

# LANGUAGE MATTERS!

An Introductory Guide for Understanding Mental  
Health and Substance Use: A Resource for  
Educators and School Communities



Ministry of  
Education and  
Child Care

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A SAFE EDUCATION

## **An Introductory Guide for Understanding Mental Health and Substance Use: A Resource for Educators and School Communities**

This introductory resource on mental health and substance use for school communities aims to facilitate conversations, build common understandings, and support practice. It was created for educators (e.g., teachers, school counsellors, administrators), school support personnel, parents/guardians/caregivers, and health professionals who work with school-aged children and youth.

*[Approximate reading time: 15-20 minutes]*

The Ministry of Education and Child Care acknowledges that its offices are situated on the Lək'wəŋən territory of the Esquimalt and Songhees Nations and on the territories of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and səliłwətał (Tsleil-Waututh) Nations.

BC Children's Hospital is located on the territories of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and səliłwətał (Tsleil-Waututh) Nations.

Those involved in creating and reviewing this guide acknowledge that they and their partner groups work on the territories of First Nations around BC and are grateful to carry out their work on these lands.

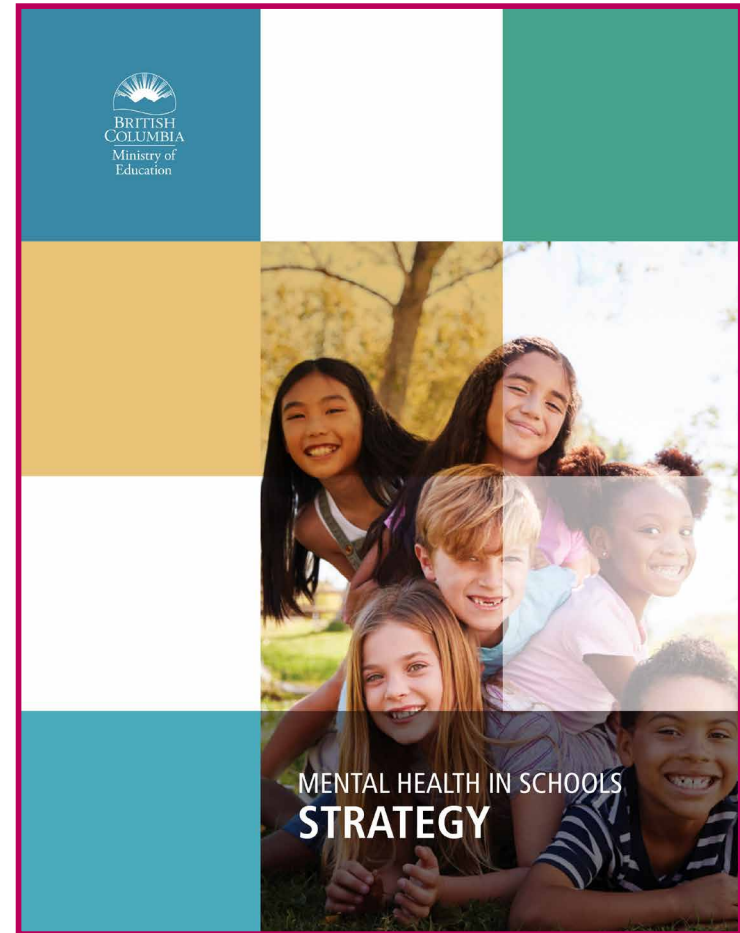


## Background

The BC Ministry of Education and Child Care released the [Mental Health in Schools Strategy](#) in 2020. The *Strategy* provides a vision and pathway to embed mental health and well-being into all aspects of the K-12 education system. One of its key actions is to develop a common language and understanding of mental health and substance use terms to improve mental health literacy and reduce stigma.

This guide was developed in partnership with the BC Children’s Hospital’s Health Promotion and Health Literacy team and guided by an Advisory Committee, made up of partners from education, mental and public health, and government. All those involved in the development of this resource acknowledge the rights, interests, priorities and concerns of all Indigenous Peoples (First Nations, Métis and Inuit), respecting and acknowledging their distinct cultures, histories, rights, laws and governments.

The content in this guide was developed in alignment with the tenets of mental health literacy and [MentalHealthLiteracy.org](https://www.mentalhealthliteracy.org) resources.



## Introduction

**Language matters. The words and concepts we use are powerful tools that have the ability to stigmatize, illuminate or empower.** They often convey our worldview and cultural understandings, so care is needed when we speak or write to and about others. Using accurate language about our own and others' mental state enables appropriate support and/or treatment.



