risk factors include: history of abuse, use of drugs/alcohol, history of mental illness, previous suicide attempts, access to lethal weapons, exposure to suicidal behavior in others, family history of mental illness, history of significant loss, struggles with sexual orientation or fears of acceptance around sexual orientation.

PROTECTIVE FACTORS

1) Please review the following definition with your *Training Trusted Adults* audience:
   Protective factors are personal traits or environmental qualities that can reduce the risk of suicidal behavior. Protective factors don't imply that anyone is immune to suicidality, but help reduce risk.

2) What are some protective factors you might find in your students?
    - Protective factors include: strong problem-solving skills, positive self-image, spiritual faith, close family relationships, strong peer support system, involvement in hobbies/activities, community connectedness, access to treatment, and restricted access to firearms and other means.
    - For a more comprehensive list of protective factors, as well as risk factors and warning signs, review the SAMHSA Toolkit at http://store.samhsa.gov/product/SMA12-4669

GUIDELINES FOR RESPONSES

1) Review your school's response protocol with your *Training Trusted Adults* audience. Let parents/school staff/community members know the steps your school will take to follow up with students seeking help.
2) In this section, the professionals discuss confidentiality. You also heard Melissa in Elyssa's story say, "It's ok to tell." What are some steps to take if a student discloses the need for help?
    - Do not leave the student alone. Keep him/her safe until additional help can be found.
    - Be open. Listen and allow the student to feel comfortable sharing their feelings.
    - Contact a parent/guardian. If appropriate, facilitate a referral for the individual to get professional help.
    - Stay supportive. You may be the first person with whom this individual has discussed these feelings.

BUILDING BRIDGES WITH THE COMMUNITY

1) Let your audience know that you have a referral plan in place. If appropriate, have your mental health resource list available to distribute.
2) Remember that you can always provide your community with the phone number for the National Suicide Prevention Lifeline for support: **1-800-273-TALK(8255)**

ACT IN ACTION

1) Hayley says, "What I would look for in a trusted adult would be somebody who could take me seriously and care about what I'm telling them and has shown an interest in the wellbeing of you and your peers."
    - What qualities do you think make you a trusted adult?

Section 4: Lesbian, Gay, Bisexual, Transgender & Questions Resource Guide

LGBTQ Resource Section

(Lesbian, Gay, Bisexual, Transgender, and Questioning Youth)

On any given day, high school-aged youth experience a great deal of stress. Social relationships, schoolwork, family problems, and gender-related development all contribute to this pressure. Additional challenges to what is already on their plate can be overwhelming, especially if the youth is also experiencing mental health problems. Lesbian, gay, bisexual, transgender, and youth questioning their sexual orientation (LGBTQ) often experience further turmoil during their adolescent years, putting them at a greater risk of depression and suicidality. According to the 2005 Massachusetts Youth Risk Behavior Survey, students who self-identified as gay, lesbian, or bisexual, were at a significantly greater risk for suicide: nearly double (Massachusetts Department of Education, 2006). These students were more likely to have considered suicide and make an actual attempt in the past year. Make no mistake; this is a population at risk!

Fortunately, there are action steps that can be taken by students, educators, and parents to create safe and supportive environment for LGBTQ youth. By spreading tolerance and acceptance at home and in schools, you can take an active role in promoting youth resiliency, a key factor in reducing stress and maintaining student mental health.

DEFINITIONS

LGBTQ is a sexual and gender identity-based term used to describe non-heterosexual individuals, or those who are questioning their sexual orientation. The LGBTQ acronym stands for the following:

- **L**esbian
- **G**ay
    - Youth self-identifying as lesbian and gay are attracted to members of their respective sex.
- **B**isexual
    - Individuals identifying as bisexual can be attracted to both males and females.
- **T**ransgender
    - The term "transgender" is often used to describe individuals whose gender identity (one's innermost concept of self as male, female, both, or neither) does not match their assigned birth gender. Because the term "transgender" does not denote a specific sexual orientation, a transgender youth may also identify as lesbian, gay, straight, or bisexual (Gender Spectrum, 2011)
- **Q**uestioning
    - Questioning youth are those who are unsure about their sexual or gender identity.

RISK FACTORS FOR LGBTQ YOUTH

LGBTQ youth are susceptible to specific risk factors related to their sexual orientation. Obstacles such as coming out to friends and family, issues of gender non-conformity, and gay-related victimization often affect an LGBTQ teenager. LGBTQ youth also experience unique developmental stressors, particularly when identifying as a transgender youth. These specific stressors are further complicated by normal adolescent development such as going through puberty and understanding sexual and emotional relationships (The Trevor Project, 2011). These competing risk factors can be overwhelming for any youth and can have a negative impact on a student's mental health.

A NOTE ON LGBTQ VICTIMIZATION AND BULLYING…

The statistics related to LGBTQ-specific bullying are startling. According to the 2009 GLSEN National School Climate Survey, 86 percent of LGBTQ youth surveyed experienced harassment at school, 60 percent felt unsafe at school because of their sexual orientation, and about one-third of LGBTQ youth skipped a day of school in the past month because they felt unsafe. Most LGBTQ youth are the victims of physical or verbal assault, and more than one-third of LGBTQ youth will lose friends through coming out (D'Augelli, et. al., 2002).

WHAT TO SAY TO STUDENTS

Students will often turn to their peers during a time of crisis. It is important to teach students the action steps they can use when confronted by a friend suffering from bullying or depression. By sharing the following information with your students, you can empower them to support their LGBTQ peers in both the school and community setting.

- **Acknowledge, Care and Tell a Trusted Adult When a Friend is In Need**
    - Educate students on the unique risk factors faced by LGBTQ students and encourage them to always utilize the ACT technique when confronted by a friend in need.
- **Teach Students to Avoid Gay Slang**
    - Homophobic slang words are common vernacular for high school youth. Remind your students that these words are negative and hurtful. Challenge them to think before they speak and to choose words that really express the meaning they intend.
- **Promote Tolerance**
    - Small efforts such as supporting a Gay-Straight Alliance, befriending students with varying backgrounds, or sticking up for bullied students, can go a long way. Remind students how scary it can be for a LGBTQ individual to come out, and encourage students to be tolerant and accepting of differing viewpoints.

HOW TO WORK WITH PARENTS OF LGBTQ YOUTH

LGBTQ youth often struggle with the decision of coming out to their parents and fear that their lifestyle and sexual orientation will be rejected by the people closest to them. Lesbian, gay, and bisexual youth who come from highly rejecting families are more than eight times as likely to have attempted suicide than lesbian, gay, and bisexual peers of low rejection/accepting families (Ryan, et. al., 2010). Even in families where being an LGBTQ child does not create conflict within the family, supportive parents are often unaware of the risk factors faced by their child on a daily basis.

The Family Acceptance Project, an organization aimed at decreasing health and other related risks for LGBTQ youth in the context of their families, suggests the following for parents of LGBTQ youth:

- **Talk Openly With Your Child:** Allow your child to speak freely about their sexual identity, and listen.
- **Demonstrate Acceptance:** Support their identity, regardless of if it causes you discomfort. Express affection freely for your child and allow your child to express their gender freely.
- **Provide Support:** Advocate for your child when he or she is mistreated at school or in the community because they identify as LGBTQ.
- **Spread Tolerance:** Require that other family members respect your LGBTQ child and others of the same sexual orientation.
- **Attend LGBTQ Events:** Bring your son or daughter to LGBTQ-friendly events or organizations to help develop a support network for your child.
- **Believe That Your Child Can Have a Happy Future as an LGBTQ Adult:** Because they can!

Tips to share with your colleagues

Students should feel comfortable around all faculty members at your school. The best way to spread understanding and tolerance is to educate yourself and your colleagues about LGBTQ-related topics and risk factors. The better educated you are, the better you will be at supporting your students in need.

ADVOCATE TOLERANCE

- Speak Up Against Homophobic Comments: Challenge homophobic and anti-gay remarks and slurs you hear in the school setting. It is important to let students know that these sort of remarks will not be tolerated in your presence. Use these instances as opportunities to educate students about the harmful effects of name calling and challenge them think before they speak.
- Encourage School Policies That Support Tolerance and Respect: Work with student council representatives and school boards to implement policies that are tolerant of all students, including LGBTQ youth. Spearhead campaigns and rallies that strive to end bullying and promote safety and respect.

BE A VISIBLE ALLY

- Speak openly to all students, letting them know that you are accepting of students from all backgrounds and lifestyles. Schedule specific office hours during which you are available to speak to students.

COUNTERACT BULLYING — DOCUMENT THE 6 W'S FOR EVERY INSTANCE OF HARASSMENT
(The Trevor Project, 2011).

- WHO was involved
- WHAT happened
- WHERE it happened
- WHEN it happened
- WHO it was reported to
- If there were any WITNESSES

BUILD RESILIENCY

- Cultivate Family, Community, and School Support: All youth should be permitted to express themselves and work comfortably in a setting that is free from stigma.
- Provide Positive Media Representations: Ensure that all media pieces that are shared with students are LGBTQ friendly and free of stereotypes.
- Encourage Gay or Gay-Friendly Social and Support Networks: Create and support gay or gay-friendly organizations in your school, such as a Gay-Straight Alliance and/or PFLAG (Parents, Families, & Friends of Lesbians and Gays).
  NOTE: If you do not have a safe space for LGBTQ students, there are free resources available online at http://www.glsen.org.
- Promote Healthy Coping Mechanisms: Positive coping skills include using relaxation techniques, keeping a journal, exercising, eating right, keeping a regular sleeping schedule, and accessing professional therapy when needed.

Resources for Educators, Students, & Parents

The Trevor Project: A nonprofit organization providing suicide prevention, education, and crisis response services to LGBTQ youth.

www.thetrevorproject.org www.thetrevorproject.org/educatorslocalresources

Family Acceptance Project: A community research, intervention, education, and policy initiative aimed at decreasing health and other related risks for LGBTQ youth in the context of their families.

familyproject.sfsu.edu

It Gets Better Project: Support site for LGBTQ youth, documenting that despite the challenges of youth, life for LGBTQ individuals does, in fact, get better.

www.itgetsbetter.org

Suicide Prevention Resource Center (SPRC): Provides prevention resources, support, and training to individuals and organizations dedicated to suicide prevention.

www.sprc.org/library/SPRC_LGBT_Youth.pdf

Gay, Lesbian and Straight Education Network (GLSEN): A leading educational organization that strives to create a safe school environment for all students by emphasizing acceptance, individual contributions, and student diversity.

www.glsen.org

Gay-Straight Alliance Network: Youth leadership organization empowering youth activists to fight homophobia by connecting school-based Gay-Straight alliances to each other and community resources.

www.gsanetwork.org

P**arents, Families, and Friends of Lesbians and Gays (PFLAG):** A national organization that celebrates diversity and embraces all individuals, regardless of sexual orientation and gender identity.
www.pflag.org

Gay & Lesbian Alliance Against Defamation (GLAAD): A media monitoring organization that promotes understanding, acceptance, and equality by holding the media accountable for their words and images while also encouraging the LGBT voice in the community.

www.glaad.org

Center for Disease Control: Providing articles, resources, and support for related to LGBT health.

www.cdc.gov/lgbthealth

American Psychological Association: Lesbian, Gay, Bisexual, and Transgender Office of Concerns dedicated to improving the health and well-being of LGBT people by increasing understanding and tolerance of gender identity and sexual orientation.

www.apa.org/pi/lgbt

National Gay and Lesbian Task Force: National organization dedicated to securing equality for LGBTQ individuals by encouraging activism and campaigning for advancement of pro-LGBTQ legislation.

www.thetaskforce.org/issues/youth

Advocates for Youth: Nonprofit organization whose mission of rights, respect, and responsibility helps young people make informed and responsible decisions about their sexual and reproductive health.

www.advocatesforyouth.org

Trans Alliance Society: British Columbian nonprofit organization dedicated to supporting transgender education, outreach, and advocacy

www.transalliancesociety.org

Section 5:
Lesson Plans

Lesson Plan 1

- A school health professional reads "Introduction to the SOS Signs of Suicide Prevention Program" below to class (5 minutes) and explains the screening forms.
- Students watch the SOS DVD and a school professional leads the discussion using the accompanying talking points (see Discussion Guide that follows, 40 minutes).
- Students complete the SOS Student Screening Form (5 minutes).
- Leader reviews Scoring Instructions with students and answers any questions they may have (5 minutes).
- Students score their own Screening Forms (5 minutes).
- Teacher collects completed Student Response Cards.
- Distribute the wallet cards and write contact information for where to get help on the board. Students can write the information on the blank lines of their cards for future reference.
- Distribute High School Student Newsletter.
- Students should be informed about any follow-up activities the school is providing for those who scored high or simply want to talk with a health professional about themselves or someone they care about. These activities may include drop-in groups or extended hours for the school nurse or psychologist during the week of and after the program.

Total time: 60 minutes

SAMPLE INTRODUCTION TO THE SOS PROGRAM
This introduction for students may be read aloud by the health professional. Use the introduction in whole or in part, or modify depending on your format.

Today our school is participating in the SOS Signs of Suicide Prevention Program, which is taking place throughout the country. Our goal today is to help you recognize the symptoms of depression and/or suicide in yourselves, your friends, or your loved ones. The purpose of this program is not to tell whether or not you are suffering from depression, but rather to tell you if you may have symptoms that indicate a need for a further evaluation.

Today's program will include the following [*this will vary depending on the screening option you choose; please make appropriate revisions*]:

- A DVD (or educational presentation) about the signs of suicide and the steps to take if you feel a friend or loved one is at risk.
- A depression screening form for you to complete.
- Instructions on how to score the screening form.
- Guidelines for getting further help for yourself or a friend, if necessary.
  Please be aware that although the DVD outlines the steps to take if you are worried about a friend, you will be filling out the screening form as yourself rather than for a friend or loved one.

Facilitating the Group Discussion About The DVD

Talking about the DVD as a group is a good way to ensure that the main teaching points of the SOS Program are integrated. In the course of a discussion, ideas about the DVD's message crystallize, issues are seen more clearly, points of view are raised, and the stories told take on new dimensions.

You can either show the DVD in its entirety or stop the video at opportune moments to discuss teaching points as they emerge. Refer to the Discussion Guide for teaching points to emphasize and questions to ask. Expand upon them as seems appropriate. Demonstrate a positive attitude of confidence and trust.

Suggestions:

- Consider arranging the classroom with students sitting in a circle to facilitate discussion.
- The discussion leader should be a facilitator and moderator rather than an "authority."
- The leader provides an introduction on the SOS Program and asks questions that will guide the discussion.
- The leader may answer questions or provide important information, such as where to go to get help.
- Don't be discouraged if students laugh during the video. Some students use humor in an effort to reduce tension around a serious topic.
- View brief silences as a means for students to gather their thoughts.
- Ask open-ended questions that focus on the DVD and open up discussion.
- Suggest and question rather than impose your views.
- Ask questions that you don't know the answers to, such as, "Can you think of other problems that students are facing in our school that weren't covered in the DVD that may cause them to feel depressed?"
- Share your observations.
- Encourage group members to talk to each other, not "through" you as the leader.
- Respond to digressions that contradict the facts presented in the DVD by asking, "Which specific section in the DVD supports the point you are making?"
- Try to redirect other digressions from the topic by saying, "Let's get back to the DVD. How do you think the friend used ACT?"
- Interrupt private conversations and invite those speaking privately to share their thoughts openly with the group.
- Ensure that everyone has a chance to participate and that no one person dominates the discussion.
- Jump in when you must, "We're all talking at once. Can we let each person have their say?" or, when one person dominates, "Kim, that's very interesting. Let's hear what some of the others have to say" or when someone is trying to break in, "Ingrid has been waiting to talk. Let's hear what she has to say" or to bring everyone into the discussion, "Amy's idea is similar to what Mike said earlier. Does anyone want to respond to that issue?" When Keith interrupts Sam, the leader can interrupt Keith and say, "Just a minute, I'd like to hear Sam finish what he was saying."

Remember, implementing the SOS Program is a way that your school is communicating concern and openness to discuss these issues. Invite students to ask questions and ask for help, directing them to who they can seek help from at the school.

