



The SOS Signs of Suicide Program

Evidence-based youth suicide prevention
for middle and high school students.

“SOS Signs of Suicide has been shown to reduce suicidal ideation in middle school students and suicide attempts in high school students.

If your administrators don't know where to begin, suggest SOS.”

- American Association of Suicidology

About SOS



EVIDENCE-BASED

SOS is an evidence-based youth prevention program that has demonstrated improvement in students' knowledge and adaptive attitudes about suicide risk and depression.



FOR MIDDLE & HIGH SCHOOLS

Designed for grades 6-12, SOS teaches students how to identify signs of depression and suicide in themselves and their peers, while providing materials that support school professionals, parents, and communities in recognizing at-risk students and taking appropriate action.



RELEVANT CONTENT

The recently enhanced program reflects feedback from facilitators and students, offers practical advice on coping skills, spotlights the role of social media, and includes stories of hope and recovery.



NO TRAINING REQUIRED

SOS can be delivered to students in a single class period, with no training or certification required.

“There’s hesitation to talk to kids about suicide because adults are afraid that it’s going to make the kids uncomfortable.

But we’ve learned from the kids themselves that it doesn’t.

In fact, they appreciate that their school is saying “we care about you, we’re taking a day to talk about this because your life is so important to us.”



**- Megan Diamon, LCSW
Program Director, Suicide Education
MindWise Innovations**

Trusted by

The Department of Defense Education Activity
(DoDEA) across schools in 15 countries

States

Massachusetts, Montana, Nevada, and Missouri.

Partners

CHADS Coalition, Connor's climb, Elyssa's Mission, John and Charlotte Beerman, Makayla Fund, Nationwide Children's Hospital, Silverman Foundation, Will to Live, and many more.

School Districts

Baltimore County, Colorado Springs, Montgomery County, Santa Barbara, Newtown, Fairfax County, and many more.



The Results

64%

reduction in self-reported suicide attempts

97%

believed students learned to identify signs of depression and suicide

90%

saw an increase in students seeking help for themselves or a friend

95%

felt there was reduced behavioral health stigma among students

Thousands

of schools use SOS around the country

Impact

“Out of all the money you can spend on curriculum and other things, this is a drop in the bucket when it comes to saving a life. This program truly helps save lives.”

- **Dr. Christina Conolly, Montgomery County Public Schools**


“We identified the SOS Signs of Suicide program as having the best evidence base behind it.”

- **Dr. John Ackerman, Nationwide Children’s Hospital**

“This is a program we know works. We’re talking to 100% of kids, knowing that 80% are never going to have a mental health issue, but that those 80% can help the other 20%.”

- **Colleen Pace, CHADS Coalition for Mental Health**





**The
Evidence
Behind SOS
Signs of Suicide**

Controlled Trials

Since the program's inception, researchers have assessed the effectiveness of SOS by conducting several randomized controlled trials - an evaluation known as the "gold standard" of research studies.

SOS controlled trials were:

- completed in 2004, 2007, 2014, and 2016
- evaluated a total of 5,400 students
- across grades 6-12

Each trial compared the results of students who received SOS training to a control group who did not participate in the program.



2004 & 2007

Evaluating the Program

Researchers measured the short-term impact of SOS using 4,000 high school students. Three months after half the group received SOS training, both groups completed a short questionnaire.

The group who received SOS reported **40% fewer suicide attempts, greater knowledge of depression and suicide, and more adaptive attitudes** towards these issues. These findings were consistent in subsequent studies.

Sources: Aseltine, Robert H. Jr, PhD and Robert DeMartino, MD. (2004). "An Outcome Evaluation of the SOS Suicide Prevention Program." American Journal of Public Health. Vol 94, No 3, 446-51. Aseltine, Robert H. Jr, Amy James, Elizabeth A. Schilling, and Jaime Glanovsky. (2007) "Evaluating the SOS suicide prevention program: a replication and extension." BMC Public Health. 7: 161.

2014

SOS Shows Promise

Researchers worked with 400 6th-8th grade students from diverse populations and backgrounds, with students completing a pre-test survey, then taking a post-test survey three months later.

Results showed that students who reported suicidal ideation in the pre-test before receiving SOS training were **96% less likely to report engaging in suicidal behaviors** after participating in the program, versus their peers who reported previous suicidal ideation and did not receive SOS.

“This indicates that SOS may, for some students with suicidal ideation, interrupt the progression from suicidal ideation to more active stages of contemplation, planning, and attempt.”

Source: Schilling, Elizabeth A., PhD, Martha Lawless, BA, Laurel Buchanan, MA, and Robert H. Aseltine Jr, PhD. (2014). “Signs of Suicide’ Shows Promise as a Middle School Suicide Prevention Program.” *Suicide and Life-Threatening Behavior*. 44(6): 653-67.

2016

Further Evidence of SOS Efficacy and Effectiveness

Researchers sought to replicate prior SOS studies, using 1,000 9th grade students to further assess the program. Students completed a pre-test survey, then took a post-test survey three months later.

The results showed that students who received SOS training were approximately **64% less likely to report engaging in a suicide attempt** than the control group.

Sources: Schilling, Elizabeth A., Robert H. Aseltine Jr, and Amy James. (2016). “The SOS Suicide Prevention Program: Further Evidence of Efficacy and Effectiveness.” *Prevention Science*. 17(2): 157-166.

SOS is powered by

MindWise Innovations

Our mission supports the entire continuum of mental health - from prevention to crisis response - with evidence-based solutions that educate and prioritize health for all ages. We teach students and school staff how to identify signs of depression and suicide. We create safer, healthier workplaces that understand how mental health intersects productivity. We help communities recover after traumatic events. And so much more.

Why do we do this work? **Because it impacts all of us.**

The conversations we have today will live on in our kids, our friends, and our colleagues. And it's our goal to shape both the current and future state of behavioral health for the better.