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# SOS Signs of Suicide Middle School and High School Prevention Programs

## Program Snapshot

### Evidence Ratings\*

<b>Promising</b>	Suicidal Thoughts and Behaviors
<b>Promising</b>	Knowledge, Attitudes, and Beliefs About Mental Health
<b>Ineffective</b>	Receipt of Mental Health and/or Substance Use Treatment
<b>Ineffective</b>	Social Competence

\*Ratings definitions can be found in the appendix.

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### Program Type

Mental health promotion

**Gender**

Male  
Female

**Age**

13-17 (Adolescent)

**Geographic Locations**

Urban  
Suburban

**Settings**

School / Classroom

**Race/Ethnicity**

Black or African American  
Hispanic or Latino  
White  
Other

**Implementation/Dissemination**

Implementation materials available  
Dissemination materials available

**Program Description**

The SOS Signs of Suicide Prevention Program (SOS) is a universal, school-based depression awareness and suicide prevention program designed for middle-school (ages 11–13) or high-school (ages 13–17) students. The goals are to 1) decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression, 2) encourage personal help-seeking and/or help-seeking on behalf of a friend, 3) reduce the stigma of mental illness and acknowledge the importance of seeking help or treatment, 4) engage parents and school staff as partners in prevention through “gatekeeper” education, and 5) encourage schools to develop community-based partnerships to support student mental health.

The SOS curriculum includes lessons on raising awareness of depression and suicide, helping students identify the warning signs of depression in themselves and others, identifying risk factors associated with depression and suicidal ideation, and using a brief screening for depression and/or suicidal behavior. Students are taught to seek help using the ACT (Acknowledge, Care, Tell) technique. This technique teaches students to acknowledge when there are signs of a problem in themselves or a peer, show that you care and are concerned about getting help, and tell a trusted adult. Upon completion of the program, students are given response cards to indicate if they would like to speak to a trusted adult about themselves or a friend.

Both the middle and high school programs provide age-appropriate, educational DVDs for school staff to play for students. The middle school video, Time to ACT, informs students of the ACT message and includes vignettes that show 1) the right and wrong ways to help someone exhibiting signs of depression, 2) a group of students discussing various mental health topics, and 3) a student interview with a school counselor. The high school video, Friends for Life, informs students of the ACT message and includes dramatizations of depressed or suicidal teens and the right and wrong ways to help them. The video also includes interviews with teens who

are in treatment for depression and previous suicide attempts, showing them with their friends and family, and with school counselors. The program includes a video, Training Trusted Adults, to engage staff, parents, or community members in the program’s objectives and prevention efforts.

## Evaluation Findings by Outcome

<b>OUTCOME: SUICIDAL THOUGHTS AND BEHAVIORS</b>	
PROGRAM EFFECTS ACROSS ALL STUDIES	<p>This program is promising for reducing suicidal thoughts and behavior. The review of the program yielded sufficient evidence of a favorable effect. Based on three studies and six measures, the average effect size for suicidal thoughts and behavior is .19 (95% CI: .11, .23).</p>
KEY STUDY FINDINGS	<p><a href="#">Click here</a> to find out what other programs have found about the average effect sizes for this outcome.</p> <p>At a 3-month posttest, Aseltine et al. (2007) found that intervention high school students were less likely than control students to report having had 1) suicidal thoughts and 2) suicide attempts in the past 3 months, controlling for pretest suicidal behaviors. However, between-group differences were only statistically significant for suicide ideation. Schilling et al. (2014) found that intervention middle school students had less suicidal behavior than control middle school students; however, the main effect was not statistically significant. Schilling et al. (2016) found that intervention high school students were significantly (about 64%) less likely than control students to report at posttest having had suicide attempts in the past 3 months, controlling for pretest attempts and lifetime suicide attempts. Intervention students were also less likely than control students to report suicidal ideation and planning, however the findings were not statistically significant.</p>
MEASURES	<ul style="list-style-type: none"> <li>• Aseltine et al. (2007): Suicide ideation and suicide attempts were measured using items adapted from CDC’s Youth Risk Behavior Survey (YRBS): “During the past 3 months, did you ever seriously consider attempting suicide?” “During the past 3 months, did you actually attempt suicide?”</li> <li>• Schilling et al. (2014): Any suicidal behavior was assessed by whether participants answered “yes” to any of the three questions, listed above, adapted from the YRBS.</li> <li>• Schilling et al. (2016): Suicide ideation, planning, and attempts were measured using items adapted from the YRBS: “During the past 3 months, did you ever seriously consider attempting suicide?” “During the past 3 months, did you make a plan about how you would attempt suicide?” “During the past 3 months, did you actually attempt suicide?”</li> </ul>
ADDITIONAL DETAILS	<ul style="list-style-type: none"> <li>• Subgroup findings were reported for middle school students with a history of suicidal ideation (Schilling et al., 2014) and for high school students with a history of suicidal behavior (Schilling et al., 2016); however, these effects are not rated and therefore do not contribute to the final outcome rating.</li> </ul>

