

THE CRITICAL IMPORTANCE OF LIVED EXPERIENCE

People with lived experience are individuals who have experienced a suicide attempt, suicidal thoughts and feelings, or a suicide loss. When planning suicide prevention efforts, it is vital to solicit the unique perspectives of people with lived experience and engage them in suicide prevention leadership, prevention planning, treatment, and community education.

Why It's Important

- People who have attempted suicide are more likely to die by suicide. Engaging them in their own care can help reduce suicide risk among this group.
- People who have been affected by a suicide death are at increased risk for suicide. Engaging them in their healing can help reduce their risk for suicide.
- People with lived experience can serve as models of hope for others at risk for suicide and who have lost someone to suicide.
- The insights of people with lived experience can be extremely valuable in prevention planning, treatment, and education, contributing to improved care, enhanced safety, reduced suicide attempts and deaths, and improved support for loss survivors.
- Involving people with lived experience in your suicide prevention efforts can help us better tailor our approaches to meet needs.

<https://www.sprc.org/keys-success/lived-experience#:~:text=Engaging%20them%20in%20their%20healing%20can%20help%20reduce%20their%20risk%20of%20suicide.&text=The%20insights%20of%20people%20with,improved%20support%20for%20loss%20survivors.>

HOW WE SAY IT MATTERS

- Avoid stigmatizing or derogatory language. This includes words like “crazy,” “psycho,” “nuts,” “lunatic,” “deranged,” etc. Also avoid “committed suicide” (associated with crimes or sin) and “successful/failed suicide” Instead, use “suicide attempt,” “suicide death,” or “attempted/died by suicide,” “loss survivor” and “attempt survivor.”
- Use people-first language rather than labels. This means describing, for example, someone as “living with schizophrenia” rather than “a schizophrenic.”
- Avoid relying on stereotypical imagery of people looking disheveled or threatening, or clutching their head. Most people living with mental illness show no outward signs of distress.
- Avoid descriptions and images of suicide acts or methods, such as images of guns, pills, or nooses, pictures or descriptions of the location of a suicide, or details about a suicide attempt or death. Members of the coalition have noted that using words associated with firearms and other weapons can be troubling – avoid using words/phrase like “target or targeted,” “shot or shoot.”

<http://www.eiconline.org/teamup/wp-content/files/teamup-mental-health-social-media-guidelines.pdf>