

August 2021

COMMUNICATION GUIDE

INCLUSIVE LANGUAGE & IMAGERY FOR MENTAL HEALTH CONTENT

PERSON-CENTERED LANGUAGE RECOMMENDATIONS

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HIGH-LEVEL RECOMMENDATIONS

PERSON-CENTERED LANGUAGE RECOMMENDATIONS



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

NO

schizophrenic (noun)

depressive (noun)

transgender (noun)

Black (noun)

YES

person with schizophrenia

person with depression

transgender person / trans person

Black person / African American

WHY

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.

IDENTITY FIRST LANGUAGE

Some communities, such as the Deaf community¹, 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

HIGH-LEVEL RECOMMENDATIONS

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

TOPIC-SPECIFIC RECOMMENDATIONS

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 themselves, 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

mental health problem

suffers from mental illness /
struggles with mental health

using any disorder as a noun
(e.g., schizophrenic,
depressive, alcoholic,
anorexic)

YES

mental health issue / mental
health condition / mental
illness

experiences mental illness /
has a mental illness

person with schizophrenia
/ person with depression
/ person with alcohol use
disorder / person with
anorexia

WHY

"Problem" has a negative connotation and places judgment on another person's experience.

"Suffer" may imply pity. This kind of language victimizes the individual.⁶

People are not their disorders or conditions. Using person-first language is vital.

TOPIC-SPECIFIC RECOMMENDATIONS

SUBSTANCE USE



LANGUAGE

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

DEFINITIONS

SUD: substance use disorder

NO

substance abuse

YES

substance use / substance misuse / substance use disorder

positive / negative drug screen

person in recovery / person in long-term recovery

WHY

The term “abuse” has been found to have a high association with negative judgments and punishment.⁸

Avoid language that associates substance use disorders with impurity.⁹

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

Avoid language that contributes to negative moral connotations of substance use disorders.¹¹

Use person-first language rather than (often derogatory) labelsub33pfot fe, ses]TJO.434

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.

TOPIC-SPECIFIC RECOMMENDATIONS

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	Avoid using language that sensationalizes suicide or presents it as an insurmountable issue. ¹⁵
epidemic	public health issue	Depicting or describing the method of a suicide death may lead to contagion. ¹⁶
skyrocketing rates	increasing rates	
died by firearm / died by hanging / died by overdose	died by suicide, died from suicide	

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

TOPIC-SPECIFIC RECOMMENDATIONS

DOMESTIC VIOLENCE & SEXUAL ASSAULT

TOPIC-SPECIFIC RECOMMENDATIONS

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
26

sex with a minor



statutory rape



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)



