

Recovery and Resiliency Language Guide

This document outlines language that aligns with the values, principles, and practices of recovery and resiliency.

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Summary

As a leader in mental health (MH) and substance use (SU) healthcare, Magellan promotes recovery and resiliency principles and practices. Intentionally using respectful language to support a person's humanity and recovery is central to this approach.

This guide was developed by Magellan Healthcare staff members who have lived/living experiences with mental health and/or substance use conditions or are family members or caregivers of people who have a history of MH/SU conditions. Our staff members incorporated readily available language guides from well-known national MH/SU organizations to create this guide. This is a working document that will be updated as language evolves.

Why focus on language?

Language is a powerful tool for shaping how we view people living with MH/SU conditions. It can increase or decrease stigma and discrimination that can impact relationships, employment, housing, and the ability of individuals to actively participate in their communities.

Language also has a powerful influence over how a person views themself, their abilities, and future. For a youth receiving a MH diagnosis, language can create fear they will be forever judged and outcasted, or create hope they can live a fulfilling life even with a MH challenge. For a parent in early recovery from a SU condition, language can mean the difference between believing it is only a matter of time before a return to use, or believing they have what it takes to maintain their recovery.

Recovery & Resiliency (R&R)-oriented language

This is not an exhaustive list of all R&R-oriented language. However, it provides highlights of commonly used words and phrases in mental health and substance use service settings. It encourages the use of R&R-oriented language that is:

- Person centered Highlights the person and their preferences, goals and dreams instead of their challenges
- Person first Describes a MH/SU condition as something the person has or lives with rather than who they are
- Strengths based Gives a sense of optimism, hope, opportunity, empowerment and selfdetermination
- Accessible, relatable, and easy to understand Avoids medical/diagnostic language unless necessary
- Free of stigma, prejudice bias, and discrimination Does not reinforce stereotypes, low expectations or individual blame
- Reflects best practice Honors the lived/living experiences of people with MH/SU conditions

By using R&R-oriented language, we are reducing bias, stigma, and discrimination for the people and the communities we serve.

Strengths-based language

Strengths-based language encourages optimism, hope and opportunity.

Example 1: Jalyn is suffering with depression vs Jalyn is living with depression Suffering sensationalizes MH/SU conditions, reinforces stereotypes, and contributes to the notion that people do not recover.

Example 2: Mikah's problem behavior is skipping school vs Mikah has unexcused absences from school due to unresolved anxiety.

Problem behavior implies judgement. Focus should instead be on the challenge driving the behavior.

Suffering from/with	Try	Experiencing challenges with Living with Working to recover from
Decompensating Unstable	Try	Experiencing an increase in challenges
Unmotivated Lazy Helpless	Try	Doesn't have interest in Has not begun Working to build hope
Refused Unwilling Resisted	Try	Chose not to Declines Not ready
Hopeless	Try	Needs support to change
Attention-seeking	Try	Seeking connection
Needy	Try	Has unmet needs
Fails Lacks Poor	Try	Needs support Needs education Having challenges with
Deficits Issues Problems	Try	Challenges Barriers Has unmet needs
	Decompensating Unstable Unmotivated Lazy Helpless Refused Unwilling Resisted Hopeless Attention-seeking Needy Fails Lacks Poor Deficits Issues	Decompensating Unstable Unmotivated Lazy Helpless Refused Unwilling Resisted Hopeless Attention-seeking Try Needy Try Fails Lacks Poor Deficits Issues

Person-centered language

Person-centered language is empowering and promotes self-determination.

Example: She is non-compliant vs She is not in agreement with the treatment plan.

Compliance is a metaphor used for force to suggest conformity and lack of self-determination. It gives the impression the treatment team are the experts, and the participant needs to do what they say.

Instead of	Noncompliant Uncooperative Non-Adherent	Try	Not in agreement with the treatment plan Having challenges taking medication
Instead of	Case	Try	Youth, Family, Individual, Member
Instead of	Frequent flyer	Try	Uses services and supports often Has been in the hospital several times
Instead of	Low functioning	Try	Has difficulty with
Instead of	Believes Claims	Try	Says States
Instead of	Complaining	Try	Advocating
Instead of	Relapse	Try	Return to Recurrence of use Setback
Instead of	Incapable Is giving up	Try	Needs assistance/support Needs help to continue
Instead of	Compliant Adherent	Try	Engaged Following through Involved Participating
Instead of	In denial	Try	Still researching options Desires a different outcome Has a different perspective
Instead of	Victim	Try	Survivor

Person-first language

Person-first language describes someone as living with a mental health or substance use condition, rather than defining them by it.

Example: She's bipolar. Vs She is living with bipolar disorder.

Defining a person by a diagnosis rather than living with or having a diagnosis is dehumanizing. This language indicates that the diagnosis has superseded the individual's personhood.

Instead of	Schizophrenic/Schizo Bipolar Mentally ill Borderline	Try	Living with schizophrenia Given a diagnosis of bipolar Experiences mental health challenges
Instead of	Addict Alcoholic	Try	Person with a/an substance/opioid/alcohol use condition
Instead of	Consumer Patient Client Kiddo	Try	Individual Participant Person's name Youth
Instead of	Former Addict Recovering alcoholic	Try	Person in recovery Person in long- term recovery
Instead of	Anti-social	Try	Prefers quiet Prefers to be on their own
Instead of	Defiant Hostile Manic Oppositional Violent Belligerent	Try	Describing the interaction Protective Assertive Feeling unsafe

Avoiding medical/diagnostic language

Medical/diagnostic language may cause challenges when communicating information. Language that avoids medical/diagnostic words helps your message become more accessible, relatable, and easy to understand. It's best practice to avoid using medical/diagnostic terms unless it is absolutely necessary.

Behavioral health is a term some people use interchangeably when referring to mental health and substance use. However, as the National Alliance on Mental Illness (NAMI) identified, the word *behavior* is seen as a matter of choice and can evoke bias and prejudice. When it's appropriate, try using *people with mental health and substance use conditions* instead.

Serious mental illness (SMI) and Serious Emotional Disturbance (SED) refer to federal and state classifications of illnesses. It makes sense to use these terms when referring to things like an eligibility group. When talking about a group of general people, instead of referring to them as *being SMI or SED*, consider using *living with significant mental health condition/challenge*.

Instead of	Substance abuse	Try	Substance Use Substance Misuse
Instead of	Delusional Paranoid	Try	Alternative perceptions Experiencing (describe the thoughts/actions respectfully)
Instead of	Home visit	Try	Family time
Instead of	Residential placement	Try	Residential treatment Residential intervention Residential setting
Instead of	Transition-age youth (TAY)	Try	Youth/Young Adult (YYA)
Instead of	Manipulative Triangulating	Try	Trying to get needs met
Instead of	Committed suicide Unsuccessful suicide	Try	Died by suicide Ended/took their life Attempt to end their life

References

* The following organizations' language guides advise against using "suffering" when referring to MH conditions

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