August 2021

COMMUNICATION GUIDE

INCLUSIVE LANGUAGE & IMAGERY FOR MENTAL HEALTH CONTENT

PERSON-CENTERED
LANGUAGE RECOMMENDATIONS

OVERVIEW AND PURPOSE

The language and imagery we use are powerful and shapes how we see the world, others, and ourselves.

The purpose of this document is to present the most cutting-edge and up-to-date information on how to communicate about mental health, substance use, and suicide. Stigma is one of the biggest barriers to people asking for help with mental health issues. This guide is intended to help people avoid unintentionally causing harm with hurtful or stigmatizing language. It also aims to provide guidance on ways to foster inclusion and acceptance through the promotion of carefully selected terminology suggestions. This guide was not created to be the single source of permanent truth on these topic areas, but to represent the ideal standards as they are at this current time, as indicated by research and voices of people from the referenced communities. The important thing is to embrace that adhering to best practices is a never-ending journey. This guide will be updated accordingly as new and emerging research is available.

Of note, this guide was created for a general audience to help inform the production of content creation (video animation, scriptwriting, etc.), and we acknowledge there may be some settings (e.g., clinical treatment) where not all suggestions would be applicable. We encourage thoughtfulness, introspection, and adaptability from all readers when using this guide. This document is not a substitute for training in communication skills, such as body language, tone, and listening techniques. These skills are important aspects of effective communication in daily life. We encourage everyone to seek information on non-verbal communication and, if applicable, to their professional role, to engage in ongoing training and supervision. *For more information about communication skills, check out our course [Motivational Interviewing: Communication Basics](#).*

Remember, although this guide provides recommendations, it's best to avoid generalizations and assumptions. These guidelines are *not meant to be monolithic or prescriptive*. When speaking to or about someone, we recommend that you ask the person what they prefer and honor that.

THE USE OF THIS GUIDE CAN HELP INDIVIDUALS AND ORGANIZATIONS...

- Create **non-stigmatizing**, **non-triggering, hopeful, and empowering** content.

- **Provide positive, strengths-based perspectives** whenever possible (e.g., in a video about self-care, describe the benefits of engaging in self-care rather than simply the disadvantages of not practicing self-care; in a discussion of the relationship between culture and mental health, focus not only on mental health disparities, but also on cultural protective factors such as connectedness and spirituality).

PERSON-CENTERED LANGUAGE RECOMMENDATIONS

Person-centered (or person-first) language should be the default when describing any individual.

NO	YES	WHY
schizophrenic (noun)	person with schizophrenia	Using person-centered language communicates that a person is not defined by any one trait or condition. It's important to avoid turning words that should be descriptors or qualifiers into nouns.
depressive (noun)	person with depression	
transgender (noun)	transgender person / trans person	
Black (noun)	Black person / African American	

IDENTITY-FIRST LANGUAGE

Some communities, such as the Deaf community[1], disabled people, and autistic people, have rejected the use of person-first language in favor of identity-first language (e.g., "disabled person" rather than "person with a disability", "autistic person" rather than "person with autism"). Such individuals advocate for identity-first language because they see their disabilities as a part of their identity and nothing to be ashamed of. It's important to refer to individuals based on their preferences. However, Psych Hub will follow guidance from the Americans with Disabilities Act National Network and use person-first language unless a consensus is reached by any given community that identity-first language is more appropriate.[2]

DIVERSITY RECOMMENDATIONS

BE INCLUSIVE AND PROMOTE EQUITY. ALL TYPES OF DIVERSITY (AND THE INTERSECTIONALITY OF THESE ASPECTS OF IDENTITY) SHOULD BE TAKEN INTO ACCOUNT WHEN CREATING CONTENT, INCLUDING BUT NOT LIMITED TO...

- Race, ethnicity, & indigenous heritage
- First language & migrant status
- Gender, sex, & sexual/romantic orientation
- Disability & neurodiversity
- Socioeconomic status
- Spirituality & religion
- Body size
- Geographical location
- Age

DIVERSITY IN LIVED EXPERIENCE VIDEOS

When selecting people to share their lived experiences, consider which groups and demographics might be most affected by a given issue, or how aspects of identity might impact the way that an issue is experienced.

