

Talking about suicide

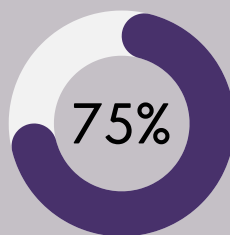
The terminology we use to speak about mental ill-health matters. In an international survey of individuals attending specialist mental health services, carried out across 35 countries, 79% of participants reported experiencing discrimination at some point in their life.

20%-37% of participants reported that anticipated discrimination — that is a fear or expectation of discrimination — had prevented them from engaging in other aspects of life, including initiating personal relationships, applying for work or applying for education. While not the only cause of discrimination, the language we use to discuss mental ill-health plays a significant role in creating and perpetuating it.

When we are discussing suicide, it's important to consider the language we use. When we are conscious of our language choices, we are doing more than preventing stigma or changing harmful conceptions about suicide. We are helping to remove those barriers that may inhibit people from seeking help and this can save lives.



1 in 2 young people are impacted by suicide by the time they turn 25.



75% of those who take their own life are male.

16.7%

One in six Australians (16.7%) have experienced suicidal behaviours in their lifetime.

Issue	Problematic	Preferred
Presenting suicide as a desired outcome	'successful suicide', 'unsuccessful suicide'	'died by suicide', 'took their own life'
Associating suicide with crime or sin	'committed suicide', 'commit suicide'	'took their own life', 'suicide death'
Sensationalising suicide	'suicide epidemic'	'increasing rates', 'higher rates'
Language glamourising a suicide attempt	'failed suicide', 'suicide bid'	'suicide attempt', 'non-fatal attempt'
Gratuitous use of the term 'suicide'	'political suicide', 'suicide mission'	refrain from using the term suicide out of context