Suicide
Prevention
Program

Friends for Life Discussion Guide

DVD Discussion Guide

Being in high school can be exciting, but it can also feel overwhelming as everything changes at a fast rate and in a big way. With all that is going on, it's normal for students to feel down or discouraged at times. This guide will help you to use the *Friends for Life: Preventing Teen Suicide* DVD to facilitate a discussion with students about knowing when a situation has gone beyond normal adjustment issues and how to respond. With your help, they will learn what kinds of changes are red flags and what to do when their friend seems down for weeks, or when their own sadness or lack of energy is seriously affecting their life.

Regardless of how much time you focus on each dramatization or real life story, be sure to bring students back to the main teaching points of the program: The ACT message.

ACT®: ACKNOWLEDGE, CARE, TELL

Acknowledge: Admit that you are seeing the signs of depression or suicide in a friend and that it is serious (*review signs and symptoms*).
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 (*review specific ways to let someone know you are concerned*).
Tell: Inform a trusted adult, either with your friend or on his or her behalf (*review specifically who students consider trusted adults in their life*). **Note:** Despite some of the reluctance of the actors to tell their parents, it is important to emphasize that parents should be considered trusted adults who will help.

NOTES ON JORDAN'S STORY…
There may be a curiosity about Jordan's suicide attempt and how he survived a jump out of his nine-story window. Jordan was very lucky to have survived. Most people who jump out of a building at that height will die on impact. Many survivors of this type of suicide attempt report that in the split seconds after they jump, they realize they don't really want to die. Most people who attempt suicide don't have the chance to change their minds.

Dramatization:

BOYS DISCUSSING SAT SCORES

Note: Some vignettes may speak to your students more than others. If you feel the vignettes in this video do not reflect your student body, ask your students to identify what does and does not resonate with them from each scenario. Consider asking your students to develop their own skits modelling the ACT message using language and scenarios reflective of the community.

1) What might make a student who thinks he/she has to be "perfect" at risk for suicide?
Answer:

Perfectionism often makes people overly conscientious and prone to excessive guilt when they feel they have not met their own standards or let somebody else down. These kinds of feelings, occurring when someone also has depression, may increase suicidal thoughts and/or behavior.

2) Do you see indications of depression and suicidal risk in the student's words or behaviors?
Answer:
The student in this vignette exhibits multiple warning signs of depression and suicidal risk including:

- Drinking to cope with uncomfortable feelings.
- Excessive guilt: "If I don't get a scholarship (or get into a good college), I just can't face everybody."
- Depressed mood: "I'm so tired of always trying to keep it all together and be the best."
- Suicidal risk: "My family would be better off without me."

3) How did his friend react to these signs?
Answer:
When faced with a peer who is struggling like this, it is common for a friend to be confused about the right thing to do. Remind your students that depression is an illness that requires treatment. If their friend were suffering from another illness, like asthma, they would need to see a professional; depression is no different. Students may also think that in order to be a good friend, they should keep the situation a secret if their friend asks them to. This is not the right thing to do. In the vignette, the friend did not agree to be sworn to secrecy. He realized the situation was something he could not handle, that it was too much to take on.

4) How did the friend use the ACT technique?
Answer:
Acknowledge: He acknowledged it was unusual for his friend to be drinking. Rather than tease or criticize him, he noted: "I know you're a little stressed, but you have to talk with someone about this."

Care: He says, "It's really not that bad, you were doing so well and you still have all your extracurriculars." When asked not to tell anyone he replies, "No, I can't promise you that. It's not going to happen." He would not promise this because he KNOWS his friend needs more help than he can give.

Tell: He successfully encourages his friend to reach out for help to his older sister, Beth. Again, he makes sure his friend follows through by offering to accompany him.

GIRL (LILY) AND HER BROTHER DISCUSSING BREAK-UP

1) Is it normal for people to have these kinds of feelings after a breakup with a girlfriend or a boyfriend?
Answer:
Yes, it's normal for people in this situation to be sad, upset, and even angry for the loss of a relationship they valued.

2) Then what makes this girl's reaction so concerning?
Answer:
Having a difficult time getting over the break-up of a relationship is not uncommon; the key is in knowing when a situation has gone beyond a normal adjustment issue. The concern for Lily is valid because her response to the end of her relationship has begun to raise red flags. Below are some specific warning signs that Lily showed in the vignette:

- Having feelings this intense two months later.
- Saying Alex was "the only good thing in her life" (low self-esteem).
- Flunking classes due to a persistent overreaction to the break-up.
- Saying "I wish I were dead."

3) What if Lily is gay and Alex was her girlfriend rather than her boyfriend? Do you think this might increase the suicide risk?
Answer:
Lesbian, gay, bisexual, transgender, and youth questioning their sexual orientation (LGBTQ) often experience additional turmoil during their adolescent years, putting them at a greater risk for depression and suicidality. In fact, LGBTQ youth are up to four times more likely to attempt suicide than their heterosexual peers (Youth Risk Behavior Survey, 2009).

4) When you think about Lily being gay, do you understand better why when her brother suggested that she talk to their parents she said, "Are you kidding? Mom and dad wouldn't understand."
Answer:
LGBTQ youth may struggle with the decision of coming out to their parents and fear that they will be rejected by their family because of their lifestyle and sexual orientation. In fact, lesbian, gay and bisexual youth who come from highly rejecting families are more than eight times as likely to have attempted suicide than lesbian, gay, and bisexual peers of accepting families (Ryan, et. al., 2010).

5) How did Lily's brother support her, knowing that she needed to speak with someone about her wishing she was dead and that it was also important the trusted adult they talk to be accepting of Lily being gay?

Answer:
He is sensitive to her not wanting to talk to their parents about her feelings and he suggested "What about Mr. Perez at school? I now he's helped a lot of kids out with different types of problems."

6) How did this girl's brother use the ACT technique?
Answer:
Acknowledge: He says, "It's been two months now. You should be getting over this, but you're not. I know you have been cutting school and not doing your work. You really need some help; I don't know what to do."

Care: Her brother doesn't give up when Lily doesn't like his idea at first to tell mom and dad or talk to Mr. Perez. He offers to go with her to see Mr. Perez.

Tell: Lily's brother supported her enough that she eventually agreed to "tell" someone on her own. This is usually the best way for this to happen. However, if he could not convince her to talk to a trusted adult, he would have to do so himself. Without help, his sister's feelings could intensify into suicidal thoughts.

NOTES ON ELYSSA'S STORY…
Your students will likely be affected by this tragic story, particularly by the experiences described by Elyssa's parents and friends. It is important to note to the students that they should think of themselves and realize that they are worthy of getting help. Elyssa's friends highlight the importance of seeking help for a friend and the potentially tragic consequences of keeping a secret. Remember, "*Some secrets should be shared.*"

BOY (JASON) WHO IS ALWAYS BEING PICKED ON; POTENTIAL FOR VIOLENT REACTION

1) What are some things that tell you Jason may be at risk to do harm?
Answer:
Jason has been a victim of bullying. All situations where a student is being singled out and harassed need to be addressed. At times, starting with giving encouragement, "Hey, don't worry about those guys; they are just a bunch of losers," and following up with support, can be what it takes to help. In the vignette, Jason appears to be beyond this, he is very angry, he is making threats, and he may have access to guns.

2) Based on how he acts, would you think Jason might be depressed?
Answer:
There is not enough information about him to know for sure. However, one of the main signs/symptoms of depression for teenagers can be irritability and anger rather than a sad or down mood. Children or teens who are more irritable and angry are sometimes seen as troublemakers or as having behavioral problems when they may actually be depressed.

3) Do you think that this dramatization has anything to do with suicide?
Answer:
A particular incident or a series of real or perceived abuses by students (insults, rejection, constant teasing) or teachers (disciplinary actions or grading problems) can set into motion a suicide attempt in which the student plans to take others with him whom he believes caused the deep psychological pain he feels. Remind your students that Elyssa, the young girl who died by suicide, was bullied at her school. Being a victim of bullying is a risk factor for suicide.

4) How did the girls use the ACT technique in this dramatization?
Answer:
Acknowledge: Based on their conversation with Jason, the girls acknowledge there may be a problem that requires the attention of an adult. "Jason sounded really desperate. It sounded like he was planning on killing them, and then killing himself"; and they knew that he may have access to guns.

Care: The girls supported Jason when he was being cruelly teased: "Hey, don't worry about them. They're just a bunch of losers." Then one of the girls suggested that his reaction was scaring her and "maybe you should talk to someone." The girls did not assume that Jason was "just blowing off steam," and were concerned about his safety and that of other students in the school.

Tell: The girls talked through the situation and made the right decision to involve a trusted adult (the nurse and one of their fathers) because Jason sounded "really desperate." A suicidal individual can be very impulsive. The girls in this scene did not wait to find an adult to tell about their concerns.

NOTES ON SOMMER'S STORY…
Sommer's story turns from a downward spiraling tragedy into a story of hope. Some of your students will identify with the difficult challenges that Sommer faced and the self-destructive choices she made before she was able to turn her life around. She says, "All the people in my life, they kept trying to break through to me and I just wouldn't listen. And when I finally stopped and listened, that's when it really made a difference." Sommer's story highlights how when caring people consistently ACT to help someone who is struggling, a life can be saved.

BOY (MICHAEL) IN BEDROOM WHO HAS STOPPED INTERACTING WITH FRIENDS

1) What has been happening to make Michael's friend concerned and worried about him?
Answer:
Michael's friend has noticed a change in him that he cannot explain and he knows him well enough to realize that something is going on with him. Michael has withdrawn from his friends, stopped showing interest in things he used to enjoy (baseball) and his mood is irritable and grouchy (grouchiness and irritability are often key signs of depression in teens).

2) Can you find anything in this dramatization that may have caused Michael's depression?
Answer:
No. A depressive episode can be triggered by an event in a person's life, but like many other illnesses, it can also strike out of the blue. For this reason, perhaps the worst thing to say to someone with depression is that they have no reason to feel like this or that they should just "snap out of it." This will only make them feel worse, like they are just a weak person who doesn't have the strength to overcome some small bump in the road. Depression is like many other illnesses, it requires professional treatment to get better. You wouldn't tell a friend with asthma or diabetes to "snap out of it" or "tough it out." You would tell them they need to see a health professional.

3) What if Michael had said or implied he was suicidal?
Answer:
If Michael had implied that he was suicidal, his friend would have needed to take him to a trusted adult right away instead of making a plan with him to talk to someone the next day. Statements made about wanting to kill yourself should never be ignored and cannot wait until later, it is time to ACT!

4) In this dramatization, how did Michael's friend use the ACT technique?
Answer:
Acknowledge: Even though Michael didn't seem to want to talk about what was going on with him, his friend persisted, stating clearly, "I don't know what it is but you've definitely got a problem."

Care: Not only had the friend noticed something was wrong with Michael, he had discussed it with their mutual friends to get their input, "We are all concerned for you. You're our friend and you really haven't been acting like yourself lately." His friend also offers to go with Michael to see their coach.

Tell: The friend doesn't accept Michael's indecisive response about going to talk to someone about what is going on with him, "You've got to do this and if you're not there, I'll go myself. You're my best friend and you really, really need help."

Optional Military-Specific Questions:

1) What might make a student who has a deployed parent at increased risk for depression and suicide?
Answer:
Loss and stress are two common triggers for depression. Parental deployment places school-age children and adolescents at higher risk for a range of difficult mood and behavioral changes. Remind your students that Summer's father is a Marine who has

had multiple deployments. Below are additional situations that can contribute to a feeling of hopelessness:

- Break-ups
- Family problems
- Sexual, physical, or mental abuse
- School or work problems
- Feeling like you don't belong anywhere
- Drug or alcohol addiction
- Mental illness
- The death of a loved one
- Any problem that seems hopeless

2) You notice that a friend seems to be struggling because of their dad's pending or current deployment. They are distracted and having trouble focusing. They tell you they are constantly fighting with their mother and not doing well in school. They express that their family would "probably be a lot less stressed" if they were not here anymore. How might the ACT technique be used to support the student?

Answer:

Acknowledge: You can tell them that you have "been there" and "It sounds like you're really having a hard time with this."

Care: Provide support: "Hang in there. I know it seems rough now, but things will get better," and ask, "How long have you been feeling like this?"

Tell: Identify an adult that you both feel comfortable talking to and offer to talk with the adult together.

Review

SIGNS (SYMPTOMS) OF DEPRESSION

- Depressed mood (can be sad, down, grouchy, or irritable)
- Change in sleeping patterns (too much, too little, or disturbed).
- Change in weight or appetite (decreased or increased).
- Speaking and/or moving with unusual speed or slowness.
- Loss of interest or pleasure in usual activities.
- Withdrawal from family and friends.
- Feelings of worthlessness, self-reproach, or guilt.
- Feelings of hopelessness or desperation.
- Diminished ability to think or concentrate, slowed thinking, or indecisiveness.
- Thoughts of death, suicide, or wishes to be dead.

OTHER INDICATIONS OF DEPRESSION

- Extreme anxiety, agitation or enraged behavior.
- Excessive drug and/or alcohol use or abuse.
- Neglect of physical health.

Lesson Plan 2

"PHONE CALLS: SCRIPTS RELATED TO CALLING A SUICIDE HOTLINE"

This unit of instruction is designed to help those implementing the SOS Program offer an additional set of lessons that builds on the essential knowledge and skills in suicide prevention. In order to implement this lesson, you will need to have previously shown the *SOS Friends for Life* DVD. This lesson includes an assessment component. The Phone Calls exercise presents scripts related to asking for help, and asks students to assess which warning signs are being communicated.

Special thanks to the following educators who, along with Jon Hisgen, Health and Physical Activity Consultant, and Linda Carey, Chief Program Assistant, developed this and other strategies.

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TEACHER INFORMATION

Curriculum Connections
Social Studies, Peer Mediation, Family and Consumer Education.

Overview
Students develop and read a script to the class where a citizen calls a hotline communicating warning signs that could lead to a suicide attempt. The rest of the class will analyze the level of risk using a checklist provided in this activity.

Requirements
The students will be working in pairs and will create a role-play script where a certain number of warning signs aredepicted. They can use the "Warning Signs" information sheet to help guide the development of the script. The rest of the class will use the warning signs worksheet to see how many signs are mentioned in the script. A class discussion will follow.

Time
This activity will take two to three class periods for development, presentations, and class discussion.

Materials
Papers and pens, checklists, and handouts.

Instruction
Preliminary classroom activities will include lessons on the ACT process and the warning signs of suicide.

Assessment Criteria
Answers will be scored on the following:

- How well the student understands health concepts as they relate to suicide warning signs.
- How well the student incorporates ACT (acknowledge, care, tell) into their script.
- How well the student uses interpersonal communication to enhance health.

SAMPLE SCENARIOS

*The following sample scenarios each contain between four to seven warning signs, yet are less extensive than students' scripts should be.

SAMPLE RESPONSE #1

Pat: Hello, this is the Wellview County Hotline. How can I help you?
Sam: My boyfriend left me today and my life is not worth living.

Pat: It seems like you were really close with him.
Sam: He was my soul mate. Ever since I lost my parents in an auto accident last year he has been my best friend, but then Terri came on the scene.

Pat: I am very concerned about you at this time.
Sam: This is not the first time I've thought about this. When I was in college I took an overdose and nearly died, but my life has gone well for the last five years. I am happy with the treatment I got and my family was supportive when I lost my job last year.

Pat: I think we need to talk further about your life. Can you come to the mental health center?
Sam: Yes, but it will have to be tomorrow because I am just exhausted after this day.

Pat: I want you to come to the office in the county building first thing tomorrow. Promise me you will be there. Can I tell a family member about my concern for you?
Sam: Not at this time, but I promise to not do anything, and thanks for your concern.

SAMPLE RESPONSE #2

Abbey: Hi Wendy, how are you? Why weren't you at practice today?
Wendy: Not good. I met with a psychologist after school yesterday and I just don't like her.

Abbey: That's weird. I thought you said you really liked her a few weeks ago?
Wendy: I don't know. Now she wants to put me on anti-depressants. She said that since my mom is depressed and because my grades aren't too good lately I show signs of depression…whatever.

Abbey: Well you have been missing more and more practices lately; it's not like you. Are you sure everything is okay?
Wendy: I don't know, sometimes I wonder if anyone would miss me if I were gone. My mom barely acknowledges that I exist and Paul probably hates me and thinks I'm psycho.

