Words hold power.

A guide to reducing stigma around mental illness

Language is powerful, and our choice of words can either break down misconceptions and stereotypes or feed into them. Stigmatizing language - such as "crazy" - perpetuates negative perceptions, which can result in people being excluded from jobs, housing, social activities, and relationships. Additionally, people may begin to believe the negative things that others say about them. Stigmatizing language has been found to discourage people from seeking help. People do not want to be labeled "an addict," "crazy," or "psychotic." Fear of being labeled in this way can prevent them from getting the treatment and support they need for improved well-being. Taking caution with our words is the first step to creating and fostering a stigma-free environment where everyone can feel empowered to care for their mental health.

Now that we understand the WHY, let's talk about the HOW. Below you will find recommendations for ways to re-think our words and foster supportive, stigma free conversations.

Use person first language.

Person first language focuses on the individual not the illness. Using person first language shows that a person "has" a mental health problem rather than "is" the mental health problem. Person first language is used for other health conditions, for example: they/he/she has diabetes vs they/he/she is a diabetic.



Instead of this...

- Mentally ill
- Crazy/insane/disturbed
- · Depressed/schizophrenic
- Manic-depressive
- Addict/junkie/druggie
- Alcoholic
- Ex-addict/clean

Try this...

- Person living with a mental health challenge or use the diagnosis if the person prefers that language (e.g., major depressive disorder)
- · Person living with a mental health challenge/trauma
- · Person living with depression/schizophrenia
- · Person living with bipolar disorder
- Person with a substance use challenge or disorder
- · Person with an alcohol use challenge or disorder
- · Person in recovery



Be specific.

"Mental health condition" is a general term that doesn't offer much information about what an individual is experiencing. Specific disorders or types of mental health conditions should be referenced whenever possible. We should also always allow for personal choice. Be curious and ask individuals about their condition and what words they prefer to use.







Be sensitive.

Some issues relating to mental health are traumatic, such as suicide. When talking about suicide we should consider the feelings of those on the other end of the conversation.

Instead of this...

- "Committed suicide"
- "Failed or unsuccessful suicide attempt"
- "Anna's brother committed suicide"

- "Died by suicide/ Lost to suicide"
- "Suicide attempt survivor/ she did not die in a suicide attempt"
- "Anna is a suicide loss survivor, her brother died by suicide."





Permission to talk more.

Normalizing the conversation around mental health empowers people to speak up and get the help they need. It also helps break down stigma surrounding mental illness which in turn creates a more supportive and inclusive community. Let's take care with our words and take care of each other.

Avoid these phrases.

These common phrases are often used in casual conversation, at home, work, or with friends. Most people would view these phrases as harmless, but the intent doesn't always match the impact. These and other similar phrases can perpetuate stigma.

Instead of this...

- That's crazy, insane, psycho
- · I'm so OCD about that
- · They are delusional
- · It drives me crazy
- · I'm so addicted to that
- Just shoot me/ this makes me want to kill myself
- · The weather is so depressing

Try this...

- · That's wild, bizarre, odd
- I am meticulous/ particular about that
- · They are experiencing a lot of fear
- · It bothers/annoys me
- · I am very invested in that
- · I am very angry/frustrated/annoyed
- · The weather is so gloomy/rainy/cold/gray











Sources:

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