Preventing suicide
A global imperative
Myths

World Health Organization
Myth:
Once someone is suicidal, he or she will always remain suicidal.

Fact:
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.
Myths about suicide

Myth:
Talking about suicide is a bad idea and can be interpreted as encouragement.

Fact:
Given the widespread stigma around suicide, most people who are contemplating suicide do not know who to speak to. Rather than encouraging suicidal behaviour, talking openly can give an individual other options or the time to rethink his/her decision, thereby preventing suicide.
Myth:

Only people with mental disorders are suicidal

Fact:

Suicidal behaviour indicates deep unhappiness but not necessarily mental disorder. Many people living with mental disorders are not affected by suicidal behaviour, and not all people who take their own lives have a mental disorder.
Myths about suicide

Myth:

Most suicides happen suddenly without warning.

Fact:

The majority of suicides have been preceded by warning signs, whether verbal or behavioural. Of course there are some suicides that occur without warning. But it is important to understand what the warning signs are and look out for them.
Myth:
Someone who is suicidal is determined to die.

Fact:
Fact: On the contrary, suicidal people are often ambivalent about living or dying. Someone may act impulsively by drinking pesticides, for instance, and die a few days later, even though they would have liked to live on. Access to emotional support at the right time can prevent suicide.
Myths about suicide

Myth:
People who talk about suicide do not mean to do it.

Fact:
People who talk about suicide may be reaching out for help or support. A significant number of people contemplating suicide are experiencing anxiety, depression and hopelessness and may feel that there is no other option.