

TALK SAVES LIVES

A BRIEF INTRODUCTION TO SUICIDE PREVENTION

Learn the warning signs and risk factors of suicide, and how together, we can help prevent it.

Date: Weds. Sept 6.

Time: 6 to 7:30 p.m.

Location: McKinleyville High
School Library
1300 Murray Rd, McKinleyville

RSVP: Kris Huschle

khuschle@co.humboldt.ca.us

707-441-5554

Brought to you by funds raised by Arcata Out
of the Darkness Community Walk

arcataoutofthedarkness@gmail.com



AMERICAN FOUNDATION FOR
Suicide Prevention

afsp.org

Suicide Prevention Resource Card

Local 24-hour Helplines

All Emergencies.....**9-1-1**

Humboldt County Mental Health	707-445-7715
	Toll Free..888-849-5728
YSB Youth and Family	707-444-2273
North Coast Rape Crisis Team	707-445-2881
Humboldt Domestic Violence Services	707-443-6042

National 24-hour Helplines

National Suicide Prevention Line	800-273-8255
Veterans	800-273-8255... *press 1 or text...838255
Ayuda en Espanol	888-628-9454
California Youth Crisis Line	800-843-5200
The Trevor Project (LGBTQI Youth)	866-488-7386
Crisis Text Line: Text HOME to 741741	
Elderly Friendship Line	800-971-0016
Suicide Loss Helpline	800-646-7322
California Poison Control	800-876-4766
Disaster Distress Line	800-985-5990
Or Text: "TalkWithUs" to 66746	

Other Helpful Resources

Humboldt County Suicide Prevention Program

707-268-2132, Humboldt.gov/PreventSuicide
Training, Resources, Community Outreach and Education

United Indian Health Services Ko'l ho koom' mo

Youth Suicide Prevention.....707-825-5060

HCTAYC—Youth Collaborative:

<https://humboldt.gov/542/Transition-Age-Youth>

Transition-Age Youth.....707-476-4917

Children & Family Services Mental Health..707-268-2800

Hospice of Humboldt Grief Support.....707-445-8443

www.hospiceofhumboldt.org

Kunle Centre.....707-599-2381

Humboldt Family Service Center.....707-443-7358

American Foundation for Suicide Prevention: www.afsp.org

Suicide Prevention Resource Center: www.sprc.org

Learn the warning signs: suicideispreventable.org

Youth support: us.reachout.com



My 3 app. Safety and Support plan.
www.MY3App.org

Recognize invitations for help

- Talk, threats about suicide, death, dying
- Looking for ways to kill self
- No sense of purpose, feeling like a burden
- Feeling hopeless, desperate, trapped
- Substance abuse, relapse
- Changes in behavior, appearance, mood
- Anger, irritability, anxiety, agitation
- Reckless, risky behaviors
- Withdrawing from family, friends, activities
- Changes in sleep (increase or decrease).

Show you care. Start the Conversation.

- Have resource information handy
- Offer help: "I'm here for you."
- Listen calmly without judgment.
- Take all talk of suicide seriously.

Voice your concerns

- Name signs you've noticed.
- I've noticed you...missing work, saying you feeling like a burden, etc.
- Ask directly about suicide: "Sometimes when people feel like this they might think about suicide. Is suicide something you're thinking about?"
- If this is not about suicide listen and link to other helpful supports.

Provide links to resources

- Ask how the person will keep themselves safe until other supports are contacted.
- Who else can we talk with about this?
- Let's talk to a counselor, parents, partner, spouse, teacher, coach, etc.
- I will...go with you, contact you later, etc.
- Let's call the Suicide Prevention Lifeline.



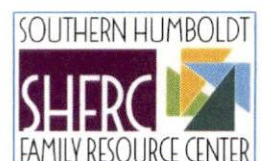
Suicide Prevention Month 2017

#BeThe1To Know the Signs. Find the Words. Reach Out.

