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.”

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**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.

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