

LANGUAGE MATTERS

SAFE LANGUAGE AND MESSAGES FOR SUICIDE PREVENTION

Canada 



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Choisir les bons mots – Communication sécuritaire pour la prévention du suicide

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SAFE COMMUNICATION FOR SUICIDE PREVENTION

Using language that is helpful and respectful encourages an environment free of stigma, where we can talk more openly and safely about suicide and its prevention.







Words matter in a world where silence or insensitivity can make matters worse.

The more we are open and safe in our communication, the more likely it is that people can offer or seek help.







PUT PEOPLE FIRST

Using people-first language avoids stigmatizing words or phrases and emphasizes people while respecting differences and experiences, rather than referring to their actions, conditions, or diagnoses.


PEOPLE-FIRST LANGUAGE	PROBLEMATIC LANGUAGE
 People with (...mental illness, depression, addiction, etc.)	 These/those people, the mentally-ill, the depressed, addicts, etc.
 Person who has died by suicide	 Suicide victim, suicidal, contemplators, attempters
 Person thinking about suicide	
 People who have experienced suicide attempt	


HELPFUL TIPS

 Wherever possible, avoid the use of labels and acronyms when referring to or addressing people.

PEOPLE-FIRST LANGUAGE
 People bereaved by suicide
 Person impacted/affected by suicide
 People with lived experience related to suicide

HELPFUL TIPS

 Use neutral and inclusive words and phrases to respect people and their experiences.

 Carefully consider the choice of words around the issue of suicide and people. Depending on the audience (context, preference or culture) alternative language may be appropriate. The term survivor (e.g., survivors of suicide loss, suicide attempt survivor) may not resonate with everyone. The phrase 'people impacted by suicide' is generally considered more neutral and inclusive.



USE SAFE LANGUAGE

It is important that language about suicide is careful and factual. When we replace problematic language with neutral and respectful language, we help shift how society reacts to and understands suicide. We can make the conversation about suicide safer.

SAFE LANGUAGE		PROBLEMATIC LANGUAGE	
	Die by suicide		Commit suicide
	Died by suicide		Committed suicide
	Death by suicide		Successful suicide
			Completed suicide







REASONS

The term 'committed' is stigmatizing as it implies someone is criminal or immoral or has committed an offence. Suicide is not a crime. It was decriminalized in 1972. Recent amendments to the Criminal Code of Canada (section 241) refer to 'die by suicide' rather than 'committed suicide'.

Suicide is a tragic outcome of many complex factors with lasting impacts; it is never about success or failure. It is not something to achieve or finish like a task or project.












USE SAFE LANGUAGE (CONT'D)

SAFE LANGUAGE		PROBLEMATIC LANGUAGE	
 Suicide attempt		 Failed suicide	
 Attempted suicide		 Failed attempt	
		 Unsuccessful attempt	
		 Incomplete suicide	

REASONS

Suicide attempt is not about success, failure or completion. Language about suicide should be factual and careful. People die by suicide or attempt to die by suicide. People may have lived through a suicide attempt or been affected by the suicide attempt of someone. Using safe language avoids words that describe suicide in a positive or negative way.

SAFE LANGUAGE		PROBLEMATIC LANGUAGE	
 Populations with higher rates of suicide		 High-risk people/populations	
 Populations with potentially high risk for suicide		 At-risk groups	
 Factors that may increase people's risk for suicide		 Vulnerable or susceptible	
		 Those people/populations/groups	
 Social and economic costs associated with suicide		 Burden of suicide	

REASONS

Using neutral, factual and respectful words is far less stigmatizing. Some descriptive language can have negative connotations. The way we communicate about suicide needs to avoid further stigma and focus on prevention.



IMAGES MATTER TOO




✓ Images need to be consistent with safe language and communication for suicide prevention.

⊘ Images that are negative, violent or graphic tend to be problematic. When images reinforce stereotypes or aspects of suicide, they can be stigmatizing, unhelpful and unsafe. Images of broken minds, fallen people or methods and locations of suicide (firearms, substances, bridges, etc.) are examples of images to avoid.

✓ Images that convey a sense of belonging or community, a sense of hope, and healing and recovery are more consistent with safe communication. Images are most effective when they reinforce the message that no one is alone, that help is available and that everyone's life matters. Safe communication for suicide prevention means that words and images are well-planned, helpful and respectful.



COMMON DOs AND DON'Ts

SAFE MESSAGING	PROBLEMATIC MESSAGING
 <p>Communicates that suicide is a public health and safety issue.</p>	 <p>Communicates about suicide in a way that sensationalizes or stereotypes suicide and the people impacted.</p>
 <p>Explains that suicide is a complex issue that can affect anyone and takes advantage of opportunities to inform people while focussing on prevention.</p>	 <p>Magnifies or minimizes the causes or responses to suicide.</p>  <p>Suggests suicide is inevitable or not preventable.</p>  <p>Links suicide only with certain populations.</p>
 <p>Addresses a balance of protective and risk factors associated with suicide.</p>	 <p>Lists risk factors (e.g. resembling a checklist) without acknowledging or including broader factors, including factors that protect against suicide.</p>
 <p>Balances the use of statistics on suicide with enough context about the issue. Uses credible sources and accurate statistics about suicide.</p>	 <p>Focuses on statistics without adequate context or resources (data limitations and relevance).</p>
 <p>Uses clear, neutral and people-first language.</p>	 <p>Uses jargon, or technical, out-dated or stigmatizing language.</p>
 <p>Avoids detailed descriptions or comparisons of suicides (e.g. methods/means, locations, personal information).</p>	 <p>Includes details or descriptions about suicide death or people who have died by suicide.</p>
 <p>Tailors messaging to audiences with content that is age, gender, culturally appropriate and effective.</p>	 <p>Uses the same message regardless of the characteristics and needs of the audiences.</p>
 <p>Communicates about suicide with care and compassion by considering impacts on people.</p>	 <p>Includes content that can be traumatizing or stigmatizing for people (that causes blame, shame, guilt and fear) or pose harm by unintentionally increasing risk of suicides.</p>
 <p>Ensures communication about suicide is safe and effective by consulting relevant resources as needed (e.g. guidelines for suicide reporting).</p>	 <p>Communicates about suicide without using safe messaging guidelines or seeking advice from mental health professionals, suicide prevention experts and people with lived experience.</p>
 <p>Uses neutral, life-affirming and positive visuals to convey hope, available help and healing.</p>	 <p>Uses negative, violent or stereotypical images that perpetuate further stigma of suicide and people affected by suicide.</p>
 <p>Provides helpful information and contact details for appropriate supports and services.</p>	 <p>Communicates about suicide without offering helpful information.</p>



RELATED RESOURCES

Help is available. The Canadian Association for Suicide Prevention provides a list of crisis centres across Canada. The Kids Help Phone (1-800-668-6868), the Hope for Wellness Help Line (1-855-242-3310) and the Canada Suicide Prevention Service (1-833-456-4566) also offer 24/7 support.

Government of Canada

www.canada.ca/en/public-health/services/suicide-prevention.html

Centre for Suicide Prevention

www.suicideinfo.ca/

Association québécoise de prévention du suicide

www.aqps.info/

Mental Health Commission of Canada

www.mentalhealthcommission.ca/English

Mindset Guide

www.mindset-mediaguide.ca/

Media guidelines for reporting on suicide (Canadian Psychiatric Association)

www.cpa-apc.org/wp-content/uploads/Media-Guidelines-Suicide-Reporting-EN-2018.pdf

