



Speaking without stigma

A guide to reducing stigma around mental health through the language we use

October 2025

Introducing this guide

This guide aims to help people think about the words we use when talking about mental health. It was first developed to support staff at Turning Point, and now we're sharing it more widely in the hope that more people benefit from its messages. Use it to help reduce stigma through language with family, friends, colleagues, and people we support.

This guidance offers six principles to help us use de-stigmatising, person-centred language around mental health at Turning Point.

It can be used for individual reflection, in a team or a group setting to:

- Enable conversations with your team around mental health language
- Support conversations around language with people you support.

This guidance isn't designed to be a set of rules but prompts to support positive conversations.

Throughout this guidance we refer to "mental health" or "mental health challenges". We acknowledge that people have different preferences around the use of these words – demonstrating that language is personal to every individual.



Speaking without stigma around mental health

Language matters – and it can have a big impact on how we feel, and how we view ourselves and others.



At Turning Point, we aim for the language we use around mental health to always be supportive and enabling, and not stigmatising or exclusionary. We want to make sure we use words and phrases that are inclusive and feel up-to-date.



Language changes – often quite quickly. In supporting people with their mental health, it is important that we regularly reflect on language and evolve the words and phrases we use to represent current understanding and people's preferences.



Working with the people we support and our colleagues, we've developed some principles to ensure the language we use is empowering and helps reduce any mental health stigma that people might face.



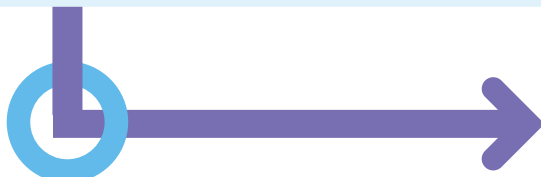
"Language is so powerful - especially when it comes to discussions about mental health. I don't want to be defined by my mental health challenges as I am an individual with a unique set of problems, characteristics and personality."

Muhammad, supported by
Turning Point



"Stigmatising language can cause damage that isn't always visible - reinforcing negative stereotypes and impacting how we feel about ourselves. As colleagues, thinking about the words we use - and making some small changes - can help reduce stigma around mental health and empower people in their own support and in their lives."

Serena, Turning Point colleague





“When working with people, communication and language are our primary tools. It seems counterproductive to use stigmatising or negative tools which are likely to only make our task more difficult.

I’d encourage you to use this guide to prompt conversations with colleagues and people you’re supporting. Language is a personal thing, but having open, thoughtful conversations around it can help us work towards reducing stigma people often experience related to their mental health.”

Stephen, National Head of Service for Mental Health at Turning Point



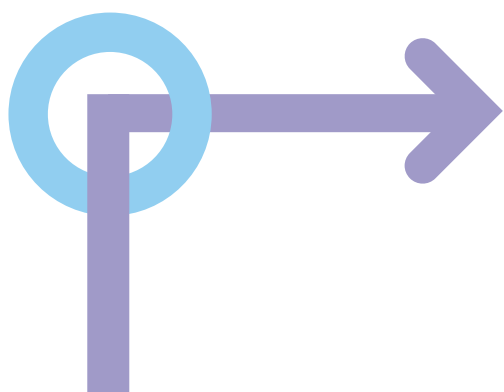
1. Some words are just not okay

The use of derogatory words relating to mental health - intended to hurt or exclude people - is never acceptable.

There are some words that have been used historically to purposefully stigmatise and hurt. For example, “psycho” or “schitzo”.

Such words – which we can call “slurs” - have contributed to people feeling isolated and rejected in society, and less likely to access treatment and support when they need it.

At Turning Point, we work in an empathetic and compassionate way with the people we support and our colleagues. Everyone is expected to use language intended to uplift and empower people. It is not acceptable for colleagues to use derogatory mental health language when talking to or about people we support or each other. It goes against our values and our commitment to Equality, Diversity and Inclusion.





Top tip...

If you hear derogatory words used by colleagues – feel able to question and challenge this.