DIVERSITY IN ANIMATIONS

When creating animations, write and check for visual and audio descriptions of character skin color, body type, gender, accent, age, visible disabilities, and cultural or religious attire in each script. These aspects of identity should be considered in terms of how they might affect the way that character experiences and understands mental and behavioral health.

DIVERSITY IN CURRICULUM & AREAS OF FOCUS

When designing curriculum and written content, consider how diversity and intersectionality impact the topic. Integrate these considerations throughout the curriculum, including but not limited to which groups are most impacted by a given issue or disorder; cultural competency, cultural humility, and implicit bias of mental health professionals; the importance of social and political advocacy in the mental health field; cultural adaptations of treatment; and disparities in access to treatment.

DEPICTION RECOMMENDATIONS

POSITIVE IMAGERY

Avoid using images of people in emotional distress. If using stock photos with people, choose those with more neutral or toned-down emotional expressions. For animation, characters may show emotional expression but avoid any portrayal that could be too triggering or potentially disparaging.[3]

SUBSTANCE-FREE DEPICTIONS

Do not show any images of alcohol, illicit drugs, prescription medications, or paraphernalia. Even prescription medication bottles could be triggering for a variety of reasons (for example, someone with an addiction to prescribed medications).[4,5]

MENTAL HEALTH

REMINDER

As we review topic-specific recommendations, it's important to remember as you are interacting with others directly, that you should always prioritize each individual's preferences for labeling themself, as these preferences vary. Examples include "Black person" versus "African-American", "victim" versus "survivor", "disabled person" versus "person with a disability", and "fat" versus "overweight". Rather than assuming, it's best to simply ask the individual what they prefer.

However, when creating resources for the general public, these guidelines reflect what we understand to be best practices according to the groups about which we are speaking at the time we are creating this guide.

Conditions and disorders are NOT capitalized unless they include proper nouns (e.g., Tourette's syndrome).

NO	YES	WHY
mental health problem	mental health issue / mental health condition / mental illness	"Problem" has a negative connotation and places judgment on another person's experience.
suffers from mental illness / struggles with mental health	experiences mental illness / has a mental illness	"Suffer" may imply pity. This kind of language victimizes the individual.[6]
using any disorder as a noun (e.g., schizophrenic, depressive, alcoholic, anorexic)	person with schizophrenia / person with depression / person with alcohol use disorder / person with anorexia	People are not their disorders or conditions. Using person-first language is vital.

SUBSTANCE USE

LANGUAGE

Avoid derogatory terms (e.g., addict, junkie, rock bottom)[7]

DEFINITIONS

SUD: substance use disorder

NO	YES	WHY
subtance abuse	substance use / substance misuse / substance use disorder	The term "abuse" has been found to have a high association with negative judgments and punishment.[8]
dirty / clean	positive / negative drug screen	Avoid language that associates substance use disorders with impurity.[9]
clean	person in recovery / person in long-term recovery	The term "relapse" itself implies only two possible outcomes —success or failure — that do not fully describe what actually occurs. Recurrence of symptoms is common to substance use behaviors and chronic illness in general.[10]
relapse	recurrence of use; recurrent of symptoms	
drug-seeking	concerning behaviors	Avoid language that contributes to negative moral connotations of substance use disorders.[11]
addict / substance abuser / alcoholic	person with a substance use disorder	Use person-first language rather than (often derogatory) labels. Of note, some people in the recovery community use the word "addict" or "alcoholic" as accepted terms. This is another instance where the wishes of the individual should be taken into account.

DEPICTIONS

Do not use visuals of paraphernalia or substances themselves, or show people using the substance, as this may trigger cravings or lead someone in recovery to return to the headspace they were in when they were using.

