

# WELL BEINGS



## Mental Health Language Guide

**WETA**

SECOND EDITION



# ACKNOWLEDGEMENTS

To all of the supporters, sponsors, funders, and partners of the Well Beings campaign and the Youth Mental Health Project, we thank you. We would not be what we are now without you. To our many advisors, partners, and supporters, thank you for your expertise, your time, and your dedication to our cause - especially Christopher Seeley from the American Psychiatric Association Foundation, and Will Hilbert and Kate Rope from The Jed Foundation. To Kevin “Earleybird” Earley, thank you for the gift of your amazing artwork.

To you, the reader, thank you for your willingness to do this work. Every one of us plays a significant role in creating a world in which young people can live their lives authentically, feel safe, and know that they are being heard and supported.

We created this guide with the hopes that anyone who reads it, regardless of their experience with mental health concerns, finds something useful. With this second edition, we build upon our mission to de-stigmatize and familiarize readers with the most common mental health challenges faced by young people. Together, we can make mental health conversations with youth a common practice. Together, we can save lives.

The National Education Team  
WETA  
Well Beings



# ABOUT THE ILLUSTRATOR



Kevin  
“Earleybird”  
Earley

Kevin “Earleybird” Earley is an artist and musician based out of Northern Virginia. He is a graduate of Pratt Institute in Brooklyn, New York where he studied fine art. His love for hip-hop goes back decades, as he wrote and performed his first raps in elementary school at the age of seven years old. His rap name was given to him by a childhood friend, a pun based on his last name. His challenges with mental health are documented in his father, [Pete Earley's](#) 2007 best selling book, “[Crazy - A Father's Search Through America's Mental Health Madness](#)”, which chronicles his 2002 incident where Kevin broke into a stranger's house and took a bubble bath before being apprehended by the police.

His work deals with mental health, race, privilege and resilience through adversity. He speaks to inspire and resolve stigma through art. He currently works with youth who live with mental health issues and helps mentor them to recover from their respective challenges.

He has been recording and releasing music for over 20 years. He lives in the Northern Virginia area of the D.M.V. (District, Maryland & Virginia) where he was born and raised.

He believes in the healing properties of art and music. Music is essentially sound vibrations, and he works to create positive vibrations that have the power to help people recover and thrive from the challenges they face in life.

Kevin Earley is one of several dozen people interviewed in the documentary ***Ken Burns Presents Hiding In Plain Sight: Youth Mental Illness: A film by Erik Ewers and Christopher Loren Ewers***—featuring courageous voices speaking about their lived experiences with mental illness, particularly twenty-two young people, ages 10 to 27. Kevin and his father Pete share their personal journeys, and through Kevin's drawings and other art, viewers see expressions of pain, hope, and resilience as a family explores the stigma and discrimination surrounding mental health.



# CONTENTS

## INTRODUCTION 1

- Purpose of This Guide
- About Well Beings and the Youth Mental Health Project

## BASICS 2

- Why Language Matters
- What is Mental Health?
- Person-First Recovery Model
- Setting the Right Environment
- Discussing Youth Mental Health Concerns
- Do's and Don'ts of Mental Health Conversations

## CARING FOR DIVERSE POPULATIONS 6

- LGBTQIA+ Individuals
- Black, Indigenous, People of Color (BIPOC)
- People with Disabilities
- Refugees
- Living with PTSD
- People Living with Eating Disorders

## APPENDIX 13

- Key Terms
- Resources
- Dates to Remember

# INTRODUCTION

## PURPOSE OF THIS GUIDE

The purpose of this guide is to address stigma around mental illness and equip users with person-first language tools for discussing mental health concerns with youth. To operationalize the term, we define youth as ages 14-22 years old. In creating this guide, we hope to empower all individuals, regardless of their experience, to have meaningful conversations with young people about their mental health and lived experiences. Through these conversations, we may save lives.

## ABOUT WELL BEINGS AND THE YOUTH MENTAL HEALTH PROJECT

The **Well Beings** campaign addresses the critical health needs in America through original broadcast and digital content, educational resources, engagement campaigns, and impactful local events. The multiplatform campaign, created by WETA Washington, D.C., brings together partners from across the country, including youth with lived experience of mental health challenges, families, caregivers, educators, medical and mental health professionals, social service agencies, private foundations, filmmakers, corporations and media sponsors, to create awareness and resources for better health and wellbeing.

