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# Language Matters Newsletter

ISSUE #2

EQUITY, DIVERSITY,  
INCLUSION AND  
ACCESSIBILITY (EDIA)

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## Talking about Mental Health Responsibly

In this issue of Language Matters, we explore why the words we use when discussing mental health and well-being matter profoundly, especially in our roles as faculty, researchers, and departmental community members.

### **WHY THIS ISSUE MATTERS**

Mental health is a central concern for students, faculty, and researchers. How we talk about it in our classrooms, research labs, and professional practice can either reduce stigma and encourage help-seeking behaviour, or unintentionally perpetuate shame and exclusion.

In this context, language choices matter because they:

- Shape attitudes toward mental illness and recovery
- Influence whether students feel safe disclosing struggles
- Impact research integrity and participant dignity
- Dismantle (or reinforce) structural stigma within institutions



## Spotlight: Movember and International Men's Day

November is recognized as **Movember**, a month-long campaign raising awareness about men's health, including mental health and suicide prevention.

November 19 is **International Men's Day**, which highlights the need for open, respectful dialogue about men's mental health. This month, we recognize the importance of breaking silence around men's mental well-being by:

- Focusing on men's health, encouraging suicide prevention, and breaking silence around men's mental health.
- Highlighting men's mental well-being, resilience, and gendered experiences of stigma

## HOW WE TALK ABOUT MENTAL HEALTH: IT MATTERS!

### Stigmatizing language can:

- Discourage individuals from seeking help.
- Perpetuate myths and misconceptions about mental health.
- Make people feel judged or isolated for their experiences.



### On the other hand, non-stigmatizing language:

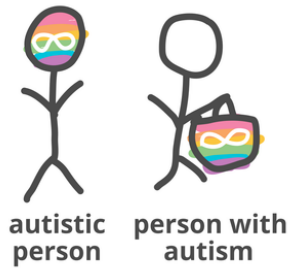
- Promotes empathy and understanding.
- Creates a safe space for meaningful conversations.
- Encourages individuals to seek the support they need.





## DON'T SAY

- "They're a schizophrenic"
- "She's bipolar"
- "They are [substance] addicts"



## TRY INSTEAD



- "People living with schizophrenia"
- "A person with bipolar disorder"
- "Schizophrenic person / bipolar person"
- "People with a substance use disorder"
- "Person in recovery"

## Language in the Classroom: Guidelines for Classroom Discussions

- **Avoid trivializing mental health:** Say "*that's challenging*" instead of "*that's insane.*"
- **Normalize the conversation:** Include mental-health statements and resources in syllabi; encourage open, respectful dialogue.
- **Responding to disclosures:** Use validating phrases like "*thank you for sharing this*" instead of "*don't worry, lots of people go through this.*"
- **Inclusive framing:** Refer to "*students living with mental health challenges*" rather than "*mentally ill students.*"



## Why Is This Important?

Use language that centres people's preferences. Some individuals prefer person-first terms (e.g., "students living with mental-health challenges"), while others use identity-first terms (e.g., "mentally ill students," or "neurodivergent students"). When possible, mirror the language people use for themselves and avoid labels that reduce anyone to a diagnosis.

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# Talking Respectfully About Suicide

The topic of suicide should be approached with care and compassion. Whether we are engaging in a dialogue, talking to someone with lived experience, or writing about the issue in a professional setting, being mindful of our language is not just about being politically correct. It's about saving lives.

## SAY THIS/ NOT THAT



### SAY

- “Died by suicide; death by suicide; lost their life to suicide”
- “Experienced suicidal thoughts”
- “Died by suicide; survived a suicide attempt; lived through a suicide attempt; fatal suicidal behaviour / non-fatal suicidal behaviour; fatal suicide attempt / non-fatal suicide attempt”
- “Person with lived experience of suicide”

### AVOID

- “Committed suicide”
- “Is suicidal”
- “Successful / unsuccessful suicide; completed / failed suicide”
- “Suicide victim”



### WHY

- “Committed” implies crime or sin; neutral phrasing reduces stigma
- Person-first language avoids defining identity by crisis
- “Failed” is judgmental; non-fatal is neutral and factual
- The notion of a “successful” suicide is inappropriate because it frames a tragic outcome as something positive or an achievement
- Centers agency and survival; avoids reducing identity.



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## Tips for Safe Academic and Classroom Conversations

- **Introduce the topic with care:** Offer a content note and remind students of available supports (e.g., on-campus counselling services and crisis lines).
- **Use factual, non-sensational language:** Avoid graphic details or dramatic phrasing that may glamorize or traumatize. When citing research, use careful statistical language (“suicide rates increased by...” rather than “suicide epidemic”).
- **Acknowledge systemic and cultural contexts:** Frame suicide as a public health issue, not just an individual act. Suicide is linked not only to individual struggles but also to systemic and structural inequities, trauma, and social determinants of health.
- Focus on **recovery and hope** (e.g., “help is available, and people can and do recover”).
- Be mindful of **tone and context:** Casual jokes or offhand comments about “wanting to die” minimize serious issues.
- **Respect lived experiences:** Validate and affirm contributions of people who share their stories.

