Compassionate Language for Mental Health and Substance Use

Holding People in High Regard

How to Use This Resource

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About this Resource

We would like to acknowledge that this resource has been created by Peer Supporters working in the mental health and addiction field, who have lived experience with mental illness and/or substance use. We would especially like to acknowledge the contributions of Steve Hubel, Maria DelFine, Sandra Nolan-Boshell, Mala Shastri and the members of our Provincial Peer Network to this work as we endeavour to bring forward considerations and alternatives to language that has the potential to do or perpetuate harm and stigma related to mental health, mental illness and substance use.

We recognize that the realm of mental health and addiction support intersects with all parts of identity and experience. We encourage you to seek out learning and growth opportunities that can inform your language and practice regarding these intersections.

We also recognize that language is powerful and personal. This resource is not intended to bring shame or blame, but to raise awareness and different perspectives to members of helping professions, community and media. We hope this resource helps others in reducing stigma, prejudice, discrimination, and harm. Everyone has a role to play in this effort.

If you have questions about this resource, please contact
centreinfo@supporthouse.ca   www.supporthouse.ca

About the Centre

Recognized provincially for its award-winning services, Support House Centre for Innovation in Peer Support (the Centre) has evolved into a "Benchmark of Excellence" in peer support and experience-based engagement and co-design. The Centre is dedicated to implementing innovative best practices for meaningful and equitable engagement and partnerships with individuals who have lived/living experience, as well as their family/caregivers, across Ontario.

Our History

Originally established as a Consumer Survivor Initiative in 1999 under the name TEACH (Teach, Empower, Advocate for Community Health), the need for support and training for agencies providing authentic peer support was identified. As a result, in 2015, the Centre received new base funding from the legacy Mississauga Halton LHIN to offer regional and provincial system support for Health Service Providers (HSPs). This support includes hospital psychiatric inpatient units, addiction residential treatment, supportive housing programs, central access, employment support programs, justice, community mental health and addiction providers, and self-help education and support groups. This scope has since expanded to encompass regional, provincial, national, and international collaborations.

Supporting People Engaging in Services

Our service offerings include wellness-based, peer-led self-help and social connection programs for community members. These programs are designed, developed, implemented, and evaluated by individuals with lived/living experience. We work together to foster community and connection by creating safe spaces where people navigating mental health and substance use/addiction challenges, can heal and grow.

Supporting Provincial Systems & Partners

The Centre's Provincial, Systems & Partner stream is continually evolving to support organizations that provide peer support services and to foster meaningful, equitable engagement, co-design, and partnership with individuals who have lived/living experience, as well as family/caregivers for roles on advisory tables, working groups, committees, and government boards. We create learning opportunities through co-design, education and training, consultations, capacity building, collaborations and partnerships, and the development of resources and toolkits, drawing on our expertise in engagement stewardship.

Additional learning resources are available in our Virtual Learning Centre and Resource Hub, where you can explore information about our provincial communities of practice, toolkits, models, and other resources. The Centre is committed to enhancing the capacity of individuals with lived/living experience, family/caregivers, peer support workers, supervisors, health service providers, and regional and provincial healthcare systems. We aspire to co-design and co-create an inclusive and equitable healthcare response, regardless of complexity.

About Support House

Support House is guided by our core values, which shape our agency's decisions and actions, unite our staff, define our brand, and inspire our culture. We put people first—our supports are person-directed. We connect and engage, starting conversations to build and maintain relationships. We focus on health and wellness practices to inspire our culture. All employees are required to adhere to our values-based oath of conduct.

Holding People in High Regard: Always, in all ways

As a community we seek to be in support of one another. Our language in regard to, and towards one another is one way that we can actively support our community.

Language is not passive. It is active, an action. It "reflects attitudes, and attitudes lead to actions (or inactions)" (Lines et al., 2015). Our actions in regard to our language and communication have the power to cultivate hope and healing or distrust, resentment and harm. We can strive to hold others in high regard. Holding people in high regard requires empathy. We can look for context behind behaviours and seek to connect with and understand the experiences of those around us rather than pass judgement or blame. The language we use, demonstrates our care for others, it is a tangible way of supporting people in our community, and therefore it is a tool of compassion. Compassionate language recognizes that every person with their own situation and context is valuable and worthy of care and kindness.

We are honouring a person's existence without conditions and valuing their humanity. When we treat others with respect and honour their dignity, we are not only showing care for them. We are also supporting them in treating themselves with the same kindness and care, instead of self-stigma and shame.

Shifting our Language

Reflective Practice

Shifting our language requires time, intention and practice. Be kind to yourself. Reflection is a key instrument of building awareness. As we often do with other actions, language is something we can regularly reflect upon. When we consider ways to keep our language compassionate, we consider how to hold others with high regard and we take an important step in building person-directed supports, fostering connection and engagement, and enhancing health and wellness.

