

MENTAL HEALTH AND SUBSTANCE USE DISORDER LANGUAGE GUIDE

RECOMMENDED TERMS

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NATIONAL
RECREATION AND PARK
ASSOCIATION



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Introduction

At the National Recreation and Park Association (NRPA), we believe parks and recreation is vital to community health and well-being. Access to these spaces, programs and services remains essential to community vitality and is a key factor in advancing health equity, improving individual and community-level health outcomes, and enhancing quality of life. Park and recreation professionals are uniquely positioned to create, in partnership and in power with community members and key collaborators, the people-centered community wellness hubs needed to address public health threats and harness the full potential of community to ensure all people can thrive.

In this guide, NRPA recommends the following terms when discussing medical conditions involving mental health and substance use:

Substance Use Disorder (SUD) – A complex brain disease in which an individual compulsively uses substances despite negative and harmful consequences.

*Mental Illness** – A health condition involving a change in emotion, thoughts and/or behavior, which often impairs functioning in social, work and family settings.

* *Mental Illness or Mental Health Conditions* are used as interchangeable terms within the purpose of this guide.

Mental illness and substance use disorders are serious medical conditions that are often misunderstood and rarely discussed in communities throughout the United States. The American Psychiatric Association (APA) defines addiction, also known as substance use disorder (SUD), as a complex brain disease in which an individual compulsively uses substances despite negative and harmful consequences.¹ Mental illness is a health condition involving a change in emotion, thoughts and/or behavior, which often impairs functioning in social, work and family settings.² Similar to other chronic health conditions, such as high blood pressure or diabetes, mental illness and SUD can occur at the same time (co-occurring) and have treatment options for recovery. Statistics from the National Institute on Drug Abuse (NIDA) on co-occurring disorders show that patients experiencing mood-related mental health disorders or anxiety are twice as likely to also experience SUD. Similarly, patients experiencing SUD are roughly twice as likely to be diagnosed with those types of mental health disorders.³ Mental illness affects a suggested 33 percent of people experiencing homelessness in the United States, many of whom self-medicate with substances resulting in high rates of individuals who are unhoused and dependent on alcohol and other harmful chemicals⁴. These rates are even higher for youth ages 12 to 17, for whom 71 percent of youth experiencing homelessness reported a SUD.⁵

The lack of understanding of SUD and mental health conditions perpetuates negative beliefs regarding mental illness and substance use disorders. These beliefs are known as stigma — defined as the negative attitudes and perceptions directed toward an individual or group of people with certain characteristics, traits or circumstances.⁵ The language we use, formally through public messaging or informally through peer-to-peer conversations, can increase or decrease stigma surrounding mental health and substance use disorders.

¹ American Psychiatric Association (APA). (2020, December). What is Addiction? Retrieved from <https://www.psychiatry.org/patients-families/addiction/what-is-addiction>

² APA. (2018, August). What is Mental Illness? Retrieved from <https://www.psychiatry.org/patients-families/what-is-mental-illness>

³ National Institute on Drug Abuse (NIDA). (2021, August 3). Introduction. *Common Comorbidities with Substance Use Disorders Research Report*. Retrieved from <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/introduction>

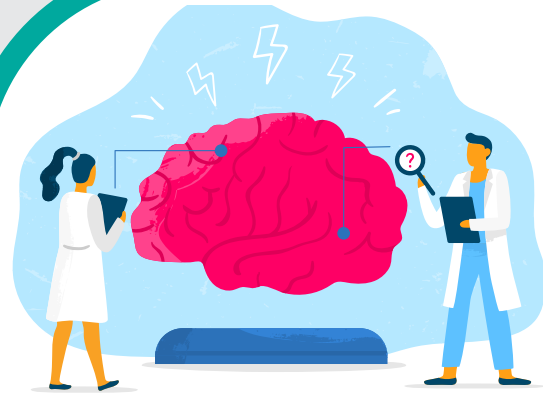
⁴ Murray, K. (2021, September 23). Homelessness and Addiction. Addiction Center. Retrieved from <https://www.addictioncenter.com/addiction/homelessness>

