Myths & Facts About Suicide



Many people use their intuition to understand what it means to be suicidal, but research has shown that many of our assumptions are completely wrong. By educating yourself and others on the reality of suicide, you can help address the stigma that allows these thoughts to flourish.

Myth: Suicides happen without warning

Fact:

Although the suicide attempt is an impulsive act, it takes a lot of beforehand mental and physical preparation beforehand. Most people who are imminently suicidal are in crisis mode, and have difficulty spontaneously generating a specific plan, unless they've already considered it in the past. The time spent building up to suicide may be marked by warning signs, including acquiring the means.

How to help:

If someone is exhibiting warning sides of suicide, you can conduct a suicide assessment to find out if they have a plan accessible in their home in preparation for later impulsivity. Established suicide methods can be deactivated by using means removal techniques.

Myth: Asking someone if they're suicidal will cause them to become suicidal.

Fact:

Asking someone if they're suicidal in a caring and nonjudgmental way will decrease stigma of suicidality, and make them more comfortable disclosing. It doesn't increase likelihood of suicidal ideation, or thinking about suicide, just likelihood that someone will disclose if they're suicidal.

How to help:

You can ask directly if someone is at risk of suicide! It can feel uncomfortable to ask, but by pointing out and discussing the worrying signs, normalizing the connection between these behaviors and thoughts of suicide, and noting you care, asking can feel much less invasive.





Myth: There are more homicides than suicides.

Fact:

Suicide is the 9th leading cause of death among all adults in the United States.¹ There are twice as many suicides as homicides.²

How to help:

Many people feel that suicide is something that can't possibly affect them or the people that they love, and that danger is something distant and external. But people are far more likely to die by their own hand than another's. Spreading the word that suicide is common and not restricted by demographic can help people become motivated to educate themselves about how to protect their loved ones from suicide.

Myth: More men attempt suicide than women.

Fact:

Although women attempt suicide more often than men; men are two to three times more likely to die by suicide. This is generally true across the world, although in China rates are equal. Men attempt suicide by lethal means such as firearms more frequently, and this is thought to be because men are more likely to own guns and have access.

How to help:

All people can be at risk of suicide, and it's important to assess the warning signs and risk of everyone equally. It's helpful to focus attention on people with impulsive access to lethal means like firearms, and consider how to increase safety of ownership in the midst of a crisis.

Myth: Once a person is suicidal, they will be suicidal forever.

Fact:

People who want to kill themselves will not always feel suicidal or constantly be at a high risk for suicide. They feel that way until the crisis period passes.

How to help:

If someone you know has attempted in the past, assess for risk if there appear to be warning signs. Otherwise, respect that thoughts and feelings change.

Myth: If a person really wants to kill their self, no one can stop them.

Fact:

Suicidality represents a state of crisis. Sometimes de-escalating the imminent crisis will allow people to see things differently in a calmer state. It's very common for attempt survivors to deeply regret making an attempt, or feel changed by the attempt and being convinced that they want to live.

How to help:

Suicidal thoughts come and go, so it's important to help support people who are in crisis so they survive to moments of stability. Have faith that recovery is possible.





¹ https://www.cdc.gov/suicide/facts/index.html

² https://www.cdc.gov/violenceprevention/datasources/nvdrs/index.html

Myth: Most suicides are caused by a single dramatic and traumatic event.

Fact:

Precipitating factors may trigger a suicidal decision; but more typically the deeply troubled person has suffered long periods of unhappiness, depression, lack of self- respect, has lost the ability to cope with their life, and has no hope for the future. There may be some seemingly minor acute trigger that acts as the straw that broke the camel's back.

How to help:

If someone has a suffered significant loss, they may receive helpful support immediately following the loss which may then taper off. It's helpful to keep providing consistent support and checking in long after the loss, when they may be dealing with more long-term effects.

Myth: Improvement following a serious personal crisis or major depression means that the risk of suicide is over.

Fact:

The risk of suicide may be the greatest as the depression lifts. The suicidal person may have new energy to carry out their suicide plan.

How to help:

If someone seems to be coming out of a depressive state but is making verbal cues regarding not wanting to be around anymore, it's worth assessing the risk of suicide.

Myth: It's unhelpful to talk about suicide to a person who is depressed.

Fact:

Depressed people often fear that speaking about their feelings will bring others down, even if they find it helpful. Discussing depressive or suicidal feelings and having their legitimacy validated will often make people feel free to think or feel other things.

How to help:

If you know someone who is struggling through a depressive or suicidal episode, try offering that they spend time with you to focus on their feelings. Note when you feel glad to help, and are glad that they're sharing. That may help them feel like less of a burden.





Myth: People who complete suicide have not sought medical help prior to their attempt.

Fact:

Very often suicidal individuals seek counseling but may be frustrated when they do not see immediate results. Suicidal individuals often exhibit physical symptoms as part of their depression and might seek medical treatment for their physical ailments.

How to help:

If someone is thinking of suicide, don't consider therapy the be-all end-all to address these feelings. Community and non-professional support is also important! Even if it feels safer to allow professionals to handle it, getting a chance to talk to someone who comes from a non-clinical lens may feel freeing. Checking in about suicidal thoughts as a friend can help the person-at-risk get a different perspective.







IF **YOU** OR SOMEONE YOU KNOW IS IN CRISIS, CALL OUR **24HR HOTLINE**



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