Special Considerations for Telling Your Own Story: Best Practices for Presentations by Suicide Loss and Suicide Attempt Survivors

Sometimes when peoples’ lives have been touched by suicide, they want to help others by sharing their experiences. Sharing one’s story with the public through presentations and media interviews is an important way to educate people about suicide. Research indicates that particular care needs to be taken when discussing suicide and here, a group of experts within the suicide prevention community offers the following best practices for you to think about prior to sharing your story.

Am I ready to speak? Have I healed enough to speak?

- Remember that if you don’t want to tell your story, you don’t have to. While some people feel it’s important to share, that isn’t true for everyone.
- Give yourself time to heal from your loss or your attempt in order to gain perspective from your experience. Know the difference between healing yourself and helping others. Allow yourself possibly several years after your own suicide attempt or loss before making public presentations.
- Consider seeking a consultation with a mental health or other clinician to assess whether it is an appropriate time for you to become a public speaker.

Am I prepared for my family’s reaction to my going public?

- It is important to realize that not all of your family members may be accepting of your telling the story of a loved one’s suicide or your own experience with a suicide attempt. They may be in different places emotionally or have different feelings about privacy.
- Before you go public, you may want to speak to your family members to learn their feelings. In the end, this is your story, not that of family members, and it is your decision to make. However, you may want to consider closely your comfort level and what impact telling your story publicly will have on them.
Am I prepared for the social ramifications of going public with my story?

Given the instant and widespread access to information through the Internet and social media, consider the long-term ramifications of going public with your story, such as the potential for loss of privacy in your future personal and business life. Remember, you always have the choice about how public you want to make your story. You are free to set limits on any recording that might take place at your presentation. Some people find it easier to present to groups they don’t know due to the perceived level of anonymity it affords. Others prefer to speak only to people/groups they know as they feel more comfortable and assured they will receive support.

Do Your Research

Consider collaborating with local suicide prevention experts in your community to seek feedback about the content of your presentation (e.g. written speech, Powerpoint slides). They can also be a useful source of information about local resources and suicide prevention efforts. Consider inviting suicide knowledgeable mental health workers, guidance counselors, and public health workers to attend your presentation as they can be available to help provide support for you and your audience and also to field questions.
Resources

• It is very important for you to read and adhere to the Safe Messaging Guidelines that are referenced below. These guidelines are based on the best available research and address the complexities of talking publicly about suicide and the steps for doing so safely.

• Refer to the websites listed at the end of this document for resources, including statistics, warning signs, risk factors, media recommendations, and other related information. Provide and highlight affordable and/or free resources for audience members who might be in need of support. For example, mention (preferably at least twice) the National Suicide Prevention Lifeline, 800-273-TALK (8255) which is a national suicide crisis hotline; and emphasize that it is for those who need help and for those who care about someone who needs help. Also, be sure to mention that calling NSPL is free and it is available 24/7.
Help the audience understand that suicide results from multiple and interacting causes and is the result of a combination of factors including underlying depression and life circumstances. Statistics have shown that up to 90% of all people who die by suicide have a diagnosable and treatable psychiatric disorder at the time of their death (National Center for Health Statistics, 2005).

Avoid contributing to the myths that suicide is inexplicable or the result of a single event such as losing a job. Avoid giving a message that focuses on the impact of suicide (e.g. pain/devastation to others). For example, although it’s understandable for a grieving parent to want to implore the student body not to consider suicide because of the pain it will cause their families this is not a safe or effective suicide prevention message. It would be far preferable to focus on how to get help if they’re concerned that they (or someone they know) might be at risk, and give specific information about available resources in the community.

Although it’s generally acceptable to mention the method (such as gunshot or overdose), further detail (especially any graphic description) should generally be avoided. Consider the composition of your audience. What is appropriate to reveal to mental health professionals may not be appropriate to reveal to youth. If you are going to mention the method, clearly identify and explain to the audience your purpose for doing so.

