

Language matters in preventing suicide

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Of all the issues in psychiatry, even in all of medicine, suicide may be the most challenging to discuss responsibly in public.

Any [suicide](#) is a tragedy. We know that language matters, and that [using helpful and respectful language reduces stigma](#), making it easier to talk more openly and safely about suicide and its prevention.

Suicide is a public health issue, but it's often discussed in whispers, as if a death by suicide brings shame to a family or to a person who has died.

Our society needs to talk more about suicide, [especially suicide prevention](#), but we need to do it in such a way that we don't unintentionally make matters worse. The still-common phrase "committing suicide," for example, is a relic of past legal codes and [wrongly connotes criminality](#).

Talking about suicide

As a psychiatrist and a [suicide prevention](#) advocate who practice, teach and do research in this area, we are committed to supporting the public discussion of suicide and [mental health](#), especially discussion that helps educate people and save lives.

We want as many people as possible to develop a broad understanding of how to recognize, [assist and refer people who are in mental-health crises](#) and may be at risk.

When speaking about suicide, we should avoid terms such as "committed," "successful" or "failed attempts at" and instead use more direct language such as "death by suicide" or "[suicide attempt](#)."

Using "people first" language such as "person who died by suicide" instead of "suicide victim" is more neutral and inclusive [and can reduce](#)

[stigma](#).

Public discussion of suicide carries risks, though, and it is crucial that discussions are informed, sensitive and alert to the possibility they may unintentionally do the opposite of what they intend and actually promote suicide.

The greatest risk is what we call suicide contagion—the idea that focusing on the specifics of how someone has died by suicide may trigger others who are at risk of doing the same.

The association between publicly revealing details of how a death by suicide occurred and subsequent "copycat" suicides [has long been recognized](#). Highly publicized suicides, particularly those involving celebrities, are associated with increased risk of self-harm among people who identify closely with the person.

Media coverage of suicide

The value and the risks of discussing suicide have often come into conflict [in the context of news reporting](#). It's an especially sensitive area that also happens to represent the threshold where [free expression](#)—even sincere, well-meaning expression—can become dangerous.

It's critical to avoid sensationalized reporting that mistakenly glorifies suicide or discloses information about means and methods that [vulnerable people](#) may choose to adopt, especially when such reporting does not include context about help that is available and alternatives for people facing challenging circumstances.

On the other side of the coin, emerging evidence suggests that hopeful media reporting on how people have successfully overcome a suicide crisis [can reduce subsequent attempts](#).

Broadly speaking, journalistic practice has changed and improved over time.

Journalists have an important job to do and it's natural they should question outsiders seeking to limit what they can report.

Similarly, knowledge and practice in mental-health care have changed and continue to improve.

Getting it right

Like others in our field, we appreciate efforts by journalists to understand and try to accommodate clinical concerns about the potential benefits and consequences of reporting on suicide.

[The Canadian Journalism Forum on Violence and Trauma](#) created a thoughtful, balanced and well-researched set of journalistic guidelines for covering mental-health issues, including suicide, called [Mindset](#).

The World Health Organization published [guidelines for reporting on suicide](#) in September 2023 and they're publicly available. The Mayo Clinic offers a helpful document called [Eight Myths About Suicide](#).

The Public Health Agency of Canada offers a document called [Language Matters: Safe Communication for Suicide Prevention](#), which provides great information to draw from.

These organizations' guidelines highlight both the risks of contagion and the benefits of reporting on mental health issues that highlight [successful interventions and treatments](#).

Such efforts are part of a broader and very important movement to destigmatize mental illness and place it, carefully, into its appropriate

context as a public health issue.

Still, we do continue to see articles and reports that do not respect these guidelines. It would be inappropriate to refer directly to them here because we'd be repeating facts that we feel strongly shouldn't have been reported as they were.

Out in the open

[We know we lose people](#) because of lack of access to care, lack of reaching out and stigma. We know there's social and community benefit to using healthy language, dispelling myths and facilitating help-seeking.

Getting it right is very challenging. There is certainly a need in society to understand suicide, so we must talk about it, and it is critical that we do that out in the open.

People discuss heart attacks, strokes and cancer openly. They work hard to prevent them, raising money, supporting research and changing their lifestyles to reduce risk.

Though there is some distance to go, society's approach to mental health is moving in that direction. We look forward to the day when the mythology and stigma around discussing [mental illness](#), especially suicide, are gone and when suicide reporting in the media is balanced and respectful of its own impact.

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