



Our words matter:

Quick reference guide

for researchers

This guide has been developed to support researchers to communicate about mental health and wellbeing, mental health concerns, suicide and use of alcohol and other drugs (AOD). It should be referred to when selecting wording in a research piece, when communicating about research through the media or to the public, or presenting to peers.

Where possible, use language that is safe, non-stigmatising, and considerate of the diverse experiences of particular audiences and populations.

Researchers have an opportunity to reduce stigma in the way they communicate and disseminate results and engage with people who have a lived or living experience.

To help you choose which words to use, we recommend utilising this guide in conjunction with the *Our Words Matter: Guidelines for language use* and the *Our words matter: Glossary of terms*.

For more detail and context, access the guidelines, glossary and other supporting resources [here](#).



Always consider the impact of language on the people that you are writing about and the people who will be reading or hearing about your research.

Key guidance:

- Avoid using the term ‘commit’ when referring to suicide as the term’s association with crime and/or sin can be stigmatising.
- Use person-first language. Instead of referring to someone as “an addict” or “a schizophrenic,” use language that emphasizes the person, like “a person living with addiction” or “a person with a diagnosis of schizophrenia.”
- Be specific, accurate and avoid sensationalised language in titles, headings, abstract or body of a report. Use precise language to describe a person’s condition or behaviour, without resorting to stereotypes or stigmatising terms.
- Consider context. The language used in research journals and academic settings may be different from the language used in everyday conversations and when communicating research results to the general public.
- Avoid language that is judgmental or dismissive, and instead use language that promotes understanding and empathy.
- Use language that promotes help-seeking behaviour and that doesn’t discourage people from seeking help or for others to offer help and support.
- Respect personal preference. Some people may prefer different terms or labels to describe their experience or diagnosis.
- Keep updating your language. It’s important to keep updating the words and language used in line with current evidence and preferences. Visit the [Our Words Matter: Glossary of terms](#) for the most updated list of definitions and preferred terms.
- Where possible, avoid disclosing explicit content, including details of a suicide or self-harm method, particularly when communicating about the results through the media as it may impact vulnerable people and lead to further suicidal behaviour using the same methods.
- Where possible, work with journalists to adhere to the *Mindframe* guidelines when sharing research results.
- Where possible, avoid academic, coding or data related terms as these may not be understandable to those reading the research.

