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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.

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
abuser, alcoholic
drug offender
drug user, user
drug abuse
battling/suffering from an addiction
combatting the opioid crisis
noncompliant/bombed out
relapsed
medication for addiction
dirty drug screen
stayed clean

INSTEAD SAY:

a person with a substance use disorder
a person who has [a drug/an alcohol] use disorder
a person arrested for a drug violation
a person who uses drugs
drug use/misuse
living with an addiction
addressing the opioid crisis
chooses not to at this point
had a setback
medication-assisted treatment
medication is a treatment tool
positive drug screen
maintained recovery

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 skyrocketing, 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.