Language Guide

The Mental Health Complaints Commissioner (MHCC) is an independent, specialist body established under the *Mental Health Act 2014* (the Act) to safeguard rights, resolve complaints about Victorian public mental health services and recommend improvements.

Contents

1. Introduction

Purpose of this guide

With the help of staff and our Advisory Council, the MHCC has created this Language Guide as a resource for our employees and broader audiences who want to use person-centred, clear, inclusive and respectful language in a mental health context. We have drawn on content from a number of relevant inclusive language guides which are referenced in the document and in the list of resources in Appendix 2. We have also developed a separate Writing Style Guide for MHCC staff to read in conjunction to ensure consistent style and quality in our written communications.

Our approach

Language is deeply powerful, both expressing and shaping our world. The words we choose, written or spoken, and the meanings we attach to them influence our thoughts, feelings, attitudes and behaviour. Words can make us feel included and respected. They can also be used to label, exclude or discriminate. This can affect a person's sense of self and lead to further disadvantage and social exclusion.

When we communicate with someone, we need to think about how the language we use may be heard by the other person.

At the MHCC, we use language that is:

- accessible and meaningful to a wide audience
- free from bias, stigma and discrimination
- respectful
- focused on people's strengths
- trauma-sensitive
- non-judgemental
- embraces diversity
- culturally safe
- clear, consistent and in plain English.

'People-first' language is good practice because it focuses on a person's inherent dignity, ability and worth, not their health or other condition. At the MHCC, therefore, we would say 'a person who hears voices' or 'a person with a diagnosis of schizophrenia', and not use labels like 'schizophrenic' unless the person chooses to use that term.

Recovery

Recovery-oriented practice is a national and state standard in Australian mental health services. The National Standards for Mental Health Services define recovery as 'gaining and retaining hope, understanding of one's abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self' (NSMHS 2010).

Recovery-oriented practice informs the work of the MHCC and staff should be familiar with language that reflects this practice. Victoria's Framework for Recovery-oriented Practice provides a good insight into this language.

A recovery-oriented approach to communication includes:

- providing the person with the support and tools they need to make their own decisions in their own time (supported decision making and self-determination)
- using approaches that respond to the person's hearing, cognitive or language needs, and that reflect their age and development
- providing the person with the time and space to think, ask questions and express their point of view.

This is a powerful way to avoid repeating the negative experiences people who are making a complaint may have had in mental health services, including coercive practices such as compulsory treatment and restrictive interventions. A lack of control is often described as a key factor in what makes these experiences traumatic.

2. Mental Health Terminology

Part 2 of the MHCC's Language Guide covers the key and frequently used terms in the *Mental Health Act 2014* (Act) and the preferred terminology for mental health consumers, families and carers, services and people who make complaints. The preferred terminology below may evolve over time as people find new ways of expressing identity and empowerment.

Mental Health Act 2014

The Act provides a legislative framework for the assessment and treatment of people in public mental health services in Victoria. It also establishes the MHCC and sets out its functions and powers. The Act aims to promote voluntary treatment wherever possible and protect and support the rights of people experiencing mental health issues as well as promote recovery-oriented practice.

Definitions of terms used in the Act are in Appendix 1. Terms such as 'involuntary patient' and 'involuntary treatment' that were from the *Mental Health Act 1986* (Vic) should no longer be used.

Mental illness

Good mental health can be described as 'a state of wellbeing in which a person realises their own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to their community' 'Poor mental health' is a combined term that can refer to mental illness and psychological and emotional distress.[1]

The Act defines mental illness as a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory (s 4(1)). The MHCC uses the term 'mental illness' in documents where legal accuracy is required. However, many people find this term unnecessarily pathologises their experience and distress and prefer other terms such as:

- mental ill-health
- mental health condition
- mental health challenges
- mental and emotional distress.

The MHCC uses these terms wherever possible. We also use the language of people having 'lived experience' of mental health issues rather than 'suffering from mental illness'. People with lived experience may identify either as someone who is 'living with mental illness' or someone who is caring for or otherwise supporting a person who is living with mental illness, or has in the past. It is always best to reflect the language used by the person you are communicating with or to check what terms they prefer.

Mental health services

Mental health services are specialised community-based and inpatient services that provide assessment, treatment and support for people experiencing mental health issues. At the MHCC, we use the terms 'mental health services' or 'services' and 'people who work in services' or 'staff at the service'.

