

Suicide Basics

Content warning: These topics may be uncomfortable for some readers. For help with a mental health crisis or concerns about suicide, call Canada Suicide Prevention Service: 1-833-456-4566. Talk Suicide Canada website: <https://talksuicide.ca/>

Audience: This resource was developed for health and social service providers.

Many people think about suicide.

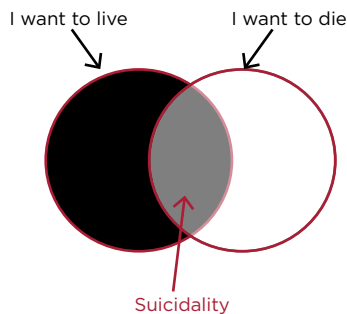
Thinking about and attempting suicide are not uncommon. We usually only hear about suicide deaths, but suicidal thoughts occur far more frequently than suicide attempts and deaths. People with suicidal thoughts seek help in all health care settings, not only Emergency Departments or psychiatric and mental health settings.

Suicidality (thoughts, attempts, death)* is about managing pain.

Most people with suicidality have experienced various kinds of trauma and violence that contribute to unbearable psychological pain. Thinking about and planning suicide gives people hope that their pain will end.

People with suicidality often feel like a burden.

That “suicide is selfish” is a myth. In reality, most people with suicidality feel like a burden and that others and the world would be better off without them. Feeling worthlessness and shame, they feel undeserving of help.

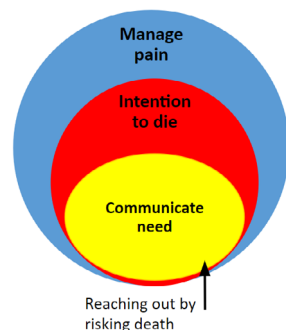


People with suicidality are ambivalent about it.

A person is not either suicidal or not. There is always a ‘grey’ area. The desire to live AND die can exist simultaneously. Some people live for years with daily suicidal thoughts and never attempt suicide. Further, although the purpose of non-lethal self-harm (e.g. superficial cutting) is usually to numb their pain (e.g. by drawing attention to inflicted pain away from unbearable psychological pain) without intent to die, some risk death by engaging in self-harm that has a higher risk of lethality.

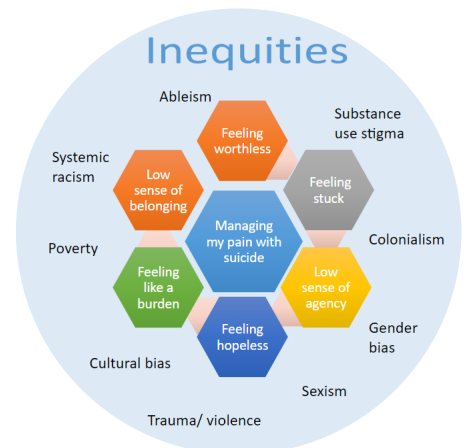
There are complex and valid reasons for all suicidality and self-harm.

Suicidality that does not end in death is frequently labelled as “behaviour”, especially in those diagnosed with a personality disorder. The implication is that that suicidality is a choice used to manipulate others. In reality, suicidality is about seeking to have one’s needs met in the context of multifaceted factors.



Suicidality is also a way of reaching out.

Communicating one’s suicidality to others is a way of reaching out, but is harmfully labelled ‘attention-seeking’ which minimizes this dangerous situation. Although communicating suicidality is a way of reaching out for help, those who do so are willing to die to meet their need to connect with others. Instead of dismissing thoughts and actions as ‘attention seeking’, see suicide as simultaneously a way to manage pain, a way of communicating need, and a way of maintaining hope that help and pain relief are possible.



For help with a mental health crisis or concerns about suicide, call Canada Suicide Prevention Service: 1-833-456-4566. Talk Suicide Canada Website: <https://talksuicide.ca/> **There is support available to help.**

How to cite this document

Taylor, Petrea (2022). Suicide Basics. Vancouver, BC. Retrieved from www.equiphealthcare.ca

Financial contribution from



Public Health
Agency of Canada

Agence de la santé
publique du Canada