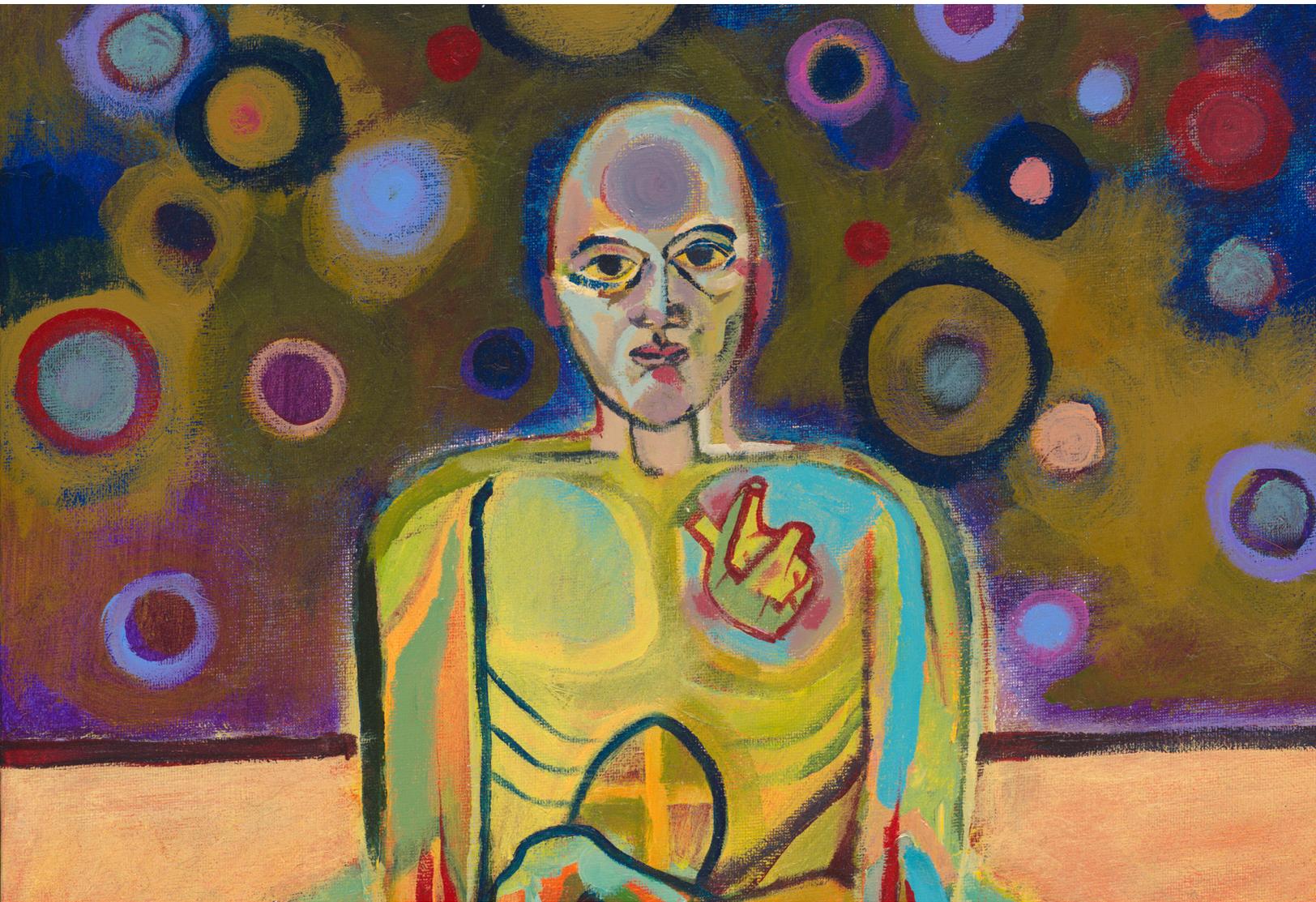


WELL BEINGS



Mental Health Language Guide



FIRST EDITION



ACKNOWLEDGEMENTS

To all of the supporters, sponsors, funders, and partners of the Well Beings campaign and the Youth Mental Health Project, we thank you. We would not be what we are now without you. To Christopher Seeley from the American Psychiatric Association Foundation and Lauren Carson from Black Girls Smile, thank you for your expertise, your time, and your dedication to our cause. To Kevin “Earleybird” Earley, thank you for the gift of your amazing artwork.

