

**MindWise**  
SOS SIGNS OF SUICIDE

## **Parent Training**



# Agenda

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- [Introduction to SOS](#)
- Suicide Awareness
- Plan for Implementation
- Parent Portal
- Resources
- Questions



# Prevalence of Youth Suicide

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In the past year, U.S. students report:

- Seriously considered attempting suicide (17%)
- Making a plan about how they would attempt suicide (14%)
- Attempting suicide one or more times (7%)
- Attempting suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (2%)



## Raising Awareness

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Thoughts of suicide are often hidden because youth are confused, embarrassed or ashamed

- Research shows:
  - 50-90% of parents were unaware of their child's suicidal thoughts
  - 60-95% of parents were unaware of suicide attempts reported by their child
- We must work together to watch for warning signs and connect children to help when needed; please talk to our school's counseling staff if you are concerned



# Mental Health

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- Over 90% of people who die by suicide have a mental health disorder (most commonly depression)
- Depression is treatable but without treatment, a young person may begin to feel so hopeless that they consider suicide
- [Youth Depression and Suicide](#)

*Talk to your child's doctor or our school's counseling staff if you are concerned*



## Non-Suicidal Self-Injury

Non-suicidal self-injury is when someone hurts their body on purpose without the intention of dying

- Some people use self-injury to try to manage emotional pain
- Even though self-injury isn't the same as a suicide attempt, it is a risk factor
- Seek professional help for self-injury as soon as possible



## Access to Guns

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- Suicide crises are often short-term but having access to a gun makes it easier to carry out the act in an instant
- Reduce suicide risk by not storing a gun in your home. If you choose to keep a gun in your home, keep it locked, unloaded, and lock/store ammunition separately

*Firearms used in youth suicides usually belong to a family member.*



## Warning Signs: Watch and Listen

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- Watch for significant changes in behavior, particularly:
  - Extreme withdrawal
  - Increased or decreased sleep
  - Anger or hostility that is out of character or out of context
  - Increased agitation or irritability
- Listen for:
  - Talk about suicide
  - Sounding hopeless
  - Sounding overwhelmed by emotional pain or distress



# It Is Okay to Talk About Suicide

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## **MYTH:**

Talking to youth about suicide or asking a teen if they are suicidal is risky because it might put the idea in their head.

## **FACT:**

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



## Talking To Your Child

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- We are encouraging students to tell a trusted adult at home or at school if they are worried about themselves or a friend
- Talking about these issues can be tough for families; mental health isn't often discussed openly like physical health

*You can help protect your child and their friends by opening up a conversation about mental health*



## Our District's Role in Suicide Prevention

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- Montgomery County Public Schools has chosen an evidence-based approach to help prevent youth suicide: SOS Signs of Suicide
- SOS includes training and resources for faculty/staff and parents
- Most importantly SOS focuses on training students to identify warning signs and seek help for themselves or a friend



# Why Universal Prevention?

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- Overrides adults' assumptions about who may be most at risk so that no student flies under the radar
- Raises awareness and debunks myths about mental health throughout the school so that students may feel comfortable reaching out
- Trains all students to recognize warning signs and seek help for friends so that peers can help each other



## Why Signs of Suicide?

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- Only universal school-based suicide prevention program that has shown a reduction in self-reported suicide attempts in randomized controlled trials
- Compared with students in the control group, students who received SOS:
  - were **64% less likely** to report a suicide attempt in the next 3 months
  - reported **more favorable attitudes toward getting help** for themselves or friends for depression and/or suicidal thoughts



## Teaching Students to ACT

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

**Care:** Let your friend know how much you **care** about them

**Tell** a trusted adult so your friend can get help





# MVMS Plan for SOS

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- When will you implement SOS?
  - During the month of March
- Who will be involved?
  - Counselors and select classroom teachers



## Access SOS Portal

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- Visit [sossignsofsuicide.org/parent](https://sossignsofsuicide.org/parent)
- View clips of the program videos to learn more about the program your child is receiving
- Take an anonymous mental health screening on behalf of your child and receive immediate results indicating whether it is likely that your child is experiencing depression



# Parent Access to SOS Portal



## Talk to Your Child

We encourage you to talk to your child about the suicide prevention education they are receiving in school. Through this program, we are teaching students to reach out to trusted adults if they are worried about themselves or a friend. While some students will reach out to school staff, many will reach out to their own parents with concerns.