Schools are an important setting where students, educators, parents/guardians/caregivers, and health professionals work in collaboration to support and promote student wellness, educate about mental health and substance use, and support students who need help. Community-based counsellors, Elders, and others also play a key role in supporting students in their schools and communities, as do family and friends.

The words and attitudes of educators and health professionals influence how others think and speak about mental health. They affect how we perceive and treat people who have a mental disorder or use substances. Not everyone who enters a health or education setting has necessarily had a positive experience or felt supported in the past.

Understanding the root causes and contributors to mental health, mental disorders and substance use can help people to be more compassionate and supportive. It's important to know that intergenerational trauma and the ongoing effects of settler-colonialism and racism have disproportionately affected and continue to affect the mental health and wellness of Indigenous people. This context is critical for those working with Indigenous children in order to appropriately discuss and address their mental health concerns as the roots of their disparities were intentional and are still embedded and perpetuated in society.

Terminology and language use evolve and change over time. This resource emphasizes the use of language that is accurate, inclusive, stigma free, strengths-based, culturally responsive, and respectful of individual identities and differences. One's identity is composed of multiple qualities, such as ability, age, gender, health status, race, and sexual orientation. Each quality tells a part of a person's story. An intersectional, open-minded approach is a good way to learn more about and support the well-being of those with whom we interact.

1.

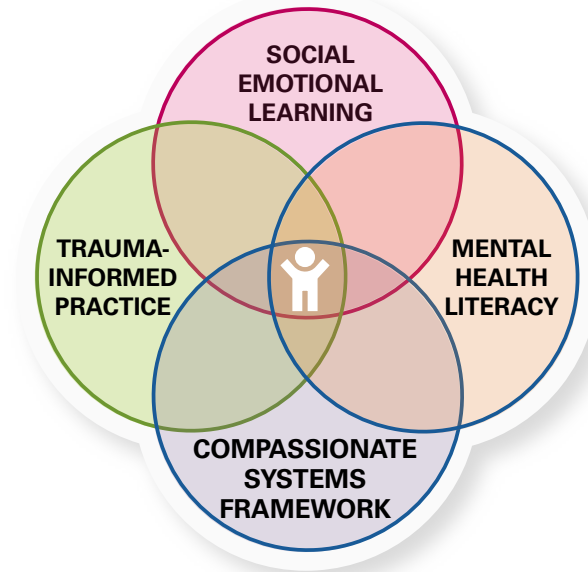
**The mental health of students, families and educators is important** for learning and the overall health of the school system and community.

The mental health of students and educators can affect their growth and development, their ability to teach and learn effectively, to support each other, and to thrive.

**Educators and school-based staff play an important role** in providing a safe, caring, inclusive environment where relationships are nurtured and skills are developed. They can develop an understanding about mental health, mental disorders and substance use, which helps to break down stigma.<sup>1</sup> They can also notice changes in student behaviour and connect with students to understand what supports they may need.

Schools are key sites for educating about how to achieve and maintain mental health and wellness.

<sup>1</sup> Stigma - Negative attitudes attached to a characteristic of an individual that can lead to thinking about and treating a person differently (e.g., discrimination, exclusion)



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**A ‘whole child’ approach recognizes that academic and life success are intertwined with social emotional learning, mental health literacy and trauma-informed practice, three key elements that support a system-wide mental health promotion strategy.**

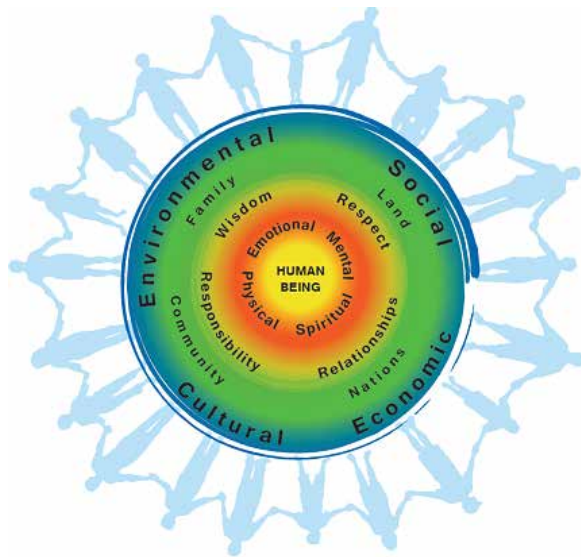
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Source: [BC Mental Health in Schools Strategy](#)

2.

**Various cultures conceptualize mental health** and substance use, and have words or terminology that describe these, in different ways. Some cultures may avoid or be uncomfortable talking about mental health or mental illness, or have different beliefs about what are socially acceptable or unacceptable uses of substances.

