



## Mental Health Language Guide

The words we use to express our thoughts and ideas about mental health frame our understanding of it. Speaking about mental health in inapt terminology can train us to think of mental health inaptly. To have the essential conversations about mental health, and to reduce stigma, our language needs to be both person-centered and recovery-oriented.

Below is a quick guide to ensure we talk about mental health and wellness precisely, productively, and with compassion.

### *Words and phrase to avoid:*

- Any derogatory words or phrases that drive stigma surrounding mental health issues. Examples: crazy, psycho, nuts, deranged, wacko, demented, high or low functioning, disturbed, etc.
- Any words or phrases that unduly suggest pity. Examples include: suffering from, the afflicted, victims of mental illness, etc.

### *Other language considerations:*

- Clinical conditions should not be used hyperbolically, or in jest, and should not be applied lightly to those who are undiagnosed. For example, we should not say an undiagnosed but especially tidy person “Is very OCD,” nor should we describe someone experiencing mood swings as manic, or bipolar or schizophrenic. By the same token, we should not refer to a situational sadness as depression, or a feeling of anxiousness as a panic attack and so on.
- In writing, psychological conditions and disorder should remain uncapitalized except in case of any portions that contain a proper noun (ex: Asperger’s syndrome).
- In speaking about substance misuse, there is a distinction to be made between relapsing and returning to substance use. A relapse refers to an individual with a substance misuse disorder who has been in remission, who then experiences a return of symptoms or loss of remission. A relapse is different from a return to opioid use in that it involves more than a single incident of use.
- Language evolves, and takes on new connotations, and personal preference in many cases plays a deciding role in the words we use to talk about other people’s conditions and experiences. People living with mental health conditions may prefer to refer to their experiences in different terms and in different light. Some may refer to themselves as living with a mental health condition, or with mental health challenges, or mental health needs, while others may yet refer to their experience as living with a mental health diagnosis or a mental health disability. What is important is that we try to speak in specific terms about specific people, seek to be informed, and proceed as always with compassion.



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*Instead of saying this:*

- The mentally ill

*Try saying this:*

- People living with mental health conditions

When we say, “The mentally ill,” we are defining the people in question chiefly by their mental health challenges, which can have the unintended effect of othering and dehumanization. Instead we should push our language to emphasize their personhood first and foremost. It is likewise problematic to refer to an individual living with schizophrenia as “a schizophrenic,” or to a person living with depression as “a depressive.” People are more than their health conditions.

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*Instead of saying this:*

- He killed himself

*Try saying this:*

- He died by suicide

When suicide is phrased in terms of killing oneself, the truer nature of the tragedy is obscured. Instead of a personal choice, suicide in most instances is better understood as a consequence of mental health conditions, as in the result of a disease or health problem. For instance, imagine how odd it would be to say, “He got himself killed by cancer.”