

DO'S & DON'TS

FOR COMMUNICATING ABOUT PSYCHOLOGICAL HEALTH

A positive narrative about psychological and behavioral health can promote safety, reshape negative beliefs and encourage reaching out for help.

DO

Promote hope and solutions

- Foster a hopeful narrative by sharing stories of recovery, community support and positive outcomes



Provide support resources and contact information

- Encourage seeking help by including contact information for local and toll-free resources, such as the [Military Crisis Line](https://www.militarycrisisline.net) (800-273-8255, press 1)



Use statistics when relevant

- Use statistics that focus on progress and solutions
- Use objective language when describing magnitude (e.g., "higher rates")



Highlight warning signs and risk factors

- Share [risk factors](#) and [warning signs](#) of suicide or other psychological health concerns
- Describe [protective factors](#), such as strong personal relationships and access to psychological health care



Use people-first language

- Use language such as "someone living with depression," "someone with a substance use disorder," "someone who died by suicide" or "someone who survived a suicide attempt"



Use positive imagery

- Feature uplifting, positive images to represent psychological or behavioral health



Check your sources

- Only share information from reliable sources, such as government agencies or academic journals



DON'T

Focus on gaps, problems and barriers

- Share psychological or behavioral health-related content solely when there is a negative incident
- Reinforce myths, stereotypes or barriers

Assume the audience is familiar with resources for help

- Discuss psychological health concerns without providing accessible options for at-risk service members, families and veterans

Sensationalize

- Make the problem seem impossible to solve
- Use alarming headlines or language, such as "epidemic" or "skyrocketing"

Overgeneralize

- Suggest that all combat veterans have psychological health concerns (e.g. posttraumatic stress disorder)
- Link suicide to a single cause or share details about methods used, location, etc.

Use judgmental language or labels

- Label people by their condition (e.g., alcoholic) or use offensive terms (e.g., "clean/dirty," "abuser," "addict" or "crazy")
- Use "committed suicide" or "successful/unsuccessful attempt"

Use stereotypical or negative imagery

- Show images of someone appearing distressed, hopeless or violent
- Feature images of methods of suicide

Share unverified content

- Share content (even from major media outlets) that contains negative language, inaccurate information or violates any of the provided guidelines

Visit [suicidepreventionmessaging.org](https://www.suicidepreventionmessaging.org) for additional safe messaging tips.

HELP IS ALWAYS AVAILABLE

If you or someone you know shows signs of a crisis, get help right away.

24/7 confidential support is only a call away. Contact the Military Crisis Line:

Call: 800-273-8255, Press 1

Text: 838255

Chat: militarycrisisline.net/chat

Visit: militarycrisisline.net for OCONUS calling options

For emergencies:

Call 911

Go to the nearest hospital or Military Treatment Facility

For non-emergencies:

Visit realwarriors.net/livechat to connect with a trained health resource consultant 24/7

In Transition?

Contact the inTransition Program for confidential help accessing or continuing psychological health care when returning from deployment, changing duty stations, preparing to separate from service and more. Call 800-424-7877 (CONUS) or 800-424-4685 (OCONUS) or visit pdhealth.mil/resources/intransition

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MHS Military Health System
health.mil

For sources visit realwarriors.net/sources