### IMPORTANT NOTE

- Sometimes, a student may share something deeply personal related to mental health or suicide during class. It’s important to respond with care while maintaining professional boundaries and ensuring safety
- Faculty should gently discourage students from sharing detailed personal stories about suicide during class discussions, as the classroom is not a counselling space.
- Instead, professors can validate the student’s courage in speaking up and refer them to appropriate campus or community mental health supports.

**Together, we can change the way the world perceives and treats people facing suicide!**

Many of us have grown up with stigmatizing expressions about suicide woven into everyday language. Even people who care deeply about mental health may occasionally use them without realizing it, and that’s normal. It doesn’t make you a bad person; it makes you human.



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## Language Tip of the Month

If you notice yourself using harmful language about mental illness or suicide, pause and correct it openly.

Explaining why certain words can be damaging turns the moment into an opportunity for collective learning.

When we all take these small steps, we can begin to change how our communities speak about and respond to mental health.

- **Avoiding stigma in teaching:** Avoid expressions like “crazy”, “cured”, or “addict.” Prefer phrases such as “*person living with a mental health challenge*” or “*person in recovery*.”
- **Creating inclusive classroom conversation:** Encourage open discussion and normalize respectful talk. Add supportive syllabus statements, for example, “*This class welcomes all students, including those with mental health experiences.*”
- **Handling disclosures and crises:** Use “*experiencing suicidal thoughts*” rather than “*committed suicide*.” Avoid defining a person as “*a suicidal person*.”
- **Language to retire in teaching:** *Lame, insane, nuts, psycho, OCD* (as adjective), *addict* (as noun), *committed suicide, clean* (re: substance use), *daddy issues*.

### Quick Language Checks Before You Speak or Write About Mental Health

1. Does this phrase define the person by their condition?
2. Does it minimize or normalize distress (e.g., “*just stressed*”)?
3. Does it place all responsibility on the person, rather than also acknowledging systemic and contextual factors?



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## Further Learning Resources

- Canadian Mental Health Association (CMHA) Mental Health Resources: <https://cmha.ca/find-info/mental-health/general-info/>
- Canadian Mental Health Association (CMHA) – Nova Scotia Division: <https://novascotia.cmha.ca/>
- Canadian Association for Suicide Prevention (CASP): <https://suicideprevention.ca/>
- Mental Health Foundation of Nova Scotia: <https://www.mentalhealthns.ca/>
- Centre for Addiction and Mental Health (CAMH) – Language Guidelines: <https://www.camh.ca/en/today-campaign/help-and-resources/words-matter>
- Mindframe (Australia) – Language Guidelines for Mental Health and Suicide: <https://mindframe.org.au/>
- American Psychological Association (2023) – Inclusive Language Guidelines (2<sup>nd</sup> Ed.): <https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines.pdf>
- Nova Scotia Health – Mental Health and Addictions: <https://mha.nshealth.ca/>
- World Health Organization – Mental Health Campaigns: <https://www.who.int/campaigns/world-mental-health-day>
- Movember Foundation (Men’s Health and Suicide Prevention): <https://www.movember.com/>
- Canadian Association for Suicide Prevention (CASP): <https://suicideprevention.ca/>
- Mental Health Commission of Canada (MHCC) – Suicide Prevention and Life Promotion Guide: <https://mentalhealthcommission.ca/wp-content/uploads/2024/09/Suicide-Prevention-and-Life-Promotion-in-Schools-A-National-Guide-for-System-leaders.pdf>
- Kids Help Phone – 24/7 E-Mental Health Support for Youth & Students: <https://kidshelpphone.ca/>
- Student Mental Health Network (Canada): <https://www.studentmentalhealthnetwork.ca/>
- Centre for Innovation in Campus Mental Health (CICMH): <https://campusmentalhealth.ca/>
- Universities Canada – Student Mental Health in Canadian Universities: <https://univcan.ca/our-work/promoting-mental-health/>

## Mental Health Resources

- Campus counselling: [counselling@smu.ca](mailto:counselling@smu.ca)
- Mental Health Mobile Crisis Team at 1-902-429-8167
- Good2Talk at 1-833-292-3698 or texting “Good2TalkNS” to 686868.
- 988 (phone or text) suicide helpline, providing support to anyone in Canada 24 hours a day, 365 days a year. If you are thinking about suicide or worried about someone you know call or text 988.

*Thank you for reading!*

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