

# DO'S & DON'TS

## FOR COMMUNICATING ABOUT PSYCHOLOGICAL HEALTH

A positive narrative about psychological and mental 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 (**Dial 988 then 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 mental 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 mental 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

## 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:** 988 then press 1

**Text:** 838255

**Chat:** [militarycrisisline.net](https://militarycrisisline.net)

**Visit:** [militarycrisisline.net](https://militarycrisisline.net) for OCONUS calling options

### For emergencies:

Call 911

Go to the nearest hospital or Military Treatment Facility.

### For non-emergencies:

Visit [health.mil/PHRC](https://health.mil/PHRC) 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 800-748-81111 (OCONUS) or visit [health.mil/InTransition](https://health.mil/InTransition).

**REAL WARRIORS \* REAL BATTLES**  
**REAL STRENGTH**

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