

World Suicide Prevention Day

10th September
#wspd2020

Stigma and suicide

World Suicide Prevention Day provides an opportunity to reflect on the stigma associated with suicide, and how we can change it.

A mutual relationship has existed between stigma and suicide for a long time. For example, a death by suicide could result in stigmatising attitudes from others. Equally, stigma towards people with a mental health difficulty could be an additional risk factor for suicide.

While attitudes and understanding have improved in more recent years, both suicide and mental health difficulties are still today burdened by negative attitudes. These can only be tackled by a marked change in individual and societal perception of these issues.

What is stigma?

Stigma occurs when people are negatively labelled, distinguished from or discredited by others. As a result, they can find themselves feeling morally judged, devalued or in an undesirable social status.

Public stigma is usually embedded across society and can manifest itself in structural and institutional discrimination, prejudice and stereotyping.

Self-stigma occurs when people internalise these public attitudes, prejudices or stereotyping and when they experience negative perceptions and consequences as a result.

The impact of stigma

Stigma in all its forms and experiences, can have a very negative impact on people who are vulnerable, or at risk of suicide.

For example, a person could feel increasingly isolated and excluded from their social networks and connections, as a result of stigmatising attitudes or behaviours they experience from others, or from their own self-stigmatising beliefs.

They could feel ashamed, humiliated or embarrassed by their behaviour and hide their feelings or the issues they need help with, from others. They could be less likely to reach out for support or open up about their problems.

“ *Shame, Embarrassment
Exclusion, Isolation
Self-doubt, Stress* ”

Perceived or internalised stigma associated with having a mental health difficulty, or from belonging to a minority group, may also be a significant risk factor for suicide. It could be distressing for a person if they hear that they are somehow less deserving than, or excluded from others. It could diminish their feelings of worth and levels of self-esteem and confidence.

It is also important to think about your own assumptions about mental health difficulties and suicide. For example, treating a mental health difficulty as the sole explanation for why someone has died by suicide sends a message to other people who could be struggling. They could feel that if they tell others about their difficulties, they would be treated negatively, labelled, or even seen as a ‘suicide in waiting’. You should always take the time to consider how your words might impact on someone else.

World Suicide Prevention Day

10th September
#wspd2020

The stigma associated with suicide bereavement

Unfortunately, many people bereaved by suicide feel stigmatised following the death of their loved one, bringing them additional pain and anxiety. This can happen when family, neighbours and friends speculate as to how the person died, when they ask an abundance of unwelcome questions or give unhelpful advice. Most often, it happens when they avoid talking to the bereaved person altogether.

Simply asking a bereaved person how they are doing or expressing sympathy is always important - it can help break down any wall of silence.

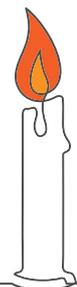
By avoiding talking, you could leave the bereaved person feeling further isolated and alone in their grief – feelings that can be further compounded if they perceive the need to conceal the cause of death. There can be an absence of caring and interest - often described as a *wall of silence*.

Simply asking a bereaved person how they are doing or expressing sympathy is always important - it can help break down this wall. Other things which can help include;

- Listening - but more importantly, letting the person talk
- Offering support with practical tasks
- Being willing to talk about the person who has died
- Showing lots of love, kindness and support.

It is normal for a person bereaved by suicide to experience shock, disbelief, or even denial but it is really important to be gentle with them. They may also have real or imagined perceptions of what others are thinking. What are people assuming? Are they judging, or worse, blaming someone for the death? Assumptions about why a person has died by suicide, however well-intentioned, often do more to perpetuate stigma surrounding suicide and mental health, than they do to reduce it.

All this can cause distressing, uncertain and self-doubting thoughts for a bereaved person, especially during what is a very difficult time. It causes more unnecessary worry and stress and can feed the person's sense of self-stigmatisation. If you, or someone you know is feeling overwhelmed, unable to eat or sleep, feeling isolated, having suicidal thoughts or feeling unable to cope, then seeking out extra support is really important.



World Suicide Prevention Day

10th September
#wspd2020

What you can do to help

- Challenge common myths about, or attitudes towards suicide. This will allow others to look at suicide from a different perspective - one founded in openness, understanding and compassion for others. Two of the most common myths are;

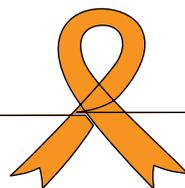
Myth: Talking about suicide can encourage it. Rather than encouraging suicidal behaviour, talking openly about things can give a person other options, or the time to rethink their decision.

Myth: Only people with 'mental health conditions' are suicidal. Suicidal behaviour indicates deep unhappiness, not necessarily a mental health issue. Many people living with mental health difficulties aren't suicidal, and not all people who die by suicide have a mental health difficulty.

- Use trusted sources to educate yourself on mental health difficulties and on suicide. Learn to use informed, appropriate, sensitive and non-judgemental language and try not to make assumptions. Don't identify a person solely by his or her mental health difficulty and never use 'suicide' as a noun to describe a person. Use plain and simple terms like;

Died by suicide...	rather than	Committed suicide...
Suicide death...	rather than	Successful suicide attempt...
Suicide...	rather than	Completed suicide...
Self-harm...	rather than	Deliberate self-harm...

- Recognise the contribution of people who have mental health difficulties, have attempted suicide and recovered, or who have been bereaved by suicide. This will give you an invaluable insight into lived experience and will also be very empowering and healing for others.
- Challenge and correct negative behaviours that result from stigma, such as discrimination, prejudice or stereotyping. Talk to a trusted support organisation for advice on how you can respond to what you hear and see.
- Start a conversation with someone you care about. When doing so, you don't have to be an expert or have all the answers - but listening with compassion, empathy and a lack of judgement can help restore hope.



Call Samaritans
anytime day or night,
on **116 123** or email
jo@samaritans.ie

Text **YMH to 50808**
– a free, 24 hour,
anonymous crisis text
support service

Visit yourmentalhealth.ie
for information on mental
health, services and
supports

Visit seechange.ie
– an organisation
dedicated to ending
mental health stigma