**OUTCOME: KNOWLEDGE, ATTITUDES, AND BELIEFS ABOUT MENTAL HEALTH**

PROGRAM EFFECTS ACROSS ALL STUDIES	<p>This program is promising for improving knowledge, attitudes, and beliefs about mental health. The review of the program yielded sufficient evidence of a favorable effect. Based on two studies and four measures, the average effect size for knowledge, attitudes, and beliefs about mental health is .16 (95% CI: .13, .17).</p> <p><a href="#">Click here</a> to find out what other programs have found about the average effect sizes for this outcome.</p>
KEY STUDY FINDINGS	<p>Aseltine et al. (2007) found that participating in the SOS Program resulted in statistically improvements in 1) knowledge about depression and suicide, and 2) attitudes about depression and suicide, which were statistically significant. Schilling et al. (2016) found that participating in the SOS Program also resulted in greater knowledge and improved attitudes about depression and suicide; however, the group differences were only statistically significant for knowledge about depression and suicide.</p>
MEASURES	<p>Aseltine et al. (2007); Schilling et al. (2014): Knowledge of depression and suicide was assessed using 10 true/false questions (e.g., “People who talk about suicide don’t really kill themselves”; “Depression is an illness doctors can treat”); Attitudes toward depression and suicide were assessed using an 8-item summary scale (e.g., “If someone really wants to kill him/herself, there is not much I can do about it”; “If a friend told me he/she is thinking about committing suicide, I would keep it to myself.”)</p>
ADDITIONAL DETAILS	<p>None provided.</p>

**OUTCOME: RECEIPT OF MENTAL HEALTH AND/OR SUBSTANCE USE TREATMENT**

PROGRAM EFFECTS ACROSS ALL STUDIES	<p>This program is ineffective for increasing the receipt of mental health and/or substance use treatment. The review of the program yielded sufficient evidence of a negligible effect. Based on one study and one measure, the effect size for the receipt of mental health and/or substance use treatment is -.01 (95% CI: -.14, .12).</p> <p><a href="#">Click here</a> to find out what other programs have found about the average effect sizes for this outcome.</p>
KEY STUDY FINDINGS	<p>At a 3-month posttest and after controlling for pretest help-seeking behaviors, Aseltine et al. (2007) found that intervention students were slightly less likely than control students to report seeking help from a psychiatrist, psychologist, or social worker when feeling depressed or suicidal. However, between-group differences were not statistically significant.</p>

MEASURES	Aseltine et al. (2007): “Have you received treatment from a psychiatrist, psychologist, or social worker because you were feeling depressed or suicidal?”
ADDITIONAL DETAILS	None provided.



