LEADERS SUICIDE PREVENTION SAFE MESSAGING GUIDE

DEFENSE SUICIDE PREVENTION OFFICE
www.DSPO.mil

MILITARY ONE SOURCE

Veterans Crisis Line
Military Crisis Line
1-800-273-8255 PRESS 1

BACKGROUND & PURPOSE

It is important to consider language when communicating about suicide and mental health in the military. Leaders are responsible for understanding how their language may influence behavior and play an important role in suicide prevention.

The purpose of the *Leaders Safe Messaging Guide* is to better equip leaders with the tools and resources necessary to safely and effectively communicate about suicide with Service members, units, and military communities. Careful communication can influence perceptions, attitudes, and behaviors. More importantly, how and what you communicate about suicide can positively or negatively shape the way Service members and their families view seeking help. Safe messaging includes stories about hope and resilience, information about risks and protective factors for suicide, resources for support (e.g., crisis lines), and avoids sensational language, which has been shown to reduce the risk of suicide within the military community. Data also illustrates the need for proactive communications about suicide prevention and help-seeking behavior. Specifically, DoD data indicates the top reasons Service members do not get help are concerns about privacy/confidentiality, fear of being perceived as "broken," fear of a negative impact to their career, and not knowing who to turn to. This guide will help you create an environment that promotes connectedness and openness and will help you understand how to best communicate about suicide using the Department of Defense's (DoD) public health approach.

Potential Outcomes

- Reduced suicidal ideation and attempts
- Reduced rates of suicide
- Increased help-seeking
- Reduced psychological distress
- Improved reporting following suicide
- Reduced contagion effects related to suicide

Source: 2017 CDC's Preventing Suicide: A Technical Package of Policies, Programs, and Practices

The *Leaders Safe Messaging Guide* offers:

- Leader's Role in Suicide Prevention
- Safe Messaging Guidelines
- Blogs & Social Media
- Guidance for Action
- Common Misconceptions and Facts
- Tools
- Resources
- Sources

Public Health Approach:

Suicide is a public health issue that can have lasting harmful effects on individuals, families, and communities. Its causes are complex and determined by a variety of biological, psychological, environmental, and social influences. A key goal of suicide prevention is to reduce risk factors and promote protective factors that support resilience. The DoD embraces the public health approach to suicide prevention using a research-informed strategy to combat the risk factors and promote protective factors within the military community.

Source: 2017 CDC's Preventing Suicide: A Technical Package of Policies, Programs, and Practices

LEADER'S ROLE IN SUICIDE PREVENTION

Leaders are charged with the protection, safety, and readiness of Service members on and off the battlefield. Suicide prevention starts before a Service member is in crisis; advocating connectedness and self-care are ways a leader can enhance engagement and protect against suicide. An integral part of proactive leadership in prevention is open and effective messaging, which helps Service members feel more comfortable reaching out for help and guidance for themselves or a fellow Service member. Leadership is a powerful tool. As a leader, communicating safely about suicide can have a powerful impact. Through caring language, you can break down myths and stigma, reinforce hope, encourage treatment, prevent a crisis, and reduce contagion.

Leadership's Role

- Take advantage of training opportunities to recognize suicide risk and protective factors in your unit and Service members
- Get to know your Service members on a personal level so you can recognize risk factors in individuals, assess life-coping skills, ask situational awareness questions, and seek opportunities to influence behavior positively
- Create an inclusive environment for all Service members
- Promote positive coping skills in the face of adversity
- Promote connectedness through a buddy system or other peer support programs that promote protective factors
- Reduce stigma and bias towards mental health, self-care, and suicide through your messaging, engagement, and outreach
- Know the crisis resources available through DoD so you are ready to lead in a crisis
- Familiarize yourself with the help-seeking resources available from DoD internal and external service providers
- Practice self-care so you are able to be there for others when they need it

