

# **HOW WE TALK ABOUT LIFEWAYS + MENTAL ILLNESSES**

#### **WHO WE ARE**

At LifeWays, we use the following language to describe who we are. Feel free to copy this language and use it when needed.

LifeWays is a community mental health services program that provides a comprehensive set of services used to increase access to care, support people in crisis, and provide treatment for those with the most serious and complex behavioral health needs. As a Certified Community Behavioral Health Clinic (CCBHC) we serve anyone, regardless of their residence or insurance coverage. We treat adults and children with emotional/behavioral challenges, intellectual/developmental disabilities, and substance use issues. Our services focus on recovery, wellness, trauma-informed care, and physical-behavioral health care integration.

## **WRITING FOR LIFEWAYS**

**LifeWays has a document outlining "Tips For Writing For LifeWays".** Additionally, LifeWays has a checklist you should use to help you frame what you are writing. Always ask yourself the following questions before writing:

- Why am I writing this?
- Who is my audience and what is their emotional state?
- What outcome do I want to have with this writing?
- Did I give the reader an action item (the opportunity to take further action)?

#### **VOICE AND TONE**

#### **Our Voice**

LifeWays' voice is casual, friendly, and conversational. We always want to present ourselves as accessible and friendly guides to mental health services; leading individuals through difficult and intimidating topics and breaking them down in plain language they can understand. We educate when appropriate and act as a support for someone who is struggling. We always aim to inspire hope and provide help.

# LifeWays' voice is:

- Informed but not condescending
- Friendly but not patronizing
- Casual and conversational but not sloppy and cliché
- Helpful but not invasive
- Positive, when possible, but also realistic

Here are a few additional notes about our voice:

# We are experts, but we make things simple.

<u>We would not say</u>: An individual who lives with depression should seek treatment through talk therapy and medications.

<u>Instead, we would say:</u> Therapy and medication can help you manage symptoms of depression.

#### We take tough topics and make them easy to understand.

<u>We wouldn't say</u>: Individuals with disabilities, including mental illness, deserve fair and equal treatment in the workplace. The Americans with Disabilities Act and the Rehabilitation Act of 1973 are two federal laws that prohibit discrimination against individuals with disabilities on the job. Many states also have laws that protect individuals with disabilities from discrimination and unfair treatment at work.

<u>Instead, we would say:</u> People with mental illness deserve fair treatment at work. The Americans with Disabilities Act is just one federal law that prohibits discrimination at the workplace. Many states also have laws that protect individuals with disabilities from discrimination and unfair treatment at work.

#### **Our Tone**

Literally, there is an important difference between a person's voice and tone. You always speak with the same voice, but your tone changes depending on the person you are talking to and the situation.

The same is true for editorial voice and tone. While our editorial voice will stay the same, our tone may change depending on the audience we are writing for. Also, consider the reader's state of mind. Are they relieved to finally have a diagnosis? Mad that they had an appointment rescheduled? Confused about how to sign up for a wellness program? Be sure to adjust your tone to match the emotions and state that the person you are writing for may be in.

For example: Our tone may change and become softer in areas of our website or social media posts where we are talking about sensitive topics such as support for people who are in crisis. Just like in regular life, your tone changes depending on the situation.

# LIFEWAYS SPECIFIC LANGUAGE

The names of LifeWays programs, events, and happenings should be consistent. Here are some common ones to keep in mind.

## **LifeWays**

The official dba of our organization is "LifeWays." We should simply refer to ourselves this way, not as LifeWays Community Mental Health.

# LifeWays' 24/7 Crisis Services

Our collective unit of crisis services should be referred to as 24/7 Crisis Services. When speaking about these services in the public, if we have not already identified who we are, it is important that you refer to them as "LifeWays' 24/7 Crisis Services" to present some kind of ownership of the services by the organization.

# **WORDS TO AVOID**

Try to avoid these words and phrases:

- Any term that uses an illness as an identifier (Ex: Schizophrenic). When referring to a
  person who has a mental illness always use "person first" language (Ex: A person with
  schizophrenia).
- Patient/Client (unless it is appropriate in a medical context, such as referring to a study or describing a relationship with a doctor). You can usually replace this word with "individual receiving services" or "person receiving services."

- Any term that negatively portrays a person's mental illness (Ex: Suffers from... is afflicted with... a victim of...). Instead use terms like "Living with a mental illness." Having a mental health diagnosis isn't necessarily a negative thing.
- Normal. Instead use "typical."
- **Substance Abuse.** Instead say Substance Use Disorder.
- Committed Suicide. Instead say "Died by suicide."
- Successful/unsuccessful suicide. Instead say either "Died by suicide or suicide attempt."
- Completed suicide. Instead say "Died by suicide."
- **Psychotic.** Instead say "Person experiencing psychosis."
- Don't use "mental illness" as an aggregate term. Instead use "mental illnesses" or "a mental illness." Not everyone with a mental health issue has the same diagnosis and experience. There are many different mental health issues. And two people with the same clinical diagnosis can present very differently, too. So to be respectful of peoples' individual experiences, use language that acknowledges that mental illnesses are not all the same.