To you, the reader, thank you for your willingness to do this work. The fight to destigmatize mental health concerns is far from over. Every one of us plays a significant role in creating a world in which young people can live their lives authentically, feel safe, and know that they are being heard.

We created this guide with the hopes that anyone who reads it, regardless of their experience with mental health concerns, finds something useful. Together, we can make mental health conversations with youth a common practice. Together, we can save lives.

Alita McCalmon
National Education, WETA



ABOUT THE ILLUSTRATOR



Kevin
“Earleybird”
Earley

Kevin “Earleybird” Earley is an artist and musician based out of Northern Virginia. He is a graduate of Pratt Institute in Brooklyn, New York where he studied fine art. His love for hip-hop goes back decades, as he wrote and performed his first raps in elementary school at the age of seven years old. His rap name was given to him by a childhood friend, a pun based on his last name. His challenges with mental health are documented in his father, [Pete Earley](#)’s 2007 best selling book, [“Crazy - A Father’s Search Through America’s Mental Health Madness”](#), which chronicles his 2002 incident where Kevin broke into a stranger’s house and took a bubble bath before being apprehended by the police.

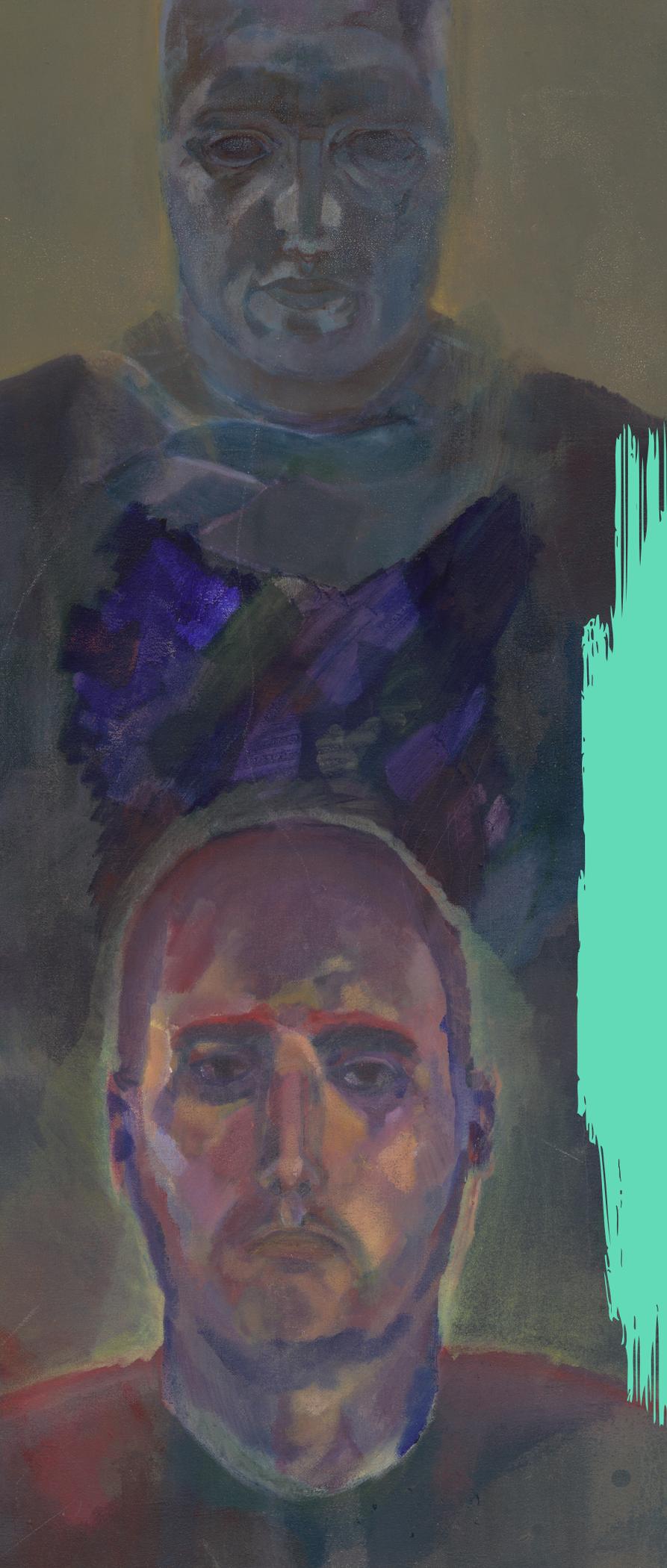
His work deals with mental health, race, privilege and resilience through adversity. He speaks to inspire and resolve stigma through art. He currently works with youth who live with mental health issues and helps mentor them to recover from their respective challenges.

