



SAFE MESSAGING FOR SUICIDE PREVENTION

MONROE COUNTY SUICIDE PREVENTION TASK FORCE

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LEARNING HOW TO TALK ABOUT SUICIDE IN A HOPEFUL, RESPECTFUL WAY HAS THE POWER TO SAVE LIVES.

The way we talk about suicide can influence behavior ...

- ... *negatively*, by increasing risk among vulnerable individuals.
- ... *positively*, as a powerful tool that promotes resilience and encourages help-seeking behavior.

Safe messaging can correct misconceptions, instill hope and promote help-seeking behavior in people at risk for suicide.

SAFE MESSAGING IS VITAL TO SUICIDE PREVENTION

- Unlike many other forms of death, suicide carries the weight of social stigma and shame.
- This can lead to discrimination and prejudice against people who are facing struggles, adversity, mental illness.
- Misconceptions about suicide are often reinforced by our language. Words can either reinforce stereotypical notions, myths, and misconceptions of suicide, or they can frame suicide as a largely preventable public health problem.
- *Whether we're engaging in a dialogue, talking to someone with lived experience or writing about the issue in a professional setting, being mindful of our language is not about being politically correct. **It's about saving lives.***

LANGUAGE MATTERS!

Avoid:

- Language that glorifies or sensationalizes the suicide, or attaches stigma to the suicide or circumstances.
- Anything that reinforces stereotypes, prejudice or discrimination against people with mental illness or suicidal ideation.
- Anything that refers to or defines people by their diagnosis.

Instead:

- Choose messages that promote hope, connectedness, resilience, treatment and recovery.
- Emphasize that there are actions people can take to intervene early, and get someone to help.
- Share information about programs, services and resources in your community.

CONSIDER THIS ...

When inappropriate language is used, it may confirm fears of those struggling with suicidal thoughts that they are misunderstood, inadequate, or alone. Many individuals struggle silently with suicidal thoughts without seeking the support of effective treatment, in part because of prejudicial language used to describe suicide.

FOR EXAMPLE ...

- Some commonly used phrases – such as “commit suicide” -- serve to criminalize or imply moral failings.
- Other terms promote misconceptions that people who attempt suicide are selfish or attention-seeking. These descriptions ignore evidence that most people who die by suicide have struggled in considerable pain for years to stay alive.
- Using terms like “failed attempt” or a “successful suicide” also add to existing mental health discrimination. Evidence shows that although people who attempt suicide once are at higher risk going forward, 90% of people who attempt suicide do **NOT** later die by suicide. They often go on to live meaningful lives through support, effective treatment and the development of healthy coping skills.

CHOOSING YOUR WORDS

| INSTEAD OF THIS ... | ... SAY THIS | WHY |
|--|---|---|
| Commit/committed suicide | died by suicide/death by suicide/lost their life to suicide | “Commit” implies suicide is a sin or crime, reinforcing the stigma that it’s a selfish act and personal choice. Using neutral phrasing like “died by suicide” helps strip away the shame/blame element. |
| successful/unsuccessful suicide completed/failed suicide | died by suicide/survived a suicide attempt/ lived through a suicide attempt fatal suicidal behavior/non-fatal suicidal behavior/fatal suicide attempt/non-fatal suicide attempt | The notion of a “successful” suicide is inappropriate because it frames a very tragic outcome as an achievement or something positive. Be matter-of-fact: a suicide attempt is either fatal or not. |

| INSTEAD OF THIS ... | ... SAY THIS | WHY |
|--|---|---|
| epidemic/skyrocketing | rising/increasing | Words like “epidemic” can spark panic, making suicide seem inevitable or more common than it actually is. By using quantitative, less emotionally charged terms like “rising,” we can avoid instilling a sense of doom or hopelessness. |
| “Joe is suicidal.” | “Joe is thinking of suicide/has had suicidal thoughts.” | We don’t want to define someone by their experience with suicide; they are more than their suicidal thoughts. |
| “Joe is schizophrenic/bipolar/etc.)” “The mentally ill.” “(substance) addicts.” | “They have schizophrenia/bipolar illness/etc.” “People with mental illness.” “People with addiction” or “People addicted to (substance).” | Putting the condition first reduces someone’s identity to their diagnosis. People-first language shows respect for the individual. Their condition does not define them. |

WHAT TO CONSIDER FOR SUCCESSFUL MESSAGING

National Action Alliance for Suicide Prevention's messaging framework:

1. Strategy
2. Safety
3. Guidelines
4. Positive Narrative

SAFETY: HOW WE MESSAGE IS IMPORTANT.

