Myths & Facts About Youth Suicide

Taken from the Nevada Division of Public Health, Office of Suicide Prevention

MYTH: Talking about suicide or asking someone if they feel suicidal will encourage suicide attempts.

FACT: Talking about suicide provides the opportunity for communication. Fears that are shared are more likely to diminish. The first step in encouraging a suicidal person to live comes from talking about those feelings. That first step can be the simple inquiry about whether or not the person is intending to end their life. However, talking about suicide should be carefully managed.

MYTH: Attempted or completed suicides happen without warning.

FACT: 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:
- 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 behavioral changes.
- Dropping out of group activities.
- Personality changes such as nervousness, outbursts of anger, impulsive or reckless behavior, 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.

MYTH: Young people who talk about suicide never attempt or complete suicide.

FACT: 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 young person who talks about suicide:
- Encourage him/her to talk further and help them to find appropriate counseling assistance.
- Ask if the person are 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 trivialize plans that seem less complete or less dangerous. All suicidal intentions are serious and must be acknowledged as such.
- Encourage the young person to develop a personal safety plan. This can include time spent with others, check-in points with significant adults/ plans for the future.
MYTH: A promise to keep a note unopened and unread should always be kept.

FACT: Where the potential for harm, or actual harm, is disclosed then confidentiality cannot be maintained. A sealed note with the request for the note not to be opened is a very strong indicator that something is seriously amiss. A sealed note is a late sign in the progression towards suicide.

MYTH: If a person attempts suicide and survives, they will never make a further attempt.

FACT: 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.

MYTH: Once a person is intent on suicide, there is no way of stopping them.

FACT: Suicides can be prevented. People can be helped. Suicidal crises can be relatively short-lived. Suicide is a permanent solution to what is usually a temporary problem. Immediate practical help such as staying with the person, encouraging them to talk and helping them build plans for the future, can avert the intention to attempt or complete suicide. Such immediate help is valuable at a time of crisis, but appropriate counselling will then be required.

MYTH: People who threaten suicide are just seeking attention.

FACT: 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. It is likely that the young person has tried to gain attention and, therefore, this attention is needed. The attention that they get may well save their lives.

MYTH: Suicide is hereditary.

FACT: Although suicide can be over-represented in families, it is 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.

MYTH: Only certain types of people become suicidal.

FACT: 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.

MYTH: Suicide is painless.

FACT: Many suicide methods are very painful. Fictional portrayals of suicide do not usually include the reality of the pain.

MYTH: Depression and self-destructive behavior are rare in young people.

FACT: Both forms of behavior are common in adolescents. Depression may manifest itself in ways which are different from its manifestation in adults but it is prevalent in children and adolescents. Self-destructive behavior is most likely to be shown for the first time in adolescence and its incidence is on the rise.

MYTH: All suicidal young people are depressed.

FACT: While depression is a contributory factor in most suicides, it need not be present for suicide to be attempted or completed.
MYTH: Marked and sudden improvement in the mental state of an attempter following a suicidal crisis or depressive period signifies that the suicide risk is over.

FACT: The opposite may be true. In the three months following an attempt, a young person is at most risk of completing suicide. The apparent lifting of the problems could mean the person has made a firm decision to commit suicide and feels better because of this decision.

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

FACT: 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.

MYTH: Suicidal young people cannot help themselves.

FACT: While contemplating suicide, young people may have a distorted perception of their actual life situation and what solutions are appropriate for them to take. However, with support and constructive assistance from caring and informed people around them, young people can gain full self-direction and self-management in their lives.

MYTH: The only effective intervention for suicide comes from professional psychotherapists with extensive experience in the area.

FACT: All people who interact with suicidal adolescents can help them by way of emotional support and encouragement. Psychotherapeutic interventions also rely heavily on family, and friends providing a network of support.

MYTH: Most suicidal young people never seek or ask for help with their problems.

FACT: Evidence shows that they often tell their school peers of their thoughts and plans. Most suicidal adults visit a medical doctor during the three months prior to killing themselves. Adolescents are more likely to 'ask' for help through non-verbal gestures than to express their situation verbally to others.

MYTH: Suicidal young people are always angry when someone intervenes and they will resent that person afterwards.

FACT: While it is common for young people to be defensive and resist help at first, these behaviors are often barriers imposed to test how much people care and are prepared to help. For most adolescents considering suicide, it is a relief to have someone genuinely care about them and to be able to share the emotional burden of their plight with another person. When questioned some time later, the vast majority express gratitude for the intervention.

MYTH: Break-ups in relationships happen so frequently, they do not cause suicide.

FACT: Suicide can be precipitated by the loss of a relationship.

MYTH: Suicidal young people are insane or mentally ill.

FACT: Although suicidal adolescents are likely to be extremely unhappy and may be classified as having a mood disorder, such as depression, most are not legally insane. However, there are small numbers of individuals whose mental state meets psychiatric criteria for mental illness and who need Psychiatric help.
MYTH: Most suicides occur in winter months when the weather is poor.

FACT: Seasonal variation data are essentially based on adult suicides, with limited adolescent data available. However, it seems adolescent suicidal behavior is most common during the spring and early summer months.

MYTH: Suicide is much more common in young people from higher (or lower) socioeconomic status (SES) areas.

FACT: The causes of suicidal behavior cut across SES boundaries. While the literature in the area is incomplete, there is no definitive link between SES and suicide. This does not preclude localized tendencies nor trends in a population during a certain period of time.

MYTH: Some people are always suicidal.

FACT: Nobody is suicidal at all times. The risk of suicide for any individual varies across time, as circumstances change. This is why it is important for regular assessments of the level of risk in individuals who are 'at risk'.

MYTH: Every death is preventable.

FACT: No matter how well intentioned, alert and diligent people's efforts may be, there is no way of preventing all suicides from occurring.

MYTH: The main problem with preventive efforts is trying to implement strategies in an extremely grey area.

FACT: The problem is that we lack a complete understanding of youth suicide and know more about what is not known than what is fact.

REFERENCES
National Mental Health Association
Youth Suicide Prevention Education Program
The Trevor Project