Know your audience and adjust your presentation accordingly. It can be challenging to mix attempt and loss survivors in a single discussion because the dialogue can sometimes generate intense and even antagonistic emotions. For example, loss survivors may accuse attempt survivors of acting selfishly for not considering the pain that his/her suicide would cause. Conversely, attempt survivors may criticize loss survivors who focus on their own pain or culpability for not having somehow prevented the suicide rather than the pain the person who attempted was experiencing. On the other hand, mixing attempt and loss survivors can also produce meaningful insights that help each other heal.

You might also remind the audience before you begin that it is an emotional topic and they can feel free to leave the room at any time. Coordinate with the mental health workers who are attending the presentation to look out for anyone who might become upset by the topic. Sometimes discussing suicide and loss can bring up unexpected emotions and feelings.

If you’re asked a question that you prefer not to answer, it is perfectly acceptable to decline to answer, saying something like, “I appreciate your interest/concern/curiosity, but I hope you understand that I don’t feel comfortable discussing that publicly.”

And if you don’t know the answer to a specific question, it’s okay to tell the audience that. You can let that audience member know that you will attempt to get an answer and email a response at a later date.
Speaking to the Media

- Speaking to the media can be an opportunity to educate reporters about suicide. Read the media recommendations (referenced at the end of this document) and follow all the recommendations in this document when speaking to reporters.
- Also, be sure to provide media representatives with a copy of the media recommendations prior to speaking with them (don’t assume they will already know about it). Utilize opportunities to educate them by providing them with websites that have links to the information.
- After you speak with a reporter you might second-guess something you said. If the piece hasn’t been aired or written, you can contact the reporter and give additional clarification. You can request a reporter that they validate with you that they captured your words appropriately before printing something on which they are quoting you. Not all reporters will agree to let you see the article before it is printed, but you can always ask for the opportunity to review it.

Self care

Only by taking care of yourself can you help others. For example:

- Have a support system of your own in place following your presentation. This can include a mental health professional, family member, friend, clergy, or a colleague who is a fellow presenter who understands the nature and personal impact of your work as a public speaker.
- Utilize your own support system to de-brief following your presentation. It helps to “talk out” your feelings, the stories you’ve heard, and the heartache you may have been exposed to when you gave your speech. Sometimes you will encounter loved ones who are angry or who blame others. Yet others might want to share all the details of their loved one’s suicide or attempt, or their own attempt with you. Be prepared that people may want to ask you additional questions or share additional time with you. This can exact a toll, but remember that you are always free to set limits.
- Following your presentation, schedule downtime, rest, an activity, or a break from talking about the topics of mental health and suicide prevention. Maintaining a healthy balance in your own personal life is critical.
It is through the personal stories of the suicide bereaved and suicide attempters that public awareness about suicide moves forward. We encourage you to follow these recommendations to help strengthen the movement so that we continue to battle the stigma that surrounds suicide and help more people receive the support they need. You might consider ending your presentation with discussing the link between increased awareness about suicide and the need for the community to join the cause, volunteer, work with a non-profit, advocate, or join a local suicide prevention task force.

This document was created through the collaboration of several organizations and experts in the suicide prevention community, including: the American Association of Suicidology, the American Foundation for Suicide Prevention, the National Suicide Prevention Lifeline, NAMI New Hampshire, Suicide Awareness Voices of Education, and several individual mental health advocates and public speakers.
Resources

American Association of Suicidology (www.suicidology.org)

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

National Suicide Prevention Lifeline, 1-800-273-TALK (8255) (www.suicidepreventionlifeline.org)

Suicide Awareness/Voices of Education (www.save.org)

Suicide Prevention Resource Center (www.sprc.org)

Suggested Reading

The Suicide Prevention Resource Center’s Safe and Effective Messaging for Suicide Prevention, (www.sprc.org/library/SafeMessagingfinal.pdf)

Suicide Reporting Recommendations (suicidology.org/reporting-recommendations)

The Entertainment Industries Council’s Depicting Suicide Prevention and Depression in the Movies and on Television (www.eiconline.org/resources/publications/z_picturethis/Disorder.pdf)