The **Youth Mental Health Project** is a major public media multi-platform project to address mental health conditions. As mental health concerns often first present themselves in youth, this project primarily centers on the needs of this cohort. With public media's reach through television, radio and digital content, and its community-based network for public engagement — the Youth Mental Health Project is raising awareness about mental health challenges, addressing the stigmatization that often prevents people from seeking care, focusing on the lived experiences of individuals dealing with mental health conditions, and fostering and convening ways for communities to support each other and encourage compassion.

The public can join the conversation on youth mental health by using #WellBeings, visiting [WellBeings.org](https://www.wellbeings.org), or following @WellBeingsOrg on [Instagram](#), [Facebook](#), [YouTube](#), [TikTok](#), or [X](#).





# BASICS

## WHY LANGUAGE MATTERS

We strongly believe that words have power. Language plays an important role in helping fight stigma, or unknowingly reinforcing it, so we must do all that we can to destigmatize and support those with mental health concerns.

## WHAT IS MENTAL HEALTH?

Mental health describes the state of a person's emotional and psychological well-being. This includes one's ability to cope with everyday stresses and working productively. When discussing mental health, it is important to note that there are no absolutes. Mental health exists on a spectrum.

## PERSON-FIRST RECOVERY MODEL <sup>1,2,3</sup>

A person is more than their health condition. When speaking to (or about) someone living with a mental health condition, use person-first language that focuses on the individual, not the illness.

PERSON-FIRST PHRASES	SIMILAR TO ALL HEALTH CONDITIONS
"they/she/he have schizophrenia"	"they/she/he has high blood pressure"
"they/she/he live(s) with depression"	"they/she/he live(s) with diabetes"
"they/she/he are recovering from [substance] use disorder"	"they/she/he are recovering from a broken leg"
"They/she/he has lived experience with depression"	"they/she/he has lived experience with loss of vision"

**Person-first language** is essential to the recovery-oriented model, which sees the individual as having a central role in defining and developing treatment for their condition. It is founded on the belief that people are the best experts of themselves. We invite you to take this language further by calling people "community members" as everyone is a member of a community.



---

<sup>1</sup> Mental Health Assoc. Of San Francisco training guide

<sup>2</sup> <https://www.samhsa.gov/find-help/recovery>

<sup>3</sup> American Public Media *Call to Mind* Style Guide  
<https://www.apmdistribution.org/about-apm-distribution/docs/apm-call-to-mind-style-guide.pdf>

# BASICS

## WHAT IS THE RECOVERY MODEL?

A diagnosis does not define a person's identity, but when people are labeled by their condition it is easy to focus more on the illness than the individual. Much of how mental health is commonly discussed is based on the traditional medical model which focuses on addressing physical symptoms of mental illness. Today, the patient-centered recovery model is a main framework through which people understand and treat mental illness.

Some of the differences...

MEDICAL MODEL	RECOVERY MODEL
Focus has traditionally been on illness (i.e. <i>"What's wrong with you?"</i> )	Focus is on the person, or What Happened/Is Happening to You?
Focus is on the treatment of the illness	Focus is on individual healing and transformation
Medical provider is in charge and holds the knowledge	Individual is the expert on themselves; shared decision making with others who hold other knowledge

Mental health, just like physical health, exists on a spectrum. Health is not static, and when talking about someone's mental health, language should reflect that a person's mental health condition is not fixed. Some people have chronic illnesses, while others deal with symptoms that can fluctuate in severity over any period of time due to "temporary or situational circumstances." It is important to use language that contextualizes illness.

## SETTING THE RIGHT ENVIRONMENT

Our casual conversations in front of and with youth can impact whether they might feel comfortable talking with an adult when a mental health concern might arise. In today's culture, we use mental health diagnostic terms to describe things that happen in everyday life, from describing the weather as "bipolar" or casually mentioning that some event in life makes one want to "shoot" oneself. These may seem like harmless ways to communicate what is happening in our lives, but the intent does not always match the true impact of the words. In creating an environment where youth feel comfortable talking about their mental health concerns, we must commit to using more appropriate language to describe situations and eliminate diagnoses as descriptive terms.

