

# language of **MENTAL HEALTH RECOVERY**

## Key messages

Language matters in mental health.

Often we aren't aware of how we use words and the effect they can have on recovery. The words we use, our tone of voice and our body language show our underlying attitudes, values and beliefs. This can send a powerful message to a person, especially if they value our opinion. Our words can inspire or discourage.

How we interpret words and how they affect us depends on many things including, who said them, their tone and body language, the context, our background and life experiences.

### Words are powerful:

- from someone we admire and trust or who is in a position of authority
- when combined with strong emotion
- when they confirm our beliefs.

We need to think about the words we use but also how our words might be interpreted.

## Recovery Oriented Language Guide

MHCC developed the Recovery Oriented Language Guide to promote a culture that supports recovery.

<http://mob.mhcc.org.au/media/5902/mhcc-recovery-oriented-language-guide-final-web.pdf>



## Using Language



**Don't use language to limit. Use language to inspire!**

Inspiring language acknowledges the person as being the expert in their own lives and the driving force in their recovery. It reflects an unconditional belief in their potential to live a life that's meaningful to them.

Using language to inspire doesn't mean ignoring the difficulties people face. It means using words and body language to show your belief that they can overcome these difficulties and your commitment to supporting them to find their path through challenging times.



**Don't make assumptions. Ask the person!**

Assumptions are natural and everybody makes them. Sometimes our assumptions are correct, but often they are not. We can challenge our assumptions by reflecting on our thoughts, feelings and behaviour, and being open to learning.

Labelling is using a label to classify a person who is different (or acting differently) from the majority. This can lead to us seeing the person as the label, rather than as a human being.

Seeing people who live with a mental illness as different, scary, silly or bizarre leads to prejudice (negative attitudes) and discrimination (negative actions or treatment). Worse still, people can believe these things about themselves. This can make people reluctant to seek help and lose hope.



## Don't define someone by a diagnosis. See them as a person!

Focussing on illness can lead to losing sight of the person as a human being. If using a diagnosis is unavoidable, put the person first and the diagnosis second. This allows the person to be seen as an individual who is unique and valuable, with strengths and challenges.

These are some examples of person-first language:

- Sarah is living with schizophrenia.
- Yasmin has been diagnosed with bipolar disorder.
- Mehran is experiencing depression.

Person-first language is not about being politically correct. The language we use can affect our thoughts and actions and those of other people. By changing our language we can change how we see and treat someone.

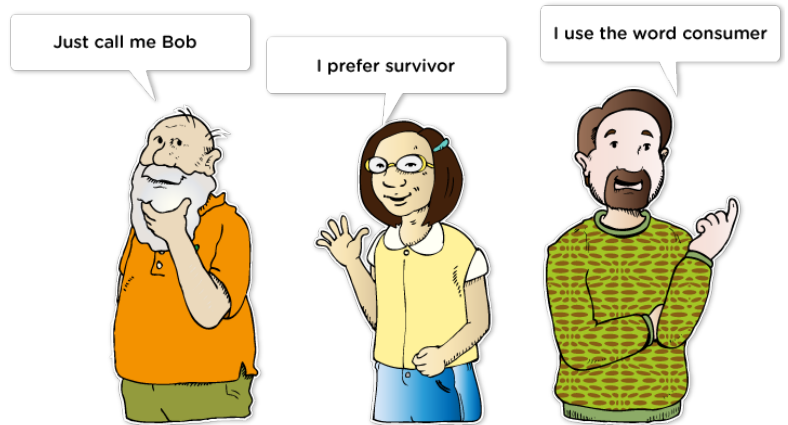


## Don't impose your language on others. Respect the language they choose!

Individual people have different preferences about how language is used and what words they use to describe themselves or their experiences. People need to be able to choose the words and language they are comfortable with.

Recovery language uses the words a person uses to describe themselves, their experience and their supports. Listen to a person's choice of words when they talk to you. Ask what terms they prefer and why. Using their words helps to build understanding and a respectful relationship.

If you are not comfortable using a person's preferred terms, ask them about their choice of words and what it means to them. Have a two-way conversation about 'preferred language' and the impact of language. Discuss together what terms you both feel comfortable with.



## Remember

Recovery language should...

- be encouraging, inspiring and hopeful
- focus on strengths and possibilities
- challenge stereotypes and stigma
- be person-first and jargon free.

## Links:

- Labelling and stigma  
<http://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4a-concepts-health-illness/section3>
- Consumer and Carer Experiences of Stigma from Mental Health and Other Health Professionals  
<https://mhaustralia.org/publication/consumer-and-carer-experiences-stigma-mental-health-and-other-health-professional>
- SANE report; A life without Stigma  
[https://www.sane.org/index.php?option=com\\_k2&view=item&id=1189:a-life-without-stigma&Itemid=643](https://www.sane.org/index.php?option=com_k2&view=item&id=1189:a-life-without-stigma&Itemid=643)
- Psychobabble: the Little Red Book of Psychiatric Jargon  
<http://www.ourcommunity.com.au/files/OCP/PsychobabbleFeb2012.pdf>
- Self-labelling and Identity (youtube)  
<http://www.youtube.com/watch?v=pxbw7dDMX60>
- Positive Thinking about Consumers  
<https://www.ourcommunity.com.au/files/OCP/PositiveThinkingAboutConsumers.docx>