

## Do's and Don'ts of Talking about Suicide

### Positive Narrative Focus

Using a positive narrative as part of public messaging is especially important as this promotes the positive aspects of suicide prevention rather than emphasize the negative. It is important to change our focus to hope, help and strength rather than sad, shock and trauma, and create positive stories about suicide prevention. Examples of promoting the positive include:

- Effective programs and services exist
- Help is available
- Prevention works
- Resilience and recovery are possible and are the norm
- There are actions that people can take to help prevent suicide

### Youth-Specific Safe Messaging: Do's and Don'ts

- **Don't** sensationalize or permanently memorialize an individual's death by suicide.
- **Do** acknowledge a loss of an individual by suicide and give ongoing support to family and friends impacted by suicide.
- **Don't** create a false norm or sense that everyone is suicidal or that dying by suicide is extremely common.
- **Do** raise awareness of suicide as a significant health issue.
- **Don't** try to shock or make teens (or general public) aware of suicide by giving descriptive details of death or by focusing on methods used in a suicide attempt or fatality.
- **Do** give messages of hope and strength and highlight how individuals have recovered.
- **Don't** focus messaging around sad or traumatic stories.
- **Do** focus on where help is available, hope-based stories, and stories of resilience.
- **Don't** assume that if you talk about suicide it will make others become suicidal.
- **Do** use care in how you present suicide prevention messages and with the size of the group being presented to.
- **Don't** allow overextended, distressed, or stressed teens to over-involve themselves in suicide prevention efforts where it harms rather than heals.
- **Do** assist these teens in maintaining some balance in their lives and making healthy decisions.
- **Don't** allow students to give public, negative messages about not trusting, blaming, nobody cares, or messages that add to a group's sense of hopelessness.
- **Do** talk about the importance of hope and help messages with students, rehearse public messaging, and encourage corrective and helpful feedback from other peers.
- **Don't** allow vulnerable youth early in recovery from depression or addiction to tell highly personal stories in public that may harm or embarrass them. Also, don't allow them to present as the "all knowing community expert."
- **Do** provide them with individual and small group supports and encourage maturity and listening to others in their healing and recovery process.
- **Don't** take natural student leaders for granted.
- **Do** provide a variety of ways they are being recognized and honored for the good work they are doing.
- **Avoid saying:** "Committed suicide" – This gives the false impression that suicidal people are committed to dying by suicide. Most, even highly, suicidal people are ambivalent about their deaths because they do not desire death. They want an end to their severe emotional pain and are unable to see another way to relieve it. "Committed" is also usually associated with sins or crimes and carries stigma.
- **Instead say:** "died by suicide"

## What to Avoid

It is important to avoid messages that are unsafe and/or ineffective. Some messages about suicide can increase the possibility that already at-risk individuals might consider suicide themselves. Increased risk can be associated with the following **“Don’ts”** of messaging:

- **Don’t show or describe suicide methods or locations.** Pictures or detailed descriptions of how or where a person died by suicide can encourage imitation or serve as a “how-to” guide.
- **Don’t include personal details of people who have died by suicide.** Vulnerable individuals may identify with the personal or situational details of someone who died by suicide, encouraging them to end their own lives. Avoid “she was depressed” or “he was bullied.”
- **Don’t glorify or romanticize suicide.** Portraying suicide as a heroic, romantic, or honorable act may encourage vulnerable people to view it more positively or lead them to desire the positive attention garnered by someone who has died by suicide.
- **Don’t normalize suicidal behavior by presenting it as common or acceptable.** Although we don’t want to minimize the magnitude of the suicide problem, we also don’t want to imply that suicidal behavior is acceptable, normal, or what most people do in a given circumstance. The majority of people who face adversity, mental illness, and other challenges – even those in high risk groups – do not die by suicide, but instead find support, treatment, or other healthy ways to cope.
- **Don’t use data or language that suggests suicide is inevitable or unsolvable.** Describing suicide as an “epidemic,” using terms like “bullycide,” or providing extensive statistics about suicide without solutions or action steps are examples of messaging that can make suicide seem too overwhelming to address. These practices also contribute to normalizing suicide (described above) and add to an overall negative narrative about suicide by implying that nothing can be done about it.
- **Don’t oversimplify causes.** Suicides result from a complex interplay of factors. Therefore:
  - Avoid attributing suicide to a single cause or circumstance (e.g., job loss, break-up, bullying, high stress, or being gay or Native American). Presenting suicide as an understandable or inevitable response to a difficult situation or membership in a group can create a harmful “social script” that discourages other ways of coping.
  - Avoid portraying suicide as having no cause. Describing suicidal behavior as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the person who died and convey that suicide cannot be prevented. It is also a missed opportunity to educate the public about warning signs and how to respond to them.
- **Don’t reinforce negative stereotypes, myths, or stigma related to mental illnesses or suicidal persons.** This may shift beliefs, attitudes, and behaviors in the wrong direction. Examples:
  - Messages linking particular groups with high rates of suicide or mental illness, especially without examples of effective interventions or stories of recovery, may inadvertently increase negative beliefs or discriminatory behaviors towards that group.
  - Messaging themes such as “breaking the stigma of mental illness” or other language that reiterates the extent to which stigma is a problem may serve to reinforce stigma, rather than countering it. Instead, reinforce positive norms, e.g., “mental health disorders are treatable.”
  - Adjectives like “successful” suicide, “unsuccessful” suicide,” and “failed attempt” inappropriately define a suicide death as a success and a nonfatal attempt as a failure. Terms such as “committed suicide”(associated with crimes or sins), can reinforce stigmatizing attitudes about people who die by suicide.