

To: All Providers
From: PerformCare
Date: November 8, 2022
Subject: Suicide Prevention #8: Recommendations for Non-Stigmatizing Language

For November’s communication regarding managing clients with suicidal thinking, let’s talk about language! As clinicians in any setting, your words matter when communicating with or about your clients who have thoughts of or who died by suicide. It is important to consider the impact of the terminology used to talk about suicide on stigma. Some examples include avoiding the term “commit” suicide. Using this term implies that suicide is a “crime” or is punishable. Another example would be referring to someone as having successfully completed suicide, as though such a tragic death is an achievement. Logically, these terms can perpetuate stigma.

When talking to or about clients regarding suicide attempts or deaths, it is important to speak using person-first language, in a manner that is non-stigmatizing, lacks judgement, and maintains a person’s self-worth. It is also important to speak to clients directly about suicide and to understand that this does not lead to an increase in someone’s suicidal thinking or put thoughts of taking their life in their head. These simple shifts in the way we talk about suicide and refer to attempts and deaths can help to reduce stigma and could thereby increase the likelihood that one will seek help.

Below is visual aid that we hope is useful to providers in their practice when talking about suicide in the manner presented in this communication.

Suggested Terminology	Terminology to Avoid
Suicide Attempt/Attempted Suicide	Failed Suicide or Non-Successful Attempt
Died by Suicide/Suicide Death	Successful or Suicide Completion
Took Their Own Life	Committed Suicide
Died Due to a Self-Inflicted Injury	Chose to Kill Oneself
Disclosed Thoughts of Suicide	Threatened Suicide