**Concerned about your child?**

Mental health is a key part of your child's overall health. This depression screening is the quickest way to determine if your child should connect with a mental health professional. The program is completely anonymous and confidential. Immediately following the brief questionnaire, you will receive results, recommendations, and key resources from your child's school or community.

YOUR SCHOOL

TAKE A SCREENING

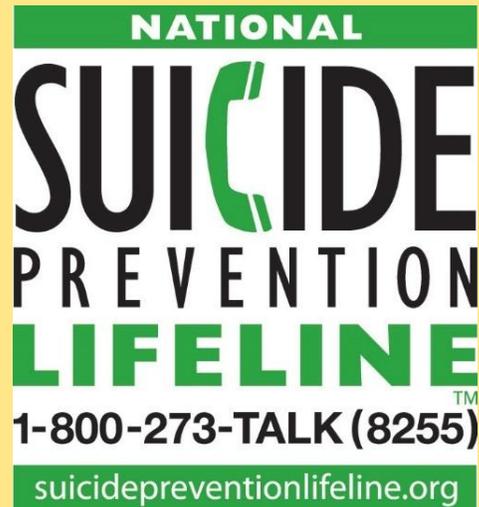
## How Parents Can Help

This clip demonstrates the importance of a father recognizing warning signs and leading his daughter to finding the help she needs. Sommer struggles with substance use and depression but then seeks treatment with her father's guidance. You'll learn that there are several treatment options for depression, highlighting the fact that suicide is preventable.





## National Resources



**CRISIS TEXT LINE |**

Text **ACT** to 741741.

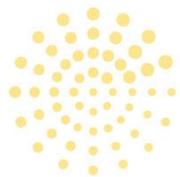
**Call 1-800-273-TALK (8255)** National Suicide Prevention Lifeline: for 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones.

**Text ACT to 741741**  
Crisis Text Line for 24/7, free and crisis support.



# Questions?

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## References: SOS Program Evaluations

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Aseltine, R., James, A., Schilling, E.A., & Glanovsky, J. (2007). Evaluating the SOS suicide prevention program: A replication and extension. *BMC Public Health* 18(7), 161.

Aseltine, R.H., and DeMartino, R. (2004). An outcome evaluation of the SOS suicide prevention program. *American Journal of Public Health* 94(03), 446-51.

Schilling, E.A., Aseltine, R.H. & James, A. (2016). The SOS suicide prevention program: further evidence of efficacy and effectiveness. *Prevention Science* 17(2), 157-66.



## References: Parent Education

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Klaus, N. M., Mobilio, A., King, C. A. (2009). Parent-adolescent agreement concerning adolescents' suicidal thoughts and behaviors. *Journal of Clinical Child & Adolescent Psychiatry, 32*(2), 245-255.

Spicer, R. S. and Miller, T. R. (2000). Suicide acts in 8 states: Incidence and case fatality rates by demographics and method. (2000). *American Journal of Public Health, 90*(12), 1885-1891.

Brent, D. A., Perper, J. A., Allman, C. J., Moritz, G. M., Wartella, M. E., & Zelenak, J. P. (1991). The presence and accessibility of firearms in the homes of adolescent suicides. *Journal of American Medical Association, 266*(21), 2989-9295.

Miller, M., Azrael, D., & Hemenway, D. (2002). Household firearm ownership and suicide rates in the United States. *Epidemiology, 13*(5), 517-524.