We avoid using the term 'psychiatric' as the term 'mental health' is generally viewed as more holistic and positive and less medical and stigmatising.

[1]Royal Commission into Victoria's Mental Health System, *Interim Report* November 2019; see discussion on the meaning of mental health and mental illness, pp25-26.

People who use mental health services

People who use mental health services may use a range of terms:

- consumer
- service user
- person with lived experience
- client
- patient
- ex-psychiatric survivor or survivor
- a person who accesses mental health services.

The discussion about preferred terms is ongoing. At the MHCC we generally use the term 'consumer' as it is in Part 10 of the Act relating to our functions and powers. It also recognises that the accessing person is entitled to a reasonable level of service and to have their needs met. Many people with a lived experience of mental ill-health feel the term 'patient' is disempowering and doesn't represent their holistic needs. As always, when speaking directly to an individual, it is best to reflect the person's language or ask what term they prefer.

When speaking publicly or conducting a formal meeting with external stakeholders, the speaker or chair from the MHCC should include an acknowledgement to the lived experience and expertise of people who access mental health services, families and carers.

Examples include:

"We acknowledge and respect the human rights of everyone here today, and recognise particularly those with a lived experience of mental health challenges, families and carers, and those who have gone before us"

'I want to acknowledge people here with a lived experience of mental health challenges, families and carers, and those who have gone before us (or are no longer with us). They hold the most important insights into how services can best respond to people's needs and how critical issues such as [insert presentation topic e.g. sexual safety in acute inpatient environments] should be addressed.''.

The MHCC will develop further examples as part of our *Driven by Lived Experience* framework and strategy.

Families and carers

The term 'carer' is used to describe a person who provides care and support to a family member (which has a broad definition under the Act) or a friend who experiences mental health issues. The relationship can be reciprocal. Some people do not identify with the term 'carer' or 'family member', however, and prefer terms such as:

- support person
- significant other
- partner
- family of choice
- family and friends supporting people living with mental health issues.

As always, if you know a person's preference, respect it wherever possible.

At the MHCC, we say 'people with lived experience of mental health issues (or mental health challenges/mental ill health), families and carers' (in this order) rather than 'people with lived experience of mental health issues *and their* families and carers' as this can imply a relationship of dependency.

Complaints

The MHCC encourages services to view complaints as helpful for making service and system improvements.

When the MHCC resolves complaints about Victorian public mental health services, we say people are 'raising concerns about their experiences' or 'making a complaint', rather than 'complaining'. We also refer to the 'person who made the complaint' rather than 'the complainant', so as not to sound negative or impersonal. For internal or practical purposes, we may sometimes use the term 'complainant' when the alternative is too long or cumbersome, such as in the fields in our case management system or data reports. But we need to be mindful of how often these shorthand terms are used as they can easily become part of everyday conversation rather than person-first language.

The Act refers to 'closing' a complaint but, following feedback from consumers that this word is confronting, the MHCC tries instead to explain all the steps we have taken to resolve the concerns of people who make complaints, and refer them elsewhere when appropriate. Our letter headings refer to the 'outcome' of a complaint rather than closure.

3. Considerations for diverse groups

Part 3 of the MHCC's Language Guide covers extra considerations for inclusive and respectful language when communicating with diverse groups: people who are older, young, Aboriginal and Torres Strait Islander, from culturally diverse backgrounds, have disabilities and/or have diverse gender or sexual orientation.

Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander peoples often view health holistically, as encompassing mental, physical and spiritual aspects, with land, culture and kinship central to their wellbeing. When the harmony of these interrelations is disrupted, including through inter-generational trauma because of dispossession and harmful government policies, they can experience ill-health. With this understanding, the MHCC uses the term 'social and emotional wellbeing' rather than 'mental health' when communicating with Aboriginal and Torres Strait Islander peoples. Social and emotional wellbeing is described in *Balit Murrup*, Victoria's Aboriginal social and emotional wellbeing framework, as being:

- Connection to spirit, spirituality and ancestors
- Connection to land
- Connection to culture
- Connection to community
- Connection to family and kinship
- Connection to mind and emotions
- Connection to body.'[2]

It is acceptable to refer to 'Aboriginal and Torres Strait Islander person/peoples/Victorian(s)' officially, but it is always best to ask individuals what term they would prefer for themselves. For example, 'Koorie' is the name some Aboriginal people from Victoria and parts of NSW identify with, while other people prefer 'First Nations', 'First Australians' or 'First Peoples' to describe their identity. Before referring to specific people as 'Elders' or 'Traditional Owners', which have special meaning, you should gain permission from them and the relevant community.

