How to talk about suicide: Making every word matter

Practical guidance for individuals, employers and educators from leading suicide prevention experts





Contents

| Introduction | 02 |
|---|----|
| Empathy & Connection | 12 |
| Talking to Someone You're Concerned About | 20 |
| Talking to Someone Bereaved by Suicide | 30 |
| How to Talk About Suicide at Work | 34 |
| Talking About Suicide in Education | 42 |
| Talking About Suicide at Home | 52 |



We need to talk about suicide

Talking about suicide is hard. Starting the conversation is hard. Finding the right words is hard. Whether you're talking to a friend in crisis or a bereaved colleague, it's hard.

But it's worth it. Because talking about suicide saves lives.

On Wednesday 25th November 2020, my brother Josh, my only sibling, took his own life. To help prevent more families from experiencing the same devastating loss, I set up R;pple.

But I recognise that we need to do more. As a society, we need to be better at talking about suicide. So, after reading this guide, you should feel confident in having these hard conversations empathetically, openly and with confidence.



Alice Hendy MBE
Founder and CEO
R;pple Suicide Prevention

Created in collaboration with Zero Suicide Alliance

The Zero Suicide Alliance (ZSA) is a UK-based suicide awareness and prevention initiative hosted by Mersey Care NHS Foundation Trust. We believe that one life lost to suicide is one too many.

Through our free online training and resources, we aim to empower, educate, and equip individuals and organisations to take meaningful action in support of suicide awareness and prevention.

We must challenge the stigma that prevents so many from speaking openly and we must ensure that as many people as possible have the tools to make a difference. Conversations about suicide can be lifesaving.

This guide complements our training and perfectly supports our mission. By encouraging more open, informed conversations, we hope it helps create a world where talking about suicide is not only possible, but powerful.



Dr Claire Iveson

Director at Zero Suicide Alliance
Clinical and Strategic Lead for Suicide Prevention
Mersey Care NHS Foundation Trust

Who are R;pple?

R;pple is a leading suicide prevention charity and a recognised member of both the International Association of Suicide Prevention (IASP) and the National Suicide Prevention Alliance (NSPA).

Founded by Alice Hendy MBE, R;pple transforms harmful online searches into a journey of hope, offering life-saving support to individuals at their most vulnerable moments.

With over 1.9 million users across 50 countries and territories, R;pple's crisis intervention tool intercepts online searches related to self-harm, suicide, and a wide range of mental health challenges, directing individuals to free, 24/7 mental health support.

Backed by leading organisations and freely available to educators, individuals, and charities, R;pple continues to broaden its impact, creating safer online spaces and saving lives from suicide.



Get support

While this guide is focused on talking about suicide, it will openly discuss sensitive topics which you may find distressing. If you need support, please reach out to the services detailed below.

For more helplines and support services, visit the <u>R;pple website</u> for a curated list of recommended options.



Urgent

Call 999 if there is a risk of immediate harm.



Non-urgent

Contact your GP, dial 111 or contact the helplines below.



Samaritans

(i) 24/7 helpline

Call 116 123

www.samaritans.org



Shout

(i) 24/7 messaging support

Text SHOUT to 85258

www.giveusashout.org



CALM

Anyone struggling with life (5pm - midnight)

Call 0800 58 58 58

Use webchat or WhatsApp

www.thecalmzone.net



PAPYRUS

Helpline for under 35s and those supporting them

Call 0800 068 41 41

www.papyrus-uk.org

Note: This guide aims to provide practical information to readers across the globe. However, references to support helplines will be UK-focused. We encourage readers outside the UK to seek out reputable support local to them.

Contributors

From mental health experts to passionate campaigners and those with lived experience of suicide bereavement, we owe so much to our contributors.



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Steve Phillip Founder The Jordan Legacy CIC

Who should read this guide?

You don't need to be a mental health expert to read this guide. If you're unsure how to talk to someone grieving by suicide, communicate the loss of a colleague, or support someone close, this is for you.

After reading this guide, you will have the knowledge to talk openly and empathetically about suicide. In doing so, you'll be contributing to a world where fewer lives are lost to suicide and a world where fewer families, friends and colleagues are impacted by the devastating ripple effect that follows.

Free online suicide awareness training

The Zero Suicide Alliance's <u>free suicide</u>
<u>awareness training</u> aims to improve suicide
awareness, includes information about
suicide warning signs, and shares tips for
how to talk to someone you're worried about.



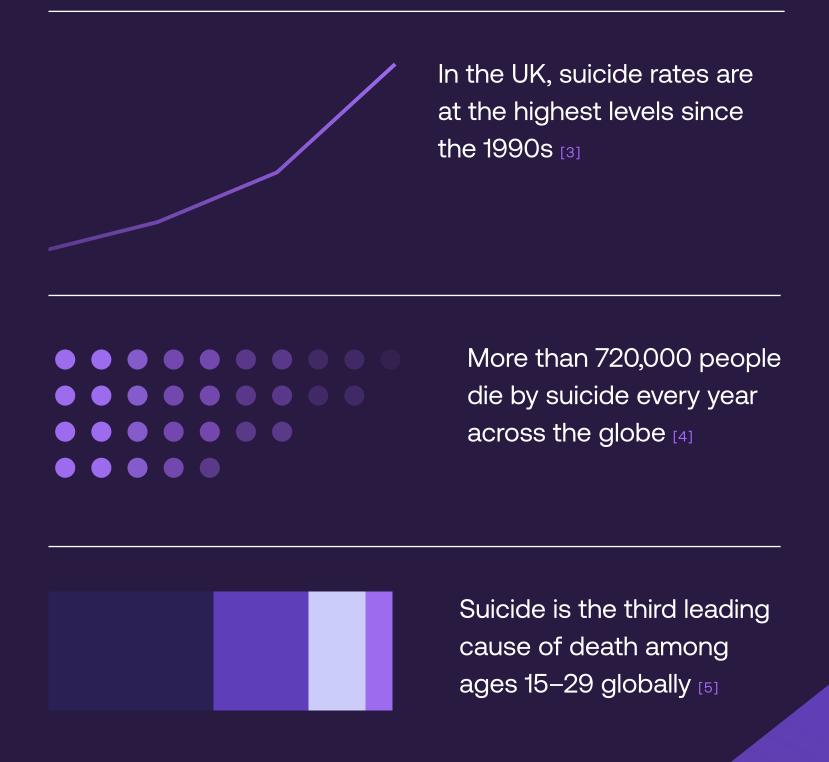
An empty seat at the dinner table. A social media post from the wife of a colleague.

That sharp intake of breath when you learn what happened to a friend from school.

Many reading this guide will have felt the traumatic effect of suicide.

In the UK, suicide is at its highest level in 30 years [1]. Each tragic death creates a lasting ripple effect, profoundly impacting the lives of friends, families, colleagues and the wider community.

While great strides have been made in normalising mental ill health and reducing stigma, suicide remains misunderstood and taboo. This must change. By breaking that silence and making it OK for people to talk about suicide, we can save lives [2].



O1 Empathy & Connection



Words are very powerful and their kind, correct use is pivotal in determining whether or not someone will feel comfortable in opening up about their mental ill-health or suicidal thinking.



John Gibson
CEO and Founder,
The Canmore Trust



Empathy and Connection

Whether you're talking to a friend in crisis or a bereaved colleague, it's normal to feel uncomfortable talking about suicide. It's normal to not know exactly what to say.

