



Roses in the Ocean

stemming the tide of suicide

Talking about Suicide – A Guide to Language

It is widely accepted that the inappropriate use of language when describing suicide and discussion of method, can have a significant impact on people who have a lived experience of suicide, and other members of the community. It is often attributed to fueling the stigma, prejudice and fear that we still experience surrounding suicide. This in turn can prevent people from seeking help, and indeed reaching out to help others too.

For this reason, we must ensure that when talking about suicide we do not describe ‘how’ someone took their life, nor do we discuss specific details about a suicide attempt.

The following guide below outlines alternative language:

Do say	Don't say	Why?
‘non-fatal’ or ‘made an attempt on his/her life’	‘unsuccessful suicide’	To avoid presenting suicide as a desired outcome or glamourising a suicide attempt.
‘took their own life’, ‘died by suicide’ or ‘ended their own life’	‘successful suicide’	To avoid presenting suicide as a desired outcome.
‘died by suicide’ or ‘ended his/ her own life’	‘committed’ or ‘commit suicide’	To avoid association between suicide and ‘crime’ or ‘sin’ that may alienate some people.
‘concerning rates of suicide’	‘suicide epidemic’	To avoid sensationalism and inaccuracy.
A person is ‘living with’ or ‘has a diagnosis of’ mental illness	‘mental patient’, ‘nutter’, ‘lunatic’, ‘psycho’, ‘schizo’, ‘deranged’, ‘mad’	Certain language sensationalises mental illness and reinforces stigma.
A person is ‘being treated for’ or ‘someone with’ a mental illness	‘victim’, ‘suffering from’, or ‘affected with’ a mental illness	Terminology that suggests a lack of quality of life for people with mental illness.
A person has a ‘diagnosis of’ or ‘is being treated for’ schizophrenia	A person is ‘a schizophrenic’, ‘an anorexic’	Labelling a person by their mental illness.
The person’s behaviour was unusual or erratic	‘crazed’, ‘deranged’, ‘mad’, ‘psychotic’	Descriptions of behaviour that imply existence of mental illness or are inaccurate.
Antidepressants, psychiatrists or psychologists, mental health hospital	‘happy pills’, ‘shrinks’, ‘mental institution’	Colloquialisms about treatment can undermine people’s willingness to seek help.
Reword any sentence that uses psychiatric or media terminology incorrectly or out of context	‘psychotic dog’, using ‘schizophrenic’ to denote duality such as ‘schizophrenic economy’	Terminology used out of context adds to misunderstanding and trivialises mental illness.

(Table taken from: EveryMind <https://everymind.org.au/mental-health/understanding-mental-health/language-and-stigma>)

Whilst we understand that no one intentionally uses language, phrases and conversation to bring distress to others, we do need to be very aware of the conversations we have. At every opportunity, it is important that we improve the suicide literacy of the community including the use non-stigmatising and safe language when discussing suicide.

Further guidelines regarding terminology and discussion of mental health in the media can be accessed through the MindFrame website <http://www.mindframe-media.info/for-mental-health-and-suicide-prevention/mental-health-and-suicide-prevention-resources>.

Table taken from *Suicide and language: Why we shouldn't use the 'C' word*, by Susan Beaton, Dr Peter Forster and Dr Myf Maple. Published in InPsych, February 2013, and available online at <http://www.psychology.org.au/Content.aspx?ID=5048>.

For a more in-depth guide to discussing suicide visit **Conversations Matter**, a practical online resource to support and effective community discussions about suicide at www.conversationsmatter.com.au.