



Suicide: Fact & fiction: Commonly-held incorrect beliefs about suicide

Misconceptions and incorrect understanding of suicide stand in the way of providing assistance for people who need it most. By addressing these, those responsible for prevention of suicide will be more able to recognize those who are at risk and provide the help that is needed.

Disclaimer: This information is not a substitute for seeking professional assistance. It is shared only to increase awareness about the complex issue of suicide.

FICTION	FACT
<p>Talking about suicide or asking someone if they feel suicidal will encourage suicide attempts.</p>	<p>Talking about suicide provides the opportunity for communication. The first step in encouraging a suicidal person to live comes from talking about those feelings. However, talking about suicide should be carefully managed.</p>
<p>People who talk about suicide never attempt or complete suicide.</p>	<p>Talking about suicide can be a plea for help and it can be a late sign in the progression towards a suicide attempt. Those who are most at risk will show other signs apart from talking about suicide. If you have concerns about a person who talks about suicide:</p> <ul style="list-style-type: none"> • Encourage him/her to talk further and help them to find appropriate counselling assistance. • Ask if the person is thinking about making a suicide attempt. • Ask if the person has a plan. • Think about the completeness of the plan and how dangerous it is. Do not trivialise plans that seem less complete or less dangerous. All suicidal intentions are serious and must be acknowledged as such. • Encourage the person to develop a personal safety plan. This can include time spent with others, check-in points with significant adults/ plans for the future.
<p>Attempted or completed suicides happen without warning.</p>	<p>The survivors of a suicide often say that the intention was hidden from them. It is more likely that the intention was just not recognized. These warning signs include:</p> <ul style="list-style-type: none"> • The recent suicide, or death by other means, of a friend or relative. • Previous suicide attempts. • Preoccupation with themes of death or expressing suicidal thoughts. • Depression, conduct disorder and problems with adjustment such as substance abuse, particularly when two or more of these are present. • Giving away prized possessions/ making a will or other final arrangements. • Major changes in sleep patterns - too much or too little. • Sudden and extreme changes in eating habits/ losing or gaining weight. • Withdrawal from friends/ family or other major behavioural changes. • Dropping out of group activities.

FICTION**FACT**

	<ul style="list-style-type: none"> • Personality changes such as nervousness, outbursts of anger, impulsive or reckless behaviour, or apathy about appearance or health. • Frequent irritability or unexplained crying. • Lingering expressions of unworthiness or failure. • Lack of interest in the future. • A sudden lifting of spirits, when there have been other indicators, may point to a decision to end the pain of life through suicide.
If a person attempts suicide and survives, they will never make a further attempt.	A suicide attempt is regarded as an indicator of further attempts. It is likely that the level of danger will increase with each further suicide attempt.
People who threaten suicide are just seeking attention.	All suicide attempts must be treated as though the person has the intent to die. Do not dismiss a suicide attempt as simply being an attention-gaining device. The attention that they get may well save their lives.
Suicide is hereditary.	Although suicide can be over-represented in families, its attempts not genetically inherited. Members of families share the same emotional environment, and the completed suicide of one family member may well raise the awareness of suicide as an option for other family members.
Only certain types of people become suicidal.	Everyone has the potential for suicide. The evidence is that predisposing conditions may lead to either attempted or completed suicides. It is unlikely that those who do not have the predisposing conditions (for example, depression, conduct disorder, substance abuse, feeling of rejection, rage, emotional pain and anger) will complete suicide.
Suicide is painless.	Many suicide methods are very painful. Fictional portrayals of suicide do not usually include the reality of the pain.
Once a young person is suicidal, they will be suicidal forever.	Most young people who are considering suicide will only be that way for a limited period of their lives. Given proper assistance and support, they will probably recover and continue to lead meaningful and happy lives unhindered by suicidal concerns.
The only effective intervention for suicide comes from mental health professionals with extensive experience in the area.	All people who interact with people who are suicidal can help them by way of emotional support and encouragement. Psychotherapeutic interventions also rely heavily on family, and friends providing a network of support.

Source: suicideprevention.nv.gov/Youth/Myths/

In case of emergency or for further information, please contact:

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