**OUTCOME: SOCIAL COMPETENCE**

PROGRAM EFFECTS ACROSS ALL STUDIES	<p>This program is ineffective for increasing social competence related to help-seeking behaviors. The review of the program yielded sufficient evidence of a negligible effect. Based on two studies and four measures, the average effect size for social competence is -.03 (95% CI: -.11, .01).</p> <p><a href="#">Click here</a> to find out what other programs have found about the average effect sizes for this outcome.</p>
KEY STUDY FINDINGS	<p>At a 3-month posttest and after controlling for pretest help-seeking behaviors, Aseltine et al. (2007) found that intervention students were slightly more likely than control students to report seeking help from an adult when feeling depressed or suicidal. However, between-group differences were not statistically significant. At a 3-month posttest, Schilling et al. (2014) found that SOS participation did not significantly affect a student’s likelihood of seeking help when feeling depressed or suicidal from 1) a parent, 2) a brother or sister, or 3) a friend. In fact, after controlling for pretest help-seeking behaviors and suicidal behaviors, they found that intervention students were less likely than control students to seek help. However, between-group differences were not statistically significant.</p>
MEASURES	<p>Aseltine et al. (2007): “Have you talked with some other adult (parent, teacher, or guidance counselor) because you were feeling depressed or suicidal?” Schilling et al. (2014): “Have you talked with a parent because you were feeling depressed or suicidal?”; “Have you talked with a brother or sister because you were feeling depressed or suicidal?”; and “Have you talked with a friend because you were feeling depressed or suicidal?”</p>
ADDITIONAL DETAILS	None provided.

**Study Evaluation Methodology**

**ASELTINE ET AL. (2007)**

STUDY DESIGN NARRATIVE	<p>Students from nine high schools were randomized to the intervention and wait-list control groups. In eight of the schools, students were randomly assigned to health or social studies classes scheduled for the first or second half of the year. Classes scheduled for the first half received SOS. In the ninth school, health classes were randomized to study conditions. The intervention group received the SOS intervention the first half of the school year and the wait-list control group received it the second half of the school year.</p>
SAMPLE DESCRIPTION	<p>The sample consisted of 4,133 students in nine high schools across three sites (Columbus, Georgia, western Massachusetts, and Hartford, Connecticut). The Hartford site included students enrolled during the 2001–2002 and 2002–2003 school years; the Columbus site comprised students enrolled during the 2001–2002 school year; and the</p>

Massachusetts site included students enrolled during the 2002–2003 school year. The sample consisted of students in grades 9 through 12 in two of the sites (Massachusetts and Hartford), and comprised students in grade 9 in Columbus. Demographic information was reported for each site. The three sites were gender-balanced, with equal proportions of males and females. The sites differed with respect to racial/ethnic composition; however, chi-square tests between the intervention and control groups revealed no significant differences. In Hartford, the sample was predominantly Hispanic (50.6%), followed by black (27.2%), other (8.6%), multi-ethnic (8.5%) and white (5.8%). In Massachusetts, the sample was predominantly white (82.1%), followed by other (7.8%), Hispanic (6.0%), multi-ethnic (5.5%), and black (.8%). The Columbus sample was more evenly mixed between white (38.5%) and black (36.5%), followed by multi-ethnic (12.4%), Hispanic (8.1%), and other (4.6%).

**SCHILLING ET AL. (2014)**

STUDY DESIGN NARRATIVE	Eleven middle schools were recruited for the study; however, one dropped out before the study began and two did not adhere to the study protocol and were dropped from the evaluation. Eight middle schools were then randomized to the intervention and wait-list control groups. Of these, two schools were reassigned from the control group to the intervention group (one due to scheduling conflicts and the other due to presenting the program prematurely). Thus, the study ended up including six intervention schools and two control schools. During the 2009–2010 school year, students in intervention schools who were scheduled to receive the Signs of Suicide (SOS) program (and had parental consent to participate in the study) received the intervention after pretest data collection. Students in the control schools participated in the intervention after posttest data collection. .
SAMPLE DESCRIPTION	The sample consisted of 386 middle school students (299 in the intervention and 87 in the control). Control schools included students in grades 7 and 8 (79% and 21%, respectively); intervention schools included students in grades 6, 7, and 8 (14%, 84%, and 3%, respectively). The sample comprised slightly more females (52.0%) and was mostly white (40.8%), followed by Hispanic (20.0%), multi-ethnic (18.4%), and black (11.7%). Almost one fifth (18.7%) were English language learners (ELL), and over one third (36.0%) qualified for free-and-reduced lunch.

