

Defense Suicide Prevention Office Program Content Guide

The established style guidelines are consistent with rules and guidance outlined in the Associated Press Stylebook and reflective of the Office of Military Community and Family Policy style and usage preferences.

Do:

- Use the following disclaimer on all medical counseling content:
 - *Military OneSource does not provide medical counseling services for issues such as substance abuse, suicide prevention or post-traumatic stress disorder. The article below is provided for informational purposes only. Military OneSource can provide referrals to your local military treatment facility, TRICARE or another appropriate resource.*
- Consult the safe messaging and communication tools located on the DSPO website [Download Library](#) to avoid potentially harmful content and messages
- Ensure the language is gender-inclusive
 - Rule 1: Focus on the person before gender identity
 - Rule 2: Pay attention to preferred or inclusive pronouns
 - Rule 3: Edit for outdated or stereotypical language and unconscious bias
- Use relationship-neutral terms (e.g., use “partner” or “spouse” instead of “husband” or “wife”)
- Apply “softening” or qualifying words, such as “generally,” “may be,” “can be” or “might” to avoid making blanket statements about how people feel, react, etc., in different circumstances
- Use prevention-focused data and facts instead of vague language or adjectives (e.g., “epidemic” or “skyrocketing”)
- Use the resources provided by DSPO and MC&FP or create consistent messaging, communications plans and products

Do not:

- Make assumptions about or oversimplify the cause or circumstance (e.g., attribute to a single experience, factor or diagnosis)
- Presume to know how people feel or should feel (refer to safe messaging – e.g., [reportingonsuicide.org](#); and postvention resources – e.g., [Postvention Toolkit](#))
- Play the part of an expert (instead, refer to experts and resources, e.g., Military OneSource)
- Reinforce negative stereotypes, myths or stigma related to risk factors, mental illness or suicidal persons (e.g., avoid using adjectives for effect)
- Use data to make generalized assumptions about groups of people because it could normalize suicide for people at risk

Preferred terms

Preferred	Instead of
military treatment facility	medical treatment facility
might, can	ought, should, must
sometimes, occasionally	always, never
attempted suicide	unsuccessful suicide, failed attempt
died by suicide, killed him/herself	committed suicide, successful suicide
Increase, rise <i>(use only if supported by fact and data)</i>	Epidemic

Misconceptions About Suicide

Misconceptions about suicide can hinder suicide prevention efforts in our military community and across our nation. Knowing the facts may allow us to take life-saving steps to help ourselves and our loved ones. The following table contains misconceptions and facts.

Misconceptions	Facts
X 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.
X 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 of dying by suicide four to six times.
X 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.
X Most military firearm deaths are by combat.	✓ Most firearm deaths of service members are the result of suicide (83%), as compared to combat (3.5%), accident (1.8%), homicide (9.3%).

Misconceptions	Facts
<p>X Only mental health professionals can help individuals who are at risk for suicide.</p>	<p>✓ Everyone has a role to play in preventing suicide. Engaging community stakeholders, like financial counselors, can be an impactful way to prevent suicide.</p>
<p>X The military suicide rate is higher than in the U.S. general population.</p>	<p>✓ Given the different composition of the national population and the U.S. military 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 in the U.S. population.</p>
<p>X Deployment increases suicide risk among service members.</p>	<p>✓ 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>X 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>X 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 forms are not substituted.</p>
<p>X 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>

Commonly used terms, phrases and respective guidelines for use

The table below lists frequently used MC&FP terms or phrases, and respective guidelines for use of the terms or phrases.

