

# How to talk safely about suicide

Talking about suicide is important, but it needs to be done in a safe way.

Do	Don't	Why?
Give people hope. Talk about suicide prevention — remind people that suicide is preventable.	Don't talk about suicide as though it is inevitable.	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.
Talk about what causes distress — the factors that can be associated with suicide and how to address these.	Don't say all people in a certain group (e.g. people who lost their homes due to natural disasters) are at risk of suicide.	It is impossible to predict who will take their life. We all need to understand the factors that can be associated with suicide. We don't want to normalise suicide — suicide is never inevitable.
Talk about people 'dying by suicide' (e.g. "I had a friend who died by suicide").	Don't 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 experiences 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. Say 'higher rates' or 'concerning rates' when referring to statistics.	Don't sensationalise numbers or share, discuss or speculate about increases in suicide for certain groups, areas or professions.	Using sensational language increases hopelessness and removes the focus from suicide prevention. Rumours about suicide clusters, spikes or increases are often false, can increase a sense of hopelessness for people, and can normalise suicide as a response to tough situations.
Remind people that suicide is complex and there is no single cause of suicide.	Don't attribute suicide to a single cause (e.g. bullying, natural disasters, or working in a particular profession).	Suicide is 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.
Remember the person, not their death.	Don't talk about the details of a suicide (including method and location).	Details about someone's death are unnecessary and can be deeply distressing. Talking about the method used or the location can also increase risk for people who may be experiencing suicidality.
Talk about mental health as something we all have, in the same way we all have physical health.	Don't use 'mental health' when you mean 'mental distress' or 'mental illness'.	At any one time at least one in five of us will be experiencing mental distress or illness. We want people to know their mental health and wellbeing is something they can always strengthen and they can live great lives.
Acknowledge suicide loss with humility, sadness and aroha.	Don't portray suicide as a selfish act or focus on how it has harmed people bereaved by suicide.	People react to a suicide in different ways. It's important to avoid talking about the death in ways that increase stigma or imply a sense of shame surrounding suicide. Stigma around suicide often causes people to hide suicidality and avoid seeking support. Those bereaved by suicide may be reluctant to talk about their feelings and get the support they need if there's a focus on shame and blame.
Always mention and provide details for help and support services.	Don't assume people know where and how to access help. Spell it out. Normalise help-seeking as a healthy and wise step to take.	Help-seeking can carry stigma for some people. Encouraging help-seeking and talking openly about where and how to access support can help remove that stigma, boost team mental health and potentially save lives.