**SCHILLING ET AL. (2016)**

STUDY DESIGN NARRATIVE	Two cohorts of ninth-grade students from 16 schools were randomized to the intervention and wait-list control groups. In 2007–2008, eight schools were randomized, with four schools placed in each condition. In 2008–2009, the remaining eight schools were randomized, with five schools placed in the intervention group and four schools in comparison group. One school, randomly assigned to the intervention group during the first school year, participated in both school years. Students in intervention schools who took health classes in the fall received the Signs of Suicide (SOS) program, whereas students in control schools were in an assessment-only condition during the fall and did not have the opportunity to receive SOS until the second half of the year.
SAMPLE DESCRIPTION	The baseline sample consisted of 1,272 ninth-grade students in 17 high schools in Connecticut. Sixteen of the schools were technical schools and one was a comprehensive secondary school . Students were mostly male (58%), with a racial/ethnic composition of white (60%), Hispanic (23%), other (11%), and black (6%). About one tenth were English-as-a-Second Language (ESL) students, and about one third qualified for free-and-reduced lunch.

## References

### STUDIES REVIEWED

Aseltine, R. H., James, A., Schilling, E. A., & Glanovsky, J. (2007). Evaluating the SOS suicide prevention program: A replication and extension. *BMC Public Health*, 7(1), 161.

Schilling, E. A., Lawless, M., Buchanan, L., & Aseltine, R. H. (2014). "Signs of Suicide" shows promise as a middle school suicide prevention program. *Suicide and Life-Threatening Behavior*, 44(6), 653–667.

Schilling, E. A., Aseltine Jr., R. H., & James, A. (2016). The SOS suicide prevention program: Further evidence of efficacy and effectiveness. *Prevention Science*, 17(2), 157–166.

### SUPPLEMENTAL AND CITED DOCUMENTS

None provided.

### OTHER STUDIES

Aseltine Jr., R. H., & DeMartino, R. (2004). An outcome evaluation of the SOS suicide prevention program. *American Journal of Public Health*, 94(3), 446–451.

## Resources for Dissemination and Implementation \*

*\* Dissemination and implementation information was provided by the program developer or program contact at the time of review. Profile information may not reflect the current costs or availability of materials (including newly developed or discontinued items). The dissemination/implementation contact for this program can provide current information on the availability of additional, updated, or new materials.*

### Implementation/Training and Technical Assistance Information

Screening for Mental Health, Inc., has been distributing the SOS Signs of Suicide Prevention Program since 2001. Since 2008, SOS has been implemented annually in 2,374 middle schools and 2,710 high schools. It is intended to be provided by school districts and implemented by middle and high school staff, including teachers, social workers, counselors, and school support staff, and with community partners. The recommended staff ratio is 2 program implementers for no more than 45 students. There are no educational, experiential, mental health–training, or licensure requirements for program implementers.

Program kits are required for implementation. The program kits for both middle and high schools are available for purchase online for \$395. Both kits include student newsletters, Brief Screen for Adolescent Depression (BSAD) student-screening forms, a program implementation guide, an age-appropriate video, a Training Trusted Adults video, a program-reinforcing poster, wallet cards, student response cards, and a Will to Live packet for coaches. Purchase of the program kits also includes access to online resources on depression and suicide and evaluation resources for quality assurance. Annual reprinting licenses are available for middle- and high-school programs and can be purchased online for \$100. The licenses give unlimited access to download and print program material, including Spanish material where available.

The student newsletters reinforce the ACT message and give information on mental health topics such as managing stress, building resilience, the dangers of alcohol use, bullying, and cyberbullying. Newsletters are

updated regularly and are also available in Spanish. Additional copies can be purchased online in a 100-pack for \$50. Each SOS Program kit includes 100 copies of the age-appropriate student newsletter.

The Brief Screen for Adolescent Depression (BSAD) form is a validated, seven-item questionnaire to identify at-risk students for further evaluation. Results from the BSAD are for identifying the presence, or absence, of symptoms consistent with depression or suicide and do not take the place of a formal diagnosis. Each SOS Program kit includes 100 copies of the BSAD screening forms, but additional copies can be purchased online in a 100-pack for \$50. Parent-completed BSAD screening forms are also available for purchase online in a 100-pack for \$50. Access to the web-based version of the parent BSAD is available for purchase online for \$225. The online parent BSAD is also available in Spanish and Portuguese.

