Language matters in compassionate care, especially in behavioral health care, and that doesn’t mean just what you say in front of a patient. What you say behind closed doors with co-workers can be the seed for stigma and perpetuate discrimination against a person based on a physical or mental health disorder. The topic of suicide, and the sometimes-stigmatizing language around it, must be handled with compassion. The language you use can be an important factor in whether or not a person decides to seek care.

**TRY SAYING THIS…**

- Talking about suicidal thoughts is an important first step for someone with suicidal ideation, and can lead to seeking professional help.
- Suicide is preventable. Nine out of 10 people who attempt suicide will not go on to die by suicide. *
- The patient died by suicide.
- The patient attempted suicide/The patient died by suicide.
- I work with patients experiencing suicidal thoughts or who have attempted suicide.
- Talking about thoughts of suicide reduces its stigma and normalizes these conversations, allowing for open conversations that can lead to the person seeking help.
- Joking about or using suicide in hyperbolic manner can increase stigma.

**IF YOU HEAR THIS...**

- People who talk about their thoughts or urges to commit suicide do so because they want attention.
- Someone who really wants to end their life is beyond help, and there’s nothing we can do.
- The patient committed suicide.
- The patient had an (un)successful suicide attempt.
- I deal with a lot of suicidal patients.
- If we talk about suicide, it will put the idea in their heads.
- I’ll kill myself if I miss my bus/I’d rather shoot myself than do that/This task makes me want to jump off a bridge

*Source: www.hsph.harvard.edu/means-matter/means-matter/survival
Special thanks to Laurel Ridge Treatment Center for their guidance on this language.