He has been recording and releasing music for over 20 years. He lives in the Northern Virginia area of the D.M.V. (District, Maryland & Virginia) where he was born and raised.

He believes in the healing properties of art and music. Music is essentially sound vibrations, and he works to create positive vibrations that have the power to help people recover and thrive from the challenges they face in life.

Kevin Earley is one of several dozen people interviewed in the documentary **Hiding In Plain Sight: Youth Mental Illness** —featuring courageous voices speaking about their lived experiences with mental illness, particularly twenty-two young people, ages 10 to 27. Kevin and his father Pete share their personal journeys, and through Kevin’s drawings and other art, viewers see expressions of pain, hope, and resilience as a family explores the stigma and discrimination surrounding mental health.

This two-part, four-hour documentary addresses the youth mental health crisis in America. Twenty-two young people, 10 to 27 years of age, courageously speak to their lived experiences with mental illness, including anxiety, depression, body dysmorphia, anorexia, bullying, bipolar, schizophrenia, psychosis, addiction, self-harm and suicide. Through the personal stories of youth, **Hiding In Plain Sight** also features experts, therapists, counselors, educators, family and friends, who address the stigma and discrimination surrounding youth mental health, speaking up and seeking help. In sharing their stories of pain, hope and resilience, they offer solutions and understanding.



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INTRODUCTION

PURPOSE OF THIS GUIDE

The purpose of this guide is to address stigma around mental illness and equip users with person-first language tools for discussing mental health concerns with youth. To operationalize the term, we define youth as ages 14-22 years old. In creating this guide, we hope to empower all individuals, regardless of their experience, to have meaningful conversations with young people about their mental health and lived experiences. Through these conversations, we may save lives.

ABOUT WELL BEINGS AND THE YOUTH MENTAL HEALTH PROJECT

The **Well Beings** campaign addresses the critical health needs in America through original broadcast and digital content, engagement campaigns, and impactful local events. The multiplatform campaign, created by WETA Washington, D.C., brings together partners from across the country, including youth with lived experience of mental health challenges, families, caregivers, educators, medical and mental health professionals, social service agencies, private foundations, filmmakers, corporations and media sponsors, to create awareness and resources for better health and wellbeing.

The **Youth Mental Health Project** is a major public media multi-platform project to address mental health conditions. As mental health concerns often first present themselves in youth, this project primarily centers the needs of this cohort. With public media's reach through television, radio and digital content, and its community-based network for public engagement — the Youth Mental Health Project is raising awareness about mental health challenges, addressing the stigmatization that often prevents people from seeking care, focusing on the lived experiences of individuals dealing with mental health conditions, and fostering and convening ways for communities to support each other and encourage compassion.

The public can join the conversation on youth mental health by using #WellBeings, visiting [WellBeings.org](https://www.wellbeings.org), or following @WellBeingsOrg on [Instagram](#), [Facebook](#), or [Twitter](#).



BASICS

WHY LANGUAGE MATTERS

We strongly believe that words have power. Language plays an important role in helping fight stigma, or unknowingly reinforcing it, so we must do all that we can to destigmatize and support those with mental health concerns.

WHAT IS MENTAL HEALTH?

Mental health describes the state of a person's emotional and psychological well-being. This includes one's ability to cope with everyday stresses and working productively. When discussing mental health, it is important to note that there are no absolutes. Mental health exists on a spectrum.

PERSON-FIRST RECOVERY MODEL ^{1,2,3}

A person is more than their health condition. When speaking to (or about) someone living with a mental health condition, use person-first language that focuses on the individual, not the illness.

PERSON-FIRST PHRASES	SIMILAR TO ALL HEALTH CONDITIONS
"they/she/he have schizophrenia"	"they/she/he has high blood pressure"
"they/she/he live(s) with depression"	"they/she/he live(s) with diabetes"
"they/she/he are recovering from [substance] use disorder"	"they/she/he are recovering from a broken leg"
"They/she/he has lived experience with depression"	"they/she/he has lived experience with loss of vision"

Person-first language is essential to the recovery-oriented model, which sees the individual as having a central role in defining and developing treatment for their condition. It is founded on the belief that people are the best experts of themselves. We invite you to take this language further by calling people "community members" as everyone is a member of a community.

