

MYTHS AND FACTS



PAPYRUS
PREVENTION OF YOUNG SUICIDE



MYTH:

"Talking about suicide increases the risk."

Talking sensitively and safely about suicide does not encourage someone to take their own life.

There is a widespread stigma associated with suicide and as a result, many people are afraid to speak about it. Talking about suicide not only reduces the stigma, but also allows individuals to seek help, rethink their options and share their story with others.

Support notes:

We conducted a review of the published literature examining whether enquiring about suicide induces suicidal ideation in adults and adolescents, and general and at-risk populations. None found a statistically significant increase in suicidal ideation among participants asked about suicidal thoughts. Our findings suggest acknowledging and talking about suicide may in fact reduce, rather than increase suicidal ideation, and may lead to improvements in mental health in treatment-seeking populations.

The ethics of doing nothing. Suicide-bereavement and research: ethical and methodological considerations. Omerov P1, SteineckG2, Dyregrov K3, Runeson B1, Nyberg U1. 2014 pubmed.gov

A note on autism:

"It may be difficult to ask about how someone is feeling, but if you are worried that an autistic person may be suicidal, the best thing you can do is ask."

Suicide and autism, autistica.org.uk, 2019

"At the moment there are no assessment tools for depression or suicidality which have been developed specifically for autistic people. Some autistic people tend to interpret questions literally, so it is very important to probe the specific circumstances and check understanding of the questions."

Dr Sarah Cassidy - Centre for Research in Psychology, Behaviour and Achievement, Coventry University.
Suicidality in autism: risk and prevention, 9 November 2015



2**MYTH:**

"Suicide only happens to certain types of people."

Suicide can happen to anyone, but it may be more likely in some groups, i.e., vulnerable groups who experience discrimination.

Support notes:

Certain factors are known to be associated with increased risk of suicide which may fall into one of three categories: individual, socio-cultural and situational.

World Health Organisation (2012). Public Health Action for the Prevention of Suicide

- Individual: having a traumatic experience during childhood or a history of sexual or physical abuse. Drug or alcohol misuse.
- Socio-cultural: poor job security or low levels of job satisfaction. Discrimination.
- Situational: being socially isolated, being a victim of bullying or having few close relationships.

3**MYTH:**

"1 in 30 of us have thoughts of suicide in a year."

This statistic is difficult to measure. It cannot be completely accurate because no one knows what other people are thinking for sure. "Thoughts are difficult to define, shrouded in taboo and stigma, so how do we really know?"

Support notes:

A fifth of adults (20.6%) reported that they had thought of taking their own life at some point. If all adults in the wider population had been asked about this it is likely that the proportion agreeing would be between 19.5% and 21.7%.

Suicidal thoughts, suicide attempts, and self-harm - ADULT PSYCHIATRIC MORBIDITY SURVEY 2014

Suicidal thoughts 20.6 in 100 people.

Mental health facts and statistics - Mind 2017

Thoughts of suicide statistics can also be found at the following:

- Adults reporting suicidal thoughts, attempts and self harm. Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014
- Understanding and preventing suicide: A psychological perspective. The British Psychological Society, 2017
- Statistics Canada. Canadian Community Health Survey - Mental Health (CCHS), by age group and sex, Canada and provinces, 2013.



MYTH:

"Most suicide attempts are by males."

The key word here is **attempts**. More women attempt suicide, but more men die by suicide.

Support notes:

One reason that men are more likely to complete suicide may be because they are less likely than women to ask for help or talk about depressive or suicidal feelings.

Wylie, C. et al. (2012). 'Men, Suicide and Society.' Samaritans Research Report.

While women more often have suicidal thoughts, men die by suicide more frequently.

"Self-Directed Violence" WHO 2002

Despite the suicide rate being higher in men, women typically have higher rates of suicidal ideation and behaviour than men.

Cantor, 2000

Beautrais et al. (1996) found that the proportion of males and females who made a medically serious attempt was almost equal, but that twice as many women used non-violent methods. This suggests that the difference in suicide mortality between males and females is a result of method choice, rather than intent.



FACT:

"Over 200 schoolchildren are lost to suicide every year."

Support notes:

Office for National Statistics Statistical Bulletin Suicides in England and Wales: 2018 Registrations.



FACT:

"Suicide is the most common cause of death of young people in the UK."

'Young' includes those up to the age of 35 (and in some cases 45).

Support notes:

Office for National Statistics (2019). Suicides in the UK: 2018 registrations.



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MYTH:

"Suicide is a crime in the UK."

Support notes:

Suicide has not been a crime in England and Wales since 1961, 1966 in Northern Ireland, 1993 in the Republic of Ireland, and was never an offence in Scotland under Scots Law.

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MYTH:

"I must keep someone's thoughts of suicide to myself."

The risks of keeping suicide a secret means the person might not get the support they need, and can be too much pressure on one person to deal with.

Some people might not want to break trust, however, it is better to work together and share information.

Support notes:

The General Medical Council's new confidentiality guidance, which came into effect on 25 April 2017, says that you must not disclose personal information to a third party without the patient's explicit consent, unless it is of overall benefit to a patient lacking the capacity to consent, required by law, ordered by a court, or justifiable.

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MYTH:

"Only experts can prevent suicide."

Anyone can prevent a suicide. Often the person doesn't need an 'expert,' they just need a human connection.

Support notes:

"Communities play a critical role in suicide prevention. They can provide social support to vulnerable individuals and engage in follow-up care, fight stigma and support those bereaved by suicide."

Preventing suicide - A global imperative. WHO 2014

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MYTH:

"Suicidal people do not ask for help."

Some people don't ask for help at all, and some people ask for help very clearly. Many are somewhere in between, and ask in unobvious ways.