The *First Nations Perspective on Health and Wellness* aims to create a shared understanding of a holistic vision of health and wellness.



Source: [BC First Nations Health Authority](#)

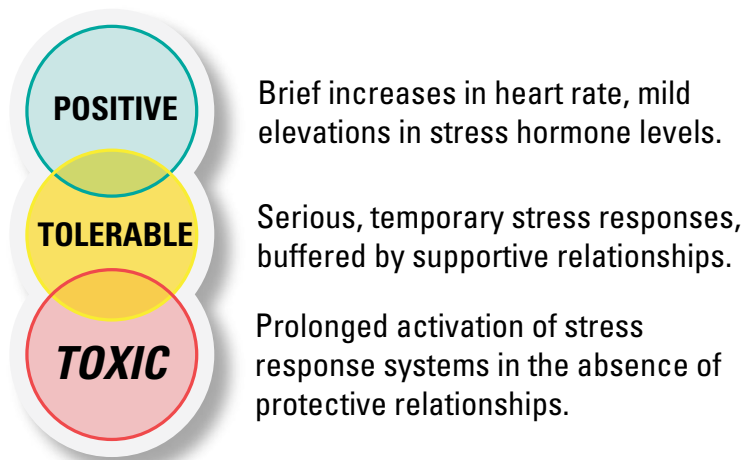
This perspective starts with the individual taking responsibility for their health and wellness and working to create a balance in their mental, spiritual, emotional and physical health. As depicted in the visualization, creating and maintaining wellness involves supporting and upholding certain values (respect, wisdom, responsibility, relationships); creating and sustaining connections with people (family, community) and places (land); and understanding the various determinants that affect wellness (social, environmental, economic, cultural).

Some common examples of how mental health is referred to: ***good mental health, positive mental health, mental wellness, well-being.***

Students and their families benefit from respectful and inclusive interactions and environments at school. This builds a sense of cultural safety. It is important for those providing support to examine personal biases, meet people where they are, avoid stereotyping, and be conscious of power imbalances.

3.

**Mental health can be defined as a state of well-being** in which we live and work meaningfully, our relationships are healthy, and we can adapt to and cope with the normal stresses of life. We all possess multiple states of mental health, which can change over time and fluctuate day to day. These are influenced by complex interactions between our brain and the environment around us. Substance use, and its level of risk or harm, also depends on a variety of biological, psychological, and social factors.



Source: [Harvard Center on the Developing Child](#)

Having good mental health means coping well with (and not the absence of) negative emotions and experiences. This can look different for different people in different situations. Finding ways to address stressors or challenges is a necessary part of adaptation. This adaptation often leads to learning new skills that can be used in the future. However, severe and persistent (toxic) stress can have negative impacts on physical and mental health.

**Mental illnesses<sup>2</sup> or disorders** involve changes in behaviour, emotion regulation, mood and thinking. They can occur due to the complex interplay of factors, including:

- biological (e.g., genetics, illness)
- environmental (e.g., community, family)
- experiential (e.g., substance use, traumatic events)

A mental disorder, including a substance use disorder, impairs the ability to function and is diagnosed according to scientific criteria by medical doctors, psychiatrists and psychologists. Children, youth and adults living with a mental disorder can lead meaningful lives with support and treatment.

<sup>2</sup> Mental illness is a general term used to describe the wide range of diagnosable mental disorders.



4.

### **Mental health consists of different states**

that we can experience separately or simultaneously:

- **no mental distress, problem or disorder** is feeling at ease, balanced, adapting to challenges, and enjoying our daily lives
- **mental distress** is the common, short-term response to the stresses of everyday life

- **a mental health problem** is when one's ability to adapt is challenged by a serious environmental stressor; counselling and other support may be needed
- **a mental disorder** is diagnosed according to internationally accepted criteria; it requires evidence-based treatment from a health professional



Source: [Mental Health Literacy Pyramid Explained](#)



These mental health states do not exist on a continuum, that is, mental distress does not develop into a mental disorder.

When considering the different states of mental health, it is important to:

- avoid medicalizing common experiences or emotions associated with **mental distress** (e.g., using Anxiety Disorder<sup>3</sup> to describe nervousness about an upcoming exam or performance)
- use accurate terms to describe moods and emotions, e.g., “I’m feeling sad or blue” rather than “I’m depressed”
- differentiate between a **mental health problem**, e.g., difficulty coping with the death of a friend, and a **mental disorder**, such as Depression
- note that **mental distress** and **mental health problems** may not require treatment; however, counselling and development of coping skills can be helpful

3 One way to help differentiate a mental disorder from a normal emotional state is to capitalize the word describing the disorder.