¹ Mental Health Assoc. Of San Francisco training guide

² <https://www.samhsa.gov/find-help/recovery>

³ American Public Media *Call to Mind* Style Guide

<https://www.apmdistribution.org/about-apm-distribution/docs/apm-call-to-mind-style-guide.pdf>

BASICS

WHAT IS THE RECOVERY MODEL?

A diagnosis does not define a person's identity, but when people are labeled by their condition it is easy to focus more on the illness than the individual. Much of how mental health is commonly discussed is based on the traditional medical model which focuses on addressing physical symptoms of mental illness. Today, the patient-centered recovery model is a main framework through which people understand and treat mental illness.

Some of the differences...

MEDICAL MODEL	RECOVERY MODEL
Focus has traditionally been on illness (i.e. "What's wrong with you?")	Focus is on the person, or What Happened/Is Happening to You?
Focus is on the treatment of the illness	Focus is on individual healing and transformation
Medical provider is in charge and holds the knowledge	Individual is the expert on themselves; shared decision making with others who hold other knowledge

Mental health, just like physical health, exists on a spectrum. Health is not static, and when talking about someone's mental health, language should reflect that a person's mental health condition is not fixed. Some people have chronic illnesses, while others deal with symptoms that can fluctuate in severity over any period of time due to "temporary or situational circumstances." It is important to use language that contextualizes illness.

SETTING THE RIGHT ENVIRONMENT

Our casual conversations in front of and with youth can impact whether they might feel comfortable talking with an adult when a mental health concern might arise. Within today's culture, we use mental health diagnostic terms to describe things that happen in everyday life, from describing the weather as "bipolar" or casually mentioning that some event in life makes one want to "shoot" themselves. These may seem like harmless ways to communicate what is happening in our lives, but the intent does not always match the true impact of the words. In creating an environment where youth feel comfortable talking about their mental health concerns, we must make a commitment to use more appropriate language to describe situations and remove diagnoses as descriptive terms.

OLD PHRASE	NEW PHRASE
The weather is so "bipolar"	This weather is so "unpredictable"
That assignment was "depressing"	That assignment was "stressful"
That's "crazy" / "insane" / "mad" / "nuts"	That's "unimaginable", "out-there", "hectic"
I'm so "addicted"	I'm very "invested"
I'm so "OCD"	I'm so "particular"
"I just want to blow my brains out." "Just shoot me and get it over with" "This makes me want to kill myself"	Note: When you hear statements like this, treat them seriously. You may ask "Are you thinking of harming/killing yourself?"
The man committed suicide	The man died by suicide

