

# A guide for speaking publicly about suicide

Public figures, such as politicians, sometimes have to talk about suicide - whether in the media, when speaking in Parliament or in the community. This guide aims to provide some practical tips on safe ways to discuss this challenging area, to ensure any risks are managed whilst increasing community understanding of suicide.

It is important to talk about suicide. It is an issue of community concern and in general, having a conversation with someone does not increase suicidal behaviour. However, this is not the same with one-way mass communication like public speaking or in the media. Evidence clearly tells us that we need to proceed with caution due to the potential risk of causing unintended harm to those in the community who are vulnerable to suicide.

## What language should I use?

Certain ways of talking about suicide can alienate members of the community, sensationalise the issue or inadvertently contribute to suicide being presented as glamorous or an option for dealing with problems. People who are vulnerable to suicide, or bereaved by suicide, can be particularly impacted by language.

References to suicide should not be used out of context (such as 'career suicide') as it may cause offence. It is important to use language that is in line with suggestions for the media (outlined below).

Do say	Don't say	Why?
'non-fatal' or 'made an attempt on his/her life'	✗ 'successful 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 'deaths by suicide'	✗ 'committed' or 'commit suicide'	✓ to avoid association between suicide and 'crime' or 'sin' that may alienate some people.
'concerning rates of suicide' or 'cluster of deaths'	✗ 'suicide epidemic'	✓ to avoid sensationalism and inaccuracy.

## What details should I avoid?

- Detailed descriptions of **method** and **location** of suicide have been linked in media studies to increased rates of suicide by that method or at the location mentioned.
- Avoid discussing specific details and, at the very least, only mention them in general terms (for example: 'local lookout' rather than the specific site or 'medications' instead of detailing the exact brand or quantities).
- Avoid simplifying the situation or death. Suicide is a complex issue and no one factor leads to someone taking their own life.
- If your focus is on advocacy, such as suicide reduction or highlighting 'hotspot' locations, it can be a challenge to manage in your communications. The same level of caution should be considered. Updated information regarding the latest Australian Bureau of Statistics on suicide is available from the *Mindframe* website: [www.mindframe-media.info/for-media/reporting-suicide/facts-and-stats](http://www.mindframe-media.info/for-media/reporting-suicide/facts-and-stats)
- Consider any cultural protocols regarding naming of an Aboriginal or Torres Strait Islander person who has died.

## How should I frame my discussion?

Suicide is a sensitive and emotional topic for many people. Ensure that your discussions **alert** rather than **alarm** the community.

- Check the accuracy of your information and use only reputable sources. Communicating unsubstantiated, sensational or inaccurate information is unhelpful to the community.
- Ensure your language does not sensationalise suicide or suggest there is nothing that can be done.
- Avoid simplistic explanations that suggest suicide might be the result of a single factor or event. Instead, placing discussions about suicide in the context of risk factors and other mental health issues can assist in breaking down myths about suicide.

## What else can I do?

- When discussing suicide in the media, always refer journalists to the *Mindframe* guidelines at [www.mindframe-media.info](http://www.mindframe-media.info)

- When speaking publicly or participating in a media interview, ask that a 24-hour crisis support service is added to ensure anyone potentially distressed can seek immediate help.

## Adult

**Lifeline:** [13 11 14](tel:131114)

[lifeline.org.au](http://lifeline.org.au)

**Suicide Call Back Service:** [1300 659 467](tel:1300659467)

[suicidcallbackservice.org.au](http://suicidcallbackservice.org.au)

**beyondblue:** [1300 24 636](tel:130024636)

[beyondblue.org.au](http://beyondblue.org.au)

**MensLine Australia:** [1300 789 987](tel:1300789987)

[mensline.org.au](http://mensline.org.au)

## Youth

**Kids Helpline:** [1800 551 800](tel:1800551800)

[kidshelpline.com.au](http://kidshelpline.com.au)

**headspace:** [1800 650 890](tel:1800650890)

[headspace.org.au](http://headspace.org.au)

**ReachOut:** [au.reachout.com](http://au.reachout.com)

[healthinonet.ecu.edu.au](http://healthinonet.ecu.edu.au) - **Aboriginal and Torres Strait Islander**

[1800 184 527](tel:1800184527) [qlife.org.au](http://qlife.org.au) - **Lesbian, gay, bisexual, trans, and/or intersex**

[mhima.org.au](http://mhima.org.au) - **Culturally and linguistically diverse**

## Other resources

**Head to Health:** mental health portal

[headtohealth.gov.au](http://headtohealth.gov.au)

**Life in Mind:** suicide prevention portal

[lifeinmindaustralia.com.au](http://lifeinmindaustralia.com.au)

**SANE:** online forums [sane.org](http://sane.org)

For further information, contact the project team on (02) 4924 6900 or email [mindframe@hnehealth.nsw.gov.au](mailto:mindframe@hnehealth.nsw.gov.au)