And it's normal to want to jump in with solutions. That's why empathy is important. To engage empathetically, keep these points in mind.

The term 'committed suicide' is a legacy of the Middle Ages: a time when suicide was considered both illegal and sinful. A time when bereaved family members were punished.

Today the word 'commit' (i.e. to perpetrate something) is still in use for criminal offences like murder or assault. Yet in many countries - where suicide is no longer a criminal act - these words remain stubbornly ingrained.

By using alternative phrases, you'll reduce the stigma and shame associated with suicide. Suicide is not a crime, it's a tragedy.



05

Start a conversation

When talking about suicide there's no script to follow, but keep in mind these key points.

| 01 | Ask open and honest questions without judgement Show that you're listening by reflecting on what they say and asking follow-up, clarifying questions. |
|----|---|
| 02 | Remind yourself that you don't know how they feel: You also don't need to fully understand why they feel the way they do. |
| 03 | You don't need to provide an answer or a solution: You're there to support and understand, not to act as |

an expert.

Not everyone is ready to talk: That's OK. It's not a reflection on you. Say you're there for them if they want to talk later.

Follow up on commitments: Whoever you're talking to, whatever the scenario, always follow up on any plans that you agree together.

Words matter

This guide aims to make you confident when talking about suicide and that means using the right language.

Unfortunately, many stigmatising phrases are deeply embedded in our vocabulary and remain in regular use. It can take time to change the words you use, but it's well worth doing.

[]

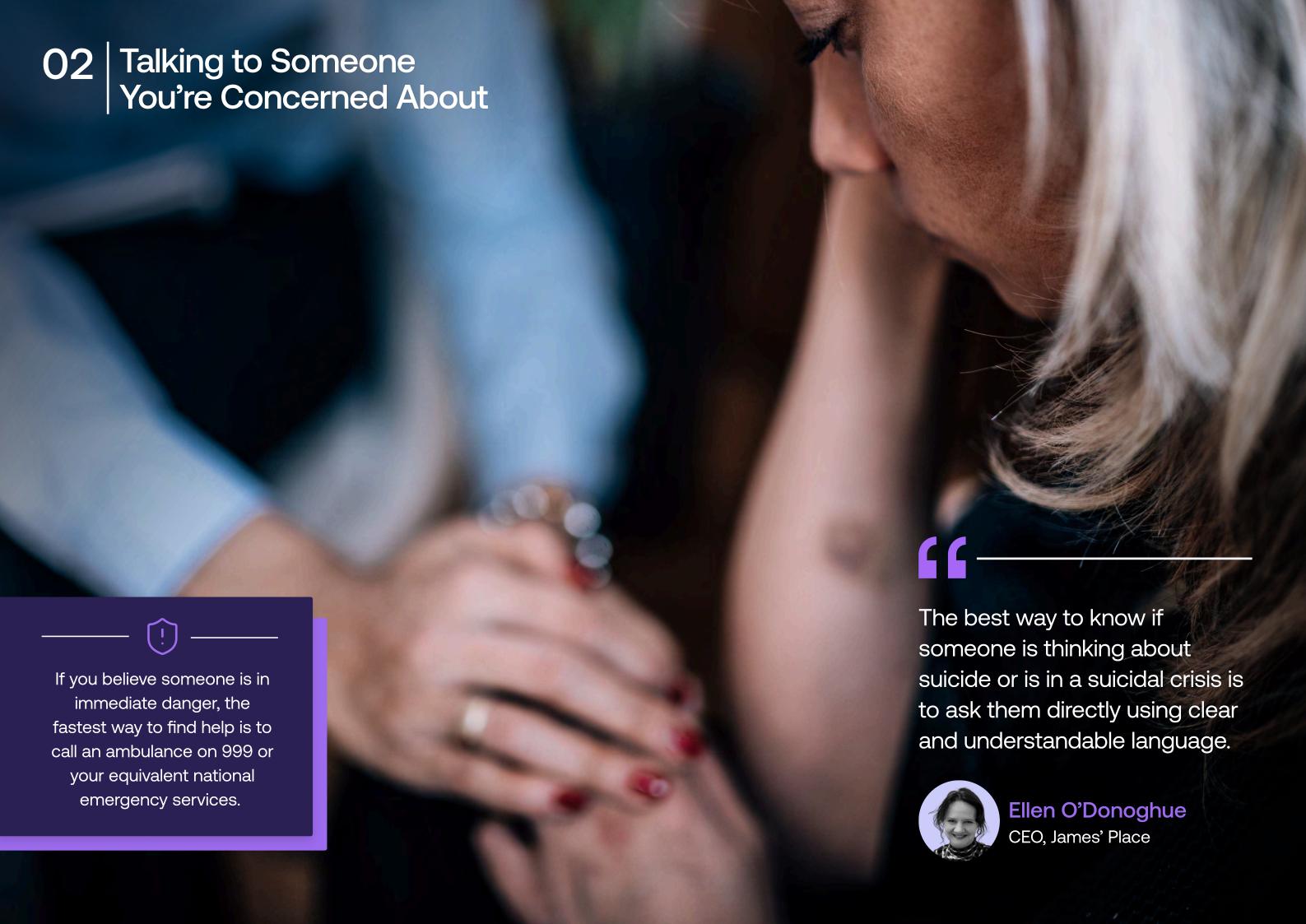
Sometimes you might catch yourself not using the right language. It's OK to correct yourself during the conversation. This reinforces the importance of the words we use.

Talking about suicide

| Don't Say | Say Instead | Why? |
|--|---|--|
| Commit suicide.Committed suicide. | Died by suicide.Death by suicide.Lost their life to suicide. | Commit implies suicide is a crime and therefore something shameful. |
| Successful suicide.Unsuccessful suicide. | Died by suicide.Survived a suicide attempt.Lived through a suicide attempt. | The reference to success is inappropriate because it frames suicide as an achievement. |
| <name> is suicidal.</name><name> is feeling suicidal because</name> | <name> is facing suicide.</name> <name> is thinking of suicide.</name> <name> has experienced suicidal thoughts.</name> | Individuals are complex. They are more than their suicidal thoughts. Due to the complexity of suicidal thoughts and death by suicide, avoid speculation on the reason or cause. |
| Victim.Suffering from a mental illness. | Being treated for a mental illness. An individual with a mental illness. | These phrases suggest a lack of quality of life and loss of autonomy. |

Talking to someone with suicidal thoughts

| Don't Say | Say Instead | Why? |
|---|--|---|
| Things aren't that bad. Others have it worse. You're just having a rough time right now. You're just being dramatic. | I'm so glad you told me. Tell me more about how you've been feeling. You are not alone. | It's only human to encourage a loved one to adopt a more positive perspective, but this invalidates the person's pain and can make them feel lonely and unheard. Even if you don't know what to do to help, simply being there and listening can reduce their feelings of isolation and shame. |
| You're not going to do anything silly, are you? Are you thinking of ending it all? | Are you having thoughts of suicide? Are you feeling suicidal? Have you been thinking about killing yourself? | Show that you are not going to dismiss or make light of their feelings. Ask open questions rather than ones that require a yes or no answer. Be direct: using the word suicide yourself shows others that you are serious and that you are there to listen. |
| Are you doing this to get attention? How could you be so selfish? How could you even think about that? | I can't imagine how painful this is for you, but I would like to try to understand. | If someone tells you that they are experiencing suicidal thoughts, it can be difficult to process but it must be taken seriously. Avoid reactive language and reassure the person that they are not 'attention seeking' or 'selfish'. |



It's crucial to know that asking someone about feeling suicidal does not put them at a greater risk. [6]

Experts at leading suicide prevention charity, PAPYRUS, regularly speak to people experiencing suicidal thoughts and they agree: 'We hear the opposite. Talking about thoughts of suicide makes people feel safer, and more able to ask for help'. [7]

So, if you are worried that someone might be having thoughts of suicide, it's OK to ask them directly. Trust your instincts: if you feel concerned, ask them and don't leave it for someone else. Even if they are not struggling, you have shown them it's OK to talk about it if they ever do. You've helped lift that stigma.