Term	Definitions/Notes (listed case sensitive as it would appear within a sentence)
Access to care	<p>Health care reform efforts that increase access to care for mental and substance use disorders can greatly contribute to suicide prevention. Timely access to care is critically important to individuals in crisis. Crisis hotlines, online crisis chat/intervention services, self-help tools, crisis outreach teams and other services play an important role in providing timely care to patients with high suicide risk (National Strategy for Suicide Prevention).</p> <p>The DOD will ensure greater coordination among the different programs (e.g., military treatment facilities-based and TRICARE) that provide services addressing mental health, substance use and physical health care in order to increase access to care (Defense Strategy for Suicide Prevention)</p>
Affected by suicide	Suicide affects the health of others and the community. When people die by suicide, their family and friends can experience shock, anger, guilt and depression (Centers for Disease Control).
Belongingness (or sense of belongingness)	Feeling connected to communities can increase a sense of belonging. Stronger connections can increase a person’s sense of belonging or “mattering” to a group, a sense of personal value or worth, and access to a larger source of support (CDC).
Bereaved by suicide	Family members, friends and others affected by the suicide of a loved one (also referred to as survivors of suicide loss) (Department of Defense Strategy for Suicide Prevention).
Chain of command	The succession of commanding officers from a superior to a subordinate through which command is exercised. Also called command channel.
Commander	Anyone with the authority and responsibility for effectively using available resources and for planning the employment of organizing, directing, coordinating and controlling military forces for the accomplishment of assigned missions; and responsibility for health, welfare, morale and discipline of assigned personnel related to suicide prevention.

Term	Definitions/Notes (listed case sensitive as it would appear within a sentence)
Comprehensive Approach	<p>Effective suicide prevention requires a combination of efforts that work together to address different aspects of the problem (Suicide Prevention Resource Center). A comprehensive approach to suicide prevention is characterized by:</p> <ul style="list-style-type: none"> • Strong leadership that convenes multi-sectoral partnerships • Prioritization of data to identify vulnerable populations and to better characterize risk and protective factors impacting suicide • Leveraging existing suicide prevention programs • Selection of multiple and complementary strategies with the best available evidence to fill gaps • Effective communication • Rigorous evaluation of the overall approach and individual activities for quality improvement and sustainability (CDC)
Connectedness	<p>According to the CDC, connectedness is the degree to which a person or group is socially close, interrelated or shares resources with other persons or groups. This definition encompasses the nature and quality of connections both within and between multiple levels of the social ecology, including:</p> <ul style="list-style-type: none"> • Connectedness between individuals • Connectedness of individuals and their families to community organizations • Connectedness among community organizations and social institutions
Contagion	<p>Suicide risk associated with the knowledge of another person’s suicidal behavior, either first-hand or through the media. Suicides that may be at least partially caused by contagion are sometimes called “copycat suicides.” Contagion can contribute to a suicide cluster (SPRC).</p>
Crisis Services	<p>Crisis services are an important part of a comprehensive approach to suicide prevention. Although the term crisis services is often used to refer to hotlines or helplines, it also encompasses other programs that provide assessment, crisis stabilization and referral to an appropriate level of ongoing care (SPRC).</p> <ul style="list-style-type: none"> • Mobile crisis teams • Walk-in crisis clinics • Hospital-based psychiatric emergency services • Peer-based crisis services

Term	Definitions/Notes (listed case sensitive as it would appear within a sentence)
Distress	<p>Distress occurs when stress is severe, prolonged or both (National Institutes of Health). According to Military Health Systems, some signs of distress could include:</p> <ul style="list-style-type: none"> • Drinking more heavily than normal • Agitation or anger • Withdrawing from families and friends • Difficulty concentrating • Sadness or depression
DoDSER	<p>The annual Department of Defense Suicide Event Report standardizes suicide surveillance efforts across the military services and tracks the total suicide deaths, manner of death and other variables. The DoDSER program is a collaborative effort of the Department of Defense's Suicide Prevention and Risk Reduction Committee, the military services and the National Center for Telehealth and Technology.</p>
Evidence-based care	<p>Practicing evidence-based prevention means using the best available research and data throughout the process of planning and implementing your suicide prevention efforts (SPRC).</p>
Family Readiness	<p>The state of being prepared to effectively navigate the challenges of daily living experienced in the unique context of military service. Ready individuals and families are knowledgeable about the potential challenges they may face, equipped with the skills to competently function in the face of such challenges, aware of the supportive resources available to them and make use of the skills and supports in managing such challenges. Includes mobility and financial readiness, mobilization and deployment readiness, and personal and family life readiness (DoDI 1342.22).</p>
Gatekeepers	<p>Those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine. They may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate. Examples include clergy, first responders, pharmacists, caregivers and those employed in institutional settings, such as schools, prisons and the military (RAND or DSSP).</p>

