
Myths and Facts About Suicide

1. **People who talk about suicide rarely attempt or die by suicide.**

True_____ False_____

2. **A person who is considering suicide is committed to dying.**

True_____ False_____

3. **A person who talks about or attempts suicide is only seeking attention.**

True_____ False_____

4. **Improvement in the person considering suicide means the risk is over.**

True_____ False_____

5. **Asking the question “Are you thinking about suicide?” will put the idea in someone’s mind or encourage him or her to do it.**

True_____ False_____

6. **Anyone who tries to kill him/herself must be “crazy.”**

True_____ False_____

Myths and Facts About Suicide – Answer Sheet

1. **People who talk about suicide rarely attempt or die by suicide** False ✓
- **FALSE:** While not all people contemplating suicide talk about it, a majority of people who attempt or die by suicide seem to have talked to someone about their thoughts and emotional pain. They may never have used the word “suicide” but have indicated life is no longer fulfilling, or they feel hopeless or helpless, or they feel like their absence will not be missed. PLEASE assume that any such talk is the person’s attempt to say they are hurting and need help to find relief, and that they are at increased risk for suicide. ALWAYS take such talk seriously and be a caring helper for this person.
2. **A person who is considering suicide is committed to dying** False ✓
- **FALSE:** Most people who attempt suicide want to live. They are experiencing overwhelming emotional pain and are crying out for help. If they receive the help they are asking for, they may never attempt suicide again.
 - **Fact:** Most people who are considering suicide are ambivalent. They want their pain to stop. If they could see another way to make this happen they might not choose suicide.
3. **A person who talks about or attempts suicide is only seeking attention** False ✓
- **FALSE:** A person who talks about or attempts suicide is not merely seeking attention, but is attempting to communicate the need to find a way to feel better. Attending to this person’s need is a caring response that may prevent a suicide death.
 - **Fact:** People who die by suicide often have made previous attempts.

4. Improvement in the person considering suicide means the risk is over False ✓

- **FALSE:** A person may want to end his/her life, but he/she may lack the energy and motivation to carry out a suicide plan. Ambivalent feelings are a constant struggle. Making a decision to die by suicide often brings a sense of relief, which can often appear to others as an improvement in mood. It is during such a time that a person finally has the energy and resolve to carry out the suicide plan.
- **Fact:** Significant risk remains in the first 90 days after someone is released from hospital.
- **Fact:** While the will to live can come back, so can feeling suicidal.
- **Fact:** While significant risk remains, suicide intervention should be considered if it has not been done. An effective suicide intervention will include an after crisis care plan, which ideally will help strengthen the safety factors. [Safety factors include: skills for problem-solving and conflict resolution, feeling connected to family/friends/community support, cultural and spiritual supports, appropriate therapeutic services, a sense of competence and self-worth, belief that life is worth living/has personal meaning and purpose.]

5. Asking the question “Are you thinking about suicide?” will put the idea in someone’s mind or encourage him or her to do it False ✓

- **FALSE:** Talking can help relieve some of the pressure and it shows you care and that you are taking the person seriously. Asking someone if they are thinking of suicide is the only way to know whether suicide is a concern.
- **Fact:** Actually the opposite is true – asking is the first step in prevention – it will encourage discussion and reduce anxiety

6. Anyone who tries to kill him/herself must be “crazy” False ✓

- **FALSE:** The majority of individuals who are suicidal are experiencing overwhelming psychological pain. Beliefs like the one mentioned above (i.e., “must be crazy”) are negative and inaccurate. Such beliefs contribute to stigma around suicide and reduce the likelihood of help seeking among individuals contemplating suicide.
- **Fact:** Unfortunately, the majority of individuals who contemplate, attempt, or die by suicide do not seek help due to the stigma surrounding suicide. Often these individuals conceal suicidal thoughts because they feel ashamed, weak, or inadequate for considering suicide and fear being judged or treated differently

Role Play For Talking About Suicide

Role-play instructions: Below you will see two descriptions (i.e., the helper and the person considering suicide). One person will play the role of the helper and the other person will play the role of the individual contemplating suicide. Below the descriptions you will see the role-play exercise. Please note, for each step there are various examples of some of the things you can say. Please pick the example that you are most comfortable with as you go through the exercise.

Scenario described to the helper: You have noticed that your friend seems to be withdrawn lately and have observed other changes in his/her behaviour (e.g., sleep disturbance, appetite disturbance, changes in mood, etc.). You have also heard your friend say things that may indicate he/she is feeling hopeless/helpless and possibly thinking about suicide (e.g., “it would be so much easier if I could just end my pain,” “I don’t know if I can go on anymore,” “Sometimes I wish I was dead.” etc.). You are concerned and plan to talk with him/her today.

Scenario described to the person contemplating suicide: Lately you have been feeling overwhelming emotional/psychological pain. This pain is unbearable and it feels like it will never end. You feel helpless and hopeless ... desperate to end the pain. You have been thinking about suicide and can see no other options.