Communicating about Suicide

- Ensure your messaging aligns with public health prevention best practices
- Use language that is objective, precise, and avoids judgment or assumptions about how an individual's mental health condition affects them
- Use objective language about substance use disorders (e.g., misusing substances vs. addict)
- Encourage help-seeking and self-care by providing options available for Service members and sharing supports you may have used across your career
- Avoid suggesting a death by suicide was preceded by a single event because it implies an overly simplistic and misleading perception of suicide
- Avoid inflammatory or sensationalizing language that may unintentionally glamorize suicide
- Avoid explicitly describing the suicide method (how or where an individual died), as this increases the risk of suicide in others
- Avoid talking about mental health or mental health conditions in unrelated situations

SAFE MESSAGING GUIDELINES

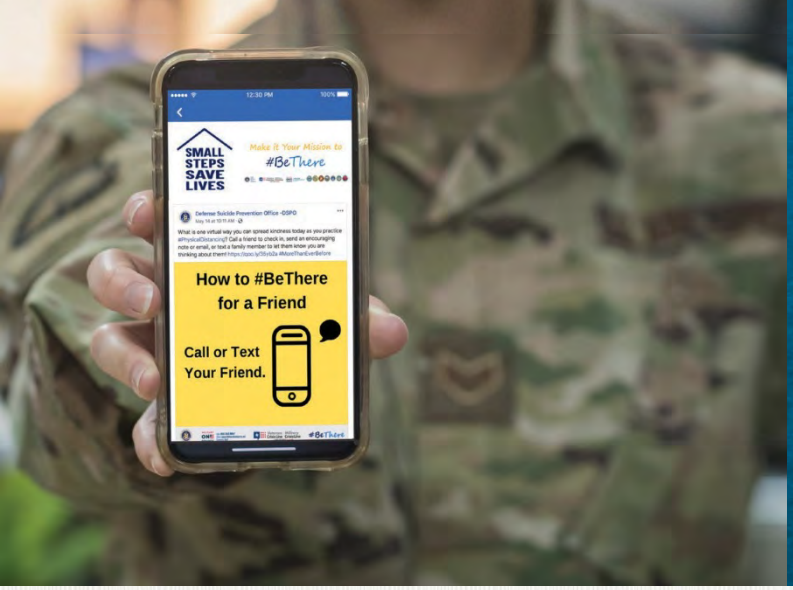
Leaders play an important role in reducing the conscious or unconscious stigma towards risk factors associated with suicide and help-seeking behaviors. Consider your language when talking about suicide and mental health — it has the ability to change misperceptions and can pave the way for Service members in your unit and their families to get the help they need. These guidelines are developed to help leaders communicate safely and effectively.

INSTEAD OF...	TRY THIS...	WHY?
Referring to suicide as **"successful," "unsuccessful," "failed attempt," or "committed."**	Describe as **"died by suicide"** or **"suicide death."**	The term "committed suicide" implies the act is considered a sin or a crime. Similarly, "successful suicide" or "unsuccessful attempt" are considered poor choices because they connote an achievement or something positive even though they result in a tragic outcome. Conversely, "died by suicide" describes the outcome.
Focusing on **one or two factors** in the person's life that **"drove"** them to suicide.	Discuss suicide as a public health issue instead of focusing on the details about the person who died. Note risk and protective factors and **"what to do if you think someone might be in trouble."** Providing information and resources, such as crisis lines, can help correct misconceptions, and offer hope, healing, and recovery.	Talking about a person's mental health disorder, or other singular factor, may oversimplify or speculate on the reason for the suicide. For most individuals, suicide is a result of a culmination of many factors.
Glamorizing or romanticizing suicide by **focusing on methods of death or using images that illustrate grief, anguish, and isolation.**	**Focus on the facts of the event**. If there was a message from the deceased, do not detail what the note contained or refer to it as a "suicide note."	Glamorizing the outcome of suicide may lead to contagion within a group. Refer to the tools in the DSPO Tools Download Library to familiarize yourself with the recommended postvention guidelines. Use the Postvention Toolkit for a Military Suicide Loss.
Describing a suicide as inexplicable or **"without warning."**	Most, but not all people who die by suicide, exhibit warning signs. Include information about non-crisis and crisis resources such as the 24-hour **Veterans/ Military Crisis Line — available at 800-273-8255, Press 1.**	It is important to understand and communicate objectively about the risk and protective factors associated with suicide.
Presenting suicide as a common or acceptable response to hardship.	**Emphasize that suicide is preventable**. Report that proactive self-care, coping skills, support, and treatment work for most people who have thoughts about suicide.	Being a leader means being an advocate for your team. Suicide is preventable and advocating connectedness is a protective factor.

