

Suicide Awareness: Misconceptions, Risk Factors, Warning Signs, and Assessment

Misconceptions abound on the topic of suicide. There are many common myths about suicidal behavior . . . why it happens, when it happens, who is at risk, and what can be done about it. We need discernment to determine facts from myths, truth from falsehood, so we can rightly and wisely respond to suicidal behavior.

12 Common Misconceptions about Suicide

Misconception #1: “People who talk about suicide won’t really do it.”

Truth: An estimated 80% of people who die by suicide gave clues or warnings to friends or family. Therefore, you must take any threat of suicide seriously. Someone who talks about suicide gives others the opportunity to intervene.

Misconception #2: “You should never talk about suicide with depressed people—it could give them ideas.”

Truth: Talking about suicide doesn’t create suicidal thoughts. For a struggler, having someone to talk with can be a powerful preventative. Asking direct questions and discussing suicide is one of the most helpful things you can do to prevent suicide.

Misconception #3: “Everyone who dies by suicide is mentally ill.”

Truth: No, not everyone. Roughly 90% who die by suicide are afflicted with a diagnosable psychiatric disorder. However, suicide can occur for reasons unrelated to mental illness. External factors such as the loss of a loved one, job loss, divorce, or physical factors such as chronic illness can increase the risk of suicidal behavior.

Misconception #4: “People who are depressed are suicidal.”

Truth: People can be depressed without having suicidal thoughts. Having depression does not automatically mean someone is suicidal. And yet, people who are depressed are at a higher risk of suicide.

Misconception #5: “More suicides occur during the winter holidays.”

Truth: This is a long-standing myth. The opposite is actually true. Suicide rates peak in the spring and summer, and the rates are lower in the winter months.

Misconception #6: “Suicide only affects specific groups of people.”

Truth: While certain demographics show higher rates of suicide, people of all backgrounds, ages, ethnicities, and socioeconomic levels attempt and/or die by suicide each year.

Misconception #7: “Most suicides happen suddenly without warning.”

Truth: The majority of those who die by suicide give some hint, clue, or warning. That’s why it’s important to know the warning signs of suicide and always take any suicidal thoughts, statements, or behaviors seriously.

Misconception #8: “Suicide is genetic.”

Truth: No one is destined to die by suicide. Just because one or more family members die by suicide doesn’t mean that other family members will do the same. However, those who have lost family members to suicide are at an increased risk for suicidal behavior.

Misconception #9: “Talking about the method of someone’s suicide with all the details and the emotional impact on loved ones will help prevent others from attempting suicide.”

Truth: Presenting precise details of a suicide can lead to copycat suicides. People in the media and school officials have learned that suicide can be contagious, so to speak. Therefore, they curtail details of *what* happened and instead focus on *why* it happened and what can be done to prevent further suicides.

Misconception #10: “If someone is determined to die, nothing can be done to prevent a suicide.”

Truth: Many people who struggle with suicidal thoughts, even the most severe strugglers, still have a desire to live. They often just want the pain to stop. There is always help and hope for every person who has suicidal thoughts. Suicide *can* be prevented.

Misconception #11: “Once someone is suicidal, they will always be suicidal and unable to face difficulties.”

Truth: In the context of a person’s entire life, a true suicidal crisis usually lasts only a brief time. Struggling with suicidal thoughts is temporary; it does not last a lifetime. Many people find help, get answers, and learn how to handle the issues that underlie suicidal thoughts and behaviors.

Misconception #12: “When a suicide crisis is over and the person has improved, there is no longer a risk for suicide.”

Truth: The time following a suicidal crisis is critical as many suicide deaths occur within a few months after the initial crisis. Even when people improve and find help, regular, ongoing follow-up and evaluation is needed and beneficial.

Risk Factors

Risk factors indicate the likelihood of suicidal behavior—not the cause of suicidal behavior. Having a particular risk factor does not mean that a person is destined to become suicidal. The risk factors simply mean that there is a greater likelihood of suicidal behavior if a person has one or more of these factors.

Risk Factors of Suicide

Personal Factors

- Depression, anxiety, a mental disorder, or substance abuse disorder
- Prior suicide attempt(s)
- History of trauma
- Medical illness, including chronic pain
- Feelings of hopelessness and/or being isolated
- The belief that suicide is a legitimate or noble solution to a personal crisis or dilemma

Familial Factors

- Family history of suicide
- Family history of a mental health disorder
- Family history of an alcohol or drug abuse disorder
- Family violence, including physical or sexual abuse

Social and Situational Factors

- Stressful life event (job loss, financial problems, trouble at school, being bullied, loss of a loved one, end of a relationship, war, trauma, isolation, etc.)
- Difficulty getting access to health care (especially mental health and substance abuse treatment)
- Lack of social support; isolation
- Local clusters of suicide
- Exposure to suicidal behavior of others (peers, relatives, etc.)
- Recent release from jail or prison
- Access to lethal means (firearms in the home; pills, etc.)

Knowing these factors can help you determine when someone is at risk for suicide and take appropriate precautions.

