

# Suicide Prevention Language Toolkit

## Why Language Matters in Suicide Prevention

Research shows that certain words that are used to describe health conditions can have significant consequences and impacts on those who are struggling and how they are treated. Suicide, substance use disorders, and mental illness are highly stigmatized, and when harmful or dismissive language is used, it can intensify feelings of shame, guilt, or hopelessness, making it even harder for someone to speak up or seek support.

By using specific words and phrases that are respectful, non-judgmental, and person-centered, we can create an open environment where people feel seen, heard, and safe. When individuals feel understood and accepted, they are far more likely to reach out for support and engage in conversations about mental health and suicide.

This toolkit offers guidance on recommended words to use and avoid related to suicide.

Avoid This	Instead Say This	Why?
Commit / Committed suicide Successful / Completed suicide attempt	Died / Death by suicide Took / Ended their own life Lost their life to suicide Fatal suicide attempt	“Commit” insinuates a crime or morally wrong behavior. Suicide is not a selfish act or a crime, and using neutral language helps break the stigma surrounding it. “Successful” or “completed” can unintentionally suggest that dying by suicide is a success rather than a devastating outcome.
Unsuccessful / Failed suicide attempt Incomplete suicide attempt	Suicide attempt Attempted suicide Non-fatal suicide attempt Survived a suicide attempt	“Unsuccessful” or “Failed” implies that death by suicide is a positive outcome, even though any death by suicide is a profound loss.
Suicidal Suicide victim Contemplators / Attempters Suicidal tendencies	Having / Experiencing suicidal thoughts or feelings Lived experience related to suicide	Labeling someone as “suicidal” reduces them to a single moment of crisis or a mental health struggle. It implies that the crisis defines who they are, when in reality, a person’s identity is far broader than their distress or diagnosis.

## Person-First Language

Using clear, accurate, and respectful language is essential for reducing discriminatory attitudes and practices. By leading with the person-first language—not the diagnosis—it emphasizes people’s identities and experiences, rather than defining them by a condition or label.

Instead of “committed suicide”, “suicidal person”, “suicide victim” or other terms that label people by their characteristics or condition, non-stigmatizing terminology recognizes the person first, e.g., people, person(s), individual(s).

Examples:

- A person thinking about suicide
- People who have experienced/survived a suicide attempt
- Person impacted/affected/bereaved by suicide
- People with lived experience related to suicide

## Additional Recommendations

- Harmful language promotes stigma or assigns blame or shame to the behavior. Suicide is nothing to be ashamed of or blamed for.
- Promoting language that makes individuals feel safe and free to express their thoughts, feelings, and struggles, and ask for help.
- Experiencing suicidal thoughts or behaviors is not a crime. It is important to avoid language that implies it is a crime or a looked-down-upon behavior.
- Avoid language such as “cry for help”, “attention-seeking” behavior, and “suicide gesture.” We don’t know what is going on in someone’s mind, and any attempt can be lethal.

### Learn more at [www.nchats.org](http://www.nchats.org)

This product was funded under The National Center for Health and Justice Integration for Suicide Prevention (NCHATS; P50MH127512, Johnson; subcontract to Addiction Policy Forum, Hulse), a national research center funded by the National Institute of Mental Health (NIMH).

The contents are solely the responsibility of the authors and do not necessarily represent the official views of NIMH, NIH, or other participating sites.