These understandings are part of **mental health literacy**. We develop mental health literacy by learning how to obtain and maintain good mental health, understanding about mental disorders, accessing help when needed, and decreasing stigma around the topic of mental illness.

Use accurate terms to describe moods and emotions, e.g., “I’m feeling sad or blue” rather than “I’m depressed.”

5.

**Mental health promotion** seeks to build protective factors in students and school communities that contribute to good mental health and wellness, protect against mental illness, and reduce the risk of harms from substance use.

**Protective factors include:**

<b>individual factors</b>	<b>social factors</b>	<b>societal factors</b>
examples: <ul style="list-style-type: none"> <li>• nutrition</li> <li>• regular physical activity</li> <li>• quality sleep</li> <li>• helping others</li> <li>• sense of cultural identity</li> <li>• social emotional competencies</li> </ul>	examples: <ul style="list-style-type: none"> <li>• positive relationships with peers and supportive adults</li> <li>• media literacy and healthy use of technology</li> </ul>	examples: <ul style="list-style-type: none"> <li>• safe and caring school/ neighbourhood</li> <li>• positive educational experiences</li> <li>• housing and income security</li> <li>• connections with culture</li> </ul>

These protective factors can be fostered and reinforced in schools where students can build social emotional skills, and learn about mental health, mental disorders, and substance use. These skills and understandings

are found within BC's K-12 curriculum through the core competencies and specifically addressed in the Physical and Health Education curriculum.

**Social emotional learning**, a key aspect of the core competencies in BC's K-12 curriculum, includes the knowledge, skills and attitudes to:

- develop healthy identities
- manage emotions and achieve personal and collective goals
- feel and show empathy for others
- establish and maintain supportive relationships
- make responsible and caring decisions

6.

**Everyone in the school community plays a role** in supporting student mental health and wellness, for example, by:

- helping students build their knowledge, competencies (including social emotional competencies), and self-worth
- creating safe, caring, inclusive, stigma free, culturally responsive school environments in which trusting relationships are developed
- encouraging positive connections between students and supportive adults, as well as among students
- identifying and ensuring students experiencing high stress or the effects of trauma are connected to supports
- building protective factors

When members of the school community have a better understanding about mental health, they may recognize challenging behaviour as being the result of trauma, a mental health problem, or a substance use problem. They are then more likely to adopt a compassionate and investigative approach.

The systems in which we work and learn can also affect our mental health and well-being. **Compassionate Systems Framework** supports systems change in which adults develop the tools and practices to support the well-being of themselves, their students, and the system. Compassionate Systems Framework focuses on three related areas:

- knowing oneself
- authentic, thoughtful communication
- systems thinking



7.

**A strengths-based approach** is recommended when interacting with anyone who seeks support for a mental health problem, mental disorder or substance use disorder. This involves focusing on their strengths, interests, abilities, knowledge and goals rather than on their weaknesses and problems. It does not mean disregarding the struggles they are facing or ignoring negative emotions or thoughts. Rather, it is about engaging the strengths and resources of the individual, their relationships, and their environments as much as possible.

In a strengths-based approach, the focus of the support process is mobilizing students' resources (rather than their challenges) and reframing how the student might be thinking about themselves or their situation. These strengths, and the confidence that can grow from realizing they have experiences and abilities to help them meet challenges, enables them to play an active role in addressing or coping with challenges they are facing.

What are you good at?

You have a lot of **patience!**

You **really care** about your friends!

That student has shown a lot of **perseverance** lately.

8.

**Common mental disorders** among children and youth include:

- **Anxiety disorders** (e.g., Social Anxiety) – can include intense and persistent fear of social situations, panic attacks and/or intense worries
- **Behavioural disorders** (e.g., Oppositional Defiant Disorder) – persistent defiant, hostile and disobedient behaviours
- **Mood disorders** (e.g., Depression) – extended periods of feeling sad, depressed or hopeless; withdrawal from everyday activities
- **Eating disorders** (e.g., Anorexia Nervosa) – may involve abnormal eating behaviours; may or may not be combined with body shape and weight concerns

**Use person-first language to distinguish the disorder from the person, e.g., “a person with \_\_\_\_\_”<sup>4</sup>**

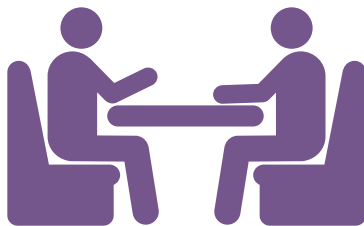
**Neurodevelopmental disorders** can also affect academic, occupational or social functioning to varying levels of severity. These include Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD), as well as intellectual disabilities and Specific Learning Disorders (SLDs). A neurodevelopmental disorder may co-exist with a mental disorder, and one does not cause the other. A person may require support for both, and care should be taken to ensure that all the needs of a person are addressed.