Term	Definitions/Notes (listed case sensitive as it would appear within a sentence)
Intervention	<p>Prevention interventions focus on reducing risk for mental health disorders and promoting positive psychological health. Prevention interventions are typically classified into three categories: universal, selective and indicated. Universal interventions are directed at an entire population, selective interventions are aimed at groups at increased risk and indicated interventions target those at greatest risk or those who have early signs or symptoms of a disorder. Some prevention interventions are designed to motivate individuals to adopt healthy behaviors and provide skills to support this. Other interventions focus on creating environments that support and enhance these healthy behaviors. Research indicates that the most effective prevention interventions incorporate both approaches (CDC).</p>
Lethal means	<p>The term “lethal means,” in the context of suicide, are means by which an individual plans to carry out the lethal behavior. Lethal means are objects (e.g., medications, firearms, sharp objects) that can be used to engage in suicidal self-directed violence, including suicide attempts. Facilitating lethal means safety is an essential component of effective suicide prevention (Department of Veterans Affairs). (See Counseling on Access to Lethal Means (CALM) Program infographic or Reducing Access to Firearms: A Suicide Prevention Guide for Military Leaders)</p>
Mental health	<p>Mental health includes our emotional, psychological and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others, and make choices. (MentalHealth.gov).</p>
Mental health condition	<p>A mental illness is a condition that affects a person's thinking, feeling, behavior or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others. A mental health condition isn't the result of one event. Research suggests multiple, linking causes (National Alliance on Mental Illness).</p> <p>Mental health conditions may include anxiety disorders, attention deficit hyperactivity disorder, bipolar disorder, depression, eating disorders, posttraumatic stress disorder and more (National Alliance on Mental Illness).</p>

Term	Definitions/Notes (listed case sensitive as it would appear within a sentence)
Mental health services or mental health care	Health services that are specifically designed for the care and treatment of persons with mental health problems, including mental illness. Mental health services include hospitals and other 24-hour services, intensive community services, ambulatory or outpatient services, medical management, case management, intensive psychosocial rehabilitation services and other intensive outreach approaches to the care of individuals with severe disorders (NSSP).
Military community	A broad term, equivalent to ‘the community’ in the 2012 NSSP ecological model, designed to capture applicable members of the total force and military family members, that are the focus of this strategy, as well as to describe the general surroundings in which they live and work (e.g., unit, base, station) (DSSP).
Military Health System	<p>The Military Health System is more than combat medicine. The MHS is a complex system that weaves together:</p> <ul style="list-style-type: none"> • Health care delivery • Medical education • Public health • Private sector partnerships • Cutting-edge medical research and development <p>MHS saves lives on the battlefield, combats infectious disease around the world, and is responsible for providing health services through both direct care and private sector care to approximately 9.6 million beneficiaries composed of uniformed service members, military retirees and family members (MHS).</p>
Morale, welfare, and recreation	The merging of multiple unconnected disciplines into programs that improve unit readiness, promote fitness, build unit morale and cohesion, enhance quality of life, and provide recreational, social and other support services (JCS).
Mortality	A mortality rate is a measure of the frequency of occurrence of death in a defined population during a specified interval (CDC).

