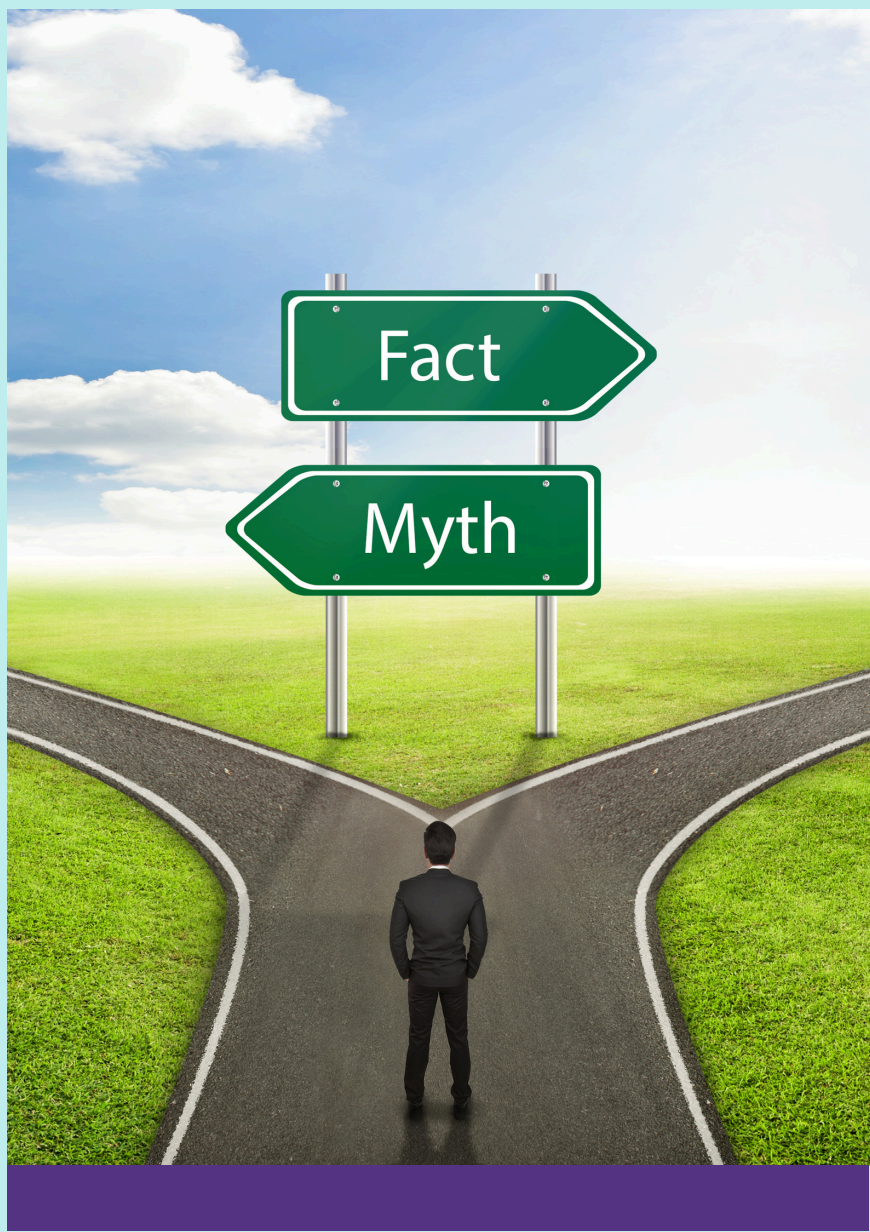




## WHAT LONG-TERM SUPPORT REALLY TEACHES US

When my brother was struggling, someone in my family said, “He’s not suicidal. The ones you really have to worry about are the ones who don’t reach out.” At the time, I didn’t know how to respond. Years later, I realized how dangerous that thinking can be. Pain doesn’t fit into neat boxes like “suicidal” or “not suicidal.” Everyone’s experience is unique. Our job isn’t to guess; it’s to be present, to notice, and to hold space for people in those moments. At Marshmallow’s HOPE, we’ve seen how myths and stigma around suicide create silence—and silence can cost lives. The truth is, suicide prevention isn’t about having perfect words. It’s about listening, asking, and walking alongside someone in their healing. Here are five common myths, and the truths we’ve learned through long-term support.

