



# LEADERS SUICIDE PREVENTION SAFE MESSAGING GUIDE





# 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 <b>“successful,” “unsuccessful,” “failed attempt,” or “committed.”</b>	Describe as <b>“died by suicide” or “suicide death.”</b>	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 <b>one or two factors</b> in the person’s life that <b>“drove”</b> 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 <b>“what to do if you think someone might be in trouble.”</b> 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 <b>focusing on methods of death or using images that illustrate grief, anguish, and isolation.</b>	<b>Focus on the facts of the event.</b> 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 <a href="#">DSPO Tools Download Library</a> to familiarize yourself with the recommended postvention guidelines. Use the <a href="#">Postvention Toolkit for a Military Suicide Loss</a> .
Describing a suicide as inexplicable or <b>“without warning.”</b>	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 <b>Veterans/ Military Crisis Line — available at 800-273-8255, Press 1.</b>	It is important to understand and communicate objectively about the risk and protective factors associated with suicide.
<b>Presenting suicide as a common</b> or acceptable response to hardship.	<b>Emphasize that suicide is preventable.</b> 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?
<p>Overstating the issue of suicide by using descriptors like <b>“epidemic”</b> or <b>“skyrocketing.”</b></p>	<p>Familiarize yourself with the public health approach to suicide and use <b>data points</b> provided by the DoD and other industry leaders to ensure your language reflects facts.</p>	<p>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.</p>
<p>Using outdated terminology like <b>“mental disease”</b> or <b>“mental institution.”</b></p>	<p>Ensure you use current terminology like <b>“mental health disorder”</b> or <b>“inpatient treatment facility.”</b></p>	<p>Certain words or phrases can be offensive, increase stigma, and spread myths about suicide.</p>
<p>Using labels like <b>“she is depressed”</b> or <b>“he is an addict,”</b> to describe the Service member.</p>	<p>Use clinical terminology like <b>“she is showing signs of depression”</b> or <b>“he is misusing substances.”</b></p>	<p>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.</p>
<p>Words that express pity or distress, such as:</p> <p>Do you know your treatment options as a <b>victim of PTSD?</b></p> <p>You shouldn’t <b>suffer</b> this anxiety alone. Talking with someone is always an option.</p>	<p>Use objective descriptions, such as:</p> <p>Do you know your treatment options as <b>someone who has a PTSD diagnosis?</b></p> <p>You shouldn’t <b>experience</b> this anxiety alone. Talking with someone is always an option.</p>	<p>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.</p>

**Sources:**

Defense Health Agency

U.S. Army

*This content has been adapted from reportingonsuicide.org*



# 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.



Members of the @NJNationalGuard's @177thfw and @108thWing pet therapy dog Cole. The pup is deployed to a New Jersey veterans home during the #COVID19 pandemic.



## 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







# 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 <u>not</u> 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
 <p>The military suicide rate is higher than the U.S. general population.</p>	 <p>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.</p>
 <p>Deployment increases suicide risk among Service members.</p>	 <p>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.</p>
 <p>The majority of Service members who die by suicide had a mental illness.</p>	 <p>Less than half of military suicide decedents had a current or past mental health diagnosis.</p>
 <p>If you remove access to one lethal method of suicide, someone at risk for suicide will replace it with another.</p>	 <p>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.</p>
 <p>Talking about suicide will lead to and encourage suicide.</p>	 <p>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.</p>



# 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](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](https://www.mentalhealth.va.gov/suicide_prevention/docs/OMH-074-Suicide-Prevention-Social-Media-Toolkit-1-8_508.pdf)

# RESOURCES

## NON-CRISIS RESOURCES

### CG SUPRT

Open to all USCG Active Duty members, Selected Reservists, civilian employees and family members. CG SUPRT is a one stop shop for Personal & Financial Wellness, Legal Advice & Services, Command/Management Consultations, Telephonic Health Coaching, Education & Career Counseling for Spouses and much more.

#### Contact Information

Web: [www.cgsuprt.com](http://www.cgsuprt.com) Phone: 855-247-8778



### 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](http://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. Available to CG members for 1year once they separate from service. 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](https://livechat.militaryonesourceconnect.org/chat)

Web: [www.militaryonesource.mil](http://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](mailto:info@afsp.org)

Web: <https://afsp.org>



**American  
Foundation  
for Suicide  
Prevention**

### 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](mailto:info@giveanhour.org)

Web: [giveanhour.org](http://giveanhour.org)



## CRISIS RESOURCES

**CG SUPRT** Web: [www.CGSUPRT.com](http://www.CGSUPRT.com) Phone: 855-247-8778

### 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](http://www.veteranscrisisline.net/get-help/chat)

Web: [www.veteranscrisisline.net](http://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



LEADERS SUICIDE PREVENTION SAFE MESSAGING GUIDE: <https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human-Resources-CG-1/Health-Safety-and-Work-Life-CG-11/Office-of-Work-Life-CG-111/Suicide-Prevention-Program/>



# 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](http://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](http://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](http://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.