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Mobilizing Extension for Youth Suicide Prevention Using the Signs of Suicide (SOS) Program

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Mobilizing Extension for Youth Suicide Prevention Using the Signs of Suicide (SOS) Program

Abstract

From 2000 to 2004 (the latest year for available data), the number of 11-19 year olds taking their own lives across the U.S was equivalent to five suicides each and every day. While youth suicide prevention has not been a traditional purview of Extension, Extension has a unique and powerful opportunity to help prevent youth suicides by working with schools to implement an evidenced-based program called the "Signs of Suicide" (SOS) program. While school counselors, nurses, and/or social workers present the actual SOS program to students, Extension specialists and agents can help schools facilitate SOS program planning and implementation.

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Our Youth Need Extension's Help

Our youth need Extension's help, and it's literally a matter of life and death. American youth are shooting, hanging, and poisoning themselves or finding other ways to end their lives because life has become unbearably painful for them. Many more of our youth are considering killing themselves but have not taken that final step, and are at risk for doing so.

Regarding U.S. youth, 11-19 years of age:

- Suicide is the 3rd leading cause of death;
- From 2000 to 2004, the number of young people taking their own lives across the U.S was 9,237 (Centers for Disease Control and Prevention, 2007); that's equivalent to five suicides each and every day throughout these years.

Additionally, the 2005 Youth Risk Behavior Survey (Centers for Disease Control and Prevention, 2006) shows:

- 8.4% of high school students surveyed (about 1 in 12) reported they had attempted suicide during the past 12 months;
- 16.9% (about one in six) reported seriously considering attempting suicide in the previous 12 months.

ONE youth suicide is one too many. The impact of a suicide reverberates throughout the family, the school, and the community, sending in its wake a plethora of deeply felt emotions, including the painful awareness about the suffering that must have been endured by the person who committed suicide--until they could no longer endure that suffering. Furthermore, a suicide can prompt another suicide among peers, family members, or others in the community.

The Signs of Suicide (SOS) Program: An Evidence-Based Youth Suicide Prevention Program

The Signs of Suicide (SOS) program is a youth suicide prevention program that uses a "gatekeeper" strategy. "Gatekeepers" in the school environment are any persons who can potentially come into contact with an at-risk student, such as administrators, faculty, staff, and peers. The goal of this strategy is to increase gatekeepers' knowledge, skills, and abilities to:

1. Readily identify at-risk students (recognize warning signs of suicide),
2. Provide an initial response, and
3. Get help for the student at risk.

The SOS program has two versions: one for high schools, the other for middle schools (the middle school version was developed after, and based on, the high school version). The nationally recognized high school version, evaluated in a randomized-control study, has demonstrated a reduction of suicide attempts by 40% (Asetline & DeMartino, 2004) and a dramatic increase in help-seeking behavior (Asetline, 2003), a critical element in preventing suicide. The original SOS program is the only school-based suicide program selected by the Substance Abuse and Mental Health Services (SAMHSA) of the U.S. Department of Health and Human Services to be included on its National Registry of Effective Programs. It is also endorsed by leading school-based professional organizations including the American School Counselor Association, National Association of School Nurses, National Association of School Psychologists, and National Association of Secondary School Principals.

The education part of the SOS program can be implemented in one class period, such as in a health class. The main teaching tools for the high school version are a video and discussion guide, and a brief 7-question, non-diagnostic screening tool for depression. The main teaching tools for the middle school version are a video and discussion guide, classroom games, and student/parent newsletters. Students are then given the opportunity to meet with counselors following the program, for themselves or for a friend.

The SOS program kit provides extensive, detailed step-by-step information on how to implement the program. Implementation will need support from the school's administration, counselors, nurses, and teachers, as well as support of local mental health professionals. The current cost of SOS program kit is \$300.

Our Experience with Using the Signs of Suicide Program

Our statewide youth suicide prevention initiative began after one of our county directors requested help for his community regarding youth suicide (there had been a number of youth suicides in his community). In doing a literature review and internet search for youth suicide prevention programs, the health specialist determined the SOS program was one of the best programs available based on positive evaluated outcomes and ease of implementation.

Subsequently, the health specialist's role has been one of contacting school personnel throughout the state, showing interested schools the SOS program, offering technical assistance (minimal has been needed), and developing a state Plan of Work for county agents to facilitate the use of the SOS program in their communities. The role of county agents has been, for example, to take a lead role in the planning team for the program's implementation. By serving as facilitator of the SOS committee, the county agent schedules meetings, develops time lines, and coordinates staff and volunteer training efforts. School personnel--with some background of mental health training (such as counselors, social workers, and nurses)--assume the role of presenting the actual program to students.

As a result of our recent youth suicide prevention initiative, approximately 4,600 students in New Mexico have received the SOS program, with more anticipated for the upcoming school year. Approximately 10% of those receiving the program had met with a counselor either for themselves or for a friend; students were then referred for further counseling as clinically indicated.

Conclusion

While youth suicide has not traditionally been an issue Extension has tackled, the tragic situation of youth suicide in our states and nation calls for action. Extension specialists (such as health specialists) and county agents can expand their purview and mobilize Extension for youth suicide prevention. The Signs of Suicide (SOS) program is one evidence-based curriculum that can be used in schools. While school counselors, nurses, and social workers present the actual SOS program to students, Extension can help schools facilitate program planning and implementation. With our extensive infrastructure in our states, our expertise and experience in working with youth and schools, our community connections, and our care and dedication, we can make the difference between tragedy and hope--and save lives.

For more information about the *SOS* program, go to Screening for Mental Health's Web page at <<http://www.mentalhealthscreening.org>>.

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