Abbey: Wendy, I'm so sorry you feel that way. Why would you say something like no one would miss you if you were gone? That's not true at all. You are my best friend and I don't know what I would do without you. So many people love you to pieces, your mom and Paul included. I know Paul doesn't think you are "psycho." Please don't talk like that.
Wendy: It doesn't matter…I won't be around much longer anyway.

Abbey: Wendy you're scaring me. Please let me help you feel better. I'm on my way over right now and we are going to talk with your parents together.
Wendy hangs up the phone…

SAMPLE RESPONSE #3

Sue: Hello this is the Wellview County Hotline. What's your name and how can I help you?
Tom: Today I went to the bridge to look around.

Sue: What were you looking for at the bridge?
Tom: I was looking at the water underneath. I was looking at the distance between the bridge and the water below.

Sue: Tom I am concerned about you. Were you thinking about maybe jumping off the bridge?
Tom: No, I was just checking things out. I do think about death sometimes and what if I jump. Life is hard, ending it might be better. My girlfriend and I are having problems. I have no job. I'm in debt, I'm sure no one will miss me.

Sue: Tom, do you mind if I send someone over to talk to you?
Tom: Right now?

Sue: Yes, within the hour.
Tom: I have to clean the house. I can't seem to be able to get things done.

Sue: Don't worry I'm sure it's fine. Do you have anyone in your family you can call to come right over?
Tom: No, that's not necessary.

Sue: Well, someone will be right over.

Student Instructions

Many suicidal individuals talk about their suicidal feelings or plans before they attempt suicide. It is important to listen to these "cries for help" by practicing the ACT (acknowledge, care, tell) technique discussed in this unit.

An individual working at a suicide hotline has been given information about suicide myths. One myth is that if you talk about suicide, you are more likely to attempt suicide. These hotline volunteers use the Warning Signs of Suicide lists to help them determine the risk level of the caller for attempting suicide.

Your task is to work in pairs to develop a script where a person is calling the hotline. The hotline staff is trying to communicate with the person calling and helping to address the problems presented. The other students will listen to your script using the Warning Signs checklist to determine how many warning signs are in the script. A discussion of the number of warning signs will follow.

<u>Assessment Criteria</u>
Answers will be scored on the following:

- How well you understand health concepts as they relate to suicide warning signs.
- How well you incorporate ACT (acknowledge, care, tell) into your script.
- How well you use interpersonal communication to enhance health.

Warning Signs of Suicide

Warning signs are observable changes, behaviors, or statements that indicate directly or indirectly that an individual is contemplating suicide.

	Mentioned in Script
Feelings:	
Hopeless – "Things will never get better." "There's no point in trying."	
Worthless – "Everyone would be better off without me."	
Helpless– "There's nothing I can do about it." "I can't do anything right."	
Guilt, shame, self-hatred – "What I did was unforgivable." "I'm useless."	
Pervasive sadness	
Persistent anxiety	
Persistent agitation	
Persistent, uncharacteristic anger, hostility, or irritability	
Confusion – can't think straight, make decisions	
Actions:	
Uncharacteristic aggression	
Risk taking	
Withdrawing from friends/activities	
Becoming accident prone	
Recent losses – death, divorce, relationship, job, status, self-esteem	
Getting into trouble, discipline problems	
Drug or alcohol abuse	
Themes of death or destruction in talk, writing, or websites	
Change:	
Personality – more withdrawn, low energy, "don't care" attitude or more boisterous, talkative, outgoing	
Can't concentrate on school, work, routine tasks	
Loss of interest in hobbies or work	
Marked decrease in school or work performance	
Sleep, appetite increase/decrease	
Sudden improvement after being down or withdrawn	
Threats:	
Statements talking about suicide directly or indirectly, written themes of death, preoccupation with death	
Threats – "I won't be around much longer," writing suicide note, making a direct threat	
Plans – giving away prized possessions, making arrangements for a funeral, studying drug effects, obtaining a weapon	
Attempts to kill themselves, such as through an overdose	

Source: John Kalafat, Ph.D., et al, Lifelines ASAP (Adolescent Suicide Awareness & Response Program)

Lesson Plan 3

Present common myths and questions about depression and suicide as a pre-test for assessing student knowledge about these topics. Have the class discuss facts and dispel myths.

MYTHS ABOUT DEPRESSION AND SUICIDE

Myths about depression and suicide often separate people from the effective treatments now available and prevent people from supporting suicide prevention efforts. School staff, students, and their parents need to know the facts. Some of the most common myths are:

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: 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 death.

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.

COMMON QUESTIONS ABOUT DEPRESSION

What is depression? Depression is more than the blues or the blahs; it is more than the normal, everyday ups and downs. When that "down" mood, along with other symptoms, lasts for more than a couple of weeks, the condition may be clinical depression. Depression is a serious health problem that affects the total person. In addition to feelings, it can change behavior, physical health and appearance, academic performance, social activity, and the ability to handle everyday decisions and pressures.

What causes depression? We do not yet know all the causes of depression, but there seem to be biological and emotional factors that may increase the likelihood that an individual will develop a depressive disorder. Research over the past decade strongly suggests a genetic link to depressive disorders; depression can run in families. Difficult life experiences and certain personal patterns, such as difficulty handling stress, low self-esteem, or extreme pessimism about the future, can increase the chances of becoming depressed.

How common is it? Depression is a lot more common than most people think. It will affect around 19 million Americans this year. One-fourth of all women and one-eighth of all men will suffer at least one episode or occurrence of depression during their lifetimes. Depression affects people of all ages but is less common for teenagers than for adults. Approximately 3 to 5 percent of the teen population experiences clinical depression every year. That means among 25 friends, 1 could be clinically depressed.

Is it serious? Depression can be very serious. It has been linked to poor school performance, truancy, alcohol and drug abuse, running away, and feelings of worthlessness and hopelessness. In the past 25 years, the rate of suicide among teenagers and young adults has increased dramatically. Suicide is often linked to depression.

Are all depressive disorders alike? There are various forms or types of depression. Some people experience only one episode of depression in their whole life, but many have several recurrences. Some depressive episodes begin suddenly for no apparent reason, while others can be associated with a life situation or stress. Sometimes people who are depressed cannot perform even the simplest daily activities — like getting out of bed or getting dressed; others go through the motions, but it is clear they are not acting or thinking as usual. Some people suffer from bipolar disorder, in which their moods cycle between two extremes — from the depths of desperation to frenzied talking or activity, or grandiose ideas about their own competence.

Can it be treated? Yes, depression is treatable. Between 80 and 90 percent of people with depression — even the most serious forms — can be helped. There are a variety of psychotherapies and antidepressant medications that can be used to treat depressive disorders. Some people with milder forms may do well with psychotherapy alone. Most people do best with combined treatment: medication to gain relatively quick symptom relief and psychotherapy to learn more effective ways to deal with life's problems, including depression.

The most important step toward overcoming depression — and sometimes the most difficult — is asking for help.

Section 6: Materials for Reproduction

Suicide Prevention Program

Materials for Staff

- **Disclosure Template for School Staff to Use When Approached by Students Asking for Help**
  This template is meant as a guide to steer school personnel through situations that might arise so that they might be prepared for and comfortable with handling students asking for help.

- **Student Follow-Up Form**
  Using the template provided in your kit to make copies, complete a form for each student seeking help as a result of the program.

- **Sample Active & Passive Parental Consent Letters**
  If parental consent is required to implement a suicide prevention program, you may adapt one of the following letters (for either Active or Passive Consent) and send it to parents on school letterhead, accompanied by the Parent Screening Form and Referral Resource List.

- **Sample Parental Permission Slips**
  Active and Passive examples provided on the back of each consent letter.

- **Maximizing Parent Consent Returns**
  Thanks to the Suicide Prevention Resource Center www.sprc.org for permission to reproduce this article.

- **Sustaining Prevention Efforts**
  Building a Supportive School Environment Year-Round
  Sustaining Your Prevention Efforts

Disclosure Template for School Staff to Use When Approached by Students Asking for Help

Disclosure Guidelines:

What to Do When Approached by Students Asking for Help

- Once a student has disclosed the need for help (whether directly, or indirectly through someone else, or even in a written assignment) **do not leave the student alone**.
- Listen to what the student has to say; observe his or her demeanor and avoid making the student feel embarrassed or guilty. (The program team may want to brainstorm some appropriate phrases to review with all staff beforehand or include with this template.)
- Offer words of encouragement, but **do not promise confidentiality**. Acting to prevent a potential suicide *always* overrides the need to honor confidentiality between that individual and the student.
- Advise the student that you are going with him/her to Mr./Ms. [*insert name of the individual designated in your high school procedure*] office. He/She knows what needs to be done to make sure that you will get the professional help you need to deal with these feelings safely.
- The appropriate person (designated in school procedure) should immediately **contact the student's parent(s) or guardian** and work with them to make whatever treatment referral is necessary

SIGNS (SYMPTOMS) OF DEPRESSION

- Depressed mood (can be sad, down, grouchy, or irritable)
- Changes in sleeping patterns (too much, too little, or disturbed)
- Change in weight or appetite (decreased or increased)
- Speaking and/or moving with unusual speed or slowness
- Loss of interest or pleasure in usual activities
- Withdrawal from family and friends
- Feelings of worthlessness, self-reproach, or guilt
- Diminishing ability to think or concentrate, slowed thinking or indecisiveness
- Thoughts of death, suicide, or wishes to be dead

OTHER INDICATIONS OF DEPRESSION

- Extreme anxiety, agitation, or enraged behavior
- Excessive drug and/or alcohol use or abuse
- Neglect of physical health

A Note about Screening Options

Your SOS Program includes hard copies of the Brief Screen for Adolescent Depression (BSAD). This validated, seven-question survey is part of the larger Columbia DISC screening. The purpose of this tool is not to tell whether students are depressed, but rather inform them about whether they, or their friends, may have symptoms that need further evaluation.

Given the strong correlation between adolescent alcohol use and suicide attempts (Schilling et al., 2009), you may also wish to ask the following two questions relevant to alcohol when screening students (responses for both questions are yes/no):

3. In the past year, has there been a time when you had five or more alcoholic drinks in a row? (By "drinks" we mean any kind of beer, wine, or liquor.)

4. In the past year, have you used alcohol because you were feeling down?

For a reproducible version of the BSAD including these two questions, please contact our office.

Student Follow-Up Form

Using the template provided in your kit to make copies, complete a form for each student seeking help as a result of the program.

Date of Initial Contact: _____ **Student Name:** _____

How did the student come to the attention of school staff (check all that apply)?
☐ Student self-referred ☐ Student was accompanied by a friend/another student ☐ Parent ☐ School staff
☐ Other (specify): _____
Was this considered an emergency? ☐ Yes ☐ No
Was alcohol use assessed? ☐ Yes ☐ No

RECOMMENDATION (Check all that apply):
☐ Needs further evaluation ☐ Suicidal ☐ With intent or plan ☐ Without intent or plan
☐ Completed full psychiatric evaluation ☐ Does not require further evaluation ☐ Other Specify):_____

PARENT/GUARDIAN NOTIFICATION AND INVOLVEMENT
Was the Parent/Guardian Contacted? ☐ Yes, date of contact:_____ (day/month/year) ☐ No

In those cases when the parent/guardian was contacted, the parent/guardian was:
☐ In agreement with the recommendation for follow up and did bring the child for follow up
☐ In agreement with the recommendation for follow up but did not bring the child for follow up
☐ Disagreed with the recommendation for follow-up and did bring the child for follow up
☐ Disagreed with the recommendation for follow up and did not bring the child for treatment
☐ Other (specify):_____

In the case when parents **disagreed** with the need for referral and **did not** follow through, was a child protective agency contacted? ☐ Yes ☐ No
If yes, describe outcome: _____

REFERRAL INFORMATION
Was the child referred for follow-up evaluation/treatment? ☐Yes ☐ No
If yes, was the child referred to:
☐ Local Emergency Room ☐ Local Crisis Team ☐ School Counseling Staff ☐ Pediatrician
☐ School Support Group ☐ Outpatient Referral (outside of school) ☐ Inpatient Referral
☐ Partial Hospital /Intensive Outpatient Program ☐ Other (specify): _____

A follow up appointment was made (where indicated):
☐ Immediately ☐ Within 24 hours ☐ within 48 hours ☐ within 72 hours
☐ within a week ☐ Within a month ☐ Other (specify): _____

Did you have any problems making referrals for counseling or treatment? ☐ Yes ☐ No
If yes, what problems did you experience? (Check all that apply):
☐ Didn't have a place to refer student to ☐ Student left the school before a referral could be made
☐ Long wait list ☐ No providers accepted insurance ☐ Other (specify): _____
Indicate how you resolved the problem: _____

Staff Signature: _____ Date: _____
FOLLOW UP Date of Follow Up: _____

For those who followed through with treatment, was the child still in treatment within:
1 month within the referral being made ☐ Yes ☐ No ☐ Don't know
3 months of referral being made ☐ Yes ☐ No ☐ Don't know

Child terminated treatment:
☐ Against medical advice ☐ Completed treatment recommendations ☐ Ran out of insurance coverage
☐ Don't know ☐ Other (specify): _____

Staff Signature: _____ **Date:** _____

Sample Active Consent Letter (accompanied by Parent Newsletter)

Dear Parent or Guardian:

The adolescent years are marked by a roller-coaster ride of emotions—difficult for youths, their parents, and educators. It is easy to misread depression as normal adolescent turmoil; however, depression (among the most common of mental illnesses) appears to be occurring at a much earlier age. Depression—which is treatable—is a leading risk factor for suicide. In addition, self-injury has become a growing problem among youth.

To proactively address these issues, [our school] is offering depression awareness and suicide prevention training as part of the SOS Signs of Suicide® Prevention Program. The program has proven to be successful at increasing help seeking by students concerned about themselves or a friend and is the only school-based suicide prevention program listed by SAMHSA for its National Registry of Evidence-Based Programs and Practices that addresses suicide risk and depression, while reducing suicide. In a randomized control study, the SOS High School Program showed a reduction in self-reported suicide attempts by 40% (BMC Public Health, July 2007).

Our goals in participating in this program are straightforward:

- To help our students understand that depression is a treatable illness
- To explain that suicide is a preventable tragedy that often occurs as a result of untreated depression
- To provide students training in how to identify serious depression and potential suicidality in themselves or a friend
- To impress upon youth that they can help themselves or a friend by taking the simple step of talking to a responsible adult about their concerns
- To help students know whom in the school they can turn to for help, if they need it

[*Insert a brief description of how your school intends to implement the program, including whether or not the students will take the screening.*]

We are enclosing a copy of the Parent Newsletter and Referral Resource List so that you have information and resources about depression and its related risks.

Please sign the enclosed permission slip allowing your child to participate in SOS Middle School Program in school, and return this form to [*address*] to the attention of [*designated school administrator*].

If you have any questions or concerns about this program please do not hesitate to contact me at [*include phone number, e-mail, best times to be reached*].

Sincerely,

[*Designated administrator, title*]

Sample Passive Consent Letter (accompanied by Parent Newsletter)

Dear Parent or Guardian:

The adolescent years are marked by a roller-coaster ride of emotions—difficult for youths, their parents, and educators. It is easy to misread depression as normal adolescent turmoil; however, depression (among the most common of mental illnesses) appears to be occurring at a much earlier age. Depression—which is treatable—is a leading risk factor for suicide. In addition, self-injury has become a growing problem among youth.

To proactively address these issues, [our school] is offering depression awareness and suicide prevention training as part of the SOS Signs of Suicide® Prevention Program. The program has proven to be successful at increasing help seeking by students concerned about themselves or a friend and is the only school-based suicide prevention program listed by SAMHSA for its 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 High School Program showed a reduction in self-reported suicide attempts by 40% (BMC Public Health, July 2007).

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- To provide students training in how to identify serious depression and potential suicidality in themselves or a friend
- To impress upon youth that they can help themselves or a friend by taking the simple step of talking to a responsible adult about their concerns
- To help students know whom in the school they can turn to for help, if they need it

[*Insert a brief description of how your school intends to implement the program, including whether or not the students will take the screening.*]

We are enclosing a copy of the Parent Newsletter and Referral Resource List so that you have information and resources about depression and its related risks.

If you do **NOT** wish your child participating in SOS Middle School Program in school, please complete the enclosed form and return it to [address] to the attention of [designated school administrator]. If we do not hear from you, we will assume your child has permission to participate in this program.

