

Listening Sessions: Requested Conduct

1. Focus on **Listening** to each person – *Not Reacting*
 2. **One person** speaks at a time – *No side bars*
 3. Focus on **Personal Experience** (“Story”)
 4. Keep **Comments Short** if possible – *Do not monopolize.*
 5. Silence **Cell Phones**
 6. [Person-First Language](#)
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Person-First Language

When speaking about people with mental illness or substance use issues, it is important to use "person-first language", terminology that is positive and reflective of the person first.

Generic phrases such as "the mentally ill", "schizophrenic" or “addict” are not appropriate since they convey a lack of appreciation for and depersonalize the individual. These terms communicate and reinforce the discriminatory notion of a special and separate group that is fundamentally unlike the rest of "us."

The use of person-first language such as "a person with schizophrenia," "an individual with bipolar disorder," or "people with mental illnesses," communicates first that they are people and second that they have an illness. Use of person-first language, although sometimes wordy, is important.

Language to Avoid

- Mentally ill (or “The Mentally Ill”) • Crazy, nuts, etc.
- Mentally defective or disturbed • Emotionally challenged
- Differently-abled • Victim or sufferer • Addict

Person-First Language:

- Individual with lived experience of mental illness • Person with a substance use condition
- Person with schizophrenia • Person with a mental illness • Person with bipolar disorder
- Person with a psychiatric or psychological disability