OLD PHRASE	NEW PHRASE
The weather is so "bipolar"	This weather is so "unpredictable"
That assignment was "depressing"	That assignment was "stressful"
That's "crazy" / "insane" / "mad" / "nuts"	That's "unimaginable", "out-there", "hectic"
I'm so "addicted"	I'm very "invested"
I'm so "OCD"	I'm so "particular"
"I just want to blow my brains out." "Just shoot me and get it over with" "This makes me want to kill myself"	Note: When you hear statements like this, treat them seriously. You may ask "Are you thinking of harming/killing yourself?"
The man committed suicide	The man died by suicide

# BASICS

## DISCUSSING YOUTH MENTAL HEALTH CONCERNS

When talking through mental health concerns with youth, it is important to note that the goal is to ensure that they feel loved, respected, heard, and seen. There are many contributing factors to youth mental health that include, but are not limited to:

- Depression
- Anxiety
- Gender identity
- Sexual orientation
- Race
- Housing insecurity
- Food insecurity
- Body image
- Bullying

In order to begin the conversation surrounding these topics, adults must acknowledge their own biases and cast them aside for the sake of the younger individual(s). Remember, the goal is to provide a safe space for young people to share their truths. This may, at times, mean understanding that the youth's own biases can influence their willingness to speak freely with you. Give yourself grace and do not take it personally. Youth, just like adults, have lived experiences that shape the way in which they view the world. In these instances, you may ask if they would like to be connected with someone else.





# BASICS

## DO'S AND DON'TS OF MENTAL HEALTH CONVERSATIONS

Adults may need additional help to reach youth where they are. Below are tips for conversing with youth about their mental health. These may help to begin meaningful dialogue.

DO	DON'T
Ask open-ended questions to give the young person a chance to share complete thoughts.  <i>"How are you?" "How does this make you feel?" "What are you feeling right now?"</i>	Dismiss mentions of uneasiness or sadness.  <i>"You'll be ok" "This happened to me and I turned out fine!" "Calm down"</i>
Listen intently to their feelings and ensure that they know their feelings are valid. Ask for clarity when necessary.  <i>"You have every right to feel these feelings" "Why did that make you feel that way?"</i>	Invalidate the feelings they share with you.  <i>"What do you have to be sad about?" "You're too young to be depressed"</i>
Have the conversation in a comfortable, one-on-one setting (e.g. In a private room, in the car, while having a meal, outdoors while completing a physical activity together, etc.)	Attempt to have a personal conversation in a space that is not conducive to privacy (e.g. at the family dinner table, in the middle of the classroom, etc.)
Be encouraging and offer unwavering support while they are on their journey.  <i>"How can I support you?" "What do you need?"</i>	Say that "everything is going to be alright", we cannot guarantee after we are done that things will get better, it takes time and effort to really recover from a mental illness.
Share lived experiences, when relevant. Finding common ground can help the young person to open up.	Offer specific solutions to issues, what worked for you might not work for this youth. We want to leave the solutions to the mental health professionals.
Ensure that you are creating a safe space by setting honest expectations for interaction.	Make promises to keep something a secret. Secrets can build trust, but we must be careful, as an adult you can keep information private, which is only sharing it with people who need to know. The mental health professionals have confidentiality, and we can encourage youth to share private things with them.
Follow up. Keep the line of communication open by reassuring them that it's OK to talk to you about anything.  <i>"How can I support you?" "I'm always here to listen."</i>	Assume that after one conversation things will change or a student's feelings will 'stop.'

# CARING FOR DIVERSE POPULATIONS

## L.G.B.T.Q.I.A.+ INDIVIDUALS

Youth belonging to the collective lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual/allies (LGBTQIA+) communities often face discrimination and abuse that **greatly impacts** their mental health. It is important for those caring for these youth to use inclusive language that is also respectful of their identity. Using proper pronouns and non-judgmental language helps to make these youth feel safer in sharing their experiences.

To show care and compassion for these youths, it is important to avoid language that assumes that everyone is heterosexual and/or **cisgender**. Cisgender describes people whose gender identity coincide with their given sex at birth. When discussing gender identity, it is important to avoid **misgendering** and **deadnaming**. To be misgendered is to be referred to with a pronoun that does not encapsulate how that person identifies. When talking to community members who are transgender, deadnaming is calling the person by the name they were given before transition (i.e. birth name) and not acknowledging them in their current identity. If you are ever unsure, it is alright to ask for the individual's preferred pronouns. Establishing how that person prefers to be referred to is a strong step in making them feel comfortable and respected.

Some examples of gender pronouns include:

SUBJECTIVE	OBJECTIVE	POSSESSIVE	EXAMPLE
He	Him	His	He is walking the dog. I had coffee with him yesterday. The red car is his.
She	Her	Hers	She is walking the dog. I had coffee with her yesterday. The red car is hers.
They	Them	Theirs	They are walking the dog. I had coffee with them yesterday. The red car is theirs.

