



Journalism with Respect for People

How to Write about Mental Illness,
Substance Use Disorder and Disabilities

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ADMIH  Office of Public Information

Who We Are

The Alabama Department of Mental Health (ADMH) is dedicated to ensuring everyone has access to comprehensive prevention and treatment. ADMH serves more than 200,000 citizens with mental illnesses, developmental/intellectual disabilities and/or substance use disorders.

Introduction

In the media, mental health and related topics can be especially difficult to cover. This guide is intended to assist anyone who writes about mental health in navigating the often-challenging topics of prevention and treatment of mental illness, substance use disorder, and developmental disabilities. All people should be valued and treated with respect and dignity, regardless of their gender, sexual orientation, physical disability, illness, or mental illness and their stories should be told with compassion and fairness.

Many people get their information about mental illness from the media. What they see and hear matters. Negative media coverage doesn't just damage public perceptions; it also affects people personally. Using appropriate language to describe mental illness, substance use disorders and disabilities can help reduce stigma and improve how people with these conditions are treated in health care settings and in society.

Stigma contributes significantly to unfavorable health outcomes and can be a barrier to getting treatment. However, appropriate news coverage of mental health issues and disorders can help break down stigma barriers and provide people the opportunity to tell their personal stories.

The language chosen in article and videos and how mental illnesses/disabilities are depicted matters. Those who write about mental health can provide a valuable service to the public by helping increase understanding and awareness, through clear and compassionate text and content. This guide offers suggestions for wording, to ensure the dignity of all human beings, and decrease stigmatization.

Contents

- 1 Definitions
- 2 How to Write About...
- 2 Crisis Centers
- 3 Mental Illness
- 4 Suicide
- 5 Disability
- 6 Substance Use Disorder

Definitions

Crisis Center:

Crisis centers are designated places for individuals to walk in, and/or for law enforcement, first responders, and EMS personnel to take an individual that is in mental health or substance abuse crisis – 24/7, 365 days a year. At each center, the individual may receive stabilization, evaluation, psychiatric services, and referral to community resources.

Developmental Disability:

Developmental disability is defined as severe chronic disability that can be cognitive or physical or both. The disability is likely to be lifelong.

Intellectual disabilities encompass the “cognitive” part of this definition, that is, those disabilities that are broadly related to thought processes. Because intellectual and other developmental disabilities often co-occur, disability professionals often work with individuals with both types of disabilities.¹

Some developmental disabilities are purely physical, such as congenital deafness or visual impairment. These are not intellectual disabilities. Other developmental disabilities can be caused by cerebral palsy, epilepsy, autism or other disabling conditions. These conditions might or might not include intellectual disabilities.

Intellectual Disability:

Intellectual disability is characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills.¹ Intellectual disability is a subset within the larger universe of developmental disabilities, but the boundaries often blur as many individuals fall into both categories to differing degrees and for different reasons.

Mental Illnesses:

A mental illness is a disease that causes mild to severe disturbances in thought and/or behavior, resulting in an inability to cope with life’s ordinary demands and routines.² There are more than 200 classified forms of mental illness. Some of the more common disorders are depression, bipolar disorder, dementia, schizophrenia, and anxiety disorders. Symptoms may include changes in mood, personality, personal habits and/or social withdrawal.

Features of mental illnesses are:

1. A clinically significant behavioral or psychological syndrome or pattern that occurs in an individual.
2. Must not be merely an expectable and culturally sanctioned response to a particular event, for example, the death of a loved one.
3. A manifestation of a behavioral, psychological, or biological dysfunction in the individual.

Physical Disabilities:

There are various types of physical disabilities including upper limb(s) disability, lower limb(s) disability, manual dexterity, and disability in coordination with different organs of the body.³ Physical disabilities can be present from birth or acquired with age and can also be the effect of a disease.

