PEER SUPPORT

Power of Person-First Language

E4CENTER
Center of Excellence for Behavioral Health Disparities in Aging

Ageism, Stigma and Mental Health

Older adults experiencing mental health issues often encounter ageism and stigma that can prevent them from accessing treatment. As peers and professionals working with older adults, we must recognize that words and language matter. We can make a big impact by changing the way we talk about older adults and common health concerns.

- Ageism refers to prejudice or discrimination based on age. Ageist beliefs can result in untreated or undertreated medical and mental health conditions including depression, anxiety, memory loss, dementia, and pain. For example, a clinician might dismiss an older adult's concerns about their symptoms by commenting "This is just a part of getting old."
- Mental health stigma is more prevalent among older adults, due to personal and historical experiences with mental health care. Some have experienced trauma caused by the healthcare system. Our job is to ensure that the healthcare experience identifies and serves client goals and is nonjudgmental, equitable, accessible, and trauma-informed for the older adults we serve.
- "Elderspeak" is a common, but harmful style of speech often used when interacting with older adults. Elderspeak sounds like "baby-talk," or talking to a small child or pet. It can be disempowering, patronizing, and invalidating. Research has shown that elderspeak contributes to poorer health outcomes and worsening relationships between providers and older adults.
- Autonomy is the right to make informed decisions. Often, ageism presents as talking about the older adult to others in the room, such as the family caregiver, but not directly to them. When conversations are directed in this way, the older adult may feel disempowered, disengaged, or disrespected. When speaking with older adults, speak directly to them first and encourage them to make their own decisions, unless otherwise determined non-decisional.

Language Matters: Person-first Language

Person-first language reinforces that each older adult is greater than and comes before any diagnosis, clinical state, or judgment. Person-first language emphasizes that each individual is a whole person with unique strengths, experiences, and value, rather than reducing people to a singular diagnosis or a clinical label. Peer supporters and clinicians both have a unique position in modeling destigmatizing language as well as positive perceptions on aging. Here are some strategies for using person-first language.

- **Focus on the older adult's strengths, rather than deficits.**
  Try saying "**May is an active older adult who lives independently and is diagnosed with depression**" rather than "Patient is an elderly, depressed woman who lives alone."
- **Use humanizing language.**
  Try saying "**John lives with schizophrenia and resides at a shelter on Pine Street**" rather than "John is a chronically homeless schizophrenic, housed in a shelter."
- **Speak about older adults who have health conditions in an empowering way that promotes personal agency.**
  Try saying "**Ms. Tyson is managing her depression symptoms**" rather than "Ms. Tyson suffers from depression."
- **Avoid ageist phrases**
  Try saying "**John lives with schizophrenia and resides at a shelter on Pine Street**" rather than "John is a chronically homeless schizophrenic, housed in a shelter."

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Below are examples of some commonly-used phrases used in clinical settings that can be stigmatizing and/or ageist, along with person-first alternatives:

Try:	Instead of these words and cues:	This matters because:
Speaking nonjudgmentally about health behaviors: "He has difficulty adhering to his medication regimen"	"Medication non-compliant"	The term "non-compliant" sounds authoritarian. It fails to acknowledge a variety of reasons why someone might not adhere to their medication plan.
Describing specific behaviors: "She expresses anger by… (raising voice, swinging her arms, grabbing, etc.)"	"Aggressive"	The term "aggressive" does not describe the actual behavior. It can unfairly label someone as "difficult," and can affect how staff provide care.
Emphasizing that people live with conditions, rather than being defined by them: "Mr. Jones lives with memory impairment" or "has been diagnosed with dementia"	"Demented"	"Demented" dehumanizes the older adult and labels the entire person using just one aspect of their impairment."
Using the person's name, or refer to "older adults"	"Elderly" or "the senior"	These labels are not preferred by most older adults, per reearch. They can create an "us-versus-them" mentality.
Using humanizing language: "The older adult required the level of assistance provided by a skilled nursing facility"	"Placed" in a nursing home	Older adults are humans and not objects to be dealt with. The term "placement" diminishes the older adult's autonomy.
Avoiding stigmatizing language: "Older adults diagnosed with borderline personality disorder may engage in ineffective communication styles to gain a sense of control."	"Borderlines can be very manipulative"	Referring to a diagnosis rather than a person is dehumanizing. The term "manipulative" is a value-judgment, rather than a specific description of behavior.
Using person-first language: "A person diagnosed with schizophrenia"	Schizophrenic	Reduces a whole person to a singular diagnosis
Describing specific symptoms: "Mr. Peters is experiencing visual hallucinations and paranoid thoughts"	Patient is psychotic and delusional	"Psychotic" and "delusional" are loaded, but vague labels
Avoiding broad labels that ignore important details: "Sometimes her arthritis makes it difficult for her to step into the shower independently."	Poor ADLs	This phrase is not specific and may make the older adult sound more impaired than they are.
Avoiding elderspeak in speaking and writing: "Mrs. Mary Sheehan is an 85-year-old woman."	Mary is a sweet, old lady	Elderspeak can be paternalistic and infantilizing.