# CARING FOR DIVERSE POPULATIONS

## BLACK, INDIGENOUS, PEOPLE OF COLOR (BIPOC)

The term **BIPOC** refers to Black, Indigenous, and People of Color. Youth belonging to this population experience **microaggressions**, discrimination, racism, prejudice, and more that impact their mental health. In addition to these, young people may experience additional traumas when seeing negative treatment of people in their communities (i.e. reports of race-related attacks, mass murder in religious buildings, etc.). Adults may intervene by creating dialogue around these topics and involving young people not of the community to learn how to be an ally. Teaching tolerance and respect for people from diverse backgrounds can lower rates of anxiety, bullying, suicidal ideations, and more. To effectively tackle these issues, adults must first acknowledge their own biases and preconceived notions about these populations. To help with this, adults can approach engaging in sensitive conversations by asking any of these questions:

*“Have you ever experienced racism?”*

*“Have you ever felt targeted or discriminated against because of your race?”*

*“Have you seen someone else experience racism?”*

*“How does racism impact you physically and mentally?”*

## PEOPLE WITH DISABILITIES

Those with disabilities, whether physical, mental, easily perceptible, or not, deserve to be treated with the same respect and care as those without. In youth, particularly in a school setting, disabilities can exacerbate mental health concerns. Creating an environment of inclusion, where a person’s disability is respected, yet not singled out is important. Asking open-ended questions, without assumptions, can help to create an honest dialogue. Please see the Do’s and Don’ts of Mental Health Conversations on page 5.

When speaking to youth with disabilities about their mental health, it is important to remove all ableist language. **Ableist language** refers to words, phrases, and sentiments that are exclusionary to people with disabilities. Avoid phrases like “suffering from,” “afflicted by,” “victim of,” etc. These phrases cast negative assumptions onto the person with the disability. For guidance on how to refer to a person’s disability, please review the chart on the Person-First Recovery Model on page 2.





# CARING FOR DIVERSE POPULATIONS

## REFUGEES<sup>4, 5</sup>

**Refugee** students and displaced youth face unique challenges that impact their mental health, however, most adults, teachers, and mental health professionals often receive little formal training on these topics and how to support them.

Refugee youth carry with them the circumstances that led them to leave their home country and obstacles that they may have encountered during their **migration experience**. Upon arrival to a new country, refugee youth can often experience immigration challenges, language barriers, isolation, culture shock, and family adjustments. When considering these hurdles, it’s important to consider the culture of their home country and how it may differ from your own.

It is important for those caring for these youth to use inclusive language that is also respectful of their identity, while making them feel welcome. Using non-judgmental and nurturing language helps to make these youth feel safer in their new environment, while addressing their social and emotional needs.

Social Needs	Emotional Needs
<p><i>To help youth communicate and feel a sense of belonging you can try:</i></p> <ol style="list-style-type: none"><li>Using welcoming language: “You belong here.” “You are safe here.” “You are valued here.” “I’d love to learn more about your culture.”</li></ol>	<p>To help youth feel safe and assist in coping with separation, loss and/or trauma you can try:</p> <ol style="list-style-type: none"><li>Building an emotional vocabulary<ol style="list-style-type: none"><li><i>Associating words with emotions</i><ol style="list-style-type: none"><li><i>Teach feeling words and definitions, and encourage youth to label their feelings with these words, like joyful, proud, calm, scared, disappointed, anxious</i></li></ol></li><li>Daily check-ins</li><li>Calm spaces</li></ol></li></ol>

<sup>4</sup> [Supporting the Mental Health of Refugee Students \(apafdn.org\)](#)

<sup>5</sup> [Mental-Health-Facts-for-Refugees.pdf \(psychiatry.org\)](#)



# CARING FOR DIVERSE POPULATIONS

## LIVING WITH PTSD<sup>6,7,8,9</sup>

Most of us have experienced some kind of traumatic event in our lives, and it's normal to not feel normal after going through a traumatic experience. For days or weeks, you may find yourself struggling with feelings of numbness, trouble sleeping, anxiety and depression as your mind replays what happened over and over again. If you're struggling, you're not alone.

These traumatic experiences can sometimes lead to **post-traumatic stress disorder**, or **PTSD**. PTSD is a mental health condition that is diagnosed when the impact of trauma gets in the way of the things you normally do and enjoy for a month or longer. It can come shortly after a traumatic event or many months—or even years—later, when reminders of your past, referred to as **triggers**, come back into focus.

When a traumatic memory is triggered, youth may experience panic, anxiety, or shortness of breath. One way to manage those moments is to create a grounding and calm environment. You can support the young people in your life by taking their experiences seriously, listening, and suggesting coping skills they can practice. It's also important to be able to refer youth who are struggling to effective mental health [support](#). If they are open to it, help them seek out [professional help](#). They can ask their primary-care physician for a referral or find a therapist who specializes in trauma.