There is rarely one single factor that drives people to take their own life. Instead, typically, a range of social issues, life events, cognitive and personality factors are combined.

However, there is a strong link between problem debt and suicide, and more than 100,000 people in England attempt suicide while in problem debt each year. [8]



Ryan Briggs Founder, FinWELL Training



more likely to have recent suicidal thoughts for those with problem debt [9]

15x

higher risk of suicide for problem gamblers [10]

What to look out for

When someone is experiencing suicidal thoughts, their words and actions may give you an indication that they are at risk. It's important to know that signs aren't always visible. It's never your fault if you miss them. However, there can be things to look out for.



High-risk signs

- Threatening to hurt themselves or take their own life
- Talking or writing about death, dying or suicide
- Actively looking for ways to take their own life



Other signs

- Feelings of worthlessness, isolation, guilt, shame, and self-hatred
- Helplessness and belief that things will never get better
- Taking more unnecessary risks like alcohol use, drug use or reckless driving
- Sudden calm or happiness after depression
- · Conversations about suicide or a preoccupation with death or self-harm
- Preparation: giving away possessions or making arrangements for loved ones
- · Saying goodbye: unusual or unexpected visits or calls to loved ones
- Career, financial or study-related stress or criminal convictions
- Bereavement or loss (including losing a job, pet or social standing)



Research shows that some groups within the LGBTQ+ umbrella experience disproportionately higher mental health risks due to intersecting factors like identity, age, race, and access to support. Trans and non-binary people are among some of the highest rates of depression, anxiety, and suicidal ideation in the community.

One thing I love to dismantle is this notion that anyone LGBTQ+ living with a mental health challenge is the problem. Stigma is the problem. Homophobia, biphobia, and transphobia are the problems. These things can have a direct impact on how we feel about ourselves.

Ongoing exposure to discrimination and prejudice can wear a person down, taking a toll not only on their mind but on their body as well.

Absorbing all of this negative messaging can create internalised stigma and prevent people from seeking help or support.





Until my AuDHD diagnosis at 45, I hadn't connected my reliance on alcohol to overthinking, social anxiety, and an unhealthy way of coping with a brain always in overdrive.

That constant mental churn often led to catastrophising and negative thought patterns. For me, alcohol was just delaying the inevitable burnout caused by neglecting my wellbeing.



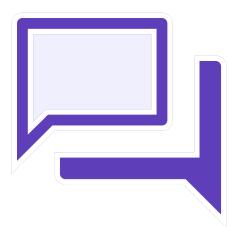
James Kindred
Founder
Big Drop Brewing Co

14x

more likely for people experiencing substance abuse to die by suicide [11]

4x

more likely for LGBTQ+ young people to attempt suicide than their peers [12]



Conversation starters

If you notice these signs in someone you know or feel like something is wrong, encourage them to talk about how they are feeling. You might find these conversation starters useful if you're struggling with how to approach this potentially lifesaving subject.

01

It sounds as though things are really hard now. Can you tell me a bit more?

02

Take your time and tell me what's happening for you at the moment.

03

Sometimes when people feel the way you have described they think about suicide. Is that what you're thinking about?

04

It sounds as though you're thinking about suicide, is that right?



At Talk Club, we recommend checking in with yourself and those around you regularly by asking 'How are you out of 10'?

If someone responds with a low number, what should you do? Do they need immediate support? Talking about their low number helps them to understand what is going on for them and decide on the next steps.



When asking 'How are you doing?', always ask with intent to want to hear the reply. And if in doubt, ask twice. When asked initially, most people will avoid opening up for fear of being a burden.



Steve Phillip
Founder
The Jordan Legacy



Gavin Thorpe
Co-founder & Co-CEO
Talk Club



What to do next

After you have listened empathetically, you'll need to decide what to do next. The needs of an individual experiencing suicidal thoughts will always be different, but there are some broad steps you can keep in mind.

Help them connect: Signpost the person to relevant support resources. You may also choose to help them reach out to a trusted family member or friend.

Help keep them safe: Ask the person if they have a plan. Try to make lethal means less available or less deadly.

Follow up: Stay in touch with the person. Studies show that supportive and ongoing contact plays an important role in suicide prevention. Rarely do people take their own lives in the presence of others so encouraging the person to be around others if they are struggling with suicidal thoughts. [13]

Look after yourself

It's normal to feel numb, devastated or overwhelmed when somebody tells you that they are having suicidal thoughts. That's why it's important to look after yourself too.

You can get help and advice to guide you through your next steps – many of the resources in this guide also provide support for those caring for others. Just like the person you are supporting, you are not alone.



ALGEE

The Mental Health First Aid Action
Plan (ALGEE) is a step-by-step
action plan to use when providing
support to someone who may be
experiencing a distressing
situation, just as you would if you
were administering first aid for a
fall. Find out more here.

For professionals

Professionals can share confidential information where it is believed to be in the best interest of a person's safety - generally, this information would only be on a 'need to know' basis and private details would not be shared.

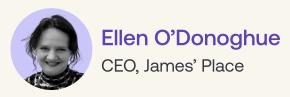
Professionals who share concerns around a person's safety with others should record any concerns raised detailing who the concerns were raised to, what was discussed and the reasons for doing this.

The ZSA developed the SHARE guidance: a practical resource to support professionals working in mental health and suicide prevention to provide advice around confidentiality, consent and information sharing. Explore the guidance here.



If someone has disclosed information to you in a professional capacity, you are bound to keep that information confidential, according to either an organisation or professional code of conduct.

However, if you have immediate concerns about an individual's safety, or feel that they may put others at risk, you should act immediately and contact emergency services to intervene. If a friend tells you they are thinking about suicide, you can tell anyone who you think will help.



34%

don't talk about mental health to avoid an awkward conversation [14]

20%

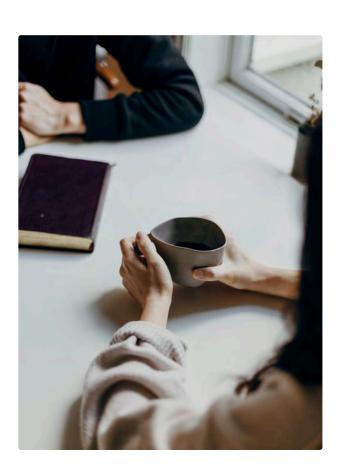
say not talking is causing them to struggle at school or work [15]

O3 | Talking to Someone Bereaved by Suicide The most powerful thing you can offer is to show up and keep showing up, especially after the initial shock has passed and others begin to drift away. Josie Jakubs CEO, Survivors of Bereavement by Suicide

All grief can cause intense and complex feelings. But research shows those bereaved by suicide experience particularly profound and painful feelings of stigma, shame and rejection while trying to cope with the loss. [16]

Because of this, reaching out to someone bereaved by suicide can feel difficult, even if they are someone we care deeply about.

