



ZERO Suicide Articles to Share

Here are some short articles that could be used in newsletters, emails, or other communication pieces. You can adjust the message to fit with your organization.

We don't say "committed suicide" anymore.

We all know that language is important. The way we talk about people with suicidal thoughts and behaviors influences how we feel about them. Also, our language can help increase or reduce the pervasive stigma around suicide.

We want to move away from using the phrase "committed suicide" and towards "died by suicide" or "died from suicide." The word "committed" relates to crimes. People commit crimes. People don't commit a heart attack or a stroke. Also, "committed" infers that the person is to blame for their suicide attempt or death. This type of language reinforces the stigma around suicide which contributes to people hiding their suicidal thoughts and making it difficult for us to help them recover.

- Instead of "they attempted to commit suicide," say "they attempted suicide."
- Instead of "they committed suicide," say "they died by suicide" or "they died from suicide."

→ [Check out Now Matters Now for more information](#)

Myth Busting: Asking is not suggesting

It is a common myth that asking someone if they are having suicidal thoughts will cause them to develop suicidal thoughts. That's not true.

It's also common for healthcare and behavioral healthcare professionals to worry about suggesting suicide to a patient. But it's really the opposite. Asking someone in a calm, warm, and matter-of-fact way can help patients who are experiencing suicidal thoughts feel safe and comfortable sharing those thoughts.



Suicide and Alcohol

People who use substances, particularly alcohol and opioids, are at high risk for suicide. Research has found that approximately 36% of men and 29% of women died by suicide with alcohol in their system. There is a higher risk of suicide death with low amounts of alcohol consumption and increases significantly the more the person drinks. The research showed that 24% of men and 17% of women who died by suicide with alcohol in their system had blood alcohol levels that were higher than the legal limit for driving.

Substance use and mental health are sometimes seen to be distinctly different areas of behavioral healthcare. However, they definitively overlap for suicide risk.

Conner, K. R., & Bagge, C. L. (2019). *Suicidal Behavior. Alcohol Research: Current Reviews*, 40(1), arcr.v40.1.02. <https://doi.org/10.35946/arcr.v40.1.02>

LGBTQIA+ Adolescents and Suicide

LGBTQIA+ adolescents are at higher risk for suicide than their straight peers. Adolescents who identify as transgender have significant risk of suicide, particularly if they do not have a supportive family. Supporting LGBTQIA+ youth and adolescents should include using their pronouns and the name they want to use. Doing these simple things can help prevent suicide for LGBTQIA+ adolescents. Also, it's important to be transparent in the beginning of treatment about what you must disclose to family so the adolescent understands and can make decisions about what to share.

Polidori, L., Sarli, G., Berardelli, I., Pompili, M., & Baldessarini, R. J. (2023). *Risk of Suicide Attempt with Gender Diversity and Neurodiversity. Psychiatry Research*, 115632. <https://doi.org/10.1016/j.psychres.2023.115632>

Zero Suicide Workforce Survey

We've recently sent out the link for the [Zero Suicide Workforce Survey](#). This survey focuses on you and what you think, feel, and know about working with patients who are experiencing suicidal thoughts and/or behaviors. The information we will get from this survey is important to our organization and will help us plan ways to better support you so you can support our patients at risk of suicide. We believe that every one of us has an important role in suicide prevention, no matter if you have a clinical or non-clinical role. We all want to support our patients the best way we can. Please make sure to make time to answer the workforce survey questions!

Myth Busting: Suicide and Mental Health

It's a common myth that the only people who die by suicide have a mental health disorder. This isn't true. Suicide attempts and deaths can be related to financial, legal, relationship, and housing, etc. issues. It is true that having a mental health disorder increases someone's risk for suicide and having legal or financial problems can also increase someone's risk for suicide. Not all people who die by suicide have depression. This is one reason why screening for suicide any time a patient connects with our healthcare or behavioral healthcare system is important.

Centers for Disease Control and Prevention. (n.d.). Risk and protective factors for suicide. Centers for Disease Control and Prevention. <https://www.cdc.gov/suicide/risk-factors/index.htm>

Did You Know: Suicide Affects All Groups

Suicide affects all groups, including people of different ages, races, ethnicities, sexual orientations, and occupations, as well as those with other characteristics. But suicidal thoughts and behaviors can vary across populations, and risk and protective factors for suicide may also differ.

The page below summarizes the suicide problem, risk and protective factors, and opportunities for prevention among specific populations.

➔ [SPRC resources for specific populations](#)