SUICIDE & SELF-HARM

NO	YES	WHY
committed suicide	died by suicide, died from suicide	"Committed" frames suicide as a criminal act.[13]
failed suicide / unsuccessful suicide	attempted suicide / nonfatal suicide attempt	"Failed" and "unsuccessful"/"successful" imply that suicide is a goal or accomplishment.[14]
successful suicide	died by suicide / death by suicide	
epidemic	public health issue	Avoid using language that sensationalizes suicide or presents it as an insurmountable issue.[15]
skyrocketing rates	increasing rates	
died by firearm / died by hanging / died by overdose	died by suicide, died from suicide	Depicting or describing the method of a suicide death may lead to contagion.[16]

DEPICTIONS

- Do not visually depict a suicide or suicide methods (e.g., firearms, rope).[17]
- Do not visually depict self-harm or scars from self-harm, as it may increase the viewer's risk of self-harm and/or suicide.[18]
- Avoid using images of people in emotional distress when covering this topic.[19]

DOMESTIC VIOLENCE & SEXUAL ASSAULT

DEFINITIONS

Domestic violence:[20] Broad term that can apply to violence against family or other household relationships.

Intimate partner violence:[21] Specifically refers to violence in romantic relationships.

Neglect: Failure to provide basic needs, including food, housing, medical care, supervision, and protection from harm.[22] In recent years, the failure to provide emotional support and connection has also been included as a specific type of neglect.[23]

Non-physical characteristics of abuse: There are many aspects of abuse that are not physically violent or aggressive in nature. It is worth noting that not all abusive relationships will include a physical violence aspect, and that abuse can be inflicted psychologically, emotionally, verbally, socially, technologically, and financially. This kind of treatment can result in significant emotional or psychological harm, and has been known to contribute to depression, anxiety, and other forms of psychological issues in children and adults.[24] Some examples of non-physical abuse include control, constant criticism, isolating from social support, restricting access to financial resources, insults, shaming, denial, blaming, and stalking. We highly recommend people educate themselves on the warning signs of abuse and ways to help.[25] *For more information, check out our course* ***Safety Planning.***

DOMESTIC VIOLENCE & SEXUAL ASSAULT

NO	YES	WHY
battered woman / batter person	survivor/victim	Individuals may prefer "victim", "survivor", or no label at all. Terminology should ultimately be chosen by the affected individual.[26] Use person-first language.
portrayal of victims as being only women and perpetrators as being only men / gendered pronouns when discussing the issue broadly (she/her, him/his)	people or individuals / gender neutral pronouns (they/them)	People of all genders (or non-gender conforming) can and do experience and perpetrate abuse.[27]
sex with a minor	statutory rape	"Sex" implies consent, so it should not be used to refer to nonconsensual encounters.[28]
nonconsensual sex	rape / sexual assault / sexual violence	
she (or he or they) provoked him (or her or them) / he (or she or they) lost control	he (or she or they) made the choice to harm her (or him or them)	The way we talk about other crimes (like theft) do not blame the victim or imply that the perpetrator's actions were inevitable. The way in which we speak about DV/IPV must place the responsibility on the perpetrator for their actions.[29]
elder abuse	older adult abuse	Labels such as "elder" and "elderly" insinuate that older adults are a separate group from the general population.[30]

DEPICTIONS

Do not use imagery depicting someone in emotional distress, physical abuse, or signs of physical abuse (e.g., bruises, broken bones, etc.).

RACE, ETHNICITY, & INDIGENOUS HERITAGE

DEFINITIONS

Race: determined by physical characteristics such as skin color

Ethnicity: determined by shared language and culture

BIPOC: Black, Indigenous, and People of Color

Racism: Bias, prejudice, discrimination, and marginalization on the basis of **race**

Colorism: Bias, prejudice, discrimination, and marginalization on the basis of **darkness of skin**