Term	Definitions/Notes (listed case sensitive as it would appear within a sentence)
Non-medical counseling	<p>Short term, non-therapeutic counseling that is not appropriate for individuals needing clinical therapy. Non-medical counseling is supportive in nature and addresses general conditions of living, life skills, improving relationships at home and at work, stress management, adjustment issues (such as those related to returning from a deployment), marital problems, parenting, and grief and loss. This definition is not intended to limit the authority of the military departments to grant privileges to clinical providers modifying this scope of care consistent with current military department policy (DoDI 6490.06).</p> <p>Cases inappropriate for non-medical counseling - These cases include, but are not limited to:</p> <ul style="list-style-type: none"> • Someone with active suicidal or homicidal thought or intent, or other threats of harm to self or others • Family Advocacy Program cases, sexual assault cases and situations involving child abuse or neglect, domestic violence, alcohol and substance abuse • Someone who has required recurring inpatient hospitalizations • Someone currently receiving therapy by another practitioner • Fitness for duty evaluations • Court-ordered counseling
Non-suicidal self-injury or Non-suicidal self-directed violence behavior	Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is no evidence, whether implicit or explicit, of suicidal intent (VA Mental Illness Research Education and Clinical Center).
Non-suicidal self-directed violence ideation	Self-reported thoughts regarding a person’s desire to engage in self-inflicted potentially injurious behavior. There is no evidence of suicidal intent (VA MIRECC).
Other than honorable discharge	Administrative military discharge “under other than honorable conditions.”
Physical injury	A bodily lesion resulting from acute overexposure to energy (this can be mechanical, thermal, electrical, chemical or radiant) interacting with the body in amounts or rates that exceed the threshold of physiological tolerance (VA MIRECC).
Positive coping	The process of managing taxing circumstances, expending effort to solve personal and interpersonal problems, and seeking to reduce or tolerate stress or conflict, including active/pragmatic, problem-focused and spiritual approaches to coping (RAND).

Term	Definitions/Notes (listed case sensitive as it would appear within a sentence)
Post-traumatic Stress Disorder (PTSD)	<p>Post-traumatic stress disorder is a mental health condition that can develop after exposure to a traumatic event. Many individuals with PTSD repeatedly re-experience the ordeal as flashback episodes, memories, nightmares or frightening thoughts, especially when exposed to events that remind them of the trauma. Other symptoms of PTSD include persistent avoidance of stimuli, negative alterations in cognitions and mood, and marked alterations in arousal and reactivity, all associated with the traumatic event. PTSD is often comorbid with and shares symptoms common to other conditions, such as substance use disorders, depression, anxiety, chronic health conditions and sleep difficulties (Health.mil).</p>
Postvention	<p>Any activity following a suicide that promotes recovery and healing among those affected by the death. Postvention can help prevent any negative effects of suicide exposure, such as complicated grief and suicide contagion (DOD Postvention Toolkit).</p>
Protective factors	<p>According to the CDC, protective factors buffer individuals from suicidal thoughts and behavior. Protective factors include:</p> <ul style="list-style-type: none"> • Effective clinical care for mental, physical, and substance abuse disorders • Easy access to a variety of clinical interventions and support for help seeking • Family and community support (connectedness) • Support from ongoing medical and mental health care relationships • Skills in problem solving, conflict resolution and nonviolent ways of handling disputes • Cultural and religious beliefs that discourage suicide and support instincts for self-preservation <p>Protective factors related to the military population (DSPO):</p> <ul style="list-style-type: none"> • Employment • Responsibilities to others • Strong interpersonal bonds • Resilience • Sense of belonging and identity • Access to health care • Optimistic outlook

Term	Definitions/Notes (listed case sensitive as it would appear within a sentence)
Public health approach	<p>The focus of public health is on the health, safety and well-being of entire populations. A unique aspect of the approach is that it strives to provide the maximum benefit for the largest number of people. Public health focuses on preventing suicidal behavior before they ever occur (primary prevention) and addresses a broad range of risk and protective factors (CDC).</p> <p>DOD is committed to implementing a multi-faceted public health approach to suicide prevention, aligned with the Defense Strategy for Suicide Prevention, as well as the seven broad suicide prevention strategies outlined by the Centers for Disease Control and Prevention. We believe, and research supports, that in order to prevent suicide, our community must be unified in its commitment to prevention across these seven critical strategies (DSPO).</p>
Resilience	<p>The ability to withstand, recover and grow in the face of stressors and changing demands (RAND).</p>

