

Youth Depression & Suicide Myths & Facts

Myths about depression and suicide often separate people from effective treatments and prevent people from supporting suicide prevention efforts. It is important for all adults to learn the facts so that we can give young people accurate information and support.

Myth: Talking about suicide puts the idea in someone's head.

Fact: You do not give a suicidal person morbid ideas by talking about suicide. The opposite is true. Bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

Myth: People who talk about suicide won't really do it.

Fact: Almost everyone who dies by suicide has given some clue or warning. Do not ignore suicide threats. Statements like, "You'll be sorry when I'm dead," or "I can't see any way out" – no matter how casually or jokingly said – may indicate serious suicidal feelings.

Myth: If a person is determined to kill themselves, nothing is going to stop them.

Fact: Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

Myth: It's normal for teenagers to be moody; teens don't suffer from "real" depression.

Fact: Depression affects people of all different ages, races, ethnicities, and economic groups. Just like any illness, depression can affect teens who seem to "have it all." The prevalence of teens reporting a major depressive episode increased by 37% from 2005 to 2014 (Mojtabai et al., 2016). Though depression seems to be on the rise, treatment is helping many young people cope with this illness.

Myth: Teens who claim to be depressed are weak and just need to pull themselves together. There's nothing anyone else can do to help.

Fact: Depression is not a weakness; it's a serious health disorder. Both young people and adults who are depressed need professional treatment. A trained therapist or counselor can help them learn more positive ways to think, change behaviors, cope with problems, or handle relationships. A physician can prescribe medications to help relieve the symptoms of depression. For many people, a combination of therapy and medication is beneficial.

Myth: It's easy to tell when a teen is depressed because they cry all the time and withdraw from friends and family.

Fact: While down mood and withdrawal are some signs of depression, some symptoms are not as well known. Teens may seem irritable or anxious. They may have no energy and feel tired but have trouble sleeping; or they may sleep too much. They may lose their appetite or overeat leading to weight changes. Only a professional can diagnose depression.

Myth: Depression is the only mental health problem connected to suicide.

Fact: While depression is strongly connected to youth suicide, other mental health concerns are important too. Substance use problems are a major predictor for suicide. If a young person is using alcohol or drugs to deal with negative feelings, they are at increased risk. Some young people use non-suicidal self-injury (hurt themselves on purpose) to deal with negative feelings. While these injuries are not generally about suicide, students who self-injure are at increased risk. Early intervention and treatment for all mental health concerns are the best protection from suicide risk.

Call the National Suicide Prevention Lifeline for 24/7 free and confidential support at 1-800-273-8255.
Crisis Text Line Text 'ACT' to 741741 for free, 24/7 crisis support in the U.S.