The implementation guides provide information on a) the program background, rationale, and goals; b) planning for classroom implementation; c) educating school personnel and parents; d) LGBTQ resources for educators, students, and parents; e) lesson plans with video discussion guides; and f) program materials in Spanish where available. To maintain program fidelity in implementation, the guides include step-by-step instructions, readiness checklists, and day-of logistics checklists for each lesson. Each SOS Program kit includes one age-appropriate program implementation guide.

The middle-school program kit features the 25-minute Time to ACT DVD for students. The middle-school video informs students of the ACT message (Acknowledge, Care, Tell) and includes vignettes showing the right and wrong ways to help someone exhibiting signs of depression, a group of students discussing various mental health topics, and a student interview with a school counselor. The high-school program kit features the 25-minute Friends for Life DVD for students. The high-school video informs students of the ACT message (Acknowledge, Care, Tell) and includes dramatizations of depressed or suicidal teens and the right and wrong ways to help them. The video also includes interviews with teens who are in treatment for depression and previous suicide attempts, interviews with their friends and family, and interviews with school counselors. Each SOS Program kit includes one age-appropriate program DVD. Both DVDs contain Spanish subtitles and closed captioning (CC) in English.

The 22-minute Training Trusted Adults DVD is for program implementers, school staff, support staff, community members, and parents to engage them in the program objectives and prevention efforts. It can be shown at staff meetings, community events, and on Parent Nights. Each SOS Program kit includes one DVD, but additional copies can be purchased online for \$160. The DVD contains Spanish subtitles and English CC.

The SOS Program kits include five copies of a program-reinforcing poster. The poster is also available in Spanish. The kit includes 100 wallet cards with the ACT message on the front side and the National Suicide Prevention Lifeline phone number, with space for writing in local resources, on the back side of the card. Additional wallet cards can be purchased online in a 100-pack for \$25. These cards are also available in Spanish. The student response cards give students the opportunity to voluntarily ask for follow up from an adult, either for themselves or for a friend. The cards can be completed anonymously. The program kits include 100 response cards. Finally, each program kit includes a Will to Live Foundation Life Teammates resource packet for coaches.

In addition to the standard program material, the middle-school kit includes 100 ACT message stickers and 100 copies of the parent newsletter. The parent newsletter informs middle school parents of the ACT message and the SOS Program objectives. Newsletters are updated regularly and are also available in Spanish. Additional copies can be purchased online in a 100-pack for \$50. Other available implementation resources include ACT acronym-only stickers and “Sometimes Friends Need Help Getting From Hopeless to Hopeful” posters.

There are no trainings required prior to implementing the SOS Program; however, the program supplier offers multiple optional trainings and other technical assistance. The Plan, Prepare, Prevent SOS Online Gatekeeper Training is a 90-minute, interactive-training module for school staff and support staff members. The training provides information on youth mental health, mental illness, suicide, and recognizing and responding to the warning signs of depression and suicide. The training is available online for free.

Additional need-based, in-person trainings are available to support implementation. Implementation Trainings are available for program implementers, administrators, support staff, parents, and community members to provide instruction and guidance on implementing the SOS Program. This training is available for a price of \$2,900-\$4,900.

The SOS Certified Training Institute (CTI) is a 2-day, in-person train-the-trainer course for champions to become certified trainers of the program. The CTI is optional and varies in cost from \$8,000-\$11,000.

**Dissemination Information**

Multiple resources are available for disseminating SOS Program information to school staff, parents of students, community members, and the general public. The Screening for Mental Health, Inc., Youth Programs Brochure contains information on all the youth programs and material currently offered by the program supplier. A one-page handout describes the program goals, ACT message, and program components. Both are available in print or digital format, for free, upon email request of the program supplier. Customizable press releases and promotional materials are also available, for free, upon email request of the program supplier.

The program supplier holds educational Webinars on mental health topics and suicide prevention efforts throughout the year. Information on upcoming Webinars can be obtained through email requests of the program supplier. Archived Webinars are available online for free.