The following terms should not be used and are not considered acceptable:

- Acronyms such as ATSI and A&TSI
- An A/aboriginal, A/aboriginals or A/aborigine
- Black or blackfella – unless used by Aboriginal and Torres Strait Islander peoples among themselves.

The term 'Indigenous' is still used widely, but best to be avoided unless you are referring to all first peoples throughout the globe: it is not specific to Australian Aboriginal and Torres Strait Islander peoples and risks reducing distinct cultures into a homogenous group.

In recognition of the continuing connection of Aboriginal Traditional Owners or Custodians to their Country, the MHCC will invite a recognised representative of the land where a MHCC conference or event is being held to conduct a Welcome to Country ceremony. We also start formal meetings where appropriate, such as All Staff meetings, MHCC Advisory Council meetings and meetings with external stakeholders, with a formal acknowledgment.

[2] Balit Murrup<https://dhhs.vic.gov.au/publications/balit-marrup-aboriginal-social-and-emotional-wellbeing-framework>

Aboriginal Victoria have advised that 37.5 per cent of land in Victoria currently has no formally recognised Traditional Owner groups, so, in these cases, we should just acknowledge Traditional Owners generally. To find out the Traditional Owners for the land where you are meeting, please look up on the map on this webpage recommended by Aboriginal Victoria. This map also has guidance for the acknowledgments for each of the Traditional Owners:

https://achris.vic.gov.au/weave/wca.html

If the event is being hosted by another organisation, particularly in a regional area or interstate, it is a good idea to also check with the organiser on who is doing the Welcome to Country so that you can also acknowledge and thank them.

Examples of acknowledgements:

When there are no formally recognised Traditional Owners:

'I acknowledge the Traditional Owners of the land on which we are meeting. I pay my respects to their Elders, past and present, and the Aboriginal Elders of other communities who may be here today.'

For land that is formally recognised, an Acknowledgment of the specific Traditional Owners should be given:

Examples:

'Our meeting/conference/workshop is being held on the lands of the [Traditional Owner's name] people and I wish to acknowledge them as Traditional Owners/Custodians. I would also like to pay my respects to their Elders, past, present and emerging leaders, and Elders of other communities who may be here today.'

'Before I start, I would like to firstly acknowledge the Traditional Owners/Custodians on whose land we meet today, the [Traditional Owner's name e.g. the Wurundjeri people of the Kulin nation]. I pay my respect to their Elders, past, present and emerging, and to any Elders of other communities who may be here today.'

Optional acknowledgements to include:

'I/We recognise their continuing connection to land, waters and culture and that this land has never been ceded.'

'I/We recognise them as the traditional custodians of this land which has never been ceded, and whose culture is among the oldest living cultures in human history.'

'… for they hold the hopes, dreams, traditions and cultures of Aboriginal Australia'

'We recognise the lasting and devastating impacts of colonisation and inter-generational trauma on our First Nations people, and the importance of self-determination for promoting the emotional and social wellbeing of Aboriginal people and communities.'

It is important that acknowledgement to Traditional Owners/Custodians is made as both a personal acknowledgement as well as an organisational one, so the standard acknowledgment can be adapted to fit the particular event and audience.

Older people

Older people should be referred to as such, or as 'seniors', but never as 'old' or 'elderly'.

Many older people have mental health issues at some point, which may be due to illness, frailty and loss of independence, grief and loss, financial or living arrangement stress or increasing social isolation, as well as underlying factors. However, older people's symptoms are often attributed just to ageing and their dignity and autonomy is not always respected in healthcare settings because of ageist attitudes towards them.

Young people

When communicating with a young person about mental health, it is important to be open to and directed by their approach to build rapport. Often, young people relate more to concepts of health and wellbeing rather than illness and recovery.

Young people regularly use informal or colloquial language to express themselves in both good times and bad. You can communicate in any way that feels comfortable and professional for you, but being accepting and authentic is very important, as is giving young people a sense of self-determination.

Young people are increasingly comfortable using technology-based communications to discuss their mental health and games, apps, websites and social media forums for this are growing in popularity. They may also prefer texting or emailing to talking in person or on the phone.