SAFE MESSAGING GUIDELINES

INSTEAD OF...	TRY THIS...	WHY?
Overstating the issue of suicide by using descriptors like **"epidemic" or "skyrocketing."**	Familiarize yourself with the public health approach to suicide and use **data points** provided by the DoD and other industry leaders to ensure your language reflects facts.	Suicide is a public health issue that affects communities everywhere and requires an understanding of the complex interaction of biological, psychological, environmental, and social influences that affect outcomes. It is important for leaders to communicate about it objectively.
Using outdated terminology like **"mental disease"** or **"mental institution."**	Ensure you use current terminology like **"mental health disorder"** or **"inpatient treatment facility."**	Certain words or phrases can be offensive, increase stigma, and spread myths about suicide.
Using labels like **"she is depressed"** or **"he is an addict,"** to describe the Service member.	Use clinical terminology like **"she is showing signs of depression"** or **"he is misusing substances."**	Labeling a Service member as their condition makes it a defining trait or characteristic. Using clinical descriptions emphasizes a condition can be evaluated and treated.
Words that express pity or distress, such as: Do you know your treatment options as a **victim of PTSD**? You shouldn't **suffer** this anxiety alone. Talking with someone is always an option.	Use objective descriptions, such as: Do you know your treatment options as **someone who has a PTSD diagnosis**? You shouldn't **experience** this anxiety alone. Talking with someone is always an option.	Talking about a mental health disorder as an affliction can contribute to stigma. It also assumes about a Service member's inner experience of their condition or symptoms. Keeping language objective and precise avoids judgment or assumptions about how someone's diagnosis affects them.

Sources:
Defense Health Agency
U.S. Army
This content has been adapted from reportingonsuicide.org



OPTIMIZING SAFE MESSAGING USING

BLOGS & SOCIAL MEDIA

Social media offers leaders the opportunity to communicate directly with key audiences including junior Service members, community leaders, and families. When discussing suicide prevention on social media, it is important to consider all of the messaging tips included in this guide so your posts and blog articles are not inadvertently stigmatizing or harmful to the audience. To ensure you communicate effectively and remain sensitive to those experiencing mental health challenges and/or thoughts of suicide, we have compiled these practices to help you draft a post.

Writing a Blog Post

Report Suicide as a Public Health Issue

Suicide is not just a military issue, but a nation-wide public health issue that affects Americans across all communities and walks of life.

Include Help-Seeking Resources

Advocate help-seeking behavior by offering information and resources about crisis and non-crisis services. You can provide information on risk factors, protective factors, warning signs of a suicidal crisis, as well as treatment and support resources.

Emphasize Help and Hope

Stories of recovery through help-seeking and positive coping skills are powerful, especially when they come from individuals you trust — such as your family, friends, peers in the military, leaders, Chaplains, and other sources of support.

Use Objective, Precise Language

Consider the message you want to convey or call to action, and create a list of keywords that need to be included in the title and body of your post. Consider the messaging tips included in this guide to ensure the post is not stigmatizing or triggering to your audience.

Use Neutral Descriptions

Your language can prevent judgment or assumptions about mental health diagnoses by avoiding language such as “victims of PTSD” or “suffering from anxiety” and instead say “individuals diagnosed with PTSD” or “people who are experiencing anxiety.”

WRITING A SOCIAL MEDIA POST

Deliver Value to the Audience

Write posts that convey a clear benefit or call to action for the audience you want to reach (e.g., Prevention Workforce, Service members, family members, clinicians, and service providers). Use links or hyperlinked pictures and graphics to reduce the amount of text in a post when possible.

> **Tip:** *Prevention is more successful when focused on positive stories and messages of hope and recovery, as well as examples of support and assistance. Avoid focusing your communications solely on the extent and consequences of suicide, but if it is needed, use data to make or support this point.*

Include Images

Posts with images get the highest amount of engagement. Use images or a graphic to support your post or make it easy for people to act on the call to action (hyperlinked image).

