needs DIFFICULT CONTROL

CHALLENGING BEHAVIOUR

listen support

recovery

TREATMENT

strength choose

CONTROL DIFFICULT

support needs

RESISTANT listen

choose CONTROL

positive TREATMENT

DIFFICULT recovery

person-centred experience

CHALLENGING positive

BEHAVIOUR

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RECOVERY ORIENTED **LANGUAGE GUIDE**

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MHCC Recovery Oriented Language Guide

"Words are important. The language we use and the stories we tell have great significance to all involved. They carry a sense of hope and possibility or can be associated with a sense of pessimism and low expectations, both of which can influence personal outcomes".[1]

The Mental Health Coordinating Council (MHCC) has developed this **Recovery Oriented Language Guide** because language matters in mental health. We must use words that convey hope and optimism and that support, and promote a culture that supports, recovery.[2]

People with psychosocial disabilities are amongst some of the most marginalised in the Australian community and many live with poverty, discrimination and social isolation as a normal part of their lives.[3] The words that we use when speaking with people are a critical tool to ensure that all we are able to engage with and effectively respond to issues of prejudice, stigma and discrimination, which can erode human rights and result in disadvantage and social exclusion.

The terms psychosocial and psychiatric disability are often used interchangeably. Psychosocial disability is now the preferred term and it is used by the United Nations Convention on the Rights of People with Disabilities as it acknowledges the often devastating impacts on – for example – housing, employment and relationships that people affected by mental illness/distress can experience.[4]

Development of the Language Guide has been informed by a number of sources including: current literature on recovery orientated practice; conversations with people working in the mental health sector; and, most importantly, the voices of people with lived experience of mental illness and recovery.

The Language Guide underpins **MHCC's Organisation Builder (MOB) Policy Resource** and organisations providing recovery oriented and trauma-informed services to people affected by mental/emotional distress are encouraged to also adopt it.

The MOB Policy Resource makes available more than 200 policies, procedures and other supporting documents to help improve the quality and effectiveness of recovery oriented service delivery, including a template for this Language Guide that might be adopted for use within your organisation. The Language Guide template is available as a complement to the "Valued Status Policy" in the "Prevention and Promotion" category of the MOB Policy Resource.

The MOB Policy Resource can be accessed at the MHCC website: **http://mob.mhcc.org.au**

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1   Devon Partnership Trust and Torbay Care Trust (2008, p. 2).
2   Department of Health and Ageing (2012).
3   National Mental Health Consumer & Carer Forum (NMHCCF, 2011).
4   United Nations General Assembly (2006).

Guidelines for Recovery Oriented Language[5]

General Principles

Our language:

- Represents the meanings we have constructed from experience
- Prompts attitudes, expectations and actions
- Should always reflect unconditional positive regard for people.

We may be unaware of the impact our words have on our attitudes as well as upon those around us.

The words we choose reflect our attitudes; that we do (or do not) truly value people, believe in and genuinely respect them.

None of us should be defined by our difficulties or diagnoses, or by any single aspect of who we are; we are people first and foremost.

Our language needs to be:

- Respectful
- Non-judgemental
- Clear and understandable
- Free of jargon, confusing data, and speculation
- Carrying a sense of commitment, hope and presenting the potential for opportunity.

We need to give thought to:

- How our language is read/heard by the person to whom we are referring, and could positively contribute to their health and wellbeing (or otherwise)
- What meanings we present to people to live by.

Our language conveys thoughts, feelings, facts and information, but beyond that, we need to ask ourselves questions like:

- What else am I saying?
- How will someone else read/hear this?
- Do I give a sense of commitment, hope and present opportunity or a sense of pessimism?
- Do I convey an awareness and expectation of recovery?

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5   Adapted from Roberts and Thekkepalakkal (2009).

