Language Matters in Mental Health

The Power of Language about Mental Health

Language shapes how we see the world. The words we choose and the meanings we attach to them influence our feelings, attitudes and beliefs. Words can make us feel good, and they can cause us to feel bad.

We have a choice in the words we use to describe ourselves, others and the world around us. These choices have a powerful effect on how we view mental health and people with mental health conditions. It’s important to respect people’s preferences for the words used to identify them and describe their life experiences.

The Hogg Foundation for Mental Health encourages you to talk with family, friends, co-workers and others about the words used to talk about mental health and people with mental health conditions. Start an open, respectful conversation about why some words can be negative and hurtful. Invite people to think about how the words they choose to use affect others.

People-First Language

Everyone deserves to be treated with respect. “People-first” language is a simple guideline to choosing words that are appropriate and respectful. It focuses on people’s abilities instead of their limitations. It always puts the person first before the mental health condition to demonstrate his or her dignity and worth. We talk about a person’s health condition only if necessary.

To apply people-first language, ask yourself if using words that label someone with a mental health condition matters in the conversation. A person’s mental health is only one aspect of who the person is. If the information doesn’t contribute to the topic in a necessary or meaningful way, why mention it at all?

If the information is important, use people-first language to talk about it. People-first language means we literally put ourselves and others first in a sentence. For example, instead of calling someone “mentally ill,” the more appropriate, respectful phrase is “a person with a mental illness.”

It’s no longer acceptable to use the terms “handicapped” or “disabled” to refer to people who have a physical disability. It’s also not polite or respectful to use the term “diabetic” to refer to a person with diabetes. The same holds true for people with a mental health condition.

Label | People-First Language
--- | ---
Crazy/Psycho Insane/Lunatic | She has a mental health condition (or diagnosis) He has a lived experience of a mental health condition
Normal/Sane | She doesn’t have a mental health condition
Paranoid schizophrenic Anorexic Depressive Obsessive-compulsive | He has paranoid schizophrenia She has anorexia nervosa He has major depression She has obsessive-compulsive disorder
Emotionally disturbed | He has a serious emotional disturbance
Special education student | She’s a student receiving special education services
Addict/Substance abuser | He has a substance use disorder She has a lived experience of substance use
Mentally ill | She has a mental health condition (or diagnosis) He has a lived experience of a mental health condition
“If thought corrupts language, language can also corrupt thought.”
— George Orwell

Personal Preferences Matter Most

Language is constantly evolving. As times change, the words people prefer to be called may change. To show respect in conversations with others, be mindful of the impact your word choices could have.

First, ask yourself if a descriptive word is needed at all. If it is but you are unsure of what words to use, ask the person how he or she would like to be addressed or referred to. This will vary from one person to another. For example, many people with mental health conditions prefer to be called “consumer” instead of the outdated terms “patient” or “client.” Others prefer to be called “survivor” or “service recipient.”

<table>
<thead>
<tr>
<th>Outdated Language</th>
<th>Preferred Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Client/Case</td>
<td>Individual/Service recipient</td>
</tr>
<tr>
<td>I have a client at 2 p.m.</td>
<td>I have an appointment with a consumer at 2 p.m.</td>
</tr>
<tr>
<td>Successful suicide</td>
<td>Completed suicide</td>
</tr>
<tr>
<td>Unsuccessful suicide</td>
<td>Attempted suicide</td>
</tr>
<tr>
<td>He unsuccessfully attempted suicide</td>
<td>He attempted suicide</td>
</tr>
<tr>
<td>That drives me crazy</td>
<td>That bothers/annoys me</td>
</tr>
<tr>
<td>It was a crazy time</td>
<td>It was a busy/chaotic/wild time</td>
</tr>
<tr>
<td>This is nuts</td>
<td>This is interesting/wild/funny</td>
</tr>
</tbody>
</table>

Respect for Other Cultures

Taking the time and making the effort to show respect for people from cultures, backgrounds or life experiences different from our own can improve our ability to communicate. This includes interactions with people who have experienced mental illness.

A three-step approach to developing respect for other cultures was developed by experts Derald Wing Sue, Patricia Arredondo and Roderick McDavis. It was published in 1992 to help mental health professionals in their work with people of different cultures and backgrounds. You may also find it helpful.

This approach requires awareness, knowledge and skills. First, you must become aware of your own stereotypes, beliefs and biases about people who have a mental health condition. Second, you must know that words and labels used to describe people can hurt. Third, you must develop the skills to communicate with respect based on your awareness and knowledge.

Once you develop greater awareness, knowledge and skills about the culture of mental health, you may be surprised at how often hurtful language and labels are used in everyday conversation.

“Language is the road map of a culture. It tells you where its people come from and where they are going.”
— Rita Mae Brown

About the Hogg Foundation for Mental Health

The Hogg Foundation for Mental Health was founded in 1940 at The University of Texas at Austin by the children of former Texas Governor James Hogg.

The foundation has awarded millions of dollars in grants to continue the Hogg family’s legacy of public service and dedication to improving mental health in Texas. Other donors have established smaller endowments at the foundation to support its mission.

Today the foundation continues to support mental health services, research, policy analysis and public education projects in Texas. The foundation focuses its grant making on key strategic areas in mental health and awards grants through a competitive proposal process.

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