Remember that what you say doesn't need to be perfect; a simple and genuine acknowledgment of someone's loss can be incredibly powerful. Often, people experiencing grief just want their pain to be heard.



Let them lead the conversation – if that's possible. Regardless, don't be afraid to initiate. After this type of loss, it can take time until talking feels possible. This isn't a rejection of you. Regularly reach out to the person to remind them you are here for them and they are not alone.

Unsure how often to reach out? Try to keep in mind milestones like birthdays, anniversaries and holidays. Calendar dates like Mother's Day and Father's Day can also trigger immense feelings of grief. Reach out on these dates to let the individual know you are in their thoughts. This invites a conversation and shows support.

You may not be able to guide them through their grief, but you can try to walk through the darkness with them. In the following sections we will explore how to support those bereaved in more detail across different settings.



Many people, with great intentions, might try to take an approach that offers solutions or silver linings. Things like, "At least..." or "They're in a better place" can be meant with deep kindness and compassion.

However, this kind of language can sometimes leave people feeling dismissed. To have hope that things will get better is an incredible thing to have for someone. You may need to hold this hope for someone until they are able to see this for themselves. Allow their sadness or anger to be felt and recognised without trying to change it.



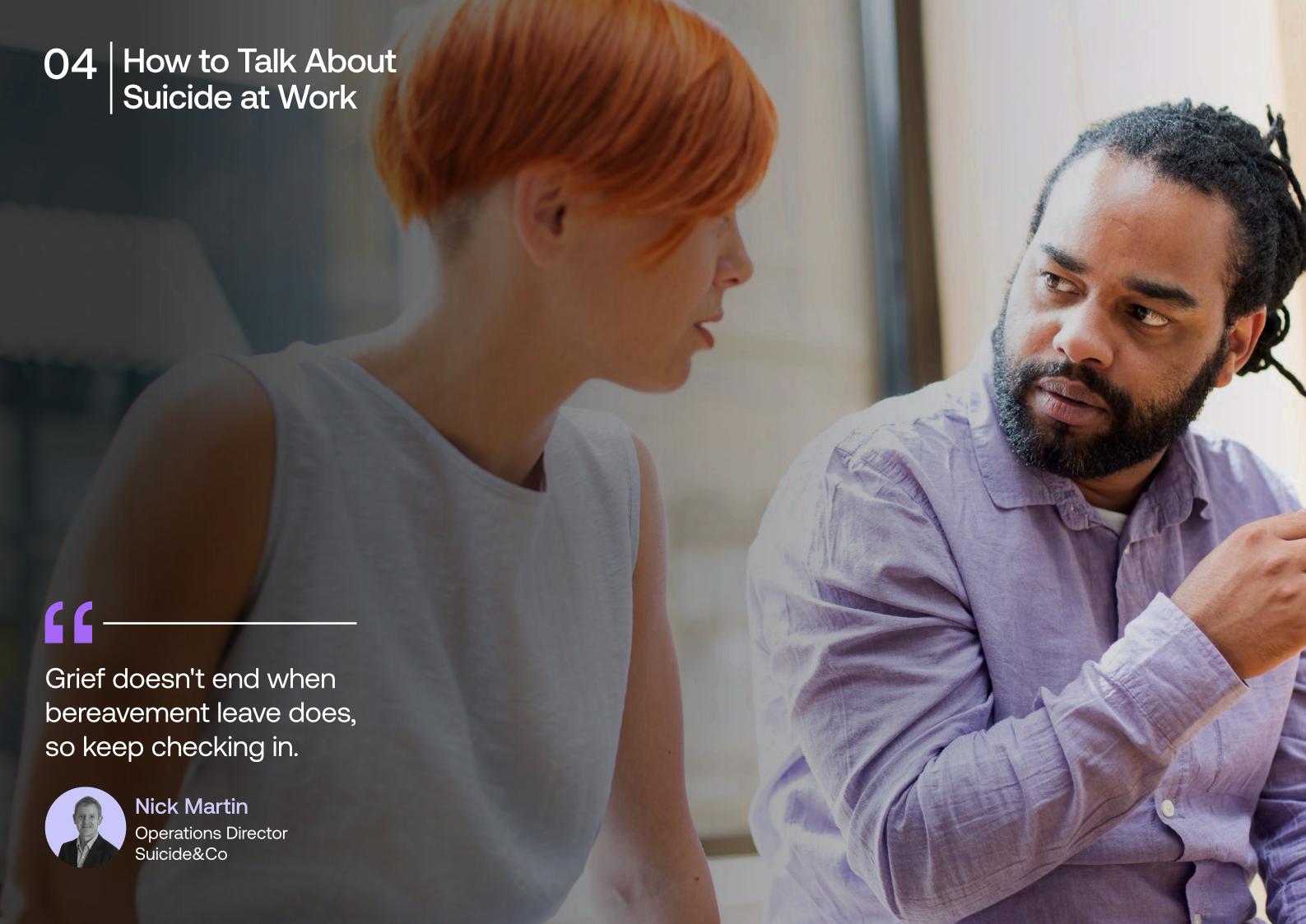
Nick Martin
Operations Director,
Suicide&Co

"

Don't worry about saying the perfect thing –instead, listen without judgement, sit with their pain, and follow their lead. Let them talk, cry, be silent, ask the same questions again and again – whatever they need. The most powerful thing you can offer is to show up and keep showing up, especially after the initial shock has passed and others begin to drift away.



Josie Jakubs
CEO, Survivors of
Bereavement by Suicide



How to talk about suicide at work

All employers have a responsibility to create mentally healthy and psychologically safe workplaces and to ensure that when employees need help, they can access it either within or outside the organisation.

The death of a colleague is very upsetting in any scenario. If the death is by suicide, the emotional impact can be even more extreme.

For those bereaved by suicide, the long-lasting impact can be made worse by the stigma that surrounds suicide, adding to the distress and guilt that individuals may feel. Because of this it can be difficult to sustain the open conversations needed to help individuals process such events.

In this section we will focus on discussing suicide in the workplace. For more information on workplace suicide prevention and postvention policy, the CIPD host a useful starting-point resource on their website. [17]

Talking to a colleague you're concerned about

Whether you're a line manager or team member, spotting mental health issues early plays a vital role in colleagues being able to access the support they need [18]. However, approaching a colleague about their mental health can be difficult. By using this guidance, you should feel more confident in starting that potentially lifesaving conversation.

To help your colleague feel comfortable talking, you should:

- Ensure you raise the topic in a private space
- Be flexible around them
- Start the conversation in a positive and supportive way
- Use the right language

Your colleague might not feel comfortable talking about suicidal thoughts or mental health. That's OK. Let them know they can talk to you any time. Be calm, patient, supportive and reassuring.



Stress at work isn't always about work. Given the significant inequality and prejudice that impacts people from LGBTQ+ communities in the UK, particularly those who are trans and non-binary what people are experiencing outside of work will often impact how they feel at work.

