

INCLUSIVE LANGUAGE

Why is it important?



Mental health can be a tricky topic to speak about because the reality is, we don't necessarily know what someone has been through. This means we must be mindful of how we choose to speak about topics relating to mental health experiences.

GENERAL GUIDELINES

- Particular language can stigmatise or sensationalise mental ill-health. We want to avoid terms like 'crazy', 'psycho', 'insane', 'lunatic', 'mad', 'schizo' and others that could perpetuate negative stereotypes of how mental ill-health presents or discourage people from reaching out and seeking treatments.
- Use person-first or person-centred language. Avoid labelling a person by their mental health diagnosis or challenges. We want to acknowledge that people are so much more than a diagnosis or tough moment. Ideally, we look to use more neutral phrases such as 'has a diagnosis of', 'is being treated for', or 'has experiences with'.

SUICIDE SPECIFIC LANGUAGE

- We want to refrain from disclosing methods or locations associated with suicide/thoughts/attempts/self-harm to discourage copycat behaviour.
- Particular language can stigmatise suicide or sensationalise it. The type of language that is preferred is: "attempted to take my/their life" or "suicided/took their life"
- Rather than focus on explaining information surrounding suicide or self-harm, focus on the turning point that led to receiving help.

EATING DISORDERS

- Communicating quantifiable information, such as measurement, weight, BMI, an amount of exercise etc. can cause unhealthy comparisons.
- Details and specific information relating to methods associated with an eating disorder can cause copycating and harmful behaviour.
- Particular language can stigmatise eating disorders or imply that an eating disorder cannot be recovered from. Avoid terms like 'victim', 'afflicted by' or 'suffering from' that could cause people to fear that an eating disorder is a life sentence, and instead utilise more neutral person-centred language such as 'I was living with an eating disorder' or 'has a diagnosis of anorexia nervosa'.

SUBSTANCE USE

- Avoid glorifying alcohol and drug use.
- Disclosing quantities or frequencies associated with drug or alcohol use can cause unhealthy comparisons.
- Particular language can stigmatise substance abuse. Try to avoid terms such as 'addict', 'junkie', 'druggie', 'abuser' and the clean/dirty dichotomy.

TRAUMA

- Be mindful of things like anniversary dates, holidays and stressful times in deciding whether you feel comfortable to start conversations.
- When talking about trauma, it is safer to remove specific details of the trauma itself as this can be triggering.

