



How to Talk About Mental Health

The way we talk about mental health and suicide prevention matters, and can influence behavior both negatively and positively. This document shares mental health facts and guidelines on how to responsibly discuss suicide prevention and mental health.

Mental Health and Suicide Prevention Facts

- 20-25% of Americans have a diagnosable mental and/or substance use disorder in any given year. Only 40% of those individuals get treatment.
- Suicide is the tenth leading cause of death in the United States.
- Suicide is never an acceptable outcome, and is never inevitable or appropriate.
- Mental health treatment works. There are effective, evidence-based and state-of-the-art interventions that can improve the quality of life for individuals coping with mental health challenges.
- Everyone can take action to help someone in his/her life that may be struggling with mental health or suicidality. Share the [5 #BeThe1To steps](#) when possible.
- Encourage individuals that may be struggling to reach out for support. Always share resources such as the National Suicide Prevention Lifeline when discussing suicide and mental health.
- The majority of violent crimes and homicides are committed by people who do not have mental health concerns.

Suggested Guidelines

- Suicide is a public health issue, not a crime. Avoid phrases such as “committed suicide, or referring to suicide as “successful/unsuccessful” or a “failed attempt.”
 - Instead, use phrases such as “died by suicide, “completed suicide,” or “killed him/herself.”
- Suicide and mental health are complex. Avoid speculating about someone’s mental health or identifying a single event or cause of suicide.
- Do not share quotes from suicide notes.
- Do not share explicit details of methods used in suicides or suicide attempts, as they may be used as tips by others.
- Be wary of over-emphasizing community expressions of grief related to suicide, or promoting the idea that suicide achieves results.
- Avoid sensationalizing language, such as “epidemic,” “skyrocketing,” or other strong terms.
- Avoid victimizing language such as “a person suffering from,” “a victim of” or “the afflicted.”
 - Instead use phrases like “a person living with mental illness,” or “mental health patients.”
- Avoid describing individuals by their mental illnesses or diagnoses i.e. “a psycho/schizo,” or “the mentally ill.” Instead try “a person who has experienced psychosis,” or “a person who has/is being treated for schizophrenia.”
- People who have attempted suicide are referred to as “suicide attempt survivors.” People who have lost loved ones to suicide are referred to as “suicide loss survivors.”
- Most people who die by suicide exhibit warning signs. Refrain from describing suicide as “inexplicable” or “without warning.”
- **Offer hope. Use your story and voice to inform the public about mental health treatment, warning signs, and available resources for those in crisis.**