Business in the Community's 2025 Pride in Leadership Report [19] showed that 50% of LBGQTIA+ respondents have experienced a hostile workplace environment that has negatively impacted their career progression.

This demonstrates why businesses need to think specifically about how they create cultures where LGBTQ+ people belong and importantly feel like they belong as part of their overall approach to mental health promotion and suicide prevention.

Stonewall's Proud Employers programme supports employers to create inclusive workplaces for LGBTQ+ communities. [20]



Simon Blake OBE CEO, Stonewall

Within higher risk professional groups, such as veterinary medicine, nursing, construction, and dentistry, conversations about suicide should be normalised, with regular, daily check-ins, to ensure that we don't encourage people to become trapped in judgement or stigma – preventing them from speaking out when times get rough.

It is helpful to develop a culture of grounding the question with 'How are you doing today? How are you doing out of 10?'



John Gibson
CEO and Founder
The Canmore Trust

Talking about a death by suicide in the workplace

Communicating the death by suicide of an employee is a sensitive and deeply upsetting task. If you find yourself in that scenario, use the following guidance.



Carefully consider the language used: Open, honest and factual communication is essential.



Respect the bereaved family's desire for privacy: Be sensitive to their needs and consult with them on deciding what to disclose to employees.



Use a tiered approach: Speak to the employee's team in person. You will need to sensitively think through who else should be informed directly. It's important not to make assumptions about how individuals will feel.



For organisation-wide communication: Draft a statement that sets out what has happened. Keep communication channels open as employees may wish to receive information as it emerges, i.e. for details regarding a funeral.



Don't single out suicide: Approach a memorial in the same way as you would for any other death. Giving suicide different treatment can reinforce stigma.

Talking to a colleague bereaved by suicide

We all experience grief differently. But for those bereaved by suicide, it can be additionally complex. Feelings of guilt, shame, and rejection are common.

When someone bereaved by suicide returns to the work environment, colleagues that want to help may feel unequipped to approach the subject. In doing so, they may be unknowingly compounding the bereaved's sense of isolation.

That's why it's so important that you – as a colleague – feel confident and prepared to empathetically support a bereaved coworker. While the advice previously mentioned in this guide is key, the work environment presents some additional opportunities for support.

While your colleague may have returned to work, you must be mindful that this is a lengthy and traumatic process. From closing bank accounts to receiving items taken from the scene by the police, there will be many upsetting milestones. Furthermore, in the UK, all deaths by suicide will be followed by an inquest.

You cannot be expected to understand what your colleague is experiencing but you can offer empathetic and honest support.

Managers may also benefit from educating themselves on what their colleague is going through; this guide on inquests is a great starting point.



Understanding available support

You're not expected to be a mental health expert. But knowing what resources are available within your organisation can help. The CIPD recommends that all managers are equipped to empathetically support colleagues experiencing poor mental health. [21]

This includes an understanding of the appropriate resources available within the workplace, like an Employee Assistance Programme (EAP) or a relevant Employee Resource Group (ERG). It also includes understanding how to signpost to expert external sources of help where needed.



Do what you can to create a working environment where they can feel safe to step away when needed, and make sure that they also have spaces to talk too.

Things like sitting with someone at lunch, quietly covering a task for them, and including them in "normal" work chat or small talk can speak volumes. Follow their lead on how much they want to share. Grief doesn't end when bereavement leave does, so keep checking-in.



Nick Martin
Operations Director
Suicide&Co

28%

of employees regularly experience anxiety at work [22]

1 in 10

Experience depression or suicidal thoughts while on the job [23]



Terms and phrases we use daily can have a very different impact on someone who has been bereaved by suicide. These are based upon my own, personal experience and viewpoint and come from a place of love, not judgement.

- 'I'm losing the will' Typically said when undergoing a difficult situation
- 'Tighten the noose' To increase pressure, typically in the corporate world
- 'Kill me' Used flippantly to denote a feeling of stress or pressure
- 'I'm killing myself to...' To show hard work or complete something difficult

Whenever I hear these terms mentioned - without malice - in everyday conversation or on TV shows, I freeze. I am instantly triggered into remembering the most traumatic event of my life.



Alice Hendy MBE
Founder and CEO
R;pple Suicide Prevention

O5 Talking About Suicide in Education



Suicide is a public health problem and needs to have the support of education and the community to bring awareness to everyone.



Debra Caputo, MSEd
President
Health & Safety Connection



Talking about suicide in education

Suicide is the single most common cause of death among people aged 15 to 34 [24]. For those even younger - children aged 10-to-14 - it remains among the leading reasons for death [25].

From primary school to university, education is often the first place where warning signs of distress are noticed, whether in pupils, students, or staff. But even as concerns present themselves, people may feel unsure of what to say.

"

Through education, individuals can begin to increase their knowledge and understanding around suicide and the importance of open discussions related to hope, health, strength, support and safety.



Debra Caputo, MSEd
President
Health & Safety Connection

50%

of mental health problems are established by age 14 and 75% by age 24 [26]

1/3

of UK secondary pupils avoid school due to anxiety [27]



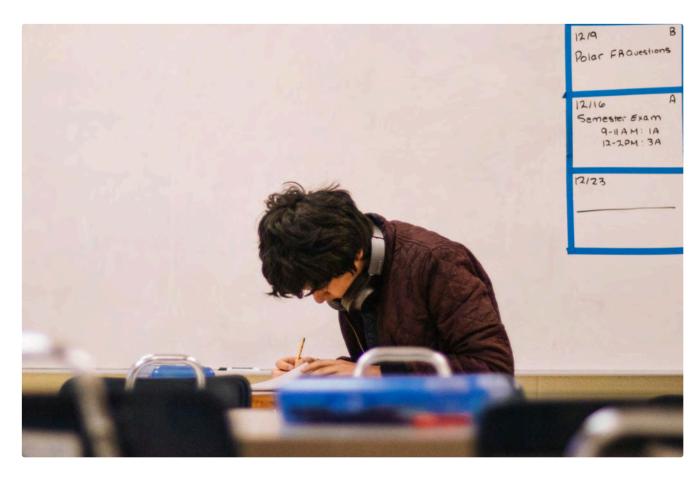
Starting a conversation with someone in crisis requires sensitivity and care. Educators and students should find a private, comfortable setting to ensure confidentiality and support.

Begin with open-ended questions, expressing genuine concern. Use active listening techniques, maintaining eye contact and showing empathy. Avoid judgment and offer reassurance, letting them know they are not alone. Encourage them to seek professional help and offer to assist in finding resources.

Follow up consistently to show continued support. Creating an environment of trust and understanding is crucial for effective communication and delivering high-quality and effective training programmes on suicide prevention for staff is an important part of this.



Andrew Shanks
Director of Student Wellbeing
The University of Edinburgh





Talking to children about suicide is one of the most sensitive conversations we can have, yet it is also one of the most important. Below, R;pple's Education Advocate, Sam Smith, discusses practical advice for all ages.



Do not limit discussions based on age: Suicide can affect anyone at any age. All ages can be at risk of suicide or may have lost someone to suicide.



Use age-appropriate language but don't avoid: Adjust how you talk about suicide depending on the child's age, but don't shy away from using the word itself.



