

## Table 2. Ways to Talk About Suicide

| Give accurate information about suicide   | By saying...   |
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| <p>Suicide is a complicated behavior. It is not caused by a single event.</p> <p>Research is very clear that in most cases, underlying mental health conditions like depression, substance abuse, bipolar disorder, PTSD, or psychosis (and often comorbid occurrence of more than one) were present and active leading up to a suicide. Mental health conditions affect brain functioning, impacting cognition, problem-solving, and the way people feel. Having a mental health problem is actually very common and is nothing to be ashamed of, and help is available.</p> <p>Talking about suicide in a calm, straightforward manner does not put ideas into other physicians' minds.</p> | <p>“The cause of [Name]’s death was suicide. Suicide most often occurs when several life and health factors converge, leading to overwhelming mental and/or physical pain, anguish, and hopelessness.”</p> <p>“There are treatments to help people with mental health struggles who are at risk for suicide or having suicidal thoughts.”</p> <p>“Since 90% of people who die by suicide have a mental health condition at the time of their death, it is likely that [Name] suffered from a mental health problem that affected [Name]’s feelings, thoughts, and ability to think clearly and solve problems in a better way.”</p> <p>“Mental health problems are not something to be ashamed of—they are a type of health issue like any other kind, and there are very good treatments to help manage them and alleviate the distress.”</p> |
| <p><b>Address blaming and scapegoating</b></p>  | <p>“The reasons that someone dies by suicide are not simple and are related to mental anguish that gets in the way of the person thinking clearly. Blaming others—or blaming the person who died—does not acknowledge the reality that the person was battling a kind of intense suffering that is difficult for many of us to relate to during normal health.”</p>  |
| <p><b>If asked about the method of death, be open but brief, without going into graphic detail</b></p>  | <p>“It is tragic that [Name] died by suicide. Let’s talk about how [Name]’s death has affected you and ways for you to handle it.”</p> <p>“How can we figure out the best ways to deal with our loss and grief?”</p>   |

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| Address anger   | By saying...   |
| Accept expressions of anger at the deceased and explain that these feelings are normal.   | “It is not uncommon to feel angry. These feelings are normal, and it doesn’t mean that you didn’t care about [Name]. You can be angry at someone’s behavior and still care deeply about that person.”  |
| Address feelings of responsibility  | By saying...   |
| <p>Reassure those who feel responsible or think they could have done something to save the deceased.</p> <p>Many physicians have exceedingly high expectations of themselves, and along with medical training, they may feel that they should have detected signs of suicide risk. The reality is that many cloak their internal distress (to their detriment) so that it can be challenging for even the closest people in their lives to observe the change in their mental state. This highlights the importance of asking and caring when you notice even subtle changes in others’ usual way of behaving and approaching problems.</p> | <p>“[Name] was a colleague, a friend, and not your patient. No one has the ability to predict imminent suicide. We do know that talk saves lives. If your gut instinct tells you something is different about a colleague’s behavior, engage in a conversation with them, and if you are concerned, encourage them to seek help and consider letting [Name of appropriate person] know.”</p> <p>“This death is not your fault. This is an outcome we all would have wanted to prevent, and no one action, conversation, or interaction is what caused this.”</p> <p>“We can’t always predict someone else’s behavior. Especially when many of us are able to hide distress.”</p> |
| Promote help-seeking  | By saying...   |
| <p>Advise physicians to seek help from a trusted mentor or mental health professional if they or a friend are feeling depressed.</p> <p>Communicate that we don’t need to wait for a crisis—early help-seeking is a sign of strength. If colleagues have thoughts of self-harm, encourage them to call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), text HELLO to the Crisis Text Line at 741-741, go to the emergency room, or call 911.</p>   | <p>“We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried, or depressed, or had thoughts of suicide?”</p> <p>“There are effective treatments to help people who have mental health struggles or substance use problems.”</p> <p>“Suicide is never an answer.”</p> <p>“This is an important time for all in our community to support and look out for one another. If you are concerned about a friend or colleague, you need to be sure to tell someone.”</p> <p>“Whether you get help from recommended resources or others, the important thing is to get help when you need it.”</p>  |

*\*Adapted with permission from [After a Suicide: A Toolkit for Physician Residency/Fellowship Programs](#) developed by the American Foundation for Suicide Prevention and Mayo Clinic.*

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