People from culturally diverse backgrounds

The Victorian population is diverse, and culture and language can influence people's needs and their access to mental health services. The preferred term now is 'people from culturally diverse backgrounds' or 'people from culturally and linguistically diverse backgrounds', not 'ethnic' or by acronyms such as CALD (culturally and linguistically diverse), LOTE (languages other than English) or NESB (non-English speaking background).

In many cultures 'mental illness' is an ambiguous or foreign concept. Often terms used by the mental health sector cannot be translated into other languages because they don't have an equivalent term, and the literal translations can be misleading. Even if recognised, people

experiencing mental health issues may be heavily stigmatised and the idea of recovery may not be known.

People from culturally diverse backgrounds may also talk about mental ill-health in different ways. They may express distress as physical symptoms by saying, for example, 'I have a knot in my stomach' rather than 'I feel upset'. Some people may find a diagnosis shameful or guilt-provoking whereas others may consider it a relief to put a name to their challenges. It is best to be guided by the person's description of their lived experience and use language that best relates to them.

Special attention to language is required when providing information about mental illness, mental health and suicide to people from culturally diverse backgrounds. It is important to use clear, plain English and language that the person will relate to. Medical terminology, jargon and acronyms should be avoided, or clearly explained if they must be used.

At the MHCC, we have information sheets on how to make a complaint about a public mental health service in 15 different languages. We can also receive and respond to complaints in any language through interpreters, who will let us know if the person requires further explanation. If you are speaking with a person and having difficulty understanding what they are saying, ask them to slow their speech and offer to arrange a free interpreter in their language.

People who are Deaf may also identify as being 'Culturally Deaf' and as a member of cultural and linguistic minority group in Australia (see below).

People with disabilities

The social model of disability sees 'disability' as the result of interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers, not as an individual 'problem'. This model advocates that the environment must change to enable people living with impairments to participate in society on an equal basis with others (People with Disability Australia 2018).

The MHCC uses 'person-first' language e.g. 'person with a disability' if describing someone's experience of disability. However, some people may describe themselves as 'disabled' rather than as a 'person with a disability' as this highlights the role of society in creating their experience of disability. Some people, such as those with impaired vision, may not refer to themselves as being blind or having a disability at all. When a person expresses a preference about language, this should be respected.

The term 'psychosocial disability' describes functional disabilities that may arise from mental health issues, such as needing help with day-to-day activities of life. It is an internationally recognised term under the United Nations Convention on the Rights of Persons with Disabilities. Not everyone who has a mental health challenge will experience psychosocial disability, but those that do can experience severe effects and social disadvantage. People with lived

experience of mental health issues may or may not define themselves as having a 'disability' at all.

At the MHCC, we use a capital D to refer to Deaf, as many Deaf Australians prefer this as a mark of identity within the community. It is also important to recognise that the Deaf community in Australia is a diverse cultural and linguistic minority group, and that people who are Deaf may not identify as being a person with a disability but rather as 'Culturally Deaf'.[3] People who are Deaf or who have a hearing or speech impairment can contact us through email or the National Relay Service and we can arrange an appointment or Skype call using an interpreter. Where helpful, we may provide the person with access to our videos in Auslan on the mental health principles and making a complaint to the MHCC.

We also endeavour to make all our communications, including our website and printed publications, accessible to people with disabilities, such as our Easy English Guide to making complaints.

LGBTIQ people

The abuse and discrimination experienced by lesbian, gay, bisexual, trans, queer/questioning and intersex (LGBTIQ) people in our community can have significant negative impacts on their mental health and wellbeing, as well as their experience of mental health services. Using respectful and inclusive language helps break down prejudices and stereotypes and promotes safer spaces for LGBTIQ people.

The Victorian government, through the work of the Equality Branch and the Commissioner for Gender and Sexuality, has produced an 'LGBTIQ Inclusive Language Guide'[4] which explains how to use language respectfully and inclusively when working with and referring to LGBTIQ people. Please refer to this guide for more detailed guidance and understanding of the issues to consider in ensuring that our language demonstrates respect and promotes safety for LGBTIQ people to engage with the MHCC.

