



Youth suicide: myths, facts and key terms

Myths and facts

MYTH: A caring adult talking about suicide or asking a student if they are feeling suicidal will encourage suicide attempts.

FACT: Talking about suicide will not give the student the idea or encourage them to act on their feelings. Asking about whether a student is thinking of suicide can start an important conversation and let the student know they are not alone.

MYTH: Students who are high achieving and involved and engaged at school would never die by suicide.

FACT: Suicide knows no cultural, ethnic, racial, educational or income boundaries. Anyone can be having suicidal thoughts and feelings.

MYTH: Suicide is a natural response to overwhelming stress.

FACT: Suicide is an extreme response that is typically the result of many factors, not stress alone. While everyone experiences stress, the vast majority of people do not attempt suicide.

MYTH: People who threaten suicide are just seeking attention.

FACT: All suicidal comments must be taken seriously. The attention they receive may well save their life.

MYTH: Suicide is unpredictable and occurs without warning.

FACT: In the majority of cases, death by suicide is associated with mental illness, like depression. While sometimes difficult to detect, warning signs are usually present prior to suicidal behaviour.





MYTH: Every death is preventable.

FACT: Unfortunately, no matter how well intentioned, alert and diligent people's efforts may be, there is no way to prevent all suicides from occurring.

MYTH: Once a person is intent on suicide there is no way of stopping them.

FACT: Death by suicide can be prevented and people can be helped. Suicidal crisis can be relatively short lived.

MYTH: Students with intellectual disabilities or those on the autism spectrum do not contemplate suicide and therefore are not at the same level of risk.

FACT: Students with neurodevelopmental disabilities (e.g. intellectual disabilities) and/or neurodiversity (e.g. autism spectrum disorder, attention deficit hyperactivity disorder, learning disabilities) do think about suicide and can and do act on those thoughts.

MYTH: Suicide is not a concern for younger students in elementary schools.

FACT: Younger children may consider suicide but may not always understand the concept that death is forever. If children with thoughts of suicide are not offered supports or services when they are young, their risk of suicide increases as they get older.

Language and stigma

Instead of this...	Say this	Why?
commit/committed suicide	- died by suicide - death by suicide - lost their life to suicide	"Commit" implies suicide is a sin or crime. Using neutral phrasing like "died by suicide" helps strip away the shame/blame element.
- successful/unsuccessful suicide - completed/failed suicide	- died by suicide - fatal suicide - survived a suicide attempt - lived through a suicide attempt - non-fatal suicide attempt	The notion of a "successful" suicide is inappropriate because it frames a very tragic outcome as an achievement or something positive. It is also not a failure to survive a suicide attempt. A suicide attempt is either fatal or not.





Key terms

- **Suicide prevention:** Activities/initiatives designed to reduce risk and increase factors that promote resilience.
- **Suicide intervention/risk management:** A direct effort to prevent a person from attempting to take their own life intentionally. This includes supporting student transitioning to and from mental health care.
- **Suicide postvention:** Activities developed to facilitate individual and system recovery after suicide and to prevent adverse outcomes such as further suicides.
- **Non-suicidal self-injury:** A deliberate attempt to cause injury to one's body without the conscious intent to die.
- **Suicidal ideation:** Suicidal thoughts, including thoughts about how to kill oneself, ranging from a fleeting consideration to a detailed plan.
- **Suicide attempt/plan:**
 - **Attempt:** Injuring oneself with the intent to end one's life, but not dying as a result of one's actions.
 - **Plan:** Identifying the means to die by suicide, a timeline to complete the plan, and the intent to do it.
- **Death by suicide:** Injuring oneself to the degree that it results in death.
- **Contagion:** The process by which a death by suicide (or suicidal behaviour) increases the suicidal behaviour of others. Adolescents are the most susceptible age group for contagion.
- **Suicide cluster:** When contagion occurs, schools, school boards, and/or communities can experience multiple deaths in a relatively short period of time. Each death increases vulnerability and risk for further contagion.
- **Memorialization:** Ways to commemorate a death, including death by suicide. This can include flags at half mast, tree planting, memorial displays, etc. Some memorial activities may cause harm by unintentionally glamorizing the death, leading to contagion.

