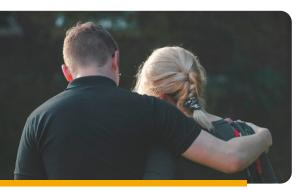


U.S. Department of Veterans Affairs

HOW TO COMMUNICATE AND WRITE About veteran suicide

A guide for members of the media and communicators

This content has been adapted from reportingonsuicide.org.



Suicide is a national public health issue that affects all Americans, including Veterans, their families, and their friends. Suicide has no single cause and no one approach can end it but prevention is possible, especially when Veterans find support before a crisis happens.

The U.S. Department of Veterans Affairs' (VA) top clinical priority is preventing suicide among all Veterans. Our public health approach to suicide prevention includes clinical interventions and community-based outreach prevention strategies. Our goal is to equip communities to help Veterans get the right care, whenever and wherever they need it—from collaborating with Veterans Service Organizations (VSOs), state and local leaders, and community groups to partnering with medical professionals, criminal justice officials, private employers, and many other stakeholders.

Put simply, VA works to raise awareness of resources that can support all Veterans, regardless of VA health care enrollment, and send a message of hope. VA consistently communicates that with proper support, access to effective treatment and counseling with trained providers, safety planning, and other evidence-based intervention strategies, suicide can be prevented.

Coverage of Suicide

Research has shown the media can influence behavior—either positively, by encouraging help seeking and connection, or negatively, by potentially increasing risk of those who already experience elevated levels of thoughts of suicide. Recommendations for Reporting on Suicide (reportingonsuicide.org) offers guidance to not only members of the media but all communicators on reporting about suicide in a safe and ethical manner.

The following are recommendations for developing messages about Veteran suicide. When best practices are applied, messages can correct misconceptions, share hope, and encourage help seeking among those at risk for suicide.



Use Appropriate Language

Best Practice: Be informative and objective without being sensationalistic.

Use the terms "died by suicide" or "killed himself/herself/themselves."

Avoid: Avoid detailing the method of suicide.

Avoid terms like "commit suicide," "successful/ unsuccessful suicide," "completed or uncompleted suicide," or "failed suicide attempt."

Avoid using words like "heroic" or "warrior."

Rationale: The normalization of suicide as an inevitable act can provoke the idea of suicide as the only option and a desired outcome.

Referring to those who have died by suicide as heroes glorifies the act of taking their own lives.

Generalizing all Veterans as heroes creates unrealistic expectations and pressure to perform.

EXAMPLE

Say this: John Doe dead at 32.

Not this: Navy hero John Doe, 32, commits suicide with shotgun in garage.

Report on Suicide as a Public Health Issue

Best Practice: Suicide does not discriminate; according to the Centers for Disease Control and Prevention (CDC), it's a leading cause of death among all Americans, not just Veterans.

Use non-sensational, objective terms, such as "higher" or "increasing," to refer to differences in suicide rates.

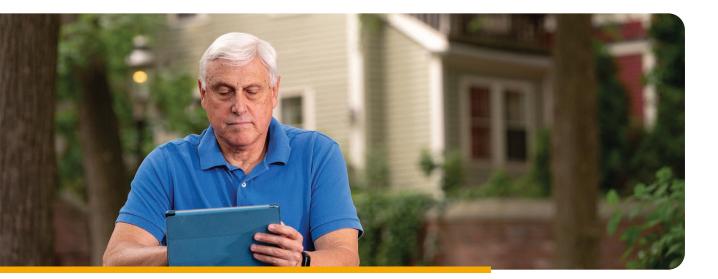
Avoid: Avoid referring to suicide as an epidemic. Avoid terms such as "skyrockets" or "surges."

Rationale: Noting suicide as a health issue distinct to Veterans presents an inaccurate depiction and sensationalist generalization.

EXAMPLE

Say this: Suicide is a national public health issue. Among Veterans, non-Veteran adults, and U.S. adults overall, however, the number and rate of suicide deaths fell in 2019 and again in 2020, after increases from 2001 through 2018.

Not this: Suicide among Veterans is an epidemic in the United States, with mortality rates skyrocketing.



Use Current Veteran Suicide Data

Best Practice: Use current Veteran suicide data. When presenting statistics, make sure you and your audience understand the context behind the data, such as information on suicide in the United States as a whole.

Consult with subject matter experts for more information about suicide prevention.