This guide talks about the importance of avoiding using language that assumes everyone is heterosexual (e.g. say 'partner' instead of 'wife/husband') or identifies as a man or a woman (use gender-neutral terms such as 'chair' and 'police officer' instead). If someone discloses to you that they're from one of the LGBTIQ communities, ask them, how they like to be referred to. The LGBTIQ community is not homogenous, and sexual orientation, gender identity, sex and intersex are separate concepts, so it is best to mirror the language used by the person. If you are unsure, ask them to clarify in a respectful way and, if you make a mistake, just apologise and continue the conversation.

[3]See Expression Australia (Formerly VicDeaf); Information sheet on 'Language and Culture Deaf Culture & Communication: A Basic Guide' https://www.expression.com.au
[4]See <https://www.vic.gov.au/inclusive-language-guide>

Pronouns are one way people refer to each other and themselves. Most but not all men (including trans men) use the pronoun ‘he’. Likewise, most but not all women (including trans women) use the pronoun ‘she’. Some people use a gender-neutral pronoun such as ‘they’ (e.g., “Pip drives their car to work. They don’t like walking because it takes them too long”). If you’re unsure what someone’s pronoun is, you can ask them respectfully, and preferably privately. Use a question like “Can I ask what pronoun you use?”. Do not ask “What pronoun do you prefer?”. A person’s pronoun and identity are not a preference. Instead, just ask what pronoun they use. The pronouns that people use should not be questioned or corrected. If you are unsure, instead of him/her or he/she, you can refer to someone by their name, or use traditional gender-neutral pronouns such as "them", "they" and “their", e.g. ‘I think someone left their laptop behind’. If you are looking for a gender-neutral title to replace Mr/Mrs, try ‘Mx’ (pronounced ‘mix’ or ‘mux’).[5]

More gender-neutral pronouns are in the table below.

Gender-neutral pronouns

Gender neutral pronoun	Subjective	Objective	Possessive determiner	Possessive pronoun	Reflexive
e.g. he/she	*e.g. he/she is talking*	*e.g. I called him/her*	*e.g. his/her sister says*	*e.g. that is his/hers*	*e.g. he/she likes herself*
Ze, zir	Ze (Zie, Sie) is talking	I called zir/zem	Zir/Zes sister says	That is zirs/zes	Ze (Zie, Sie) likes zirself/zemself
Ze, hir	Ze (Zie, Sie) is talking	I called hir	Hir sister says	that is hirs	Ze (Zie, Sie) likes hirself
Ze, mer	Ze is talking	I called mer	Zer sister says	That is zers	Ze likes Zemself
Ae	Ae is talking	I called aer	Aer sister says	That is aers	Ae likes aerself
Ey	Ey is talking	I called em	Eir sister says	That is eirs	Ey likes eirself
Ve	Ve is talking	I called ver	Vis sister says	That is vis	Ve likes verself
Xe	Xe is talking	I called xem	xyr sister says	That is xyrs	Xe likes xemself
E	E is talking	I called em	eir sister says	That is eirs	E likes emself

- Ey/em/eirs are pronounced like they/them/theirs but without the TH
- Sie/sir are pronounced with a hard or soft s sound (i.e. "see" and "seer" or "zee" and "zeer")

[5] See discussion on use of pronouns in Victorian Government ‘LGBTIQ Inclusive Language Guide’ 2019 pp 8-9

- Ze/hir are pronounced "zee" and "hear".

The MHCC demonstrates an inclusive and respectful use of pronouns by inviting staff to include their pronouns on their signature blocks.

Language used to describe different LGBTIQ people and different parts of LGBTIQ communities changes over time and can differ across cultures and generations. In alphabetical order, here are the most common words that people use to describe their sex or gender characteristics and identities.