**Myth #1: Talking About Suicide Makes It Worse**  
Many people fear that asking about suicide will “plant the idea.” This fear often keeps families, friends, and even professionals from asking the hard question: “Are you thinking about suicide?” The truth? Silence is far more dangerous than the question. When we avoid the topic, we reinforce stigma and leave people feeling even more isolated. Research consistently shows that asking about suicide does not increase risk. In fact, it can be lifesaving because it opens the door to honesty and connection. When I worked in crisis response, I asked directly, and people often sighed with relief. Some even said, “You’re not afraid to talk about this?” That moment of openness can be the first step toward safety. Talking about suicide sends a powerful message: “I care enough to ask.”

**Myth #2: People Who Talk About Suicide Are Just Seeking Attention**  
This myth is deeply harmful. When someone expresses suicidal thoughts, dismissing them as “dramatic” or “manipulative” can push them deeper into despair. In reality, reaching out is often an act of courage; a way of saying, “I’m hurting, and I need help.” Most people who die by suicide give warning signs, often through words or behaviors. Attention-seeking isn’t manipulation; it’s survival. When someone says, “I can’t do this anymore,” or “I wish I could disappear,” they’re signaling pain that needs acknowledgment. Instead of judgment, respond with compassion: “I hear you. You matter. Let’s find help together.” That simple validation can change the trajectory of a life.

**Myth #3: Suicide Happens Without Warning**  
It’s easy to believe suicide strikes out of nowhere; but that’s rarely true. In fact, it can appear in several different signs: withdrawal, mood swings, changes in behavior. Not every case is obvious, but most have warning signs like:

- Talking about hopelessness or feeling like a burden
- Withdrawing from friends or activities
- Sudden changes in mood, sleep, or habits
- Giving away possessions or saying goodbye in subtle ways
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Recognizing these signs early can save lives. It’s not about being perfect; it’s about paying attention and asking questions when something feels off. If you notice these changes, don’t wait. Reach out, listen, and connect them to help.

**Myth #4: Suicide Is Only About Mental Illness**  
Mental illness can increase risk, but it’s not the whole story. Suicide is complex. Trauma, grief, isolation, financial stress, discrimination, and feeling disconnected from others are all major factors. I’ve met people who didn’t fit the “typical” picture; no diagnosis, no obvious signs—yet they carried unbearable pain from life circumstances. When we broaden our view, we replace judgment with compassion and see the whole person. Understanding this truth helps us respond with empathy instead of assumptions. It reminds us that prevention isn’t just about treating illness; it’s about building connection, reducing isolation, and addressing the stressors that weigh people down.

**Myth #5: Once Someone Feels Better, The Risk Is Gone**  
A lifted mood after a crisis doesn’t always mean safety. Sometimes, it masks ongoing pain. In fact, the period right after someone starts to “feel better” can still be high-risk if underlying issues aren’t addressed. That’s why suicide prevention can’t stop at the crisis moment. Healing takes time, follow-up, and supportive relationships. Long-term care, like therapy, mentorship, and community support, reduces risk and builds resilience. Programs that focus on ongoing connection, not just emergency intervention, save lives.

At Marshmallow’s HOPE, we believe in walking alongside survivors for as long as they need, not just until the immediate danger passes.



### THE TRUTH WE’VE LEARNED

Suicide prevention isn’t about having all the answers. It’s about presence. Listening without judgment. Asking hard questions. Staying even when it’s uncomfortable. If you or someone you love is struggling, call or text 988 right now. And remember: prevention isn’t just about surviving a crisis; it’s about building a future where hope is possible, day by day. At Marshmallow’s HOPE, we believe no one should walk that road alone.