<sup>4</sup> Note that there are instances where individuals may prefer language that is not person-first. For example, in the Autism community, there are individuals who choose to be referred to as autistic (or neurodivergent as an overarching term) rather than as a person with Autism. It is wise to check with the individual.

9.

**Self-harm** is when someone hurts themselves on purpose without intending to end their life. It is a maladaptive way of coping with difficult situations and intense emotions or stress. Common self-harm behaviours include cutting, scratching, biting, burning, hair pulling and hitting. Self-harm is also called self-injury or non-suicidal self-injury (NSSI).

When talking about self-harm, it's important to avoid guilt, shame and judgement. People who self-harm benefit from care and support from someone concerned for their well-being, help from a mental health professional, and medical attention if they have serious injuries.



In most cases, having thoughts of **suicide** is not about wanting to die; it is about wanting the pain to stop. Suicide affects people from all social, economic and cultural backgrounds. It is complex, and no single factor causes someone to think about suicide. Statistics about suicide show that people with a substance use disorder and/or a mental disorder, as well as the 2SLGBTQIA+ community, are disproportionately represented.

Say this:

Instead of this:

- |                              |                        |
|------------------------------|------------------------|
| ✓ died by suicide            | ✗ committed suicide    |
| ✓ survived a suicide attempt | ✗ unsuccessful suicide |
| ✓ thinking of suicide        | ✗ suicidal             |

Talking to someone about suicide does not cause or intensify suicidal thoughts or cause the person to act on them. It can help them to feel less isolated.

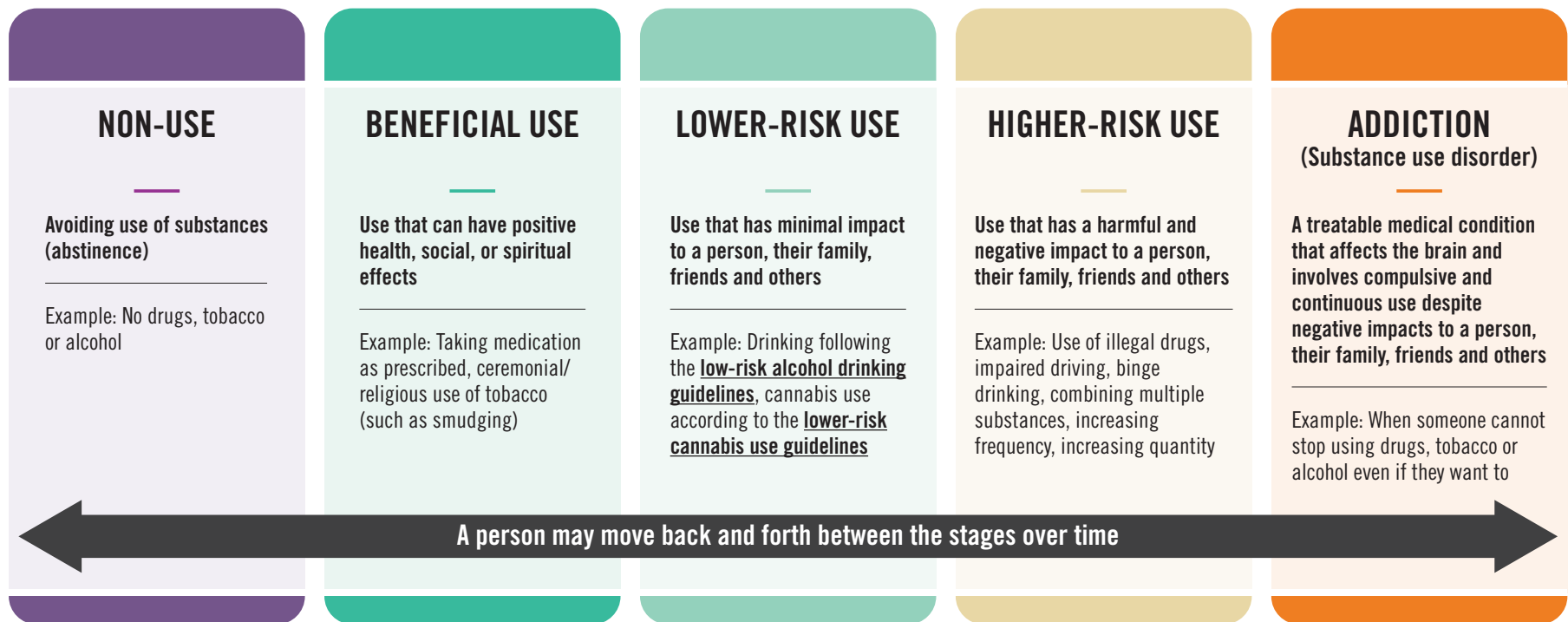
10.