> **Tip:** *The images should be engaging and relevant to your audience, call to action, and content. Avoid stock photos that show stereotypical imagery of people looking disheveled or clutching their head.*

Create Outreach and Engagement Opportunities

Mobilize and engage your audience around the call to action. Most people only read your posts, but others will comment and/or share, creating more opportunities for outreach and engagement.

> **Tip:** *Hashtags (#) are used to aggregate posts and build engagement across sites like Twitter, Instagram, Facebook, and others. Tags (@) are used to include other people or groups in your conversation.*
>
> **DoD DSPO hashtags:** *#SafeReporting, #BeThere*
>
> **Frequently used suicide prevention hashtags:** *#MoreThanEverBefore, #suicide, #mentalhealth, #EndStigma, #mentalhealthmatters*
>
> **Tags:** *@DSPOmil, @DeptofDefense, @DeptVetAffairs, @afspnational, @PsychArmor, @TAPSorg*

GUIDANCE FOR ACTION

"If we must fight, we must win. That requires a laser-focus on talent and training, innovation and leadership, forward presence and readiness."

— Lloyd J. Austin III, Secretary of Defense on the Initiation of a Global Force Posture Review

Communicating with External Audiences

Leaders may be presented with opportunities or requests to communicate with the media, Congress, and the general public about military suicide prevention. While the underlying language and data will be the same as described in this document, there are inherent nuances in addressing external audiences such as tone, style, and delivery methods. Leaders should consult with their respective public affairs and legislative affairs offices before communicating with external audiences.

Communicating Safely After a Suicide Attempt or Death

Suicide postvention builds upon prevention efforts by providing immediate and ongoing support to those impacted by a suicide loss. Leadership plays an important role in postvention as a support for Service members, families, and those impacted by the event. Within the close-knit military community, inaction or improperly delivered communication could lead to a potential ripple effect known as "**suicide contagion**." The **Postvention Toolkit for a Military Suicide Loss** can help. For more information about safe messaging and the postvention toolkit, visit the DSPO Tools Download Library at www.dspo.mil/download.

CLICK for DSPO Tools Download Library

COMMON MISCONCEPTIONS & COUNTERING FACTS ABOUT SUICIDE

When it comes to suicide and suicide risk, there are many misconceptions. As a leader, dispelling common misconceptions is a powerful tool for prevention by reducing stigma towards self-care, mental health, and suicide. Communicating clearly and objectively about suicide helps reduce risk factors and promote protective factors. Below are some common misconceptions and their countering facts you can share with your unit and others about suicide.

MISCONCEPTION	FACTS
Suicide is not impulsive.	Research shows it can take less than 10 minutes between thinking about suicide to acting on it. Putting time and distance between a person at risk and a means for suicide is an effective way to prevent death.
Owning a firearm is not associated with suicide risk.	Owning a firearm does not cause someone to be suicidal; however, storing a loaded firearm at home increases risk for dying by suicide four to six times.
Suicidal behavior is hereditary.	There is no genetic predisposition to suicide. Although there may be over-representation of suicide in some families, behaviors such as suicide ideation and/or attempts do not transmit genetically.
Most military firearm deaths are by combat.	Most firearm deaths of Service members are the result of suicide (83.0%), as compared to combat (3.5%), accident (2.0%), and homicide (9.0%).
Only mental health professionals can help individuals who are at risk for suicide.	Everyone has a role to play in preventing suicide. Engaging community stakeholders, like financial counselors, can be an impactful way to prevent suicide.

