



Myths and Facts about Suicide

Suicide was the 11th leading cause of death in the United States in 2005. The number of suicide deaths that year topped 32,600. And the number of young people who commit suicide continues to increase. But despite the alarming statistics, many common misconceptions about suicide persist.

"Thoughts of suicide are not uncommon," explains Rex Cowdry, MD, medical director of the National Association for the Mentally Ill (NAMI). "Many people have them. They're often associated with depression, which is remarkably treatable."

Dr. Cowdry also notes that too frequently, however, suicidal threats or behavior are ignored. Those symptoms should be treated like other illnesses, he emphasizes. "It's useless to try to assign blame. Like hypertension, for example. I don't think we react by dismissing the complaints or belittling the condition. Suicidal thought is a sign that something needs attention."

Dr. Cowdry and other experts say that discerning myth from fact is critical to stemming the suicide rate. It could even save the life of a friend or family member.

Myth: Asking someone about suicidal thoughts may trigger the act.

That is simply not true, Dr Cowdry says. Talking about suicide with a suicidal person does not give him the idea. In fact, talking openly about suicidal thoughts is one of the best suggestions for approaching the situation.

Myth: People who threaten suicide never go through with it.

"Threatening is always a sign of someone who's troubled, and it requires a clinical assessment," Dr. Cowdry says. Almost everyone who commits suicide gives some warning sign before committing the act. All suicidal threats or statements should set off alarm bells, even if the person makes jokes about it.

Myth: Suicide does not affect young people.

"Teen suicide is a substantial problem," Dr. Cowdry explains. And although it's more uncommon, suicide does occur among younger children. "One of the problems there is that they may say something about it or threaten it ... but people don't take it seriously." The belief that "it can't happen to my child" can be dangerous.

Myth: Suicide does not affect the elderly.

In fact, older people are at the highest risk for completed suicide.

Myth: Nothing can stop a person determined to commit suicide.

Most suicidal people don't want to die, they just want their pain or despair to stop, according to NAMI. Suicidal impulses don't last forever.

Myth: People who commit suicide didn't want to get help.

More than half the victims of suicide sought medical attention in the months leading up to their death, NAMI says.

Know the facts

Experts point out that many common behaviors or characteristics mark suicidal behavior. Suicide can involve a case of severe depression or a pattern of behavior indicative of an enduring, long-term illness such as borderline personality disorder, Dr. Cowdry explains. "It takes a clinician to determine the difference between someone who wants to relieve tension and someone who wants to end their life," he says.

Knowing the facts can help you recognize common warning signals:

- Two-thirds of people who commit suicide suffer from a depressive illness. Treatment works, and people at risk should receive professional attention.
- Previous attempts are a strong predictor of suicide.
- Drug and alcohol abuse often play a role in suicide.
- Recent bereavement or the anniversary of a loss or major life event can be risk factors.
- School failure or chronic unemployment can increase the risk of

suicide.

- Other mental illnesses such as schizophrenia and eating disorders also carry an increased risk of suicide.

What you can do

Educate yourself about the signs of depression and suicide risk, which include changes in personality, behavior and sleep and eating habits. You can use your knowledge to help ensure the safety of your loved ones. If you recognize warning signs of suicide, remember to:

- **Take all threats seriously.** No matter what the situation, don't ignore any mention of suicide.
- **Help that person seek professional assistance.** Crisis hotlines can provide immediate guidance.
- **Create a safe environment for people expressing thoughts of suicide.** Remove firearms from the house or get rid of the pills in the medicine cabinet.

Resources:

The National Institute of Mental Health www.nimh.nih.gov, American Foundation for Suicide Prevention www.afsp.org, National Alliance on Mental Illness www.nami.org

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