older adult abuse

TOPIC-SPECIFIC RECOMMENDATIONS

RACE, ETHNICITY, & INDIGENOUS HERITAGE



TOPIC-SPECIFIC RECOMMENDATIONS

NATIONALITY & MIGRANT STATUS



DEFINITIONS

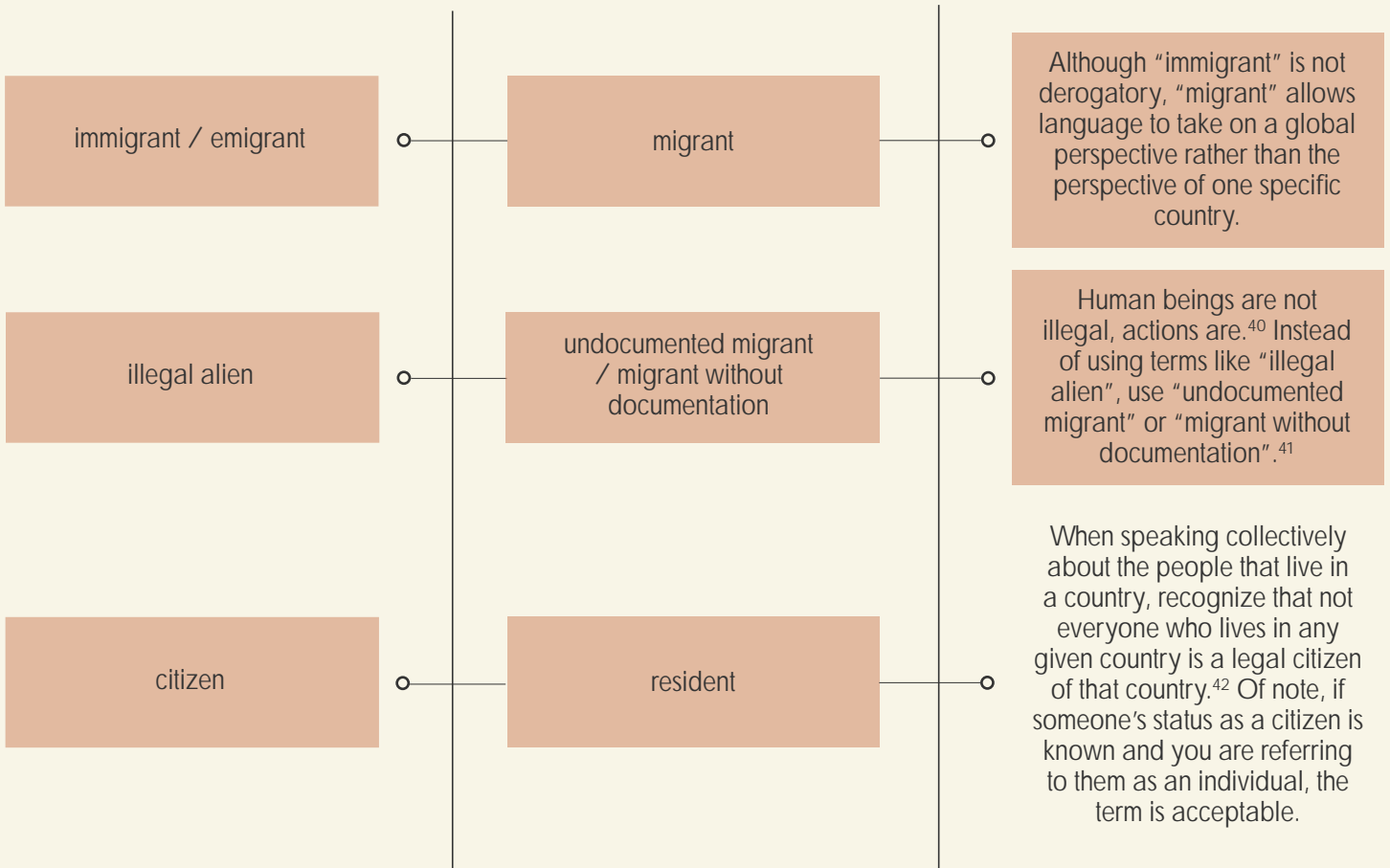
Nativism: Bias, prejudice, discrimination, and marginalization on the basis of , t, n E, . .
Synonym: xenophobia.

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

NO

YES

WHY



TOPIC-SPECIFIC RECOMMENDATIONS

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

TOPIC-SPECIFIC RECOMMENDATIONS

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 ability.

NO

wheelchair-bound / confined to a wheelchair

is non-verbal / can't talk

disabled person / handicapped person / the disabled

paraplegic

dwarf / midget

stroke victim

birth defect

person afflicted with epilepsy / person suffering with epilepsy

brain-damaged

handicapped parking

normal / healthy / able-bodied / whole

YES

person who uses a wheelchair

uses a communication device / uses an alternative method of communication

person with a disability / people with disabilities

person with paraplegia

little person / person of short stature

person who has had a stroke

congenital disability

person with epilepsy

person with a brain injury

accessible parking

without disabilities

WHY

Take a strengths-based perspective by emphasizing abilities rather than limitations.⁵⁴

Use person-first language unless a certain person or community prefers identity-first language. Avoid using "handicapped" in any context.⁵⁵

Use neutral language rather than language that portrays people as victims or as lacking something.⁵⁶

Use language that emphasizes the need for accessibility. Avoid using "handicapped" in any context.⁵⁷

Avoid language that implies people without disabilities are superior to people with disabilities.⁵⁸

TOPIC-SPECIFIC RECOMMENDATIONS

DISABILITY & NEURODIVERSITY

DEPICTIONS

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

TOPIC-SPECIFIC RECOMMENDATIONS

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.

TOPIC-SPECIFIC RECOMMENDATIONS

BODY SIZE & EATING DISORDERS



TOPIC-SPECIFIC RECOMMENDATIONS

AGE



DEFINITIONS

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

NO

the elderly / seniors / aged dependents

senile person

YES

older adults

person with dementia

WHY

Labels insinuate that older adults are a separate group from the general population.⁶⁶

“Senile” is an outdated and potentially stigmatizing term.⁶⁷

SOCIOECONOMIC STATUS

the homeless

Homelessness is not an

INCARCERATION & THE

ACKNOWLEDGEMENT & CITATIONS

PSYCH HUB STYLE GUIDE

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SUGGESTED CITATION

Asper, A., & St. Amant, E. (2020). *Psych Hub communication guide: Inclusive language & imagery for mental health content*. Psych Hub. <http://psychhub.com/psych-hub-communication-guide/>

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CITATIONS

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