



Communication Tips for Discussing Suicide

Avoid Saying These	Consider Saying These	Rationale for the Shift
"The suicide was: unsuccessful, successful, failed; committed suicide."	"He died by suicide. She ended her life. He killed himself. He survived the attempt."	The word "committed" conveys suicide is a sin or crime. Judging it deters others from admitting they struggle with suicidal thoughts.
Attributing a suicide to potential causes especially one or two - "He killed himself because he lost his job."	Don't attribute causes to cases. Empathize and state things broadly. "Hopelessness can be overwhelming."	Suicide is complex. There is no one cause or driver. The majority of people who think about suicide never attempt.
Describing suicides as sudden, unexpected or as an epidemic. "No one saw it coming. The rates are skyrocketing."	Using extreme terms raises fear. Describe the data. "The trend shows continued deaths by suicide, higher this year..."	80% of those who die by suicide show signs. Use facts. Invite help (e.g., "if we work together and notice the signs, we can prevent...").
Sensationalizing suicides or describing the method in detail; using images of anguish or suffering	Sanitize the details and be factual. "The decedent notified his family before ending his life."	Dramatizing suicides (e.g., "it ended his pain") make it seem helpful to others who are suicidal. Attempt details may raise others' risk.
Diving into the topic in a highly personal way without warning. "Yesterday a child in this town killed himself..."	"We're going to discuss the topic of suicide. If you are triggered or are struggling, please take care of yourself."	Shape the audience's expectations so they can prepare for a hard discussion. Start broad, then get specific.
"Mental health is a disease. Suicidal people deserve help."	"Mental health and suicide are more common than one would think. Since we don't talk about them, they seem rare."	Stating these as diseases adds to stigma, making help harder to seek. Labeling people as "suicidal" is stigmatizing.

Remember: suicide is a social issue (like poverty, homelessness or bullying).

Consider these re-frames to de-stigmatize, correct misunderstandings and empower the public:

- "It is a social issue, not a mental health one. This means families and friends can offer help."
- Those who consider suicide don't really want to die; they just want to escape their pain. This is why the majority who live through an attempt will never attempt again."
- "Those in distress may need medical help. They also need meaning and purpose in life – if you can be there for them it will give them hope and reassure them that we care about them."
- "Seeing someone display the signs of suicidal thinking but **not** asking them the hard questions, confirms their belief that no one cares. Our help reminds them they matter."
- "A suicide is no one else's fault. We can't make another person live or die."
- "Connectedness reduces risk. The more we unite, the more we reduce risk in a population."
- "We can all play a role as part of the solution – friends, families and supervisors; check in with those around you."

Important Terms: suicide loss survivor; suicide attempt survivor; suicide witness or bystander