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## CHOOSING THE RIGHT WORDS

Anyone who works with words knows that how we use them does matter. Words have the power to build up or tear down, and when not used with care, they can distort what we want to say. This is why it is so important to choose the right words or phrases when describing people who have mental health issues, substance use issues, or developmental and/or intellectual disabilities.

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This guide is designed to help anyone who writes about or interacts with people who have mental health issues, substance use issues, or developmental and/or intellectual disabilities. It provides recommendations for how to describe people who live with one or more of these conditions, with the goal of making it easier to talk with them, write about them and share their stories. It is, of course, only a guide. When unsure which word or phrase is best, it’s always best to ask for a person’s preference.

MENTAL HEALTH

Things to consider

- 1 Is the person’s mental illness relevant to the story? If not, there is no need to mention it.
- 2 Is the source of the mental illness diagnosis accurate and credible?
- 3 Do not assume a link between mental illness and violence. People with mental illness are more likely to be victims than perpetrators.

AVOID SAYING:

mentally ill, lunatic, psycho, insane, deranged, .....  
schizophrenic, schizo  
wacko, looney, mad, crazy, nuts .....

INSTEAD SAY:

a person with a specific mental illness diagnosis, such as bipolar disorder, schizophrenia, etc.  
shows or exhibits signs of disorientation, depression, paranoia, delusions, hallucinations, etc.

DEVELOPMENTAL DISABILITIES

Things to consider

- 1 People with disabilities are not people who suffer from the tragedy of birth defects or victims who fight to overcome their challenges. They are people: moms, dads, sons, daughters, students, employees, employers, scientists, doctors, etc.
- 2 It is important to emphasize abilities over limitations. No one wants to be defined by a disability.
- 3 An accomplishment should not be described as extraordinary just because a person has a disability.

AVOID SAYING:

people who are handicapped or disabled ..... people/individuals with disabilities  
confined to a wheelchair/wheelchair bound ..... uses a wheelchair/uses a mobility chair  
is quadriplegic/paraplegic/lame/crippled ..... has a physical disability/has [a specific condition]  
is mentally retarded ..... has a cognitive [or intellectual] disability  
is learning disabled ..... has a learning disability  
is a Down’s kid/is a mongoloid ..... has Down syndrome  
is afflicted with... ..... has...  
has a birth defect ..... has a congenital disability  
is autistic ..... has autism/is on the autism scale  
is brain damaged ..... has a brain injury  
in special ed/is a special ed kid ..... receives individualized or special education services  
is a dwarf/midget ..... is of short stature  
is a healthy or normal person ..... is nondisabled/is a person without a disability  
is mute/dumb/nonverbal ..... communicates with eyes/synthetic speech/other means  
overcame her disability ..... overcame barriers/is successful  
handicapped parking/bathrooms/etc. .... accessible parking/bathrooms/etc.

SUBSTANCE USE

Things to consider

- 1 Addiction is a disease. It is not an indication of a lack of morals, courage or willpower.
- 2 Recovery is possible. Opioid use disorder, or opioid addiction, is a chronic disease like type 2 diabetes or asthma. Like those diseases, it can be managed with medication.
- 3 Sharing success stories and highlighting that recovery is possible can encourage people to seek help.

AVOID SAYING:

addict, junkie, druggie ..... a person with a substance use disorder  
abuser, alcoholic ..... a person who has [a drug/an alcohol] use disorder  
drug offender ..... a person arrested for a drug violation  
drug user, user ..... a person who uses drugs  
drug abuse ..... drug use/misuse  
battling/suffering from an addiction ..... living with an addiction  
combatting the opioid crisis ..... addressing the opioid crisis  
noncompliant/bombed out ..... chooses not to at this point  
relapsed ..... had a setback  
medication for addiction ..... medication-assisted treatment  
medication is a crutch ..... medication is a treatment tool  
dirty drug screen ..... positive drug screen  
stayed clean ..... maintained recovery

INSTEAD SAY:

SUICIDE

Things to consider

- 1 Research shows that the way the media reports on suicide can influence behavior and increase the risk that a person will take his or her own life.
- 2 This risk increases when a story explicitly describes the suicide method, uses graphic or dramatic headlines or images, or repeatedly presents extensive coverage that sensationalizes or glamorizes a death.
- 3 Thoughtful coverage of suicide can encourage people who are vulnerable or at risk to seek help.

DON’T DO THIS:

Sensationalize a tragedy by publishing big or attention-grabbing headlines, giving prominent placement to the story, or publishing photos of grieving loved ones.

DON’T SAY THIS:

The victim “committed suicide.” The victim left a suicide note.

DON’T DO THIS:

Say that suicide is an epidemic, suicide is skyrocket-ing, or a suicide happened without warning.

INSTEAD DO THIS:

Present information without sensationalizing the suicide. Minimize the prominence of the story. Use a school, work or family photo.

INSTEAD SAY THIS:

The victim “died by suicide.” A note from the deceased was found and is being reviewed by the medical examiner.

INSTEAD DO THIS:

Say that suicide is a national public health issue. State how many people die each year and the age groups for which the number of deaths is increasing. Say that most people who die by suicide exhibit warning signs. Say that help is available, and people who have struggled with suicidal thoughts have been helped. Include or list resources where people can ask for help and get treatment.