

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 (**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 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

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

Visit: 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 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.

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REAL STRENGTH

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