Key questions to consider:

1. Am I holding a person in high regard? Do my words honour a person's dignity?
2. If this person or their loved one was present, would I speak the same way?
3. If it was my loved one, or myself, would I speak the same way?
4. How would I feel if someone were speaking about me this way?
5. Have I kept the person's humanity present in my language or have I medicalized and simplified their experience?
6. Are the needs of the person I'm supporting directing my language?
7. Is my language neutral or driven by my own judgements?
8. Does my language reflect a person's autonomy in this process?
9. What can I do to shift my language?

Reflexive Practice

Reflexive practice is a process that supports us in understanding another's perspective. It facilitates deeper learning, development of ideas and consideration of change (Roebuck, 2007). Reflexive practice can also be used as a tool for developing self-awareness. Internal reflection and exploration with others are considered essential for this process (Prpic, 2005). Engaging in this practice allows us to translate our reflections and awarenesses into actions. When we are aware of and consider who is at the centre of our conversation, we can put our needs, perceptions and judgements aside. We can then consciously shift our language to be in support of others. Through continual reflexive practice, our caring vocabulary will evolve, demonstrating our commitment to providing the best care possible.

Person-Centered Language

Person-centered language seeks to convey respect by honoring people's preferences regarding the language used when discussing their experiences. In the context of service provision, honoring the preferences of people with lived/living experiences should be done whenever possible. Rather than making assumptions about how someone would like to be addressed or share their experiences, it is important that we ask them to share their preferences with us. We can then make a commitment to use that language as we continue to connect with them (Turnage & Radecki, 2024).

It is also important to acknowledge that language is always evolving. If during a supportive connection language that you use is identified as harmful, it can be shifted. An apology is one way of demonstrating our desire to act differently and communicate that we do not wish to cause another person harm. It is helpful to keep an apology succinct. A long-winded apology generally evokes the other person(s) to console and validate you, which distracts from the original intention and takes away the power of the apology.

Honouring the Person

It is a privilege when people connect and share aspects of their lives with us. When we honour the person and the privilege it is to be part of their journey, we actively work toward reducing the power imbalance that can exist between those providing a service and those engaging in a service. Consider the impact of some of the language choices below compared to their alternatives.

Consider the impact of:	Alternatives:
I am dealing with… How do I deal with…?	I am experiencing… I am supporting someone… How can I support someone with…?
Frontlines Frontline Worker	Providing direct support Direct service worker Supporting Working with/alongside

When supporting others there may be times when our emotions are impacted. We may experience uncertainty or even frustration. It is important that we navigate these feelings in a productive way. This may start with building an awareness of our emotions, as they may inform the language that we use as we explore our feelings. It is our responsibility to take ownership of our experiences.

Humor

Humor can be important in healing and helping. It becomes harmful when this humor is regarding someone's experiences, or situation, at their expense. It is imperative that we consistently hold others in high regard and reflect on the potential impact of our words.

Humanizing Language

When we remain open to the experiences of others, it supports us to contextualize our observations in shared humanity and reflect on the unique factors that impact everyone. This requires empathy and willingness to consider experiences that may be different from our own.

We strive to avoid making generalizations or judgements related to wellness experiences. These can perpetuate stigma and harm, which may fail to acknowledge the systemic and societal forms of oppression that people experience. It can also be dismissive of one's strengths and resilience.

Every person with their own situation and context is worthy of care, kindness, dignity, and respect. Making a commitment to use humanizing language is one of the ways that we can demonstrate our care for others.

Consider the impact of:	Alternatives:
Those people	Person's name
They/Them (in a collective sense)	People experiencing
Generalizations: "all people with.."	people/groups that face barriers related to…
Marginalized and Disenfranchised	people/groups experiencing…

Attributing behaviours to diagnoses can be insensitive and puts the diagnosis before the person. It can be dismissive to the needs and experiences of people, dehumanizing them. We can acknowledge the symptoms someone is experiencing and explore the person's perspectives and relationships to them.

Consider the impact of:	Alternatives:
	This person shared that they:
They are so bipolar	Experience…
That's the depression	Have concerns about…
Disordered	Live/are coping with…
Mental health/ substance issues	Are working through/navigating …
	Are experiencing challenges/barriers…

Person-First Language

Person-first language allows us to move away from assigning an oversimplified defining label. It seeks to put the person and their humanity at the forefront and consider experiences more objectively. Experiences alone do not define a person's existence. Person-first language keeps us away from judgement, perpetuating stigma and using demeaning words with negative societal connotations. It also avoids placing blame and shame on a person. Ensuring a person is put first in our language also reduces power imbalances. We value the shared expertise within the relationship: the expertise of the person with lived experience in knowing themselves, and the expertise of the supporter.

Consider the impact of:	Alternatives:
Schizophrenic, Bipolar Unstable, Dysregulated, Abnormal Crackhead, Junkie, Crazy, Druggy, Vagrant, Delinquent, Loser, Psycho Abuser, Addict, Alcoholic, Drunk	A person - Living with… - Experiencing… - Is working through/navigating - Who uses drugs/substances/ alcohol
Client, Patient* Individual, Offender, Inmate Pal, Bud, Dude, My Friend, Sweetie, Love	Peer Person Person engaging with service The person's name
Clean, Sober	A person - Practicing abstinence - Not partaking in… - Meeting/working towards their substance use, addiction and/or behavioral goals

* Peer Supporters typically do not use the words patient or client

Person-Directed and Neutral Language

Person-directed language emphasizes one's right to self-determination. Neutral language seeks to eliminate our perception, or subjective judgments about people's choices. We can honour people's needs by supporting their autonomy, informed decision making, and personal learning and growth. If we consider how this might apply to the way we speak about substance use, the use of neutral language reduces the stigma connected with criminal activity and moral failings that can be associated with substances. This can create opportunities for people to talk about their experiences without fear of shame.