NO	YES	WHY
Blacks	Black people / African Americans	Avoid reducing or dehumanizing people by using specific, accurate, and person-centered language.
Latino (unless specifically referring to a Latino man / Latino men)	Latinx	"Latinx" acknowledges Latin American descent without conforming to binary gender constructs.[33]
Indian	Native American / American Indian / Indigenous	These terms should ONLY be used when describing a group of individuals from more than one tribe. If describing one or more individuals from the same tribe, the specific tribal affiliation should be used.[34]
Native American tribe	Navajo tribe	To avoid erasing the diversity among indigenous communities, tribal affiliations should be used if referring to a specific tribe.[35]
minority	Black, Indigenous, or Person of Color (BIPOC) / person of color (POC) / marginalized group	"Minority" can be belittling, overgeneralizing, and not always accurate depending on location/population makeup.[36]
Oriental	person of Asian heritage	"Oriental" is an antiquated term that may be used to describe cultural objects, but is discriminatory when used to describe people.[37]

DEPICTIONS

- Include a wide range of skin tones in animated characters and people involved in live films. Depicting only lighter-skinned people of color does not qualify as inclusive representation.
- Take great care to ensure accuracy if depicting a character wearing cultural garb.
- Ensure that the lips/mouth of Black characters match their facial skin tone to avoid imagery that is similar to blackface/minstrels.

NATIONALITY & MIGRANT STATUS

DEFINITIONS

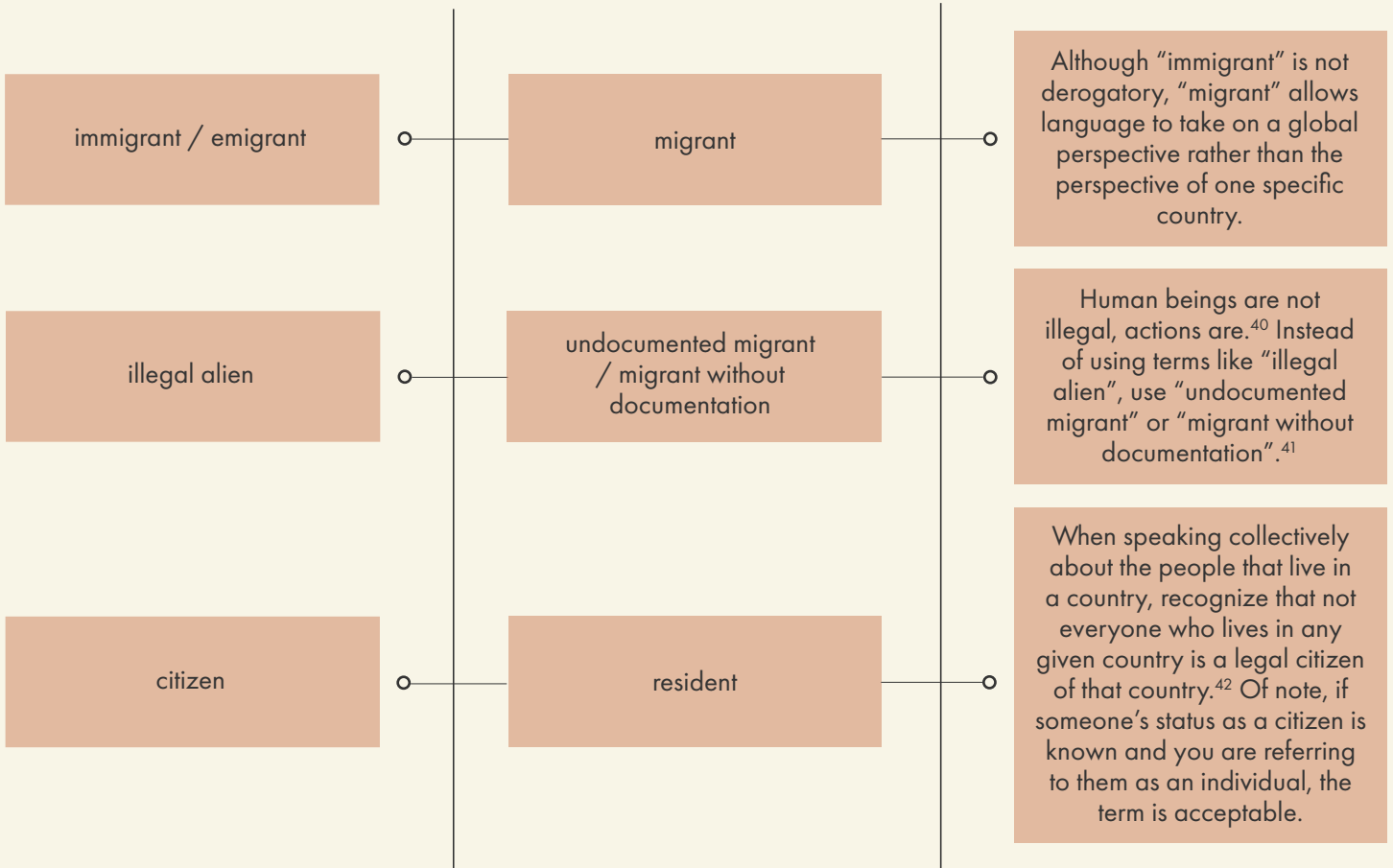**Nativism:** Bias, prejudice, discrimination, and marginalization on the basis of **country of birth**. *Synonym: xenophobia.*