Normalise the conversation: Speaking openly with children about mental health helps them feel safe expressing their feelings. It fosters emotional intelligence, reduces judgment, and encourages empathy, especially toward peers who may be grieving.



If a child talks to you about suicide, listen without judgment: Never shut the conversation down. Discouraging a child from talking about suicide can make it seem like a taboo topic, which may stop them from reaching out for help when they truly need it.



For in-depth guidance for collective action to prevent suicide in higher education, we recommend <u>this</u>
report from AMOSSHE.



Saying 'I don't know' is okay: If a child asks a question you can't answer, be honest. Let them know you'll find the answer or guide them to a trusted organisation or charity that can help.



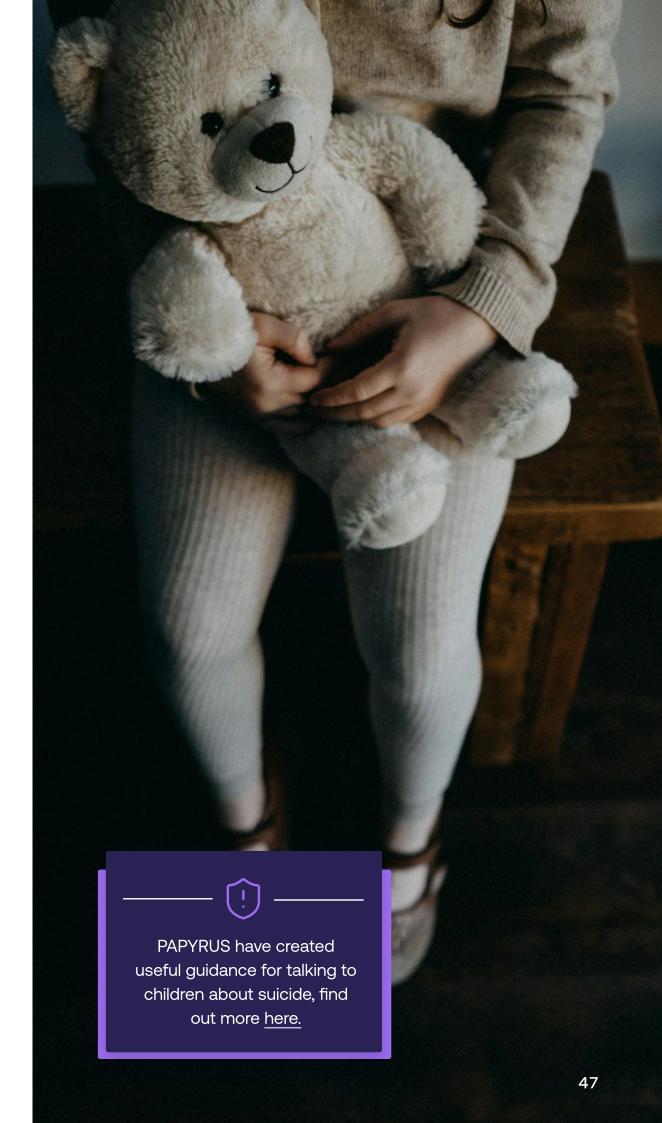
Support children without trying to 'fix' their sadness: Grief after a suicide is normal. You don't have to take the pain away, just being present, listening, and offering consistent support can make a big difference.



Teach respectful language but try not to correct someone who's opening up: Using the right language is important, but avoid corrections in the moment if they're sharing something personal, as it could create a barrier to further conversation.



Trigger warnings: Let students know what the topic is ahead of time and give them the option to leave if they're uncomfortable. Be sure to check in with them later, avoiding the conversation may be a sign they're struggling and need support.



Getting suicide prevention into education

Announced in 2025, new UK guidance will require secondary schools to teach suicide prevention in the curriculum.

The change comes after campaigning by *The Three Dads* – fathers who each lost a young daughter to suicide. In memory of their daughters - Sophie, Beth, and Emily - the trio have walked the length and breadth of the UK while calling on all four parliaments and raising £1million for PAPYRUS.

They have also proved that by walking and talking they were able to change the conversation about young suicide.





For educators, media literacy and online harm will become a big part of RHSE (Relationships, Sex, and Health Education) in coming years, and this can't come soon enough. It is crucial that they have the resources and understanding to deliver this education in an impactful way.

But the message remains the same for educators, make online safety part of everyday conversations in the classroom so young people know they can turn to you if something goes wrong.





Talking about a death by suicide in education

Education plays a vital role in responding appropriately in the tragic event of a suicide.

Use the following guidance as a starting point.



The family should be contacted as soon as possible: Acknowledge the pain and distress they are experiencing. The staff members supporting with this upsetting process should also be supported.



Avoid sharing any details of the death:

This includes the method. Keep messaging clear and factual. Ensure you are using the right language.



Only a coroner can formally determine a death as suicide: However, if the death is widely spoken about as a suspected suicide, you may feel it appropriate to acknowledge this in communication.



Inform staff of the death before students: Give them time to process the news. Giving the news to young people should be done in small groups where possible. Use factual, age-appropriate language.



Support begins with acknowledging the loss, the many different ways in which this will manifest itself and offering space to grieve and remember.

Institutions should provide timely access to counselling and peer support along with clear communication that focuses on the human impact of what has happened.

Compassionate, visible leadership, and ongoing check-ins help create a community that holds space for grief and healing.



Simon Merrywest

Executive Director at

The University of Manchester

Speaking out about suicide

At just 16, Evie Roodhouse stood in front of her school and said what many adults would struggle to: I lost my father to suicide. She spoke from the heart. She challenged stigma. She made space for others to feel seen.

We're moved by Evie's courage and by the support of her school to help students feel safe to talk about suicide.



Evie's courage isn't just in what she says. It's in the quiet that follows - in the nods, the eye contact, the quiet handshakes from young men who may not have words, but who now know they're not alone.

