



## Fact vs Fallacy

It can be difficult to understand why someone would want to take their own life, particularly if you have never yourself experienced such overwhelming negative feelings of pain and hopelessness.

Our ability to recognise someone at risk and our willingness to help can be further challenged by our understanding, attitudes and assumptions about suicide that are imprinted from childhood, religion, culture, personal experiences, and things we have heard or read about suicide that may be incorrect.

Misleading information about suicide can increase the stigma, shame and guilt experienced by people who are thinking about or have attempted to take their own life and impact upon their willingness to ask for help.

Accurate information about suicide is important in order to identify those who may need more support. We can all do our part in stamping out incorrect assumptions by challenging others and raising awareness in our communities. It is important also that we are not be afraid to challenge our own beliefs for...

"nothing changes if nothing changes".

**FALLACY: "Suicidal people want to die"**

Most people are ambivalent and often fluctuate between wanting to live and wanting to die. Often the individual just

can't see any other solution and desperately wants the pain to stop.

**FALLACY: "Asking about suicidal intent might encourage a suicide attempt."**

The only way to know if someone is contemplating suicide is to ask them clearly and directly. Your concern is more likely to lower feelings of isolation and reduce the likelihood rather than increase risk. It is often a relief for a suicidal person to have someone acknowledge their distress and to be given permission to talk about it in a caring and non-judgmental manner. You may find asking someone about suicide confronting and difficult so it is important that you be prepared for the answer.

**FALLACY: "People who talk about killing themselves aren't going to do it – they just want attention."**

Whether a person plans to follow through with a suicide attempt or not, the important thing is they are thinking about it which in itself warrants attention and support. It is important to remember that even if you feel that their reasons don't warrant a response such as suicide, we, as individuals, experience and value elements of life differently so what may be a minor upset to one person may be catastrophic to another.

**FALLACY: "People who talk about suicide under the influence of alcohol and other drugs do not need to be taken seriously."**

Anyone who talks about suicide should be taken seriously. Alcohol and other drugs are often contributing factors in many suicides. Research suggests that people who abuse alcohol may be at up to 6 times greater risk of suicide than the general population, while cannabis users may be at 10 times greater risk of suicide.

**FALLACY: "Suicidal people rarely ask for help."**

Many people contemplating suicide will tell someone about their plans and/or visit a GP or health professional in the days, weeks or months before they attempt suicide. They may not however specifically talk about their suicidal thoughts or feelings. They may indicate their intent indirectly through talking about hurting themselves; speaking abstractly about death; or making reference to others suicide.

**FALLACY: "Suicidal people are mentally ill."**

Although mental illness is present in many suicidal people, it does not mean that ALL suicidal people are mentally ill. While depression and other mental illnesses are known risk factors for suicidal behavior, there are many other reasons that one may contemplate or complete suicide without the presence of a diagnosed mental illness.

**FALLACY: "Suicidal attempts are just 'attention-seeking', 'cries for help' or 'acting out'."**

Many people who attempt suicide do go on later to complete it. The attempt may be seen as a 'rehearsal'.

Indeed, a suicide attempt is a cry for help from someone in profound distress and one that should NEVER be ignored.

**FALLACY: "Suicide only affects certain types of people."**

Anyone may be vulnerable when confronting difficult circumstances or when experiencing feelings of depression or hopelessness. Measuring suicidal thoughts is difficult, but research suggests that thoughts about suicide are not that uncommon, although most people do not act on them. Thoughts about suicide can occur for anyone including university students, parents, teachers, health professionals and teenagers.

**FALLACY: "When someone seems to be suicidal, it is not my business to interfere."**

Suicide is a community responsibility. Any concerned person can make a difference. Many distressed people do not have any networks of support – your care and attention may save a life.

**FALLACY: "If someone confides suicidal intent and requests confidentiality... you are bound to honour this confidence."**

Although it is always ideal to seek permission from the person to inform or involve relevant others, suicidal intent is NEVER a secret.

**FALLACY: "People who attempt suicide are selfish or weak"**

People who attempt suicide are usually experiencing overwhelming negative feelings (depression, guilt, fear, anxiety) and may not be able to identify any other solution. They need personal and professional support, not judgment. Labeling 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.

**FALLACY: "If someone is determined to end their own life, there's nothing that anyone else can do to stop them"**

Suicide is Preventable. Most people who think about or attempt suicide can be helped, and will eventually move to a point where they no longer wish to end their lives. 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. A suicide attempt can often be prevented by protecting the person at the time and helping them to access support.

**FALLACY: Someone who suddenly seems happy is no longer suicidal**

If a person who has been contemplating suicide indicates a sudden change in demeanor or intention, this may in fact be a sign that the person has resolved to end their life. It is important to address any sudden shift particularly if other signs are present such as giving away possessions.

## Important Things to Remember

- No one is immune from experiencing thoughts of Suicide
- Suicide can be prevented
- Suicide prevention is a community responsibility – you can make a difference
- All threats of suicide should be taken seriously
- Most people give signs of contemplating suicide
- Be open to asking clearly and directly about suicide – and be prepared for the answer (if you don't feel prepared for the answer, help the person at risk engage with people who can help)
- Do not promise to keep someone's thoughts of suicide a secret
- A suicide attempt is a risk factor for future attempts
- Asking about suicide does not increase the risk

*To learn more about Suicide and how you could help in the fight against suicide, contact TALK SUICIDE Support Service on 1800 008 255 to discuss tailoring a training package to suit your needs.*

TALK SUICIDE Support Service is an initiative of Suicide Prevention Pathways Inc. (SPP) offering programs that educate, raise awareness and above all provide emotional and practical support to those at risk of suicide and their family and friends. For more information visit [spp.org.au](http://spp.org.au) or call us on 1800 008 255.

This Factsheet may be freely downloaded, copied and distributed on condition no change is made to the contents. SPP is not responsible for any actions taken as a result of information or opinions contained in the Factsheet. [Version, 2018]