Native speakerism: Bias, prejudice, discrimination, and marginalization on the basis of first language and accent

NO	YES	WHY
immigrant / emigrant	migrant	Although "immigrant" is not derogatory, "migrant" allows language to take on a global perspective rather than the perspective of one specific country.
illegal alien	undocumented migrant / migrant without documentation	Human beings are not illegal, actions are.[40] Instead of using terms like "illegal alien", use "undocumented migrant" or "migrant without documentation".[41]
citizen	resident	When speaking collectively about the people that live in a country, recognize that not everyone who lives in any given country is a legal citizen of that country.[42] Of note, if someone's status as a citizen is known and you are referring to them as an individual, the term is acceptable.

SPIRITUALITY & RELIGION

LANGUAGE

Religion is a case in which person-first language is acceptable, but not necessary or even the norm. It is most common to use identity-first language (e.g., "Muslim" or "Muslim person" rather than "person who is Muslim").[43]

DEPICTIONS

- Take care to ensure that any depictions of religious clothing, icons, or other imagery is accurate, necessary, and not stereotypical.
- Ensure a broad range of people from diverse religious and non-religious backgrounds are represented in live film, animations and stock photos.

GENDER, SEX, AND SEXUAL/ ROMANTIC ORIENTATION

LANGUAGE

Pronouns: Use the correct pronouns of the person about whom you are speaking. Until someone has shared their pronouns with you, it's safest to use gender neutral pronouns (i.e., they/them). *Tip: To find out someone's pronouns, you could say something like, "By the way, what pronouns do you use? Mine are ___."* In addition to they/them, gender neutral pronouns that people may use include ve/ver, xe/xem, and ze/hir.[44]

DEFINITIONS

Gender:[45],[46],[47] Demographic characteristic determined by the characteristics that cultures and societies associate with biological sex. Gender identities include but are not limited to woman, man, genderqueer, non-binary, androgynous, and gender nonconforming. Some indigenous persons also identify as two-spirit.

Cisgender: Describes someone whose gender matches their biological sex at birth.

Transgender: Describes someone whose gender does not match their biological sex at birth.

Queer:[48] Reclaimed term for anyone who is a part of the LGBTQ+ community.

Sexual and romantic orientations:[49] Descriptive terms for the sex and/or gender of people to whom someone is attracted sexually and/or romantically.

Aromantic / asexual: Describes someone who does not experience (romantic/sexual) attraction.

Biromantic / bisexual: Describes someone who is (romantically/sexually) attracted to people of more than one gender.

Demiromantic / demisexual: Describes someone who needs to form a strong emotional connection before they feel (romantically/sexually) attracted to someone.

Heteroromantic / heterosexual: Describes someone who is (romantically/sexually) attracted to people of a gender different from their own.

Homoromantic / homosexual: Describes someone who is (romantically/sexually) attracted to people of the same gender as them.

Panromantic / pansexual: Describes someone who is (romantically/sexually) attracted to people regardless of their sex or gender.

