

Mental illness is nothing to be ashamed of. It is a medical problem, just like heart disease or diabetes. Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these). **Mental illnesses** are associated with distress and/or problems functioning in social, work or family activities - and they are often accompanied by **substance use**. It's critical that we talk about these challenges and that we do so **in the right way**.

REFRAMING LANGUAGE



WHY CHANGING OUR THINKING, OUR ACTIONS AND OUR LANGUAGE MATTERS

The terms we use to describe mental illness matter. We have all heard derogatory terms used to describe someone who has a mental illness. Here are a few to jog your memory: Cuckoo; Mad as a hatter; Screwy – having a screw loose; Bananas; Loopy; Crackers; Wacko (whacko); Loony; Nuts; Freak; Crazy; Weirdo. Can you imagine mocking someone with an illness such as cancer or heart disease? **Here's how we can do better.**



UPDATED LANGUAGE

Prejudice and Discrimination

Acceptance

Experiencing or Living with a Mental Illness

Experiences/has been treated for Emotional, Mental and/or Behavioral Health Challenges

Person Experiencing /Living with or Diagnosed with a Mental Illness

Person who Experiences Substance Use Challenges



OUTDATED LANGUAGE

Stigma

Awareness

Suffering from a Mental Illness

Emotionally Disturbed

Mentally Ill Person; referring to someone with a diagnosis as schizophrenic, autistic, bipolar, OCD, etc.

Drug Abuser; Alcoholic; Addict. Substance Abuse



WHY IT MATTERS

Prejudice refers to thinking, discrimination refers to action - both can be changed.

Being aware doesn't call for action, change in behavior or thinking.

People who experience mental health conditions can and do live healthy, fulfilling lives. Suffering implies one is unwell, unhappy or can't recover.

Being diagnosed, experiencing symptoms of or having been treated for a mental illness is a common part of the human experience. The term disturbed perpetuates prejudice and creates a barrier to treatment.

Certain language exaggerates mental illness and reinforces prejudice. Always use person-first language.

Avoid words that suggest a lack of quality of life for people with substance use concerns. Terms like addict reduce a person's identity, deny dignity/humanity and imply powerlessness or the inability to recover.

The importance of using person-first language when talking about mental illness and substance use cannot be overstated. This is true for members of the media, support and treatment professionals, family members, friends and the community at large. Person-first language separates the individual from the symptoms they experience - maintaining their identity as people with strengths who have the power to recover. **Here are a few examples.**

Person-first phrases

- A person living with a mental health condition
- A person with substance use challenges
- My son diagnosed with bipolar disorder
- My daughter with schizophrenia
- My neighbor who has autism
- The client I'm treating for depression
- My father who has alcoholism

Phrases that hinder recovery

- The mentally ill; psycho, crazy, lunatic
- Addict; meth head, tweaker, burnout, druggie, junkie
- My son is bipolar
- My schizo daughter
- The autistic boy down the street
- My depressed client
- My alcoholic father



Experiencing Mental Health Symptoms that Interfere with Daily Life/Activities

Completed Suicide, Died by Suicide

Person in Recovery

The Family Support Workforce
family support peers, clinicians, and others who support families

Family Peer Support



Emotional breakdown; Nervous breakdown

Committed Suicide

Former Addict; Former Alcoholic; Drunk

Professionals and Family Peer Specialists
separates family peer support professionals from others

Peer Support
applies to adult peer support alone



Using terms that don't acknowledge an individual's symptoms perpetuates avoidance of needed support and treatment that promote recovery.

The term committed is associated with crime and/or a religious sin.

Emphasize strengths and the ability to recover, not limitations.

The Family Peer workforce should be thought of as professional and a respected career choice as much as clinicians, care managers, etc.

There are specific differences between adult peers and family peers. They have different lived and systems navigation experience.

Think before you act. Think twice before you speak. Your words matter.