When speaking to youth who are experiencing a PTSD trigger, it is important to use calming language that targets grounding exercises that can help them ride the wave and move forward. Avoid phrases like “calm down” and “you're ok.” These phrases don't provide any sort of guidance and can minimize what a person is feeling. Instead, remind them to take deep breaths and focus on their senses. These simple exercises can relax the brain and help root someone in the present moment so they can stop spiraling:



# CARING FOR DIVERSE POPULATIONS

DO	DON'T
<p><b>Help them practice grounding exercises.</b></p> <p>“Try taking a deep breath.”  “Here are some <a href="#">breathing exercises</a> that can help. Would you like me to do them with you?”  “Let’s try <a href="#">box breathing</a> together.”</p> <p><b>Focus on your five senses.</b> Name things you can touch, smell, taste, hear, and see. This helps someone realize they are safe where they are.</p>	<p>Dismiss mentions of panic or anxiety.</p> <p>“You’ll be ok!”  “Calm down!”  “Nothing’s wrong right now.”  “That happened a long time ago!”  “Get over it!”</p>
<p>Help the person step away as much as possible, to create distance between themselves and the person, place or thing that caused the trigger. Help them find their pocket of safety – a certain calm place or person or <a href="#">listening to music</a> or enjoying a favorite TV show.</p>	<p>Attempt to keep the person in any physical space that isn’t private or peaceful (e.g. at the family dinner table, in the middle of the classroom, etc.)</p>
<p>Be a safe listener while encouraging and offering continued support.</p> <ul style="list-style-type: none"> <li>• “How can I support you?”</li> <li>• “What do you need?”</li> <li>• “I’m always here to listen.”</li> </ul>	<p>Say that “everything is going to be alright.” No one can guarantee the future, and it takes time and, often, professional support to fully recover from trauma.</p>

Finally, it’s important to always remind youth that struggling after trauma is not a sign of weakness, and that speaking up and asking for help is always a true sign of strength. For more detailed information on PTSD, [click here](#).

<sup>6</sup> [How to Cope with Emotional Trauma | JED \(jedfoundation.org\)](#)

<sup>7</sup> [Understanding Post Traumatic Stress Disorder \(PTSD\) | JED \(jedfoundation.org\)](#)

<sup>8</sup> [What is Emotional Trauma | JED \(jedfoundation.org\)](#)

<sup>9</sup> [How Are Trauma and PTSD Treated? | JED \(jedfoundation.org\)](#)



# CARING FOR DIVERSE POPULATIONS

## PEOPLE LIVING WITH EATING DISORDERS<sup>10, 11, 12, 13</sup>

Eating disorders are serious medical conditions that can become life-threatening, but they are treatable. Full **recovery** is possible with the right resources and support. Nearly one in 10 people of all genders, ages, races, and socioeconomic statuses will develop an eating disorder at some point in their lives, which can present themselves in many ways.

Eating disorders are often misunderstood, because of the diet culture we have all been brought up in, and it’s understandable if you are not sure how to open up a conversation with someone you are concerned about or feel hesitant to share your own challenges. But the sooner eating disorders are effectively treated the better the chance of full recovery. That means it’s important to speak up if you are struggling or if you are concerned about someone you love. Here are some ways to do it.

For adults who want to support teens and young adults, a really good starting place is getting curious about your own relationship to food and body image. You might ask yourself:

- “Do I hold biases toward people in larger bodies?”*
- “What privileges and/or struggles do I have when it comes to my body image?”*
- “What is my relationship with food?”*
- “How do I talk about food and my body with others?”*

Understanding where you are coming from will help you reduce the biases or assumptions you bring to your conversations with others. Here are some do’s and don’ts:

DO	DON'T
Express your concerns without judgment.  Use “I” statements and calmly share specific examples of why you’re worried. <ul style="list-style-type: none"><li>“I’ve noticed you haven’t been eating lunch with your friends anymore.”</li><li>“I’m worried about how much you are exercising.”</li></ul>	Unload your fears and worries. <ul style="list-style-type: none"><li>“You never eat!!”</li><li>“You look so sick and skinny!”</li><li>“I hope you don’t have an eating disorder!”</li></ul>
Provide support by encouraging them to get professional help.  Eating disorders are serious but fully treatable and everyone deserves care and treatment. <ul style="list-style-type: none"><li>“You can recover from this.”</li><li>“I know getting help can feel really scary, but I’m here to support you.”</li></ul>	Make promises or demands/rules for recovery. <ul style="list-style-type: none"><li>“I won’t tell anyone.”</li><li>“You just have to eat.”</li></ul>

