DO DON'T WHY?

A guide to talking safely about suicide

Do	Don't	Why
Give people hope. While suicide is complex, it is preventable.	Don't talk about suicide as though it is inevitable.	Hopelessness is often a feeling many people who are suicidal have in common. Work to create hope. Talk about suicide prevention and where to go for support.
Talk about what causes suicidal distress and how to address these factors.	Don't say all people in a certain group (e.g. people who are bullied, having relationship issues or in financial distress) are at risk of suicide.	It is impossible to predict who will try to take their own life. While it's important to understand 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 for people who have had their own experiences of suicidality, and for those bereaved by suicide. 'Commit' is generally only used when talking about crime.
Only use official suicide data. Say 'higher/lower rates' or 'concerning rates' when referring to statistics.	Don't sensationalise numbers or speculate about increases in suicide for certain groups, locations.	Rumours about suicide clusters, spikes or increases are often false and can increase a sense of hopelessness for people. They can also normalise suicide as a response to tough situations.
Remind people that suicide is complex and influenced by a combination of factors, such as feelings, actions, circumstances and unwellness.	Don't attribute suicide to a single cause (e.g. bullying, natural disasters, or working in a particular profession).	Simplifying the causes of suicide puts more people at risk (if they identify with that cause) and contributes to misunderstandings about how suicide can be prevented. There is rarely a single reason why someone takes their own life.
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 the 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 wellbeing is something they can always strengthen.
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.	It's important to avoid talking about suicide in ways that increase stigma or imply a sense of shame. This can cause people to hide their suicidality and avoid seeking support. Those bereaved by suicide may not want to talk about their feelings and seek support if there's a focus on shame and blame.
Always mention and provide details for support services. Normalise help-seeking as a healthy step to take.	Don't assume people know where and how to access help, or feel able to do so.	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 wellbeing and potentially save lives.
Help normalise the grief and pain that comes with a death by suicide.	Don't say things like the person is "at peace," "in a better place" or "no longer in pain".	These phrases may show suicide as an inevitable outcome or suggest to vulnerable people that suicide is a way to deal with difficult situations.

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