

MEDIA RELEASE

EMBARGOED until Tuesday 10, September 2019

Working together to prevent suicide – 10 myths that need to be dispelled

Today (10 September 2019) marks World Suicide Prevention Day (WSPD) and the Centre for Rural and Remote Mental Health (CRRMH) is shining a light on suicide by dispelling some common myths.

Director of the Centre for Rural and Remote Mental Health (CRRMH) Professor David Perkins said working collectively together to prevent suicide is important and we need to continue to raise awareness, encourage conversations and support one another.

“World Suicide Prevention Day provides an opportunity for each and every one of us to share our grief about those we have lost to suicide, speak about how we’re feeling and also share the responsibility of preventing suicide,” said Professor Perkins

Suicide prevention remains a universal challenge. Every year, suicide is among the top 20 leading causes of death globally for people of all ages. In rural areas in Australia, on average suicide rates are 50 percent higher than in city areas.

As part of World Suicide Prevention Day, the CRRMH is shining a light on ten common myths about suicide that need to be dispelled. (See appendix – 10 common myths about suicide that need to be dispelled).

“We all have a part in helping to prevent suicide and this includes helping to dispel common myths and misinformation that can increase stigma, shame and guilt experienced by people who are thinking about or have attempted take their own life,” said Professor Perkins.

“Dispelling a common myth that there is nothing that can protect someone from suicide is critical. While suicidal behaviour is complex, we know suicide is not inevitable and may be prevented.

“We know there are known protective factors against suicide such as social support and connectedness and access and availability to effective mental health care,” he said.

Suicide prevention is one of the Centre’s key priorities and this year the Centre hosted a third rural suicide prevention forum at the Sydney Royal Easter Show. This year the focus was on **Community wellbeing collaboratives** and the need for a coordinated approach as identified in

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our [Rural Suicide and its Prevention: a CRRMH position paper](#): Focus Area 5, Build Healthy and Resilient Communities, as a strategy for medium to long term reduction in suicide deaths and rates.

“We need to find solutions to empower communities to create effective local suicide prevention strategies. Our work with [Muswellbrook Healthy and Well](#) is a great example of a community working together to prevent suicide,” said Professor Perkins.

“A key part of this is working towards developing mentally healthy communities using successful mental health promotion campaigns such as Act- Belong -Commit.

“We also need to build resilience and provide local solutions and support during tough times such as a drought,” he said.

The CRRMH welcomes the opportunity to partner with communities and organisations that wish to take action and have a positive impact on rural suicide prevention.

Helpful resources

If you're concerned about your own or someone else's mental health, you can call the NSW Mental Health Line 1800 011 511 or the Suicide Call Back Service on 1300 659 467.

Learn how to identify the signs that someone may be struggling on [R U OK's website](#).

For pointers on how to start safe conversations around suicide check the #YouCanTalk campaign [here](#).

For best practice guidelines on reporting suicide or mental ill health, visit the Mindframe Media guidelines on <http://www.mindframe-media.info/>.

#WSPD2019 #YouCanTalk

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APPENDIX -10 common myths about suicide that need to be dispelled

MYTH#01: People who talk about suicide just want attention

FACT: [A national 2017 survey by Colmar Brunton](#) saw that almost 1/3 of Australians think that people who talk about their intent to suicide will rarely kill themselves.

According to Suicide Prevention Australia, evidence shows that many people will communicate their suicidality, either directly or indirectly, to a health professional in the three months prior to their death.

Talking about an intent to die by suicide is a warning sign, it should be taken seriously and listened to.

MYTH#02: There is nothing that can protect someone from suicide

FACT: While suicidal behaviour is complex, there are known protective factors against suicide. Some protective factors include:

- Employment and financial security
- Social support and connectedness in stable relationships
- Access and availability to effective mental health care
- Plans for the future and strong reasons for living
- Certain life skills such as problem-solving and resilience
- Cultural and religious beliefs that discourage suicide

[Source: Life in Mind](#)

Myth #03: If a person is serious about killing themselves, there's nothing you can do

FACT: Often, feeling actively suicidal is temporary, even if someone has been feeling low, anxious or struggling to cope for a long period of time. This is why getting the right kind of support at the right time is so important.

[Source: Samaritans](#)

Myth #04: People who talk about it aren't serious and won't go through with it

FACT: According to [UK organisation Samaritans](#), people who die by suicide will have often told someone either discreetly, "Life is not worth living, I have no future...", or directly about their intent on taking their own life.

If someone is talking about suicidal thoughts or behaviours it's important to take them seriously. Helping them get the support they need could save their life.

Myth #05: Talking about suicide increases the risk of suicide

FACT: [In a national survey by Colmar Brunton in 2017](#), almost 20% of Australians believed that talking about suicide increases the risk of suicide. According to Suicide Prevention Australia, openly discussing the topic of suicide can open the door for someone to get help.

Myth #06: There is a typical profile for a person who dies by suicide

FACT: Unfortunately, people of all ages, races, faiths, and cultures die by suicide, as do individuals from all walks of life and all income levels. However some priority populations, while

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not more at risk of suicidal behaviour, may experience greater rates of discrimination, isolation and/ or social exclusion which can impact on suicidal thinking and behaviour.

[Source: Life in Mind](#)

Myth #07: Only people with a mental illness are suicidal

FACT: People living with a mental illness are at increased risk of suicide, but suicidal ideation and behaviour can happen to anyone. Many people living with a mental illness are not affected by suicidal behaviour, and not all people who take their life have a mental illness.

[Source: World Health Organisation](#)

Myth #08: Talking about suicide is harmful

FACT: Talking about the topic of suicide and facilitating help-seeking behaviour if they are faced with suicide ideation should be encouraged. There is no evidence to suggest that talking to someone about suicidal thoughts or behaviour is harmful.

[Source: headspace](#)

Myth #09: Asking someone if they are suicidal will 'put ideas into their head'.

FACT: The only way to assess suicide risk is to ask directly whether they are experiencing suicidal thoughts or engaging in suicidal behaviours, and experts generally agree that asking is unlikely to make the situation worse. Asking the question may be difficult, but it shows that you care.

Source: [Life in Mind](#)

Myth #10: 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 previous suicidal ideation can go on to live a long life.

[Source: World Health Organisation](#)

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