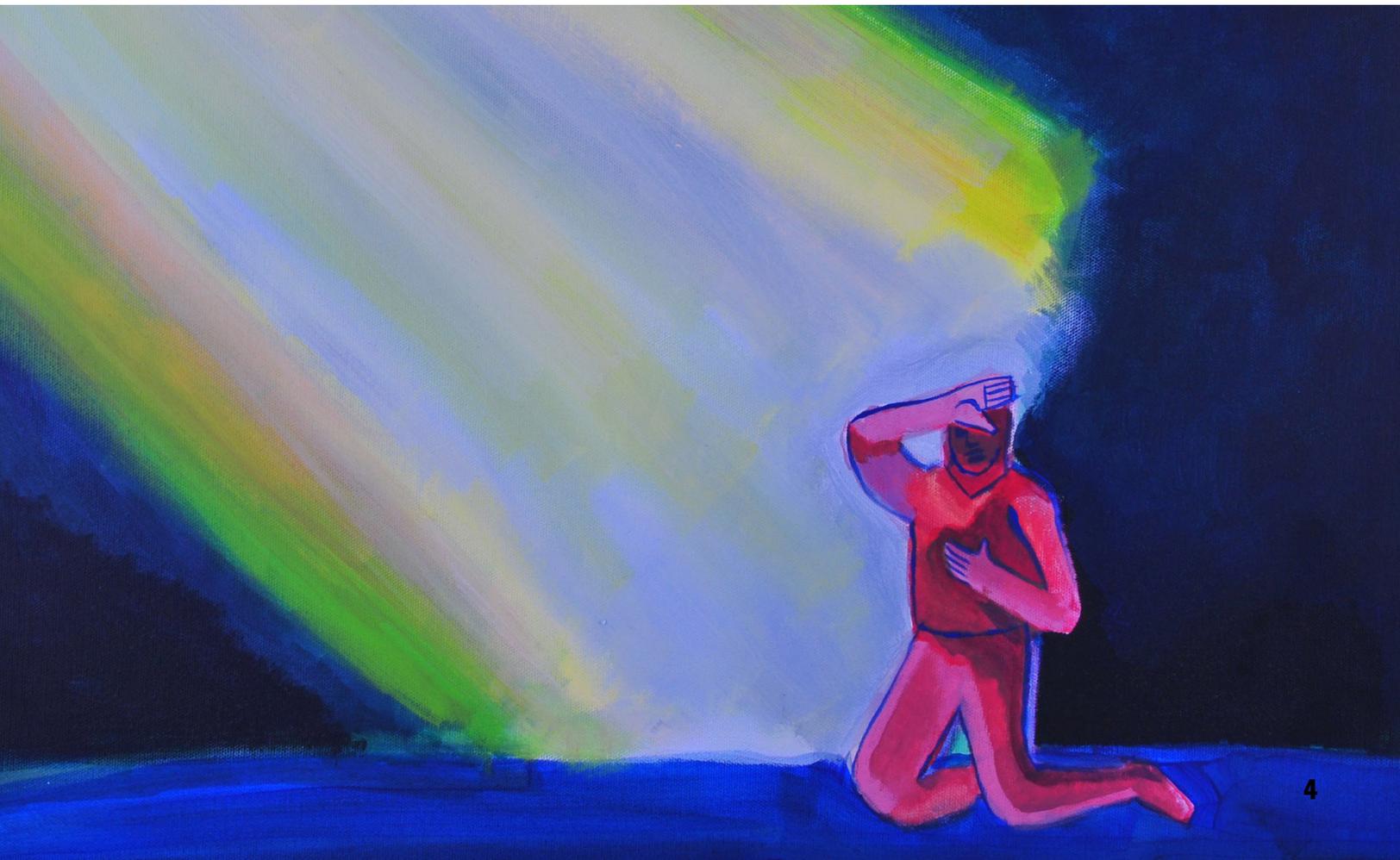
BASICS

DISCUSSING YOUTH MENTAL HEALTH CONCERNS

When talking through mental health concerns with youth, it is important to note that the goal is to ensure that they feel loved, respected, heard, and seen. There are many contributing factors to youth mental health that include, but are not limited to:

- Depression
- Anxiety
- Gender identity
- Sexual orientation
- Race
- Housing insecurity
- Food insecurity
- Body image
- Bullying

In order to begin the conversation surrounding these topics, adults must acknowledge their own biases and cast them aside for the sake of the younger individual(s). Remember, the goal is to provide a safe space for young people to share their truths. This may, at times, mean understanding that the youth's own biases can influence their willingness to speak freely with you. Give yourself grace and do not take it personally. Youth, just like adults, have lived experiences that shape the way in which they view the world. In these instances, you may ask if they would like to be connected with someone else.



CARING FOR DIVERSE POPULATIONS

L.G.B.T.Q.I.A.+

Youth belonging to the collective lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual/allies (LGBTQIA+) communities often face discrimination and abuse that **greatly impacts** their mental health. It is important for those caring for these youth to use inclusive language that is also respectful of their identity. Using proper pronouns and non-judgmental language helps to make these youth feel safer in sharing their experiences.

To show care and compassion for these youths, it is important to avoid language that assumes that everyone is heterosexual and/or **cisgender**. Cisgender describes people whose gender identity coincide with their given sex at birth. When discussing gender identity, it is important to avoid **misgendering** and **deadnaming**. To be misgendered is to be referred to with a pronoun that does not encapsulate how that person identifies. When talking to community members who are transgender, deadnaming is calling the person by the name they were given before transition (i.e. birth name) and not acknowledging them in their current identity. If you are ever unsure, it is alright to ask for the individual's preferred pronouns. Establishing how that person prefers to be referred to is a strong step in making them feel comfortable and respected.

Some examples of gender pronouns include:

SUBJECTIVE	OBJECTIVE	POSSESSIVE	EXAMPLE
He	Him	His	He is walking the dog. I had coffee with him yesterday. The red car is his.
She	Her	Hers	She is walking the dog. I had coffee with her yesterday. The red car is hers.
They	Them	Theirs	They are walking the dog. I had coffee with them yesterday. The red car is theirs.

CARING FOR DIVERSE POPULATIONS

B.I.P.O.C.