Stigma:

Stigma refers to unfavorable views about people based on specific defining qualities.⁴

Stigma can be a prejudice or discrimination; it can promote fear and shame; it can cause distrust or disgrace; it can lead to anger or frustration; it can exclude and deny rights, and it can reduce support for policies that would improve equitable treatment of this population.⁵

Substance Use Disorder:

Substance use disorder (SUD) is a treatable disorder that affects a person’s brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. Symptoms can be moderate to severe, with addiction being the most severe form of SUD.

Substance use disorder (SUD) is a comprehensive term which includes use, misuse of mood-changing, mind-altering substances. The phrase is used to reduce stigma surrounding the disease of addiction. Associated behaviors range from misuse to dependency and involve alcohol, legal, and illegal drugs. Such dependence disorders tend to be under-recognized and under-treated, with those impaired often not recognizing or seeking help, especially in the early stages of disease.

1 American Association on Intellectual and Developmental Disabilities

2 Mental Health America

3 Disabled World

4 National Institute of Mental Health

5 Landry, 2012; Barry, McGinty, Pescosolido, & Goldman, 2014; McGinty et. al., 2017

How To Write About...

How to Write about Crisis Centers

When discussing crisis centers, it is critical to highlight terminology that emphasizes the defined aim of crisis centers, which is to provide the right care, at the right time, in the right place. Crisis Centers should be described as voluntary place to receive mental health care that offer services for all individuals, despite the ability to pay.

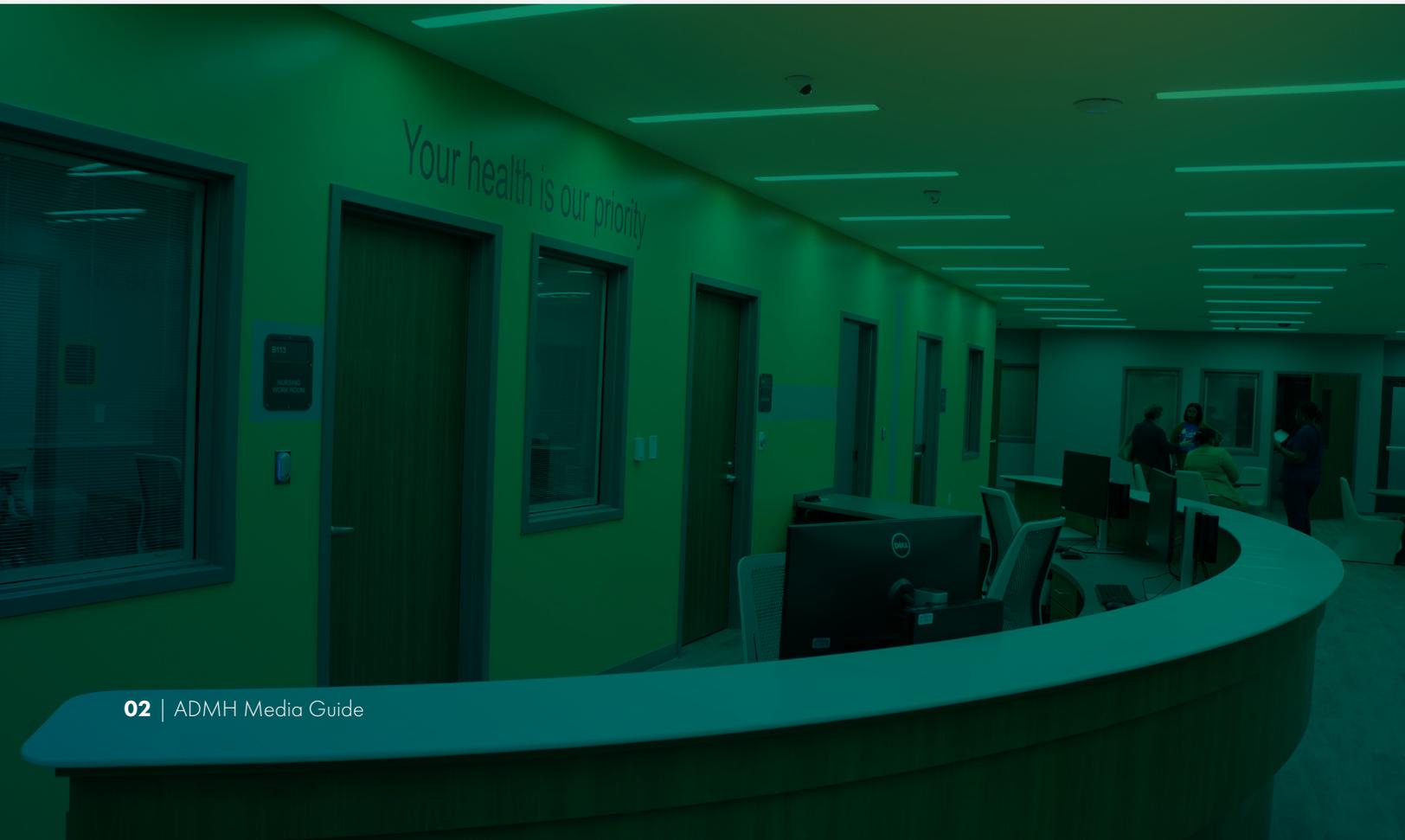
Words to Use/Not Use related to Crisis Centers