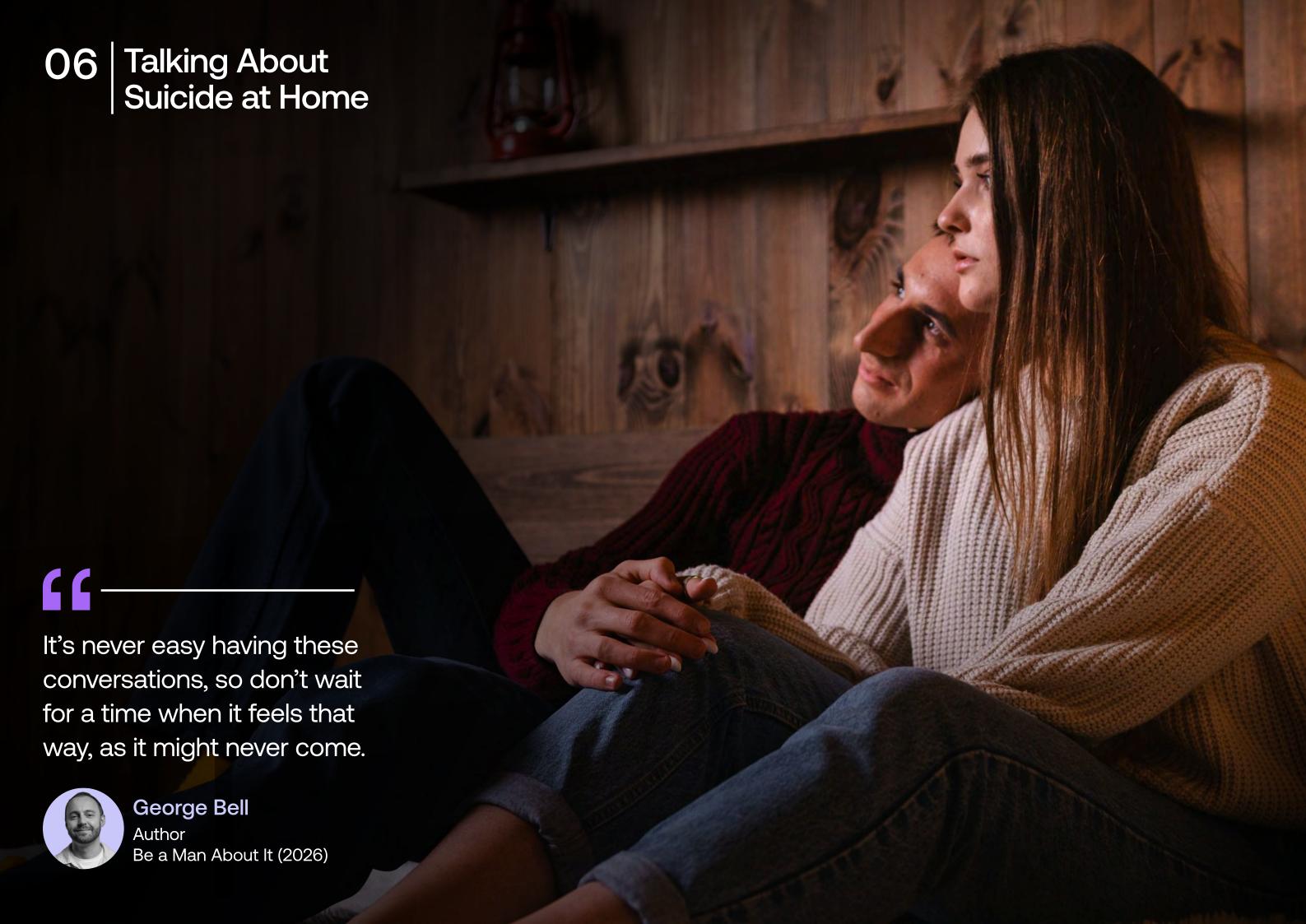
That's the power of peer-to-peer connection, among young people in particular. Evie speaks from the heart, from a place of pain to support others and to make things better. I couldn't be prouder of my amazing daughter for opening up about something so important, both to her personally and to our society.



Caroline Roodhouse

Mother of Evie Roodhouse





Talking about suicide at home

For many of us home is the place we often feel safest to be our true selves. Yet it can also be the hardest place to talk about suicide. Whether you're a parent, carer, partner, sibling or friend, the conversations you have at home can make a huge difference in helping someone feel supported and safe.

Suicide doesn't discriminate by household. It affects everyone. That's why open, honest, and stigma-free conversations at home are crucial.



Unsure how to start the conversation? Visit HOPELINE247 from PAPYRUS for access to advisers who can talk you through what to say and how to support a child in this conversation.



It's okay to feel awkward, embarrassed, scared, nervous, and like your pride might take a beating by starting a conversation - perhaps all of the emotions at once!

But it's important we don't let these things stop us from having the important conversations, particularly when we really are talking about possible life or death.



more likely for divorced men to end their lives versus men who are married or in a civil partnership [29]

9%

of people with eating disorders report serious thoughts of attempting suicide [28]



Talking to a young person or child about suicidal thoughts can be upsetting and daunting. However, just starting the conversation is an important step. As prevention of young suicide charity, PAPYRUS, puts it: 'Parents who have lost a child to suicide often tell us that they never thought suicide was something that would ever happen to them.'

But by talking openly and safely, you can break the silence that exists around suicide. If you're concerned about a child, these steps may help you.

Ask

Ask directly and use the word 'suicide'. Be clear and direct: 'Are you thinking about suicide?' Whatever the response, aim to stay calm.

What if they say yes?

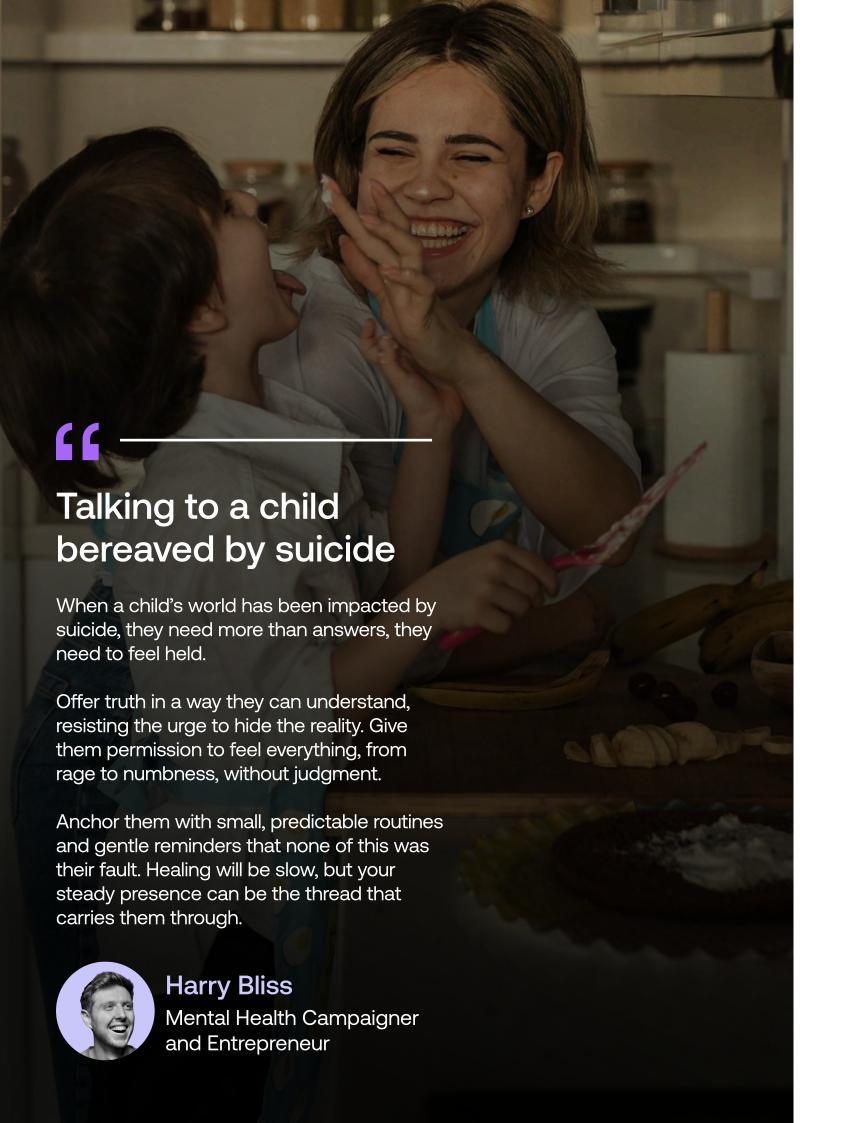
Stay calm and be direct. Acknowledge how difficult it must be for them to tell you and that you are here to listen. Trying to understand why they are feeling how they are can be frustrating or hurtful.