<sup>10</sup> [Understanding Food and Body Image Struggles | JED \(jedfoundation.org\)](#)

<sup>11</sup> [Understanding Eating Disorders | JED \(jedfoundation.org\)](#)

<sup>12</sup> [Help Someone with an Eating Disorder or Body Image Issues | JED \(jedfoundation.org\)](#)

<sup>13</sup> [Tips for a Healthy Body Image | JED \(jedfoundation.org\)](#)

# CARING FOR DIVERSE POPULATIONS

Finally, it's important to let youth know that while eating disorders are serious, they are also fully treatable health conditions, and they are worthy of—and deserve—care and treatment. Offer to connect them with [resources](#) and let them know they're just one call, text, or chat away from people who know exactly what to do.

- Contact the [National Alliance for Eating Disorders helpline](#), which is run by licensed therapists who specialize in eating disorders.
- Call 866-662-1235 or email [info@allianceforeatingdisorders.com](mailto:info@allianceforeatingdisorders.com) to get referrals to all levels of care. The helpline is open from 9 a.m. to 5:30 p.m. EST Monday through Friday. If help is not immediately available, your call will be returned as soon as possible.
- Text HEALING to 741-741 for a free, confidential conversation with a trained counselor any time of day.
- Text or call 988 or use the chat function at [988lifeline.org](https://988lifeline.org).

For more detailed information on eating disorders, [click here](#).



# APPENDIX



# A. KEY TERMS

<b>ABLEIST LANGUAGE</b>	Referring to words, phrases, and sentiments that are offensive and/or exclusionary to people with disabilities
<b>AGENDER</b>	A person who does not identify as any gender.
<b>ADJUSTMENT DISORDER</b>	An emotional or behavioral reaction to a stressful event or change in a person's life.
<b>ANOREXIA</b>	An eating disorder characterized by restriction of food intake leading to low body weight, typically accompanied by intense fear of gaining weight and disturbed perception of body weight and image.
<b>ANXIETY</b>	Feeling uneasy, worried, and/or nervous about what is to come; a reaction to stress.
<b>ASYLUM</b>	The protection granted by a nation to someone who has left their native country as a political refugee.
<b>AVOIDANT FOOD INTAKE DISORDER</b>	An eating disorder in which people avoid eating or eat only a very narrow range of foods.
<b>BINGE EATING</b>	The consumption of large quantities of food in a short period of time, typically as part of an eating disorder.
<b>BIPOC</b>	Referring to Black, Indigenous, and People of Color.
<b>BIRTH TRAUMA</b>	Shorthand phrase for post-traumatic stress disorder (PTSD) after childbirth.
<b>BIPOLAR DISORDER</b>	A mental condition that causes atypical changes in mood, ability to concentrate, level of activity, performing and day-to-day tasks.
<b>BODY DYSMORPHIA</b>	A mental illness involving obsessive focus on a perceived flaw in appearance.
<b>BODY IMAGE</b>	How one perceives and feels about their physical self, but it may or may not bear any relation to how one actually appears.
<b>BULIMIA</b>	An eating disorder characterized by regular, often secretive bouts of overeating followed by self-induced vomiting or purging, strict dieting, or extreme exercise, associated with persistent and excessive concern with body weight.
<b>BULLYING</b>	The act of harming, coercing, and/or intimidating a person who appears vulnerable.
<b>CISGENDER</b>	A person whose gender assigned at birth matches their gender identity.
<b>COMPENSATORY BEHAVIORS</b>	Eating disordered behaviors designed to counteract the effects of eating in order to avoid weight gain or to alleviate guilt associated with eating.
<b>DEADNAME</b>	To refer to a transgender person by their birth name, as opposed to the name they chose in transition.