Sexism: Bias, prejudice, discrimination, and marginalization on the basis of sex or gender

Heterosexism: Bias, prejudice, discrimination, and marginalization on the basis of sexual or romantic orientation

GENDER, SEX, AND SEXUAL/ ROMANTIC ORIENTATION

NO	YES	WHY
he or she / herself or himself	they / themself[50]	
ladies and gentlemen	distinguished guests	Gender-neutral language should be the default (unless specifically referring to a person whose gender is known) to avoid erasing people who do not identify as a man or a woman.
men and women	everyone / people/ folks	
Latino (unless specifically referring to a Latino man / Latino men)	Latinx	
preferred pronouns	pronouns	"Preferred" and "preference" imply that something is a choice rather than an identity.
sexual preference	sexual orientation	
male / female (unless specifically referring to biological sex)	man / woman / gender nonconforming person / nonbinary person	As "sex" refers to reproductive organs, it is inappropriate to assume or ask about another person's sex.
sex	gender	
transsexual person	transgender person	Some people identify with the term "transsexual," but it's largely outdated and should only be used in the event that someone specifically claims it.[51]

DEPICTIONS

- Include an even distribution of genders in all roles (e.g., professional, clinical, caregiving, authority figures).
- Include characters of a range of gender identities and sexual/romantic orientations.

DISABILITY & NEURODIVERSITY

DEFINITIONS

Neurodiverse:[52] Describes someone who exhibits the characteristics of atypical neurological and cognitive development (e.g., people with autism or dyslexia).

Neurotypical:[53] Describes someone who exhibits the characteristics of average neurological and cognitive development.

Ableism: Bias, prejudice, discrimination, and marginalization on the basis of **disability or neurodiversity**

NO	YES	WHY
wheelchair-bound / confined to a wheelchair	person who uses a wheelchair	Take a strengths-based perspective by emphasizing abilities rather than limitations.[54]
is non-verbal / can't talk	uses a communication device / uses an alternative method of communication	
disabled person / handicapped person /the disabled	person with a disability / people with disabilities	Use person-first language unless a certain person or community prefers identity-first language. Avoid using "handicapped" in any context.[55]
paraplegic	person with paraplegia	
dwarf / midget	little person / person of short stature	
stroke victim	person who has had a stroke	
birth defect	congenital disability	Use neutral language rather than language that portrays people as victims or as lacking something.[56]
person afflicted with epilepsy / person suffering with epilepsy	person with epilepsy	
brain-damaged	person with a brain injury	
handicapped parking	accessible parking	Use language that emphasizes the need for accessibility. Avoid using "handicapped" in any context.[57]
normal / healthy / able-bodied / whole	without disabilities	Avoid language that implies people without disabilities are superior to people with disabilities.[58]

DISABILITY & NEURODIVERSITY

DEPICTIONS

Ensure there is representation of neurodiverse individuals and people with disabilities in all live film, animations, and stock footage.

BODY SIZE & EATING DISORDERS

LANGUAGE

- When discussing body size, the first question to ask yourself is, "Does this need to be discussed?" Unless you are a helping professional or a person writing character descriptions, it is almost never appropriate to comment on someone's weight or body size, even if you perceive the comment to be positive.

- Avoid equating body size with health, morality, or an ideal beauty standard.

DEFINITIONS

Sizeism: Bias, prejudice, discrimination, and marginalization on the basis of **body size or weight**. This also includes in turn giving differential preference or privilege to those who are of lower body weight. It's important to keep in mind that people do not choose the size of their body.

