HEALTH BASICS

Suicide and suicidal behavior

Suicide and suicidal behavior describe thoughts or actions involving an intention to die.

WHAT IT IS
Thoughts or actions involving an intention to die

WHERE IT COMES UP
Mental health conversations, safety assessments, and emergency care

WHY IT MATTERS
Immediate support can help protect life and reduce harm

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
A mental health clinician or crisis service

HOW IT IS CHECKED
Direct questions and a clinical safety assessment

Overview

Suicide is death caused by an intentional act of self-harm in which the person intended to die. Suicidal behavior includes actions taken with at least some intention of dying, including a suicide attempt that does not result in death.

Suicidal thoughts, also called suicidal ideation, can range from wishing not to wake up to thinking about a specific method or plan. Thoughts, plans, and actions are not the same, but each deserves a serious and compassionate response.

Suicide and suicidal behavior are not diseases or diagnoses. They may occur during a mental health condition, a substance-related crisis, severe pain, major loss, or another overwhelming situation. They can also occur when no diagnosis has been made.

If you might act on suicidal thoughts, have started an attempt, or cannot stay safe, seek emergency help now. Call your local emergency number or go to the nearest emergency department. In the United States and its territories, call or text 988 . In Canada, call or text 9-8-8 . Elsewhere, use your country's crisis service or emergency number.

If you are with someone in immediate danger, stay with them if you can do so safely. Contact emergency help and move away from weapons, traffic, heights, or other immediate hazards. Do not put yourself in physical danger.

How it works

Suicidal behavior usually develops through several interacting factors rather than one cause. Emotional pain, hopelessness, agitation, impaired judgment, access to a lethal method, and a stressful event may combine during a crisis. Alcohol or drugs can increase impulsive behavior and make it harder to use coping skills.

A person's level of danger can change quickly. Having a detailed plan, access to the planned method, an intention to act soon, or a recent attempt requires urgent attention. However, someone can still need help without having a plan.

There is no blood test, brain scan, questionnaire, or calculation that can reliably predict who will attempt suicide. A safety assessment uses direct conversation to understand current thoughts, intent, plans, access to methods, recent behavior, substance use, supports, and reasons for staying alive. Screening questionnaires can help begin that conversation, but they do not provide a diagnosis or guarantee future safety.

Self-harm without an intention to die is called nonsuicidal self-injury. Examples can include cutting or burning the skin to cope with distress. It is not the same as a suicide attempt, although the two can occur in the same person. Any self-harm should prompt a discussion about safety and support.

Why it matters for your health

A suicidal crisis can lead to serious injury or death. An attempt may also cause lasting effects, such as organ damage, disability, pain, or emotional trauma. These outcomes depend on what happened and how quickly medical care was received.

Suicidal thoughts can also affect sleep, concentration, relationships, work, school, and the ability to manage everyday needs. Keeping the thoughts secret may increase isolation and delay support.

Talking openly about suicide does not plant the idea in someone's mind. Calm, direct questions can make it easier to disclose thoughts and can help connect a person with care. Useful questions include, "Are you thinking about suicide?" and "Do you have a plan to hurt yourself?"

A suicidal crisis can pass, especially when time, distance from lethal methods, supportive contact, and appropriate treatment are added. Treatment addresses the person's needs, which may include a mental health condition, substance use, pain, trauma, sleep problems, social stress, or several of these together.

What can go wrong

Suicidal thoughts and behavior can arise in many situations. They are associated with conditions such as depression, bipolar disorder, psychotic disorders, post-traumatic stress disorder, eating disorders, and alcohol or drug use disorders. Chronic pain, serious illness, violence, discrimination, legal or financial problems, relationship loss, and grief may also contribute.

These links do not mean that everyone with one of these conditions or experiences will become suicidal. They also do not mean that a person without them is safe. Risk must be considered in the person's current situation.

Warning signs that need prompt attention include talking about wanting to die, looking for a method, giving away valued belongings, saying goodbye unexpectedly, expressing unbearable pain or hopelessness, or showing a marked change in behavior. Sudden calm after intense distress can also warrant a direct safety check, especially if other warning signs are present.

A crisis becomes an emergency when someone has taken action, intends to act soon, has a plan and access to the method, or cannot agree to stay away from immediate danger. Possible poisoning, overdose, severe bleeding, loss of consciousness, breathing difficulty, or injury always requires emergency medical care.

What you can do

If there is immediate danger, call emergency services or go to an emergency department. Do not rely only on an online message, routine appointment, or promise that the person will not act. If an overdose or poisoning may have occurred, contact emergency services or your local poison centre right away.

For urgent thoughts without immediate action, contact a crisis service, mental health service, or healthcare professional the same day. Tell them plainly about suicidal thoughts, any plan, access to a method, and recent self-harm. This information helps them understand how quickly support is needed.

For thoughts that are not immediate, arrange a routine appointment rather than waiting for a crisis. Keep a record of when the thoughts happen, what makes them stronger or weaker, substance use, sleep changes, and what helped you stay safe.

A written safety plan can identify:

A safety plan is not the same as a "no-suicide contract." It should contain practical steps you can use. A clinician or crisis worker can help create or update it.

Reducing access to lethal methods can provide time for a crisis to pass. This may involve asking a trusted person to store firearms away from the home, securing medicines, or limiting access to other planned methods. Choose arrangements that are legal and safe where you live.

If someone tells you they are suicidal, listen without arguing, shaming, or challenging them to prove it. Ask directly about current intent and a plan. Do not promise secrecy; involve crisis or emergency support when safety is at risk.

- Personal warning signs that a crisis is building
- Activities that provide short-term distraction
- People and places that offer support
- Crisis and professional contact details
- Steps for creating distance from lethal methods
- Reasons for staying alive that feel meaningful to you

Common questions

Does talking about suicide make an attempt more likely?

No. Respectful, direct questions do not cause suicidal behavior. They can reduce secrecy and help someone reach support.

Do all suicidal thoughts require hospital care?

No. Some people can be supported through outpatient mental healthcare, a safety plan, and close follow-up. Emergency assessment is appropriate when there is immediate intent, a recent attempt, severe injury, or an inability to remain safe.

Can a screening score show whether someone is safe?

No. Screening tools can identify concerns, but no score can predict an individual person's actions with certainty. Honest conversation and clinical assessment are still needed.

What if the person asks me not to tell anyone?

Take the request seriously, but do not keep immediate danger secret. Explain that you need to involve someone who can help protect them. Contact emergency or crisis support if the danger is urgent.

What words should I use?

Clear language is best. Say "suicide," "suicidal thoughts," "suicide attempt," or "died by suicide." Avoid language that suggests blame, success, or failure.

Can suicidal thoughts return after they improve?

Yes. A new loss, worsening symptoms, substance use, treatment changes, or renewed access to a method may bring thoughts back. Keep the safety plan and support contacts available, and arrange follow-up when thoughts return.

Sources

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