- **Agender:** people who identify as having no gender.
- **Aromantic/aro:** refers to individuals who do not experience romantic attraction. Aromantic individuals may or may not identify as asexual.
- **Asexual/ace:** a sexual orientation that reflects little to no sexual attraction, either within or outside relationships. May still experience romantic attraction across the sexuality continuum.
- **Bigender:** a person who identifies as both a woman and a man.
- **Bisexual:** an individual who is sexually and/or romantically attracted to people of the same gender and people of another gender.
- **Cisgender:** people whose gender agrees with their body sex or assigned sex.
- **Endosex:** people who are not born with an Intersex variation.
- **Gay:** an individual who identifies as a man and is sexually and/or romantically attracted to other people who identify as men. The term gay can also be used in relation to women who are sexually and romantically attracted to other women.
- **Gender diverse:** an umbrella term that is used to describe gender identities that demonstrate a diversity of expression beyond the binary framework of male and female
- **Heterosexual:** an individual who is sexually and/or romantically attracted to the opposite gender.
- **Intersex:** a person born with reproductive organs, hormone levels and/or sex chromosomes that aren't exclusively male or female.
- **Lesbian:** an individual who identifies as a woman and is sexually and/or romantically attracted to other people who identify as women.
- **Non-binary:** a broad term referencing gender identities and/or experiences that aren't exclusively male or female.
- **Pansexual:** an individual whose sexual and/or romantic attraction to others is not restricted by gender. A pansexual may be sexually and/or romantically attracted to any person, regardless of their gender identity.
- **Queer:** a term used to describe a range of sexual orientations and gender identities. Although once used as a derogatory term, the term queer now encapsulates political ideas of resistance to heteronormativity and homonormativity and is often used as an umbrella term to describe the full range of LGBTIQA+ identities.
- **Sistergirl:** a term used by some Aboriginal and Torres Strait Islander people to describe male-assigned people who live partly or fully as women.

- **Transgender:** a person whose gender identity or gender expression does not conform to that typically associated with their sex assigned at birth. [6]

4. Recovery-oriented language when working with people experiencing mental health issues

Part 4 of the MHCC's language guide outlines some language that consumer groups and organisations have identified as being negative or stigmatising and provides alternative and preferred terms to use instead. The use of these preferred terms will depend on the particular context, and the terms are provided as examples.

The table below has been adapted from the NSW Mental Health Coordinating Council's 2018 Recovery Oriented Language Guide.This guide provides 'preferred language' for services to use when describing consumers and their engagement with treatment, so that it is both non-stigmatising and recovery-oriented. These examples of 'preferred language' can be used as guidance for using non-stigmatising and recovery-oriented language for similar scenarios in the MHCC's work. The language you use should also reflect how the individual consumer describes themselves and their experiences.

Please note: In the examples used below, Fran identifies as a woman, Yves as non-binary, and Max as a man.

Non-preferred language - to be avoided or not used	Preferred language
Yves is mental / mentally ill. Max is schizophrenic. Fran has a drug problem / is a drug addict / is a drug user	Yves identifies as having a lived experience of / as having experienced mental health issues… Max has identified that he hears voices. He has been told that he has a diagnosis of schizophrenia. Fran is a person who has a lived experience of mental health challenges as well as difficulties with substance use.
Fran is becoming unwell/decompensating. Max is treatment-resistant. Yves isn't cooperating.	Fran is having a difficult time. Max is in the process of finding what works for him Yves's medication is not helping hir/ Yves is

[6]See discussion on terms used in Victorian Government 'LGBTIQ Inclusive Language Guide' 2019 pp5-6

Non-preferred language - to be avoided or not used	Preferred language
Max has no insight / doesn't accept he is mentally ill.	experiencing unwanted effects from hir medication. Max does not identify with his diagnosis.
Max absconded from the psych ward.	Max left the inpatient unit without approved leave.
Fran is manipulative and irritable/demanding and unreasonable. Max has challenging / complex behaviors. Yves isn't motivated. Max is anti-social.	Fran is trying hard to self-advocate and get her needs met / It is sometimes challenging for me to work with Fran. Max may need to explore other ways of getting his needs met. Yves is taking each day at a time. Max is finding it difficult to socialise.
Yves in non-compliant. Max has a history of non-compliance.	Yves is choosing not to …/is not wanting to…….. Max would rather look for other options../ Max has not taken or agreed with his prescribed treatment
Fran is compliant and manageable / is cooperating / has partial insight. Max has acquired insight / is learning to manage his illness. Yves is high functioning.	Fran has chosen to work collaboratively …. / Fran and the service have developed a good rapport. Max has stated he is able to recognise when he is having a rough time and asks for help / is working hard towards achieving his goals. Yves is good at …
Max is high risk / dangerous/abusive/angry/aggressive Max has challenging behavior.	Max tends to [insert actions e.g. spit on people] when he is upset. It is sometimes challenging for Max and me to work together.
Yves has a chronic mental illness.	Yves has been working towards recovery for a long time.
Max is difficult. Max refuses support.	Max and I are not collaborating very well. Max prefers not to …

Non-preferred language - to be avoided or not used	Preferred language
Fran won't engage with services. Yves rejects help and advice.	Fran has not had good experiences with services in the past. Yves has not yet accessed support that has been helpful to hir / is used to being independent and is finding it difficult accepting help.
Max can't make decisions about his treatment. Fran has complex needs. Max is low functioning.	Max may need some support to help make decisions about his treatment. Fran may need support in some areas. Max might benefit from some help at home / has a tough time taking care of himself / has a tough time learning new things.