RECOMMENDED TERMS

- This is one topic for which the language is very much in flux; there is no universal consensus on describing body size. We do recognize, however, that some terminology has been identified as harmful and shaming, and can contribute to unhealthy beliefs and behaviors that are associated with some eating disorders. Along those lines, it's best to avoid ever implying anyone has an eating disorder.[59]

- Many people propose avoiding the use of the word "obese," even in the context of medical treatment settings, since it is a such a highly stigmatized and hurtful term. Research shows that terms such as "weight" and "unhealthy weight" are preferred by patients in the context of advice from a healthcare professional.[60]

- Some people that identify as fat advocate for the use of "fat person" as a way to reclaim the word and empower themselves, while others cannot separate the word from hateful or judgmental connotations. The term plus-size is also still in use[61,62] although this is also a term that some feel has a negative connotation.[63] **Ultimately, it comes down to individual preference.**

- The use of the word "skinny" can be harmful to those who may be of a lower body weight. Avoid conveying to anyone that they need to eat more or gain weight in order to be attractive. Criticism of those who are of lower body weight for any assumed higher status they have because of their weight is also to be avoided, since no individual should be blamed for the problematic standards of whole societies. Just as we should not criticise or shame people for being of a larger size, those who are smaller should be shown the same respect.

- A good suggestion for common use is "person of higher or lower body weight," and above all else, to honor the wishes of each unique individual.

BODY SIZE &
EATING DISORDERS

NO	YES	WHY
obese / morbidly obese / overweight	person of higher body weight / larger person / weight / unhealthy weight	"Obese" is a medicalized, stigmatized term. Person-first language should be used and direction from fat activists should be taken,[64] and above all else, the preference of each individual should be prioritized.
skinny / thin	person of lower body weight / unhealthy weight	Using person-first language can help to avoid presenting smaller sizes as the ideal or causing any negative impact on those who are of a smaller size.
"complimenting" people for weight loss or for being of a lower body weight (e.g., "Wow, you look great! Have you been dieting?")	focus compliments and praise on people's actions and qualities (e.g., "You did an amazing job on that presentation, we are so lucky to have you on the team!")	This contributes to an unnecessary focus on body size in general, and can cause harm to the individual.[65]

DEPICTIONS

- Avoid depicting people of higher body weight as gluttonous (e.g., eating quickly or sloppily).
- Avoid showing people of any body weight binge eating, dieting, or restricting their food intake.
- Avoid presenting any body size as an ideal standard.
- Include a wide range of body sizes in all live film, stock photos, and animations. Ensure this is done when body size is not related to the topic at hand, or, in other words, people of higher body weight should not only be represented when discussing weight gain as a symptom.
- When depicting eating disorders, include a wide range of body sizes, with the recognition that eating disorders can impact individuals at any size.
- When depicting eating disorders, avoid including imagery of individuals at a dangerously low body weight (e.g., skeletal, with protruding bones), as this could be triggering to some people.

AGE

DEFINITIONS

Ageism: Bias, prejudice, discrimination, and marginalization on the basis of **age**

NO	YES	WHY
the elderly / seniors / aged dependents	older adults	Labels insinuate that older adults are a separate group from the general population.[66]
senile person	person with dementia	"Senile" is an outdated and potentially stigmatizing term.[67]

SOCIOECONOMIC STATUS

LANGUAGE

Avoid stigmatizing terms and terms with negative connotations (e.g., "inner-city," "ghetto," "the projects," "poverty stricken," "welfare reliant")[68]

DEFINITIONS

Classism: Bias, prejudice, discrimination, and marginalization on the basis of **socioeconomic status**