Sincerely,

[*Designated administrator, title*]

Sample Parental Permission Slips

Active

I, [*Name of Parent/Guardian*], **give permission** for [*Name of Student*]
to participate in the SOS"Time to ACT" Program, to take place on [*Month, Day(s), Time(s)*].

(X) [*Signature of Parent/Guardian*]

Passive

I, [*Name of Parent/Guardian*], **do not give permission** for [*Name of Student*]
to participate in the SOS"Time to ACT" Program, to take place on [*Month, Day(s), Time(s)*].

(X) [*Signature of Parent/Guardian*]

Maximizing the Return of Parent Consent Forms

Philip Rodgers, Ph.D.
Evaluation Specialist
American Foundation for Suicide Prevention
Suicide Prevention Resource Center

Introduction
Garrett Lee Smith Memorial Act (PL 108-355) grantees are required to obtain active parent consent prior to allowing children to participate in grant-related programming. This requirement has been extended to Linking Adolescents at Risk to Mental Health Services (RFA No. SM-05-019) grantees. Active parent consent is commonly obtained by sending permission forms home with students. The parent or legal guardian must indicate whether they do or do not give permission for their child to participate in the program, sign the form, then return the form to the school prior to their child's participation in program activities.

Unfortunately, the return rate for consent forms often falls below 50%, regardless of whether parents give consent or not (Tigges, 2003). A low return rate results in students not receiving services and lessens the credibility of evaluation results. The former is particularly troubling because non-respondents are often those who need services the most (Anderman et al., 1995; Noll et al. 1997; Unger et al., 2004). However, with awareness of the problem and careful planning consent rates can be significantly increased.

This paper provides practical and research-based recommendations to improving the return rates of parental consent forms. It does not address the content of consent forms. Programs should comply with any relevant federal or state regulations that govern obtaining consent from parents. (U.S. Department of Health and Human Services policy guidance on informed consent can be found at this webpage: http://www.hhs.gov/ohrp/policy/index.html). It is also important that programs exert no undue influence or coercion upon parents to return only affirmative consent forms; the methods outlined here are meant to increase the return rate of consent forms regardless of whether consent is provided or not. In addition, programs may want to actively collaborate with parents and families so that the process of seeking consent is acceptable to the community in which the programs operate.

Recommendations
The following recommendations were culled from the literature.

1. Engage parents and school personnel. High consent rates cannot be obtained without the support of parents, school administrators, and teachers. Support can be increased by engaging parents, parent groups (e.g. community and school advisory boards, and parent-teacher organizations), and school personnel from the beginning of program planning and keeping them fully informed."

- While the process of obtaining active parent consent is required, it should also beseen as an opportunity for constructive interactions among parents, school staff,and researchers. Such interactions are credited, in part, for achieving an 89% response rate from middle school parents (O'Donnell et al., 1997). Culturally appropriate communications should be used with families and should detail allaspects of the program and data collection (Ross, Sundberg, & Flint, 1999)

- When middle and high schools used their own resources and staff to collectconsent forms, they had a significantly higher return rate (80% v. 59%) comparedto schools that requested or required that researchers collect forms (Ji et al., 2004).

- Administrator and teacher support was credited as being the difference betweenlow and high response schools in a middle school population in one study: "Theschools that had high completion rates…typically had administrators who were personally invested in the study and worked closely with teachers to monitor theconsent process…teachers were provided support and encouragement to obtainhigh return rates" (Pokorny et al., 2001; p. 574).

- Including a cover letter from the school's principal has also been recommendedby researchers (Esbensen et al., 1996, Ji, et al., 2004; Knowlton et al., 1999).Such letters should include a description of the program and research, stress the importance of participation in the research, describe confidentiality assurances,and examples of the types of questions asked (Knowlton et al., 1999).

2. "Piggyback" with existing form collection. Many schools require parents to complete and return a variety of forms at the beginning of the school year. Consent forms can be included with these other forms. (Unfortunately, this may not fit all intervention/research timelines). If report cards are required to be signed and returned by parents, this may provide a more frequent opportunity to obtain consent.

- Higher return rates were found for middle school students when consent formswere attached to student report cards as compared to forms that were mailedand asked parents to return the form to the school with their child (Pokorny et al., 2001).

- In addition to piggybacking, having parents complete consent forms whileattending school functions may also be effective. Ji et al., (2004) examined avariety of methods to increase return rates for middle and high-school studentsand found that "The highest return rate occurred when a consent form wasattached to an existing school form that parents had to sign and return to theschool" and that "The second highest return rate was obtained by usingprocedures where parents attended a school-based function and project orschool staff was stationed at a location that parents had to stop to completeschool-related forms" (p. 588).

3. Provide incentives. Return rates are increased by providing incentives to students, parents, teachers, and schools. Student rewards can be individual (candy, pencils, tshirts) or class-based (pizza parties). Parent incentives have included gift certificates for local grocery stores or entry into drawings for other prizes. Teachers can be given incentives based on the number of individual returns (e.g., $5 gift certificate for each return) or based on a percentage of returns (e.g., $25 gift certificate for a 90% return rate). School incentives can be supplies or gift certificates. Note that incentives should be provided for returning a completed consent form regardless of whether consent is granted or denied by the parent.

- Fletcher and Hunter (2003) obtained a 95% return rate from elementary schoolparents; they credited the high return rate to three factors: rewarding teacherswith $5 gift certificates for every consent form returned, developing a strongrelationship with school-level administrators and teachers, and "attention grabbing"forms.

- Classroom pizza parties contributed to a 90% return rate for middle schoolstudents (Leakey et al., 2004).

4. Use simple "eye-catching" forms. Consent forms should be easy to read, simple to complete, and catch parents' attention. Parents should not be required to fill in any unnecessary information or information that can be filled in by the school. Forms should "catch" parent's attention through a combination of color and text. Cover sheets should be printed on color paper.

- Fletcher and Hunter (2003) used a cover sheet that exclaimed: "Important! Please complete and return to school tomorrow. Your child's class receives adonation for each form returned--whether you check yes or no!" They also found a more rapid response when bright orange neon paper was used for the cover sheet.

5. Be prepared to follow-up. Sending additional forms to non-respondents will increase return rates. Follow-ups should be spaced one to two weeks apart. Follow-ups can also be conducted by phone with direct requests to return the consent form.

- Using a single follow-up coupled with a "Tootsie Pop" incentive, (Leakey et al.,2004) increased return rates by 18% for middle school students.

- Fletcher and Hunter (2003) recommend the following schedule of follow-ups: (1)initial consent request and form sent home with the student, (2) one week later asecond request and consent form is sent home, (3) one week after the second request a third request is sent, this time with a sticker placed on the child's shirtnotifying parents that they should look for an important form in their child's bookbag (for elementary students); and, (4) if a consent form has still not been returned, parents should be called at home to see if they've received the formand, if so, could they return it to school the next day.

**Thanks to the suicide prevention resource center www.sprc.org for permission to reproduce this article. For references, see section 6 of this manual*

Building a Supportive School Environment Year-Round

Listed below are some suggestions for broad-based suicide prevention strategies that administrators can implement in their schools and communities as a way of addressing depression awareness and youth suicide and breaking down the stigma associated with both:

- Research shows that a positive relationship with an adult, not necessarily with a teacher, is one of the most critical factors in preventing student violence, suicide, and bullying. Work to ensure that every student has a perceived caring relationship with a competent adult in the school.
- Strengthen parent involvement with your school by creating forums involving parents and facilitating parent-school communications.
- Develop positive, productive relationships with community-based mental health providers to better serve students at-risk for mental health problems by working with mental health facilities, hospitals, and teen programs in your area.
- Incorporate stress management classes that teach teens the warning signs that differentiate normal life stress from clinical depression into your school's curriculum.
- Identify historical stressors in students' lives, such as the transition from middle to high school, and take proactive steps to ease the transition. Guide student groups to develop a "welcoming committee" or "buddy system" to turn these transitions into positive experiences.
- Plan programs that teach students skills that build resiliency, such as problem solving skills, managing intense feelings, communication skills, and goal setting.
- Educate school staff year round about the problems of depression and suicide by periodically distributing educational materials in staff mailboxes and at events.

INFORM YOUR COMMUNITY ABOUT YOUR SUICIDE PREVENTION EFFORTS IN YOUR COMMUNITY TO GAIN PUBLIC SUPPORT FOR YOUR EFFORTS AND REDUCE STIGMA BY INITIATING A PUBLIC DIALOGUE ABOUT THE PROBLEMS OF YOUTH DEPRESSION AND SUICIDE. SUBMIT A STORY ABOUT YOUR PREVENTION EFFORTS IN YOUR LOCAL PAPER OR TOWN WEBSITE.

Sustaining Your Prevention Efforts

Maintaining the momentum and assuring sustainability involves "institutionalizing" programs into schools, agencies, and communities—work that requires making permanent changes in systems.

The key ingredient to sustaining your prevention program is the presence of committed leaders to the effort. We suggest the following tips to sustain your suicide prevention efforts:

- Find a champion to bring your program together—someone with influence who would make it a priority
- Get the need for your prevention efforts and resources in writing
- Plan ahead for sustainability challenges
- Include your prevention efforts in your department budget
- Continue to broaden your project team of supporters of the program by recruiting new partners in your prevention effort
- Foster, maintain, and enhance partnerships with other organizations and agencies and link with groups already working on issues connected to suicide (e.g., anti-bullying campaigns)
- Maintain regular communication with community partners and develop the relationships as needs change
- Maintain continuity of leaders and staff, and develop a plan to build the capacity of new leaders that can fulfill these roles in the future
- Welcome late adopters
- Continuity in leadership
- Provide feedback and gratitude to implementers
- Remind partners in your prevention efforts of the importance of their contribution
- Build on other efforts. Youth suicide prevention efforts may have broader appeal if carried out in conjunction with prevention efforts aimed at other issues affecting youth
- Disseminate data and statistics including rates of suicide ideation and how this impacts a community, in order to boost community support
- Promote a constructive media focus on the issue. Spread the word about the efforts underway, and continue to increase knowledge through education
- Seek out opportunities for pooling resources across departments that provide a "win-win" situation for both

SOS
SIGNS OF SUICIDE®
Suicide Prevention Program

Materials for Students

- **Sample Response Cards for Students**
  Distribute this sheet to students along with other educational materials and take-aways
- **How and Why to get Help for Yourself or a Friend**

Sample Response Card for Students

On the opposite page you will find a template for the Student Response Card. There are also hard copies in your program.

We **strongly** recommend use of the Student Response Card, whether you choose to use the screening forms as well or use them alone. This is a simple and practical way for students to let you know they would like to speak to someone.

You may also choose to use the Student Response Card at other times of the year when in a classroom speaking to students about other sensitive topics. We encourage you to use this tool as a way for students in your school to understand that you, and other staff, are trusted adults in their lives.

Have each student complete and sign the card and have school staff collect them (to protect anonymity, do not ask students to pass cards forward). Be sure to set expectations about staff response time on the card on the blank line provided. While it is recommended that follow-up be provided the day of your program, if this is not feasible, indicate realistic expectations of follow-up on the bottom of the card before reproducing and distributing it to students. Consider the following example, "If you wish to speak with someone, you will be contacted within 24 hours. If you need to speak with someone sooner, please ask for help immediately."

BASED ON THE VIDEO AND/OR SCREENING, I FEEL

- ☐ **I <u>need</u> to talk to someone…**
- ☐ **I <u>do not need</u> to talk to someone…**

ABOUT MYSELF OR A FRIEND.

NAME (PRINT) _____

COUNSELOR _____

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.

BASED ON THE VIDEO AND/OR SCREENING, I FEEL

- ☐ **I <u>need</u> to talk to someone…**
- ☐ **I <u>do not need</u> to talk to someone…**

ABOUT MYSELF OR A FRIEND.

NAME (PRINT) _____

COUNSELOR _____

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.

BASED ON THE VIDEO AND/OR SCREENING, I FEEL

- ☐ **I <u>need</u> to talk to someone…**
- ☐ **I <u>do not need</u> to talk to someone…**

ABOUT MYSELF OR A FRIEND.

NAME (PRINT) _____

COUNSELOR _____

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.

BASED ON THE VIDEO AND/OR SCREENING, I FEEL

- ☐ **I <u>need</u> to talk to someone…**
- ☐ **I <u>do not need</u> to talk to someone…**

ABOUT MYSELF OR A FRIEND.

NAME (PRINT) _____

COUNSELOR _____

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.

How and Why to Get Help for Yourself or a Friend

- Many people are available to help you, including health professionals, teachers, guidance counselors and coaches.
- You are not a "bad" person for being depressed. You did not choose to feel the way you do.
- You are not alone; there are many other people who share your feelings and issues.
- The entire school does not have to know.

WHAT TO EXPECT FROM TREATMENT FOR DEPRESSION:

- Treatment is very effective and can include psychotherapy, or "talk therapy," medication, or often, a combination of both. Short-term psychotherapy means talking about feelings with a trained professional who can help you change the relationships, thoughts, or behaviors that contribute to depression. It is important to find someone you are comfortable talking with who will work with you to develop the very best treatment plan.
- Medications have been developed that effectively treat depression. Antidepressant medications are not "uppers" and are not addictive. If medication is indicated, you may need to try more than one type of medication before you and your doctor find the one that works best.
- With treatment, whether it is talk therapy, medications, or a combination of both, most depressed people start to feel better in just a few weeks.

GUIDELINES FOR STUDENTS WHO MAY BE AFRAID TO TALK TO PARENTS OR CAREGIVERS ABOUT DEPRESSION

- If you are worried about speaking to your parents about depression, there are other people you can talk to who can educate you about depression. Find an adult you trust — such as a coach, priest or rabbi, school nurse or teacher — and ask them to meet with you and your parents.
- Ask one of your best friends to come with you to talk to your parent or guardian. Practice the conversation with your friend first, then you can decide exactly what you want to say.
- Remember that **there is always someone you can find to help** you and your family. Seek out the resources at your school to find out more information.

Materials for Parents

- **Sample Referral List for Parents**
  Use this form as a template and make copies to include in your mailing to parents and/or to distribute at your parent night event

- **Parent Screening Form**
  This screening to template allows parents to consider if their child is exhibiting warning signs for depression.
    - *For information on hard copies, pdf, and online screening options please refer to Section 3.*

- **American Academy of Child & Adolescent Psychiatry: Facts for Families**
  These handouts are for use with parents and staff
    - The Depressed Child
    - Teen Suicide
    - Bullying
    - Bipolar Disorder in Children & Teens

Sample Referral Resource List for Parents

As part of your program, provide parents with a referral list for mental health services in your community. Wherever possible, include phone numbers, addresses, fee schedules, accepted insurance plans, services, and hours, which are helpful in directing people to an appropriate facility. Be sure to include publicly funded facilities and those with sliding fee scales for individuals without insurance. Use this form as a template and make copies to include in your mailing to parents and/or to distribute at your parent night event.

One Call Can Make a Difference.

You can get help for your child at the following community facilities or individual practitioners. You may need to call several facilities in order to determine the one that best meets your needs.

List of Community Mental Health Resources

- Mental Health Center(s)
- General Hospital(s) with psychiatric services
- Psychiatric Hospital(s)
- State, county, or local facilities providing free and/or sliding scale treatment
- Your State's Psychological Association or Social Work chapter
- Local pastoral counseling centers
- Self-help groups
- Advocacy groups (Mental Health Association, National Alliance for the Mentally Ill)
- Private practitioners

SOS Signs of Suicide® Prevention Program

Parent Screening Form

- Child's Age: _____
- Child's Gender: □ Female □ Male
- Child's Grade in School:
  □ 6 □ 7 □ 8 □ 9 □ 10
  □ 11 □ 12 □ GED Program
  □ Other:
- Child's Ethnicity: □ Hispanic/Latino □ Not Hispanic/Latino
- Child's Race: *(Check all that apply)*
  □ American Indian/Alaska Native □ Asian
  □ Native Hawaiian/Other Pacific Islander □ White
  □ Black/African American □ Other/Multiracial
- Is your child currently being treated for depression?
  □ Yes □ No

Brief Screen for Adolescent Depression (BSAD)* Parent Version

These questions are about feelings that people sometimes have and things that may have happened to your child. **Most** of these questions are about the ***LAST FOUR WEEKS.***

Read each question carefully and answer it by circling the correct response.