Consider the impact of:	Alternatives:

This person
    Should…
    Is non-compliant
    Refuses…
	What are some options?
	What would you like to do?
	What do you think are the possible outcomes of this decision?
	… chose to/not to…

Positive, Negative, Right, Wrong Normal	Remaining neutral and simply stating the action. Not using moralizing or quantifying descriptors that are based in our judgement
Substance/drug abuse or misuse	Substance/drug use
Illegal/Illicit drugs Street drugs	A drug supply Unregulated drug supply

Strengths-Based Language

It is important to acknowledge that wellness experiences are unique. Each person will have unique expertise from which they can draw as they navigate barriers. When we use strengths-based language, we emphasize skills, abilities and resilience rather than focusing on deficits. As supporters we seek to empower our peers.

This requires that we make room for people to learn and grow in their journey, including overcoming challenges, finding new meaning in experiences and exploring choices and options available to them.

Consider how someone may feel about their skills, abilities and resilience if the following language is used:

Consider the impact of:	Alternatives:
Suffering from… Victim of…	Currently experiencing… Experiencing challenges with… Survivor of… …has lived through… Seeking support around…
Relapse, slip up, setback, falling back…	A change in experience They are exploring options They are experiencing…
They want attention	They are looking for connection and support

Talking about Suicide

Original source: Public Health Agency of Canada (2018)

"The term 'committed' is stigmatizing as it implies someone is criminal or immoral or has committed an offence. Suicide is not a crime. It was decriminalized in 1972. Recent amendments to the *Criminal Code of Canada* (section 241) refer to die by suicide rather than 'committed suicide'.

Suicide is a tragic outcome of many complex factors with lasting impacts; it is never about success or failure. It is not something to achieve or finish like a task or project."

Consider the impact of:	Alternatives:
Commit suicide Committed suicide Successful suicide Completed suicide	Die by suicide Died by suicide Death by suicide
Failed suicide Failed attempt Unsuccessful attempt Incomplete suicide	Suicide attempt Attempted suicide
High-risk people/ populations/groups At-risk Vulnerable or susceptible Those people/populations/groups	Populations with higher rates of suicide Populations with potentially high risk for suicide Factors that may increase people's risk for suicide
Burden of suicide	Social and economic costs associated with suicide
Suicide victim Suicidal/Contemplators Attempters	Person who has died by suicide Person thinking about suicide People who have experienced a suicide attempt

"It is important that language about suicide is careful and factual. When we replace problematic language with neutral and respectful language, we help shift how society reacts to and understands suicide. We can make the conversation about suicide safer."

Shifting Language: Creating Change

Shifting the language of systems and society starts with each of us. When we take ownership of the ways we use our language we have an impact not only on ourselves and those we're supporting, but those around us as well. By role modeling and including others in conversations about language we can start to create change. When others see us shift our language, they may begin to shift theirs as well. There may also be times when we have opportunities to speak to others about evolving language and share what we know about the power it can carry.

Calling others in, not out.

Using new language can be challenging. When we "call others in" we are inviting them to be a part of the process, taking the time to build the skill of exploring and integrating their learnings. We can invite people to be aware of how their language affects us, people we care for and the community while still holding them in high regard. When we "call people out", highlighting perceived deficits in their current language, it can create shame. They are likely to become defensive and our messaging can be lost.

Calling others into conversation about language might sound like:

> That word/phrase often carries the connotation of [judgement/discrimination]. I often use _____ instead.

> Have we considered how [person's name] would feel if they were with us?

> [This conversation] makes me feel uncomfortable because _____. Can we find another way to talk about this that emphasizes [strengths/person's right to self-determination]?

Additional Resources to Explore

To learn more about additional learning opportunities offered by Support House's Centre for Innovation in Peer Support's, visit our Virtual Learning Centre & Resource Hub for Peer Supporters & Organizations.

Support House's Centre for Innovation in Peer Support's full programming is offered through our Virtual Learning Centre & Resource Hub which supports the most current, best practices in Peer Support.

Through our Virtual Learning Centre, we offer trainings, consultation, our Peer Professional Development Webinar Series, and provincial communities of practice. Our Resource Hub is home to our educational toolkits, documents and videos. These offerings support the practice and implementation of Peer Support within Ontario.

Products on our Resource Hub:

- *Guiding Standards of Peer Support* (from Mental Health Commission of Canada, Peer Support Canada & Centre for Innovation in Peer Support)

- *Empathetic Communication Toolkit*

- *Peer Support Examining Bias Toolkit*

- *Examining Bias Toolkit*

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