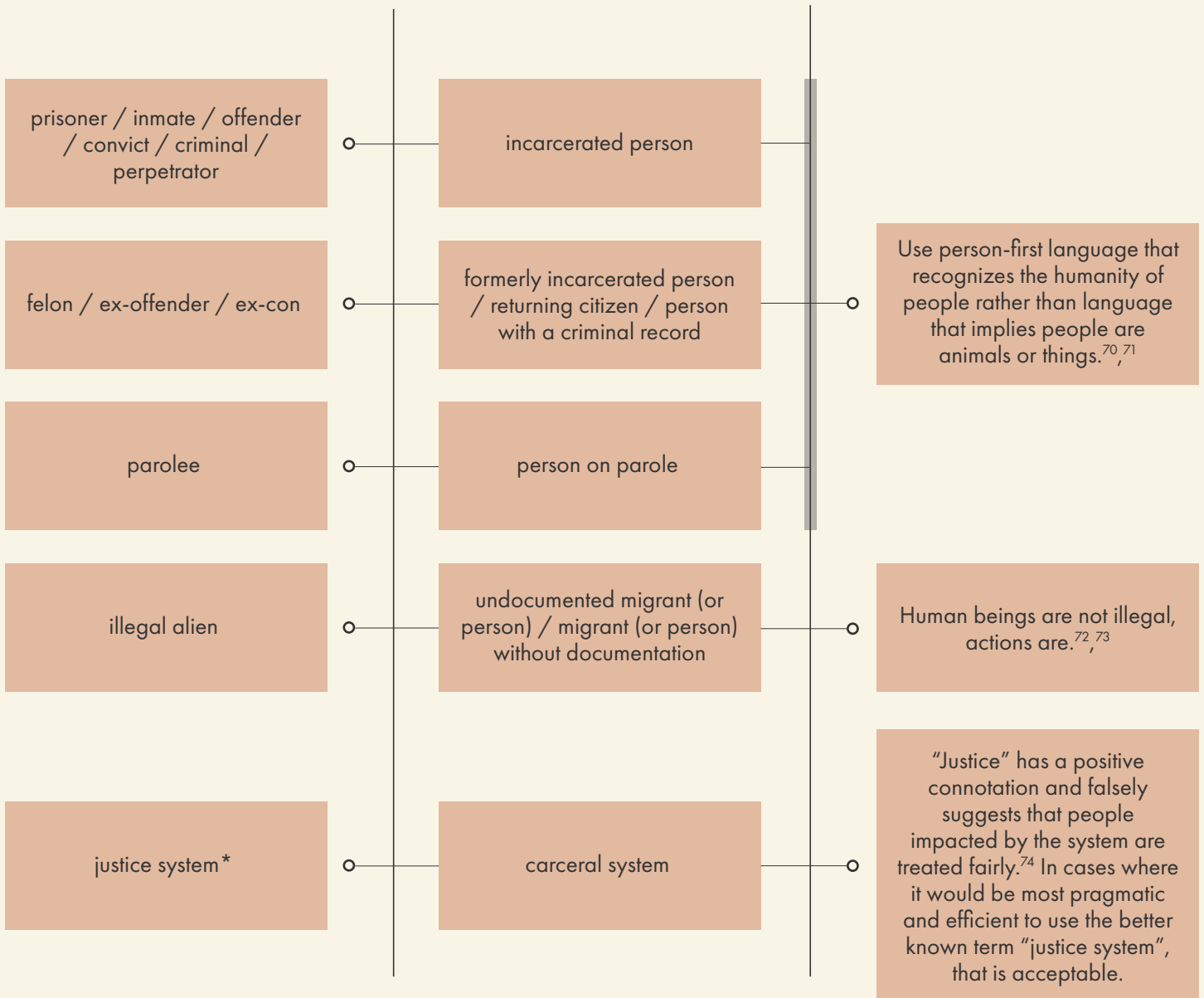| NO	YES	WHY
the homeless	people without homes / people without housing / people experiencing homelessness / people who are homeless	Homelessness is not an identity, but rather something that a person experiences.[69]

INCARCERATION & THE CARCERAL SYSTEM

NO	YES	WHY
prisoner / inmate / offender / convict / criminal / perpetrator	incarcerated person	Use person-first language that recognizes the humanity of people rather than language that implies people are animals or things.[70],[71]
felon / ex-offender / ex-con	formerly incarcerated person / returning citizen / person with a criminal record	
parolee	person on parole	
illegal alien	undocumented migrant (or person) / migrant (or person) without documentation	Human beings are not illegal, actions are.[72],[73]
justice system*	carceral system	"Justice" has a positive connotation and falsely suggests that people impacted by the system are treated fairly.[74] In cases where it would be most pragmatic and efficient to use the better known term "justice system", that is acceptable.

ACKNOWLEDGEMENT & CITATIONS

SUGGESTED CITATION

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