<b>DEPRESSION</b>	Feelings of sadness and/or loss of interest that hinder one from participating in or enjoying typical activities.
<b>EATING DISORDER</b>	Any of a range of mental conditions in which there is a persistent disturbance of eating behavior and impairment of physical or mental health.
<b>GENDER</b>	A social construct that dictates the characteristics of those who fall along the spectrum.
<b>GENDER IDENTITY</b>	The way in which a person expresses their gender. Can correspond with a person's sex at birth or differ from it completely.
<b>GENDERQUEER</b>	Referring to a person who does not conform to binary gender; non-binary (note: not a derogatory term).
<b>HUMAN MIGRATION</b>	The movement of people from one place to another with intentions of settling, permanently or temporarily, at a new location.
<b>HYPERVIGILANCE</b>	A condition in which the nervous system is inaccurately filtering sensory information and the individual is in an enhanced state of sensory sensitivity.
<b>INSECURITY</b>	An anxiety-inducing feeling of uncertainty in oneself; lack of confidence.
<b>LIVED EXPERIENCE</b>	Personal knowledge of the world based on first-hand participation in events rather than through other people's descriptions.
<b>MENTAL HEALTH</b>	The state of a person's emotional and psychological well-being, this includes one's ability to cope with everyday stresses and working productively.
<b>MISGENDER</b>	To refer to a transgender person in a manner that does not coincide with their gender identity.
<b>MICROAGGRESSION</b>	A discriminatory comment or action that negatively impacts a marginalized group of people, these can be intentional or accidental.
<b>NON-BINARY</b>	A person who identifies as neither male, nor female; genderqueer.
<b>OBSESSIVE-COMPULSIVE DISORDER (OCD)</b>	Characterized by recurring thoughts and fears (obsessions) that compel an individual to engage in repetitive actions (compulsions).
<b>POST TRAUMATIC STRESS DISORDER</b>	A disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event.
<b>PSYCHOLOGICAL DISORDER</b>	An irregularity of the mind that results in lasting behaviors that seriously affect day-to-day functioning, also referred to as a mental disorder.
<b>REFUGEE</b>	Someone who has been forced to flee their country because of persecution, war or violence.
<b>RESETTLEMENT</b>	The process of moving people to a different place to live, because they are no longer allowed to stay in the area where they used to live.

<b>SCHIZOPHRENIA</b>	A lifelong condition that affects the individual's ability to interpret reality normally; effects may include delusions, hallucinations, and disabling thinking and behaviors that may impair daily functioning.
<b>SEX</b>	Physical distinguishers determined at birth, based on biological characteristics.
<b>STIGMA</b>	Shame and/or dishonor placed upon a person based on their circumstances.
<b>SUICIDE</b>	The act of taking one's life.
<b>SURVIVORS GUILT</b>	A condition of persistent mental and emotional stress experienced by someone who has survived an incident in which others died.
<b>TRIGGER</b>	A sensory reminders (person, place or thing) that cause painful memories and emotional trauma to resurface.
<b>TRANSGENDER</b>	A person who identifies as a gender different from the one they were assigned at birth.





## B. ADDITIONAL RESOURCES

For more information about mental health and wellness, please feel free to visit these organizations:

[American Psychiatric Association Foundation](#)

[Ascension Behavioral Health, LLC.](#)

[Athletes for Hope](#)

[Black Girls Smile](#)

[Hope Givers](#)

[Hope Squad](#)

[Jed Foundation](#)

[Kaiser Permanente](#)

[Mental Health Services Oversight & Accountability Commission \(MHSOAC\)](#)

[Mental Health America](#)

[Movember Foundation](#)

[National Alliance on Mental Illness](#)

[National Council of Mental Wellbeing](#)

[One Mind](#)

[Sesame Workshop](#)

[Silence the Shame](#)

[The Mental Health Coalition](#)

[The Steve Fund](#)

[Therapy for Black Girls](#)

[Therapy for Latinx](#)

[This is My Brave](#)

[Well Beings](#)

[Work2BeWell](#)

[World Health Organization](#)



# C. DATES TO REMEMBER 2023 & 2024

\*Dates fluctuate year to year. Please consult your calendar for exact dates.

## NOVEMBER 2023

*Movember*

*National Family Caregivers Month*

*Transgender Awareness Month*

18<sup>th</sup> International Survivors of Suicide Loss Day

25<sup>th</sup> International Day for the Elimination of Violence Against Women

## DECEMBER 2023

10<sup>th</sup> Human Rights Day

## JANUARY 2024

*Mental Wellness Month*

15<sup>th</sup> – 19<sup>th</sup> No-Name Calling Week\*

26<sup>th</sup> National Fun At Work Day

## FEBRUARY 2024

*Black History Month*

*International Boost Self-Esteem Month*

*American Heart Month*

*National Self-Check Month*

5<sup>th</sup> – 9<sup>th</sup> National School Counseling Week\*

5<sup>th</sup> – 11<sup>th</sup> Random Acts of Kindness Week\*

6<sup>th</sup> Safer Internet Day

11<sup>th</sup> National Make A Friend Day

17<sup>th</sup> National Random Act of Kindness Day

19<sup>th</sup> – 23<sup>rd</sup> National Eating Disorder Awareness Week\*

# C. DATES TO REMEMBER 2023 & 2024

\*Dates fluctuate year to year. Please consult your calendar for exact dates.

