

# Language and stigma

Despite the progress we have made in the past decade, the stigma associated with mental illness still exists in our community. The way we talk about mental illness and the things we express publicly through media, social media, in our homes and in our workplaces can make a difference.

## Preferred language

Certain ways of talking about mental illness can alienate members of the community, sensationalise the issue and contribute to stigma and discrimination.

Below is a summary of preferred language to use when communicating about mental illness.

Do say	Don't say	Why?
A person is 'living with' or 'has a diagnosis of' mental illness	'mental patient', 'nutter', 'lunatic', 'psycho', 'schizo', 'deranged', 'mad'	Certain language sensationalises mental illness and reinforces stigma.
A person is 'being treated for' or 'someone with' a mental illness	'victim', 'suffering from', or 'affected with' a mental illness	Terminology that suggests a lack of quality of life for people with mental illness.
A person has a 'diagnosis of' or 'is being treated for' schizophrenia	A person is 'a schizophrenic', 'an anorexic'	Labelling a person by their mental illness.
The person's behaviour was unusual or erratic	'crazed', 'deranged', 'mad', 'psychotic'	Descriptions of behaviour that imply existence of mental illness or are inaccurate.
Antidepressants, psychiatrists or psychologists, mental health hospital	'happy pills', 'shrinks', 'mental institution'	Colloquialisms about treatment can undermine people's willingness to seek help.

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Reword any sentence that uses psychiatric or media terminology incorrectly or out of context

'psychotic dog', using 'schizophrenic' to denote duality such as 'schizophrenic economy'

Terminology used out of context adds to misunderstanding and trivialises mental illness.

## Busting myths and addressing stigma

Mental illness is common, but it is still often misunderstood. Myths and misconceptions about mental illness add to stigma and make life harder for the people affected.

Myth: mental illness is a life sentence

*Fact: Most people will recover fully, especially if they receive help early. Recovery will be different for everyone and some people may require ongoing treatment to manage their illness.*

Some people have only one episode of mental illness and will completely recover. For others, symptoms associated with mental illness occur only occasionally with years of being well between episodes. For a minority of those with a more severe illness, periods of acute illness may occur more regularly and, without medication and effective management, leave little room for recovery.

Myth: mental illnesses are all the same

*Fact: There are many types of mental illness. Simply knowing a person has a mental illness will not tell you how well or unwell they are, what symptoms they are experiencing, or what impacts the illness is having on their life.*

Though a particular mental illness will tend to show a certain range of symptoms, not everyone will experience the same symptoms - for example many people with schizophrenia may hear voices, while others may not.

Mental illnesses are not purely 'psychological' and can have many physical features. While a mental illness may affect a person's thinking and emotions, it can also have strong physical effects such as insomnia, weight loss or gain, increase or loss of energy, chest pain and nausea.

Myth: people who live with mental illness are violent

*Fact: Research indicates people receiving treatment for a mental illness are no more violent or dangerous than the general population. People living with a mental illness are more likely to be victims of violence, especially self-harm.*

There appears to be a weak statistical association between mental illness and violence. This seems to be concentrated in certain subgroups, for example - people not receiving treatment, those who have a history of violence, and those who use drugs or alcohol.

Myth: some cultural groups are more likely than others to experience mental illness

*Fact: Anyone can develop a mental illness and no one is immune to mental health problems. However, a person's cultural background affects how they might experience mental illness and how they understand and interpret the symptoms of mental illness.*

Research exploring cultural background and mental illness is limited. The available data suggests people born in Australia have slightly higher rates of mental illness than those born outside Australia. On the other hand, many people from culturally and linguistically diverse and refugee backgrounds have experienced torture, trauma and enormous loss that can impact on distress and vulnerability to mental illness.