Safe messaging about suicide, mental illness and mental health

#suicideprevention
#sharehope

@MHCC_   /theMHCC   /Mental Health Commission of Canada
@theMHCC   /1MHCC

May 29th, 2018

Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Thank you for joining us today!
The webinar will begin shortly.

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#Sharehope Campaign

- Year-round, online social media campaign

- A safe space to share messages of hope

- End stigma related to mental illness and suicide

As an individual, you are not powerless. It makes a difference when you #sharehope
https://www.mentalhealthcommission.ca/English/sharehope

Presenters

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SAFE MESSAGING ABOUT SUICIDE

What is safe messaging

Why is it important

Who is it for

When and how to use it

SAFE MESSAGING

PHAC'S APPROACH TO SAFE MESSAGING

- Suicide as a **public health matter**

- PHAC is leading by example:
  - Promoting safe messaging in all communication
  - Coordinating and collaborating for change
  - Developing and sharing knowledge and tools
    - Federal Guide
    - Talking Toolkit

- PHAC's activities are Informed by:
  - Diverse perspectives and voices
  - Scan of best practices
  - Research and literature on language and nomenclature
  - People with lived experiences

SAFE MESSAGING PRINCIPLES

Silence	Help
Shame	Dignity
Stigma	Respect
Hurt	Heal

H   O   P   E

Hold   On   Pain   Ends

LANGUAGE ABOUT SUICIDE MATTERS

committed suicide

completed suicide

successful suicide

Stigma-reducing Language →

died by suicide

suicide

---

failed suicide

incomplete suicide

failed attempt

unsuccessful attempt

Stigma-reducing Language →

suicide attempt

attempted suicide

LANGUAGE ABOUT PEOPLE MATTERS

PERSON-FIRST LANGUAGE

Appropriate Language

- Person experiencing thoughts of suicide; someone who has experienced suicide attempt; people impacted by suicide (loss or attempt); a person who died by suicide.

- Priority populations; groups with higher rates of suicide.
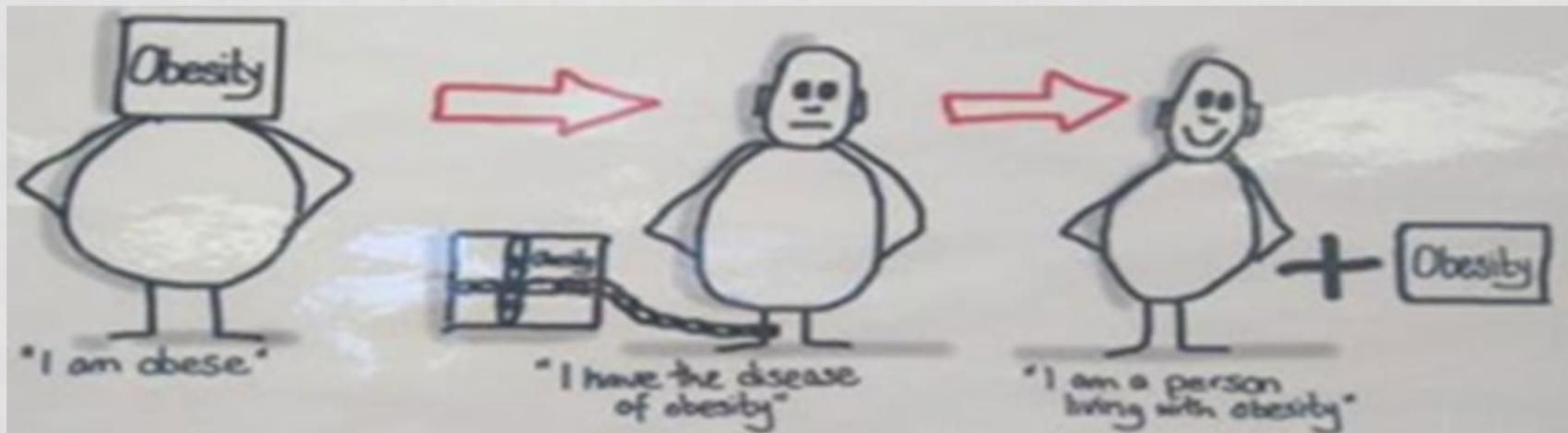
Other examples:
- People who earn lower incomes
- Person living with addiction
- Person living with mental illness
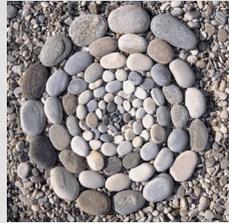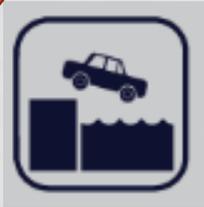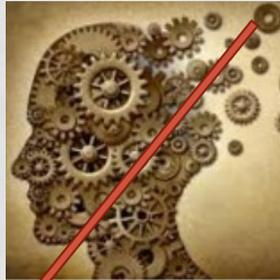
Outdated Language