COMMON MISCONCEPTIONS & COUNTERING FACTS ABOUT SUICIDE

MISCONCEPTION	FACTS
The military suicide rate is higher than the U.S. general population.	Given the differences in composition between the U.S. military and general population, any comparison of suicide rates must first account for age and sex. After controlling for differences in age and sex between these populations, military suicide rates are roughly equivalent or lower than the U.S. population.
Deployment increases suicide risk among Service members.	Although it may be a factor for some, several studies have shown being deployed (including combat experience, length of deployment, and number of deployments) is not associated with suicide risk among Service members.
The majority of Service members who die by suicide had a mental illness.	Less than half of military suicide decedents had a current or past mental health diagnosis.
If you remove access to one lethal method of suicide, someone at risk for suicide will replace it with another.	Research has debunked the misconception that people substitute methods of suicide. If access to the preferred lethal means of suicide is limited, other means are generally not substituted.
Talking about suicide will lead to and encourage suicide.	Talking about suicide in a supportive way will not lead to suicide; instead it gives the at-risk individual an opportunity to express thoughts and feelings about something they may have been keeping secret, as well as obtain help and support as needed.

TOOLS

DoD Safe Messaging Tools:

Defense Suicide Prevention Office – Talking About Suicide Online
https://www.dspo.mil/Portals/113/Documents/Social%20Media%20Reporting.pdf

Defense Suicide Prevention Office – Risks & Warning Signs: How to Help
https://www.dspo.mil/Portals/113/Documents/Risks%20and%20Warning%20Signs.pdf

Defense Suicide Prevention Office – Postvention Toolkit for a Military Suicide Loss
https://www.dspo.mil/Portals/113/Documents/PostventionToolkit.pdf

Other DoD Tools:

Defense Suicide Prevention Office Download Library
https://www.dspo.mil/download

Defense Suicide Prevention Office Suicide Prevention Month
https://www.dspo.mil/spm

Other Tools:

American Foundation for Suicide Prevention Resource for Reporting on Suicide
https://afsp.org/for-journalists#resources-for-reporting-on-suicide

Centers for Disease Control and Prevention
Preventing Suicide: A Technical Package of Policy, Programs, and Practices
https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf

National Action Alliance for Suicide Prevention
Action Alliance Framework for Successful Messaging
https://suicidepreventionmessaging.org

PsychArmor Institute
S.A.V.E.
https://psycharmor.org/courses/s-a-v-e

Reporting on Suicide
https://reportingonsuicide.org

Suicide Prevention Resource Center (SPRC)
Safe Messaging Reporting
http://www.sprc.org/keys-success/safe-messaging-reporting

U.S. Department of Veterans Affairs
Safe Messaging Best Practices: A guide for anyone communicating and writing about Veteran suicide
https://www.mentalhealth.va.gov/suicide_prevention/docs/safe_messaging_best_practices.pdf

Social Media Safety Toolkit for Veterans, Their Families, and Friends
https://www.mentalhealth.va.gov/suicide_prevention/docs/OMH-074-Suicide-Prevention-Social-Media-Toolkit-1-8_508.pdf

RESOURCES

NON-CRISIS RESOURCES

DoD Resources

Defense Suicide Prevention Office
Advances holistic, data-driven suicide prevention in our military community through policy, oversight, and engagement to positively impact individual beliefs and behaviors, as well as instill systemic culture change. Additional materials and resources can be found on the Defense Suicide Prevention Office website.

Contact Information
Web: www.dspo.mil

inTransition
A free, confidential program that offers specialized coaching and assistance for active duty Service members, National Guard members, reservists, veterans, and retirees who need access to a new mental health provider or wish to initiate mental health care for the first time. inTransition services are available to ALL military members regardless of length of service or discharge status.

Contact Information
Phone: 800-424-7877
Outside the United States (international toll-free number): 800-424-4685
Outside the United States (collect): 314-387-4700
All calls are confidential and free.

Military OneSource
For non-crisis concerns, such as relationship, family, or financial challenges, Military OneSource provides 24/7 service to all Service members, including National Guard and Reserve members, and eligible family members. Arrange a face-to-face, phone, online, or video counseling session via the contacts below.

Contact Information
Phone: 800-342-9647
Chat: livechat.militaryonesourceconnect.org/chat
Web: www.militaryonesource.mil

RESOURCES

NATIONAL RESOURCES

American Foundation for Suicide Prevention (AFSP)

The American Foundation for Suicide Prevention is the nation's largest non-profit dedicated to saving lives and bringing hope to those affected by suicide.