The term **BIPOC** refers to Black, Indigenous, and People of Color. Youth belonging to this population experience **microaggressions**, discrimination, racism, prejudice, and more that impact their mental health. In addition to these, young people may experience additional traumas when seeing negative treatment of people in their communities (i.e., reports of race-related attacks, mass murder in religious buildings, etc.). Adults may intervene by creating dialogue around these topics and involving young people not of the community to learn how to be an ally. Teaching tolerance and respect for people from diverse backgrounds can lower rates of anxiety, bullying, suicidal ideations, and more. To effectively tackle these issues, adults must first acknowledge their own biases and preconceived notions about these populations. To help with this, adults can approach engaging in sensitive conversations by asking any of these questions:

“Have you ever experienced racism?”

“Have you ever felt targeted or discriminated against because of your race?”

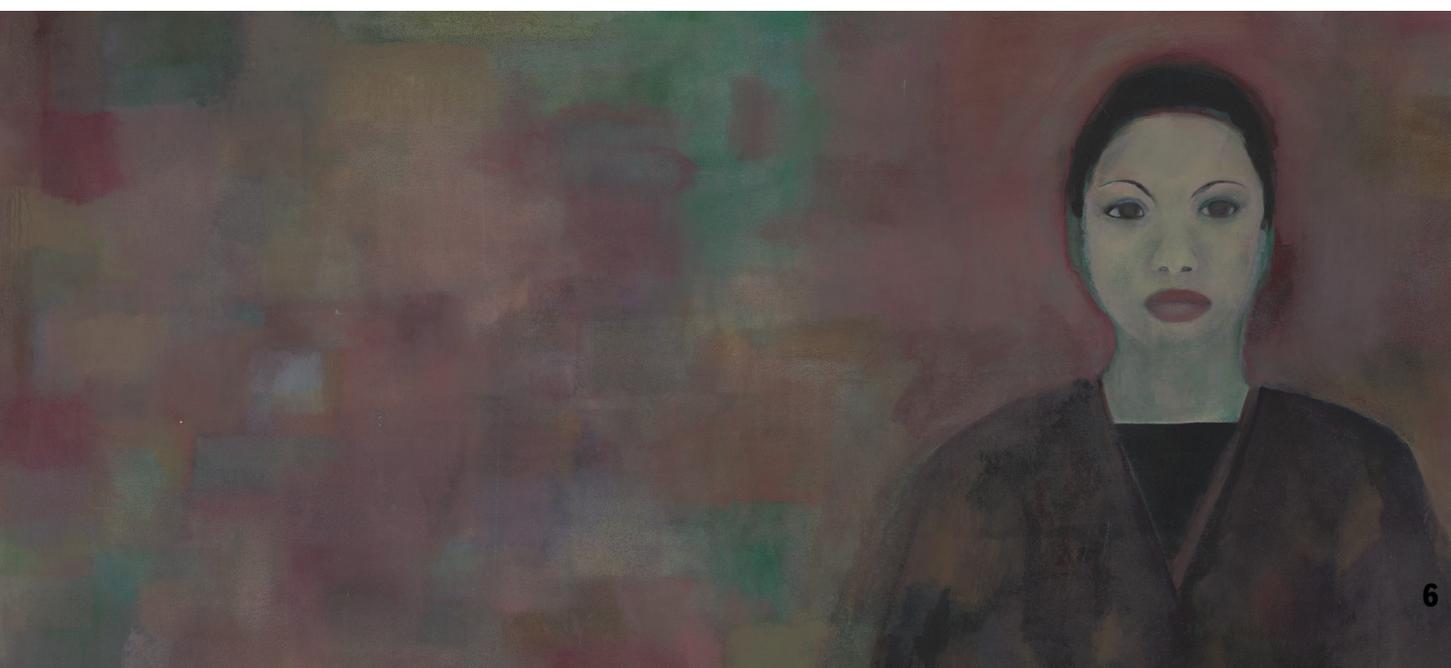
“Have you seen someone else experience racism?”

“How does racism impact you physically and mentally?”

PEOPLE WITH DISABILITIES

Those with disabilities, whether physical, mental, easily perceptible, or not, deserve to be treated with the same respect and care as those without. In youth, particularly in a school setting, disabilities can exacerbate mental health concerns. Creating an environment of inclusion, where a person’s disability is respected, yet not singled out is important. Asking open-ended questions, without assumptions, can help to create an honest dialogue. Please see the Do’s and Don’ts of Mental Health Conversation below for guidance.