- Suicide contemplator; suicide attempter; suicidal; suicide victim

- Populations 'at-risk' or groups vulnerable or more susceptible to suicide

Other examples:
- Low-income earners
- Addict
- Mentally-ill

PUBLIC COMMUNICATION REQUIRES:

CARE

COMPASSION

CONSIDERATION

THERE ARE BEST PRACTICES

DO THIS…

- Communicate about suicide as a public health issue

- Provide context about complexity

- Consider impacts on people

- Use appropriate language

- Educate and inform

- Convey help, hope & healing

AVOID THIS…

- Communicate about suicide as news or crime stories

- Overstate or oversimplify

- Too many statistics or details

- Stigmatizing language

- Misinformation & myths

- Sensationalize or stigmatize

- Memorialize or glamorize

WE HAVE A SOCIAL RESPONSIBILITY

Private Sector

Traditional & social Media

Nongovernment Organizations

Social Responsibility

Research Organizations

Government

Public & people with lived experience

Indigenous Organizations

TOGETHER WE CAN MAKE A DIFFERENCE

TAKE A MINUTE, CHANGE A LIFE.

Identity & engagement

Draft slides Jijian

Objectives

- The basics of recovery-oriented care
- A key principle of recovery: employment
- Peer workers: bringing people with lived experiences (PWLE) into your workplaces
- Creating safer workplace environments includes discussion of language and identity
- Disability is not a dirty word: getting comfortable with discomfort

Recovery-oriented model of care

- The recovery movement of the 1980s emerged because PWLE wanted to develop alternative self-help models of care & services
- Over the last few decades, a number of recovery models have developed and most mental health service delivery systems now offer some form of recovery-oriented care
- Much of the MHCC's work supports recovery-oriented policy & practice
- What recovery-oriented care means in practice remains diverse: there are competing 'right ways' of doing things

Recovery 'from,' recovery 'in' (Poole, 2011)

- Poole suggests 2 different philosophical approaches to recovery: recovery 'from' & recovery 'in'
- Recovery from: based in longitudinal research, emphasizes remission/rehabilitation/potential cure
- Recovery in: based on models of self-care, peer support, living without the goal of a 'return to normalcy'
- Often a mix of both: recovery as an individual journey which builds on self, family, cultural, and community supports. note that "recovery does not necessarily mean 'cure,' although it does acknowledge that 'cure' is possible for many people. Recovery principles – including hope, empowerment, self-determination and responsibility" are to be harnessed by individuals, "but must also be adapted to the realities of the different stages of life" (MHCC, 2009, p. 122).

Recovery requires inclusion

- 'Nothing about us without us': recovery models includes employment of PWLE in the systems that affect us

- Broadly, peer workers are PWLE who are employed in mental health and other systems to:
  - Offer support to people in distress. For example, peer support workers, community outreach workers
  - Inform the knowledge, policy, and practice of these systems. For example, peer researchers, peer consultants

- This means that we are increasingly working within and alongside systems/organizations that have previously run without us

Canadian Housing First Toolkit

Navigating language & Identity

- Person-centered and recovery-oriented care means recognizing that each person relates differently to their experiences of distress and has the right to choose how to name and identify such experience.

- Person-first Language includes: person with lived experience; with mental health issues; with psychiatric disabilities; with a specific diagnosis…

- Other folks may chose to identify as: a consumer, psychiatric survivor, ex-patient, disabled, client …

- The only way you can know and honour a person is by asking them how they chose to self-identify

Working through tension

- Sometimes, PWLE use language that makes us uncomfortable. That's our work to manage

- Sometimes, the language the PWLE/peer workers prefer is different than the language that organizations use

- Discussing language-use and preferences is an opportunity: it is key work that organizations should undertake in order to offer recovery-oriented services, in collaboration with PWLE

- It's also key to promote workplace comfort for peer workers & those that an organization serves. Recognize workplace culture shock from multiple sides

References

- Poole, J. (2011) In *Behind the Rhetoric: Mental Health Recovery in Ontario.* Halifax: Fernwood Press
- *To be added*

Questions?

Thank you!

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