MYTHS & REALITIES ABOUT SUICIDE

Myth: “If you’re not suicidal, you’re not really transgender.”
Reality: Feeling suicidal is not a direct result of being transgender. Transphobia plays a large role in societal factors that can lead to depression and suicidal thoughts.

Myth: “Once I transition/pass, everything in life will be better.”
Reality: Transitioning or passing may relieve some stress but will not make problems go away. It is important to seek support in coping with ongoing problems.

Myth: “If I take estrogen, I will become depressed and suicidal.”
Reality: While estrogen can worsen existing depression in some individuals, it does not cause one to become suicidal.

Myth: People who talk about suicide are just trying to get attention.
Reality: People who die by suicide often talk about it first. They are in pain and oftentimes reach out for help because they do not know what to do, have lost hope, and should always be taken seriously.

Myth: People who talk about wanting to die by suicide do not try to kill themselves.
Reality: People who talk about wanting to die by suicide oftentimes kill themselves. Any talk about suicide must be taken seriously.

Myth: People do not give warning signs before they kill themselves.
Reality: People often talk about having lost all hope and about wanting to die or talk/write about death and dying before acting on it.

VERBAL STATEMENTS
- “I want to kill myself.”
- “No one would miss me if I were gone.”
- “Things will never get better.”

ANY FORM OF SIGNIFICANT LOSS
- A loved one or job.
- Financial problems.
- Family and social supports.
- Physical abilities.

ACTING DIFFERENTLY
- Changes in mood – more withdrawn, anxious, sad or a sudden mood lift after a down period.
- Changes in eating or sleeping habits.
- Suddenly taking more risks.
- Suddenly not caring about appearance or cleanliness – experimenting with appearance does not indicate thinking about suicide.
- Looking for ways or means to kill oneself.
- No interest in doing things that were once enjoyed.
- Purging of any items connected to being transgender.

Some people experience significant changes in feelings and actions when first starting hormones. This is not an indication of suicidality. Some other medications may cause suicidal thoughts or feelings and should be evaluated by a medical provider. This brochure was funded by the Massachusetts Department of Public Health.
Keep listening and assure the person that you are there to listen and that they are not alone.

**ASK**
Ask the person you are concerned about if he or she is thinking about suicide.

**LISTENING TIPS**
**DO:**
- Give the person all of your attention.
- Tell her or him that you care and that you are glad that they are talking to you.
- Ask questions that help you to better understand how she or he is feeling.
- Validate their feelings.
- Allow the person quiet time to think

**DON'T:**
- Don't panic.
- Don't tell the person about your own problems.
- Don't say that the person's actions or feelings are wrong and unimportant.
- Don't give advice that wasn't asked for.
- Don't try to solve the person's problems.

**LISTEN**
If you know someone who might be depressed or thinking about suicide, you can help them first just by listening. Very often people who think suicide is a choice for them feel they have no other option; they have no control over their lives, and/or that no one cares about them.

**Listenting to someone:**
- Shows that you care.
- Gives them a greater sense of control.
- Helps them feel connected to someone else.
- Encourages the person to talk even when it’s difficult.

**Getting help**
Anyone can feel suicidal, but the feeling doesn’t last forever. Getting help for someone who is feeling suicidal can save their life – the more helpers the better. Never keep the secret that someone is suicidal.

Someone who is suicidal or their helpers may get assistance from:
- Samaritans: 877-870-HOPE (4678)
- Trevor Helpline: 866-4-U-TREVOR (866-488-7366) – Serves GLBT youth.
- A counselor or therapist with knowledge of transgender issues.
- A trans-friendly nurse or doctor (check resource list on www.MassTPC.org)

If the person is in immediate danger call 911 or go to a local hospital emergency room

Some things to remember:
- If you are not physically present with the person who is in crisis, try to find out where the person is right then and get help to them.
- If the first helper you try doesn't give you the help you need, try another one.
- If the suicidal person won't agree to get help, tell someone right away. It is better to have them mad at you but alive because you got help.

**Emergency help**
- Stay calm. This can feel scary or out of control, but the person you are helping feels more out of control than you do and needs you to be calm.
- Don’t leave the suicidal person alone. Most people won’t attempt suicide unless they’re alone.
- Call 911 and stay on the phone until help arrives.