CIT INTERNATIONAL, INC.

Improving Responses to People in Crisis

*MORE THAN JUST TRAINING: Community Collaboration ● A Vibrant and Accessible Crisis System ●
Police/First Responder Training ●Behavioral Health Staff Training ● Family/Consumer/Advocate Participation*

An important message from CIT International
regarding use of appropriate language when we refer to people affected by mental illness

Language awareness when we speak and write about individuals with mental illnesses is profoundly important. We should not tolerate use of mental illness labels and insults that dehumanize people. Research indicates that how we refer to people affects how we treat people. This past week, derogatory terms involving "paranoid schizophrenic" were used by a public figure to insult an individual's character. We know that schizophrenia is not a character issue and that such use of language only perpetuates the harm that stigma causes. Thus, we must call out such uses of language as inaccurate, offensive, and harmful and become more aware of our own use of language. Additionally, CIT International supports the use of person first language when referring to people affected by mental illness.

The Importance of Person First Language
CIT International is committed to supporting and respecting the human dignity of all people. We recognize that the language used to refer to individuals with mental illnesses, as well as other illnesses, disorders, conditions or disabilities has the potential to promote bias and demean, or alternatively convey respect and recognition of one's humanity. In order to convey the latter, CIT International recommends the use of person first language when referring to individuals experiencing mental health crises and or living with mental illnesses. Person first language conveys the message that an individual's total identity is not his or her illness label, rather, he or she is a full person that happens to have the experience of mental illness.

While there are varied opinions on specific terminology (person with mental illness, person with lived experience of mental illness), there is research that suggests that *putting the person before the label* does shape how individuals are viewed. A recent study conducted by Granello and Gibbs (2016) asked undergraduate students, community members and professional counselors to complete a measure of tolerance that varied whether they were asked about "the mentally ill" or "people with mental illnesses." Participants that completed the "the mentally ill" version

1310 N 78th Terr.
POB 12388
Kansas City, KS 66112
www.citinternational.org
888|738-2484 (CITI)

showed lower levels of tolerance than those completing the "people with mental illness" version, with professional counselors' tolerance scores being most impacted by the language used (See https://news.osu.edu/news/2016/01/26/person-first/). Both the American Psychological Association (http://www.apastyle.org/manual/related/nonhandicapping-language.aspx) and the Psychiatric Rehabilitation Association (https://www.nccdp.org/resources/PRAlanguageguidelines.pdf) have developed guidelines for person first language. *Basically, the key is to refer to the person before the illness descriptor.* For example, instead of saying "the mentally ill" you would say "**persons with mental illnesses**." Instead of calling a person "a schizophrenic" or a "schizophrenic woman" you would say "**a woman with schizophrenia**" or "**a woman living with schizophrenia**." Again, this suggests that schizophrenia is not her only characteristic. She is a human being and has many important attributes and roles that help define her (ex: friend, employee, caretaker, sister, mother, artist, teacher, partner etc...).

In addition, many Police Departments use mental health call codes with a word attached like "mentals". CIT International recommends police departments consider alternative words to replace outdated or demeaning terms. Some communities use "Crisis Call" or "CIT Call" as their call code.   CIT International recommends non-offensive language be incorporated into Call Codes, General Orders, Investigative Reports etc.

CIT International recognizes that changing the language we use is difficult, particularly in situations where using short hand terminology is common. However, it is worth the effort to ensure we are conveying respect and compassion, and not perpetuating the stigma faced by individuals and families living with mental illnesses.

Granello, D. H., & Gibbs, T. A. (2016). The power of language and labels: "The mentally ill" versus "People with mental illnesses". *Journal of Counseling & Development, 94*(1), 31-40. doi:10.1002/jcad.12059