**Substances** refers to chemicals or plants that can change how we think, feel, act and perceive the world around us. **Substance use** comes up in our daily life in many ways, for prescriptions, recreation or traditional/cultural uses, and more. There are many kinds of substances and many reasons why someone may use them.

**Youth may use substances for a variety of reasons:** to feel good, to feel better, to do better, or to explore. They may also use to cope with:

- a negative life situation, stress or trauma
- discrimination related to their identity
- existing conditions or a mental disorder

**Substance use can be viewed on a spectrum that includes:**



Source: [Government of Canada](#)



Using any substance comes with risks, and substance use affects all parts of our health. **Harm reduction** for substance use is about reducing the harmful effects of using substances. It means using in a way that is less risky, or in a way that reduces the chance of physical or emotional damage. Most young people who use substances do not go on to develop substance use disorders. For some, their use can lead to mild, moderate or severe **substance use disorders**<sup>5</sup>, or other harms (e.g., physical injury, unintended drug poisoning).

When considering how to approach substance use in your school community, it is important to:

- adopt an inquiring, non-judgemental approach that meaningfully engages students
- promote student well-being and connectedness
- ensure that students are aware of mental health and substance use resources
- use non-stigmatizing language to talk about substance use and people who use substances
- learn about ways to prevent, delay and reduce substance-related harms

<sup>5</sup> Substance use disorder is the current medical term for “addiction.”

**Use  
person-first  
terms**

**Avoid:**

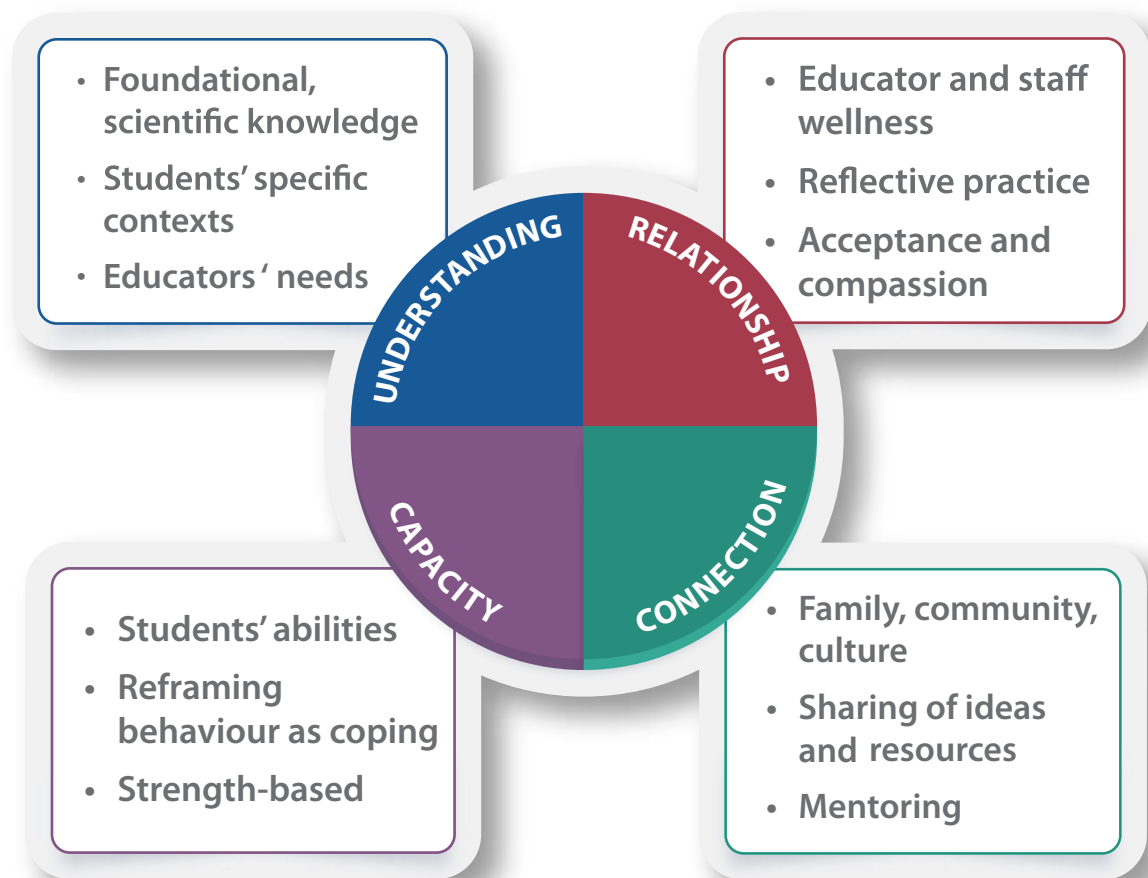
- |  |   |
|--|---|
| ✓ <b>Person who uses<br/>drugs / substances</b>  | ✗ <b>Addict /<br/>Drug abuser</b>         |
| ✓ <b>Person with an<br/>alcohol use disorder</b>   | ✗ <b>Alcoholic</b>                        |
| ✓ <b>Person seeking<br/>treatment for or in<br/>recovery from<br/>a substance<br/>use disorder</b> | ✗ <b>Former<br/>addict/<br/>alcoholic</b> |