Use:

crisis care, crisis services
crisis centers, behavioral health crisis centers
trauma-informed care
in-patient
out-patient
specialized services
temporary observation
short-term observation
extended observation

Do Not Use:

diversion, divert
recliners
crisis residential
bed
long-term facilities
mental institution



How To Write About...

How to Write about Mental Illness

Do not describe an individual as mentally ill unless it is clearly pertinent to a story and the diagnosis is properly sourced.

A person's condition can change over time, so a diagnosis of mental illness might not apply in later instances.

Avoid anonymous sources.

On-the-record sources can be mental health professionals, medical authorities, law enforcement officials and court records.

Mental illness is a general condition. Specific disorders are types of mental illness and should be used whenever possible: "He was diagnosed with schizophrenia, according to court documents. She was diagnosed with anorexia, according to her parents. He was treated for depression."

Some common mental disorders but not including all, according to the National Institute of Mental Health are:

- Bipolar disorder (formerly known as manic depression)
- Depression
- Obsessive-compulsive disorder (OCD)
- Post-traumatic stress disorder (PTSD)
- Schizophrenia

Mental illnesses or disorders are written in lowercase.

Words to Use/Not Use related to Mental Illness

Use:

Mentally ill or in treatment for mental illness
but do not assume their status.

There is no good way to say this. A history of mental illness is not necessarily a reliable indicator.

Use the term mental or psychiatric hospital
for facilities that treat mental illness.

State the specific disorder if necessary to.

Example: He has obsessive-compulsive disorder.

Do not use:

insane, crazy/crazed, nuts or deranged

Afflicted with, suffers from or victim of

Mental illness as related to a factor in a violent crime

Asylum or crazy house (for a mental health facility)

How To Write About...

How to Write about Suicide

Suicide is a public health issue and one that should be covered with sensitivity. Covering suicide carefully can change public misconceptions and correct myths, which can encourage those who are vulnerable or at risk, to seek help.

Avoiding Misinformation

Suicide is complex. There are almost always multiple causes, including psychiatric illnesses that may not have been recognized or treated. However, these illnesses are treatable.

Avoid reporting that death by suicide was preceded by a single event, such as a recent job loss, divorce, or bad grades. Reporting this leaves the public with an overly simplistic and misleading understanding of suicide. Include the least amount of information about the method as possible.

Avoid reporting specific details around the suicide.

Consider quoting a suicide prevention expert on causes and treatments. Avoid putting expert opinions in a sensationalistic context.

Use your story to inform readers about the suicide warning signs, trends in rates, and recent mental health advances.

Add statement(s) about treatment options available, stories of those who overcame a suicidal crisis, and resources for help.

Include up-to-date local/national resources where readers/viewers can find treatment, information, and advice that promote help-seeking.

