

Suicide

Myths and Facts

By challenging these myths, we hope more people will reach out to those who may need help.



HELP

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You hear about it in the news, on social media, perhaps even in discussions with friends and family: suicide has become a leading cause of death. But what can we do about it? When should we speak up, and when would that make things worse? Are there any phrases or related topics we should avoid?

We invite you to take a minute to learn some of the answers to these questions. In this article, we will discuss several myths we have encountered during our suicide prevention training and while working with those who want to help. We hope that as you become better informed, you will feel empowered to reach out to those who may be at risk for suicide. God will help you hold critical, sometimes uncomfortable conversations—conversations that may save a life.

Myth 1:



Most suicides happen suddenly, without warning.

While some suicides do happen fast and seemingly without warning, that is not the norm. For example, about 80 percent of youth who are struggling will give some sort of warning sign or indicator, especially to close friends. Sadly, those warning signs often go unrecognized,¹ so it's important to be aware of the red flags. The more signs people show, the more they're at risk for suicide.

To discover whether a person is exhibiting warning signs, ask yourself the following questions:

- Are they talking about suicide, saying they want to die, or saying that things will never get better?
- Are they hurting themselves physically?
- Do they seem like they are in emotional pain? Are they struggling to cope with a recent loss in their life?
- Does it seem like they are withdrawing from things they used to enjoy or from people they used to associate with?
- Have they become more worried or anxious? Do they seem unusually angry or are they acting abnormally in another way?²

If you recognize these warning signs in someone, or if you recognize them in yourself, get help from a mental health professional right away. Your bishop can help you connect with these resources.

Myth 2:



If my child is struggling, they just need to read their scriptures, pray, and attend church, and then everything will be OK.

As with physical injuries, mental health conditions usually require more than simply reading scriptures or praying. However, it can be difficult for parents to differentiate between when their child is dealing with the everyday growing pains of youth and when their child is dealing with serious depressive symptoms. Generally, if your child experiences drastic changes in mood, behavior, or relationships in several different areas of life that last for more than two weeks, the problem may not be a "passing mood."³

One in five children ages 13–18 lives with a mental health condition.⁴ If

you feel your child may be suffering from a mental illness, talk with him or her. Offer a priesthood blessing, as they do "inestimable good."⁵ You and your child can find peace through our Savior, who suffered "that he may know according to the flesh how to succor his people according to their infirmities" (Alma 7:12). Then also seek for professional help. Elder Jeffrey R. Holland of the Quorum of the Twelve Apostles taught: "If you had appendicitis, God would expect you to seek a priesthood blessing *and* get the best medical care available. So too with emotional disorders."⁶

ILLUSTRATIONS FROM GETTY IMAGES



Myth 3:

Asking a person about suicide makes things worse.

Suicide prevention trainees often ask, “If I ask a person about suicide, won’t it put the idea of suicide into the person’s head?” People pose this question with good

intentions—they don’t want to make the situation worse! In the vast majority of situations, however, asking about suicide *does not* put the idea into a person’s head or make them more inclined to harm themselves.

In fact, asking about suicide in an open, direct, and caring fashion can do the opposite. It can establish a real and meaningful connection while demonstrating care and concern. Asking about suicide brings the problem into the open and lets the person know that it’s OK for them to talk to you about their thoughts and feelings. In many instances, people at risk of suicide feel very alone, and having someone ask them about suicide can be one of the most important ways to break through those feelings of loneliness. You are then more able to help that person.

When you come across a person who may be at risk of suicide, we suggest asking with directness: “Are you thinking of suicide?”

Myth 4:

I have to be a professional health care worker to help someone at risk of suicide.

This is a myth that can lead to harmful inaction. The truth is that family and friends not trained as professionals can play a crucial role in helping those at risk of suicide connect with professional help. Research shows that the vast majority of individuals at high risk of suicide have regular interactions with family and friends, and they tend to express their concerns to family and friends more often than to professionals. Once a person at risk is



connected to professional assistance, family members or friends can continue to help break through desperate feelings of loneliness and crushing feelings of low self-worth. People at risk for suicide need the closeness and connection that family and friends can best provide.

“Individuals who are vulnerable—they need more friends, not fewer,” said Elder Dale G. Renlund of the Quorum of the Twelve Apostles. “Individuals who are feeling worthless need to understand God’s plan. They need to know that they’re cared for. . . . We don’t let people who are vulnerable sit by themselves. We sit with them.”⁷

Myth 5:



I should only trust Church-sponsored resources, not community ones.

Suicide is a growing problem in many areas of the world, but the response to suicide in communities throughout the world is also changing for the better. There are many resources in most communities that can link those at risk for suicide to immediate help, such as hotlines. There are also training resources that can teach how to reach out and help a person at risk of suicide.

It's important to be aware of what resources are available in your community so that you can link others to help. A recent official communication to leaders of the Church in English-speaking units stated, "Members and leaders are encouraged to learn about and use trusted local resources to take advantage of formal suicide prevention training and to support community initiatives to prevent suicide."⁸

A great place to start learning more is the Church's website suicide.lds.org. There are many national and international resources listed on this site that can direct members to local resources for training and prevention. The site also includes recently released videos of Church leaders and others speaking on this topic.

Be a Myth-Buster

You can help stop these myths from spreading or being handed down to the next generation. Let's make sure nothing interferes with us reaching out to those who may be at risk for suicide. While we cannot take responsibility for the actions of others, we can take hope and feel confidence in the fact that many suicides *can* be prevented. Family members, friends, and others can play a critical role as they reach out with love and directness. You—yes, *you*—can save a life. ■

NOTES

1. See "FAQs about Suicide," Crisis Intervention and Suicide Prevention Centre of BC, crisiscentre.bc.ca.
2. See "Youth Suicide Warning Signs," youthsuicidewarningsigns.org. The information provided on this website comes from a collaboration between expert panelists who gathered in Rockville, Maryland, in 2013.
3. See Ann MacDonald, "Distinguishing Depression from Normal Adolescent Mood Swings," Harvard Health Publishing, health.harvard.edu.
4. See "Mental Health by the Numbers," National Alliance on Mental Illness, nami.org.
5. Alexander B. Morrison, "Myths about Mental Illness," *Ensign*, Oct. 2005, 33.
6. Jeffrey R. Holland, "Like a Broken Vessel," *Ensign*, Nov. 2013, 41.
7. Interview with Elder Dale G. Renlund, Jan. 23, 2018.
8. "Suicide Prevention and Ministering," official Church notice, Jan. 17, 2018.



A GENUINE MANIFESTATION OF CONCERN

"A dear friend, . . . over the course of a couple of years, became profoundly clinically depressed. . . . I was worried that if I asked him if he was considering harming himself, that would somehow push him towards that. I know now that that's not true. It's safe to ask someone if they're having suicidal thoughts or if they're having thoughts of harming themselves. I think in most cases the person [at risk] recognizes that that is a genuine, caring manifestation of concern."

Elder Dale G. Renlund of the Quorum of the Twelve Apostles, interview, Jan. 23, 2018.

