

SUICIDE

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 The victim “committed suicide.” The victim left a suicide note. found and is being reviewed by the medical examiner.

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.

DON'T SAY:

DON'T DO THIS:

Sensationalize a tragedy by publishing big or attention-grabbing headlines, giving prominent placement to the story, or publishing photos of grieving loved ones.

DON'T DO THIS:

Say that suicide is an epidemic, suicide is skyrocketing, or a suicide happened without warning.

WORDS MATTER

Our words are important, and the words we use to describe people are especially important. Words can build up or tear down, and when not used with care, they can demean people even when we are trying to be respectful. This is why it is important to choose the right words or phrases when describing people.

This is true when talking with or writing about people who have mental health conditions, substance use conditions, or disabilities, including intellectual and/or developmental disabilities, and it is true when talking with people or writing about sexual orientation and gender identity.

As a general rule, when discussing or writing about mental health conditions, substance use conditions, or disabilities, we want to use “people-first” language that highlights the person, not the condition. But there are exceptions to this, because some people prefer “identity-first” language that refers to their condition or disability. This is why it is important to ask for a person’s language preferences. Likewise, when speaking with someone or writing about sexual orientation or gender identity, we want to ask for individual preferences.

The recommendations in this guide are intended to make it easier to talk with people, write about them and share their stories while avoiding language that offends, embarrasses, shames, or makes it harder for someone to acknowledge a condition and/or seek help. But this is only a guide. Remember — when we are not sure which word or phrase to use, it is always best to ask.

MENTAL HEALTH

Things to consider

- 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, deranged, schizophrenic, a schizophrenic such as bipolar disorder, schizophrenia, etc.]

shows or exhibits signs of [disorientation, depression, crazy, deranged, nuts, tapped, psycho paranoia, delusions, hallucinations, etc.]

DON'T SAY:



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:	DON'T SAY:
a person with a substance use condition, has a substance use condition	addict, junkie, druggie, drug user, user, has a substance use disorder
person in recovery	former addict/alcoholic, recovered addict/alcoholic, reformed addict/alcoholic
opioid use disorder	opioid abuse
substance use	drug abuse, substance abuse
living with an addiction	battling/suffering from an addiction
addressing the drug overdose crisis	combatting the opioid crisis
experienced a recurrence of symptoms, had a reoccurrence	non-compliant, bombed out, relapsed
medication used to assist individuals with a substance use condition, medication for opioid use disorder	medication-assisted treatment, medication for addiction, medication for opioid addiction
medication is a treatment tool	medication is a crutch
person arrested for a drug violation	drug offender
stayed substance-free	stayed clean
tested positive	had a dirty drug screen

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.
- 4 According to the National Harm Reduction Coalition, harm reduction represents a “set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.”

SAY:	DON'T SAY:
Person with a substance use condition, has a substance use condition, person who uses substances	Addict, junkie, druggie, drug user, has a substance use disorder
DO THIS: Respect individual decisions and goals. Engage people who use substances and seek their expertise when planning and evaluating programs.	DON'T DO THIS: Judge people who use substances, or attempt to isolate people who use substances.
DO THIS: Understand that each person and situation is different. Consider how someone’s upbringing and experiences may impact their willingness to seek help and engage with providers.	DON'T DO THIS: Blame people who use substances and impose your own moral judgments, assuming that they do not care about themselves or others.
DO THIS: Focus on building relationships and trust with people who use substances.	DON'T DO THIS: Create fear of people who use substances and believe that they are morally corrupt.

DISABILITIES

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”).* This is why it is important to ask for a person’s preference.

SAY:	DON'T SAY:
has ...	is afflicted with ...
people/individuals with disabilities	people who are handicapped or disabled
has a disability, lives with a disability	suffers from, is victim of, is challenged by, struggles with a disability
uses a wheelchair/uses a mobility chair	confined to a wheelchair, wheelchair bound
has a physical disability/has [a specific condition]	is quadriplegic/paraplegic/lame/crippled
has an intellectual [or cognitive] disability	is mentally retarded
has a learning disability	is learning disabled
has Down syndrome	is a Down’s kid/is a mongoloid
has a congenital disability	has a birth defect
has autism*/is on the autism spectrum*	is autistic*
has traumatic brain injury	is brain damaged
receives individualized or special education services	is in special ed, is a special ed kid, is in sped
succeeded, is successful	overcame one’s disability, overcame barriers, overcame a disability
is of short stature	is a dwarf/midget
is non-disabled/is a person without a disability	normal, normal person
communicates with eyes/synthetic speech/other means	is mute/dumb/nonverbal
has a vision impairment, has a visual impairment, limited vision, low vision (use when a person is not legally or completely blind), legally blind (use when a person has almost complete loss of sight)	blind (use only when a person has complete loss of sight)
is deaf, is partially deaf, is hard of hearing	hearing impaired, the deaf, deafness
accessible parking, accessible bathrooms	handicapped parking, handicapped bathrooms

SEXUAL ORIENTATION AND GENDER IDENTITY

Things to consider

- 1 Do not assume you know someone’s pronoun preferences based on how they look.
- 2 Some people have a gender identity that is non-binary. Using the conventional pronouns “he” and “she” can have the effect of assigning a binary identity.
- 3 Preferences on pronouns can change over time. Asking for someone’s preferences ensures accuracy and can help to establish trust.
- 4 When appropriate, refer to sexual orientation or gender identity, not just to sexual orientation and gender identity. If such a reference is made, be clear about whether it is made with regard to sexual orientation, gender identity and expression, or all of these.

SAY:	DON'T SAY:
“What’s your preferred name?”	“That isn’t the name on your name tag.”
“How are you feeling?”	“Why did you transition?”
“Which of the following best describes you?” (straight, lesbian, gay, bisexual, asexual, not sure)	“Are you gay?”
“What are your pronouns?”	“It” or “he-she”