Suicide Prevention Week, Sept. 10 through 16, 2017

World Suicide Prevention, Day Sept. 10, 2017

Time	Event	Location
Sept. 5 9 a.m.	Board of Supervisors Suicide Prevention Network presentation	Board of Supervisors Chambers, Humboldt County Courthouse, 825 Fifth St., Eureka.
Sept. 6 6 to 7:30 p.m.	Talk Saves Lives A brief educational introduction to suicide prevention.	McKinleyville High School Library 1300 Murray Road, McKinleyville Contact Kris Huschle at 707-441-5554 or publichealthpei@co.humboldt.ca.us . Free
Sept. 10 9 a.m. to 1 p.m.	"Out of the Darkness" Community walk to end suicide Informational tabling by local agencies.	Arcata Plaza For information about the walk, visit afsp.org/arcata or email arcataoutofthedarkness@gmail.com .
Sept. 14 3:30 to 8:30 p.m.	Ts' Denoni Youth Program and Native Connections Identity Building Workshops	Morek Won Site Contact Stephan Cheney at 707- 499-2046 or at Cara Owings 707-825-4027. Dinner provided. Free
Sept. 15 3:30 to 8:30 p.m.	Ts' Denoni Youth Program and Native Connections Identity Building Workshops	The Tish Non Community Center Bear River Rohnerville Rancheria Contact Stephan Cheney at 707- 499-2046 or Cara Owings at 707-825-4027. Free
Sept. 16 4 p.m.	Ts' Denoni Youth Concert Youth Program and Native Connections	Bear River Recreation Center Contact Stephan Cheney at 707- 499-2046 or Cara Owings at 707-825-4027. Free
Sept. 20 5:30 to 7:00 p.m.	"More Than Sad" film screening Learn about teen depression, warning signs, risk factors for suicide and how to support youth.	Redway Family Resource Center Redway Elementary School 344 Humboldt Ave., Redway Contact Amy Terrones at 707-923-1147. Free
Sept. 23 8 a.m. to 5 p.m.	Youth Mental Health First Aid Training Mental Health First Aid teaches participants to help someone experiencing a mental health or substance use-related crisis.	Fortuna For more information and to register, contact Teasha Jones at 707-268-2132 or publichealthpei@co.humboldt.ca.us . Free
Sept. 26 6 to 8 p.m.	Question~Persuade~Refer Suicide Prevention Training Learn warning signs for suicide, how to ask, persuade and promote help-seeking and refer to resources	Yurok Tribal Office-Weitchpec To register, contact Eric Ruiz at 707-825-4148 or eric.ruiz@crihb.org . Free
Sept. 29 8:30 a.m. to noon	Question~Persuade~Refer Suicide Prevention Training Learn how to help a young person struggling with thoughts of suicide. This is for anyone working in a school setting.	Humboldt County Office of Education in the Annex room 901 Myrtle Ave., Eureka. For more information and to register, visit http://my.hcoe.net . Free



suicideispreventable.org

Funded by counties through the Mental Health Services Act (Prop 63).



Suicide Prevention and Stigma & Discrimination Reduction and Family Violence Prevention Programs

Healthy Communities Division of Public Health

Community Trainings We Provide

- **Applied Suicide Intervention Skills Training** is a 14-hour course which provides skills training in suicide intervention. This course is ideal for caregivers who have a greater likelihood of encountering a person at-risk for suicide (counselors, clergy, law enforcement, firefighters, emergency medical services, etc.) There is a small fee for this course. Please call for cost.
- **How Can I Help? Keeping Children Safe from Abuse and Violence.**
Domestic violence training for people who work with families, youth, and children.
- **Mental Health First Aid** is an eight-hour course that empowers participants to provide initial help to people experiencing mental health related problems such as depression, anxiety disorders, psychosis and addiction. Participants will learn how to recognize the risk factors and warning signs for mental health and addiction concerns, and strategies for how to help someone in both crisis and non-crisis situations.
- **Question-Persuade-Refer (QPR)** training is ideal for anyone who is a gatekeeper for those at-risk of suicide. QPR is designed to increase one's ability to recognize suicidal thoughts and behaviors, and to refer the person who is at-risk to a professional resource. Classes range in length and are free of charge. QPR is a dynamic curriculum that can be adapted to meet the unique needs of any group or organization.
- **Youth Mental Health First Aid** is an eight-hour public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent in crisis or experiencing a mental health challenge.

If you think someone is thinking about suicide, assume you are the only one who will reach out.

1. Talk to them in private
2. Listen to their story
3. Tell them you care about them
4. Ask directly if they are thinking about suicide
5. Encourage them to seek treatment or to contact their doctor or therapist



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LIFESAVERS MANUAL



AMERICAN FOUNDATION FOR
Suicide Prevention

If someone you know is thinking about taking their life, take it seriously. Suicidal thoughts can be life-threatening. Let them know their life matters to you. Stay with them. Help them create a safe environment by offering to remove lethal means. Help them find treatment.

