

# DMH MENTAL HEALTH AWARENESS MONTH NEWSLETTER

May 2019

Week Three

## Welcome to Week 3 of Mental Health Awareness Month.

This week we will focus on the use of inclusive language. Inclusive language is language that is free from words, phrases or tones that reflect prejudiced, stereotyped or discriminatory views of particular people or groups. It is also language that doesn't deliberately or inadvertently exclude people from being seen as part of a group. Inclusive language has a simple purpose: to ensure that a piece of communication—it may be written or spoken—does not discriminate against groups of people in the community.

### Use Person-First Language

Why? It centers the individual person and not one of their identities/attributes/diagnoses.

Say This!	Not That!
Person who experiences anxiety	Anxious person
Someone who has Borderline Personality Disorder	'They're a borderline'
People diagnosed with schizophrenia	'Schizophrenics' or 'Schizophrenic people'
The person died by suicide. It was a suicide death. They took their own life.	The person committed/completed suicide. It was a successful suicide.

**Note:** Some people and communities do use identity-first language to describe themselves.

### Honor the Voice of those with Lived Experience

Why? Those in the community should guide our language, as they are the experts about what feels inclusive. If a term or phrase centers one person's experience as 'normal/good' and another's as 'abnormal/bad', that is not inclusive and should be changed.

- Many people prefer **'hearing voices'** to 'auditory hallucinations'.
- The term **'substance use'** is more inclusive than 'substance abuse'.
- People **'experience a mental health condition'** they are not 'suffering from a mental health condition'.

### Be a Proactive Ally to Underrepresented Groups

Why? People from underrepresented groups are more likely to experience stress due to oppression. You can reduce the burden of this stress by creating safe spaces through your actions as an ally.

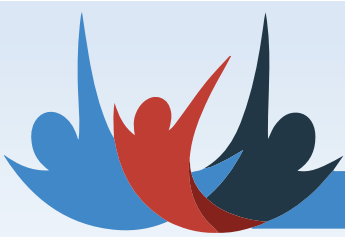
#### Ask yourself:

- Whose ideas are most present?
- Who isn't being taken as seriously?
- Who is absent from this conversation?

#### Are you considering the needs of:

People of color, ethnic groups in your region, English language learners, people from different religions, people with different genders, sexualities, ages, documentation statuses, abilities, and/or socio-economic statuses?





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## National Children's MENTAL HEALTH AWARENESS DAY

American Indian/  
Alaska Natives have the  
**highest rates of  
suicide** of any racial/  
ethnic group in the  
United States.

CDC, March 2, 2018

More than **1/3** of  
American Indians/Alaska  
Native suicides occurred  
among youths aged  
**10 - 24.**

Center for Native American Youth at  
the Aspen Institute

**10%**  
of American Indian/Alaska  
Native middle school  
students in Vermont  
have ever tried to kill  
themselves.

2017 VT Youth Risk  
Behavior Survey

## Preventing Suicide: **EVERYONE** *Has A Role To Play*

If someone you care about is showing signs of suicidal behavior, don't be afraid to ask. Don't worry about being wrong. It is estimated that **80%** of those thinking about suicide want others to be aware of their emotional pain and to keep them from dying.

Talking about suicidal thoughts will not plant the idea in someone's mind. It can come as a great relief to that person. It is also not true that people who talk about killing themselves will not actually try it.

***It is important that you  
take them seriously.***

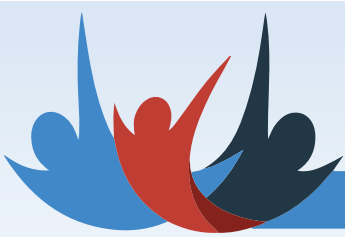
### Where to Get Help:



**CRISIS TEXT LINE**

Text VT to 741741  
Free 24/7, Confidential

THE **TREVOR** PROJECT  
**LGBTQ CRISIS HOTLINE**  
**CALL 1-866-488-7386**



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**13%**  
of American Indian/  
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students in Vermont  
made a plan on how to  
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previous year.

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