I want to know more about suicide. What are the facts?

There are many commonly held myths about suicide that sometimes make it difficult for people to recognise when someone is at risk. In addition, it is not easy to understand what compels a person to take their own life, especially for those who have never experienced such overwhelming and negative feelings. Myths and misinformation can increase the stigma, shame and guilt experienced by people who are thinking about or have attempted to take their own life. Accurate information about suicide is important in order to identify those who may need more support. This fact sheet debunks some common myths about suicide.

**Things to remember:**

- Thoughts of suicide can happen to anyone
- People with suicidal thoughts are experiencing intense and overwhelming negative feelings
- It is essential that any talk of suicide is taken very seriously
- Most people who plan suicide do express signs of intent but these are often not recognised or understood
- One way to really know if a person is contemplating suicide is to ask them directly
- Suicide is not inevitable and may be prevented
- If a suicidal person appears to have a sudden, unexpected recovery the danger period may not be over
- Do not agree to keep someone’s suicidal thoughts a secret
- A suicide attempt is a risk factor for future attempts or death
- Asking about suicide in a supportive way will not put someone at greater risk of suicidal behaviour
Myth: All suicidal people have depression or another mental illness.

Thoughts of suicide can happen to anyone regardless of whether or not they have a mental illness.
While risk factors for suicidal behaviour are associated with depression and other mental illnesses the relationship is complex and people who have never experienced a diagnosable mental illness can experience suicidal thoughts.

Myth: People who think about suicide are selfish or weak

People who are thinking about suicide are experiencing intense and overwhelming negative feelings, and may not be able see any other solution.
They need personal and professional support, not judgement. Labelling someone as selfish or weak can make it more difficult for the person to seek help, and may compound the guilt and shame they are feeling. While it can be difficult to understand, some people believe that they are a burden on others and think their loved ones would be better off without them.

Myth: When someone is talking about suicide they are looking for attention

It is essential that any talk about suicide is taken very seriously.
Whether they plan to go ahead with it or not, people who talk about suicide or threaten to take their own life are often thinking about suicide. You may not think the issues they are facing warrant taking their own life but remember that their experience is different from yours. Talking about suicide may be a way to indicate they need support.

Myth: There is little warning if a person intends to suicide

Most people who plan suicide do express signs of intent, but these are often not easy to recognise or understand.
People who are suicidal may indicate their intent either directly (e.g. by talking about hurting themselves or telling someone about their plan to take their own life), or indirectly (e.g. by speaking abstractly about death or referencing suicide in poetry or artwork). If you have any concerns you should discuss these with the person, a health professional or another trusted person.

Myth: asking someone if they are suicidal plants the idea in their head

One of the only ways to really know if a person is contemplating suicide is to ask.
 Asking someone if they are feeling suicidal, may feel difficult or scary, but it shows that you care.
It is often a relief for a suicidal person to have someone recognise the seriousness of their distress and to be given permission to talk about it in a caring and non-judgemental manner. Suicide prevention experts generally agree that asking someone whether they are thinking about suicide will not increase their risk.

Experts generally agree that asking someone whether they are thinking about suicide is unlikely to make the situation worse or ‘put ideas in their head.’
You can help someone if you show that you care, are willing to listen and try to get them to talk to a professional to assist them with how they are feeling.
Myth: It is impossible to stop someone intent on suicide

Suicide is not inevitable and may be prevented. Immediate practical help can deflect their suicidal intentions in the short-term. Stay with the person, encourage them to talk about how they feel and help them plan for the future. Seek professional support to help them in the long-term. This is complemented by ongoing social support.

Myth: Someone who suddenly seems happy is no longer suicidal

If a person who has been contemplating suicide appears to have a sudden, unexpected recovery or turnabout in mood, the danger period may not be over. This may actually be a sign that the person has decided to end their life and is feeling resolved and at peace with their plan. It is important to monitor and question any sudden shift or unexpected positive mood change, particularly if the person is finalising affairs or giving away treasured possessions. Seek professional help so that you are not dealing with this alone. Telephone and online services are available 24/7.

Myth: The promise to keep suicidal thoughts a secret must be kept

Do not agree to keep it a secret. If there is a chance that a person may harm themselves, this information needs to be shared to help keep the person safe. Explain to the person that you are taking the situation very seriously and you cannot keep the information to yourself. For further information about what to do if someone is thinking about suicide, see Fact Sheet: “When someone is thinking about suicide”.

Myth: Once someone has attempted suicide and survived, it means they’ll never try again

A suicide attempt is regarded as a risk factor, and it’s likely that the level of danger will increase with each subsequent attempt. The risk is high for the first three months to a year after an attempt and then declines but remains throughout the person’s lifetime.