Words to Use/Not to Use to Suicide

Use:

Died by suicide

Use words such as "rise" or "increase" when describing data

"A note from the deceased was found"

Report on suicide as a public health issue

Do not Use:

"Committed" suicide or "killed himself or herself"

Do not refer to suicide as "successful," "unsuccessful," or a "failed attempt"

Describing recent suicides as an "epidemic," "skyrocketing," or other strong terms

Describing a suicide as inexplicable or "without warning"

"John Doe left a suicide note saying"

Investigate and report on suicide similarly to reporting on crimes

Warning Signs of Suicide*

If a person talks about:

- Killing themselves
- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

Behaviors that may signal risk, especially if related to a painful event, loss or change:

- Increased use of alcohol or drugs
- Looking for a way to end their lives, such as searching online for methods
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression
- Fatigue

*American Foundation for Suicide Prevention

How To Write About...

How to Write about Disability

In general, do not describe an individual as disabled unless it is clearly pertinent to a story.

A disability descriptor is simply a medical diagnosis, which may also be used in a service or legal setting. Thus, disability is a social construct created to identify those who may be entitled to services or legal protections due to characteristics related to a medical condition.

Avoid sensationalizing. Portraying persons with disabilities as overly courageous, brave, or extraordinary incorrectly implies that it is unusual for people with disabilities to have talents or skills.

People First Language

A preferred method to use in referring to specific individuals is to remember that they are PEOPLE first. People First Language puts the person before the disability and describes what a person has, not who a person is. It represents a more respectful and accurate way of communicating. Refer to the person first and the disability second.

Important etiquette to keep in mind when writing and/or speaking about and/or to someone with a disability:

- Don't label people with disabilities as a large group, such as "the disabled" or "the mentally ill."
- Speak about the person first and then, if necessary, the person's disability. A disability and/or specific diagnosis only needs to be mentioned in rare cases where it is relevant to the narrative.
- Emphasize a person's abilities, not disabilities.
- Get to know the whole person, not just the disability.
- Always let people with disabilities speak for themselves. If they are not able to, usually either they or a personal assistant will let you know.
- Ask to find out if an individual is willing to disclose their disability.

Words to Use/Not Use related to Disability

Use:

People with/without disabilities

He has an intellectual/physical disability

She has an injury

She uses a wheelchair, relies on a wheelchair

She has Down syndrome

Person who uses a communication device; uses an alternative method of communication

Do Not Use:

Wheelchair bound

handicapped or disabled

He is retarded

He is brain damaged

Normal/healthy people

She's Down's; a Down's person

He is a cripple

Is non-verbal; can't talk

How To Write About...

How to Write about Substance Use Disorder

Use...

Person with a substance use disorder, Person with an opioid use disorder (OUD), or person with opioid addiction, Person with alcohol use disorder, Person who misuses alcohol/engages in unhealthy/hazardous alcohol use

Person in recovery or long-term recovery/ person who previously used drugs

Testing positive (on a drug screen)

Instead of...

Addict, User, Substance or drug abuser, Junkie Alcoholic, Drunk

Former addict
Reformed addict

Dirty
Failing a drug test

Because...

Using person-first language shows that SUD is an illness. Using these words shows that a person with a SUD “has” a problem/illness, rather than “is” the problem.

The terms avoid elicit negative associations, punitive attitudes, and individual blame.

Use medically accurate terminology the same way it would be used for other medical conditions.

These terms may decrease a person’s sense of hope and self-efficacy for change.

Use...

Substance use disorder

Drug addiction

Instead of...

Habit

Because...

“Habit” implies that a person is choosing to use substances or can choose to stop. This implication is inaccurate.

Describing SUD as a habit makes the illness seem less serious than it is.