- Avoid content that is unsafe or undermine prevention.
- Avoid language that romanticizes suicide. Portraying suicide as heroic or honorable may influence vulnerable people, or lead them to desire attention garnered by someone who has died by suicide.
- Avoid attributing suicide to a single cause or circumstance (i.e. job loss, breakup). Presenting suicide as an inevitable response to a difficult situation can create a harmful social script.
- Avoid portraying suicide as having no cause. Describing suicide as the inexplicable act of an otherwise healthy person may convey the notion that suicide can't be prevented. Suicide is complex.

STRATEGY: UPFRONT THINKING AND PLANNING ARE ESSENTIAL

- There is no single “best” suicide prevention message that will work for every messenger, goal, audience and content. Thinking strategically helps you create messages that fit audience and use resources wisely.
- It’s tempting to jump directly into writing messages or picking delivery channels (“We want to make posters!”). Avoid this!
- Start by deciding what you’re messaging, who you want to reach and what you want people to do after hearing the message.
- No message should be disseminated without deciding “Why, Who, What and How”

STRATEGY: PLAN AND FOCUS YOUR MESSAGES

Integrate your communication efforts:

- Define clear goals
- Know your audience
- Identify a “call to action”
- Provide resources for taking action

GUIDELINES: FOLLOW ANY “STANDARDS” FOR YOUR MEDIUM

- Guidelines will change based on the medium and the target population.
- This means using any specific guidance or best practices that apply to our messages. These are related to various goals, populations, channels, topics and other areas that relate to the communications plan.
- Consider things like culturally competent language (i.e. military vocabulary).
- For example, if posting on social media, use CDC guidance to help you write more effectively on channels such as Facebook, Twitter, etc.
https://www.cdc.gov/socialmedia/Tools/guidelines/pdf/SocialMediaToolkit_BM.pdf
- Know any guidelines set forth by municipalities if using local media.

POSITIVE NARRATIVE: PROMOTE HELP-SEEKING

- Tell real stories of help-seeking, giving support, coping or resilience
- Describe specific actions people can take
- Share resources
- Feature program successes, new research or how people are making a difference.

“There’s no question that news, entertainment and social media often convey negative messages about suicide, especially given the newsworthiness of sensational deaths and system failures, etc. Given the media’s negative focus, it’s crucial for prevention practitioners to counterbalance those messages with ones that highlight actions, solutions, successes and resources.”

WHICH MESSAGES PROMOTE ACTION?

A poster: *“Full Day Event: “Suicide Prevention – Why Can’t We Find Answers?”*

From Facebook; *“Stop Veteran Suicide Now! After war, our heroes face a lifetime of struggle. Like and share this status to raise awareness about the epidemic of Veteran suicide.”*

vs.

“This seminar will provides education, research and training for suicide prevention. Learn more at: www.MCSPTFworkshop.org”

“Hear real stories of recovery from Veterans like you at: www.MakeTheConnection.Net Help is available!”

SOURCES

- Safe Reporting on Suicide: <https://reportingonsuicide.org/>
- Framework for Successful Messaging: <https://suicidepreventionmessaging.org/>
- Suicide Awareness Voices of Education: <https://save.org/for-the-media/>
- Safe Messaging Best Practices, U.S. Department of Veterans Affairs, https://www.mentalhealth.va.gov/suicide_prevention/docs/safe_messaging_best_practices.pdf
- Action Alliance for Suicide Prevention: <https://theactionalliance.org/messaging/entertainment-messaging/national-recommendations>
- US Army: https://www.armyresilience.army.mil/suicide-prevention/pages/pdf/DSPO_Leaders%20Suicide%20Prevention%20Safe%20Messaging%20Guide_FIN_AL_508.pdf
- Public Health Agency of Canada: <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/language-matters-safe-communication-suicide-prevention/pub-eng.pdf>