



Exploring myths + misconceptions

Beliefs about suicide vary widely due to factors like personal experiences, media, upbringing, culture, religion, among others. Left unexamined, these beliefs often evolve into myths and misconceptions and contribute to the stigma around suicide.

Stigma can discourage a person from seeking support and can also render would-be helpers ineffective. Debunking these myths is key, so we can better help those at-risk for suicide.

INSTRUCTIONS

For the following exercise, quickly label each statement with T (true) or F (false) based on your gut reaction. Remember, this exercise isn't about being "right"; it's about uncovering and reflecting on our own beliefs about suicide.

After recording your answers, compare them with the provided key. This comparison is a chance to reflect on your initial reactions, to explore why they may or may not match the provided answers, and to consider how these beliefs might influence your approach to suicide prevention.

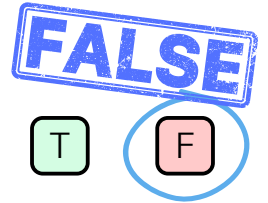
1. People who talk about suicide aren't serious and they won't go through with it. Sometimes they just want attention.	<input type="checkbox"/>	<input type="checkbox"/>
2. Asking someone if they are suicidal might give them the idea.	<input type="checkbox"/>	<input type="checkbox"/>
3. If someone is determined to take their own life, there is really nothing anyone can do about it.	<input type="checkbox"/>	<input type="checkbox"/>
4. People who die by suicide are selfish and take the easy way out.	<input type="checkbox"/>	<input type="checkbox"/>
5. Only certain kinds of people, like someone with a major mental health condition, think about suicide.	<input type="checkbox"/>	<input type="checkbox"/>
6. Suicides usually occur out of the blue and without any warning.	<input type="checkbox"/>	<input type="checkbox"/>
7. My first priority in helping someone is to find out what's going on with that person and find solutions to help fix their problems.	<input type="checkbox"/>	<input type="checkbox"/>
8. People in crisis really just need someone who can help them see that there is a reason to live by focus only on the positive side of things.	<input type="checkbox"/>	<input type="checkbox"/>
9. Only experts or professionals can help prevent suicide.	<input type="checkbox"/>	<input type="checkbox"/>
10. If you limit someones access to lethal suicide methods, they'll just find another way to end their life.	<input type="checkbox"/>	<input type="checkbox"/>

ANSWER KEY

1. **People who talk about suicide aren't serious and they won't go through with it. Sometimes they just want attention.**

At Samaritans we say, if someone is talking about suicide, it's not that they want attention, it's that they **need** attention.

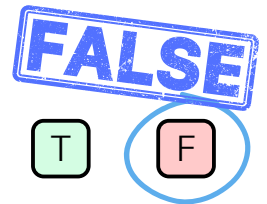
Take all talk of suicide seriously. The majority of people who attempt suicide do or say something to let others know before they act.



2. **Asking someone if they are suicidal might give them the idea.**

Research consistently shows that asking someone if they are having thoughts about suicide **DOES NOT** give them the idea.

If you are worried about someone you should talk to them directly about your concerns. Talking in an open and supportive way can actually help reduce the intensity of their suicidal ideation.

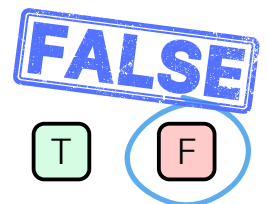


3. **If someone is determined to take their own life, there is really nothing anyone can do about it.**

Suicide is an ambivalent act. Most people who are suicidal do not want to die, but they don't see another alternative to deal with their pain.

For most, feeling actively suicidal temporary. 90% of people who survive a non-fatal suicide attempt **DO NOT** go on to die by suicide.

Targeted mental health support focused on preventing suicide can help a person manage these feelings, ease distress, and reduce risk.

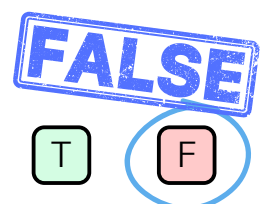


4. **People who die by suicide are selfish and take the easy way out.**

People who die by suicide are suffering. Their ability to cope has broken down and they are overwhelmed by the pain they experience.

They feel hopeless, isolated and see no end to their struggle.

Many feel they are a burden and believe their loved ones will be better off without them.



ANSWER KEY

5. **Only certain types of people, such as someone with a major mental health condition, think about suicide.**

There is no single cause or profile for someone who dies by suicide.

Suicide often results from a combination of factors such as high levels of prolonged distress, mental health issues, and trauma, all interacting with an individual's unique characteristics and life circumstances.

While some mental health conditions are associated with an increased risk for suicide, not everyone with a mental health condition thinks about suicide, nor does everyone who attempts or dies by suicide have a mental illness.

