How to Use Appropriate Language to Stop Stigma

Use person-first language which focuses on the individual, not on the substance use. Language used is an important factor in reducing stigma and breaking down negative stereotypes associated with substance use disorders. By using non-stigmatizing language, those who are experiencing challenges may experience fewer barriers to accessing supports.

Common Phrases

The following guide includes some suggestions of person-first language in mental health:

Common / outdated terms	Person-first language
Mental health *disorders*	Mental health *issues, conditions or illnesses*
Individuals *"struggling"* or *"suffering from"* or *having* a mental illness, mental health condition or issue	Individuals *living with* mental illnesses, mental health condition or issue
Committed Suicide, *"suicided"*, completed suicide or successful / unsuccessful suicide / failed attempt	*Died by* suicide *Attempted* suicide
Mental illnesses	*A* mental illness (or specify specific disorder, rather than generalize by using the term "mental illness" to capture all mental illnesses.)
Mentally ill person Someone who *is* bipolar	Someone who *has* a mental illness. Someone who *is living with* bipolar disorder.
Patient / Client	People *with lived experience* or *individuals we serve*
Addict / Substance abuser	He/she *has a* substance use condition. He/she *has lived experience of* substance use
Burden of suicide	Social and economic costs associated with suicide

The term 'committed' is stigmatizing as it implies someone is criminal or immoral or has committed an offence. Suicide is not a crime. It was decriminalized in 1972. Recent amendments to the *Criminal Code of Canada* (section 241) refer to die by suicide rather than 'committed suicide'.

Suicide is a tragic outcome of many complex factors with lasting impacts; it is never about success or failure. It is not something to achieve or finish like a task or project.

Suicide attempt is not about success, failure or completion. Language about suicide should be factual and careful. People die by suicide or attempt to die by suicide. People may have lived through a suicide attempt or been affected by the suicide attempt of someone. Using safe language avoids words that describe suicide in a positive or negative way.

Using neutral, factual and respectful words is far less stigmatizing. Some descriptive language can have negative connotations. The way we communicate about suicide needs to avoid further stigma and focus on prevention.

STOP - Stigma

Use the STOP criteria to recognize attitudes and actions that support the stigma of mental health conditions. It's easy, just ask yourself if what you hear:

- **S**tereotypes people with mental health conditions (that is, assumes they are all alike rather than individuals)?

- **T**rivializes or belittles people with mental health conditions and/or the condition itself?

- **O**ffends people with mental health conditions by insulting them?

- **P**atronizes people with mental health conditions by treating them as if they were not as good as other people?

If you see something in the media which does not pass the STOP criteria, speak up! Call or write to the writer or publisher of the newspaper, magazine or book; the radio, TV or movie producer; or the advertiser who used words which add to the misunderstanding of mental illness. Help them realize how their words affect people with mental health conditions.

Start with yourself. Be thoughtful about your own choice of words. Use accurate and sensitive words when talking about people with mental health conditions.