

WORDS MATTER

WHAT DO YOU SAY WHEN YOU TALK ABOUT MENTAL HEALTH?

When it comes to mental health and mental ill health, the words we use matter more than we think. The way we talk about mental health and people experiencing mental distress can reinforce negative stereotypes and be stigmatising, without us even realising it. Language is a powerful tool for creating awareness and fighting stigma, so here are a few tips on how to be mindful of the words we use and how to avoid causing offence when we don't mean to. We have tried to pick terms that are non-stigmatising, but we understand that each person is unique, and some people may not identify with the language chosen here.

BE CAREFUL WITH LABELS: DO NOT REFER TO PEOPLE AS THEIR CONDITIONS

A person living with a mental health problem is much more than their experience or diagnosis. You could not describe yourself with a single word, could you? Avoid the use of diagnostic language when referring to people: A diagnosis does not represent a person's whole identity!



YES to:

- 11 A person with a mental health problem¹¹
- 11 A person living with mental ill health¹¹
- 11 Mental health service users¹¹
- 11 Person with lived experience¹¹
- 11 Expert by experience¹¹



NO to:

- 11 A psycho¹¹
- 11 He/she is a schizophrenic¹¹ / 11 A depressive¹¹
- 11 The mentally ill/sick¹¹
- 11 People with mental disorders¹¹
- 11 The mentally diseased/disordered¹¹

SPEAK ABOUT THE EXPERIENCE, NOT THE SYMPTOMS

We all have mental health, and we may all experience psychological distress at some point because of specific events or circumstances happening in our lives. Experiences of mental distress can vary greatly from individual to individual. When we need to bring up someone's mental ill health, it is better to speak about what they are experiencing, rather than using psychiatric terms. Terms such as 'illnesses' or 'diseases' can be helpful for some people as they may help them seek help and support, but they can also hinder our understanding of mental distress as a wide spectrum of experiences and feelings.



YES to:

- 11 A person experiencing mood swings¹¹
- 11 She/he is hearing voices or has unusual beliefs¹¹
- 11 He/she has been given a diagnosis of¹¹
- 11 Someone who is currently experiencing¹¹
- 11 A person receiving support for¹¹
- 11 People experiencing mental ill health/mental distress¹¹
- 11 Encountering/experiencing emotional or psychological difficulties¹¹



NO to:

- 11 The patient¹¹
- 11 Symptoms of depression¹¹
- 11 He/she has bipolar disorder¹¹
- 11 Mental disease¹¹
- 11 Suffer from¹¹

MIND YOUR LANGUAGE, CLICHÉS CAN BE HARMFUL

Too often psychiatric diagnoses are wrongly used in our everyday language, regardless of our mother tongue. Our language(s) evolve, and we should be extremely cautious not to perpetuate clichés and reinforcing negative stereotypes when talking about mental health. The media also has a huge influence on people's attitudes and needs to be better informed on how to avoid using sensationalist terms and adopt more realistic, sensitive portrayals of mental health.



YES to:

- 11 Statistics show that most people living with mental ill health are no more likely to be violent than anyone else. People experiencing mental distress are unfortunately more likely to be victims of violence or harm¹¹



NO to:

- 11 I am so OCD, I have cleaned our bedroom twice this week¹¹
- 11 What's going on with the weather, it's so bipolar¹¹
- 11 Policemen arrest 'psycho knife-attacker'¹¹
- 11 Schizophrenic who sent the letter jailed¹¹

Ask yourself:
is it helpful to the story to mention this person has experienced mental ill health?

11 Psychological therapy recovery rate surpasses 50% for the first time¹¹: what about covering positive stories about mental health? This does not happen enough.

11 I have cleaned our bedroom twice this week, I am so tidy¹¹: when talking to your friends, blogging or posting on social media, avoid using mental health related terms as idioms



Mental Health Europe (MHE) is the largest independent network organisation representing mental health users, professionals and services providers across Europe. At MHE, we advocate for a psychosocial approach to mental health, which instead of defining mental ill-health as a 'disease' or 'illness' caused by purely biological factors, looks to a person's life and social environment, treating these factors as equally important in understanding wellbeing and mental ill health. We believe Mental health is not only about disease or the absence of it. It is also about wellbeing and experiencing positive emotions: it is about us, our lives, work, relationships, physical health and social environment.



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