



A guide for speaking publicly about suicide



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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 the community understanding of suicide. It is important to talk about suicide. It is an important 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 through either public speaking or 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. Reference to suicide should not be used out of context (such as "career suicide") as it may cause offense. It is important to use language that is in line with suggestions for the media (outlined below).

Do say V	Don't say X	Why ?
'non fatal' or 'made an attempt on his/her life'	'unsuccessful suicide'	to avoid presenting suicide as a desired outcome or glamorising 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 **methods** or **locations** 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).
- If your focus is on advocacy, such as reduction or highlighting 'hotspot' locations, it can be challenging to manage in your communications. The same level of caution should still be considered.
- 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 <u>www.mindframe-media.info/for-media</u>
- When speaking publicly or doing a media interview, ask that a 24-hour crisis support service is added to ensure anyone potentially distressed can seek immediate help.
- For example: Lifeline 13 11 14; Suicide Call Back Service 1300 65 94 67; Kids Helpline 1800 55 18 00; or MensLine Australia 1300 78 99 78.

Key facts related to suicide deaths in Australia 1

- ABS data from 2006 to 2010 indicate that the average number of people dying each year by suicide is 2,267.
- In 2010, the suicide rate was 10.5 per 100,000.
- Suicide rates for both males and females have generally decreased since the mid-90s. In 2010, suicide represented 2.5% of all male deaths and 0.8% of all female deaths.
- Suicide rates among 15 to 19 year old males have declined by 23% since 2001; however, suicide is still a leading cause of death for this age group.
- Deaths by suicide account for a much higher proportion of all deaths among Aboriginal and Torres Strait Islander people (4.2% of deaths) compared to the national average (1.6% of deaths).



When does suicide happen? 2

- Sometimes people may take their own life after signaling their suicidal intentions to others, including loved ones and/or strangers. In other cases, there may be no warning.
- People experiencing a mental disorder, such as major depression, or a psychotic disorder, are at increased risk of suicide. Psychological autopsy studies show consistently that up to 90% of people who suicide may have been experiencing a mental disorder at the time of their death.
- People are at higher risk of suicide while in hospital for treatment of a mental disorder and in the weeks following discharge from mental health in-patient hospital care.
- Incarceration is a risk factor for suicide. People in any form of custody have a suicide rate three times higher than the general population.

Further information can be obtained from the project team at the Hunter Institute of Mental Health on (02) 4924 6904 or <a href="minipage-

References

- Australian Bureau of Statistics. (2012). *Causes of Death, Australia, 2010. Catalogue No. 3303.0*. Belconnen, ACT: Commonwealth of Australia. Accessed November 11, 2012 from http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/E39670183DE1B0D9CA2579C6000F7A4E/\$Fi le/33030_2010.pdf
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