Everyday expressions

Words that refer to mental health in negative ways have been commonly used in our community for a long time. Some examples include:

- that's hysterical/crazy/madness,
- I'm losing my mind/losing it/having a breakdown,
- I've had a manic/crazy day,
- that's insanely difficult.

This kind of language is generally not intended to cause hurt but can have a negative impact on people with a lived experience of mental health challenges. In our work and day to day communication within the office at the MHCC, it is important to try to avoid the use of these terms. Because this kind of language has been used for so long and so broadly, it can be easy to make a mistake. if you do make a mistake, it's best to just own it, apologise, change your language, and move on.

The following language can express the same kinds of thoughts in a more neutral way:

- that's hilarious/bizarre/unreasonable,
- I'm so confused/I'm not thinking clearly,
- I've had a busy/full-on day,
- that's incredibly difficult.

Communicating about suicide

People with lived experience of suicide are those who think about suicide, have attempted suicide, people who care for someone with suicidal behaviour, people who are bereaved by suicide, and people who are affected by suicide in some other way.

Silence and denial, as well as indirect, insensitive or inappropriate language around suicide can increase the stigma people who experience suicidal thoughts or behaviours feel. It also exacerbates the grief of those affected or bereaved.

The words we use to describe suicide is important. It is important to avoid saying that someone 'committed' suicide. This language comes from a time when suicide was treated as a crime, and is experienced as stigmatising. Instead, use language like 'died by suicide', 'suicided', 'took their life' or 'attempted to take their life'.

The following table of stigmatising and appropriate language to use when referring to suicide has been drawn from a range of publications and guides listed in Appendix 2.

Stigmatising language	Appropriate language
Committed suicide	Died by suicide
Successful suicide	Suicided
Completed suicide	Ended his/her life Took his/her life
Failed attempt at suicide	Non-fatal attempt at suicide Non-fatal attempt on his/her life
Unsuccessful suicide	Attempt to take his/her life
Hana is attention seeking (when describing a person who attempts suicide or talks about having suicidal thoughts).	Hana is [insert description of the events leading to the situation and the behaviour of concern].

When communicating about suicide, it is also important to let your audiences know there is always crisis support available. For example: *'you can call Lifeline's 24-hour support service on 13 11 14'.*

Appendix 1: Language from the *Mental Health Act 2014* (Vic)

The following definitions are taken from the Mental Health Act 2014 Handbook produced by the Victorian Department of Health and Human Services. The Handbook is designed to help clinicians access the information they need to practice in accordance with the Act, which is the law governing compulsory mental health, assessment and treatment in Victoria.

accept a complaint means agree to deal with a complaint.

advance statement is a document that sets out a person's preferences in relation to treatment in the event that the person becomes a patient.

assessment order is an order made by a registered medical practitioner or mental health practitioner that enables a person who is subject to the assessment order to be compulsorily examined by an authorised psychiatrist to determine whether the treatment criteria apply to the person.

bodily restraint means a form of physical or mechanical restraint that prevents a person having free movement of his or her limbs but does not include the use of furniture (including beds with cot sides and chairs with tables fitted on their arms) that restricts the person's ability to get off the furniture.

care relationship has the meaning given in section 4 of the *Carers Recognition Act 2012***.** A person is in a care relationship if he or she provides another person, or receives from another person, care because one of the persons in the relationship has a disability, is older, has a mental illness, or has an ongoing medical condition (including a terminal or chronic illness or dementia).

carer means a person, including a person under the age of 18 years, who provides care to another person with whom he or she is in a care relationship but does not include a parent if the person to whom care is provided is under the age of 16 years.

chief psychiatrist means the person appointed as Victoria's Chief Psychiatrist under section 119 of the *Mental Health Act 2014.*

close a complaint means refuse to deal with a complaint or cease dealing with a complaint.

compulsory patient means a person who is subject to an Assessment Order, Court Assessment Order, Temporary Treatment Order or Treatment Order.

consumer means a person who:

- has received or is receiving mental health services from a mental health service provider