**Summary Table of RFDI Materials**

Description of item	Required or optional	Cost	Where obtained
Implementation Information			
Signs of Suicide Prevention Program Kit for Middle School For program implementers Available to order online	Required	\$395 per kit	<a href="http://shop.mentalhealthscreening.org/products/youth-middle-school-sos-kit">http://shop.mentalhealthscreening.org/products/youth-middle-school-sos-kit</a>
Signs of Suicide Prevention Program Kit for High School For program implementers Available to order online	Required	\$395 per kit	<a href="http://shop.mentalhealthscreening.org/products/high-school-sos-kit">http://shop.mentalhealthscreening.org/products/high-school-sos-kit</a>
Annual Printing License for Middle School Materials For program implementers	Optional	\$100 per license	<a href="http://www.sosplanprepareprevent.org">www.sosplanprepareprevent.org</a>
Annual Printing License for High School Materials For program implementers	Optional	\$100 per license	<a href="http://www.sosplanprepareprevent.org">www.sosplanprepareprevent.org</a>
Middle School Student Newsletter For students Newsletter (100 copies) included as part of middle school program kit Additional copies	Optional	Included as part of middle school program kit \$50 per 100- pack	<a href="http://www.sosplanprepareprevent.org">www.sosplanprepareprevent.org</a>

SOS Signs of Suicide Middle School and High School Prevention Programs

available for purchase online Also available in Spanish			
High School Student Newsletter For students Newsletter (100 copies) included as part of both program kits Additional copies available for purchase online Also available in Spanish	Optional	Included as part of both program kits \$50 per 100- pack	<a href="http://www.sosplanprepareprevent.org">www.sosplanprepareprevent.org</a>
Brief Screen for Adolescent Depression (BSAD) Student Screening Form For students Handouts (100 copies) included as part of both program kits Additional copies available for purchase online Also available in Spanish	Required	Included as part of both program kits \$50 per 100- pack	<a href="http://www.sosplanprepareprevent.org">www.sosplanprepareprevent.org</a>
Brief Screen for Adolescent Depression (BSAD) Parent Screening Form For parents Copies available for purchase online	Optional	\$50 per 100- pack	<a href="http://www.sosplanprepareprevent.org">www.sosplanprepareprevent.org</a>
Online Parent Brief Screen for Adolescent Depression For program implementers and parents Available online Also available in Spanish and Portuguese	Optional	\$225	<a href="http://www.sosplanprepareprevent.org">www.sosplanprepareprevent.org</a>
Signs of Suicide Prevention Program High School Program Implementation Guide and Resources For high school program implementers and support staff Manual included as part of high school program kit	Required	Included as part of high school program kit	<a href="http://shop.mentalhealthscreening.org/products/high-school-sos-kit">http://shop.mentalhealthscreening.org/products/high-school-sos-kit</a>
Time to ACT DVD For middle school students DVD included as part of middle school program kit 25 minutes; Available with Spanish subtitles and English CC	Required	Included as part of middle school program kit	<a href="http://shop.mentalhealthscreening.org/products/youth-middle-school-sos-kit">http://shop.mentalhealthscreening.org/products/youth-middle-school-sos-kit</a>
Friends For Life DVD For high school students DVD included as part of high school program kit 25 minutes; Available with Spanish subtitles and English CC	Required	Information not available	<a href="http://www.sosplanprepareprevent.org">www.sosplanprepareprevent.org</a>
Friends For Life DVD For high school students DVD included as part of high school program kit 25 minutes; Available with Spanish subtitles and English CC	Required	Included as part of high school program kit	<a href="http://www.sosplanprepareprevent.org">www.sosplanprepareprevent.org</a>
Training Trusted Adults DVD For program implementers, support staff, and parents DVD included as part of both program kits Additional copies available for purchase online 22 minutes; Available with Spanish	Optional	Included as part of both program kits \$160 for the DVD	<a href="http://shop.mentalhealthscreening.org/products/training-trusted-adults-dvd">http://shop.mentalhealthscreening.org/products/training-trusted-adults-dvd</a>