⁵ Kiefert, L. (n.d.). Parks and Recreation: Addressing Stigma Associated With Substance Use and Mental Health Disorders. NRPA. Retrieved from <https://www.nrpa.org/globalassets/research/addressing-stigma-associated-with-substance-use-mental-health.pdf>

CO-OCCURRING DISORDERS

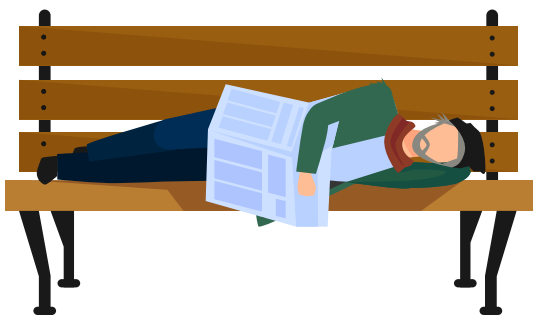


Patients experiencing mood-related mental health disorders or anxiety are twice as likely to have a substance use disorder (SUD)



Patients with a SUD are twice as likely to be diagnosed with a mental health disorder

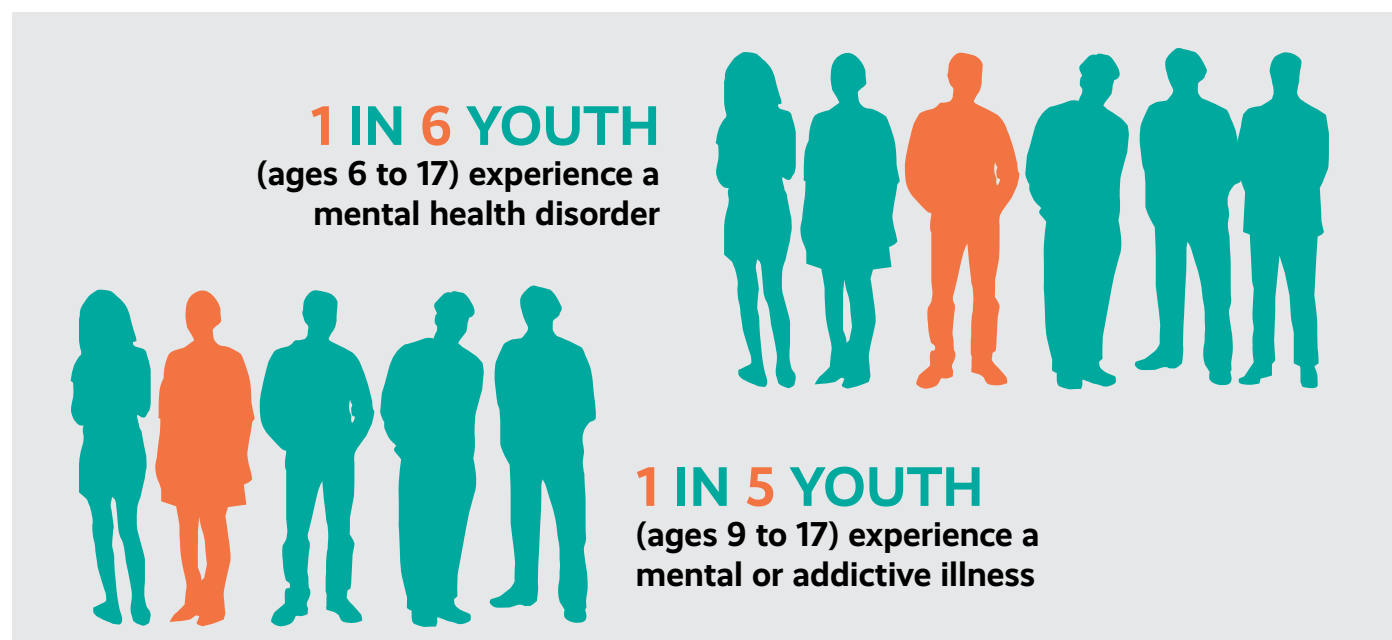
Mental illness affects 33% of people experiencing homelessness in the United States



