

Language Matters in **Mental Health**

The Power of Language

Language shapes how we see the world—and ourselves. We have a choice in the words we use to describe ourselves, others, and the world around us. The words we choose and the meanings we attach to them influence our decisions, beliefs, and well-being. Words can make us feel good, and they can cause us to feel bad.

Our choices have a powerful effect on how we view mental health and well-being. Even the choice of “mental health condition” instead of “mental illness” has consequences. For some, “illness” feels negative and scary. For others, “illness” expresses the urgency of their condition and need for help. In choosing which to use, we must think about the preferences of the individual we are addressing.

The Hogg Foundation for Mental Health recommends we start by talking with others about the words they prefer. Affirming the preferences of the person you are referring to is always going to be the best way to go.

“The difference between the right word and the almost right word is the difference between lightning and the lightning bug.” - Mark Twain

Person-First Language

Person-first language is a simple approach to choosing words that are appropriate and respectful. It focuses on people’s abilities instead of their limitations. It always puts the person first before the mental health condition. We talk about a person’s health condition only if necessary.

First, ask yourself if using a mental health condition label matters to the conversation. A person’s mental health is only one aspect of who the person is. If it doesn’t contribute to the topic in a meaningful way, why mention it at all?

If it is important to include an individual’s mental health condition, use person-first language to talk about it. Person-first language means we put ourselves and others first in a sentence. For example, instead of calling someone a schizophrenic or “schizo” the more respectful phrase is “a person who lives with schizophrenia.”

Another example are those grieving the loss of a loved one. They can be experiencing symptoms of depression, they are not a “depressed person.” Or experiencing anxiety, not “an anxious person.” More generally, many people with mental health conditions prefer to be called “consumer” instead of the terms “patient” or “client.” Others prefer to be called “survivor” or “service recipient.”



Identity-First Language

An important exception to the rule of person-first language is *identity-first language*. Some people feel that their mental health challenges are central to their identity. They embrace language like “mentally ill,” or even “crazy” as positive labels that speak to their experience, rather than negative ones.

People in recovery often find it meaningful to include their mental health condition(s) when talking about themselves. Managing a mental health condition requires a tremendous amount of effort and time. It would make sense that some see their diagnosis and/or experience as an inseparable part of themselves, and want those hardships acknowledged.

To give another example, in the United Kingdom “disabled person” is widely used by the disability rights community. As they see it, they are literally *disabled* by a society that unfairly ignores their needs. Being a “disabled” person is not a reflection on the person but of an unfair society.

Person-First or Identity-First?

Neither “person-first” or “identity-first” is always right or always wrong. Language is complicated and always changing. Whether a term is acceptable or not depends on your audience, whose experience you are trying to capture, and a person’s own preference. A good rule of thumb: when in doubt, ask!

“People evolve a language in order to describe and thus control their circumstances, or in order not to be submerged by a reality that they cannot articulate.” - James Baldwin

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Respect Other Cultures

We better promote mental health when we show respect for people from different cultures, backgrounds, or life experiences. When we practice inclusion, we improve our communication. Effective communication starts with respect.

“Language is the road map of a culture. It tells you where its people come from and where they are going.” - Rita Mae Brown

This approach requires awareness, knowledge, and skills. First, you must become aware of your own stereotypes, beliefs, and biases about people who have a mental health condition. Second, you must know that words and labels used to describe people can hurt. Third, you must develop the skills to communicate with respect based on your awareness and knowledge.

Once you develop greater awareness, knowledge, and skills about the culture of mental health, you may be surprised at how often hurtful language and labels are used in everyday conversation.



People-First Language Examples Outdated vs. Preferred

Outdated Language	Preferred Language
Patient/Client/Case	Individual/Service Recipient/Consumer/Survivor
I have a client at 2 pm.	I have an appointment at 2 pm.
Successful suicide	Died by suicide
Unsuccessful suicide	Attempted suicide
He unsuccessfully attempted suicide.	He attempted suicide.
Trauma victim	Trauma survivor
That person is a trauma victim.	That person is a trauma survivor.
Addict/Substance abuser	Person who lives with a substance use condition
She is an addict.	She struggles with a substance use condition.
That person is crazy!	That person seems to be distressed/experiencing mental health challenges.
This is nuts!	This is interesting/wild/funny!

“If thought corrupts language, language can also corrupt thought.” - George Orwell



Hogg Foundation
for Mental Health

About the Hogg Foundation for Mental Health

Established in 1940, the Hogg Foundation for Mental Health envisions a future in which the people of Texas thrive in communities that support mental health and well-being. Using a variety of approaches, including grantmaking, convening, research and public policy, the foundation works collaboratively to transform how communities promote mental health in everyday life.