

Acceptability of Suicide, Stigmatization, and Help-Seeking



TROUSSE
horizons

Acceptability of Suicide

- Beliefs about what happens to the body and soul, what constitutes a “good” or “bad” death, and how suicide may affect one’s loved ones all influence the acceptability of suicide.
- Suicide is prohibited according to certain interpretations of Islamic, Christian, and Jewish religious law. However, this does not mean that all believers adhere to this belief.
- Suicide is illegal in some countries, which may give rise to fears of police harassment or legal prosecution.
- Suicide may be taboo and therefore not discussed openly. Its occurrence may even be denied—this has been observed in certain Black communities in the United States and certain Black or Muslim communities in Quebec.

Stigmatization of suicide

Multiple sources

- In certain countries, health care systems associate mental health issues with “madness.”
- Certain religions strictly prohibit suicide, considering it a sin.
- In many countries, suicide is considered a criminal offence.
- In many cultures, suicide is considered unacceptable.
- Worldviews and beliefs about the individual may lead to attributing suicide to a character flaw.
- Stigmatizing social discourse toward immigrants and refugees may cause individuals to internalize the idea that expressing their distress is inappropriate.

Multiple effects

- Isolation and distress increase, while distress is minimized.
- Individuals hide their suicidal ideation and suicide attempts, which prevents seeking help.
- Statements of distress are not taken seriously.
- Vague or unclear signs of distress are not recognized or reported.
- The community considers suicide nonexistent, so little is done to prevent it.
- The lack of resources reinforces the feeling of being trapped and fuels fatalism.
- The family hides the cause of death or the bereaved are avoided by their community, complicating the grieving process.
- Fear for one’s soul dissuades the individual from suicide.
- Fear of negatively affecting one’s family dissuades the individual from suicide.

Help-seeking behaviour

Individual, relational, familial, community, cultural, historical, and societal factors influence help-seeking in situations of distress.

Country of origin and country of transit

- Distrust toward institutions due to experiences of violence
- Trauma
- Mental health issues are often associated with “madness”
- Coercive treatment of mental health issues
- Criminalization of suicidal behaviour

Culture and community

- Stigmatization of mental health issues and suicide
- Gender roles
- Expressing distress (how, to whom, and why)
- Relationship with authorities
- Family honour
- Confidentiality issues
- Dismissing distress to a specific situation that is not deemed serious enough for professional help

Host country or dominant culture

- Financial instability
- Discrimination
- Lack of time (childcare responsibilities, prioritizing migration plans)
- Fear of experiencing racism in services
- Lack of culturally adapted services
- Fear of potential impacts on migration status
- Fear that one’s problems will be perceived from a “White” perspective
- Stigmatization of migrants

Individuals from minority ethnocultural and/or racialized communities, immigrants, refugees, and asylum-seekers tend to use services less frequently, especially mental health services.



In **Montreal**, 2015 data show that 33% of people born outside Canada who experienced suicidal ideation in the past 12 months used suicide prevention services, compared to 58% of people born in Canada.