Go to <u>MentalHealth.VA.gov/suicide_prevention/</u> <u>data.asp</u> for the latest VA data.

Avoid: Avoid presenting the number of Veteran suicide deaths by day as the only statistic.

Avoid stating increases or decreases over short periods of time as indications of trends. Even emergent trends do not become apparent until years or even decades have passed.

Rationale: Suicide is a complex issue with many factors. Stand-alone statistical figures do not accurately reflect the full scope of the issue.

Updated data is often delayed by months or years, so even the most recent reports will not reflect the current landscape of suicide rates.

EXAMPLE

Say this: According to VA's 2022 National Veteran Suicide Prevention Annual Report, Veteran suicide count and rate decreased.

[Uses current data and indicates the suicide count per year]

Not this: *Twenty-two Veterans a day commit suicide*.

[Uses outdated data and indicates the suicide count per day, which does not provide relevant context]

Ask an Expert

Best Practice: Interview a suicide prevention expert, such as a VA researcher, mental health professional, or local suicide prevention coordinator who can provide information on risk factors and treatment of suicidality.

Find VA researchers at <u>hsrd.research.va.gov</u> or <u>research.va.gov</u>.

Find a local VA suicide prevention coordinator at <u>VeteransCrisisLine.net/ResourceLocator</u>.

Avoid: Avoid interviewing first responders (police, EMT, etc.) about circumstances surrounding the death.

Rationale: Comments from those other than mental health professionals can lead to the dissemination of inaccurate information, provide oversimplified explanations, and omit details about valuable suicide prevention resources and tools.

EXAMPLE

Say this: According to a VA researcher, signs of an emerging crisis may include appearing sad or depressed most of the time, feelings of hopelessness, and mood swings.

Not this: According to the police officer on the scene, John Doe was reportedly furious over his job loss.



Portray Posttraumatic Stress Disorder (PTSD) as a Treatable Condition

Best Practice: Portray posttraumatic stress disorder (PTSD) as a treatable condition that can affect anyone, at any age. Not all Veterans have PTSD, and PTSD does not always cause suicide or suicidal ideation.

Note that many Veterans who die by suicide have no diagnosed mental health conditions. Chronic physical pain, among many other factors, can be a significant contributor to thoughts of suicide.

More information on PTSD is available at PTSD.VA.gov.

More information on recognizing the warning signs of a Veteran in crisis is available at <u>VeteransCrisisLine.net/</u> Education/Signs-of-Crisis.

Avoid: Avoid saying the suicide was random or was caused by a single or specific event.

Avoid implying all Veterans have PTSD, that PTSD is the sole cause of suicide, or that PTSD is untreatable.

Avoid implying all suicides are caused by mental health conditions, like depression, anxiety, borderline personality disorder, etc.

Avoid the use of "disorder" when referring to physical and mental health conditions unless it's part of an official diagnosis.

Rationale: Suicide is complex—there is no single cause. There are a number of factors, related to physical and mental health, that increase or decrease the risk for suicide.

Environmental factors, like relationship problems, financial issues, work stressors, and major life changes (like transitioning to civilian life) or losses (loss of a job, loss of a loved one, loss of independence), can often be drivers for suicide.

EXAMPLE

Say this: John Doe, Navy Veteran and father, died by suicide.

Not this: John Doe, Navy hero and father, committed suicide due to his struggle with PTSD.

Emphasize Help and Recovery

Best Practice: Because suicide prevention is possible, convey or provide stories of hope and feature elements that can lead to a life worth living. Acknowledge life's challenges can be difficult for anyone, and help is available. Inform your audience about how they can find support and access resources.

For inspirational stories of Veterans overcoming life challenges, visit <u>MakeTheConnection.net</u>.

Information on the importance of communication about suicide can be found at <u>reportingonsuicide.org/</u> <u>recommendations</u>. In the Recommendations section, click Expand All for information related to each topic.

Reinforce stories of connection and help seeking.

Reinforce effective treatment, secure storage of firearms, and other interventions that have shown reductions in suicides.

- Avoid: Avoid statements that discourage people from seeking help, romanticize death, or reinforce the inaccurate belief that nothing can be done about thoughts of suicide or concerning behaviors.
- Rationale: If suicide is portrayed as inevitable, a Veteran in crisis may not seek the support and resources they need.

By providing multiple resources and conveying hope, it's possible to encourage and empower Veterans to reach out for support.