11.

**Trauma** is a psychological injury or wound caused by highly stressful experiences. Trauma can increase the risk of mental and physical illness, including substance use disorders. Responses to trauma may include changes in behaviour, body function, emotional regulation, thinking, and relationships. These responses can be maladaptive and disruptive in the school environment.

Many adverse experiences have the potential to be traumatic, including abuse, accidents, bullying, climate-related disasters, parental/guardian illness, poverty, loss, neglect, racism, serious illness, violence, warfare, and more. However, not everyone who experiences a potentially traumatic event develops trauma, and not everyone with trauma develops a mental illness or substance use disorder.

### Trauma-Informed Practice Framework



Source: [erase/ mytrainingbc.ca](https://erase.mytrainingbc.ca)

Trauma can be directly experienced or be passed down through generations (intergenerational trauma). In cases where trauma-related stress experienced by survivors is passed on to subsequent generations (e.g., residential schools, effects of settler-colonialism, or war and displacement), the effects can last for many years. The effects of trauma can also be compounded over time and lead to a lack of trust in systems of support, e.g., schools and healthcare. This is why it is important to develop culturally safe environments based on understanding and respect.

**Trauma-informed practice (TIP)** is a systemic approach that acknowledges the short- and long-term effects of trauma. TIP helps educators develop awareness about trauma and understand how students' trauma responses affect their learning. Educators can then develop a classroom or school-wide strategy to support all students' well-being. TIP seeks to:

- build a safe, compassionate and trusting environment
- empower students
- avoid re-traumatizing
- build connections with others
- develop strengths and skills



12.

Evidence shows that **certain groups are disproportionately affected** by mental health problems and disorders due to a variety of environmental and/or systemic factors. These factors include racism, discrimination, ongoing effects of settler-colonialism, ableism, poverty, isolation, trauma, and other factors. These forms of marginalization can be exacerbated by challenges related to accessing services.

**Social determinants of health** are the conditions in which people are born, grow up and live their lives. These may increase students' and others' risk of developing a mental illness or substance use disorder.

Schools can mitigate the effects of these risk factors by building and fostering protective factors including respect, understanding, inclusion, social connection, safe and caring environments, and access to support systems.

Social Determinants of Health



Adapted from: [Comox Valley Community Health Network](#)

13.

**Educators are not expected to diagnose students**, but rather to notice changes in their students, act as a first point of contact, and refer them on for more support. In a school setting, this is most often connecting them with a school (or, in some cases, district) counsellor.

If an educator notices distinct and persistent changes in a student's behaviour and emotions, they can record the frequency, duration and intensity of signs they observe. As well, it is important to pay attention to the degree to which these interfere with the student's academic and social functioning. This is helpful information when speaking to the student and their parent/guardian/caregiver, or when referring the student to a school- or district-based mental health professional (often the school counsellor or school-based team).

The school counsellor may liaise with healthcare providers and community support organizations. Counsellors can also assist educators in supporting and accommodating students who are undergoing treatment, e.g., medications, psychotherapy. It is important to note that not all families choose to share information about treatment.

**✘ I think J has Anxiety Disorder**

**I've noticed J has not been engaging in classroom activities for over 2 weeks, even after I've met with them.**

**✔ They seem tense and tired.**

14.

**Educators help build a safe, caring and inclusive environment.** This means recognizing and respecting individual differences, treating people fairly and with care, and examining personal biases we might hold. Not all members of a group have the same perspectives, backgrounds, needs, interests, etc.

Students benefit from seeing themselves represented and having their identities affirmed through the everyday interactions and language used at school. For example, an educator can use a ***distinctions-based approach*** when speaking with or about First Nations, Inuit, or Métis children and youth and their families. This approach recognizes that Indigenous Peoples have their own practices, traditions and cultures.