When speaking to youth with disabilities about their mental health, it is important to remove all **ableist language**. Ableist language refers to words, phrases, and sentiments that are exclusionary to people with disabilities. Avoid phrases like “suffering from,” “afflicted by,” “victim of,” etc. These phrases cast negative assumptions onto the person with the disability. For guidance on how to refer to a person’s disability, please review the chart on the Person-First Recovery Model on page 2.



DO'S AND DON'TS OF MENTAL HEALTH CONVERSATION

Adults may need additional help to reach youth where they are. Below are tips for conversing with youth about their mental health. These may help to begin meaningful dialogue.

DO	DON'T
<p>Ask open-ended questions to give the young person a chance to share complete thoughts.</p> <p><i>"How are you?" "How does this make you feel?"</i> <i>"What are you feeling right now?"</i></p>	<p>Dismiss mentions of uneasiness or sadness.</p> <p><i>"You'll be ok" "This happened to me and I turned out fine!"</i> <i>"Calm down"</i></p>
<p>Listen intently to their feelings and ensure that they know their feelings are valid. Ask for clarity when necessary.</p> <p><i>"You have every right to feel these feelings"</i> <i>"Why did that make you feel that way?"</i></p>	<p>Invalidate the feelings they share with you.</p> <p><i>"What do you have to be sad about?"</i> <i>"You're too young to be depressed"</i></p>
<p>Have the conversation in a comfortable, one-on-one setting (e.g., in a private room, in the car, while having a meal, outdoors while completing a physical activity together, etc.)</p>	<p>Attempt to have a personal conversation in a space that is not conducive to privacy (e.g., at the family dinner table, in the middle of the classroom, etc.)</p>
<p>Be encouraging and offer unwavering support while they are on their journey.</p> <p><i>"How can I support you?" "What do you need?"</i></p>	<p>Say that "everything is going to be alright", we cannot guarantee after we are done that things will get better, it takes time and effort to really recover from a mental illness.</p>
<p>Share lived experiences, when relevant. Finding common ground can help the young person to open up.</p>	<p>Don't offer specific solutions to issues, what worked for you might not work for this youth. We want to leave the solutions to the mental health professionals.</p>
<p>Ensure that you are creating a safe space by setting honest expectations for interaction.</p>	<p>Don't make promises to keep something a secret. Secrets can build trust, but we have to be careful, as an adult you can keep information private, which is only sharing it with people who need to know. The mental health professionals have confidentiality and we can encourage youth to share private things with them.</p>

APPENDIX

A. KEY TERMS

ABLEIST LANGUAGE	Referring to words, phrases, and sentiments that are offensive and/or exclusionary to people with disabilities.
AGENDER	A person who does not identify as any gender.
ANXIETY	Feeling uneasy, worried, and/or nervous about what is to come; a reaction to stress.
BIPOC	Referring to Black, Indigenous, and People of Color.
BIPOLAR DISORDER	A mental condition that causes atypical changes in mood, ability to concentrate, level of activity, performing and day-to-day tasks.
BULLYING	The act of harming, coercing, and/or intimidating a person who appears vulnerable.
CISGENDER	A person whose gender assigned at birth matches their gender identity.
DEADNAME	To refer to a transgender person by their birth name, as opposed to the name they chose in transition.
DEPRESSION	Feelings of sadness and/or loss of interest that hinder one from participating in or enjoying typical activities.
GENDER	A social construct that dictates the characteristics of those who fall along the spectrum.
GENDER IDENTITY	The way in which a person expresses their gender. Can correspond with a person's sex at birth or differ from it completely.
GENDERQUEER	Referring to a person who does not conform to binary gender; non-binary (note: not a derogatory term).
INSECURITY	An anxiety-inducing feeling of uncertainty in oneself; lack of confidence.
LIVED EXPERIENCE	Personal knowledge of the world based on first-hand participation in events rather than through other people's descriptions.
MENTAL HEALTH	The state of a person's emotional and psychological well-being. This includes one's ability to cope with everyday stresses and working productively.
MISGENDER	To refer to a transgender person in a manner that does not coincide with their gender identity.
NON-BINARY	A person who identifies as neither male, nor female; genderqueer.
OBSESSIVE-COMPULSIVE DISORDER (OCD)	Characterized by recurring thoughts and fears (obsessions) that compel an individual to engage in repetitive actions (compulsions).
PSYCHOLOGICAL DISORDER	An irregularity of the mind that results in lasting behaviors that seriously affect day-to-day functioning. Also referred to as a mental disorder.
SCHIZOPHRENIA	A lifelong condition that affects the individual's ability to interpret reality normally. Effects may include delusions, hallucinations, and disabling thinking and behaviors that may impair daily functioning.
SEX	Physical distinguishers determined at birth, based on biological characteristics.
STIGMA	Shame and/or dishonor placed upon a person based on their circumstances.
SUICIDE	The act of taking one's life.
TRIGGER	Actions, thoughts, and/or stimuli that can cause extreme distress or emotional overwhelm.
TRANSGENDER	A person who identifies as a gender different from the one they were assigned at birth.

