

Here's a look at common myths and misconceptions regarding suicide

Myth: An individual who commits suicide is only seeking attention

For some, these behaviors are serious invitations to others to help them live. If help is not available, they may feel it will never come.

Ignoring suicidal thoughts or actions can be dangerous. Helping someone talk about their problems and suicidal thoughts can be effective in reducing suicidal behaviors.

Myth: People who think about killing themselves do not ask for help

Stigma, particularly surrounding mental disorders and suicide, means that many people thinking of taking their own life or who have attempted suicide are not seeking help and are therefore not getting the help they need.

The World Health Organization (WHO) states that "The prevention of suicide has not been adequately addressed due to a lack of awareness of suicide as a major public health problem and the taboo in many societies to openly discuss it".

To date, only a few countries have included suicide prevention among their health priorities and only 28 countries report having a national suicide prevention strategy. Canada does not currently have an official federal framework for suicide prevention.

Myth: Once someone is suicidal, he or she will always remain suicidal

Heightened suicide risk is often short-term and situation-specific. While suicidal thoughts may return, they are not permanent and an individual with previously suicidal thoughts and attempts can go on to live a long life.

Myth: Talking about suicide may give someone the idea

Talking about suicide does not create or increase risk. The best way to identify the intention of suicide is to ask directly.

Open talk and genuine concern is a source of release, and one of the key elements in preventing the immediate risk of suicide.

Myth: Only those with mental health illnesses and disorders are suicidal

While there is a link between suicide and mental health disorders, many suicides happen impulsively in moments of crisis with a breakdown in the ability to deal with life stresses, such as financial problems, relationship break-up or chronic pain and illness.

Suicidal behavior indicates deep unhappiness but not necessarily mental disorder. Many people living with mental disorders are not affected by thoughts of suicidal and not all people who take their own lives have a mental disorder.

Myth: Suicides aren't preventable

A number of measures can be taken to prevent suicide and suicide attempts. Some of these include:

- Early identification, treatment and care of people with mental and substance use disorders, chronic pain and acute emotional distress
- Training of non-specialized health workers in the assessment and management of suicidal behavior
- Follow-up care for people who attempted suicide and provision of community support
- Reporting by media in a responsible way
- Introducing alcohol policies to reduce the harmful use of alcohol

Myth: People who are young never think about suicide

Suicide continues to be the second leading cause of death among ten to 24-year-olds in Canada. For every young person who has died by suicide, there are thousands more having thoughts of suicide and attempting suicide.

A recent study by CMHO found that one in ten students in grades 7 through 12 reported that they had seriously considered suicide, while three per cent reported attempting suicide.

Suicide among Aboriginal youth is estimated to occur at rates five times higher than non-Aboriginal youth.

If you or someone you know is in crisis and needs help, visit suicideprevention.ca for a list of resources.