



Core principles: Intervention-focused conversations



Deciding to ask

1. There is only limited evidence, outside of clinical settings, specifically investigating whether asking someone about their suicide risk will increase or decrease their risk. However, it is generally agreed that talking to someone about whether they are contemplating suicide will not increase their risk.

Format of the conversation

2. If initiating a conversation with someone over whether they are having suicidal thoughts, do it in private, rather than in a group setting.
3. When asking someone whether they are feeling suicidal it is preferable to do it face-to-face. If this format is not an option (or not the preferred option), use a mode of communication that both parties are comfortable with and which allows for privacy (e.g. private chat online or telephone.)
4. If someone indicates potential suicidal ideation online (e.g. a Facebook post), it is preferable to respond by asking the question of whether they're feeling suicidal in a private forum (e.g. over the telephone or by private online message.)

The person having the conversation

5. When asking whether someone is suicidal, it is preferred that the person asking the questions is someone the person might feel comfortable with and confide in.
6. Before initiating the conversation, the person asking should consider their own state of mind and whether they would be able to calmly respond to the answers given.

Setting and time

7. Where practical, conduct the conversation in an appropriate and safe environment. For example, a place that allows for privacy and/or a place that is culturally acceptable.
8. Allocate necessary time for the conversation, if it is planned in advance. A suicidal person may need substantial amount of time to talk through what is going on for them.

Cultural influences

9. Consider any cultural factors which might impact on the conversation. People from different cultures interpret suicidal experiences through a range of cultural, spiritual and religious understandings. Be aware of different values and the way people express themselves.
10. When communicating with someone from a culturally diverse population, where it is appropriate and practical, try to have someone from the same culture there with them, to help to translate language and other cultural differences that may exist.

Building rapport

11. Build rapport with the person by listening without judgment or criticism, offering support, compassion and comfort.
12. Take the person seriously and accept their reasons for wanting to die. Don't offer the person advice or minimise their reasons for wanting to die (e.g. 'Try not to worry about it.').
13. Use open-ended questioning techniques to develop a deeper understanding of their situation. For example, instead of saying 'Has this been going on for a long time?' ask 'How long has this been going on?'
14. Give the person who is suicidal the opportunity to do most of the talking, if they are able to. They need the opportunity to talk about their feelings and may feel relieved for being able to do so.

Asking about suicide

15. To find out whether the person is suicidal, it is usually best to ask directly if rapport has already been built. For example, “Are you having thoughts of suicide?” or “Are you thinking about killing yourself?”.
16. Ask the question/s without judgment – e.g. “Are you thinking about killing yourself?” rather than “do you really want to kill yourself?” or “you don’t want to kill yourself do you?”.
17. Tell the person that while many people think about suicide, there are alternatives to acting on the thoughts.

Ask about things that help determine the level of risk

18. If it is appropriate, explore past experiences or behavior that can indicate risk, including: any previous suicide attempts; whether they know anyone who has died by suicide; whether they have had a recent crisis or loss.
19. To try to ascertain level of intent, ask whether the person has a current suicide plan – including how they will do it, when they will do it and any steps already taken. For example: Have you decided how you would kill yourself? Have you decided when you would do it? Have you taken any steps to secure the things you would need to carry out your plan?
20. Take the appropriate steps to keep the person safe. If the person has access to means, talk to them about having them removed or try to remove them, only if it is safe to do so.

Language and non-verbal communication

21. The person initiating the conversations should focus on conducting the conversation in a respectful and caring way, using simple language that the person at risk of suicide can understand. The person initiating the conversation should not avoid the discussion because they don’t know the most appropriate terms to use.
22. Where possible people should try to use simple non-colloquial descriptions of suicidal behavior, rather than stigmatizing or outdated language. For example, say “are you thinking about suicide?” rather than “are you thinking about committing suicide?” or “are you thinking about topping yourself?”.
23. The use of body language can build rapport and validate people’s thoughts. Aim to use open gestures and allow appropriate amounts of physical space.

Privacy and confidentiality

24. Never promise to keep suicide a secret. The number one priority is to keep the person at risk safe, this may mean breaking confidentiality.

Help-seeking and keeping the person safe

25. Contact emergency services immediately if you decide that the person is at imminent risk.
26. Involve the person at risk in identifying persons to invite into the resolving the problem. This may be a professional, a service such as a helpline or people who have supported them in the past (family, friends, elders, clergy).
27. Encourage the person at risk to seek professional help.



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