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Assessing Suicide Risk	Past Month	
1. Have you wished you were dead or wished you could go to sleep and not wake up?	✓ ✗	
2. Have you had any thoughts about killing yourself?	✓ ✗	
If **YES** to question 2, answer questions 3,4,5 and 6. If **NO** to question 2, go directly to question 6.		
3. Have you thought about how you might do this?	✓ ✗	
4. Have you had any intention of acting on these thoughts of killing yourself, as opposed to you having the thoughts but you would not act on them?	✓ ✗ **High Risk**	
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	✓ ✗ **High Risk**	
Always ask question 6.	Life-time	Past 3 Months
6. Have you done anything, started to do anything, or prepared anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.	✓ ✗	✓ ✗ **High Risk**

Any **YES** indicates that someone should **seek a behavioral health referral**. However, if the answer to questions **4,5** or **6** is **YES**, seek **immediate help**. Go to the **emergency room**, **call 800-273-8255**, **text 741741** or **call 911**. **STAY WITH THEM** until they can be evaluated.

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

THE COLUMBIA LIGHTHOUSE PROJECT
IDENTIFY RISK. PREVENT SUICIDE.

Columbia Protocol app available

Resources

National Suicide Prevention Lifeline
www.suicidepreventionlifeline.org
800-273-TALK (8255)
Veterans, press 1

Crisis Text Line
www.crisistextline.org
Text **HOME** to 741741

The Trevor Project
For LGBTQ youth
www.thetrevorproject.org
866-488-7386
Text **START** to 678678

Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline
www.samhsa.gov
800-662-HELP (4357)

S.A.F.E. Alternatives Self-Injury Hotline
www.selfinjury.com
800-DONT-CUT (366-8288)

America Association of Suicidology (AAS)
www.suicidology.org

Suicide Prevention Resource Center (SPRC)
www.sprc.org

National Action Alliance for Suicide Prevention
https://theactionalliance.org

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29-0013-100-01 | 29-0013-007 | Printed in Canada

In Nevada

Crisis Support Services of Nevada
https://cssnv.org 775-784-8090
Text **CARE** to 839863

NAMI Peer Support Warmline
775-241-4212

Nevada Peer Support Network
For first responders
www.nnpsn.com
866-267-2267

DCFS Mobile Crisis Response Team
www.knowcrisis.com
Northern: **775-688-1670**
Southern: **702-486-7865**
Rural: **702-486-7865**

Nevada Department of Education – SafeVoice
For Nevada school-aged youth
http://safevoicenv.org
833-216-7233

The Harbor Las Vegas
www.theharborlv.com

American Foundation for Suicide Prevention (AFSP)
www.afsp.org/chapter/nevada

Hope Means Nevada
https://hopemeansnevada.org

Nevada Coalition for Suicide Prevention
https://nvsuicideprevention.org

Nevada Council on Problem Gambling
www.nevadacouncil.org
800-522-4700

Nevada 211
www.nevada211.org
866-535-5654 or 211
Text your zip code to 898211

Understanding Suicide

Suicide is the conscious and deliberate act of killing oneself. Anyone can be at risk. Most adults have vague suicidal thoughts once or twice in their lifetime. Fortunately, most do not act upon those thoughts. We shift our energies to more positive and productive actions to alleviate the life stressors.

How Many Lives Lost?

Over 48,000 people in the U.S. take their own lives each year. They are among the one million people worldwide who kill themselves in an average year. Suicide does not discriminate; it occurs in every ethnic group, gender, occupation, geographic area and socioeconomic status.

Suicide is not just a problem among adults. Teenagers and young adults are particularly vulnerable. In Nevada, suicide is the second leading cause of death in young people between the ages of 11 and 24. Children as young as 8 years old have died by deliberate suicidal actions in our state.

Sadly, some of the people affected by the suicide of a loved one may follow the actions of their loved one and take their own lives in the future. As an example, children who have lost a parent or a sibling to suicide are at a higher risk for suicidal ideation themselves.

NATIONAL SUICIDE PREVENTION LIFELINE 1-800-273-TALK (8255) suicidepreventionlifeline.org

CHILDREN'S MOBILE CRISIS RESPONSE TEAM

CRISIS SUPPORT SERVICES OF NEVADA

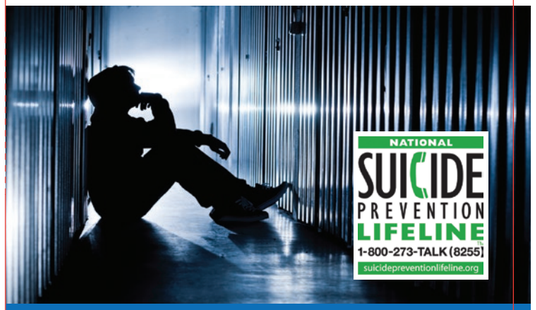
Most people who are thinking about suicide show signs, symptoms and behaviors that can be recognized by people who are familiar with these risk factors and warning signs (also known as invitations for help). Once these signs have been detected, people can intervene, and many lives can be saved.
Most suicides are preventable.