Contact Information

National Office Toll-Free: 1-888-333-AFSP (2377)
Phone: (212) 363-3500
General Inquiries: info@afsp.org
Web: https://afsp.org

Give An Hour

Give An Hour provides care and support for those who otherwise might not receive it by harnessing the skill, expertise, and generosity of volunteer mental health professionals across the country.

Contact Information

Email: info@giveanhour.org
Web: giveanhour.org

CRISIS RESOURCES

DoD Resources

Veterans/Military Crisis Line (VCL/MCL)

The VCL/MCL is a free, confidential resource that provides Department of Veterans Affairs (VA) support for all Service members, including members of the National Guard and Reserve, all Veterans, and their families, even if they are not registered with VA or enrolled in VA health care. The caring, qualified responders at the VCL/MCL are specially trained and experienced in helping Service members and Veterans of all ages and circumstances. If you, or someone you know is in a crisis, there is help – contact the VCL/MCL.

Contact Information

Phone: 800-273-8255, press 1
Chat: www.veteranscrisisline.net/get-help/chat
Web: www.veteranscrisisline.net
Calling from overseas:
In Europe: Call 00800 1273 8255 or DSN 118
In Korea: Call 0808 555 118 or DSN 118
In Afghanistan: Call 00 1 800 273 8255 or DSN 111

RESOURCES

NATIONAL CRISIS RESOURCES

911

In an emergency, dial 911 or your local emergency number immediately. An emergency is any situation that requires immediate assistance from the police, fire department, or an ambulance.
Contact Information
Phone: 911
Web: www.911.gov

National Poison Control

If you suspect a poisoning, contact a Poison Control Center right away, online, or by phone. Knowing is safer than guessing, and quick action could save a life. Help is available online, with the web POISONCONTROL tool, or by phone at 800-222-1222. Both options are free, expert, and confidential.
Contact Information
Website: www.poison.org

National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24/7. Your call is routed to the nearest crisis center in the national network of 150+ crisis centers.
Contact Information:
Phone: 800-273-TALK (8255); TTY: 800-799-4889
Web: suicidepreventionlifeline.org

THE APPEARANCE OF HYPERLINKS DOES NOT CONSTITUTE ENDORSEMENT BY THE DEPARTMENT OF DEFENSE OF NON-U.S. GOVERNMENT SITES OR THE INFORMATION, PRODUCTS, OR SERVICES CONTAINED THEREIN.

SOURCES

Centers for Disease Control and Prevention
Preventing Suicide: A Technical Package of Policy, Programs, and Practices
https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf

Picture of America: Prevention
https://www.cdc.gov/pictureofamerica/pdfs/Picture_of_America_Prevention.pdf

Public Health Approach to Violence Prevention
https://www.cdc.gov/violenceprevention/publichealthissue/publichealthapproach.html

Defense Health Agency
Psychological Health Center of Excellence — Clinician's Corner Blog
https://www.pdhealth.mil/news/blog/writing-and-talking-about-mental-health-do-s-and-don-%20ts-reduce-stigma

Psychological Health Center of Excellence — DoD Suicide Event Report (DoDSER) Calendar Year 2018 Annual Report
https://www.pdhealth.mil/sites/default/files/images/docs/TAB_B_2018_DoDSER_Annual_Report-508%20final-9MAR2020.pdf

Office of People Analytics
Status of Forces Survey of Active Duty Members (SOFS-A) — Results of 2018 Survey
https://opa.defense.gov

Postvention Toolkit for a Military Suicide Loss
https://www.dspo.mil/Portals/113/Documents/PostventionToolkit.pdf

National Action Alliance for Suicide Prevention
http://suicidepreventionmessaging.org/framework

Reporting On Suicide: Best Practices and Recommendations for Reporting on Suicide
https://reportingonsuicide.org/wp-content/themes/ros2015/assets/images/Recommendations-eng.pdf

U.S. Army
A Leader's Guide to Suicide Prevention
https://ephc.amedd.army.mil/HIPECatalog/Uploads/DownloadableProds/115_TA-060.pdf

DEFENSE
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PREVENTION
OFFICE
www.DSPO.mi