AVOID

Debating the value of life.

AVOID

Advice to fix it.

AVOID

Minimizing their problems.

RESOURCES



Visit

Your Primary Care Provider
Psychiatric Hospital
Walk-in Clinic
Emergency Department
Urgent Care Center



Find a mental health provider

findtreatment.samhsa.gov
mentalhealthamerica.net/finding-help



National Suicide Prevention Lifeline

1-800-273-TALK (8255)
Veterans: Press 1



Text TALK to 741741


Text with a trained counselor from the Crisis Text Line for free, 24/7



CrisisChat.org



Call 911 for emergencies

A close-up photograph of a woman with long, dark hair and sunglasses perched on her head. She is smiling and hugging another person whose hair is visible in the foreground. The background is softly blurred, suggesting an outdoor setting.

Reaching Out Can Change Your Life

International
Survivors *of*
Suicide Loss Day

Saturday, November 18, 2017

YOU ARE NOT ALONE.

Join with a community of suicide loss survivors as we share stories of healing and hope.

Whether you are recently bereaved or years along in your grief journey, Survivor Day is the one day a year when we gather at events all over the world to heal, to support each other, and to take comfort in knowing we are not alone.

Each event is different, but all events will include a screening of an AFSP-produced documentary, which will explore the experience of suicide loss through the personal lens of several loss survivors.

For more information, visit afsp.org/SurvivorDay.









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afsp.org/SurvivorDay



RESOURCES

-  **Visit**
Your Primary Care Provider
Psychiatric Hospital
Walk-in Clinic
Emergency Department
Urgent Care Center
-  **Find a mental health provider**
findtreatments.samhsa.gov
mentalhealthamerica.net/finding-help
-  **Suicide Prevention Lifeline**
1-800-273-TALK (8255)
Veterans: Press 1
-  **Crisis Text Line**
741-741
-  **CrisisChat.org**
-  **Call 911 for emergencies**

Be a lifesaver.
Learn how you can fight suicide at afsp.org.



TALK
SAVES
LIVES



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Suicide Prevention

Some People are More at Risk for Suicide than Others



HEALTH FACTORS

Mental health conditions

- Depression
- Substance use disorders
- Bipolar disorder
- Schizophrenia and psychosis
- Personality traits of aggression, mood changes and poor relationships
- Conduct disorder
- Anxiety disorders

Serious or chronic health condition and/or pain

Traumatic brain injury

ENVIRONMENTAL FACTORS

Access to lethal means including firearms and drugs

Prolonged stress, such as harassment, bullying, relationship problems, and unemployment

Stressful life events which may include a death, divorce, or job loss

Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide

HISTORICAL FACTORS

Previous suicide attempts

Family history of suicide

Child abuse

Risk factors are characteristics or conditions that increase the chance that a person may try to take their life.

Suicide Warning Signs



TALK

If a person talks about:

- Killing themselves
- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.



BEHAVIOR

Behaviors that may signal risk, especially if related to a painful event, loss, or change:

- Increased use of alcohol or drugs
- Looking for a way to end their lives, such as searching online for materials or means
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too little or too much
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression
- Fatigue



MOOD

People who are considering suicide often display one or more of the following moods:

- Depression
- Anxiety
- Loss of interest
- Irritability
- Humiliation
- Agitation
- Rage

Assume You / Who Will Reach

IF YOU'RE CONCERNED

Listen to their story, calmly and without judgment. Take it seriously. Let them know you care. You could save a life.

