



**Conversations
Matter**

When holding group discussions about suicide prevention

I want to talk about the issue of suicide and the prevention of suicide in my community: What do I say? What do I do?



I want to talk about the issue of suicide and the prevention of suicide in my community: What do I say? What do I do?

Suicide is a mostly preventable cause of death and an important issue for communities to engage with.

While it is important to encourage people to talk more openly about suicide, it is also important to ensure discussions are helpful, based on accurate information and likely to lead to people feeling more empowered.

In general, having a conversation with someone about their suicidal thoughts does not increase suicidal behaviour. However, there is very little research looking at broader discussions about suicide in the community so it is difficult to make definite conclusions about the most effective way to plan and manage these conversations.

One-on-one conversations allow for clarification and understanding of the issue, but larger groups can make it harder to understand how individuals are responding to or interpreting the information. In group settings conversations should be planned and people's reactions observed to make sure they understand the information and are safe.

This particular resource provides a basic summary of issues to consider when talking broadly about the issue of suicide and suicide prevention in a group setting - including educational settings, workplaces and communities. If you need further advice or support, you can contact the services listed at the end of this fact sheet.

Things to remember:

- Ensure there is a clear purpose for the discussion
- Think about the format of the discussion
- Give advance notice and be clear about expectations
- Plan how personal stories are used
- Use an experienced facilitator who is appropriate for the audience
- Focus on increasing knowledge and skills
- Avoid simplistic explanations about why suicide occurs and be accurate
- Choose words carefully
- Limit discussion about methods of harm
- Handle the discussion sensitively
- Encourage people to seek help
- Learn about other services and resources.

Ensure there is a clear purpose for the discussion

The way the issue of suicide is discussed is important.

- While conversations can inform and educate people, if not handled well they may also upset or isolate some individuals in the audience. Discussions can also lead some people who are vulnerable to think more about suicide or to consider it as an option for dealing with their current problems.
- While there is a general need to raise awareness of suicide prevention and to engage people in discussions, there should be an identified purpose for holding a discussion about suicide.

For example, is the purpose to raise awareness about risk factors, to tell people how to get involved in suicide prevention, or to promote services or initiatives?

- Just raising awareness of the issue on its own will not necessarily lead to a change in attitude or behaviour, so think through what you want to achieve.

For example, do you just want to tell people that suicide is a problem or give them information about what they can do if they are worried about themselves or others?

Think about the format of the discussion

Where possible and when suitable to the audience, have discussions face-to-face.

- Face-to-face discussions make it easier to observe people's reactions and support can be provided if needed.
- If holding a group discussion, it is usually best if people are grouped with others who are similar to them or with people that they can relate to.

For example, it may be best to have people of a similar age, or people from a similar cultural background together.

- Ensure the conversation occurs in a place where the group is going to feel comfortable and safe talking.
- Allow enough time for the presentation or discussion so that questions can be answered and support provided if necessary.

Online communication methods are favoured by some people and can give a sense of community and connection.

- If holding a discussion about suicide online, consider the details given and the way the conversation is moderated.
- It is best if the discussion is run by someone with experience in suicide prevention and if participant guidelines are developed and agreed to before commencing.
- Members of the public (including online followers or friends) can be impacted by the details given and the way the issue is discussed, so develop strategies to check in with people regularly and provide contacts for support services they can access.
- While online formats may not be the ideal place for group discussions about suicide, it does provide an opportunity to engage with people who are already talking about suicide and provide accurate information. It also provides an opportunity to link people directly into confidential online counselling options.

Give advance notice and be clear about expectations

Prepare group discussions or presentations about suicide in advance so that they are relevant and appropriate to the audience.

- Give people notice that the issue will be raised (in class, at work, in an online forum) and what might be covered so they can make a decision about participation. While we do not want to discourage people from getting the information, it is better if people are prepared for the conversation.
- Set ground rules and expectations before the discussion starts and ensure support options are available for those who may become upset during or after the discussion.
- You can involve the participants in deciding on the ground rules. These will generally include things like: respecting people's opinions and views; keeping what people say in the group confidential; and accepting people are different and may have different experiences.
- Most group discussions will not be the best place for participants to talk about personal experiences. This will depend on the focus of the discussion and whether the participants know each other. It is important to discuss ground rules for revealing personal details up front.

For example:

“Since this is going to be a more general discussion and we want everyone to participate in it, this may not be the best place to share distressing or very personal experiences. I am happy to chat to people afterwards or let you know who you can talk to if you want to discuss a specific experience.”

- Consider and research any cultural barriers that may hinder the discussion of suicide in some communities and prepare for them beforehand. This will include spirituality as well as cultural preferences around discussing death and other sensitive issues.