Script to follow and practice the newly acquired skills

Once you have practiced this, you can use the Role-play Sheet as a guideline to continue to practice in different scenarios on your own, or with a friend or family member.

Role-play Exercise

Helper

- “Lately I am feeling concerned about you.”
- “Recently, I have noticed some differences in you and I just wanted to see how you are doing.”

Be direct:

- “Are you thinking about suicide?”

Tips on what to do if the answer is YES:

- Do not act shocked, lecture on the value of life or say that suicide is wrong. Instead, be compassionate and nonjudgmental. Although it may be difficult for you to understand the person’s reasoning, reassure them that you care about them and are not there to judge. Most importantly, show them that you are ready to listen.

Person contemplating suicide

- “I’ve been going through a lot lately and I just want this pain to stop”
- “Yes, I’ve been thinking about suicide”

Helper

- “How long have you felt this way?”
- “Do you know what brought on these feelings?” or “What has led you to feel this way?”

What you can say that may help:

- “You are not alone in this. I’m here for you.” (NOTE: Saying this is a commitment to remain with the person as long as needed.)
- “I may not be able to understand exactly how you feel, but I care about you and want to help.”

- “Have you had these feelings before?”
 - If YES: “What has helped you in the past?”
- “Have you thought about getting help?”

Tips for talking to a person who is considering suicide: DO’s and DON’Ts

DO:

- Be yourself. Reassure the person you care and that they are not alone.
- Listen. Let the person who is considering suicide talk about why he/she is feeling this way.
- Be nonjudgmental, compassionate, patient, calm, and accepting.
- Acknowledge the person’s feelings and experienced pain.
- Offer hope. Reassure the person that there is help available. “It is a sign of strength to ask for help.”

But DON’T:

- Argue. Avoid saying things like: “You have so much to live for,” “Your suicide will hurt your family,” or “Look on the bright side.”
Dismissal of the person’s feelings may end the conversation.
- Act shocked, lecture on the value of life, or say that suicide is wrong.
- Promise confidentiality or secrecy. You may need to contact a professional to keep the person who is considering suicide safe.
- Offer ways to fix their problems, or give advice, or make them feel like they have to justify their suicidal feelings. The immediate concern is not the nature of the problem, but how the person who is considering suicide experiences it as unbearable.

Person contemplating suicide

- “I’ve been feeling this way for a while”
(Explain about a situation that may have brought on these feelings, e.g., loss, addictions, major life change, etc.)
- “I feel like nothing will help. I haven’t thought about getting help. Is there help?”

Helper

- “I am concerned about you. I want to help”
- “There are resources, we can look at them together and determine what’s best for you”
- “I will go with you to talk to someone”

Get professional help

- You can call a crisis line for advice and referrals. Encourage the person to see a mental health professional, help locate a treatment facility, or take them to a doctor's appointment.
- Crisis Line: 1-888-353-2273

Person contemplating suicide

- “Okay”

Resources

Immediate 24/7 contact: You can speak with trained volunteers who will listen to you and try to understand how you are feeling and what has happened that led you to feel this way. They will help you explore your options, and help to develop a plan to address the concerns that led you to call.

- Interior Crisis Network: 1-888-353-2273 (CARE)
- National Suicide Hotline: 1-800-SUICIDE (784-2433)
- KidsHelpPhone.ca 1-800-668-6868 (to speak with a counsellor)
Also offers free **AlwaysThere** app: www.kidshelpphone.ca/teens/phoneus/alwaysthere.aspx
Identifies resources in your community, connects to supportive live chat or direct contact with a professional counsellor

Online information: Canadian Association for Suicide Prevention: Provides information on how to recognize if someone is suicidal/ what to do if you or someone you know is suicidal.

- General website: www.suicideprevention.ca
- If you are in a crisis: www.suicideprevention.ca/in-crisis-now

Online chat services: Crisis Centre BC provides free, confidential, non-judgmental, emotional support to youth, adults, and seniors.

- Online Chat Service for Youth: www.YouthInBC.com
- Online Chat Service for Adults: www.CrisisCentreChat.ca

Intake services: You can contact your family doctor or mental health services in your area to find out more information about treatment services that will suit your needs.

- Child & Youth Mental Health: (250) 861-7301
(Walk-in assessment on Tuesdays 9-11am & 1-3pm at 260 Harvey Avenue, Suite 204, Kelowna)
- Kelowna Mental Health and Substance use: (250) 868-7788
(Walk-in emergency assessment is available Monday-Friday 8:30am-4:30pm; on weekends call (250) 862-4000 for emergency response)

Free mobile app: The LifeLine is a free downloadable mobile app which provides contact information for crisis services (face-to-face, telephonic and online) nationwide, with mapping to identify the nearest resources. Also provides information about suicide, recommended resource materials, and assistance for persons seeking support for grieving a suicide death.

- Free download is available at: www.TheLifeLineCanada.ca