1. In the last four weeks, has there been a time when nothing was fun for him/her?	**Yes**	**No**
2. Has he/she seemed to have less energy than he/she usually does?	**Yes**	**No**
3. In the last four weeks has it seemed like he/she couldn't think as clearly or as fast as usual?	**Yes**	**No**
4. In the last four weeks, has he/she talked seriously about killing him/herself?	**Yes**	**No**
5. Has he/she tried to kill him/herself ***in the last year?***	**Yes**	**No**
6. In the last four weeks, has he/she had trouble sleeping—that is trouble falling asleep, staying asleep, or waking up too early?	**Yes**	**No**
7. Has there been a time when your child seemed to do things, like walking or talking, much more slowly than usual?	**Yes**	**No**
8. In the last four weeks has he/she often seemed to have trouble keeping his/her mind on his/her schoolwork or other things?	**Yes**	**No**
9. Has he/she said he/she couldn't do anything well or that he/she wasn't as good looking or as smart as other people?	**Yes**	**No**

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SOS Signs of Suicide® Prevention Program
Scoring Instructions and Interpretation for Parents

The Brief Screen for Adolescent Depression (BSAD) is a depression screening tool for teens and adolescents. In the Parent Version, you are asked to answer questions about your child. The BSAD **does not** diagnose a teen or adolescent as depressed, but it does give an indication of whether he or she should be referred to a health care professional (medical doctor, psychiatrist, psychologist, nurse, counselor or social worker) for further evaluation.

The score on the BSAD is achieved by adding up the number of "Yes" answers to the 9 questions on the scale. The following guidelines are **estimates** of the likelihood that your child may be depressed:

SCORE	MEANING
0-2	Scores of 2 or lower (two or fewer "Yes" answers) indicate that it is ***unlikely*** that a teen is depressed.
3	Scores of 3 (three "Yes" answers) indicate that a teen may be depressed, and he or she might benefit from further screening by a mental health professional.
4-7	Scores of 4 or higher (four or more "Yes" answers) indicate that it is likely that a teen is depressed. He or she probably has some significant symptoms of depression and would benefit from talking to a mental health professional about these feelings.
Questions 4 and 5	These questions are about suicidal thoughts and suicide attempts. If you answered "Yes" to either of these questions, it is ***strongly recommended*** that your teen see a mental health professional for further evaluation, ***regardless of his or her score.***

If you are worried about yourself or someone else,
call the National Suicide Prevention Lifeline, at 1-800-273-TALK (8255).

American Academy of Child & Adolescent Psychiatry: Facts for Families

Facts *for* Families

The Depressed Child

No. 4; Updated May 2008

Supported by a grant from The Klingenstein Third Generation Foundation

Not only adults become depressed. Children and teenagers also may have depression, as well. The good news is that depression is a treatable illness. Depression is defined as an illness when the feelings of depression persist and interfere with a child or adolescent's ability to function.

About five percent of children and adolescents in the general population suffer from depression at any given point in time. Children under stress, who experience loss, or who have attentional, learning, conduct, or anxiety disorders are at a higher risk for depression. Depression also tends to run in families.

The behavior of depressed children and teenagers may differ from the behavior of depressed adults. Child and adolescent psychiatrists advise parents to be aware of signs of depression in their youngsters.

If one or more of these signs of depression persist, parents should seek help:

- Frequent sadness, tearfulness, crying
- Decreased interest in activities; or inability to enjoy previously favorite activities
- Hopelessness
- 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

A child who used to play often with friends may now spend most of the time alone and without interests. Things that were once fun now bring little joy to the depressed child. Children and adolescents who are depressed may say they want to be dead or may talk about suicide. Depressed children and adolescents are at increased risk for committing suicide. Depressed adolescents may abuse alcohol or other drugs as a way of trying to feel better.

Children and adolescents who cause trouble at home or at school may also be suffering from depression. Because the youngster may not always seem sad, parents and teachers may not realize that troublesome behavior is a sign of depression. When asked directly, these children can sometimes state they are unhappy or sad.

Early diagnosis and treatment are essential for depressed children. Depression is a real illness that requires professional help. Comprehensive treatment often includes both individual and family therapy. For example, cognitive behavioral therapy (CBT) and interpersonal psychotherapy (IPT) are forms of individual therapy shown to be effective in treating depression. Treatment may also include the use of antidepressant medication. For help, parents should ask their physician to refer them to a qualified mental health professional, who can diagnose and treat depression in children and teenagers.

# # #

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If you need immediate assistance, please dial 911.

Facts *for* Families

Teen Suicide

No. 10; Updated May 2008

Suicides among young people continue to be a serious problem. Each year in the U.S., thousands of teenagers commit suicide. Suicide is the third-leading cause of death for 15-to-24-year-olds, and the sixth leading cause of death for 5-to-14-year-olds.

Teenagers experience strong feelings of stress, confusion, self-doubt, pressure to succeed, financial uncertainty, and other fears while growing up. For some teenagers, divorce, the formation of a new family with step-parents and step-siblings, or moving to a new community can be very unsettling and can intensify self-doubts. For some teens, suicide may appear to be a solution to their problems and stress.

Depression and suicidal feelings are treatable mental disorders. The child or adolescent needs to have his or her illness recognized and diagnosed, and appropriate treatment plans developed. When parents are in doubt as to whether their child has a serious problem, a psychiatric examination can be very helpful.

Many of the signs and symptoms of suicidal feelings are similar to those of depression.

Parents should be aware of the following signs of adolescents who may try to kill themselves:

- change in eating and sleeping habits
- withdrawal from friends, family, and regular activities
- violent actions, rebellious behavior, or running away
- drug and alcohol use
- unusual neglect of personal appearance
- marked personality change
- persistent boredom, difficulty concentrating, or a decline in the quality of schoolwork
- frequent complaints about physical symptoms, often related to emotions, such as stomachaches, headaches, fatigue, etc.
- loss of interest in pleasurable activities
- not tolerating praise or rewards

A teenager who is planning to commit suicide may also:

- complain of being a bad person or feeling rotten inside
- give verbal hints with statements such as: "I won't be a problem for you much longer," "Nothing matters," "It's no use," and, "I won't see you again"
- put his or her affairs in order, for example, give away favorite possessions, clean his or her room, throw away important belongings, etc.
- become suddenly cheerful after a period of depression
- have signs of psychosis (hallucinations or bizarre thoughts)

If a child or adolescent says, "I want to kill myself," or "I'm going to commit suicide," always take the statement seriously and immediately seek assistance from a qualified mental health professional. People often feel uncomfortable talking about death. However, asking the child or adolescent whether he or she is depressed or thinking about suicide can be helpful. Rather than putting thoughts in the child's head, such a question will provide assurance that somebody cares and will give the young person the chance to talk about problems.

If one or more of these signs occurs, parents need to talk to their child about their concerns and seek professional help from a physician or a qualified mental health professional. With support from family and appropriate treatment, children and teenagers who are suicidal can heal and return to a more healthy path of development.

# # #

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Facts *for* Families

Bullying

No. 80; Updated May 2008

Bullying is a common experience for many children and adolescents. Surveys indicate that as many as half of all children are bullied at some time during their school years, and at least 10 percent are bullied on a regular basis.

Bullying behavior can be physical or verbal. Boys tend to use physical intimidation or threats, regardless of the gender of their victims. Bullying by girls is more often verbal, usually with another girl as the target. Recently, bullying has even been reported in online chat rooms and through e-mail.

Children who are bullied experience real suffering that can interfere with their social and emotional development, as well as their school performance. Some victims of bullying have even attempted suicide rather than continue to endure such harassment and punishment.

Children and adolescents who bully thrive on controlling or dominating others. They have often been the victims of physical abuse or bullying themselves. Bullies may also be depressed, angry, or upset about events at school or at home. Children targeted by bullies also tend to fit a particular profile. Bullies often choose children who are passive, easily intimidated, or have few friends. Victims may also be smaller or younger, and have a harder time defending themselves.

If you suspect your child is bullying others, it's important to seek help for him or her as soon as possible. Without intervention, bullying can lead to serious academic, social, emotional, and legal difficulties. Talk to your child's pediatrician, teacher, principal, school counselor, or family physician. If the bullying continues, a comprehensive evaluation by a child and adolescent psychiatrist or other mental health professional should be arranged. The evaluation can help you and your child understand what is causing the bullying, and help you develop a plan to stop the destructive behavior.

If you suspect your child may be the victim of bullying ask him or her to tell you what's going on. You can help by providing lots of opportunities to talk with you in an open and honest way.

It's also important to respond in a positive and accepting manner. Let your child know it's not his or her fault, and that he or she did the right thing by telling you. Other specific suggestions include the following:

- Ask your child what he or she thinks should be done. What's already been tried? What worked and what didn't?
- Seek help from your child's teacher or the school guidance counselor. Most bullying occurs on playgrounds, in lunchrooms, and bathrooms, on school buses, or in unsupervised halls. Ask the school administrators to find out about programs other schools and communities have used to help combat bullying, such as peer mediation, conflict resolution, anger management training, and increased adult supervision.
- Don't encourage your child to fight back. Instead, suggest that he or she try walking away to avoid the bully, or that they seek help from a teacher, coach, or other adult.
- Help your child practice what to say to the bully so he or she will be prepared the next time.
- Help your child practice being assertive. The simple act of insisting that the bully leave him alone may have a surprising effect. Explain to your child that the bully's true goal is to get a response.
- Encourage your child to be with friends when traveling back and forth from school, during shopping trips, or on other outings. Bullies are less likely to pick on a child in a group.

If your child becomes withdrawn, depressed or reluctant to go to school, or if you see a decline in school performance, additional consultation or intervention may be required. A child and adolescent psychiatrist or other mental health professional can help your child and family and the school develop a strategy to deal with the bullying. Seeking professional assistance earlier can lessen the risk of lasting emotional consequences for your child.

# # #

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Facts *for* Families

Bipolar Disorder in Children and Teens

No. 38; Updated December 2008

Children and teenagers with Bipolar Disorder have manic and/or depressive symptoms. Some may have mostly depression and others a combination of manic and depressive symptoms. Highs may alternate with lows.

Manic symptoms include:

- severe changes in mood — either unusually happy or silly, or very irritable, angry, agitated, or aggressive
- unrealistic highs in self-esteem — for example, a teenager who feels all-powerful or like a superhero with special powers
- great increase in energy and the ability to go with little or no sleep for days without feeling tired
- increase in talking — the adolescent talks too much, too fast, changes topics too quickly, and cannot be interrupted
- distractibility — the teen's attention moves constantly from one thing to the next
- repeated high risk-taking behavior; such as abusing alcohol and drugs, reckless driving, or sexual promiscuity

Depressive symptoms include:

- irritability, depressed mood, persistent sadness, frequent crying
- thoughts of death or suicide
- loss of enjoyment of favorite activities
- frequent complaints of physical illnesses such as headaches or stomachaches
- low energy level, fatigue, poor concentration, complaints of boredom
- major change in eating or sleeping patterns, such as oversleeping or overeating

Some of these signs are similar to those that occur in teenagers with other problems such as drug abuse, delinquency, attention-deficit hyperactivity disorder, or even schizophrenia.

Research has improved the ability to diagnose Bipolar Disorder in children and teens. Bipolar Disorder can begin in childhood and during the teenage years, although it is usually diagnosed in adult life. The illness can affect anyone. However, if one or both parents have Bipolar Disorder, the chances are greater that their children may develop the disorder. Family history of drug or alcohol abuse also may be associated with greater risk for Bipolar Disorder.

Teenagers with Bipolar Disorder can be effectively treated. Treatment for Bipolar Disorder usually includes education of the patient and the family about the illness, mood stabilizing medications such as lithium, valproic acid, or "atypical antipsychotic," and psychotherapy. Mood stabilizing medications often reduce the number and severity of manic episodes, and also help to prevent depression. Psychotherapy helps the child understand himself or herself, adapt to stresses, rebuild self-esteem, and improve relationships.

The diagnosis of Bipolar Disorder in children and teens is complex and involves careful observation over an extended period of time. A thorough evaluation by a child and adolescent psychiatrist is needed to identify Bipolar Disorder and start treatment.

# # #

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SOS
SIGNS OF SUICIDE®
Suicide Prevention Program

Spanish Materials

- **Basado en el Video y/o la Evaluación, Siento Que**
  Sample Response Card for Students

- **Muestra de la Carta de Consentimiento Para los Padres:**
  - Muestra de la Carta de Consentimiento Activo
    Sample Active Parental Consent Letter
  - Muestra de la Carta de Consentimiento Pasivo para los padres
    Sample Passive Parental Consent Letter

- **Spanish Screening/Scoring Instructions for Students & Parents**

- **Muestra de Lista de Referencias Para Padres**
  Sample Referral Resource List for Parents

- **American Academy of Child & Adolescent Psychiatry: Facts for Families**
  - **El Niño Deprimido** (The Depressed Child)
  - **El Suicidio en los Adolescentes** (Teen Suicide)
  - **La Intimidación** (Bullying)
  - **Desorden Bipolar (la Enfermedad Maniaco-Depresiva) en los Adolescentes** (Bipolar Disorder in Children and Teens)

BASADO EN EL PROGRAMA SOS, SIENTO QUE:

- ☐ **<u>Necesito</u> hablar con alguien de mí o de un amigo…**
- ☐ **<u>No necesito</u> hablar con alguien de mí o de un amigo...**

NOMBRE ____

MAESTRO ____

SI DESEA HABLAR CON ALGUIEN, LE CONTACTARAN EN 24 HORAS. SI NECESITA HABLAR CON ALGUIEN ENSEGUIDA, POR FAVOR PIDA AYUDA INMMEDIATAMENTE.

✂- -

BASADO EN EL PROGRAMA SOS, SIENTO QUE:

- ☐ **<u>Necesito</u> hablar con alguien de mí o de un amigo…**
- ☐ **<u>No necesito</u> hablar con alguien de mí o de un amigo...**

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- ☐ **<u>Necesito</u> hablar con alguien de mí o de un amigo…**
- ☐ **<u>No necesito</u> hablar con alguien de mí o de un amigo...**

NOMBRE ____

MAESTRO ____

SI DESEA HABLAR CON ALGUIEN, LE CONTACTARAN EN 24 HORAS. SI NECESITA HABLAR CON ALGUIEN ENSEGUIDA, POR FAVOR PIDA AYUDA INMMEDIATAMENTE.

✂- -

BASADO EN EL PROGRAMA SOS, SIENTO QUE:

- ☐ **<u>Necesito</u> hablar con alguien de mí o de un amigo…**
- ☐ **<u>No necesito</u> hablar con alguien de mí o de un amigo...**

NOMBRE ____

MAESTRO ____

SI DESEA HABLAR CON ALGUIEN, LE CONTACTARAN EN 24 HORAS. SI NECESITA HABLAR CON ALGUIEN ENSEGUIDA, POR FAVOR PIDA AYUDA INMMEDIATAMENTE.

✂- -

Muestra de la Carta de Consentimiento Activo (con el boletín para los padres)

Estimado padre o guardián:

El periodo de la adolescencia está marcado por un sin número de emociones, difíciles tanto para los jóvenes como para los padres y educadores. Es fácil malinterpretar la depresión como una parte normal del adolescente confundido. Sin embargo, la depresión (una de las enfermedades mentales más comunes) parece estar ocurriendo a una edad mucho más temprana. La depresión –la cual es tratable- es un factor principal de riesgo de suicidio. Además, la autolesión se ha convertido en un problema creciente en la juventud.

Para tratar estos temas, [*nuestra escuela*] está ofreciendo un entrenamiento para el reconocimiento y la prevención de la depresión y el suicidio a través del Programa de Prevención de Suicidio SOS (SOS Signs of Suicide® Prevention Program). Este programa ha sido exitoso en incrementar la cantidad de alumnos que solicitan ayuda al estar preocupados por sí mismos o por un amigo. Además, es el único programa de prevención de suicidios con base en una escuela listado por SAMHSA por su Registro Nacional de Prácticas y Programas Basados en Evidencia (National Registry of Evidence-Based Programs and Practices) que trata el riesgo de suicidio y la depresión, al mismo tiempo de reducir intentos de suicidio. En un estudio aleatorio controlado, el programa SOS Program for high school mostró una reducción del 40% en los intentos de suicidio auto-reportados (BMC Public Health, Julio 2007).