Among youth (ages 12 to 17) experiencing homelessness 71% reported having a SUD



Stigma, which is perpetuated through our everyday language, often keeps people from seeking treatment for mental health and substance use disorders. Stigmatizing language creates the negative perception that mental illness and SUD are “chosen identities” by certain people. Rather, they are chronic medical conditions widely experienced by people across all communities and demographics. In 2019, 21 percent of adults reported a diagnosable mental illness and 8 percent reported a SUD.⁶ Each year, one in six youth ages 6 to 17 experience a mental health disorder and about 21 percent of children ages 9 to 17 have a diagnosable mental or addictive illness.^{7,8} According to the Centers for Disease Control and Prevention (CDC), rates have significantly increased during the coronavirus (COVID-19) pandemic with 40 percent of adults reporting symptoms of mental illness and SUD in June of 2020.⁹



Although mental illness and SUD can affect anyone, research shows white individuals are more likely to receive treatment, while Black individuals are more likely to be criminalized for substance use and mental health conditions.¹⁰ Individuals from various racial and ethnic backgrounds also face additional systemic barriers to mental health and addiction services compared to white individuals; when they do receive treatment, it is more likely to be poor in quality. Reducing the stigma that surrounds mental health and substance use disorders with an equity lens can improve access to treatment and quality of care for all individuals.

NRPA's Equity Language Guide (nrpa.org/EquityLanguageGuide) provides a glossary of terms to help park and recreation professionals develop a common language around diversity, equity and inclusion. Refer to this resource for more guidance on ways to make writing more accessible.

Park and recreation professionals are agents of public health — they promote access to needed programs, services and spaces that protect and improve the health and well-being of all people. They are often on the frontlines, responding to and supporting community members impacted by SUD and mental illness. To respond to the growing challenges of SUD and mental health conditions, it is important that the field of parks and recreation includes critical factors of equity, inclusion, empathy and humility in its response.

6 The 2019 NSDUH report. Rockville, Md.: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Dept. of Health & Human Services.

7 National Alliance on Mental Illness. (2019). Retrieved from: <https://www.nami.org/mhstats>

8 Stamp Out Stigma. (2021). Our Story. Resources. Retrieved from <http://www.stampoutstigma.com/resources>

9 Czeisler ME, Lane RI, Petrosky E, et al. (2020, August 14). “Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020.” *MMWR Morb Mortal Wkly Rep* 2020; 69:1049–1057. Retrieved from <http://dx.doi.org/10.15585/mmwr.mm6932a1>

10 Shatterproof. (2021). Addiction in America. Retrieved from <https://www.shatterproof.org/learn/addiction-basics/addiction-in-america>

Impetus for a Mental Health and SUD Language Guide

In August 2020, NRPA facilitated three focus groups with key park and recreation professionals of various staff levels from across the country to explore the intersection of substance use, mental health, and parks and recreation. The cross-sectional approach provided a variety of perspectives, including that of frontline staff who are confronting community members experiencing or impacted by SUD and mental health conditions daily. Park and recreation professionals identified effective ways parks and recreation can address the impact of mental health and SUDs, and opportunities for NRPA to enhance its impact. One of the central needs identified within these focus groups was the desire for a language guide to promote a shared narrative that supports park and recreation professionals in addressing and responding to stigma with compassionate language and empathy.

Impact of Stigmatizing Language

Stigmatizing language has been found to discourage people from seeking help. People do not want to be labeled “an addict,” “crazy” or “psychotic” within their support networks; this can prevent them from seeking treatment for improved well-being. Studies show that using words like “abuse” or “addict” can create negative opinions that lead to worsened quality of healthcare and treatment for individuals experiencing mental illness and SUD. Additionally, language can influence local policy that affects treatment accessibility within a park and recreation agency’s municipalities. It is important to use non-stigmatizing terms when we speak to decision-makers about substance use and mental health to encourage unbiased, effective policies and programs.¹¹