Some General Guidelines[6]

DO	DON'T
DO put people first:	**DON'T** label people:
DO say *"person with mental illness"*. **DO** say *"a person diagnosed with ..."*.	**DON'T** say "he/she is mentally ill". **DON'T** define the person by their struggle or distress. **DON'T** 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.*
DO emphasise abilities. **DO** focus on what is strong. i.e., the person's strengths, skills & passions	**DON'T** emphasise limitations. **DON'T** focus on what is (in your mind) wrong.
DO use language that conveys hope and optimism that supports, and promotes a culture that supports, recovery.	**DON'T** use condescending, patronising, tokenistic, intimidating or discriminating language. [7] **DON'T** sensationalise a mental illness. *This means not using terms such as "afflicted with", "suffers from", or "is a victim of".* **DON'T** portray successful people with mental illness as superhuman. *This carries the assumption that it is rare for people with mental illness to achieve great things.*
DO enquire as to how the person would like to be addressed.	**DON'T** presume that a person wants to be called by a particular term (e.g., consumer or client) and check whether by their family or first name (e.g., Ms Smith or Kylie).

6   Adapted from Wahl (2010).
7   Burge, M. (2010).

Language promoting acceptance, hope, respect & uniqueness[8] **VS** Outdated and worn-out words

Language for Acceptance, Hope, Respect & Uniqueness	Worn-out Words
■ Kylie does not have an illness/disability	■ Kylie is normal
■ Sam lives with/has a mental illness ■ Sam has schizophrenia ■ Sam has been diagnosed with bipolar disorder ■ Sam has experienced anorexia ■ Sam is a person with/who…	■ Sam is mentally ill ■ Sam is schizophrenic ■ Sam is a bipolar ■ Sam is an anorexic ■ Sam is …
■ Kylie is having a rough time ■ Kylie is having difficulty with her recommended medication ■ Kylie is experiencing …	■ Kylie is decompensating ■ Kylie is resistant/non-compliant with her meds ■ Kylie is…
■ Sam is trying really hard to get his needs met ■ Sam may need to work on more effective ways of getting his needs met	■ Sam is manipulative ■ Sam has challenging/complex behaviours
■ Kylie is choosing not to… ■ Kylie would rather… ■ Kylie is looking for other options	■ Kylie is non-compliant ■ Kylie has poor/no insight
■ Sam is excited about the plan we've developed together ■ Sam is working hard towards the goals he has set	■ Sam is very compliant/manageable ■ Sam has insight
■ Kylie chooses not to… ■ Kylie prefers not to… ■ Kylie seems unsure about…	■ Kylie is resistant to treatment ■ Kylie is treatment resistant

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8   Adapted from Wahl (2010).

Language for Acceptance, Hope, Respect & Uniqueness	Worn-out Words
■ Sam is really good at...	■ Sam is high functioning
■ Kylie has a tough time taking care of herself ■ Kylie has a tough time learning new things ■ Kylie is still early in her recovery journey	■ Kylie is low functioning
■ Sam tends to (describe actions, e.g., hit people) when he is upset ■ Sam sometimes kicks people when he is hearing voices	■ Sam is dangerous ■ Sam has challenging/high risk behaviour/s ■ Sam is high risk
■ Kylie is experiencing co-existing mental health and substance use/abuse problems	■ Kylie is dually diagnosed ■ Kylie has comorbidities ■ Kylie is MICA/MISA (mentally ill chemically abusing, mentally ill substance abusing) ■ Kylie is an addict
■ Sam doesn't seem ready to go back to work ■ Sam is not in an environment that motivates him ■ Sam is working on finding his motivation ■ Sam has not yet found anything that sparks his motivation	■ Sam is unmotivated ■ Sam is not engaged/does not want to be engaged ■ Sam isolates
■ Kylie has a lot of energy right now ■ Kylie hasn't slept in three days	■ Kylie is manic
■ Sam is experiencing a lot of fear ■ Sam is worried that his neighbours want to hurt him	■ Sam is paranoid ■ Sam is delusional

Language for Acceptance, Hope, Respect & Uniqueness	Worn-out Words
▪ Kylie has been working towards recovery for a long time ▪ Kylie has experienced depression for many years	▪ Kylie has a chronic mental illness ▪ Kylie is chronic ▪ Kylie will never recover
▪ Sam and I aren't quite on the same page ▪ It is challenging for me to work with Sam	▪ Sam is very difficult ▪ Sam has challenging behaviour ▪ Sam won't engage with services

If worn-out words are used to describe people's attempts to reclaim some shred of power while being serviced by a system that may try to control them then important opportunities to support a person's recovery will be lost.

