

Suicide Myths

There are stigmas attached to suicide. Still, many people experience feelings of hurting themselves, and in no way should feel as if they are alone. Here are some common myths that can keep someone quiet about their feelings.

- **“People who talk about suicide won’t do it.”** *Those who talk about suicide may actually be asking for someone to take notice and get help. If you hear someone talking about taking their life (even as a joke), they may really be feeling that way.*
- **“Anyone who tries to kill themselves is crazy!”** *This just isn’t the case, and there can be a lot of reasons why a person is thinking of suicide; they might have lost a loved one, feel grief, stress, sadness or loneliness.*
- **“If a person is going to kill themselves, then no one/nothing can stop them!”** *People usually don’t really want to die and often waiver before taking their own life. Also, these feelings are temporary: someone who may want to take their life may not want to a few months later.*
- **“People who commit suicide don’t want help.”** *People who commit suicide often try to get help. A large number of individuals who complete suicide go to treatment centers one month before they take their life.*
- **“Talking about suicide will make someone do it.”** *Talking about suicide can actually reduce the likelihood of others committing suicide.*



**For More Information, Call:
Nicoletti-Flater Associates**

303-989-1617

References:

American Foundation for Suicide Prevention (AFSP) <https://www.afsp.org/understanding-suicide/facts-and-figures>

BadgeofLife.com <http://www.badgeoflife.com/resources.php>

DoSomething.org
<https://www.dosomething.org/facts/11-facts-about-suicide>

ServeandProtect.org
<http://serveprotect.org/tools/national-p-o-l-i-c-e-suicide-foundation/>

Additional Reading

Hello Cruel World: 101 Alternatives to Suicide for Teens, Freaks, and other Outlaws, by Kate Bornstein and Sara Quin

How I Stayed Alive When My Brain Was Trying to Kill Me, by Susan Rose Blauer

Night Falls Fast: Understanding Suicide, by Kay Redfield Jamison

Suicide Prevention

Nicoletti-Flater Associates

Specialists in Police and Public Safety
Psychology

*A Permanent Solution to a
Temporary Problem.*

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Suicide

Suicide is the act of taking one's own life intentionally. Over 34,000 people take their lives each year, while roughly one million individuals try to take their lives each year.

Suicide is the 10th leading cause of death for adults, and the 3rd leading cause of death for adolescents and young adults. The most used methods for committing suicide are firearms, suffocation, and poison. Men often complete suicide more often than women; however, women attempt suicide at a larger rate than men. Age can also be a factor, with young individuals (under the age of 24), and older individuals (65 and older) being at more of a risk for completing suicide. Those who are more isolated, agitated, or sleep deprived may also be at an increased risk for completing suicide.

People who are thinking about taking their life can show certain signs that they may take their life:

- Talking about wanting to kill themselves.
- Trying to find a weapon or item that may help them take their life.
- Talking about feeling hopeless or that they have no reason to live.
- Talking about being in in agonizing pain.
- Talking about being burdensome to others.
- Behaving irresponsibly.

Preventing Suicide

Preventing suicide is terribly important, and can be done. Doing so means that you or the person you know may benefit from treatment or medication, or both.

Therapy is often used with individuals contemplating suicide. Cognitive Behavioral Therapy (CBT) is used to understand and change unhealthy thoughts that can lead to suicidal thinking and actions. Dialectical Behavioral Therapy (DBT) can also help understand and accept the troubled feelings that an individual has, and also provide tools to help with coping.

If you feel as if you want to hurt yourself, telling someone about your feelings is very important. You can talk to someone at Nicoletti-Flater Associates, and get the help you need. If you feel like hurting yourself right now, call the NFA emergency line at 720-675-9502.

Police and Suicide Risk

Police and other service workers can be at an elevated risk for committing suicide.

Officers have very specific schedules that can be exhausting. Shift work can increase chances of sleep problems and sleep deprivation. Trouble sleeping can also produce other problems like irritability and anxiety which can increase risks for attempting or successfully completing suicide.

Officers may experience trauma from their work and can sometimes take it home with

them. Officers may not want to talk about what they see at work, and this can create a great deal of stress and isolation, as they may feel that nobody understands what they have experienced. Trauma can happen often, as calls can be tough and the situations can be stressful. Being an officer is a tough job, and you need to have tools and an outlet to deal with some of the many negative experiences associated with the job.

Officers may also have an increased risk with alcohol intoxication, which can also increase risk for suicide. Alcohol and alcohol abuse can bring out other feelings that may increase chances of committing suicide.

