Things to consider

1. The manner in which suicide is discussed can impact the reader or listener. Research shows that media reports on suicide can influence behavior and increase the risk that a person will die by suicide.
2. This risk increases when a story explicitly describes the suicide method, uses graphic or dramatic headlines or images, or repeatedly presents extensive coverage that sensationalizes or glamorizes a death.
3. Thoughtful coverage of suicide can encourage people who are vulnerable or at risk to seek help.
4. Talking about suicide gives others permission to describe how they feel and can help bring relief to a person who is depressed or thinking about taking their life. Talking provides an opportunity to discover options other than suicide, but it is important to carefully manage what is said.

SAY: The victim “died by suicide.” A note from the deceased was found and is being reviewed by the medical examiner.

DON’T SAY: The victim “committed suicide.” The victim left a suicide note.

DO THIS: Present information without sensationalizing the suicide. Minimize the prominence of the story. Use a school, work or family photo that provides greater context on the person’s life.

DO THIS: Acknowledge that suicide is a national public health issue. State how many people die each year and the age groups for which the number of deaths is increasing. Say that most people who die by suicide exhibit warning signs. Say that help is available, and people who have struggled with suicidal thoughts have been helped. Include or list resources where people can ask for help and get treatment.

MENTAL HEALTH

1. Mention a person’s mental health condition only when it is relevant to the story or discussion. If the condition is not relevant, don’t mention it.
2. Even with society’s growing awareness of mental health conditions, old perceptions and stereotypes remain. Our words should not dehumanize or be a barrier to people talking about mental health conditions or seeking help.
3. Do not assume a link between mental illness and violence. People with mental illness are more likely to be victims than perpetrators.
4. Mental illness is real. It cannot be wished away through positive thinking, and a person’s outward appearance and accomplishments are not good indicators of mental health.

SAY:

- mental health condition, mental health disorder, 
- the mentally ill, is mentally ill
- has a mental health condition, has a mental health disorder, has a mental illness
- a person with [a specific mental illness diagnosis, such as bipolar disorder, schizophrenia, etc.]
- shows or exhibits signs of (disorientation, depression, paranoia, delusions, hallucinations, etc.)

DON’T SAY:

- the mentally ill, is mentally ill
- a mentally ill person
- deranged, schizophrenic, a schizophrenic
- such as bipolar disorder, schizophrenia, etc.
- crazy, deranged, nuts, tapped, psycho
Substance Use

Things to consider

1. Addiction is a chronic medical condition. It is not an indication of a lack of morals, courage or willpower.
2. A substance use condition is a chronic disease, like type 2 diabetes or asthma. Like other diseases, it can be managed with treatment that is appropriate to the condition, such as medication, counseling, and/or behavioral therapies.
3. Treatment for substance use conditions, like treatment for other conditions, is sometimes met with setbacks. When this happens, the setback can be part of the treatment process.
4. Sharing success stories and highlighting that treatment is available can encourage people to seek help.

Say:

- A person with a substance use condition, has a substance use condition.
- An addict, junkie, drug user, has a substance use disorder.

Don’t say:

- Person in recovery.
- Former addict/alcoholic, recovered addict/alcoholic, reformed addict/alcoholic.

Harm Reduction

Things to consider

1. Harm reduction is a prevention strategy that helps to keep people safe and reduce the risk of infectious diseases until they can receive treatment.
2. By meeting people where they are and providing access to safer drug practices and supplies, harm reduction helps to prevent overdoses and reduces the risk of HIV, hepatitis C, and other infectious diseases.
3. Harm reduction helps to connect people with recovery support and treatment programs, as well as housing, employment, and legal services.

Say:

- Person with a substance use condition, has a substance use condition, person who uses substances.

Don’t say:

- Addict, junkie, drug user, drug user, has a substance use disorder.

Sexual Orientation and Gender Identity

Things to consider

1. Emphasize abilities over limitations. Mention a disability only if it is relevant to the story.
2. Do not assume that a person who lives with a disability is unable to make decisions or be successful. People with disabilities are moms, dads, sons, daughters, students, employees, employers, scientists, doctors, etc.
3. Do not assume that two people with the same disability or diagnosis have the same preferences about language. Many people prefer person-first language, which means they do not want to be defined by a disability. However, some people prefer identity-first language ("I am autistic") to person-first language ("I am a person with autism.").

Say:

- "What are your pronouns?"
- "How are you feeling?"
- "That isn’t the name on your name tag."
- "Which of the following best describes you?" (straight, lesbian, gay, bisexual, asexual, not sure)

Don’t say:

- "Are you gay?"
- "What is your preferred name?"
- "What’s your preferred name?"
- "It or he-she"