

# Talking about suicide tip sheet



Talking about suicide can be challenging, but it can be made a little easier when we know the right words to use. People with lived experience of suicide, including those bereaved, report that some language used to describe suicide is stigmatising, causes distress and sensationalises or glamourises suicide making it an option worth considering.<sup>1</sup> As our understanding of suicide evolves, so too should our language that reflects our understanding.<sup>2</sup>

## Recognising and responding to suicide risk workshop

To learn more about how to respond to suicide risk in your workplace, enquire about SuperFriend's [\*Recognising and responding to suicide risk workshop\*](#), where you'll learn the simple steps you can take to support a person at risk of taking their life. Contact [info@superfriend.com.au](mailto:info@superfriend.com.au).

Here is a simple guide for talking about suicide that is not stigmatising, sensationalising or glamourising<sup>3</sup>:

Problematic language	Preferred language	Why use this language?
Committed suicide	Took his/her/their own life	To avoid presenting suicide and glamourising and sensationalising it as a desired outcome or the association that suicide is a crime or sin.
Successful suicide	Died by suicide	
Completed suicide	Ended his/her/their life	
Failed attempt at suicide	Non-fatal attempt at suicide	To avoid presenting suicide as a desired outcome or stigmatising an attempt.
Unsuccessful suicide	Attempted to end his/her/their life	

## Talking about mental health and mental illness

### Mental health and mental illness are not the same thing.

**Mental illness** is diagnosed by a mental health practitioner using standardised criteria. It can be defined as a health condition that changes a person’s thinking, feelings, and/or behaviour and causes the person distress and difficulty in functioning. There are range of mental illnesses, with anxiety and depression most commonly affecting Australians.

**Mental health** describes our state of mental health, without illness. Like our physical health, our mental health can

change over time. We can be healthy, fit and thriving (positive mental health) or unhealthy, not coping and languishing (poor mental health or mental ill health).

It is disrespectful (and possibly harmful) to label a person as their mental illness. They are a person experiencing a mental health condition. They are not the illness.

The way we talk about suicide and mental illness is important. Many people living with mental illness also experience positive mental health with the right supports in place. Conversely, people with poor mental health may not have a diagnosable mental illness. Language that is more respectful can make a world of difference in reducing stigma and unnecessary distress.

Here is a simple guide for using non-stigmatising language:

#### Stigmatising language

#### Preferred language

He/she is; they are crazy, psycho, insane, a lunatic

He/she has; they have a mental health condition (or diagnosis)  
He/she is; they are experiencing low mental health

He/she is; they are paranoid/schizophrenic  
He/she is; they are anorexic  
He/she is; they are depressed

He/she has; they have (name of mental illness)  
He/she has; they have anorexia nervosa  
He/she has; they have depression

Sufferer

A person experiencing mental illness

Addict or substance abuser

He/she has; they have a substance use disorder  
He/she has; they have a lived experience of substance use

Mentally ill

He/she has; they have a mental health condition (or diagnosis)  
A person with mental illness

#### References

- 1 Everymind (2018). National Communications Charter: A unified approach to mental health and suicide prevention. Australia.
- 2 Beaton, S., Forster, P., Maple, M. (2013). Suicide and Language: why we shouldn't use the 'C' word. inPsych: (February).
- 3 Everymind (2020) Reporting suicide and mental ill-health: A Mindframe resources for media professionals. Newcastle, Australia.