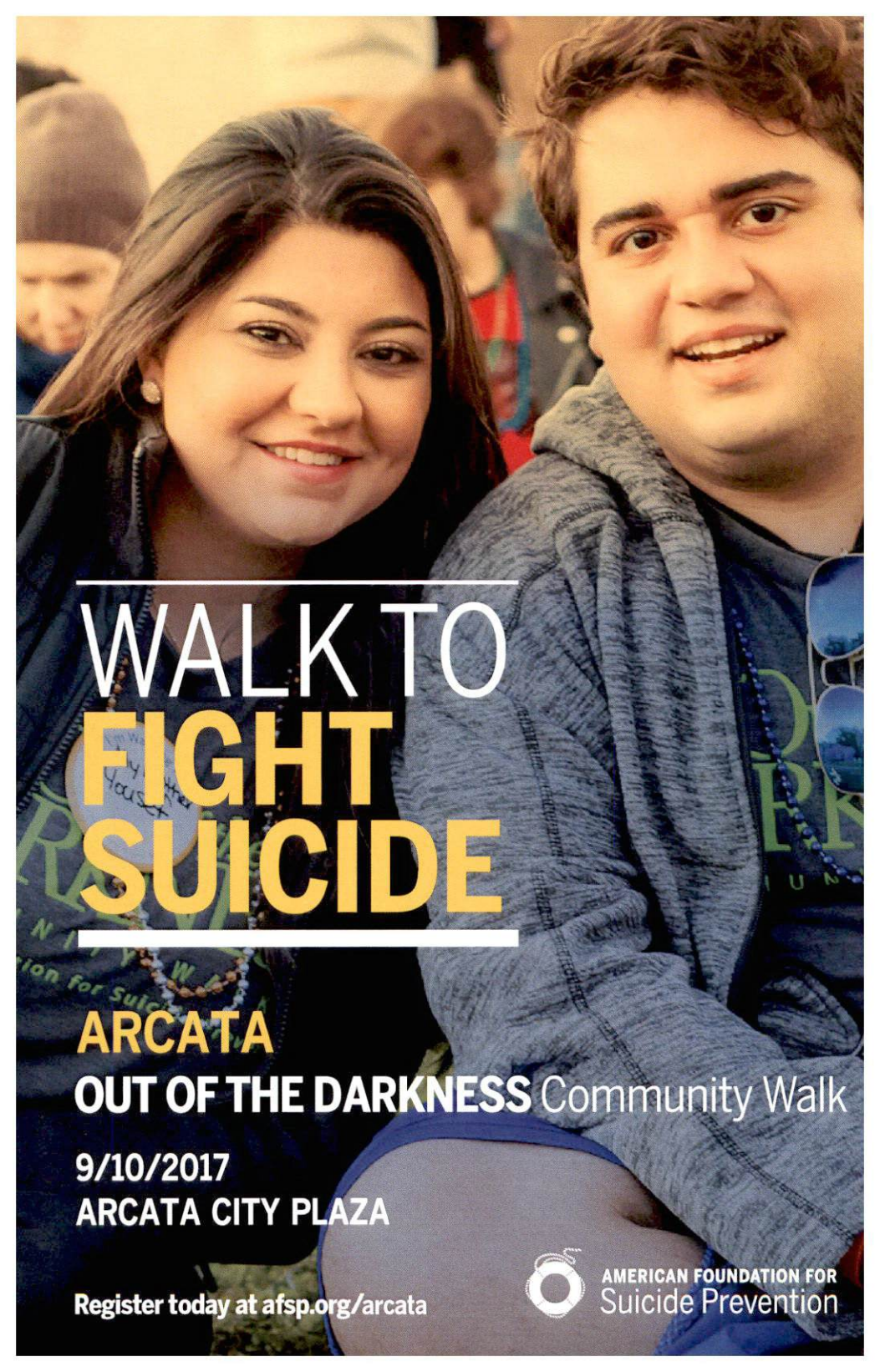
AVOID Debating the merits of suicide
AVOID Advice to fix the problem
AVOID Minimizing the person's pain

IF A PERSON SALES

Take the person seriously. Take life-threatening health issues seriously. Offer help with them to keep them safe. Encourage them to seek help and remind them that help is available. National Suicide Prevention Hotline: 1-800-273-8255. Follow up with them after the crisis.

IF YOU'RE STRUGGLING

Don't wait for someone else to help you. Talk to a clinician about your feelings. If you're worried about someone else who is struggling, encourage them to seek help.



WALK TO FIGHT SUICIDE

ARCATA

OUT OF THE DARKNESS Community Walk

9/10/2017

ARCATA CITY PLAZA

Register today at afsp.org/arcata



AMERICAN FOUNDATION FOR
Suicide Prevention



WALK TO FIGHT SUICIDE

OUT OF THE DARKNESS Community Walks

Suicide Prevention Starts With Everyday Heroes Like You. Register Today.

Sunday, September 10, 2017

Arcata Community Walk

at the Arcata Plaza

Check-in begins at 9am

afsp.org/arcata



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Suicide Prevention

afsp.org/walk

WALK. VOLUNTEER. DONATE.

