Mental Health

Language matters. Start the right conversation.

Talking or writing about mental health can sometimes be challenging. We don't always know the "right" terms to use and may fear saying something harmful.

Mental health and mental illness is often still shrouded in misconception and judgment, which can result in negative experiences for millions with mental illness. At Foundation 2, we believe every person is important and deserves to be treated with respect, regardless of their personal experiences or challenges.

How we talk about mental health and mental illness shapes how it is understood and perceived. Sometimes the language that we have used in the past no longer fits the best current understanding of mental health - it's important to continually update the language we use to talk about mental health. We hope that you will stay up-to-date on best practices for reporting on mental health and mental illness to help further fair and accurate discussions on mental health.

QUICK TIP. Don't say "committed suicide." This implies that suicide is a crime, which is not true. Instead, use the phrase "died by suicide."

Aim to end stigma, not perpetuate it.

Words carry great meaning, even when they are not intended to be harmful. Do not perpetual stereotypes or stigma about mental health. Avoid words like "nuts," "lunatic," "deranged, "psycho" or "crazy" when talking about people. Words and phrases like this can perpetuate stereotypes and could discourage people from seeking mental health care.

Use person-first language.

When talking about someone with a diagnosed mental illness, use person-first language. Person-first language can help validate individuals and change how they are perceived.

Preferred: She is a person with schizophrenia. **Not Preferred:** She is a schizophrenic.

Don't use diagnoses in a nonclinical sense.

Mental illnesses are clinical health conditions. Using them out of context in casual conversation or as a joke trivializes the legitimacy of these diagnoses.

Avoid phrases like "I am so OCD about my outfit," or "The weather is so bipolar today." Choose difference language that does not include using mental health diagnoses inappropriately.

Avoid overly general or negative language.

Never say that someone is "suffering" from or "battling" (which implies a winner and a loser) when talking about mental illness. Instead, use neutral language.

Preferred: John has depression.

Not Preferred: John suffers from depression.

Be specific about mental illness when the information is relevant and available. If someone's mental health status is not relevant to the story, do not include it.

Preferred: Sharon was diagnosed with bipolar disorder. **Not Preferred:** Sharon was mentally ill.

Avoid including details about how the person died when talking about suicide.

Extreme details as to how someone died - including the method of suicide - is typically unnecessary and can cause additional risk for vulnerable populations. Use extreme caution in including these details and weigh the value that they add to your story.

Include mental health support resources.

When at all possible, include accessible mental health support resources in pieces about mental health. The Foundation 2 crisis line is available 24/7, 365 days a year at 319-362-2174. Our crisis services are available for everyone, regardless of income or situation.