Impact of Stigmatizing Language in Youth

The stigmatization from family, peers and the community can negatively impact how adolescents view themselves and how they interact with others. Forty-nine percent of adolescents and young adults in Generation Z (born between 1997 and 2012) worry about others judging them when they say they have sought mental health services.¹² A study from the United Kingdom found that 75 percent of young people believe that those experiencing mental health conditions are treated negatively as a result of stigma, and 38 percent of those experiencing mental health conditions had negatively experienced stigma.¹³ Due to a lack of knowledge and understanding, surveyed youth reported that many of their friends and adult allies unknowingly perpetuate stigma. The vast majority of stigma in youth is experienced through negative attitudes or prejudice in face-to-face conversations.¹³

Similar to adults, when adolescents experiencing mental illness do not receive treatment, they may self-medicate with drugs, alcohol or cigarettes, which can lead to SUD. Some may also develop behaviors that negatively affect their health, like eating disorders or social media addiction, to cope with negative stigma. In fact, nearly one in two U.S. adolescents and young adults from Generation Z have experienced the adverse effects of poor mental health on their physical health.¹²

Park and recreation professionals can build positive relationships and community connections to reduce stigma, facilitate conversations around substance use and mental health disorders, and direct people to the resources they need. The stigma experienced by youth and adults can be reduced by promoting awareness, providing education, and changing the language that park and recreation professionals use when coordinating programs and activities and communicating with the community. This language guide was developed to support park and recreation professionals in serving their communities with care and compassion, and it models non-stigmatizing language for community members to use with each other as well.

11 Canadian Centre on Substance Use and Addiction. (2019). Overcoming Stigma Through Language: A Primer. Retrieved from <https://ccsa.ca/sites/default/files/2019-09/CCSA-Language-and-Stigma-in-Substance-Use-Addiction-Guide-2019-en.pdf>

12 Cohen Veterans Network. (2019). The effects of mental health stigma on youth. National Council for Behavioral Health. Retrieved from https://www.thenationalcouncil.org/wp-content/uploads/2019/08/080819_AMH_Stigma_InfographicResources_v2.pdf?daf=375ateTbd56

13 YMCA. (2016, October). I Am Whole: A report investigating the stigma faced by young people experiencing mental health difficulties. Retrieved from <https://www.ymca.org.uk/wp-content/uploads/2016/10/IAMWHOLE-v1.1.pdf>

How to Use This Language Guide:

- Share with staff, partners, community members
- Politely provide and reinforce compassionate language when stigmatizing language is used
- Provide education and training on language for park and recreation professionals
- Assess existing written communications, policies, and other documents and modify language as needed
- Use it as a starting ground for intentionally serving individuals with mental health and substance use disorders (ex. hosting a community conversation on mental health and SUD)

Youth who identify as LGBTQ+ are more than twice as likely to report experiencing persistent feelings of sadness or hopelessness than their heterosexual peers, and transgender youth are twice as likely to experience symptoms of depression and thoughts of suicide than cisgender lesbian, gay, bisexual, queer and questioning youth. Rates of mental health conditions, SUD, and people experiencing homelessness are significantly higher for LGBTQ+ adults and youth than heterosexual/cisgender adults and youth. Visit www.nami.org/LGBTQI to learn more about the intersection of mental health and SUD in LGBTQ+ individuals.

Five Key Guidelines for Talking about Mental Health and SUDs

1. Lead with empathy.

Invest time in educating yourself, examining your own identity, and practicing empathy for the people with whom you are speaking to or about. Understand that mental illness and SUD are medical conditions, based on proven scientific fact, rather than a reflection of personal choices or actions.

2. Respect personal choice.

Always defer to language that the person you are addressing or speaking with prefers. Do not assume individuals are comfortable with language simply because you overhear them use it. Individuals with SUD or mental health conditions may use language that research considers stigmatizing. It is important that individuals are given the space to choose whatever language they prefer without stigma or shame from others. Unless you are told what language someone with SUD or mental illness prefers, follow the recommended terms in this guide. If unsure, you can politely ask people how they prefer their condition to be referenced and respect their personal choice.