Plan how personal stories are used in discussion

If people with a personal story about suicide are going to be involved, think about how the stories can be best used in prevention-focussed discussions.

- Personal stories are often an effective way to engage people, but there is a need to plan how they are best used.
- Personal stories are best used in presentations about suicide prevention if they are appropriate to the audience.

For example, appropriate for their age and other characteristics about the members of the group such as their gender, cultural background and whether they have had previous exposure to the issue.

- Personal stories are also best if they focus on how a person overcame suicidal thinking and the things that assisted them to recover. This means identifying the things the person and others around them did to assist them through the crisis.

Research suggests that stories from people who overcame adversity can be helpful and might encourage others to seek help. However, personal stories that focus on people who died by suicide may not have the same preventative benefit.

- If asking someone with a personal experience of suicide (i.e. a person who has attempted suicide or a person who has been bereaved by suicide) to share their story, ensure they are supported through the process and given an opportunity to talk to a support person or trained professional afterwards.

Use an experienced facilitator who is appropriate for the audience

Ensure that whoever is facilitating the discussion has credibility with the target group, is trained to talk about suicide and can manage challenging comments or emotional responses.

- Building trust and connection with a group of people will be important, so think about the target group and matching a facilitator to their needs.

For example, you may need to think about who will relate well to young people, to people who are lesbian, gay, bisexual, transgender or intersex, people from culturally and linguistically diverse backgrounds, people who might be more socially liberal or those from more traditional groups.

- The person leading the discussion should also have experience and training in suicide prevention so they can talk in ways that are accurate and safe and will be best placed to identify and respond to people who become upset.

For group sessions it would be ideal to have two facilitators – one to lead the discussion and one to manage responses, although this may not always be possible.

- If the discussion is occurring in an Aboriginal community, ensure the presenter is either from the community or has gained approval to proceed from a suitable Aboriginal authority, such as an Elder. It may be appropriate for someone to present in partnership with an approved local representative.
- Consider inviting local mental health professionals, such as school or university counsellors, community health staff, or relevant cultural leaders such as priests, Elders or healers to be part of the discussion.

Focus on increasing knowledge and skills

If possible, discuss suicide prevention and awareness strategies as part of a broader health or wellbeing program or discussion.

- For conversations to have an impact on behaviour change, they should focus on development of knowledge and skills rather than just discussing the extent of the problem.
- This means discussing the sorts of things that build resilience in individuals and communities, discussing the factors that may lead to suicidal thinking and specifically addressing misinformation about suicide.
- Focus on how people can contribute to suicide prevention and the knowledge they need rather than merely talking about the extent of the problem.

Discussing how many people may be affected by suicide (e.g. number of people who attempt or die by suicide, or groups with the highest rates) will show the extent of the problem but it is less likely to assist people in understanding what to do or how to get involved.

- Messages that can be built on and reinforced over time are more effective than one-off sessions. Think about providing follow-up sessions or multiple opportunities to get further information.

Avoid simplistic explanations of why suicide occurs

Avoid simplistic explanations that suggest suicide might be the result of a single factor or event.

- Placing discussions about suicide in the context of risk factors and other mental health issues can assist in breaking down myths about suicide.
- Suicide is a sensitive and emotional topic for many people in the community. Ensure that your discussions alert rather than alarm the audience.
- Check the accuracy of your information and use only reputable sources. Communicating unsubstantiated, sensational or inaccurate information is unhelpful and potentially dangerous to people in the community.

Think about your audience and how information might be interpreted.

Even something as straightforward as statistics can be interpreted differently.

For some, hearing about the number of people who attempt or die by suicide will encourage them to learn more and get involved. But, others may think that the problem is too big for them to make a difference.

For people currently thinking about suicide, statistics may reinforce that others are in the same position as them. While this may be a comfort, it may also encourage some to go through with their thoughts.

Choose words carefully

Avoid judgemental or sensationalist language about suicide.

- While it is most important to use words and language that engages the audience you are talking to, certain words can negatively impact on people bereaved by suicide or people vulnerable to suicidal thinking.
- It is most important to consider the words you use when talking to groups of people where it is harder to monitor their reactions to the information or their understanding of it.

Sometimes language can be misinterpreted especially across different cultural groups. Make sure you understand the cultural aspects of language before attempting to discuss suicide in a particular setting.

- Certain ways of talking about suicide can alienate members of the community or inadvertently contribute to suicide being presented as a glamorous, ideal or common option for dealing with problems.
- It is best to avoid judgemental phrases or language, which glamorises or sensationalises suicide, as well as language that exaggerates suicide rates or trends.
- Some specific suggestions on language are provided below.