Suicides can occur in moments of crisis often related to major life changes, sudden loss or stressors such as financial or legal troubles. Additionally, impulsivity can play a role, leading some to act suddenly on their suicidal thoughts during a crisis.

At Samaritans, we emphasize that suicide does not discriminate. It affects people of every age, race, gender identity, sexual orientation, culture, religion, and socioeconomic background.

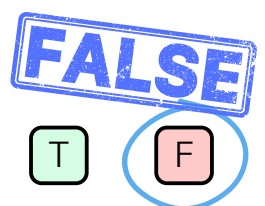
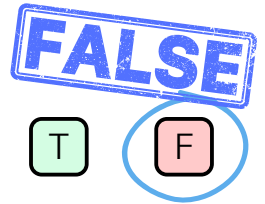
6. **Suicides usually occur out of the blue and without any warning.**

A suicide can come as a sudden shock for loved ones, yet for the individual, it often marks the end of a long and painful struggle. A suicidal individual may only exhibit warning signs to those closest to them, who might not know what to look for or recognise the severity of the situation.

Learning the warning signs and risk factors for suicide, increasing protective factors like social support, and reducing access to lethal means can help save lives.

Sometimes, a suicide happens when it seems like someone appears to be getting better. A *sudden improvement* might actually indicate a person has made a decision to act on their suicidal thoughts, as they now have the energy they lacked at their lowest points.

The person may also feel a sense of relief that their suffering will soon end. This can also contribute to the perception that a person is no longer at risk for suicide.



ANSWER KEY

7. **People in crisis really just need someone who can help them see that there is a reason to live by focusing only on the positive side of things.**

At Samaritans, we say, **if you're afraid of the dark, it's better to be holding someone's hand than sitting alone.** We can't stop it from getting dark outside, but we can be there alongside you.

Telling a person who is struggling to "look on the bright side" can feel extremely invalidating. Offering support without minimising their experience makes it easier for a person to open up and connect.

Samaritans acknowledges what a person is thinking and feeling—whether we understand it or not—and focuses on the individual we are talking to, not their crisis, illness, or problem.

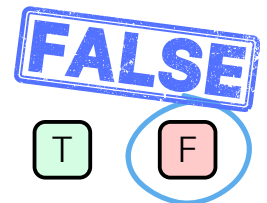
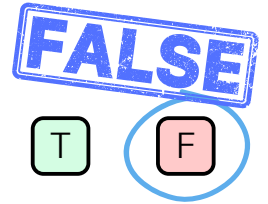
8. **My first priority in helping someone is to find out what's going on with that person and find solutions to help fix their problems.**

Helping is a process, not an outcome. It's not about changing the factual circumstances of a person's situation. If we focus our support on "fixing problems," what do we do when faced with situations or issues beyond our control?

This is especially important when we are talking about something like suicide because it's not a constant state. The desire to die can fluctuate, waxing and waning in intensity.

From the Samaritans' perspective, helping is a form of pressure release, grounding and connection. It is an ongoing process that involves creating a safe space for a person to share their experience, express themselves and be genuinely heard.

There are support models for helping a person in crisis which can be used by anybody. These models help increase confidence and competence. Go to: samaritansnyc.org, to learn more about Samaritans' approach to helping a person in crisis.



ANSWER KEY

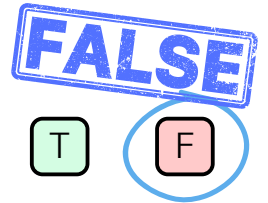
9. **Only experts or professionals can help prevent suicide.**

At Samaritans we say, **suicide prevention starts with me.**

We all have a role to play and you don't have to be an expert to make a difference, you just need to care enough to act.

Suicide prevention is about encouraging each one of us to educate ourselves on the issue, to be open to having real conversations, and to check-in when we suspect someone might be struggling.

Suicide prevention is everyone's business. The question is, what will you do to help stop suicide?



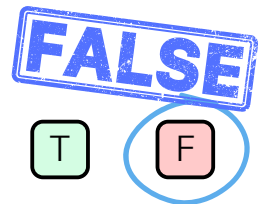
10. **If you limit someone's access to lethal suicide methods, they'll just find another way to end their life.**

Most people in a suicidal crisis will not simply find another method to kill themselves. Lethal Means Safety is an effective strategy for suicide prevention.

Putting distance between a suicidal person and their lethal means can help save a life by giving the person time: time for their intense suicidal feelings to subside, time to change their mind, and time for potentially lifesaving mental health support and resources to intervene.

This is particularly important when it comes to firearms. Access to firearms itself does not make a person suicidal. However, access to firearms does make a suicidal person significantly more capable of dying.

To ensure safety around firearms, always keep them locked and securely stored, with firearms and ammunition stored in different locations. Consider storing firearms offsite, especially if you are worried about yourself or someone else living in the home.



**THANK YOU FOR
PARTICIPATING!**

Learn more at samaritansnyc.org