You Have the Right to Mental Health



Federal law requires health insurance plans to cover mental health services, but each plan is different. Learn how to find the best health insurance plan for your mental health needs.

afsp.org/mhtools



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You Can Prevent Youth Suicide



Tell your school about the
**Model School District Policy
On Suicide Prevention**

afsp.org/modelschoolpolicy



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TALKING ABOUT



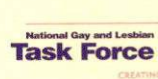
Suicide & LGBT Populations



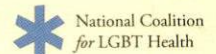
GLSEN



Co-Authors



Contributing Editors



INTRODUCTION

Expansive news coverage of several recent suicide deaths of youth known or believed to be gay has resulted in an unprecedented national discussion about suicide risk among lesbian, gay, bisexual and transgender (LGBT) people. Some of that coverage, however, has oversimplified or sensationalized a number of the underlying issues, and in some cases may have created the potential for suicide contagion risk (see below).

This guide provides ways to talk about suicide safely and effectively, while advancing vital public discussions about preventing suicide, helping increase acceptance of LGBT people, and supporting their well-being.

The recommendations that follow were adapted in part from existing research and media education materials developed by leading suicide prevention organizations, including the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center. To access some of these original resources, please visit www.lgbtmap.org/talking-about-suicide.

WHAT IS SUICIDE CONTAGION?

Research has shown a link between certain kinds of public visibility and media coverage about suicide, and increases in suicide deaths—a phenomenon known as *suicide contagion*. Suicide contagion is most likely to occur among persons who are already seriously depressed or contemplating suicide.

Contagion risk has been observed when:

- The number of stories about individual suicides increases.
- A particular death is reported in great detail across many stories.
- Coverage of a suicide death is placed on the front page of a newspaper or at the top of a newscast.
- The headlines about specific suicide deaths are framed dramatically (for example, “Bullied Gay Teen Commits Suicide by Jumping from Bridge”).

However, research also shows that risk of suicide contagion can be reduced when media report on suicide in a responsible way.

TALKING ABOUT SUICIDE IN SAFE & ACCURATE WAYS

The need for safe public discussions about suicide cannot be overstated. They are a critical part of protecting the health and safety of individuals at risk for suicide. The following 12 recommendations can expand these important

Bullying & Suicide

Research shows that LGBT youth report higher rates of anti-LGBT harassment and bullying than straight youth. But not every person who is the target of anti-LGBT bullying is LGBT. Many who are bullied are targeted because of their perceived sexual orientation or because they do not conform to someone’s expectations about gender.

The relationship between bullying and suicide is complex. Research indicates that persistent bullying can lead to or worsen feelings of isolation, rejection, exclusion and despair, as well as to depression and anxiety, which can contribute to suicidal behavior.

However, it is also important to note that the large majority of people who experience bullying do not become suicidal. Suggesting that suicide is a natural response to bullying can lead media to emphasize details that could increase contagion risk. If at-risk people see their own experiences of bullying, isolation or exclusion reflected in stories of those who have died, they may be more likely to think of suicide as a solution to problems they are experiencing.

Whenever possible, focus discussions on the need to systemically address anti-LGBT bullying—but do so in ways that don’t increase suicide contagion risk. Avoid taking shortcuts (for example, avoid saying “bullying causes suicide”) or using terms like “bullycide.” Instead, connect the need for bullying prevention back to the responsibility of individuals (like parents, family and friends), institutions (like schools), laws and society to ensure and promote the health, safety and overall well-being of people of all ages.

conversations while helping ensure that public discussions about suicide avoid inaccuracies and minimize risk for vulnerable LGBT people:

1. **DO emphasize individual and collective responsibility for supporting the well-being of LGBT people.** Remind people that individuals, families, communities and the whole of society have a responsibility to promote a culture that welcomes, accepts and supports LGBT people for who they are.
2. **DO encourage help-seeking by LGBT people who may be contemplating suicide, and emphasize the availability of supportive resources.** Young LGBT people, in particular, don’t often hear that there are adults who care about them and to whom they can go for help.

