



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.