

Suicide is the
LEADING
CAUSE OF DEATH
for youth in the

2nd

United States



According to the Youth Risk Behavioral Survey, almost 1/3 of students reported feeling so sad or hopeless for over two weeks that they stopped some usual activity.

Suicide is
a public
health
issue

How can we address it?

The *SOS* program teaches students to recognize warning signs of **Depression & Suicidality** in *themselves* and their *peers* and prompts them to seek help from a trusted adult. In a randomized control study, the SOS program showed a reduction in self-reported suicide attempts by **40%**

Suicide is the 2nd leading cause of death for 11-18 year olds in the U.S. and according to the 2013 Massachusetts Youth Risk Behavior Survey (YRBS), 12% of Massachusetts high school students and 8% of middle school students seriously considered attempting suicide. Massachusetts lawmakers recently enacted legislation with provisions that could reduce suicide deaths. The legislation states that licensed school personnel are required to receive a two-hour training on suicide prevention every three years. The SOS Program has resources available to meet this mandate.

The Massachusetts Department of Public Health has sponsored a limited number of SOS Programs for Massachusetts middle and secondary schools. If you are interested in this opportunity, please acknowledge the following agreement.

I understand that I will receive an SOS Program at no cost and that our school will agree to:

1. Identifying a key staff person(s) to lead this project at our school site.
2. Implement the SOS Program with at least one grade level, in good faith, by May 31, 2017
3. Complete the program evaluation form after program implementation. Data collected does not reflect student information; rather, it provides quantitative data regarding student demographics and numbers/percentages of students seeking help as well as qualitative feedback for SMH on program successes and challenges.

Signature

Date

CONTACT INFORMATION

School Point of Contact: _____ Title: _____

School Name: _____

Street Address (No P.O. Boxes): _____

City: _____ State _____ Zip: _____

Email (required): _____ Phone: _____

Approximate expected Implementation Date (Required): _____

Approximate number of students who will receive the program (required): _____ Grade: _____

Program of interest (SOS High School, SOS Middle School, Second Act, Self-Injury): _____

Please return this form to Laura Steele

Email: lsteel@mentalhealthscreening.org

Fax: 781-431-7447

Address: 1 Washington Street, Suite 304, Wellesley Hills, MA 02481