The person is trying to get their needs met - or has a perception or opinion different from, or not shared by, others - and their actions are not yet effectively bringing them to the result they want.

▪ Manipulative

▪ Grandiose

▪ In denial

▪ Passive aggressive

▪ Self-defeating

▪ Oppositional

▪ Personality disordered

▪ Mentally impaired

Talking About Suicide[9]

Suicide is not a crime. We now live in a time when we seek to understand people who have suicidal thoughts, feelings and behaviours, and the language we use assists in this.

Appropriate Words	Worn-out Words
▪ Died by suicide ▪ Suicided ▪ Ended his/her life, took his/her own life ▪ Non-fatal attempt at suicide ▪ Attempt to end his/her own life	▪ Committed suicide ▪ Successful suicide ▪ Completed suicide ▪ Failed attempt at suicide ▪ Unsuccessful suicide

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9   Beaton, S. Forster P. and Maple M. (2013).

Specific Guidelines

1. Speak or write about a person with an illness, psychosocial disability, problem and/or difficulty; not about a disorder, diagnosis, symptom/s and/or case.

2. Include a description of a person's strengths and resources alongside difficulties.

3. Where applicable, explicitly own words and concepts such as diagnosis or assessment as *from a medical/service provider opinion/perspective* rather than as a pronouncement of universal truth.

4. Record people's progress and their efforts and engagement with their own recovery.

5. Where there are different views between the person writing a letter/report and the person, it is important to:

   - include recognition of that awareness

   - describe their viewpoint in their own words and

   - describe how their viewpoint contrasts with the author's.

   For example, *"whereas I think … I'm aware that Sam has a very different point of view and considers/stated that …"*

   - Note directions for negotiating these differences

6. Express "shortfalls" as work or progress still to be achieved.

7. Record the person's own hopes or ambitions as well as those held by the support team and what needs to happen for such hopes to be realised.

8. Seek to express issues of risk (safety and risk management) in terms of planning for recovery, safety and success; including for people who may be required to receive involuntary treatment.

9. When actions are suggested that the person disagrees with, give a clear reason for why these are considered necessary in terms of supporting someone's recovery and acknowledge their alternate view.

10. When there is opportunity, such as for Mental Health Review Tribunal reports:

    - always offer a developed draft to the person

    - offer to review and respond to their views on what you have written

    - where there are significantly different viewpoints consider how these can be included either by amending what you have written if it is acceptable to you or by including the person's alternate viewpoint.

Specific Guidelines

11. Be aware that letters and reports are constructions rather than objective descriptions. Where possible, write reports with the person they are about, while at the same time preserving the integrity and authenticity of your own viewpoint.

12. Where there is a practice of offering people copies of letters written about them consider if the letter could instead be written directly to the person it is about – as a record of the conversation and a reminder of decisions – and copied to the other relevant parties (e.g., peer workers, support workers, general practitioners).

13. Set up recovery oriented language prompts in organisational documents and data templates, and include in continuous improvement audit processes (e.g., *MHCC Organisation Builder - Policy Resource* and *ROSSAT*).[10]

And, most importantly, always remember:

- **Recovery** – is a journey undertaken by people with lived experience of mental illness/ emotional distress

- **Recovery oriented practice/service provision** – is how workers and services support people in their individual recovery journey.

This Language Guide was developed primarily for community service and health workers. However, to overcome social exclusion we need to also encourage use of language that supports recovery by other people in our broader community and workplaces.

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10   NSW Consumer Advisory Group - Mental Health Inc. and MHCC (2011).

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