



Core principles: Prevention-focused conversations

Deciding to talk

1. Members of the community are interested in the issue of suicide and want opportunities to talk about it; however the fear, stigma and ignorance that still exist can make it difficult for some people in the community to talk openly about the issue.
2. There is only limited evidence specifically investigating whether broader discussions about suicide and suicide prevention will be helpful or harmful to audiences, so definitive conclusions across settings cannot be made.
3. Presentations or conversations about the issue of suicide should therefore be planned, monitored and ideally evaluated.
4. There should be an identified purpose for holding a presentation, forum or discussion about suicide with clear intended outcomes that can be evaluated.
5. The way the issue of suicide is discussed is important. While conversations can inform and educate audiences, if not handled well they may also upset, alienate or increase risk of some individuals in the audience.

Format of the conversation

6. Where possible and suitable to the audience, have discussions about the broader issues of suicide and suicide prevention face-to-face so that people's reactions and understanding can be monitored and support provided to individuals if necessary.
7. Online methods are favoured by some people (e.g. young people) and can give a sense of community and connection. Where conversations occur online, it is best if they are moderated and participant guidelines are developed and agreed to before commencing the discussion.

Context of the conversation

8. If possible, discuss suicide prevention awareness strategies as part of a broader health or wellbeing program and explore options to reinforce the messages over time.
9. For conversations to have an impact on behavior change they should focus on development of knowledge and skills rather than just discussing the extent of the problem.

Prepare in advance

10. Prepare prevention-focused conversations/presentations about suicide in advance so that they are relevant and appropriate to the intended target audience.
11. For a planned discussion, 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 an informed decision about participation.
12. Set ground rules and expectations before the discussion starts, especially for group discussions and ensure support options are available for those who may be distressed.
13. Some group discussions may not be the best place for personal disclosure, depending on the participants, the setting and focus of the discussion. Set and discuss ground rules for personal disclosure up front.
14. Understand cultural barriers which hinder the discussion of suicide in some communities and prepare for them before the discussion.

The presenter/facilitator

15. Ensure that whoever is facilitating the discussion has credibility with the target group, is appropriately trained, adequately prepared, and can manage difficult comments or emotional responses.
16. If a person with lived experience is facilitating, or co-facilitating, the discussion, make sure they are trained and have access to support before, during and after the presentation.
17. If the conversation is occurring in an Aboriginal community, ensure the presenter has gained approval to proceed from a suitable Aboriginal authority.

The environment/setting

18. Where practical, choose an appropriate physical and emotional location for the discussion – e.g. where the person or audience is going to feel comfortable and safe talking.
19. Ensure enough time has been allocated for the discussion to ensure questions can be answered and people followed up if they need additional support.

The discussion

20. When leading the discussion, don't place any moral or value judgements on the act of suicide and do not push people to talk or participate when they would prefer not to. Presenters should be knowledgeable enough to provide context and facts that address any myths or misconceptions raised.
21. Avoid offering simplistic explanations for why suicide occurs. Any conversation about suicide should outline the complexity of the issue and be framed in relation to known risk factors and protective factors.
22. Use a strengths-based tone in the conversation, emphasising that suicide is mostly preventable, address myths and misconceptions and outline information that assist people to respond appropriately.
23. Check the accuracy of your information and use only reputable sources. Communicating unsubstantiated, sensational or inaccurate information is unhelpful to the community.
24. Personal stories are best used in prevention conversations if they are appropriate to the audience and focus on how a person overcame suicidal thinking and the things that assisted them to recover.

Language

25. Avoid judgemental phrases or language which glamourises or sensationalised suicide. E.g. consider using 'non-fatal' not 'unsuccessful'; or 'died by suicide' or 'took their own life' rather than 'committed suicide' or 'successful suicide'.
26. Avoid language which sensationalises suicide or exaggerates suicide rates or trends. For example, use 'increasing rates' or 'high rates' if it is accurate rather than 'suicide epidemic'.
27. Sometimes language can be misinterpreted especially across different cultural groups. The presenter should understand the cultural aspects of language before attempting to discuss suicide in a particular setting.

Method and location

28. Avoid discussing the methods or locations of suicide deaths in any detail, even in general conversations. Talking in specific detail about the methods of suicide or locations where suicides occur can create images that are upsetting for people and can increase the risk of imitative behavior by people vulnerable to suicide.

Managing comments and emotional responses

29. Respectfully challenge and clarify any inappropriate comments to ensure the safety of all participants.
30. Monitor participant responses and have systems in place to support anyone who becomes distressed.
31. For education sessions, it is best to use two people - one to present material and the other to monitor and respond to participant needs.
32. For education sessions, consider using case studies and hypotheticals rather than real-life examples to ensure safety and minimise individual identification with the problem.

Help-seeking and follow-up

33. Let your audience know that it is ok to reach out for help and encourage discussion with people they trust, such as family, friends, teachers, colleagues, or professional services.
34. Provide clear and relevant options for seeking help for suicidal ideation– including at a minimum details for 24/7 crisis counselling services.

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