Term	Definitions/Notes (listed case sensitive as it would appear within a sentence)
Risk factors	<p>According to the CDC, risk factors are a combination of individual, relationship, community and societal factors that contribute to the risk of suicide. Risk factors are those characteristics associated with suicide — they might not be direct causes. Risk factors include:</p> <ul style="list-style-type: none"> • Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders • Alcohol and other substance use disorders • Hopelessness • Impulsive and/or aggressive tendencies • History of trauma or abuse • Major physical illnesses • Previous suicide attempt(s) • Family history of suicide • Job or financial loss • Loss of relationship(s) • Easy access to lethal means • Local clusters of suicide • Lack of social support and sense of isolation • Stigma associated with asking for help • Lack of health care, especially mental health and substance abuse treatment • Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma • Exposure to others who have died by suicide (in real life or via the media and internet)
Stigma	<p>Mental health stigma is a dynamic process by which service members internalize a marked identity about themselves and people with mental health disorders. While research indicates that mental health care stigma remains a significant concern for service members, particularly those in need of mental health treatment, there are mixed findings about how it impacts treatment-seeking behavior or mental health service use (Health.mil).</p>
Stress	<p>Stress responses are normal reactions to environmental or internal perturbations and can be considered adaptive in nature (NIH).</p>
Substance misuse	<p>Preferred usage for substance abuse is “substance misuse.” Substance misuse may lead to substance use disorder.</p>

Term	Definitions/Notes (listed case sensitive as it would appear within a sentence)
Substance Use Disorder	<p>Formerly called ‘substance abuse’ or ‘substance dependence,’ it is now generalized to substance use disorders and it includes a severity and impact classification. Substance use disorders are classified as mild, moderate or severe. The level of severity is determined by the number of diagnostic criteria met by an individual (Substance Abuse and Mental Health Services Administration).</p> <p>Substance misuse, such as alcohol or drug misuse, can impact individuals, families and communities. Its effects can significantly contribute to social, physical, mental and public health problems.</p>
Suicidal behavior	Suicidal behavior results from a combination of genetic, developmental, environmental, physiological, psychological, social and cultural factors operating through diverse, complex pathways.
Suicidal ideation	Thinking about, considering or planning for suicide (SPRC).
Suicide	Suicide is death caused by injuring oneself with the intent to die (SPRC).
Suicide attempt	A suicide attempt is when someone harms themselves with the intent to end their life, but they do not die as a result of their actions (SPRC).
Suicide attempt survivors	Individuals who have survived a prior suicide attempt (SPRC).
Suicide crisis or suicidal crisis	A suicide crisis, suicidal crisis or potential suicide, is a situation in which a person is attempting to kill him or herself or is seriously contemplating or planning to do so. It is considered a medical emergency, requiring immediate suicide intervention and emergency medical treatment (NSSP).
Suicide loss survivors	(Bereaved by suicide). Family members, friends and others affected by the suicide of a loved one (also referred to as survivors of suicide loss) (NSSP).
Suicide prevention	Suicide prevention includes strategies to prevent suicide in the first place, by decreasing suicide risk factors and increasing protective factors. Strategies range from a focus on the whole population regardless of risk to strategies designed to support people at highest risk (SPRC).
Surviving spouse	A widow or widower who has not remarried or who, if remarried, has reverted through divorce, annulment or the death of the spouse, to an unmarried status (DoDI 1015.10).

