

A GUIDE TO TALKING ABOUT SUICIDE AND MENTAL HEALTH DURING THE 2020 ELECTION CAMPAIGN (AND BEYOND)

Ki te kore he whakakitenga, ka ngaro te iwi.

Without foresight or vision the people will be lost.

Below is some guidance about how to talk about mental health and suicide during campaign stops, debates, media appearances/releases 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 vulnerable New Zealanders.

If you have any questions, would like us to point you in the direction of recent statistics or data or want to kōrero further with us, give us a call or an email. We're always happy to help.

Contact: Mark Wilson | mark.wilson@mentalhealth.org.nz | 021 998 949

Talking about suicide safely

DO	DON'T	WHY?
✓ 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. The word "commit" is generally only used when talking about crime.
✓ Know your stats and only use official suicide data (either 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, professions.	Rumours about suicide clusters/spikes/increases are often false but can increase a sense of hopelessness for people and can 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, COVID-19, working in a particular profession).	Suicide is always complex, and there is hardly ever a single 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.
✓ 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, whānau and communities, not just raise awareness of suicide.
✓ 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 (see the Tūrāmarama Declaration for more information).
✓ 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. farmers experiencing drought, or all people who have lost their jobs due to COVID-19) 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.
✓ Remember the person – our suicide statistics represent individuals who were loved and had value.	✗ 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 talk about suicide. Remember the humans behind the numbers are the reason why we all care so much about this issue. People who have lost a loved one to suicide are listening when you talk about this issue – remember to consider them.

Talk about mental health and mental illness safely

DO	DON'T	WHY?
<p>✓ Talk about people who use mental health services as our friends, whānau, colleagues and neighbours – normal people who need extra support.</p>	<p>✗ Make jokes about mental health service users or suggest they are untrustworthy or weak.</p>	<p>Many people who use mental health services still experience stigma, 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.</p>
<p>✓ Talk about mental health as something we all have, in the same way we all have physical health.</p>	<p>✗ Use "mental health" when you mean "mental illness" or "mental distress".</p>	<p>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 build to enjoy wellbeing and live great lives.</p>
<p>✓ Talk about mental illness as a common, human experience. Share your own experiences if you feel comfortable doing so.</p>	<p>✗ Suggest people who live with mental illness are violent, unpredictable, unsafe or unpleasant.</p>	<p>Up to 80% of us will experience a mental illness in our lifetime. Most of us will recover and won't suddenly become risks to the community. Reinforcing myths about violence and mental illness reinforces shame and decreases the likelihood people in distress will be supported by their whānau, friends and loved ones.</p>
<p>✓ Think about the language you use to critique political opponents and opposition policies.</p>	<p>✗ Use names associated with mental illness as insults or pejoratives (e.g. schizophrenic, bipolar, psychotic)</p>	<p>Using diagnoses as insults causes hurt for people who have those diagnoses. There are always other words you can choose that convey your point without causing harm to vulnerable people.</p>
<p>✓ Know your stats about mental health and mental illness</p>	<p>✗ Sensationalise numbers.</p>	<p>100% of us have mental health. At any one time about one in five of us will be experiencing mental illness/distress.</p>
<p>✓ Be kind to colleagues and public figures experiencing distress.</p>	<p>✗ Use mental illness or mental distress as an excuse for poor, unacceptable or predatory behaviour.</p>	<p>This hurts people who live with mental illness/distress. Using mental illness as an excuse makes it less likely they will feel safe to share their experiences or ask for help, and reinforces myths that people living with mental illness are more likely to harm others or should be held to lower standards.</p>
<p>✓ Consider Māori worldviews when talking about mental health.</p>	<p>✗ Use one-size-fits-all approaches to mental health.</p>	<p>Using one-size-fits-all approaches alienate Māori and contribute to a feeling of not being heard or valued by you. Talk about Māori mental health supports and services, and te ao Māori worldviews about mental health.</p>
<p>✓ Consider how intersectionality impacts mental health and suicide risk – people are often members of more than one high-risk group (e.g. someone may be a young Māori male who is a member of the LGBTIQI+ community)</p>	<p>✗ Simplify people's identities or assume individuals are only members of one high risk group.</p>	<p>Policies/programmes that target high-risk groups and do not consider that these groups often overlap will not meet the needs of these groups. Overlapping identities can increase discrimination and disadvantage but we often forget this when speaking about suicide, suicide prevention and mental health.</p>