- was assessed by an authorised psychiatrist and was not provided with treatment or sought
- is seeking mental health services from a mental health service provider and was or is not provided with mental health services.

designated mental health service is a public hospital, public health service, denominational hospital, privately operated hospital or a private hospital within the meaning of section 3(1) of the *Health Services Act 1998* that has been prescribed in the Mental Health Regulations 2014, or the Victorian Institute of Forensic Mental Health.

electroconvulsive treatment means the application of electric current to specific areas of a person's head to produce a generalised seizure.

medical treatment means:

(a) medical treatment (including any medical or surgical procedure, operation or examination and any prophylactic, palliative or rehabilitative care) normally carried out by, or under, the supervision of a registered medical practitioner
(b) dental treatment (including any dental procedure, operation or examination) normally carried out by or under the supervision of a registered dental practitioner
(c) the administration of a pharmaceutical drug for which a prescription is required
(d) any other treatment that is not referred to in paragraph (a), (b) or (c) and is prescribed by the regulations to be medical treatment for the purposes of this Act but does not include
(e) a special procedure or medical research procedure within the meaning of the Guardianship and Administration Act 1986
(f) any non-intrusive examination made for diagnostic purposes (including a visual examination of the mouth, throat, nasal cavity, eyes or ears)
(g) first-aid treatment
(h) any treatment for mental illness or the effects of mental illness.

mental health practitioner means a person who is employed or engaged by a designated mental health service and is a registered psychologist, registered nurse, social work or registered occupational therapist.

mental health service provider means a designated mental health service or a publicly funded mental health community support service to the extent it provides services not funded by the National Disability Insurance Scheme within the meaning of the NDIS Act.

mental illness is a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory.

A person is not to be considered to have mental illness merely because the person:

- expresses or refuses or fails to express a particular political opinion or belief, religious opinion or belief, philosophy, sexual preference or sexual orientation, political activity, or religious activity
- engages in sexual promiscuity, immoral or illegal conduct or antisocial behaviour

- is intellectually disabled
- uses drugs or consumes alcohol
- has a particular economic or social status or is a member of a particular cultural or racial group
- is or has previously been involved in family conflict
- has previously been treated for mental illness.

nominated person has the role in relation to a patient to:

- provide the patient with support and to help represent the interests of the patient; and
- receive information about the patient in accordance with the Act; and
- be one of the persons who must be consulted in accordance with the Act about the patient's treatment; and assist the patient to exercise any right that the patient has under the Act.

patient means a compulsory patient, security patient or forensic patient.

psychiatrist means a person who is registered under the Health Practitioner National Law as a medical practitioner in the speciality of psychiatry (other than as a student).

restrictive intervention means seclusion or bodily restraint.

seclusion means the sole confinement of a person to a room or any other enclosed space from which it is not within the control of the person confined to leave.

security patient means a person who is detained in a designated mental health service and is subject to (irrespective of whether the person is absent with or without leave from the designated mental health service) a Court Secure Treatment Order or a Secure Treatment Order.

statement of rights is a document in an approved form that sets out a person's rights under the Act and the process while being assessed or receiving treatment in relation to his or her mental illness.

temporary treatment order is:

(1) An order made by an authorised psychiatrist after assessing a person (in accordance with an assessment order or a court assessment order) that enables the person who is subject to the temporary treatment order to be compulsorily:
   a) treated in the community (a community temporary treatment order); or
   b) taken to, and detained and treated in, a designated mental health service (an inpatient temporary treatment order).

treatment is things done in the course of professional skill to remedy mental illness or to alleviate the symptoms and reduce the ill effects of mental illness. It includes electroconvulsive treatment and neurosurgery for mental illness.

treatment criteria are that:

- the person has mental illness
- because the person has mental illness, the person needs immediate treatment to prevent serious deterioration in the person's mental or physical health or serious harm to the person or to another person
- the immediate treatment will be provided to the person if the person is subject to a Temporary Treatment Order or Treatment Order
- there is no less restrictive means reasonably available to enable the person to receive the immediate treatment.

treatment order (community or inpatient setting)

(1) an order made by the Tribunal that enables a person who is subject to a treatment order to be compulsorily:
   a) treated in the community (a community treatment order); or
   b) taken to, and detained and treated in, a designated mental health service (an inpatient treatment order).

young person is a person under 18 years of age.

Appendix 2: Resources

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