

Mental Health Messaging Best Practices

The way that we talk about mental health can be profoundly impactful, both in advocacy or programming settings and in casual conversation. The way we talk about a topic has an impact on what we and others think about it. We can embody values of inclusion, connection, and creating positive change by using language that reflects those values. Our words are powerful, and we can all try to be intentional with how we use them.

This brief guide will give chapter leaders, members, and all mental health advocates tools for safe and inclusive language.

Content Note: This guide mentions language related to suicide. If you or a friend are thinking about suicide, help is available. [Call, text, or chat with the 988 Lifeline 24/7.](#)



TOP SUGGESTIONS FOR SAFE MESSAGING AROUND...

1 EVERYDAY CONVERSATIONS

Mental health language shows up in **everyday conversations** with friends.

Try this...

"I'm so particular about keeping my room clean."

"The weather is so unpredictable."

"They're acting out of character."

"That's wild / bananas / unbelievable!"

Instead of...

"I'm so OCD about keeping my room clean."

"The weather is so bipolar."

"They're acting psycho / insane."

That's so crazy / insane!"

WHY? Using words rooted in mental health conditions to describe a circumstance or behavior may negatively may have the unintentional effect of disrespecting someone's lived experience, reinforcing stereotypes, increasing stigma, and/or silencing the individual affected.

2 MENTAL HEALTH CONDITIONS

Mental health language can also refer to an individual living with a mental health condition or a population where mental health conditions are prevalent. This language should be **respectful and person-focused, rather than illness-focus**.

Try this...

"They're living with depression / bipolar disorder / schizophrenia."

"They are living with Substance Use Disorder" or "they're in active addiction."

"They're a survivor of trauma" or "they've experienced trauma."

Instead of...

"They're depressed / bipolar / schizophrenic."

"They're an addict."

"They're a victim of trauma."

WHY? By centering the individual affected by mental illness, it acknowledges that their diagnosis is one aspect of who they are, not their entire identity. Additionally, when describing someone affected by a mental illness, avoid saying phrases that de-emphasize an individual's resilience, suggest helplessness, and place blame on the individual. While common, some words or phrases can unintentionally perpetuate stigma.

What are some phrases you've heard in your community and how might you improve them to reduce the mental health stigma?

FILL IN THE TABLE BELOW!

Try this...

Instead of...

HELP IS AVAILABLE

[988 Lifeline](#) | [Crisis Text Line](#) | [The Trevor Project](#)

3 LANGUAGE ABOUT SUICIDE

It's important to note that suicide was once viewed as a crime and stigma exists to varying degrees depending on community, cultural, or other factors. We must work together to not only destigmatize talking about suicide, but also to promote help-seeking behaviors for those living with suicidal thoughts / ideation and acting on self-harm, and aim to create spaces of healing and safety. **The way we talk about suicide matters** and with the right dialogue and support in place, it can be critical in preventing a crisis.

Respectful Phrasing

When discussing suicide loss, try using the phrase "died by suicide," "lost to suicide," or "took their life" rather than "committed suicide." This helps reduce stigma and the association with criminality.

Avoid Harmful Details

When talking about suicide and self-harm, **it is important not to mention specific details about means to harm oneself** to avoid activating people who may be struggling or affected by suicide loss.

Speaking specifically about means of harm may have harmful consequences, including mental health struggles, or even, on a population scale, "suicide contagion" - the phenomenon of successive suicide. This is more of a concern for entertainment and news media, but we can all engage in safe messaging practices in our communities.

Report and Cite Accurate Facts

Numbers with sources included can be a powerful way to demonstrate a point:

Report statistics and facts about suicide as neutrally as possible. Use reputable sources like the CDC, National Institutes of Mental Health, higher education institutions or other respected organizations for this information. An example from the CDC may be "suicide is the 2nd leading cause of death for people ages 10-14 and 20-34 in the United States."

Avoid generalized or sensationalized statistics like "22 veterans a day die by suicide," or "1 person dies by suicide every 17 seconds." Not only are these statistics not illustratively accurate (they are generalized averages), but they are also potentially harmful to someone who is experiencing suicidal thoughts. They may have the unintentional effect of normalizing or affirming their thoughts of suicide.

4 SOCIAL MEDIA AND EDUCATIONAL CONTENT

When creating social media content with mental health messages or other promotional / educational content, there are a few general guidelines to keep in mind.

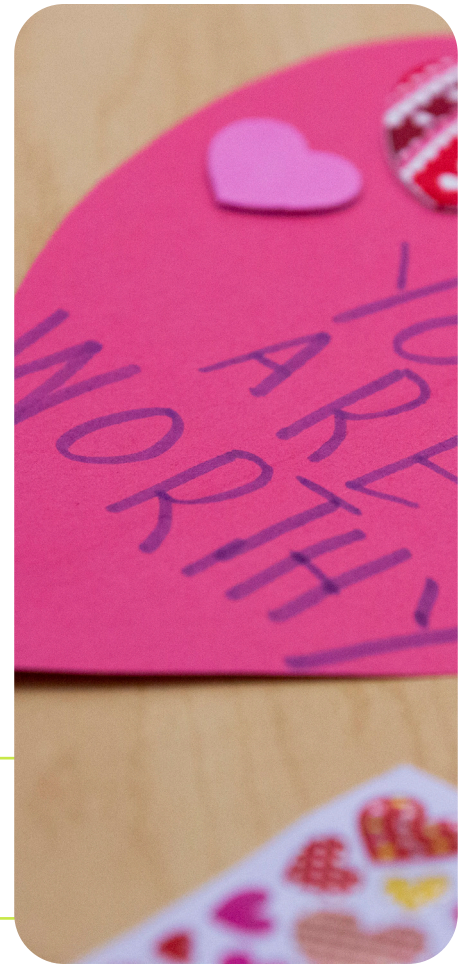
Have a specific focus or strategy. Create a campaign about a specific mental health topic and a plan for how you'll address it.

- Example: Want to talk about anxiety during finals season? Create a plan for social media posts that include: identifying symptoms, strategies to cope, and resources to access for support. This multi-message strategy ensures you're covering the topic in an effective way.

Create a positive narrative. Always include a resource, self-care or stress management technique, or a message that indicates there is hope or help available. This is also a way to include a call-to-action, where you're inviting your audience to do something based on the information you've shared.

Use safe and inclusive language. This guide provides example throughout!

FOR MORE INFORMATION ON MENTAL HEALTH MESSAGING, check out this [Mental Health Guide](#) and media messaging from the [National Alliance for Suicide Prevention](#).



IN CLOSING...

Language matters when talking about mental health. Language shapes how we see the world and how we share our experiences. The words we choose influence our thoughts, feelings, and beliefs, and can make a difference in providing a safe space for your peers. A person's mental health journey is only one aspect of who they are and by changing the way we talk about these conditions, we can continue to change the conversation about mental health.

While we hope your Active Minds chapter is a source of support, open and stigma-free conversation, and mobilization toward change, we know that some conversations need professional support. If you or a friend is struggling, help is available. We've shared some resources below. If your chapter would like more training, information about local resources, or what to do at your school when a student needs help, please connect with your Chapter Advisor.

CONNECT WITH THE CHAPTERS TEAM!

GET ADVICE, ASK QUESTIONS, AND BRAINSTORM WITH OUR TEAM! WE'RE HERE FOR YOU TO DISCUSS CHAPTER SUCCESS TIPS, ASK QUESTIONS, WORK THROUGH CHALLENGES, AND MORE!



Reach out to the Chapters Team at chapters@activeminds.org for support!