3. Use person-first language.

Our health conditions do not define us. Person-first language acknowledges someone as a person before describing their personal attributes or health conditions. By separating the condition from the person, person-first language acknowledges the disease a person is currently experiencing, without making them their disease.

- Instead of “addict,” say “person experiencing a substance use disorder.”
- Instead of “drug user,” say “a person who uses drugs.”
- Instead of “homeless person/the homeless,” say “person/individuals experiencing homelessness.”

4. Focus on empowerment over shame — remove judgmental language.

Language around substance use and mental health conditions often victimizes or places blame on the individuals experiencing the disorders. Avoid terms that elicit negative attitudes, punitive associations and individual blame.

- Instead of “a person suffering/struggling/victim of a mental illness,” say “a person living with/has a history of/is being treated for a mental health condition.”
- Instead of “Sam is abusing drugs,” say “Sam is a person experiencing a substance use disorder.”

Use technical language with a single, clear meaning instead of colloquialisms or words with inconsistent definitions.

➤ Instead of “relapsed,” say “resumed substance use/substance use disorder symptoms.”

➤ Instead of “staying clean/sober,” say “abstinent from drugs/in remission or recovery/ not drinking or taking drugs.”

5. Apply a trauma-sensitive lens.

Many experiences pertaining to mental health and SUD are profound, personal and involve trauma. Trauma-informed language is sensitive to these experiences by prioritizing the experiences of who we are talking to or about.

➤ Instead of “committed/successful suicide,” say “died by/lost to suicide.”

➤ Instead of “failed/unsuccessful suicide attempt,” say “suicide attempt survivor/they did not die in a suicide attempt.”

Specific Language Substitutions

Refrain From	Say This When Necessary
That’s crazy, psycho, insane, nuts	That’s wild, bizarre, odd, eccentric, bananas
It drives me crazy	It annoys me
I’m so OCD*/I’m OCD* about that	I am meticulous/I’m particular about that
Patient, client, case	An individual needing mental health or SUD services
They are manic	They have a lot of energy right now
They are paranoid/delusional	They are experiencing a lot of fear [offer specific context for the situation, such as: They are worried their neighbors want to hurt them]
They are a paranoid schizophrenic She’s anorexic He’s depressed She’s bipolar	They have paranoid schizophrenia She is experiencing anorexia nervosa He is experiencing major depression She has bipolar disorder
He’s mentally retarded	He has an intellectual or developmental disability
They are emotionally disturbed	They are experiencing a serious emotional condition
He is a special education student	He is a student receiving special education services
Addict/Junkie/Drug use/Substance abuser	Person experiencing a substance use disorder
Former/Reformed addict	Person in recovery/Person who previously used drugs
Addicted baby	Baby born to a mother who used drugs while pregnant/Baby with signs of withdrawal from a prenatal drug exposure/Newborn exposed to substances
They are mentally ill	They are living with mental illness/They are experiencing a mental health condition
Super utilizers, High-needs adults	Individuals with complex support and service needs.
Committed/Successful suicide Unsuccessful suicide	Died by/Lost to/Completed suicide Attempted suicide
Suffering from mental illness	Living/Experiencing/Thriving with a mental health condition
Those who...	People/Individuals who...

* OCD: Obsessive-compulsive disorder

Conclusion

Words are important — they shape how we view and treat people. As trusted community leaders, park and recreation professionals can practice and reinforce non-stigmatizing language to treat all people with respect and compassion. Agencies are encouraged to use this guide as a starting ground for addressing stigma within their internal organization and when communicating with external audiences, while beginning to explore more intentional ways to better serve individuals with mental health and substance use disorders.