Term	Definitions/Notes (listed case sensitive as it would appear within a sentence)
Total force	<p>The organizations, units and individuals that comprise the DOD resources for implementing the National Security Strategy. It includes DOD active and reserve component military personnel, military retired members, DOD civilian personnel (including foreign national direct- and indirect-hire, as well as nonappropriated fund employees), contractors and host-nation support personnel (DSSP, page 4).</p>
Treatment for suicide-related thoughts and behaviors	<p>When considering treatments for suicide-related thoughts and behaviors for patients, clinicians are advised to carefully consider the totality of a service member’s mental health (and not just the presence or absence of a diagnosis) prior to implementing any treatments.</p> <p>In the 2019 VA/DOD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide (VA/DoD Suicide CPG), 12 treatment recommendations are presented in four groups: (a) non-pharmacologic treatments, (b) pharmacologic treatments, (c) post-acute care, and (d) technology-based modalities. The strength of each recommendation is determined based on several factors, including the balance of desirable and undesirable outcomes, confidence in the quality of the evidence, patient/provider values and preferences and other implications such as acceptability and feasibility (VA)</p>

Term	Definitions/Notes (listed case sensitive as it would appear within a sentence)
Warning signs for suicide	<p>Immediate Risk: Some behaviors may indicate that a person is at immediate risk for suicide and require a prompt call to the National Suicide Prevention Lifeline at 800-273-TALK (8255) or a mental health professional.</p> <ul style="list-style-type: none"> • Talking about wanting to die or to kill oneself • Looking for a way to kill oneself, such as searching online or obtaining a gun • Talking about feeling hopeless or having no reason to live <p>Serious Risk: Other behaviors may also indicate a serious risk—especially if the behavior is new, has increased and/or seems related to a painful event, loss or change.</p> <ul style="list-style-type: none"> • Talking about feeling trapped or in unbearable pain • Talking about being a burden to others • Increasing the use of alcohol or drugs • Acting anxious or agitated; behaving recklessly • Sleeping too little or too much • Withdrawing or feeling isolated • Showing rage or talking about seeking revenge • Displaying extreme mood swings (SPRC)

Topic list

Medical Counseling Topics	Non-medical Counseling Topics
Addictive behaviors	Stress management
Substance abuse	Problem solving
Combat stress	Anger management
PTSD	Financial counseling
Suicide or suicidal or homicidal ideation	Grief support
Depression and anxiety	Communication
Mental illness	Relationships, marital problems

Medical Counseling Topics	Non-medical Counseling Topics
Vicarious trauma	Parenting

Dos and Don'ts if someone is talking about suicide

- Be direct. Talk openly and matter-of-factly about suicide (e.g., “Are you OK?” or “Are you thinking about suicide?”).
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong or whether feelings are good or bad. Don't lecture on the value of life.
- Get involved. Become available. Show interest and support.
- Don't dare the person to do it.
- Don't act shocked. This will put distance between you.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available but do not offer glib reassurance.
- Take action. Remove means, like weapons or pills.
- Get help from people or agencies specializing in crisis intervention and suicide prevention.

Military OneSource Articles, Links and Resources

- [Resources for Understanding Suicide Prevention in the Military](#)
- [10 Things to Know About Confidential, Video Non-medical Counseling](#)
- [Mental Health](#)
- [Suicide Prevention MilLife Guide](#)

The President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) Resources

- PREVENTS Veterans Affairs webpage www.va.gov/prevents
- PREVENTS REACH Campaign webpage: www.reach.gov
- PREVENTS Pledge: www.reach.gov/pledge

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.



Call. 800-342-9647
Click. www.MilitaryOneSource.mil
Connect. 24/7

Contact Information:

Phone: 800-342-9647

Chat: livechat.militaryonesourceconnect.org/chat

Web: www.militaryonesource.mil

National Resources

American Foundation for Suicide Prevention

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

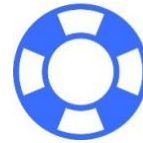
Contact Information:

Toll-Free: 888-333-AFSP (2377)

Phone: 212-363-3500

General Inquiries: info@afsp.org

Web: 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

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 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 the 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: 988, 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

National 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: 988, press 1; TTY: 800-799-4889

Web: suicidepreventionlifeline.org

