

The SOS Program

The SOS Program is being implemented in the high and middle schools. Depression among middle and high school students continues to increase in the United States. About 11 percent of adolescents have a depressive disorder by age 18 according to the National Co-morbidity Survey Adolescent Supplement (NCS-A). Girls are more likely than boys to experience depression. The risk for depression increases as a child gets older.

Because normal behaviors vary from one childhood stage to another, it can be difficult to tell whether a child who shows changes in behavior is just going through a temporary “phase” or is suffering from depression. Youth who have depression may show signs that are slightly different from the typical adult symptoms of depression. Adolescents who are depressed may refuse to go to school, feel hopeless or helpless, get into trouble at school, be negative, or feel misunderstood. Untreated depression may increase substance use, suicidal thoughts and attempts.

The SOS Program is a research based early intervention program listed on the Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Registry of Evidenced-Based Programs and Practices. The program is a school-based intervention that includes education and screening. Students participate in a guided classroom discussion on depression and the advantages of early intervention. They learn the early warning signs for depression, and complete a screening form. They can elect to self refer for help by requesting to speak with a school counselor or a mental health professional at any time. Students also view a video that teaches them to recognize the signs of depression in others. They are taught that the appropriate response to the signs are to acknowledge them, let the person know you care, and tell a responsible adult.

The intervention attempts to:

- increase knowledge about depression
- prevent suicide attempts
- increase self-help seeking behaviors
- increase help seeking behaviors on behalf of others
- reduce stigma associated with mental health problems

A passive consent form was sent home in late February to parents of all students who can participate in the program. Parent Forums have been completed. A parent SOS newsletter will be available on the district website.

Teachers and counseling staff have educated about the SOS Program and taught intervention and referral protocols.

Common Myths and Facts

Provided by Screening for Mental Health, Inc.

MYTH: Talking about suicide may give someone the idea.

FACT: You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true. Bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do. There is no evidence that screening youth for suicide induces suicidal thinking or behavior.

MYTH: It's normal for teenagers to be moody; teens don't suffer from "real" depression.

FACT: Depression can affect people at any age or of any race, ethnicity, or economic group.

MYTH: Teens who claim to be depressed are weak and just need to pull themselves together. There's nothing anyone else can do to help.

FACT: Depression is not a weakness, but a serious health disorder. Both young people and adults who are depressed need professional treatment. A trained therapist or counselor can help them learn more positive ways to think about themselves, change behavior, cope with problems, or handle relationships. A physician can prescribe medications to help relieve the symptoms of depression. For many people, a combination of psychotherapy and medication is beneficial.

MYTH: People who talk about suicide won't really do it.

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

MYTH: Anyone who tries to kill themselves must be crazy.

FACT: Most suicidal people are not psychotic or insane. They may be upset, grief-stricken, depressed, or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.

MYTH: If a person is determined to kill themselves, nothing is going to stop them.

FACT: Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

MYTH: People who complete suicide are people who were unwilling to seek help.

FACT: Studies of suicide victims have shown that more than half had sought medical help within six months before their deaths.