Nuestros objetivos al participar en este programa son directos:

- Ayudar a nuestros estudiantes a entender que la depresión es una enfermedad tratable
- Explicar que el suicidio es una tragedia prevenible que con frecuencia es resultado de un problema de depresión no tratado
- Entrenar a los estudiantes a identificar un problema serio de depresión y de posible suicidio en ellos mismos o en un amigo
- Hacer entender a los jóvenes que ellos pueden ayudarse a sí mismos o a un amigo simplemente con hablar con un adulto responsable sobre sus preocupaciones
- Ayudar a los estudiantes a saber con quién pueden hablar en la escuela para recibir ayuda si es que la necesitan

[*Inserte una breve descripción de cómo su escuela intenta implementar el programa, incluyendo si los estudiantes tomarán o no la evaluación*]

Estamos incluyendo una copia del boletín para los padres y la lista de recursos de referencia para que usted tenga información sobre la depresión y sus riesgos.

Por favor firme la forma de permiso para permitir que su hijo(a) participe en el programa SOS para escuelas secundarias, y devuelva esta forma a la [dirección] con atención a [el administrador escolar designado].

Si tiene alguna pregunta o preocupación sobre este programa, por favor no dude en comunicarse conmigo al [*incluya su número de teléfono, correo electrónico y horario en el que está disponible*]

Sinceramente,

[*Nombre y puesto del administrador designado*]

Muestra de la Carta de Consentimiento Pasivo (con el boletín para los padres)

Estimado padre o guardián:

El periodo de la adolescencia está marcado por un sin número de emociones, difíciles tanto para los jóvenes como para los padres y educadores. Es fácil malinterpretar la depresión como una parte normal de un trastorno de la adolescencia. Sin embargo, la depresión (una de las enfermedades mentales más comunes) parece ocurrir a una edad mucho más temprana. La depresión – la cual es tratable – es el factor principal de riesgo de suicidio. Así mismo, la autolesión se ha convertido en un problema creciente entre los jóvenes de hoy en día.

Para tratar estos temas, [*nuestra escuela*] está ofreciendo un entrenamiento para el reconocimiento y la prevención de la depresión y el suicidio a través del Programa de Prevención de Suicidio SOS (SOS Signs of Suicide® Prevention Program). Este programa ha sido exitoso en incrementar la cantidad de alumnos que solicitan ayuda al estar preocupados por sí mismos o por un amigo. Además, es el único programa de prevención de suicidios con base en una escuela listado por SAMHSA por su Registro Nacional de Prácticas y Programas Basados en Evidencia (National Registry of Evidence-Based Programs and Practices) que trata el riesgo de suicidio y la depresión, al mismo tiempo de reducir intentos de suicidio. En un estudio aleatorio controlado, el programa SOS Program for high school mostró una reducción del 40% en los intentos de suicidio auto-reportados (BMC Public Health, Julio 2007).

Nuestros objetivos al participar en este programa son muy directos:

- Ayudar a nuestros estudiantes a entender que la depresión es una enfermedad tratable
- Explicar que el suicidio es una tragedia prevenible que con frecuencia es resultado de un problema de depresión no tratado
- Entrenar a los estudiantes a identificar un problema serio de depresión y de posible suicidio en ellos mismos o en un amigo
- Hacer entender a los jóvenes que pueden ayudarse a sí mismos o a un amigo simplemente con hablar con un adulto responsable sobre sus preocupaciones
- Ayudar a los estudiantes a saber con quién pueden hablar en la escuela para recibir ayuda si es que la necesitan

[*Inserte una breve descripción de cómo su escuela intenta implementar el programa, incluyendo si los estudiantes tomarán o no la evaluación*]

Estamos incluyendo una copia del boletín para los padres y la lista de recursos de referencia de salud mental para que tenga información sobre la depresión y sus riesgos.

Si **NO** desea que su hijo(a) participe en el programa SOS para escuelas secundarias (SOS Program), por favor llene esta forma y envíela a [*dirección*] con atención a [*administrador escolar designado*]. Si no recibimos su respuesta, asumiremos que su hijo tiene permiso de participar en este programa.

Sinceramente,

[*Nombre y puesto del administrador designado*]

SOS Signs of Suicide® Prevention Program (Parent Spanish)

Cuestionario Para los Padres

- Edad:_____

- Sexo:
□ Femenino □Masculino

- Grado escolar:
□6 □7 □8 □9 □10
□ 11 □12 □Programa GED
□ Otros: _____

Grupo étnico:
□ Hispano/Latino □No Hispano/ Latino

- Grupo racial: *(Marque todas las que apliquen)*
□ Indio Americano/Nativo de Alaska □Asiático
□ Nativo de Hawai/Pacífico Isleño □Blanco
□ Negro/Afroamericano □Otros /multiracial

- ¿Estas actualmente recibiendo tratamiento para la depresión? □Sí □No

Breve Prueba para la Depresión en los Adolescentes (BSAD)*

	Estas preguntas son acerca de los sentimientos que las personas algunas veces tienen, y sobre cosas que le pueden haber ocurrido a su niño/a. La mayoría de las preguntas son acerca de las **ÚLTIMAS CUATRO SEMANAS.** Lea cada pregunta con cuidado y marque con un círculo la respuesta correcta.		
1.	En las últimas cuatro semanas ¿hubo una época en la que pareciera que nada fuera divertido para él/ella y que simplemente nada le interesaba?	**Sí**	**No**
2.	¿Parecía que él/ella tuviera menos energía que de costumbre?	**Sí**	**No**
3.	En las últimas cuatro semanas ¿parecía que él/ella no podía pensar tan claro o tan rápido como acostumbraba?	**Sí**	**No**
4.	En las últimas cuatro semanas ¿habló él/ella seriamente sobre matarse?	**Sí**	**No**
5.	¿Ha tratado él/ella de quitarse la vida ***en el último año?***	**Sí**	**No**
6.	En las últimas cuatro semanas, ¿ha tenido él/ella problemas para dormir, es decir para quedarse dormido/a, seguir durmiendo o despertarse demasiado temprano?	**Sí**	**No**
7.	¿Ha habido un momento en que su hijo/a pareciera hacer cosas, como caminar o hablar, mucho más lento de lo que acostumbra?	**Sí**	**No**
8.	En las últimas cuatro semanas ¿le pareció que él/ella tenía problemas para mantener la atención en la tarea escolar u otras cosas?	**Sí**	**No**
9.	¿Ha dicho él/ella que no podía hacer nada bien o que no era tan atractivo/a o tan inteligente como otros?	**Sí**	**No**

SOS High School Suicide Prevention Program
Instrucciones de puntuación e interpretación para los padres

El Breve Cuestionario de la Depresión para Adolescentes (BSAD) es una herramienta de evaluación de la depresión para jóvenes y adolescentes. En la versión para padres, le pedimos contestar las preguntas acerca de su niño/a. El BSAD **no** es un diagnóstico que indique que un niño/a o adolescente esté deprimido, pero sí indica que él o ella debe ser referido a un profesional del cuidado de salud (médico, psiquiatra, psicólogo/a, enfermero/a, consejero/a o trabajador/a social) para una evaluación más detallada.

El resultado del BSAD se obtiene sumando el número de respuestas "Sí" con las 9 preguntas en la escala. Las siguientes guías son ***estimados*** de la probabilidad de que su niño/a pueda estar deprimido/a:

PUNTUACIÓN	SIGNIFICADO
0-2	Puntuación de 2 o menos (dos o menos respuestas "Sí") indican que es **improbable** que él/ella esté deprimido/a.
3	Puntuación de 3 (tres respuestas "Sí") indican que él/ella ***puede*** estar deprimido, y podría beneficiarse de una evaluación más detallada con un profesional de la salud mental.
4-7	Puntuación de 4 o más (cuatro o más respuestas "Sí") indican que es ***probable*** que él/ella esté deprimido/a. Él/ella probablemente tiene algunos síntomas significativos de la depresión y se beneficiaría de hablar con un profesional de la salud mental sobre esos sentimientos.
Preguntas 4 y 5	Estas preguntas son acerca de pensamientos suicidas e intentos de suicidio. Si respondió "Sí" a cualquiera de estas preguntas, le ***recomendamos enérgicamente*** que su niño/a vea a un profesional de salud mental para una evaluación más detallada, ***independientemente de su puntuación***.

Si está preocupado por usted o por otra persona,
Llame a la Línea Nacional de Prevención del Suicidio al 1-800-273-TALK (8255).

SOS Signs of Suicide® Prevention Program (Student Spanish)

Cuestionario Para el Estudiante

- Edad: _____

- Sexo:
□ Femenino □Masculino

- Grado escolar:
□6 □7 □8 □9 □10
□ 11 □12 □ Programa GED
□ Otros: _____

Grupo étnico:
□ Hispano/Latino □No Hispano/ Latino

- Grupo racial: *(Marque todas las que apliquen)*
□ Indio Americano/Nativo de Alaska □Asiático
□ Nativo de Hawai/Pacífico Isleño □Blanco
□ Negro/Afroamericano □Otros/multiracial

- ¿Estas actualmente recibiendo tratamiento para la depresión? □Sí □No

Breve Prueba para la Depresión en los Adolescentes (BSAD)*

Estas preguntas son acerca de los sentimientos que las personas algunas veces tienen, y sobre cosas que te pueden haber ocurrido. La **mayoría** de las preguntas son acerca de las ***ÚLTIMAS CUATRO SEMANAS.***

Lea cada pregunta con cuidado y marque con un círculo la respuesta correcta.

1.	En las últimas cuatro semanas ¿ha habido un momento en el que nada te divertía y simplemente no estabas interesado en nada?	**Sí**	**No**
2.	¿Tienes menos energía de lo acostumbrado?	**Sí**	**No**
3.	¿Sientes que no puedes hacer nada bien o que no eres tan atractivo/a o tan inteligente como la mayoría de la gente?	**Sí**	**No**
4.	¿Has pensado seriamente en quitarte la vida?	**Sí**	**No**
5.	¿Has intentado quitarte la vida ***en el último año***?	**Sí**	**No**
6.	¿Te cansas demasiado al hacer cualquier cosa?	**Sí**	**No**
7.	En las últimas cuatro semanas ¿te ha parecido que no podías pensar tan claro o rápido como acostumbrabas?	**Sí**	**No**

*Grupo de Desarrollo de la Columbia DISC, 1051 Riverside Drive, Nueva York, NY 10032

Identificando a un Adulto de Confianza

Describa a un adulto de confianza con quien podría contar si necesita ayuda para usted o un amigo (ejemplo: "Mi maestro de Inglés," "consejero," "mi madre," "tío," etc.) en la escuela _____ fuera de la escuela _____

SOS Signs of Suicide Program – Tu Puntuación BSAD y lo que significa

BSAD (Breve Prueba para la Depresión en los Adolescentes) es un auto-estudio para que puedas evaluar por depresión y riesgo de suicidio. Tu puntuación en la encuesta BSAD te dirá si deberías ver a un profesional de salud en la escuela (psicólogo, enfermera, consejero o trabajador social) para tener una conversación acerca de tu puntuación.

Para saber tu resultado en el BSAD, suma el número de respuestas "Sí" a las preguntas 1-7. Usa la tabla de abajo para averiguar qué significa tu puntuación y lo que debes hacer.

PUNTUACIÓN	SIGNIFICADO
0-2	Es ***poco probable*** que tengas depresión. Sin embargo, si a menudo te sientes triste debes hablar con un adulto de confianza (padres/ tutores/ personal de la escuela) para tratar de averiguar que debes hacer. A pesar de que tu puntaje dice que no estas deprimido, puede que todavía quieras hablar con un profesional de la salud si tus sentimientos de tristeza no desaparecen.
3	Es ***posible*** que tengas depresión. ***Deberías hablar con un profesional de salud***. Dile a un adulto de confianza (padre/madre/tutor / personal de la escuela) tus preocupaciones y pregúntale si puede conectarte con un profesional de salud mental. Si te hace sentir más cómodo/a, trae a un amigo contigo. Dile al adulto que ***puede ser*** que estés deprimido y que necesitas consultar a un profesional de la salud mental.
4-7	Es ***probable*** que tengas depresión. Probablemente tengas algunos síntomas significativos de depresión y ***deberías hablar con un profesional de salud mental*** acerca de estos sentimientos. Dile a un adulto de confianza (padre/madre/tutor /personal de la escuela) acerca de tus sentimientos y pregúntale si puede ayudarte a ver un profesional de salud mental.
Preguntas 4 y 5	Estas dos preguntas son acerca de pensamientos y comportamientos ***suicidas***. Si contestaste **"Sí"** a ***cualquiera*** de las preguntas **4** o **5**, deberías ver a un profesional de salud mental inmediatamente - ***sin importar tu puntuación total en el BSAD***.

Identificando a un Adulto de Confianza	
Preocupado por ti o por un amigo	Es importante saber con quién puedes contar si necesitas hablar. Si se te hizo difícil identificar a un adulto de confianza, pregunta si puedes hablar con la persona que está implementando el programa SOS. Déjale saber a alguien que necesitas ayuda estableciendo esta conexión importante. Si estas preocupado por tu amigo pero tu amigo se niega a hablar con alguien, pídele a tu adulto de confianza que te ayude a conseguirle a tu amigo la ayuda que necesita.

En Pocas Palabras: Toma estos resultados en serio y busca ayuda. Tú o tu amigo se merecen sentirse mejor, y hay ayuda y apoyo a tu disposición. **Si estas preocupado por ti o por otra persona, llama a la Línea Nacional de Prevención del Suicidio al 1-800-273-TALK (8255).**

SOS Signs of Suicide® Prevention Program (Student Spanish)

Cuestionario Para el Estudiante

- Edad: _____
- Sexo:
  □ Femenino □Masculino
- Grado escolar:
  □6 □7 □8 □9 □10
  □11 □12 □Programa GED
  □Otros: _____

Grupo étnico:
□ Hispano/Latino □No Hispano/ Latino

- Grupo racial: *(Marque todas las que apliquen)*
  □ Indio Americano/Nativo de Alaska □Asiático
  □ Nativo de Hawai/Pacífico Isleño □Blanco
  □ Negro/Afroamericano □Otros/multiracial
- ¿Estas actualmente recibiendo tratamiento para la depresión?
  □Sí □No

Breve Prueba para la Depresión en los Adolescentes (BSAD)*

Estas preguntas son acerca de los sentimientos que las personas algunas veces tienen, y sobre cosas que te pueden haber ocurrido. La **mayoría** de las preguntas son acerca de las ***ÚLTIMAS CUATRO SEMANAS.***

Lea cada pregunta con cuidado y marque con un círculo la respuesta correcta.

1.	En las últimas cuatro semanas ¿ha habido un momento en el que nada te divertía y simplemente no estabas interesado en nada?	**Sí**	**No**
2.	¿Tienes menos energía de lo acostumbrado?	**Sí**	**No**
3.	¿Sientes que no puedes hacer nada bien o que no eres tan atractivo/a o tan inteligente como la mayoría de la gente?	**Sí**	**No**
4.	¿Has pensado seriamente en quitarte la vida?	**Sí**	**No**
5.	¿Has intentado quitarte la vida ***en el último año***?	**Sí**	**No**
6.	¿Te cansas demasiado al hacer cualquier cosa?	**Sí**	**No**
7.	En las últimas cuatro semanas ¿te ha parecido que no podías pensar tan claro o rápido como acostumbrabas?	**Sí**	**No**

Uso de Alcohol

a. En el año pasado ¿ha habido un momento en el que has consumido cinco o más bebidas alcohólicas en una sola ocasión? (Por "bebidas" nos referimos a cualquier tipo de cerveza, vino o licor)?	**Sí**	**No**
b. En el año pasado ¿ has consumido alcohol por sentirte sin energías?	**Sí**	**No**

Identificando a un Adulto de Confianza

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0-2	Es ***poco probable*** que tengas depresión. Sin embargo, si a menudo te sientes triste debes hablar con un adulto de confianza (padres/ tutores/ personal de la escuela) para tratar de averiguar que debes hacer. A pesar de que tu puntaje dice que no estas deprimido, puede que todavía quieras hablar con un profesional de la salud si tus sentimientos de tristeza no desaparecen.
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4-7	Es ***probable*** que tengas depresión. Probablemente tengas algunos síntomas significativos de depresión y ***deberías hablar con un profesional de salud mental*** acerca de estos sentimientos. Dile a un adulto de confianza (padre/madre/tutor /personal de la escuela) acerca de tus sentimientos y pregúntale si puede ayudarte a ver un profesional de salud mental.