Revealing thoughts of suicide is difficult for anyone to do, especially to a parent or caregiver. The reasons behind thoughts of suicide are complex. You may never fully understand them. That is OK.

Supporting

It's common to want to try and fix things for a child. Try to hold back. Give them the space and time to talk about how they are feeling.

You may be unsure of the best way to respond without saying the wrong thing. Try to focus on just being there in the moment. This shows you care and that you are a safe person to talk to.



Talking to your partner

Supporting a partner who is struggling with suicidal thoughts will be deeply challenging. However, it's important to remember that their struggles are not a reflection of your relationship or of anything you've done wrong.

If you are concerned, reach out to your partner following the advice detailed in this guide. Be direct, use the word 'suicide' and listen empathetically.

Caring for a partner who is struggling with suicidal thoughts can be emotionally exhausting, and it's essential to care for yourself as well. While your love can make a difference, it is important to remember you are not totally responsible for their own wellbeing. [30]

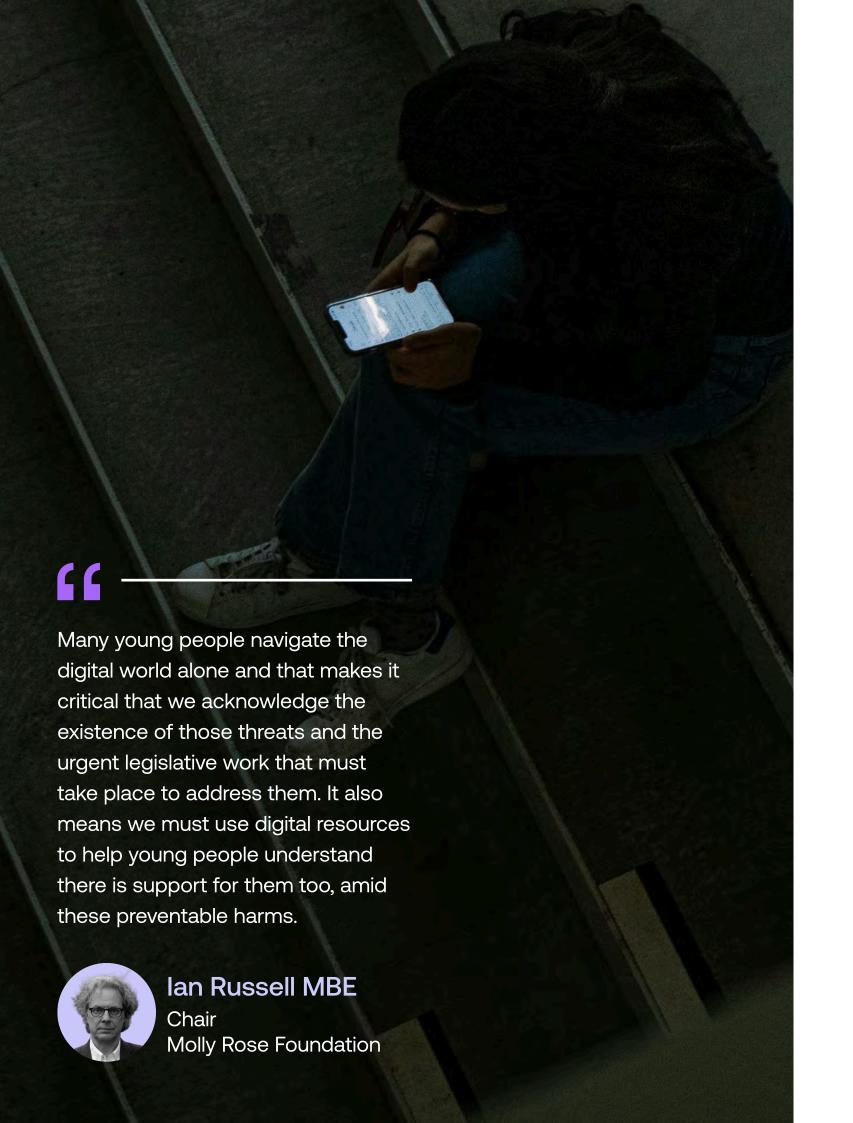
Divorce can feel like the death of the future you thought you'd have. You're not just losing a partner – you're losing shared dreams, routines and even your sense of self. The emotional freefall is where people are most at risk, especially in high conflict or abusive breakups.

After divorce, people can feel invisible, so reaching out matters. Listen without judgement, avoid criticising their ex and let them share at their own pace.

If they seem withdrawn or hopeless, gently ask if they've been having thoughts of self-harm. Remind them they're not a burden and help connect them to professional support. Small, consistent checkins can be a lifeline during their darkest moments.



Sara Davison
CEO
The Divorce Coach



Talking about technology

The rise in social media and recent widespread adoption of large language models – in the form of Al chatbots – have dramatically transformed the way we communicate and find answers.

These powerful digital tools promise to improve our lives, but how they are used matters.

stigma or cause harm. Regardless of the context, we should approach these tools with caution and not as a replacement for human connection. [31]

Already, studies are revealing that Al

therapy chatbots may even contribute to

Digital technology can provide a way to talk about suicide with more openness and empathy. A chatbot or search engine is often the first step for someone who finds it hard to open up to a real person. But it must not act as a replacement for a human who can truly listen, support, and walk with them on their journey.

"

Al has changed how we can reach people who might be struggling. It can spot signs, step in quickly, and start a conversation at the very moment someone feels lost. But for me, it's not just about what Al can do – it's about how we use it. We have to make sure it speaks with kindness, respects dignity, and never forgets there's a real human being on the other side.

Al can help people open up when they feel they can't talk to anyone else.

That's powerful. It can be a first step – a way to break the silence and guide someone toward the help they need.

But it should never replace real human connection. Technology can start the conversation, but people carry it forward.



Jitender Arora
CISO at Professional
Services Firm



judgement or punishment are vital for healthy digital relationships among our young people.

Teaching children and teenagers what online harms are and that they're not at fault if they experience them and affirming that they have a trusted adult - be it an older cousin, uncle or trusted family friend - they can speak to in any case is essential. Don't avoid the difficult conversations, acknowledge the challenges of navigating digital wellbeing and let them know you're in this together.

For those struggling with their mental health, the digital world can be a double-edged sword. It can offer vulnerable people a third space to express themselves or learn more about mental health.

Open and honest conversations without But toxic online spaces, insidious actors and addictive social media design can also send people down rabbit holes of harm, exposing them to dangerous content.

> As a result, younger people are at greater risk of engaging with content that encourages self-harm and suicide, instead of having healthy and open conversations that keep people safe or direct them to support.



Adele Zeynep Walton Author, Logging Off: The Human Cost of Our Digital World



Thank You

Talking about suicide is never easy but we need to do so because silence can be devastating.

We want to empower you to talk about suicide. To help share awareness, reduce stigma and empower and equip others with the confidence to make a difference. That's what both R;pple and the ZSA are striving to achieve.

If we can create a world where everyone feels safe to start the conversation, then we will create a world where fewer people see suicide as their only choice.

Thank you for being part of that change.

Alice Hendy MBE

Founder and CEO R;pple Suicide Prevention

Dr Claire Iveson

Director

Zero Suicide Alliance

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