



Ripple

Suicide Prevention

Language Matters

Guide to inclusive
and supportive language



| What not to say | What to say instead | Reasoning |
|------------------------------------|--|---|
| commit/committed suicide | died by suicide / death by suicide / lost their life to suicide | “Commit” implies suicide is a sin or crime, reinforcing the stigma that it’s a selfish act. Using neutral phrasing like “died by suicide” helps strip away the shame/blame element. |
| successful/unsuccessful suicide | died by suicide / survived a suicide attempt / lived through a suicide attempt | The notion of a “successful” suicide is inappropriate because it frames a very tragic outcome as an achievement or something positive. |
| <Name> is suicidal | <Name> is facing suicide / is thinking of suicide / has suffered through suicidal thoughts / has experienced suicidal thoughts | We don’t want to define someone by their experience with suicide; they are more than their suicidal thoughts. |
| "Things aren't that bad." | "I'm so glad you told me." | When you hear that someone you love or care about is contemplating suicide, it can be tempting to highlight why you don’t perceive their life to be “that bad.” Most people do this to try to get their loved one to see a more positive perspective; however, it invalidates the person’s pain and can make them feel even more lonely and unheard. Saying this lets them know that you’re there for them. This comes from a place of non-judgment which, in turn, might lessen some guilt that they have. Even if you don’t know what to do to help, just being there for them and listening to them can greatly reduce their feelings of isolation and shame. |
| "Other people have it much worse." | "Tell me more about how you’ve been feeling." | It's invalidating when you compare their situation to others who you think have it “worse.” This can often lead to increased feelings of guilt and shame on top of the emotional distress the person is already experiencing. It’s important to encourage the person to speak about their suicidal thoughts and urges. When someone is suicidal, their thoughts and feelings are often overwhelming, so they may feel significantly more heard and connected if they have someone to talk to about how they’re feeling. Talking about it can also give the person time and space to identify and label the many different parts of their internal experience. This process can help them better understand themselves and reduce the weight of those experiences. |
| "Why are you being so dramatic?" | "You are not alone." | If someone comes to you and informs you that they are contemplating suicide, it is something that needs to be taken very seriously. It's extremely invalidating to tell someone that they're being "dramatic". You're not the one experiencing the type of despair they're feeling, so labelling their emotions as "dramatic" minimizes their feelings. It’s important to let the person know that they are not "weak" or "selfish" for thinking and feeling the way they do if they are suicidal. Doing this can help reduce shame and increase opportunities for connection. |

| What not to say | What to say instead | Reasoning |
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| <p>You're not going to do anything silly, are you? Are you thinking of ending it all? You're not going to top yourself, are you?</p> | <p>Are you having thoughts of suicide? Are you feeling suicidal? Have you been thinking about killing yourself?</p> | <p>You want to show that you are not going to dismiss or make fun of how they are feeling but instead you are prepared to talk about it and take it seriously. Ask open questions and not ones that require just a yes or no answer. It's important to be direct. Using the word suicide shows others that you are ok with them talking about suicidal feelings and that you are there to listen.</p> |
| <p>'mental patient', 'nutter', 'lunatic', 'psycho', 'schizo', 'deranged', 'mad'</p> | <p>A person is 'living with' or 'has a diagnosis of' mental illness</p> | <p>Certain language sensationalises mental illness and reinforces stigma.</p> |
| <p>'victim', 'suffering from', or 'affected with' a mental illness</p> | <p>A person is 'being treated for' or 'someone with' a mental illness</p> | <p>Terminology that suggests a lack of quality of life for people with mental illness.</p> |
| <p>'happy pills', 'shrinks', 'mental institution'</p> | <p>Antidepressants, psychiatrists or psychologists, mental health hospital</p> | <p>Colloquialisms about treatment can undermine people's willingness to seek help.</p> |
| <p>"Substance abuse," "addict" or "user"</p> | <p>"Substance use disorder"</p> | <p>Those who struggle with the misuse of drugs or alcohol aren't simply choosing to "abuse" a substance. There are often neurobiological factors and emotional health issues which lead to this behaviour. Calling this a substance use disorder accepts these other factors. It removes some of the blame that comes with the term "substance abuse" and is a small, but significant, way to offer your support for those recovering from addiction.</p> |

| What not to say | Reasoning |
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| “You’re doing this to get attention.” | Suggesting that their motive is predicated on the need for attention dangerously downplays the seriousness of the situation and misattributes their communication of distress as a form of emotional manipulation. This can cause the person to stop confiding in others when they are having thoughts of suicide. It also leads to further isolation out of fear of judgment for talking about their distress. |
| “How could you even think about that?” | A statement like this attempts to shame a person into not being suicidal, and this does not work. Additionally, the presence of suicidal thoughts and urges is incredibly distressing for many people. Communicating the message that they should feel shame for a thought that is ultimately out of their control does not make them stop thinking about suicide or make them stop feeling what they feel. Instead, they may end up feeling guilty for having these thoughts. |
| “How could you be so selfish?” | Typically, those that contemplate suicide often do so under the assumption that the world would be a better place without them. Therefore, they may be more likely to see living in their current state as more selfish than acting on their suicidal ideation. |
| “You’re not suicidal, you’re just having a rough time right now.” | This type of response is a complete denial of the person’s very real misery, and it invalidates and minimizes their pain. One of the hallmarks of suicidality is a deep sense of hopelessness that pervades the present and any thoughts about the future. The person is unable to imagine a world in which they don’t feel the level of pain they are currently feeling. |

| Additional Guidance (Samaritans) | Reasoning |
|---|---|
| <p>Avoid reporting methods of suicide in articles, such as describing someone as having died by hanging, particularly in headlines.</p> | <p>Providing details of suicide methods has been linked to increases in suicide rates and shown to influence vulnerable people to imitate suicidal behaviour. Placing information about a method in a report, for example describing someone as having died by hanging, can reinforce awareness of specific methods, and increase perceptions of its effectiveness, especially if prominently featured.</p> |
| <p>Avoid providing details of a location if it is a public place such as a cliff, bridge or railway line.</p> | <p>Publishing information about locations is likely to result in more deaths at that location.</p> |
| <p>Avoid dramatic headlines and strong terms such as ‘suicide epidemic’. Never suggest that someone died instantly or that their death was quick, easy, painless, inevitable or a solution to their problems.</p> | <p>Headlines can often sensationalise or oversimplify the context of suicide, for instance by linking a particular event such as a job loss directly to a person’s death. For example, a headline that reads ‘bullied to death’, would sensationalise and oversimplify suicide, and this could increase the risk of influencing suicidal behaviour among others who may be bullied.</p> |
| <p>Avoid dramatic, emotive or sensational pictures or video footage.</p> | <p>Excessive imagery can glamourise a death and lead vulnerable individuals to over-identify with the deceased.</p> |
| <p>Including content from suicide notes or similar messages left by a person who has died should be avoided.</p> | <p>They can increase the likelihood of people identifying with the deceased. It may also romanticise a suicide or cause distress to the bereaved family and friends.</p> |
| <p>Speculation about the ‘trigger’ or cause of a suicide can oversimplify the issue and should be avoided.</p> | <p>Suicide is extremely complex and most of the time there is no single event or factor that leads someone to take their own life.</p> |



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together.**

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