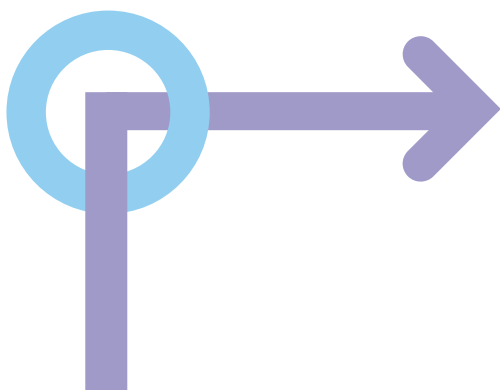
Consider how, where and when you do so – and in the spirit of helping to reduce stigma rather than to intentionally shame someone. It may be a genuine lack of thought, knowledge or understanding.



Think about...

How confident would you feel to challenge a colleague if they used derogatory language around mental health?

If you're unsure about having this conversation, speak to your manager for support around how you might approach this.



2. Language in casual conversation

Be aware of the impact words around mental health can have when used in casual conversation, regardless of intent.

There are some words that are regularly used in everyday conversation and are ingrained in our language. These words don't always seem obviously stigmatising. They are not always intended to hurt and may not, on the face of it, have a negative connotation.

Sometimes, these are used in a familiar, positive, or even affectionate way.

For example...

"He's really crazy – you'd love him!" or "it was such a mad night out - we had a great time"

Even if our language and words are being used with positive intent, they could have a negative impact on how people feel about their mental health when hearing them used in conversation.



"Crazy" "Off their rocker"
"Away with the fairies"
"Insane"
"Loopy" **"Mental"** "Whacko"
"Screw loose" "Not all there" "Bonkers"
"Head case" **"Mad"** "Losing it"
"Nuts"

Think about...

- How often you hear or use any of these words or phrases?
- How might people feel hearing these?
- What other words could be used instead?

3. Using clinical terms sensitively

Be mindful about casually using clinical terms around mental health, trauma and neurodivergence to describe your own or other people's feelings or behaviours.

With more knowledge in society around mental health, and increased awareness of how our brains process things differently, we see clinical terms being used more and more in general conversation. For example, people referring to themselves and their behaviours, referencing things like ADHD, Bi-polar, and OCD.

Sometimes people may have a diagnosis, and they are choosing to share this in an environment they feel comfortable in.

Other times, people use these terms in reference to personality traits or tendencies they see in themselves or others - which have not been formally diagnosed.

Using terms casually may feel diminishing of conditions and experiences people have, so it's worth us being aware and considerate around how and when we use them.

Think about...

Have you heard these used in casual conversation?

"I'm feeling a bit bi-polar"

"Oh, it's just my OCD"


"That's a bit triggering"

"It's been such a manic day"

"It's my ADHD brain talking"

"I'm sure he's on the spectrum"

"It's so depressing"



What reactions might different people have when hearing these phrases?

4. How people describe themselves

Be led by the language people use to describe their own mental health but be curious if they use words that are self-stigmatising.

How people choose to describe themselves, their behaviours and diagnoses is unique to them.

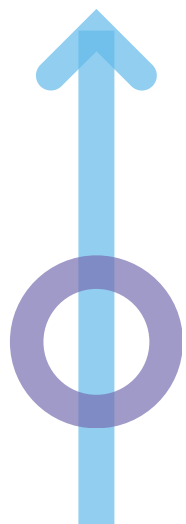
People may sometimes use words or phrases that feel outdated to us and contrary to what is outlined in this guidance.

We should never tell people what language they can or cannot use to describe themselves, but we should feel able to be curious about stigmatising words they use and why they choose to use them. It may be related to how others have described them or made them feel before and linked to their own feelings around value and worth.



For me, I prefer someone to speak about my “emotional wellbeing” rather than my “mental health” – it just makes me feel a bit more comfortable when that language is used.”

Member of Turning Point’s Mental Health Lived experience group, Horizons



Where it feels appropriate to, we can explore this through conversation with them. We can share why certain words may be seen as self-stigmatising and offer suggestions for alternative words they may wish to use instead. This could help destigmatise individuals' own perceptions of themselves and build confidence and self-worth.

Think about...

How can you have a conversation with someone who uses stigmatising words about themselves?