EXAMPLE

Say this: John Doe told his wife about his suicidal thoughts, and she found resources to help him. Confidential support is available 24/7 from the Veterans Crisis Line (Dial 988 then <u>Press 1</u>, chat online at <u>VeteransCrisisLine.net/Chat</u>, or text 838255).

Not this: John Doe exhibited some symptoms of PTSD. Diagnosing and recovering from PTSD is often a long and difficult process.

Include Resources

Best Practice: Provide readily accessible resources, including the Veterans Crisis Line (if talking to Veterans) or the 988 Suicide and Crisis Lifeline (if talking to the general public):

Veterans Crisis Line

Available 24/7/365

- Dial 988 then Press 1
- Chat online at <u>VeteransCrisisLine.net/Chat</u>
- Text 838255

988 Suicide and Crisis Lifeline

Available 24/7/365

- Call 988
- Chat online at <u>988lifeline.org/chat</u>

Additional suicide prevention resources can be found on <u>MentalHealth.VA.gov/suicide_prevention</u>.

Avoid: Avoid discussing suicide without listing resources or help lines.

Rationale: Discussing specific details about suicide can affect people already in crisis or those with lived experience of attempts or loss. Be prepared to provide information about reliable, readily available resources.

EXAMPLE

Say this: If you're a Veteran in crisis or concerned about one, contact the Veterans Crisis Line to receive 24/7 confidential support. You don't have to be enrolled in VA benefits or health care to connect. To reach responders, **Dial 988 then <u>Press 1</u>**, chat online at <u>VeteransCrisisLine.net/Chat</u>, or text **838255**.

Not this: [Leaving the audience without any resources on suicide prevention]

Show Images of Hope and Support

Best Practice: Show logos of the Veterans Crisis Line (if talking to Veterans) or the 988 Suicide and Crisis Lifeline (if talking to the general public).

Show images of hope and support. Provide imagery that encourages connectedness.

Avoid: Avoid showing images of the location or method of suicide.

Avoid showing graphic imagery related to suicide.

Avoid stereotyped imagery of individuals behaving in manners that depict mental illness (e.g., "headclutchers").

Avoid imagery that can be peripherally associated with suicide—ropes, tall buildings or views from above, bridges, individuals holding firearms, etc.

Rationale: Presenting specific details of suicide can prompt an individual identifying with suicidal behaviors and offer suggestions around method and location they had not previously thought of.

EXAMPLE

Say this: [Logo of Veterans Crisis Line—found <u>here</u>—or 988 Suicide and Crisis Lifeline]

Not this: [Graphic image of method of suicide]



Veterans in crisis or having thoughts of suicide, or those who know a Veteran in crisis, should call the Veterans Crisis Line for confidential crisis support 24 hours a day, seven days a week, 365 days a year: **Dial 988 then <u>Press 1</u>**, chat online at <u>VeteransCrisisLine.net/Chat</u>, or send a text message to **838255**.



Suicide Prevention is VA's Highest Clinical Priority

VA has developed the National Strategy for Preventing Veteran Suicide, which provides a framework for identifying priorities, organizing efforts, and contributing to a national focus on Veteran suicide prevention over the next several years.

Resources for Family Members, Friends, and the Community

You don't have to be an expert to help a Veteran going through a difficult time. There are a number of free, confidential, and vetted resources available 24/7/365:



VA S.A.V.E. Training

Training designed to teach anyone who interacts with Veterans how to recognize warning signs of crisis and what to do to help a Veteran who may be at risk.

Don't Wait. Reach Out.

Get support designed specifically for you. Family members or friends can find resources for the Veterans in their life.

Coaching Into Care

VA's national telephone service aims to educate, support, and empower family members and friends who are seeking care or services for a Veteran.

Additional Safe Messaging Resources

- Action Alliance Framework for Successful Messaging: A resource to help people communicate about suicide by developing messages that are strategic, safe, positive, and make use of relevant guidelines and best practices.
- <u>Suicide Awareness Voices of Education</u>: An organization dedicated to preventing suicide through public awareness and education, reducing stigma, and serving as a resource to those touched by suicide.

Suicide Data

- <u>VA National Veteran Suicide Prevention Annual Report</u>: VA conducts the largest national analysis of Veteran suicide data each year. Findings are made available to the public on an annual basis.
- <u>CDC National Suicide Statistics</u>: Find the most recent national suicide statistics.