Warning Signs of Suicide

Warning signs of suicide are different than the risk factors of suicide. Risk factors of suicide indicate an increased likelihood of suicidal behavior. The warning signs of suicide, however, indicate an immediate danger of suicidal behavior. Knowing these warning signs can help save a life.

- **Talking** about wanting to die or wanting to kill oneself
- **Talking** about being a burden to others
- **Being** preoccupied with death, dying, or violence
- **Buying** a gun, stockpiling pills, looking for a way to kill oneself
- **Making** a plan to kill oneself (searching online, etc.)
- **Feeling** empty, hopeless, or like there is no reason to live
- **Feeling** trapped or in unbearable pain
- **Increasing** the use of alcohol or drugs
- **Acting** anxious or agitated; behaving recklessly
- **Displaying** extreme mood swings
- **Showing** rage or talking about seeking revenge
- **Sleeping** too little or too much
- **Withdrawing** from family or friends or feeling isolated
- **Saying** good-bye to loved ones, putting affairs in order, giving away belongings.

If you or someone you know is displaying any of these warning signs, seek help immediately. Call the **Suicide and Crisis Lifeline** at 988 or text the **Crisis Text Line** at 741741.

Assessment

The assessment questions below are based on the Columbia Protocol or the Columbia-Suicide Severity Rating Scale (C-SSRS). This professional tool helps identify risk and prevent suicide. It is used in many settings: healthcare facilities, first responders (police and firefighters), military bases, colleges and schools, correctional facilities (prisons, jails), athletics and sports, support groups, employment settings, and more. Spouses and parents use it as well. It is an effective, evidence-based tool that has saved many lives.

Suicide Assessment Questions

1. In the past month, have you wished you were dead or wished you could go to sleep and not wake up?
2. In the past month, have you actually had thoughts about killing yourself?
3. In the past month, have you thought about how you might do this?
4. In the past month, have you had any intention of acting on these thoughts of killing yourself (as opposed to having the thoughts but definitely not acting on them)?
5. In the past month, have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?
6. In the past three months, have you done anything, started to do anything, or prepared to do anything to end your life? (Examples: collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.)

If you answered *Yes* to any of these questions, you should seek a behavioral health referral and contact the crisis numbers listed below.

If you answered *Yes* to questions 4, 5, or 6—you are at high risk of suicide and should seek immediate help:

Call 911

Call 988 (Suicide & Crisis Lifeline)

Text 741741 (Crisis Text Line)

Go to the emergency room

Note: If you are with someone who answered *Yes* to any of these questions—especially questions 4, 5, and 6—*stay with them* until they can be evaluated. Remove any potentially dangerous objects if necessary. Get help immediately through one of the numbers listed above.

Learn the warning signs and risk factors. Review the risk factors and warning signs in this resource. Identify which warning signs and risk factors they may have.

Assess risk. Use the Suicide Assessment Questions in this resource to help you determine the level of crisis and identify appropriate next steps. Keep them safe. Remove any access to lethal means (guns, pills, etc.). Stay with them in a crisis. Help them find a safe place to stay when they are in danger of harming themselves.

Be present and available. Call, visit, and check in on them regularly. Invite them to join you in activities (going for a walk, running errands, etc.). Your presence and consistent encouragement can show them they are loved and valued.

Listen with compassion. Don't feel like you have to say something to "fix it." Listen to their story and their feelings. Express concern and empathy. Acknowledge the reality of deep pain and suffering.

Talk about suicide with the person. Contrary to common belief, talking about suicide does not plant the idea in someone's head. Rather, it offers them an opportunity to express their thoughts, feelings, and reactions. Ask direct questions regarding the existence of a plan. Ask how, when, and where in order to gain valuable information to help prevent an attempt. Do not promise confidentiality if this is the case.

Ask for a signed contract that obligates the suicidal person to talk with you or with someone else before taking harmful action. You could ask something like: "Will you promise that you will first call me if you are considering harming/killing yourself?" Write the words out like a contract and then both of you sign and date it. (See the "My Contract of Hope" in this resource.)

Suggest helpful activities that can serve as self-coping strategies when suicidal thoughts occur, such as:

- Keeping a journal to write down their thoughts throughout the day.
- Exercising, painting, or playing a game to distract them and take their mind off things.
- Going out often with friends and family, even if they have to push themselves to do so.

Help them build a support system. Don't think you (as a caring party) can "do it all." Help them build a support system of family, friends, church members, community support groups, suicide hotlines as well as a pastor and/or counselor. Assist them in gathering emergency contact names and numbers so they have a list of people and places to call when they need help.

Know your limits. You may begin to feel stressed and overwhelmed when helping a person who is suicidal. Recognize when you need to refer the suicidal person to someone better equipped to care for them. Take care of yourself physically, emotionally. Ask others for help when needed.

Encourage them to pursue professional help such as medical treatment and professional counseling. Help them find a local counselor or clinic. Keep a list of numbers you will need to call in case there is an emergency. Direct them to emergency services such as the **Suicide and Crisis Lifeline at 988**, the **Crisis Text Line at 741741**, the police, or local emergency room.

Follow up. Stay connected with them. Check in with them regularly in person or by phone or text. Ask how they are doing and how you can help them. For someone struggling in the darkness, you can be a light of hope as you help, pray for, and provide support.