SOS Signs of Suicide Middle School and High School Prevention Programs

subtitles and English Closed Captioning (CC)			
Customizable Wallet Cards For students Cards (100 copies) included as part of both program kits Additional copies available for purchase online Also available in Spanish	Optional	Included as part of both program kits \$25 per 100- pack	<a href="http://www.sosplanprepareprevent.org">www.sosplanprepareprevent.org</a>
Student Response Cards For students Cards (100 copies) included as part of both program kits	Required	Included as part of both program kits	<a href="http://shop.mentalhealthscreening.org/collections/youth-programs">http://shop.mentalhealthscreening.org/collections/youth-programs</a>
Will to Live Foundation Life Teammate Resource Packet For program implementers and coaches Resource packet available in both program kits	Optional	Included as part of both program kits	<a href="http://shop.mentalhealthscreening.org/collections/youth-programs">http://shop.mentalhealthscreening.org/collections/youth-programs</a>
ACT Message Stickers For middle school students Stickers (100 copies) included as part of both program kits Additional stickers available for purchase online	Optional	Included as part of both program kits \$10 per 100- pack	<a href="http://www.sosplanprepareprevent.org">www.sosplanprepareprevent.org</a>
Parent Newsletter For parents Newsletter (100 copies) included as part of middle school program kit Additional copies available for purchase as 100 pack online Also available in Spanish	Optional	Included as part of middle school program kit \$50 per 100- pack	<a href="http://www.sosplanprepareprevent.org">www.sosplanprepareprevent.org</a>
ACT Acronym Stickers For students Stickers available for purchase as 100 pack online	Optional	\$10 per 100- pack	<a href="http://www.sosplanprepareprevent.org">www.sosplanprepareprevent.org</a>
“Sometimes Friends Need Help Getting From Hopeless to Hopeful” Poster For students For program implementers and students Available for purchase as 5-pack online	Optional	\$20 per 5-pack	<a href="http://www.sosplanprepareprevent.org">www.sosplanprepareprevent.org</a>
Plan, Prepare, Prevent Interactive Online Training For program implementers and support staff Available online as 90-minute training	Optional	Free	<a href="https://mentalhealthscreening.org/gatekeeper">https://mentalhealthscreening.org/gatekeeper</a>
Implementation/Gatekeeper Training For program implementers, administrators, support staff, parent, and community members Available as ½ day or 1 day, in-person training for 40–60 individuals	Optional	\$1,600+ for one trainer; half day \$2,000+ for one trainer; full day	Contact program supplier: Meghan Diamon <a href="mailto:youth@mentalhealthscreening.org">youth@mentalhealthscreening.org</a>
SOS Certified Training Institute For program implementers Available as 2-day, in-person training	Optional	Varies	Contact program supplier
Suicide Prevention Educational Webinars For program implementers, support staff, and public Available as	Optional	Free	Contact program supplier Or visit <a href="https://vimeo.com/screeningformentalhealth/videos">https://vimeo.com/screeningformentalhealth/videos</a>

1-hour Webinars throughout the year; previous Webinars available online			
<b>Dissemination Information</b>			
Screening for Mental Health Youth Programs Brochure For schools, communities, and public Available in print or digital format	Optional	Free	Contact program supplier
SOS Prevention Program Handout For schools, communities, and public Available in print or digital format	Optional	Free	Contact program supplier
Customizable Press Releases and Promotional Material For public Available as digital copy	Optional	Free	Contact program supplier
Suicide Prevention Educational Webinars For program implementers, support staff, and public Available as 1-hour Webinars throughout the year; previous Webinars available online	Optional	Free	Contact program supplier Or visit <a href="https://vimeo.com/screeningformentalhealth/videos">https://vimeo.com/screeningformentalhealth/videos</a>

**Appendix**

**Evidence Rating Definitions**

**Effective**

The evaluation evidence has strong methodological rigor, and the short-term effect on this outcome is favorable. More specifically, the short-term effect favors the intervention group and the size of the effect is substantial.

**Promising**

The evaluation evidence has strong methodological rigor, and the short-term effect on this outcome is favorable. More specifically, the short-term effect favors the intervention group and the size of the effect is substantial.

**Ineffective**

The evaluation evidence has sufficient methodological rigor, but there is little to no short-term effect. More specifically, the short-term effect does not favor the intervention group and the size of the effect is negligible. Occasionally, the evidence indicates that there is a negative short-term effect. In these cases, the short-term effect harms the intervention group and the size of the effect is substantial.