3. **DO emphasize the vital importance of family support and acceptance—not just as a factor that can help protect against suicide, but also as a crucial part of nurturing the emotional and psychological well-being of LGBT and questioning youth.** Family acceptance builds and supports the health and well-being of LGBT youth. Discussions that follow youth suicide deaths present an important opportunity to remind people—and families of LGBT youth in particular—of how important it is to love, embrace and accept their entire child for all of who they are.
4. **DON'T include details of a suicide death in titles or headlines.** Headlines are often the only things people read, and the need to make them short and attention-grabbing can lead to an emphasis on messages that can increase contagion risk. Also, headlines are often the only things that appear on social media outlets like Facebook, where contagion risks can also be elevated (see *Talking About Suicide in Social Media*).
5. **DON'T describe the method used in a suicide death.** Research shows that detailed descriptions of a person's suicide death can be a factor in leading vulnerable individuals to imitate the act.
6. **DON'T attribute a suicide death to experiences known or believed to have occurred shortly before the person died.** The underlying causes of most suicide deaths are complex and not always immediately obvious. Making hasty assumptions about those causes, even when based on comments from family or friends or media reports, can result in statements that are later proven to be inaccurate. Don't risk perpetuating false or misleading information by jumping to conclusions about the reasons for a particular suicide death. Also, directly attributing a suicide to bullying or another negative life event can increase contagion risk among vulnerable individuals who have similar experiences.
7. **DON'T normalize suicide by presenting it as the logical consequence of the kinds of bullying, rejection, discrimination and exclusion that LGBT people often experience.** Presenting suicide as the inexplicable act of an otherwise healthy LGBT person—or drawing a direct, causal link between suicide and the bullying or discrimination that LGBT people often face—can encourage at-risk individuals to identify with the victim (or the victim's life circumstances) and increase risk of suicidal behavior.
8. **DON'T idealize suicide victims or create an aura of celebrity around them.** Research shows that idealizing people who have died by suicide may encourage others to identify with the victim or seek to emulate them.

Research Findings on Suicide

Discussions about suicide deaths often rely heavily on numbers and statistics. The following research-based findings may be helpful in understanding the complexities of suicide ideation and behavior.

- A suicide attempt is not a strong predictor of completed suicide. Four out of five people (80%) who die by suicide are male. However, three out of every four people (75%) who make a suicide attempt are female.
 - Suicide rates generally increase with age, with the highest rates among those in the midlife years.
 - There is very little solid information available about suicide deaths among LGBT people. For this reason, be careful not to misrepresent data on suicide attempts by LGBT people as indicative of LGBT suicide deaths. The two are not the same.
 - In U.S. surveys, lesbian, gay and bi adolescents and adults have two to six times higher rates of reported suicide attempts compared to comparable straight people.
 - Surveys of transgender people consistently report markedly high rates of suicide attempts.
 - Two key suicide risk factors for LGBT people are individual-level factors such as depression and experiences of stigma and discrimination, including anti-LGBT hostility, harassment, bullying and family rejection. There is growing evidence that the two factors are linked.
9. **DON'T use terms like “bullycide.”** This inaccurate word suggests the murder of a bully, not a suicide death. It can also elevate contagion risk by suggesting that suicide is a natural response to bullying.
 10. **DON'T talk about suicide “epidemics.”** This can encourage at-risk individuals to see themselves as part of a larger story and may elevate suicide risk.
 11. **DON'T use words like “successful,” “unsuccessful” or “failed” when talking about suicide.** It is extremely dangerous to suggest that non-fatal suicide attempts represent “failure,” or that completed suicides are “successful.” Instead, simply talk about a *suicide death* or *attempted suicide*. Also avoid the phrase “committed suicide.” The word “committed” is usually associated with a criminal act and can re-victimize surviving family. Say *died by suicide* or that the death was a *suicide death* instead.

12. **DON'T say that a specific policy (or its absence) will in and of itself "prevent suicide."** Instead, talk about how anti-LGBT laws or policies have been shown to negatively impact the well-being of LGBT people (for example, the American Psychological Association has noted many negative health effects of excluding gay and lesbian couples from marriage).

TALKING ABOUT SUICIDE IN SOCIAL MEDIA

Social media are a vitally important vehicle for expanding public conversations about the well-being of LGBT people, promoting the need for family support and acceptance, and encouraging help-seeking by LGBT people who may be contemplating suicide. The first three recommendations in the *Talking About Suicide in Safe & Accurate Ways* section can provide a strong foundation for talking about these issues in social media.

However, because of the nature, reach and speed of social media, platforms like Facebook, Twitter and blogs can also elevate contagion risks associated with unsafe media discussions about suicide.