Next steps:

- Invest staff time in self-reflection on individual identities and how this subject matter relates to an individual's lived experience.
- Invite local partners to bring mental health and SUD resources/services to your facility for community members to use.
- Host workshops and trainings on topics related to mental health and SUD for staff and community members.
- Display language guidelines in staff lounges/break rooms for daily reminders.
- Advertise mental health and SUD support hotlines in public and private spaces (front desks, restroom stalls, etc.) for individuals to comfortably access support for themselves or someone they know.
- Listen to agency staff and community stakeholders to inform next steps for supporting individuals experiencing mental health and substance use disorders at your facilities.
- Follow the sites below for education and training resources on mental health and substance use disorders:
 - o National Alliance on Mental Illness¹⁶
 - o Shatterproof¹⁷
 - o Stamp Out Stigma¹⁸

NRPA's *Elevating Health Equity Through Parks and Recreation: A Framework for Action*¹⁴ (specifically the Self-Assessment section on page 16) and Alliance for a Healthier Generation's *Identity Map*¹⁵ are two resources to assist this exercise and continued practice.

SAMHSA's National Helpline provides 24-hour, free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish.
1-800-662-HELP (4357)
TTY: 1-800-487-4889
samhsa.gov/find-help/national-helpline

For additional ways in which parks and recreation can best support people experiencing SUD or mental illness, review NRPA's suite of related resources at nrpa.org/SubstanceUseResources. For additional support with language guidelines, review NRPA's Equity Language Guide at nrpa.org/EquityLanguageGuide.

Park and recreation professionals are stewards of trusted gathering places where everyone can be addressed and treated with language that recognizes their individuality and supports their whole self. Through increased education, awareness, and by changing norms and practices like the language we use, parks and recreation can lead efforts to promote a culture that reduces stigma and supports the health and vitality of community members living with SUD and/or mental illness.

¹⁴ NRPA. (2021). *Elevating Health Equity Through Parks and Recreation: A Framework for Action*. Retrieved from: <https://www.nrpa.org/ElevatingHealthEquity>

¹⁵ Alliance for a Healthier Generation. (2021, October 4). "Mapping Your Identity." Retrieved from: <https://www.healthiergeneration.org/articles/mapping-your-identity>

¹⁶ National Alliance on Mental Illness. (n.d.). Mental Health Education. Retrieved from <https://www.nami.org/Support-Education/Mental-Health-Education>

¹⁷ Shatterproof. (2021). Learn About Addiction. Retrieved from <https://www.shatterproof.org/learn>

¹⁸ Stamp Out Stigma. (2021). Resources. Retrieved from <http://www.stampoutstigma.com/resources>

Acknowledgements

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NAMI — About Mental Illness¹⁹

National Institute on Drug Abuse — Words Matter: Terms to use and Avoid When Talking About Addiction²⁰

Shatterproof — Addiction Language Guide²¹

Canadian Centre on Substance Use and Addiction — Overcoming Stigma Through Language²²

Prevention Solutions @ EDC — Words Matter: How Language Choice Can Reduce Stigma²³

The Mental Health Coalition — Language Guide²⁴

Hogg Foundation for Mental Health — Language Matters in Mental Health²⁵

NRPA — Equity Language Guide²⁶

For additional parks and recreation resources to address mental health and substance use disorders, visit: nrpa.org/SubstanceUseResources

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19 National Alliance on Mental Illness. (2021). Mental Health Conditions. Retrieved from <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions>

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21 Shatterproof. (n.d.). *Addiction Language Guide*. Retrieved from <https://www.shatterproof.org/sites/default/files/2021-02/Stigma-AddictionLanguageGuide-v3.pdf>

22 CAPSA ACEPA. (n.d.). *Overcoming Stigma Through Language: A Primer*. Canadian Center on Substance Use and Addiction. Retrieved from <https://ccsa.ca/sites/default/files/2019-09/CCSA-Language-and-Stigma-in-Substance-Use-Addiction-Guide-2019-en.pdf>

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24 The Mental Health Coalition. (n.d.). Language Guide. Retrieved from <https://www.thementalhealthcoalition.org/wp-content/uploads/2020/05/The-Mental-Health-Coalitions-Language-Guide.pdf>

25 *Language Matters in Mental Health*. Hogg Foundation for Mental Health. (2020, November 4). Retrieved from <http://hogg.utexas.edu/news-resources/language-matters-in-mental-health>

26 NRPA. (2021, October 21). Equity Language Guide. Retrieved from <https://nrpa.org/EquityLanguageGuide>



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