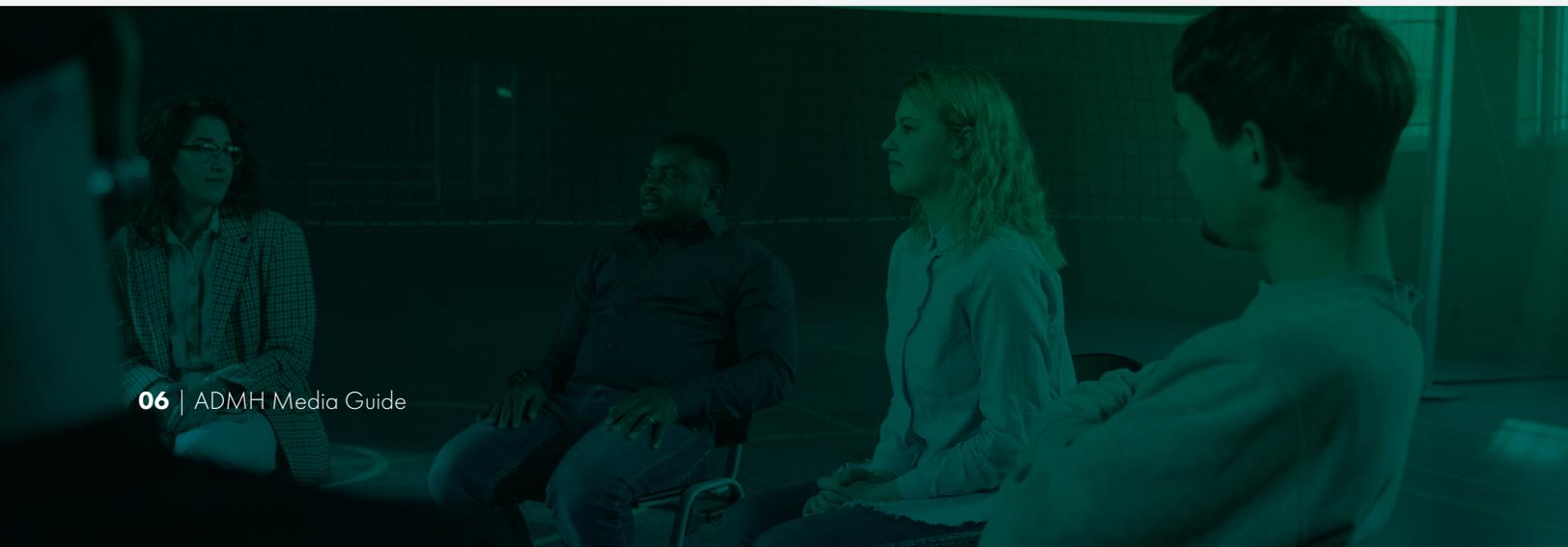
Use (for illicit drugs)

Misuse (for prescription medications used other than prescribed)

Abuse

The term “abuse” was found to have a high association with negative judgments and punishment.

Use outside of the parameters of how medications were prescribed is misuse.



Use...

Medication treatment for
Opioid Use Disorder

Medications for OUD

Opioid agonist therapy
Pharmacotherapy Medication for a
substance use disorder

Being in remission or recovery
Abstinent from drugs
Not drinking or taking drugs
Testing negative (on a drug screen)

Use...

Baby born to a parent who
used drugs while pregnant

Baby with signs of withdrawal
from prenatal drug exposure

Newborn exposed to substances

Baby with neonatal abstinence syndrome

Instead of...

Opioid substitution

Replacement therapy

Medication-assisted treatment (MAT)

Clean

Instead of...

Addicted baby

Because...

It is a misconception that medications
merely “substitute” one drug or
“one addiction” for another.

The term MAT implies that medication
should have a supplemental or temporary
role in treatment. Using “MOUD” aligns
with the way other psychiatric medications
are understood (e.g., antidepressants,
antipsychotics), as critical tools that are
central to a patient’s treatment plan.

Use of medical terminology (the
same way you would for other
illnesses) can help reduce stigma.

Because...

Babies cannot be born with
addiction because addiction
is a behavioral disorder.

Using person-first language
can reduce stigma.

Use of medical terminology (the same
way you would for other illnesses) can
help reduce stigma.



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