# TALKING ABOUT, OR REPORTING ON, SUICIDE AND MENTAL HEALTH

Ki te kore he whakakitenga,
ka ngaro te iwi.
*Without foresight or vision*
*the people will be lost.*

Below is some guidance on how to talk about mental health and suicide in the media and during meetings of Parliament, speeches, debates, community meetings and on social media. We want to help you talk about these critical public health issues with a sense of hope, energy and optimism, and avoid causing harm to New Zealanders.

**If you have any questions or want to kōrero further with us, give us a call or an email. We're always happy to help!**
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## Talking about suicide safely

| Do | Don't | Why? |
|---|---|---|
| Give people **hope**. Talk about **suicide prevention** – remind your audience that suicide is preventable. | Talk about suicide as though it is **inevitable** – for individuals or for us as a country. | Suicide is preventable. Hopelessness is a feeling many people who are suicidal or who die by suicide have in common. **Work to create hope and talk about suicide prevention** for individuals, families, whānau and communities. |
| Acknowledge there are **many ways to prevent suicide**. | **Portray suicide awareness-raising as *the* answer** to ending suicide. | **Any awareness-raising must be carried out with a high degree of care** (see link for guidance) to ensure it doesn't increase suicide risk. |
| Talk about **what puts people at risk** of suicide – and how we can address those risks. | **Say all people in a certain group** (e.g., people who lost their homes due to natural disasters) **are at risk** of suicide. | As a country, **we all need to understand what puts people at risk of suicide and what we can do to help**. We don't want to normalise suicide or increase the risk for people who are experiencing adversity. Suicide is never inevitable. |
| Talk about people '**dying by suicide**' e.g., "I had a friend who died by suicide." | Use the term '**commit**' or '**committed**' suicide, e.g., "he attempted to commit suicide." | The word **'commit' increases the stigma around suicide** – both for people who have had their own experience of suicidal thoughts or suicide attempts and for those bereaved by suicide. 'Commit' is generally only used when talking about crime. |
| **Know your stats** and only use official suicide data (provisional data via the Chief Coroner, or official data via the Ministry of Health). | **Share, discuss or speculate** about increases in suicide for certain groups, areas or professions. | Rumours about suicide clusters/spikes/increases are often false and **can increase a sense of hopelessness** for people and **normalise suicide as a response** to tough situations. |
| Remind your audience that **suicide is complex** and there is **no single cause** of suicide. | Attribute suicide to a **single cause** (e.g., bullying, natural disasters, the effects of COVID-19, or working in a particular profession). | Suicide is always complex, and there is very rarely a single attributable reason why someone takes their own life. Simplifying the causes of suicide both **puts more people at risk** (if they identify with that cause) and contributes to misunderstandings about how suicide can be prevented. |
| Talk about Māori suicide using a **te ao Māori** approach. | Use **one-size-fits-all** approaches to suicide prevention. | **Using one-size-fits-all approaches can alienate Māori** and contribute to a feeling of not being heard or valued by you. Talk about Māori suicide prevention approaches. |
| **Remember the person** – our suicide statistics represent individuals who were loved and had value, and are why we all care so much about this issue. | **Sensationalise numbers** and forget the people behind them. | People who have been suicidal or attempted suicide sometimes feel they get lost in the debate when politicians or media talk about suicide. **People who have lost a loved one to suicide are listening** when you talk about this issue – remember to consider them. |

# Talking about mental health, and mental distress and illness safely

| Do | Don't | Why? |
|---|---|---|
| Acknowledge creating a better mental health system **requires more than just services** – these are only part of the solution. | **Focus on solely funding more services.** | **Services are crucial but are just one piece of the puzzle.** Improving Aotearoa's mental health requires spreading funding across different mahi: preventing mental health challenges, and promoting positive mental wellbeing and Te Tiriti-based supports. |
| Talk about **mental health as something we all have**, in the same way we all have physical health. | Use 'mental health' when you mean '**mental distress or 'mental illness**'. | **Mental health is something we all have**, and how well we are varies for most of us throughout our lives. We want people to know their mental health is something they can all build to enjoy wellbeing and live great lives. |
| **Consider Māori worldviews** when talking about mental health. | Use **one-size-fits-all** approaches to mental health. | One-size-fits-all approaches **often aren't relevant for Māori.** Talk about **Māori mental health supports** and services, and **te ao Māori views** of mental health. |
| Talk about experiencing mental distress or illness as a **common, human experience**. Share your own experiences if you feel comfortable to. | Suggest people who live with mental distress or illness are **violent, unpredictable or unsafe.** | Up to 80% of us will experience mental distress or illness in our lifetimes. Most of us will recover and won't suddenly become a risk to our community. **Reinforcing myths that people with mental illness are violent perpetuates shame** and decreases the likelihood people in distress will be supported by their loved ones. |
| Talk about people who use mental health services as our **friends, family, whānau, colleagues and neighbours** – normal people who need extra support. | **Make jokes** about people who use mental health services or suggest they are **untrustworthy or weak**. | Many people who use mental health services still experience prejudice, discrimination and shame. Making jokes or **'othering' New Zealanders who use these services makes it more likely they won't ask for help** for fear of being ridiculed, judged or excluded. |
| **Think about the language** you use to critique political opponents and opposition policies. | Use names associated with mental illness diagnoses as **insults or pejoratives** (e.g., schizophrenic, bipolar, psychotic). | Using diagnoses as insults publicly associates negative, and often untrue, personal characteristics with a certain diagnosis. This can cause hurt to people living with those diagnoses and reinforce discrimination against them. **There are always other words you can choose** that convey your point without causing harm. |
| **Know your stats** about mental health and mental distress or illness. | **Sensationalise numbers.** | 100% of us have mental health. At any one time **at least one in five of us** will be experiencing mental illness or addiction challenges. |
| **Show compassion** to colleagues and public figures experiencing mental distress or illness. | Use mental distress or illness as an **excuse for poor, unacceptable or predatory behaviour.** | Using mental distress or illness as an excuse **makes it less likely people living with them will feel safe to share their experiences or ask for help**. It also reinforces myths that people living with mental distress are more likely to harm others or should be held to lower standards. |

**Helplines**

Talking about mental health and suicide may be upsetting. **If you or someone you know has immediate safety concerns, please dial 111 or contact your local mental health crisis assessment team**. Your local mental health crisis assessment team and helplines offering free, less critical support are available in this booklet: bit.ly/3MU3WBc

**Want to learn more?**
Visit mentalhealth.org.nz or email policyandadvocacy@mentalhealth.org.nz

Mental Health Foundation OF NEW ZEALAND
*mauri tū, mauri ora*
www.mentalhealth.org.nz