

Understanding Suicidal Thoughts

Suicidal thoughts can be frightening and confusing. This leaflet provides general information about why suicidal thoughts can occur, how they are understood in psychiatric care, and why support is important.

What Are Suicidal Thoughts?

Suicidal thoughts can range from:

- Passive thoughts about not wanting to exist
- Thoughts about death or escape
- More active thoughts about self-harm or suicide

Not everyone who has suicidal thoughts wants to act on them.

Suicidal Thoughts Are a Symptom, Not a Character Flaw

Suicidal thoughts are often a **sign of psychological distress**, not a desire to die.

They may reflect:

- Feeling overwhelmed or trapped
- Emotional pain that feels unbearable
- Loss of hope or meaning
- Exhaustion from prolonged stress or illness

These thoughts are not a sign of weakness or failure.

Why Suicidal Thoughts Can Occur

Suicidal thoughts may occur in the context of:

- Depression
- Anxiety or panic
- Trauma or PTSD
- Chronic stress or burnout

- Pain, illness, or major life loss
- Substance use
- Sleep deprivation

They often arise when coping capacity is exceeded.

The Role of the Nervous System

When distress is intense, the brain may shift into **survival mode**.

In this state:

- Thinking becomes narrowed
- Escape can feel like the only option
- The future may feel impossible to imagine

This is a temporary state, even though it may not feel that way at the time.

Thoughts Versus Actions

Having suicidal thoughts:

- Does not mean you will act on them
- Does not mean you truly want to die

Many people experience suicidal thoughts during periods of acute distress and later feel differently once support and stability return.

Why Shame Can Make Things Worse

Shame and secrecy can:

- Increase isolation
- Intensify distress
- Make it harder to seek help

Talking about suicidal thoughts in a safe, professional setting often **reduces** risk rather than increases it.

How Suicidal Thoughts Are Assessed

In psychiatric care, suicidal thoughts are assessed by looking at:

- Intensity and frequency of thoughts
- Level of distress
- Protective factors
- Supports available
- Changes over time

Assessment is focused on **safety and support**, not judgement.

What Helps When Suicidal Thoughts Are Present

Helpful supports may include:

- Talking openly with a mental health professional
- Treating underlying mental health conditions
- Reducing immediate stressors
- Improving sleep and physical regulation
- Strengthening protective supports

Relief often comes gradually as distress is addressed.

When Suicidal Thoughts Become More Concerning

Suicidal thoughts require urgent attention if:

- They become more frequent or intense
- You feel unable to keep yourself safe
- You begin planning or preparing
- Hopelessness feels absolute

In these situations, immediate support is important.

Reaching Out Is a Protective Step

Reaching out for help:

- Does not mean you are “at breaking point”
- Does not automatically lead to loss of control or autonomy

- Is a step toward reducing suffering

Support exists to help you through difficult periods.

If You Are in Immediate Danger

If you feel unsafe right now:

- Seek urgent help through local emergency services
- Attend the nearest emergency department
- Contact a crisis support service

In Australia, **Lifeline (13 11 14)** is available 24 hours a day.

Summary

Suicidal thoughts are a common response to overwhelming distress and do not define who you are.

With appropriate support, these thoughts can lessen as safety, hope, and coping are restored.