Preguntas 4 y 5	Estas dos preguntas son acerca de pensamientos y comportamientos ***suicidas***. Si contestaste **"Sí"** a ***cualquiera*** de las preguntas **4** o **5**, deberías ver a un profesional de salud mental inmediatamente - ***sin importar tu puntuación total en el BSAD***.
Preguntas sobre el uso de alcohol:	
Preguntas a y b	Si respondiste "Sí" a la pregunta **a o b** sobre el uso de alcohol, puedes estar usando alcohol en una manera que es perjudicial para tu salud. Recomendamos que hables con un adulto de confianza o un profesional de salud mental acerca de estos sentimientos y comportamiento.
Identificando a un Adulto de Confianza	
Preocupado por ti o por un amigo	Es importante saber con quién puedes contar si necesitas hablar. Si se te hizo difícil identificar a un adulto de confianza, pregunta si puedes hablar con la persona que está implementando el programa SOS. Déjale saber a alguien que necesitas ayuda estableciendo esta conexión importante. Si estas preocupado por tu amigo pero tu amigo se niega a hablar con alguien, pídele a tu adulto de confianza que te ayude a conseguirle a tu amigo la ayuda que necesita.

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Muestra De Lista De Referencias Para Padres

Como parte del programa, entregue a los padres una lista de referencias de servicios de salud mental en su comunidad. Cuando le sea posible incluya los nombres, direcciones, calendario de tarifas, los planes de seguro médico que aceptan, servicios y horarios, ya que estos datos pueden ser útiles para dirigir a las personas a la instalación adecuada. Asegúrese de incluir instalaciones financiadas con fondos públicos y aquellas que aceptan personas que no cuentan con un seguro médico. Utilice esta forma como modelo y cópiela para incluirla en los documentos que envíe a los padres y/o para distribuirla en los eventos o reuniones para padres.

Una Llamada Puede Hacer La Diferencia

Usted puede obtener ayuda para su hijo en las siguientes instalaciones o médicos individuales. Es posible que usted tenga que llamar a varias instalaciones para poder determinar cuál es la que más le conviene según sus necesidades.

Lista de Recursos de Salud Mental en su Comunidad

- Centro(s) de salud mental
- Hospital(es) General(es) con servicios psiquiátricos
- Hospitales Psiquiátricos
- Instalaciones estatales, locales, o del condado que ofrecen tratamiento gratuito o tarifas reducidas según su ingreso
- Su Asociación Psicológica local o la oficina regional de Trabajo Social
- Centros locales de Consejería Espiritual
- Grupos de Autoayuda
- Grupos de Apoyo (Mental Health Association, National Alliance for the Mentally Ill)
- Médicos privados

American Academy of Child & Adolescent Psychiatry: Facts for Families

Facts *for* Families

El Niño Deprimido

No. 4 (Revisado 7/04)

No son sólo los adultos los que se deprimen. Los niños y los adolescentes pueden sufrir también de depresión, que es una enfermedad tratable. La depresión se define como una enfermedad cuando la condición depresiva persiste e interfiere con la habilidad de funcionar del niño o adolescente.

Aproximadamente un 5 por ciento de los niños y adolescentes de la población general padece de depresión en algún momento. Los niños que viven con mucha tensión, que han experimentado una pérdida o que tienen desórdenes de la atención, del aprendizaje, de la conducta, o de desórdenes de ansiedad corren mayor riesgo de sufrir depresión. La depresión también tiende a correr en las familias.

El comportamiento de los niños y adolescentes deprimidos puede ser diferente al comportamiento de los adultos deprimidos. Los siquiatras de niños y adolescentes le recomiendan a los padres que estén atentos a síntomas de depresión que puedan presentar sus niños.

Los padres deben de buscar ayuda si uno o más de las siguientes señales de depresión persisten:

- tristeza frecuente, lloriqueo y llanto profuso
- desesperanza
- pérdida de interés en sus actividades; o inhabilidad para disfrutar de las actividades favoritas previas
- aburrimiento persistente y falta de energía
- aislamiento social, comunicación pobre
- baja autoestima y culpabilidad
- sensibilidad extrema hacia el rechazo y el fracaso
- aumento en la irritabilidad, coraje u hostilidad
- dificultad en sus relaciones
- quejas frecuentes de enfermedades físicas, tales como dolor de cabeza o de estómago
- ausencias frecuentes de la escuela y deterioro en los estudios
- concentración pobre
- cambios notables en los patrones de comer y de dormir
- hablar de o tratar de escaparse de la casa
- pensamientos o expresiones suicidas o comportamiento autodestructivo

Un niño que jugaba a menudo con sus amigos empieza a pasarse la mayor parte del tiempo solo y pierde interés por todo. Las cosas de las que disfrutaba previamente ya no le dan placer al niño deprimido. Los niños y adolescentes deprimidos dicen a veces que quisieran estar muertos o pueden hablar del suicidio. Los niños y adolescentes deprimidos corren un mayor riesgo de cometer suicidio. Los adolescentes deprimidos pueden abusar del alcohol o de otras drogas tratando de sentirse mejor.

Los niños y adolescentes que se portan mal en la casa o en la escuela pueden estar sufriendo de depresión. Los padres y los maestros a veces no se dan cuenta de que la mala conducta es un síntoma de depresión porque el niño no siempre da la impresión de estar triste. Cuando se les pregunta directamente, los niños algunas veces admiten que están tristes o que son infelices.

El diagnóstico y tratamiento temprano de la depresión es esencial para los niños deprimidos. La depresión es una enfermedad real que requiere ayuda profesional. Un tratamiento comprensivo a menudo incluye ambas terapias, individual y de familia. Por ejemplo, la terapia de comportamiento cognositivo (CBT) y la sicoterapia interpersonal (IPT) son formas de terapia individual que han demostrado ser efectivas en el tratamiento de la depresión. El tramiento puede también incluir el uso de medicamentos antidepresivos. Para ayudarles, los padres deben pedirle a su médico de familia que los refiera a un professional de la salud

mental capacitado, quien puede diagnosticar y tratar la depresión en niños y adolescentes.

# # #

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Usted puede también enviar su contribución a "Campaign for America's Kids", P.O. Box 96106, Washington, DC 20090. Por favor haga su cheque a nombre de AACAP.

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Facts *for* Families

El Suicidio en los Adolescentes

No. 10 (Revisado 7/04)

El suicidio entre los adolescentes ha tenido un aumento dramático recientemente a través de la nación. Cada año miles de adolescentes se suicidan en los Estados Unidos. El suicidio es la tercera causa de muerte más frecuente para los jóvenes de entre 15 a 24 años de edad, y la sexta causa de muerte para aquellos de entre 5 a 14 años.

Los adolescentes experimentan fuertes sentimientos de estrés, confusión, dudas de sí mismos, presión para lograr éxito, incertidumbre financiera y otros miedos mientras van creciendo. Para algunos adolescentes el divorcio, la formación de una nueva familia con padrastros y hermanastros o las mudanzas a otras nuevas comunidades pueden perturbarlos e intensificarles las dudas acerca de sí mismos. Para algunos adolescentes, el suicidio aparenta ser una solución a sus problemas y al estrés.

La depresión y las tendencias suicidas son desórdenes mentales que se pueden tratar. Hay que reconocer y diagnosticar la presencia de esas condiciones tanto en niños como en adolescentes y se debe desarrollar un plan de tratamiento apropiado. Cuando hay duda en los padres de que el niño o el joven pueda tener un problema serio, un examen siquiátrico puede ser de gran ayuda.

Muchos de los síntomas de las tendencias suicidas son similares a los de la depresión. Los padres deben de estar conscientes de las siguientes señales que pueden indicar que el adolescente está contemplando el suicidio:

- cambios en los hábitos de dormir y de comer
- retraimiento de sus amigos, de su familia o de sus actividades habituales
- actuaciones violentas, comportamiento rebelde o el escaparse de la casa
- uso de drogas o de bebidas alcohólicas
- abandono fuera de lo común en su apariencia personal
- cambios pronunciados en su personalidad
- aburrimiento persistente, dificultad para concentrarse, o deterioro en la calidad de su trabajo escolar
- quejas frecuentes de síntomas físicos, tales como: los dolores de cabeza, de estómago y fatiga, que están por lo general asociados con el estado emocional del joven
- pérdida de interés en sus pasatiempos y otras distracciones
- poca tolerancia de los elogios o los premios

Un adolescente que está contemplando el suicidio también puede:

- quejarse de ser una persona mala o de sentirse abominable
- lanzar indirectas como: no les seguiré siendo un problema, nada me importa, para qué molestarse o no te veré otra vez
- poner en orden sus asuntos, por ejemplo: regalar sus posesiones favoritas, limpiar su cuarto, botar papeles o cosas importantes, etc.
- ponerse muy contento después de un período de depresión
- tener síntomas de sicosis (alucinaciones o pensamientos extraños)

Si el niño o adolescente dice yo me quiero matar o yo me voy a suicidar, tómelo muy en serio y llévelo de inmediato a un profesional de la salud mental capacitado. La gente a menudo se siente incómoda hablando sobre la muerte. Sin embargo, puede ser muy útil el preguntarle al joven si está deprimido o pensando en el suicidio. Esto no ha de ponerle ideas en la cabeza, por el contrario, esto le indicará que hay alguien que se preocupa por él y que le da la oportunidad de hablar acerca de sus problemas.

Si el niño o adolescente dice yo me quiero matar o yo me voy a suicidar, tómelo muy en serio y llévelo de inmediato a un profesional de la salud mental capacitado. La gente a menudo se siente incómoda hablando sobre la muerte. Sin embargo, puede ser muy útil el preguntarle al joven si está deprimido o pensando en el suicidio. Esto no ha de ponerle ideas en la cabeza, por el contrario, esto le indicará que hay alguien que se preocupa por él y que le da la oportunidad de hablar acerca de sus problemas.

Si una o más de estas señales ocurre, los padres necesitan hablar con su niño acerca de su preocupación y deben de buscar ayuda profesional cuando persiste su preocupación. Con el apoyo moral de la familia y con tratamiento profesional, los niños y

adolescentes con tendencias suicidas se pueden recuperar y regresar a un camino más saludable de desarrollo.

# # #

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Facts *for* Families

La Intimidacion ("Bullying")

No. 80 (03/01)

El intimidar, forzar a otra persona a hacer algo, es una experiencia común para muchos niños y adolescentes. Las encuestas indican que hasta una mitad de los niños de edad escolar son intimidados en algún momento durante sus años escolares y por lo menos un 10% son intimidados con regularidad.

El comportamiento de intimidar a otros puede ser físico o verbal. Los varones tienden a usar la intimidación física o las amenazas, sin importarles el género de sus víctimas. La intimidación de las niñas es con mayor frecuencia verbal, usualmente siendo otra niña el objetivo. Recientemente el intimidar ha sido reportado en las salas de conversación ("chat rooms") de las computadoras y mediante la correspondencia electrónica ("e-mail").

Los niños que son intimidados experimentan un sufrimiento real que puede interferir con su desarrollo social y emocional, al igual que con su rendimiento escolar. Algunas víctimas de intimidación hasta han intentado suicidarse antes de tener que continuar tolerando tal persecución y castigo.

Los niños y adolescentes que intimidan, se engrandecen y cobran fuerzas ("thrive") al controlar o dominar a otros. Ellos muchas veces han sido las víctimas de abuso físico o de intimidación. Los intimidadores ("bullies") pueden también estar deprimidos, llenos de ira y afectados por eventos que suceden en la escuela o en el hogar. Los niños que son el blanco de los intimidadores también tienden a caer bajo un perfil particular. Los intimidadores a menudo escogen niños que son pasivos, que se intimidan con facilidad o que tienen pocos amigos. Las víctimas también pueden ser más pequeños o menores a quienes se les hace muy difícil defenderse a sí mismos.

Si usted sospecha que su hijo está intimidando a otros, es importante que busque ayuda para él o ella tan pronto como le sea posible. Sin una intervención, la intimidación puede llevar a serias dificultades académicas, sociales, emocionales y legales. Hable con el pediatra, maestro, principal, consejero escolar o médico de familia de su niño. Si la intimidación continúa, una evaluación comprensiva por un siquiatra de niños y adolescentes u otro profesional de la salud mental debe de ser planificada. La evaluación puede ayudarlos a usted y a su niño a entender cuál es la causa de la intimidación y a desarrollar un plan para ponerle fin al comportamiento destructivo.

Si usted sospecha que su niño ha sido víctima de intimidación, pídale a él o a ella que le diga lo que está pasando. Usted puede ayudar proveyéndole muchas oportunidades para que hable con usted de manera abierta y sincera.

También es importante que se responda de manera positiva y con aceptación. Hágale saber a su hijo que no es su culpa y que él o ella hizo lo correcto al decírselo a usted. Otras sugerencias específicas incluyen lo siguiente:

- Pregúntele a su niño lo que él o ella cree que se debe de hacer. ¿Qué él ha tratado ya? ¿Qué le funcionó y qué no le funcionó?
- Busque ayuda de la maestra del niño o del consejero de la escuela. La mayor parte de la intimidación ocurre en las áreas de juego, en las cafeterías, los baños, los autobuses escolares o en los pasillos donde no hay supervisión.
- Pídale a los administradores de la escuela que busquen información acerca de programas que han sido utilizados en otras escuelas y comunidades para combatir la intimidación, tales como la mediación entre los pares, la resolución de conflictos, el adiestramiento para controlar la ira y el aumento en la supervisión por adultos.
- No estimule a su niño para que se defienda peleando. En vez de ello, sugiera que él o ella trate de alejarse para evitar al intimidador, o que busque la ayuda del maestro, entrenador u otro adulto.
- Ayude a su niño a practicar a hacer valer sus derechos. El simple acto de insistir que el intimidador lo deje solo o quieto puede tener un efecto sorpresivo. Explíquele a su niño que la meta del intimidador es lograr una respuesta.
- Ayude a su hijo a practicar qué decirle al intimidador de manera que esté preparado para la próxima vez.
- Estimule a su niño para que esté con sus amigos cuando viaja hacia la escuela y de regreso, durante los viajes para hacer compras, o en otras salidas. Los intimidadores tienden a no molestar al niño que está en un grupo.

Si su niño se torna retraído, deprimido o si se resiste a asistir a la escuela, o si usted se da cuenta de un deterioro en el comportamiento escolar, puede necesitarse una consulta o intervención adicional. Un siquiatra de niños y adolescentes u otro profesional de la salud mental puede ayudar al niño, a la familia y a la escuela a desarrollar una estrategia para tratar con la intimidación. Busque a tiempo la ayuda profesional para así evitar el riesgo de consecuencias emocionales duraderas para su niño.

# # #

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Facts *for* Families

Desorden Bipolar (la Enfermedad Maniaco-Depresiva) en los Adolescentes

No. 38 (Revisado 7/2004)

Los niños y adolescentes con un Desorden Bipolar tienen síntomas maníacos y/o depresivos. Algunos pueden tener mayormente depresión y otros una combinación de síntomas maníacos y depresivos. Las altas pueden alternar con las bajas.

Las investigaciones han mejorado la habilidad para diagnosticar el Desorden Bipolar en niños y adolescentes. El Desorden Bipolar puede comenzar en la niñez y durante los años de la adolescencia, aunque usualmente se dianostica en la vida adulta. Esta enfermedad puede afectar a cualquiera. Sin embargo, si uno o ambos padres tienen un Desorden Bipolar, hay mayor probabilidad de que los hijos desarrollen el desorden. La historia familiar de abuso de drogas o del alcohol puede también estar asociada con un mayor riesgo para desarrollar el Desorden Bipolar.

