

3 COMMON MISBELIEFS ABOUT SUICIDE

Changing the conversation about mental health is hard! Your plans to hold a suicide prevention or mental health event on campus or at a workplace, for example, may be disturbing to some people or make them uncomfortable. We asked three of Active Minds' most accomplished student chapter leaders how they would respond to the following common misbeliefs about suicide.

“**SUICIDE IS SELFISH**”

Russell Fascione addresses it this way:

“Even if we can call the act of attempting suicide selfish, the person behind it is not acting out of selfishness... if that makes sense. When someone is so far into that dark place that they want to end their life, they might not be thinking about who their actions are going to hurt. Maybe they are in too much pain to think about it. And even if they are aware of how it might impact their loved ones, the desire to end their pain may have become too great to bear anymore.”

Melina Acosta says:

“Talking about suicide and incorporating messages of hope and help-seeking into the discussion can actually help to combat suicide. While the topic of suicide may be triggering or uncomfortable for some, research shows that asking if someone is suicidal does not incite or increase thoughts of suicide.¹ Having the conversation can be uncomfortable, but when done right, it could also save a life.”

“**IF YOU KEEP TALKING ABOUT SUICIDE IT WILL HAPPEN MORE OFTEN**”

“**SUICIDE IS COWARDLY**”

Matt Kridel shares:

“People who die by suicide or think about suicide often feel cowardly, which is why it is so important to emphasize that suicide is not an act of cowardice. It is an impulsive response to stressors a person does not feel capable of handling, and all of us can relate to feeling incredibly overwhelmed. The appropriate response to someone expressing feelings of cowardice and suicidal ideation is to affirm their feelings of distress and emphasize alternative ways to respond.”

¹ Crawford, M. J., et al. (2011). Impact of screening for risk of suicide: randomised controlled trial. *The British Journal of Psychiatry*, 198(5), 379-384.