B. ADDITIONAL RESOURCES

For more information about mental health and wellness, please feel free to visit these organizations:

[American Psychiatric Association Foundation](#)

[Ascension Behavioral Health, LLC.](#)

[Black Girls Smile](#)

[Hope Givers](#)

[Hope Squad](#)

[Jed Foundation](#)

[Kaiser Permanente](#)

[Mental Health Services Oversight & Accountability Commission \(MHSOAC\)](#)

[Mental Health America](#)

[Movember Foundation](#)

[National Council of Mental Wellbeing](#)

[Not So Strong](#)

[One Mind](#)

[Silence the Shame](#)

[The Mental Health Coalition](#)

[The Steve Fund](#)

[Therapy for Black Girls](#)

[Therapy for Latinx](#)

[This is My Brave](#)

[Well Beings](#)



C. DATES TO REMEMBER 2022

**Dates fluctuate year to year. Please consult your calendar for exact dates.*

JANUARY

Mental Wellness Month

*No Name-Calling Week**

28 National Fun At Work Day

FEBRUARY

Black History Month

International Boost Self-Esteem Month

*National School Counseling Week**

*Random Acts of Kindness Week**

*National Eating Disorders Awareness Week**

9 Safer Internet Day

11 National Make A Friend Day

17 National Random Act Of Kindness Day

MARCH

Self-Harm Awareness Month

*World Autism Awareness Week**

1 Self-Injury Awareness Day

1 Zero Discrimination Day

21 Down Syndrome Day

21 International Day for the Elimination of Racial Discrimination

30 World Bipolar Day

APRIL

National Autism Awareness Month

National Child Abuse Prevention Month

National Counseling Awareness Month

National Minority Health Month

Stress Awareness Month

*National Youth Violence Prevention Week**

2 World Autism Awareness Day

16 National Stress Awareness Day

C. DATES TO REMEMBER 2022

MAY

National Mental Health Awareness Month

Women's Health Month

*National Prevention Week**

9 National Children's Mental Health Awareness Day

JUNE

LGBTQIA+ Pride Month

Men's Health Month

PTSD Awareness Month

*National Men's Health Week**

21 International Day of Yoga

27 PTSD Awareness Day

JULY

BIPOC Mental Health Awareness Month

24 International Self Care Day

AUGUST

1 Friendship Day

SEPTEMBER

National Recovery Month

National Suicide Prevention Month

*Suicide Prevention Week**

10 World Suicide Prevention Day

24 California Native American Day

C. DATES TO REMEMBER 2022

OCTOBER

ADHD Awareness Month

Bullying Prevention Month

Health Literacy Month

National Depression and Mental Health Screening Month

*Mental Illness Awareness Week**

*National Health Education Week**

- 2 International Day of Non-Violence
- 7 National Depression Screening Day
- 10 World Mental Health Day
- 11 National Coming Out Day
- 13 National Stop Bullying Day

NOVEMBER

*International Stress Awareness Week**

*Anti-Bullying Awareness Week**

*Hunger and Homelessness Awareness Week**

- 3 International Stress Awareness Day
- 13 World Kindness Day
- 16 International Day for Tolerance
- 18 National Parental Involvement Day
- 20 International Survivors of Suicide Day

DECEMBER

National Stress-Free Family Holidays Month

- 3 International Day Of Persons With Disabilities
- 10 Human Rights Day

Support provided by Otsuka, Kaiser Permanente, Bank of America, Liberty Mutual Insurance, American Psychiatric Association Foundation, One Mind, Movember, National Alliance on Mental Illness, Dana Foundation, Dauten Family Foundation, The Hersh Foundation, Mental Health Services Oversight & Accountability Commission, John & Frances Von Schlegell, Sutter Health, Robina Riccitiello, and Jackson Family Enterprises.

Partners include PBS NewsHour Student Reporting Labs, WE Organization, National Council for Mental Wellbeing, Mental Health America, CALL TO MIND at American Public Media, PEOPLE, Forbes, The Steve Fund, and The Jed Foundation.

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PARTNERS



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