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Words Matter...How We Talk About Mental Health Can Increase or Reduce Stigma

As many of you know, I’m new to the area of mental health and I have to admit there is a learning curve to being a part of this work. In particular, I have learned that how we talk about mental health makes a difference in whether we are perpetuating stigma or helping to end stigma.

According to a recent article at ted.com titled How We Talk About Mental Health, “stigma and discrimination are the two biggest obstacles to a productive dialogue about mental health; indeed, the problem seems to be largely one of communication.”

How many of you have said or say, “Someone committed suicide.”? I will admit that this is the terminology I used prior to coming to MHA. However, we must work to avoid a link between criminality and mental health issues. One ‘commits’ a crime, but suicide should not be seen as a crime—it is a cry for help. Also, don’t say that a suicide attempt was ‘failed’ or ‘successful.’ As a society, we are also quick to judge people who experience mental health problems, grouping them together when isolated incidents of violence and crime occur. “You get a major incident like Columbine or Virginia Tech and then the media asks, ‘Why didn’t people know that he was bipolar?’ ‘Was he schizophrenic?’”, says neuroscientist Sarah Caddick. “From there, some people think, ‘Well, everybody with bipolar disease is likely to go out and shoot down a whole bunch of people at school,’ or, ‘People who are schizophrenics shouldn’t be out on the street.’”

This leads to another issue regarding how we talk about mental health. We shouldn’t define a person by his or her mental health issue. Just as cancer doesn’t define a person, neither should a mental health diagnosis. When we say someone “is schizophrenic,” we are labeling that person by their diagnosis, not recognizing the individual for who they are. Speak of “someone with schizophrenia,” not “the schizophrenic.” Vikram Patel, a mental health care advocate says that making this distinction clear “honors and respects the individual. “ He goes on to state, “What you’re really saying is, this is something that’s not part of a person; it’s something the person is suffering from or living with, and it’s a different thing from the person.”
Here are a few others terms that we should avoid or use from Dr. David Susman’s article *Ten Commandments for How to Talk About Mental Health*:

**Don’t use insensitive terms, such as “crazy,” “insane,” “psycho,” “nuts,” “deranged”,** to describe someone displaying unusual or violent behaviors, or who may have a mental illness.

**Don’t use terms that suggest pity,** like “suffering from,” “victim of,” or “afflicted with,” when referring to someone’s illness or disability. Instead say, “has a history of,” “is being treated for,” or “lives with.”

Whatever we do, let’s get the conversation going and not be afraid to talk about mental health. The only way to break stigma around this issue is to promote dialogue. This can be in a group setting, like an **MHA Coffee & Conversation** event, or one-on-one in a personal way. Don’t be afraid to reach out to someone, to your friends, colleagues. Support those around you, talk about your own emotions and get comfortable with the subject of mental health. **#breakingstigma**

**P.S. Join 1,462 others who have Taken a Pledge on MHA’s Anti-Stigma Pledge Wall!**