## MARCH 2024

*Women's History Month*

*Self-Harm Awareness Month*

*National Nutrition Month*

1 <sup>st</sup>	Self-injury Awareness Day
1 <sup>st</sup>	Zero Discrimination Day
2 <sup>nd</sup>	World Teen Mental Wellness Day
11 <sup>th</sup> – 17 <sup>th</sup>	Brain Awareness Week*
21 <sup>st</sup>	Down Syndrome Day
21 <sup>st</sup>	International Day for the Elimination of Racial Discrimination
30 <sup>th</sup>	World Bipolar Day

## APRIL 2024

*National Child Abuse Prevention Month*

*National Autism Awareness Month*

*National Counseling Awareness Month*

*National Minority Health Month*

*National Stress Awareness Month*

2 <sup>nd</sup>	World Autism Awareness Day
7 <sup>th</sup>	World Health Day
16 <sup>th</sup>	National Stress Awareness Day
25 <sup>th</sup> – 29 <sup>th</sup>	National Youth Violence Prevention Week*

## MAY 2024

*Asian Pacific American Heritage Month*

*Mental Health Awareness Month*

*Women's Health Month*

*National Teen Self-Esteem Month*

9 <sup>th</sup>	National Children's Mental Health Awareness Day
12 <sup>th</sup> – 15 <sup>th</sup>	National Women's Health Week*



# C. DATES TO REMEMBER 2023 & 2024

\*Dates fluctuate year to year. Please consult your calendar for exact dates.

## JUNE 2024

*PTSD Awareness Month*

*Men's Health Month*

7<sup>th</sup> World Caring Day  
20<sup>th</sup> World Refugee Day

## JULY 2024

*National Minority Mental Health Awareness Month*

## AUGUST 2024

30<sup>th</sup> National Grief Awareness Day  
31<sup>st</sup> International Overdose Awareness Day

## SEPTEMBER 2024

*Suicide Prevention Awareness Month*

*Hispanic Heritage Month*

10<sup>th</sup> World Suicide Prevention Day

## OCTOBER 2024

*Hispanic Heritage Month*

23<sup>rd</sup> – 27<sup>th</sup> Body Acceptance Week\*

## NOVEMBER 2024

*November*

*National Family Caregivers Month*

*Transgender Awareness Month*

18<sup>th</sup> International Survivors of Suicide Loss Day  
25<sup>th</sup> International Day for the Elimination of Violence Against Women

## DECEMBER 2024

10<sup>th</sup> Human Rights Day



Support provided by Otsuka, Kaiser Permanente, Bank of America, Liberty Mutual Insurance, American Psychiatric Association Foundation, One Mind, Movember, National Alliance on Mental Illness, Dana Foundation, Dauten Family Foundation, The Hersch Foundation, Mental Health Services Oversight & Accountability Commission, John & Frances Von Schlegell, Sutter Health, Robina Riccitiello, and Jackson Family Enterprises.

Partners include PBS NewsHour Student Reporting Labs, WE Organization, National Council for Mental Wellbeing, Mental Health America, CALL TO MIND at American Public Media, PEOPLE, Forbes, The Steve Fund, and The Jed Foundation.

## SUPPORT FOR THE WELL BEINGS YOUTH MENTAL HEALTH PROJECT PROVIDE BY



## PARTNERS



The Well Beings Mental Health Language Guide was created by WETA



WETA is the leading public broadcaster in the nation's capital, serving Virginia, Maryland and the District of Columbia with educational initiatives and with high-quality programming on television, radio, and digital platforms. WETA is the second-largest producing-station for public television in the United States, with news and public affairs programs including *PBS NewsHour* and *Washington Week*; films by Ken Burns such as *The American Buffalo*, *The U.S. and the Holocaust*, *Muhammad Ali and Hemingway*; series and documentaries by Dr. Henry Louis Gates, Jr., including *Finding Your Roots with Henry Louis Gates, Jr.*, and *Making Black America: Through the Grapevine*; series hosted by David M. Rubenstein including *Iconic America: Our Symbols and Stories*; and performance specials including *The Kennedy Center Mark Twain Prize* and *The Library of Congress Gershwin Prize for Popular Song*. More information on WETA and its programs and services is available at [weta.org](http://weta.org).