Do say	Don't say	Why
'non-fatal' or 'made an attempt on his/her life'	'unsuccessful suicide'	So as to not normalise or glamorise a suicide attempt
'took their own life' or 'ended their own life'	'successful suicide'	So as to not present suicide as a desired outcome
'died by suicide' or 'deaths by suicide'	'committed' or 'commit suicide'	So as to avoid the association between suicide and 'crime' or 'sin'
'concerning rates of suicide' or 'number of deaths'	'suicide epidemic'	To avoid sensationalism and inaccuracy

Limit discussion about methods of harm

Talking in graphic detail about the method of suicide can create images that are upsetting and can increase the risk of copying behaviour by people who are at risk of suicide.

- Details about the method or location of a suicide death should be avoided, especially in a group or as part of public conversations.
- This also means working with people who might be telling their personal story to consider what details may be provided about a suicide attempt or death.

Did you know?

Media have codes of practice that suggest the method and location of suicide should be reported in general terms only. This is because of strong research evidence to suggest that specific descriptions can be associated with further attempts or deaths using that method.

For more information around safe reporting, visit mindframe.org.au

Handle the discussion sensitively

When leading a discussion, it is important not to place any moral or value judgements on the act of suicide. It is also important not to push people to talk or participate when they would prefer not to.

- Facilitators should be knowledgeable enough to provide context and facts that address any myths or misconceptions about suicide that are raised.

It is important that facilitators know how to challenge views in a supportive and respectful way, so people still feel comfortable to share their opinions and participate in the discussion.

- During the conversation, use an optimistic tone, highlighting people's strengths and emphasising that suicide is mostly preventable. Outline information that assists people to respond appropriately.
- Facilitators should respectfully challenge and clarify any inappropriate comments to ensure the safety of all participants.

Monitor participants' responses and have systems in place to support anyone who becomes distressed.

- For education sessions, consider using case studies and hypotheticals rather than real-life examples to ensure safety and minimise individual identification with the problem.

For example, avoid potentially confronting questions, such as: "What would you do?"

You might say: "Supposed this happened to someone...what could they do?"

Encourage people to seek help

- If speaking to a group, let the audience know that it is okay to reach out for help and encourage discussion with people they trust, such as family, friends, teachers, colleagues, or professional services.
- Provide clear and relevant options for seeking help for suicidal ideation– including details for 24/7 crisis counselling services. Think about your audience and adapt your recommendations.

For example, in a workplace you may recommend a doctor, the Employee Assistance Program and a range of telephone and online counselling and support services.

If talking to people in a rural community, consider local options such as their doctor, local health services available to them or national telephone or online counselling services.

Suicide deaths usually occur while a person is in a state of personal crisis, which is why it is so important that people know of crisis intervention services (such as telephone or online helplines) as well as other local services.

Learn about other services and supports

This resource is a basic introduction to what you can say or do if you want to have a discussion about suicide or suicide prevention in your community. There are a range of other services and resources that can assist. Take a look at the links on the Conversations Matter website, for further information – conversationsmatter.org.au

Services and supports

Lifeline

13 11 14 | lifeline.org.au

Kids Helpline (5-25 years)

1800 55 1800 | kidshelpline.com.au

Suicide Call Back Service

1300 659 467 | suicidecallbackservice.org.au

Beyond Blue

1300 22 4636 | beyondblue.org.au

headspace (12-25 years)

headspace.org.au

MensLine Australia

1300 78 99 78 | mensline.org.au

GriefLine

1300 845 745 | griefline.org.au

QLife

1800 184 527 | qlife.org.au

Useful resources

Life in Mind: National suicide prevention gateway

lifeinmind.org.au

Suicide Prevention Australia: National peak body for suicide prevention

suicidepreventionaust.org

Embrace Multicultural Mental Health: Empowering Australians from multicultural backgrounds to embrace mental health and wellbeing

embracementalhealth.org.au

Social and emotional wellbeing and mental health services in Aboriginal

Australia: Online resources and information on cultural concepts of social and emotional wellbeing and mental health, for Aboriginal and Torres Strait Islander people and service providers. sewbmh.org.au

R U OK?: Suicide prevention charity, encouraging Australians to notice the signs of mental health struggle in friends, family and colleagues. ruok.org.au

Mindframe: Supports safe media reporting, portrayal and communication about suicide, mental ill-health and Alcohol and Other Drugs (AOD)

mindframe.org.au

For a more comprehensive list of links refer to the ‘Supporting information’ section at conversationsmatter.org.au



Conversations Matter

72 Watt Street (PO Box 833)
Newcastle NSW 2300

+61 2 4924 6900
everymind@health.nsw.gov.au

conversationsmatter.org.au

© Everymind 2021

An initiative of  **EVERYMIND**



**Mental Health
Commission**
of New South Wales