



Recovery Oriented Language Guide

The language we use is paramount toward building and providing recovery oriented services. Every day we have an opportunity to foster hope, resilience and recovery through the language we choose. People are influenced by our language. It provides the framework for the services we provide and serves to help people find hope and become motivated for success. This glossary provides you the tools you can use to make everyday conversations filled with hope, resilience and recovery.

Do

- put people first: Do say “A person with a behavioral health condition” or “a person diagnosed with ...”
- emphasize abilities. Focus on what is strong i.e. the person’s strengths, skills & passions
- focus on language that is respectful, clear and understandable, free of jargon, confusing data, and speculation. Focus on language that is non-judgmental and carries a sense of commitment, hope and opportunity



Don't



- label people
- say “he or she is mentally ill”
- define the person by their struggle
- emphasize limitations and focus on what is wrong
- use condescending terms, e.g. ‘low-functioning or chronic’
- equate the person’s identity with a diagnosis. Very often

there is no need to mention a diagnosis at all. It is sometimes helpful to use the term “a person diagnosed with,” because it shifts the responsibility for the diagnosis to the person making it, leaving the individual the freedom to accept it or not.

- sensationalize a behavioral health condition. This means not using terms such as “afflicted with,” “suffers from,” “victim of”
- portray successful persons with behavioral health conditions as super-humans. This carries the assumption that it is rare for people with behavioral health conditions to do great things
- don’t presume a person wants to be called by a particular term (Consumer, Client). ASK

Examples of Acceptable/Hopeful and Outdated/Disrespectful Language



Instead of This

Say This

Sam is mentally ill	Sam has a mental health condition
Sam is schizophrenic	Sam has schizophrenia
Jerome is a bipolar	Jerome has been diagnosed with bipolar disorder
Kylie is manic	Kyle is exhibiting symptoms of mania
Sam is paranoid	Sam is experiencing a lot of fear/ Sam is worried that his neighbors want to hurt him
Li has a chronic /persistent mental illness	Li has been working toward recovery for a long time Li has experienced depression for many years
Kylie is decompensating	Kylie is having a rough time Kylie is experiencing...
Kylie is resistant to treatment	Kylie is choosing not to...
Kylie is non-compliant	Kylie would rather... Kylie seems unsure about....
Javier is manipulative	Javier is trying really hard to get his needs met
Sam has challenging/complex behaviors	Sam may need more effective ways to get his needs met
Li is very compliant	Li is excited about the plan we have worked out together Li is working hard toward the goals she has set
Javier is low functioning	Javier has a tough time at ...
Sam is high functioning	Sam is really good at.../Sam's strengths include...
Sam is dangerous	Sam tends to (describe actions) when he is upset
Jerome is very difficult	I find it challenging to work with Jerome
Amy is mentally ill chemically abusing	Amy is experiencing co-existing mental Health/substance use issues
Javier is a drug addict	Javier is experiencing alcohol/drug addiction
Instead of drug abuse	Say drug use/misuse
Instead of habit	Say active addiction
Instead of clean/dirty lab results	Say negative/positive lab results
Sam is unmotivated	Sam is not inspired to...
Sylvia committed suicide	Sylvia died by suicide
Li is a frequent flyer/high user	LI accesses services frequently