In an age of increasingly rapid and dense information, brevity is often the currency of social media. But that brevity can make it difficult to communicate complexity and nuance in social media, and as a result, social media can present unique risks and challenges when talking about suicide.

Everything from re-tweeting to "liking" or "sharing" a Facebook post gives social media a speed and uncontainability that, while not necessarily problematic in everyday contexts, can quickly spread misinformation about a suicide death or endanger at-risk individuals who may be contemplating suicide. For those reasons:

- **Don't use Twitter or Facebook to announce news of suicide deaths.**
- **Don't give details of a suicide death** (for example, details about means of death) **or the ages/personal details of the victim on Twitter or Facebook.**
- **Don't re-post problematic mainstream media headlines** (for example, "Student, 15, Commits Suicide Over Bullying") **on Facebook or Twitter.**

- **Don't talk about suicide "epidemics" in social media.**
- **Be careful how you phrase things on Facebook.** Because Facebook users routinely "Like" posts that interest them or that they want to follow comments on, a post titled "Suicide Claims Life of Another Gay Teen" could be painful for surviving family and/or create a public backlash if people start to "Like" it. Similarly, a suicide-related post titled "Bullying Is Killing LGBT Teens" could increase contagion risk by suggesting that suicide is a natural response to bullying.

Resources

The following organizations can provide additional resources for talking about suicide and LGBT populations:

General Suicide Prevention, Research and Help-Seeking Resources

American Foundation for Suicide Prevention (AFSP)
www.afsp.org

Johnson Family Foundation
www.jffnd.org

Media Education & Messaging Resources

Gay & Lesbian Alliance Against Defamation (GLAAD)
www.glaad.org

Messaging Resources

Movement Advancement Project (MAP)
www.lgbtmap.org

Bullying Prevention & Safe-Schools Issues

Gay, Lesbian and Straight Education Network (GLSEN)
www.glsen.org

LGBT Youth Crisis & Support Lifeline

The Trevor Project
www.thetrevorproject.org
Trevor Lifeline: 866-4-U-TREVOR (866-488-7386)



ABOUT THIS SERIES

This is one in a series of documents on effectively talking about LGBT issues, also including: Overall Approaches, Marriage & Relationship Recognition, Inclusive Employment Protections, Inclusive Hate Crimes Laws, Adoption & Gay Parents, Ending Don't Ask, Don't Tell, Talking About LGBT Equality with African Americans, Talking About LGBT Equality with Latinos, an Ally's Guide to Talking About Transgender-Inclusive Non-Discrimination Laws, and an Ally's Guide to Terminology. For downloadable versions, visit www.lgbtmap.org/talking-about-lgbt-issues-series or www.glaad.org/talkingabout. © 2011 Movement Advancement Project (MAP).





SPEAKING OUT ABOUT SUICIDE

Telling your story can save lives, but only if you share it safely. Sharing your story lets people know they are not alone and shows them recovery is possible. If done safely, your story will encourage people at risk to seek help.

DO

Be at a safe place in your recovery. Reflect on your own frame of mind. As a general guideline, wait at least one year after the attempt or loss before speaking.

Define key messages. Your story should not simply express pain. Your goal should be to educate and inspire hope.

Practice. Speak slowly, and time your talk to fit into the overall program.

Present the narrative. Emphasize the journey. Talk about both before and after the loss or attempt, and how you've healed since.

Know your audience. Consider who you will be talking to (e.g., students, clinicians, survivors) and tailor your remarks accordingly.

Be honest and comprehensive. Do not focus solely on the loss or attempt. Include the full range of your experience, both the positive and the negative.

Provide mental health resources for your audience to take home, like the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or afsp.org.

AVOID

Don't use phrases like "commit suicide" or "successful attempt." These phrases perpetuate suicide's stigma and moral judgment. Preferred terms are "ended life" or "died by suicide".

Avoid details about suicide methods. Method should only be mentioned if your story would be incomplete to the listener without it. If mentioned, avoid including details, since graphic descriptions can prompt copycat behaviors.

Don't simplify suicide. Reducing the attempt or loss to a single cause fails to educate the public about the many warning signs and risk factors that can signal an attempt.

Don't glorify suicide. Portraying suicide as honorable or romantic can influence vulnerable individuals to view suicide as a viable option.

Avoid portraying suicide as an option. Suicide is not a rational backup plan or coping behavior.

