



# PERSON-CENTRIC LANGUAGE GUIDE

Mental health issues and substance use disorders are very often misunderstood. Using **person-centered language** to talk about mental illness ensures the person is seen as a person first, not as their illness. The following guidelines and terms will help you to appropriately write about mental illness and substance use disorders and those who experience them:

- People have disorders; they do not become a disorder. Avoid referring to people as "schizophrenics," "alcoholics," or "anorexics." Instead, use such phrases as "people with schizophrenia" or "individuals who have anorexia."
- Avoid using words that connote **negativity**, such as "problem" to describe a medical condition or describe an individual as mentally ill.
- Avoid descriptions that connote **pity**, such as "afflicted with," "suffers from," or "victim of."
- When discussing suicide, avoid saying "**committed suicide**," as it implies a criminal activity or error.
- Avoid **derogatory terms**, such as "insane," "crazy/crazed," "nuts," or "deranged."
- **Conditions and disorders should not be capitalized** (exceptions are certain disorder names that include proper nouns, such as Tourette's syndrome or Asperger's syndrome).
- Avoid words that **glamorize** suicide, as as "failed suicide," "unsuccessful suicide" or "successful suicide." Instead use "took their own life" or "suicide attempt."

## BE CLEAR.

Keep in mind the audience you are writing for and provide relevant information, clear terminology and a conversational—but factual—tone.

## BE POSITIVE.

Focus on a person's strengths or roles where they find meaning. Positive language can bring about recovery and affirmation to those living with a mental health condition. Negative language can reinforce isolation.

## BE RESPECTFUL.

It's important to honor the person that you are referring to when using person-centered language. When in doubt, call someone by their name. A person is not identified by their symptoms.