

The way that we talk about mental health can be profoundly impactful, both in advocacy and programming settings and in casual conversation. The way we talk about something is how we will think about that thing and convey to others the level of inclusivity and awareness we bring to the table. Our words are powerful, so let's all aim to be intentional with how we use them.

Here are some of our top suggestions and common pitfalls:

Avoid using mental health-related words as adjectives. For example, *"the weather is so bipolar," "I'm so OCD about my room being clean,"* or *"That person is acting crazy/insane/schizo."*

Using words rooted in mental health conditions to negatively describe a circumstance or behavior may have the unintentional effect of disrespecting someone's lived experiences and perhaps silencing them. Instead, it's best to say what we mean.

For example, *"the weather is unpredictable," "I'm particular about keeping my room clean," "That person is acting irrational/ridiculous/difficult."*

When discussing suicide, use the phrase “died by suicide” rather than “committed suicide.”

This subtle but important shift brings the discussion of suicide out of the realm of crimes and criminality, which helps change the way we think and talk about suicide.

***If your campus has experienced a loss to suicide, review our Campus Postvention Guide to learn more about how to effectively address the tragedy in your community while adhering to public health best practices and reducing potential further harm.*

When talking about suicide and self-harm, it is important not to mention specific means to harm oneself to avoid triggering people who may be struggling or have struggled.

Speaking openly and honestly about suicide is very important to prevent crisis and support those who are struggling. That said, speaking specifically about means of harm may have harmful consequences, including mental health struggles, or even “suicide contagion” - the phenomenon of successive suicide.

Provide sources for any facts stated.

Sometimes numbers can be a powerful way to demonstrate a point. However public health best practice tells us to avoid using statistics that generalize suicide 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), they are potentially harmful to someone who is experiencing suicidal thoughts. They may have the unintentional effect of normalizing or affirming their thoughts of suicide.

In closing...

Language matters when talking about mental health. Language shapes how we see the world and how we share our struggles. The words we choose influence our thoughts, feelings, and beliefs. Respectful and inclusive language emphasizes the person rather than the condition or disorder they're sharing. 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.

Resources

- Find Chapter resources, success guides, opportunities, and more on the [Active Minds Chapter Hub](#).
- Connect with Active Minds National Staff! Get advice, ask questions, and brainstorm with our team. We're here for you. The Chapters team hosts weekly [office hours](#) where you can learn about chapter success tips, ask questions, work through any challenges you may be facing, and more!
- Sign up for Slack and chat with student leaders from across the country! Slack is a comprehensive platform that gives you the ability to ask questions, provide ideas, share successes, and overall build a more cohesive network of Active Minds, mental health advocates, and activists. [Sign up for Slack](#) and download the app onto your phone and/or computer.