Los síntomas maníacos incluyen:

- cambios de humor severos: usualmente se siente demasiado contento o tonto, o demasiado irritable, enfadado, agitado o agresivo
- altas poco realistas en la autoestima: por ejemplo, el adolescente que se siente todopoderoso o como un super héroe con poderes especiales
- aumento de energía desmedido y la habilidad de poder seguir durante días sin dormir y sin sentirse cansado
- hablar excesivamente: el adolescente no deja de hablar, habla muy rápido, cambia de tema constantemente y no permite que lo interrumpan
- distracción: la atención del adolescente se mueve de una cosa a otra constantemente
- comportamiento arriesgado repetitivo: tal como el abuso del alcohol y las drogas, el guiar temerario y descuidado o la promiscuidad sexual.

Los síntomas depresivos incluyen:

- irritabilidad, depresión, tristeza persistente, llanto frecuente
- pensamientos acerca de la muerte o el suicidio
- disminución en la capacidad para disfrutar de sus actividades preferidas
- quejas frecuentes de malestares físicos, tales como el dolor de cabeza y de estómago
- nivel bajo de energía, fatiga, mala concentración y se queja de sentirse aburrido
- cambio notable en los patrones de comer o de dormir, tales como comer o dormir en exceso

Algunos de estos síntomas se parecen a otros que ocurren en el adolescente con otros problemas, tales como el abuso de drogas, la delincuencia, el Desorden de Deficiencia de Atención debido a Hiperactividad ("ADHD – Attention Deficit Hyperactivity Disorder"), o inclusive la esquizofrenia.

Los adolescentes con un Desorden Bipolar pueden ser tratados efectivamente. El tratamiento para el Desorden Bipolar incluye por lo general la educación e información al paciente y a su familia acerca de la enfermedad, el uso de medicamentos estabilizadores del humor tales como el litio, el ácido valpórico y la sicoterapia. Los medicamentos estabilizadores del humor a menudo reducen el número y la severidad de los episodios maníacos y ayudan también a prevenir la depresión. La sicoterapia ayuda al niño/adolescente a comprenderse a sí mismo, a adaptarse al estrés, a rehacer su autoestima y a mejorar sus relaciones.

El diagnóstico de Desorden Bipolar en los niños y adolescentes es complejo y conlleva la observación cuidadosa durante un largo período de tiempo. Una evaluación minuciosa por un siquiatra de niños y adolescentes puede identificar el Desorden Bipolar y comenzar el tratamiento.

# # #

Si usted cree que Información para la Familia le ha servido de ayuda, considere enviar un donativo a la "AACAP's Campaign for America's Kids" con el cual ayudará a que la salud mental se convierta en una realidad para todos los niños. Su respaldo económico nos ayudará para a poder continuar produciendo y distribuyendo libre de cargo Información para la Familia, al igual que otra información vital sobre la salud mental.

Usted puede también enviar su contribución a "Campaign for America's Kids", P.O. Box 96106, Washington, DC 20090. Por favor haga su cheque a nombre de AACAP.

La "American Academy of Child and Adolescent Psychiatry (AACAP)" representa a más de 7,150 siquiatras de niños y adolescentes quienes son doctores egresados de una escuela de medicina, con por lo menos cinco años adicionales de entrenamiento en siquiatría general (adultos) y siquiatría de niños y adolescentes.

Section 7: Additional Materials

Turn Them Around: 10 Steps to Teacher Buy-In

By Cynthia R. Knowles

You've got a great new idea for programming. You've done your data collection and found a science-based program that meets the identified needs of your population. You know this is going to be the program that makes the difference, the one that turns things around. The trouble is no one wants to try it.

That's not completely true. Some of your school staff will welcome the new materials, see their value and appreciate the research behind them. However, others will resist you. Some might actively fight against changes to the current program. How can you get everyone on your side so that this new program has a better chance for success?

Faithful classroom implementation of a new program is critical to getting positive results in student behaviors. Unfortunately, faithful implementation won't happen without staff buy-in. Buy-in might be the most critical factor predicting your success or failure with a new program.

Without teacher buy-in, you will have incomplete program implementation, and poor program results.

The following ten steps offer you a way of increasing cooperation and minimizing your dissension. See if some of these ideas fit your situation:

1. Involve teachers from the start
It's important that the teachers who will be using these new programs be included in the process that precedes the selection of the materials. No teacher likes to be surprised with curriculum add-ons, or told what to do and how to do it without having some say of her/his own. By involving teachers in the initial data review and the writing of program goals and objectives, they will have a much better understanding of what current student risk behaviors are, what needs to change, and how the school plans to do this.

They can also be involved in selecting the new curriculum or program. They will have a better picture of what their role is and the importance of that role. They will know what format will work best for their teaching style and student population and what works best within the school structure.

Once materials are selected, teachers can help schedule intensive teacher training as necessary. If you do not provide for teacher involvement from the very beginning, then you are compromising the effectiveness and completeness of program implementation.

2. Growth is required
Change requires growth. Growth means shifting our beliefs and expanding our knowledge base. In this case, that means having a clear understanding of current alcohol, drug, and violence types and rates in the population to be served by this program, thorough training in the new materials, and a crystal clear and irrefutable reason why everyone is doing this.

It's a good idea to have key staff involved with data collection and review from the very beginning. Let everyone discover the problems that exist together and be part of the decision-making about program changes.

3. Don't rush the change
Change is a process – it takes time. Your staff won't swing over and embrace your ideas after a 30-minute meeting. Rather than get angry at how slow the process can be, anticipate it. Start the process six months earlier than you think you need to.

4. Speak to teacher needs
If you want teacher buy-in, then you need to meet staff needs rather than expect them to meet yours. Is there an advantage for teachers in doing things the new way? How will teachers benefit? Make sure everyone can see that advantage. Also make sure that teachers know that there is a reason for the change, that there will be compensation or support for them if they have to change their routine, and that there will be adequate training provided for them in the new materials or techniques. Ask them what would make things easier, how you can help, and then follow through with what is agreed upon. Listen carefully when they talk, and especially when they complain.

5. Speak their language
Keep your information relevant to your audience. When talking to teachers explain the educational impact of this change or program. You may want to have a teacher give the actual presentation or "pitch" the program.

6. Keep change small and simple
When new programming comes to schools, staff members are pulled out of their comfort zones and are expected to change personal habits, reschedule their days and sometimes their entire curriculum. Your proposed changes need to be small. Present this as something that is similar to what is already being done. The closer the change is to current behavior or practice, the easier it will be to accept.

7. Everyone is different
People will accept change at different speeds. While some will jump right on the bandwagon, some will be slow to agree or will agree with conditions. Some will require support through the change process, and a few will resist until the bitter end and may even act as saboteurs. Remember to listen and maintain an honest dialogue. Open and honest communication is your best defense against the naysayers.

8. Change is reversible.
All changes are ultimately reversible. You can always go back to the old way if the new way doesn't work. Remind all involved parties that you will monitor key data to make sure that these program changes are worth all the trouble. If they're not, they won't last.

9. Maintaining change
Maintaining change takes constant effort until it becomes habit. During this initial period of implementation; the staff must be supported and motivated to continue moving in the new direction. Without support there may be a relapse to older and easier ways.

10. Minimize the risks
Who exactly is responsible if this program fails? Who will be held accountable and what will be the impact on the school and community? The lower the personal risk, the more likely people will be to accept change. To minimize risk, specifically outline who is accountable for program selection, materials acquisition, program scheduling, and implementation and evaluation of program effectiveness.

Also outline the costs (energy, time, money) if this fails and show that it is worth the risk. Explain the track record and reputation of the selected program.

Not all of these steps will pertain to the situation at your school, but some of them are sure to. The process of change can be tricky, but following these 10 steps will assure you of better results.

Student Mental Health Screening: A Risk Management Perspective

By Constance Neary
Vice President for Risk Management, United Educators Insurance

"As a firm that provides liability insurance to schools and colleges, United Educators actively encourages schools to provide a safe environment for students and reduce the institution's liability. I believe that the SOS Suicide Prevention program can serve as an important risk management tool for schools.

A record of prevention programs is important. Many causes of serious student injury and death relate to mental health concerns. Screening efforts and counseling services help show that the school takes student mental health issues seriously. Programs, like SOS, that have proven effective in bringing troubled students to the attention of school professionals, can help save lives and prevent problems. When a tragedy does occur, they can also help in court. Consider the SOS Program as part of your institution's risk management efforts."

Note from Screening for Mental Health:
It is important to convey to students and parents that the screenings being conducted in your school are informational, not diagnostic. Diagnoses, treatment recommendations, and second opinions should not be given.

Faculty, staff, parents, and students should be informed that the program is primarily for educational purposes and is not a substitute for a diagnostic examination. Program team members will recommend that students seek complete evaluations if their symptoms are consistent with depression and/or suicidality.

Essential suicide prevention components that every school should have in place are:

- Protocols for helping students at possible risk of suicide.
- Protocols for responding to a suicide death (postvention plan).
- Prompt disclosure of a suicide threat to a parent is authorized by law and prudent.
- It is essential to document each step in the process when a student is identified as possibly being at risk for suicide and assessed for suicide risk.
- Student information needs to be kept confidential for both ethical and legal reasons.
- Protocol for responding to a suicide attempt in the school or on the school grounds.

Where Schools Can Call for Additional Help

Contact the following organizations for referrals, for assistance in implementing your program, and/or to order additional educational materials on depression and suicide prevention.

American Academy of Child and Adolescent Psychiatry (800) 333-7636
Call or visit www.aacap.org for referrals or information, including Facts for Families, a series of fact sheets that include information on depression, teen suicide, health insurance, how to seek help, and other topics.

American Association of Suicidology (202) 237-2280
Call for written material on suicide and suicide prevention or visit www.suicidology.org

American Foundation for Suicide Prevention (888) 333-AFSP (2377)
For more information on suicide prevention, call toll free or visit www.afsp.org

American Psychiatric Association (703) 907-7300
Contact the national office for information on depression or visit www.psych.org

American Psychological Association (800) 964-2000
Call for a local referral to a psychologist. For additional materials about depression, visit the APA Help Center at www.helping.apa.org

Depression and Bipolar Support Alliance (800) 826-3632
Call the national organization for local chapters and written information on depression or visit www.dbsalliance.org

Mental Health America (800) 969-NMHA (6642)
Call for local referral and written information on depression or visit www.nmha.org

National Alliance on Mental Illness (800) 950-NAMI (6264)
Call Help Line for local support groups and/or additional materials on depression, or visit www.nami.org

National Association of Social Workers (202) 408-8600
Contact your local chapter or visit www.socialworkers.org . To find a social worker or for educational materials for consumers, go to: http://www.helpstartshere.org

National Institute of Mental Health (866) 615-6464
Public domain materials are available in multiple formats. For browsing online, downloading in PDF, and ordering brochures through the mail, visit www.nimh.nih.gov

National Suicide Prevention Lifeline (800) 273-TALK (8255)
Provides immediate assistance to individuals in suicidal crisis by connecting them to the nearest available suicide prevention and mental health service provider www.suicidepreventionlifeline.org

Suicide Prevention Resource Center (SPRC) (877) GET-SPRC (438-7772)
Provides prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies, and to advance the National Strategy for Suicide Prevention. Includes materials for students, parents, school staff, and others. Includes state suicide data on state pages www.sprc.org

Substance Abuse and Mental Health Services Administration (SAMHSA) (800) 729-6686
Provides the largest federal source of public domain information about mental health research, treatment, and prevention, available to the public at www.samhsa.gov. Visit SAMHSA's Center for Mental Health Services Locator www.mentalhealth.samhsa.gov/databases/default.asp . This locator provides comprehensive information about mental health services and resources near the location you specify and is useful for professionals, consumers, families, and the public.

Useful Resources and links

School Suicide Prevention

- **Preventing Suicide, A Resource for Teachers and Other School Staff, World Health Organization,** *www.who.int/mental_health/media/en/62.pdf*

- **Safeguarding our Children: An Action Guide**. Dwyer, K. and Osher, D. 2000. *www.ed.gov/admins/lead/safety/actguide/action_guide.pdf*

- **Center for Mental Health in Schools at UCLA** (866) 846-4843
  A wide range of educational and training materials available at http://smhp.psych.ucla.edu

- **The Youth Suicide Prevention School-Based Guide, NOVA**
  Provides resources and information that school administrators can use to enhance or add to their existing suicide prevention program http://theguide.fmhi.usf.edu/

Centers for Disease Control, Youth Risk Behavior Survey *Includes state data reports, online comprehensive results, slide set, http://www.cdc.gov/HealthyYouth/yrbs/index.htm*

Practice Parameter for the Assessment and Treatment of Children and Adolescents With Suicidal Behavior, *Shaffer, Pfeffer, et al. J. Am. Acad. Child Adolesc. Psychiatry, 40:7 Supplement, July, 2001. See: www.aacap.org/clinical/suicide.htm.*

Treating Self-Injury : A Practical Guide Barent Walsh, PhD. "Treating Self-Injury: A Practical Guide" © 2005 by Barent Walsh, all rights reserved, published by Guilford Press, New York, NY. Order the book at your local bookstore, online at www.guilford.com or www.amazon.com, or call 800-365-7006. Email: barryw@thebridgecm.org Phone: 508.755.0333

Helping America's Youth. *A nationwide effort, initiated by former President George W. Bush and led by former First Lady Laura Bush, to benefit children and teenagers by encouraging action in three key areas: family, school, and community. The Community Guide to Helping America's Youth helps communities build partnerships, assess their needs and resources, and select from program designs that could be replicated in their community. http://www.helpingamericasyouth.gov/default.htm*

Creating Change

- *The Change Book and the Change Book Workbook. Step-by-step handbook includes the principles, steps, strategies and activities for achieving effective change, including an educational workbook to put the principles into practice. http://www.nattc.org/resPubs/changeBook.html*
- *Transtheoretical Model of Change, a stage-based change model that matches change principles and processes to each person's stage of change and guides individuals through the change process http://www.prochange.com*

Fundraising

Ask and You and Will Receive: A Fundraising Guide for Suicide Prevention Advocates *A 14-page document that presents new ways to think about generating support for your suicide prevention efforts. Suicide Prevention Resource Center (SPRC) and SPAN USA (Suicide Prevention Action Network) http://library.sprc.org/item.php?id=118842, 2005.*

"Case Study: Nebraska School District Responds in Aftermath of Suicide Cluster", *Poland & Lieberman, NewsLink, a publication of the American Association of Suicidology, 2004.*

International Suicide Data World Health Organization,
http://www.who.int/mental_health/prevention/suicide/suicideprevent/en

Postvention Standards Manual: A Guide for a School's Response in the Aftermath of Sudden Death, *Services for Teens at Risk (STAR Center) (included in program)*

Postvention Resources:
Project SERV (School Emergency Response to Violence)
http://www.ed.gov/programs/dvppserv/index.html

Project SERV provides education-related services to school districts where the learning environment has been disrupted due to a violent or traumatic crisis. Funds may be used to assist schools facing an undue financial hardship in providing extraordinary services due to an event that has had a traumatic affect on the learning environment. This program offers short-term and long-term assistance to local education agencies (LEAs) to recover from a violent or traumatic event in which the learning environment has been disrupted. Immediate services assistance covers up to 60 days from the date of the incident. Extended services assistance covers up to one year from the incident.

Responding to Crisis at a School *Center for Mental Health in Schools at UCLA. (2005). A resource aid packet on responding to a crisis at a school. Los Angeles, CA: Author. Revised November 2005. Copies may be downloaded from: http://smhp.psych.ucla.edu*

Suicide Prevention Resource Center *Survivor Information and Resources, Survivors page, see: www.sprc.org/featured_resources/customized/survivors.asp*

The U.S. Department of Education Emergency Planning
http://www.ed.gov/admins/lead/safety/emergencyplan/index.html
DOE has unveiled this new website designed to be a one-stop shop that provides school leaders with information they need to plan for any emergency, including natural disasters, violent incidents, and terrorist acts.

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About Screening for Mental Health, Inc.

Screening for Mental Health, Inc. (SMH) is a non-profit 501(c) (3) organization that develops evidence-based mental health education and screening programs for use by members of the public. The mission of Screening for Mental Health is to promote the improvement of mental health by providing the public with education, screening, and treatment resources.

SMH NATIONAL SCREENING PROGRAMS

SOS Signs of Suicide® Prevention Programs	Academic Year
Signs of Self-Injury Prevention Program	Academic Year
College*Response*®	Academic Year
National Depression Screening Day®	October
National Alcohol Screening Day®	April
National Eating Disorders Screening Program®	February
Workplace*Response*™	Year Round
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