- Enquire gently what this word means to them
- Share with them why it may be seen as stigmatising
- Offer alternative language they may want to consider.

For example...


"I see the many good qualities and strengths you have – so I would prefer not to use a word like this when I describe you. How does that feel to you?"

5. Diagnoses and labelling

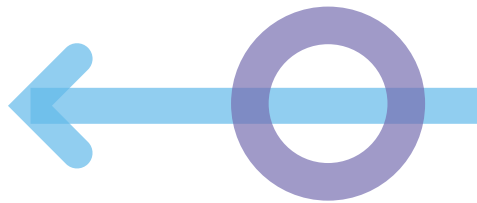
Use language that is person-centred, focussing on the individual, their strengths and qualities, rather than unnecessarily over-labelling them with their diagnosis.

Clinical diagnoses are important as they enable people to access the right treatment and support for them. However, a diagnosis can feel like a label that doesn't encompass the impact a condition has on someone – their own feelings, behaviours and challenges around it – which will be unique to them.

Leading with person-centred language to describe someone's character, the strengths and qualities they have that make them who they are, can have a positive impact. It can encourage people we support to reflect on themselves positively rather than their diagnosis becoming their identity.



This approach can be used when speaking to people directly but also when speaking about them to others and when writing in notes.



Think about...



Describing someone and their diagnosis:

"K is bipolar. When having an episode, she won't engage and neglects herself. She won't do anything with her time and this makes her worse."

An alternative option could be:

"K is a friendly person who enjoys talking about her hobbies and interests. She works hard to understand her diagnosis of bi-polar and manage it as best she can with support. When she does experience a low, K can find it hard to communicate how she's feeling, become isolated and can find managing personal care difficult."

- How do each of these descriptions of K feel to you?
- How do you think K would feel hearing or reading either?



6. An ongoing conversation

Have open and honest dialogue around language on an ongoing basis with people we support and colleagues.

How we feel about particular words and phrases can change, so keeping the conversation live helps establish and re-establish boundaries and preferences people have around language.

We can use the principles in this guide to prompt conversations within our teams.

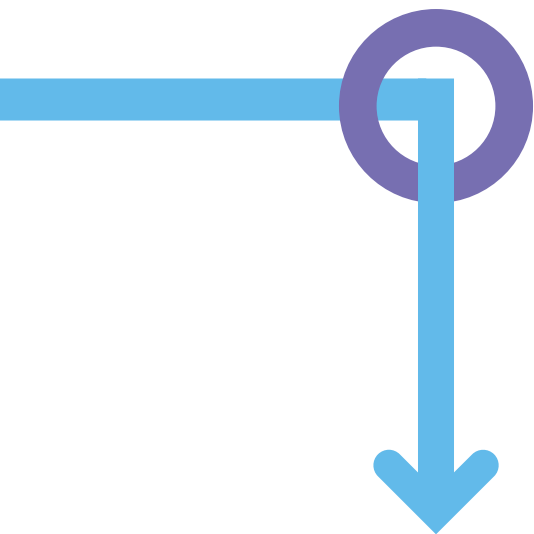
We could also have collective conversations around this with colleagues and people you support to understand how different uses of language can make people feel.

A specific conversation about language at the beginning of someone's support can help identify any preferences they have which can be recorded in their support plan. This can be revisited at different times in one-to-one support and any changes around the language people are most comfortable with can be noted and shared.

This way, all communication relating to that individual – to them or about them – will reflect their preferences around language.

Think about...

- Keep it on the agenda – so it's not a one-off conversation
- Be open to challenge, to listen and learn
- Remember language is as powerful when written down as when it's spoken.

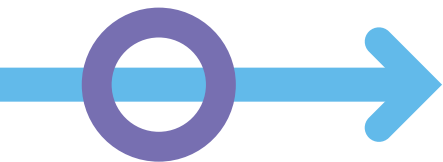


What could you do to help de-stigmatise language around mental health?



This guide has been co-produced with people we support and colleagues at Turning Point and has been informed by the below publications:

- Mental Health Foundation - Why the language we use to describe mental health matters
- Mind - Mental health language
- The Mental Health Coalition - Language Guide
- Think Local Act Personal - Communicating about mental health



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