Nevada Department of Health and Human Services

Office of Suicide Prevention Department of Health and Human Services

988 SUICIDE & CRISIS LIFELINE

Nevada State Office of
SUICIDE PREVENTION



www.suicideprevention.nv.gov

A significant number of suicides are preventable when support is provided.

Northern Office 775-684-2240
Southern Office 702-486-8225

SCAN ME

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Facts About Suicide

If you have had thoughts of suicide, you are not alone.
Help is available.

You need to know that:

- Suicidal crises are usually temporary.
- Suicidal thoughts are not healthy – even when life gets tough – but they are just thoughts. You do not have to act on them.
- Feelings of love and belonging (being connected) can help you overcome problems and thoughts of suicide.
- Asking for help does not mean you are weak. It means you are strong and courageous.
- Suicide is preventable. Most people who have strong thoughts of suicide get through it and start to feel better.
- Most people who die by suicide have a mental illness or substance abuse disorder – which can be treated. Mental health care is available and effective.



In Crisis? Need Hope?

Find Help Here.

If you recognize or experience any warning signs, contact a mental health professional or call the National Suicide Prevention Lifeline at:

988, Veterans press 1

Prevention

Suicide is a public health problem that we can do something about. Suicide prevention, awareness, alertness and intervention programs have been developed by many worldwide, national and private organizations to provide:

- Awareness and education.
- Intervention.
- Early detection programs.
- Assistance to families.
- Access to mental health and substance abuse treatment.
- Research to enhance understanding of suicide ideation.

To Prevent a Suicide:

- Know the signs, risk factors and invitations for help.
- Talk openly with the person at risk.
- Show care and concern; listen carefully without judgment.
- Take the person seriously.
- Get professional help as soon as possible; use of several resources are helpful.
- Call an ambulance and law enforcement to transport the person to a hospital (in an emergency).

Thoughts of suicide are common; acting on them is not. Simply taking time to connect to a caring person who will listen can help the situation immensely.

2·1·1 Nevada

988 SUICIDE & CRISIS LIFELINE

Risk Factors, Signs & Invitations for Help

Obvious signs that may indicate thoughts of suicide:

- Making direct statements about suicidal intent: "I am going to kill myself," "I'd be better off dead" or "No one would miss me"
- Giving away prized possessions seemingly for no reason
- Withdrawing from family and friends
- Lacking hygiene or not caring about their appearance
- Seeking means of suicide, firearms or drugs/medications
- Showing uncontrolled anger or anxiety

Hidden risk factors:

- Using/abusing alcohol or drugs; maladaptive behaviors
- Isolating from family/friends; disengaging from enjoyable activities

- Immediate or continued signs should not be considered typical behavior for a teen or an adult. **ASK if they are thinking about suicide.**
- If you get a response that does not seem to be true, **ASK** directly again if they are having thoughts of suicide.
- Trust your instincts.

Other factors:

- Large emotional loss: spouse, parent, children, another close relative or pet
- Feelings of hopelessness or worthlessness
- Feelings of being a burden; seeing no purpose in life
- Divorce, breakup, abuse, bullying, LGBTQ+
- Post-traumatic stress disorder (PTSD)
- Difficulties dealing with life changes and other transitions
- Previous exposure to the suicide of a family member or friend

Sometimes, what counts is not being able to fix a person's problem, but simply taking the time to listen to them and encourage help-seeking behaviors.

Suicide Intervention

General Guidelines

- Be patient; let the person express their thoughts of crisis.
- Be calm and flexible.
- Guide the person in defining problems through telling their story.
- Focus on the concerns that triggered acting upon thoughts of suicide.
- Emphasize the temporary nature of the problem.
- Focus on reducing pain, pressure and agitation.
- Guide them to resolving the immediate crisis or refer the person for professional assistance.

Some things to avoid:

- Do not overlook the signs of suicide.
- Do not promise anything you cannot provide or do.
- Do not argue with the person at risk.
- Do not leave the person alone.
- Do not agree to keep the thoughts of suicide a secret.
- Do not be the only person providing help; get other resources and support persons involved as soon as possible.

Suggestions for helpful and respectful listening:

- Make the environment quiet; limit distractions.
- Be aware of possible cultural or ethnic concerns.
- Show you are interested: Face each other and use eye contact.
- Watch for nonverbal cues; observe their body language.
- Avoid interrupting; let the person tell you their situation.
- Wait, think and respond. A short pause will usually be enough for the person to reflect or rethink what they will say.
- Remember that expression of emotions such as sadness or anger are common.
- Keep questions clear, simple and open-ended.
- Restate a summary of what the person said (mirror/reflection).
- Ask clarifying questions when you do not understand.
- Help the person problem-solve instead of giving them advice.
- Offer hope to the person ("**We** can get through this together.").

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