At the same time, it is important to remember that one's identity is composed of multiple elements, which supports an ***intersectional approach***.

Help build a safe, caring and inclusive environment

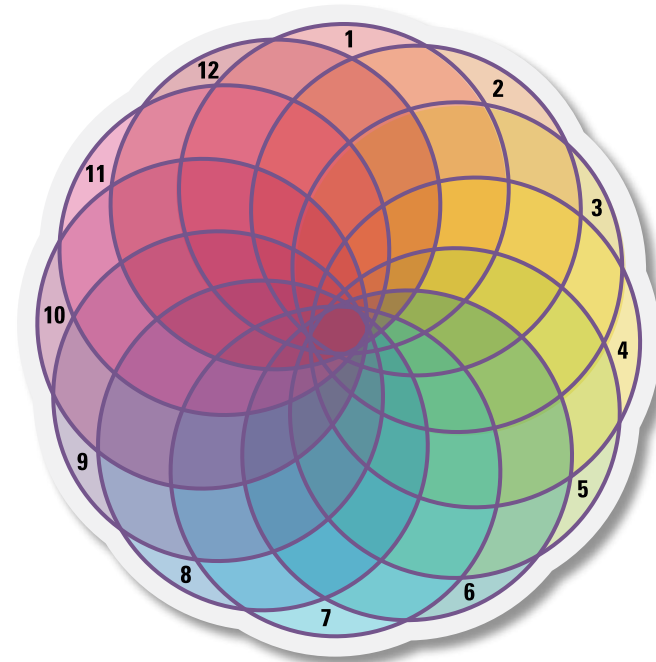


**15.**

**An intersectional approach** acknowledges that each of us is a constellation of identities that influence how we experience the world. This concept arose from looking at how discrimination can be based on multiple elements of one’s identity, e.g., ability, age, faith, gender, income, race, sexual orientation, and more.

This approach recognizes that not all students have the same kind of family structure or income level, observe the same cultural practices, aspire to the same goals, learn the same way, etc. Each of us is a unique mix of identities and attributes. When educators use an approach that considers and welcomes our multiple identities, they help to build inclusive environments that support good mental health and wellness.

**Intersectionality**



- 1 Race**
- 2 Ethnicity**
- 3 Gender identity**
- 4 Class**
- 5 Language**
- 6 Religion**
- 7 Ability**
- 8 Sexuality**
- 9 Mental health**
- 10 Age**
- 11 Education**
- 12 Body size**

(...and many more...)

Source: @SylviaDuckworth visual



16.

**School and district-based mental health professionals** (e.g., school counsellors, psychologists, nurses, and other specialized personnel) **are often the first point of contact for educators** who notice signs and symptoms of a mental health or substance use problem.

Other non-mental health professionals also support student well-being, including Education Assistants, Student Support Aides, Resource Teachers, Indigenous Education Workers, Youth Support Workers, and others (titles, programs and availability vary greatly across districts).

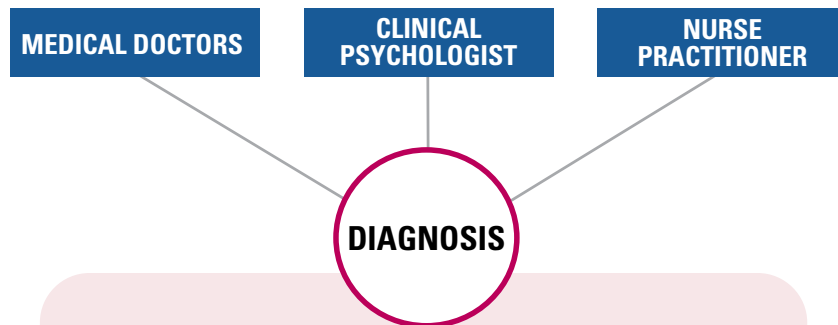
Once a student has been identified as needing help, the school counsellor typically acts as a liaison among the student, educators, parents, community organizations and healthcare professionals. Where available, a multidisciplinary Integrated Child and Youth Team may also be able to provide wrap-around services and supports.



17.

### Healthcare providers are important partners

in supporting the mental health of children and youth. Examples include family doctors, psychiatrists, clinical psychologists, social workers, mental health counsellors and nurses, and therapists who provide psychotherapy.



**Only medical doctors (including family doctors and psychiatrists), clinical psychologists, and nurse practitioners can make a diagnosis of a mental disorder.** Once referred and diagnosed, a child or youth and their family can receive support to find programs and services in their community.

Students can also be referred to services that do not require an official diagnosis, e.g., Foundry, Integrated Child and Youth Teams or counselling therapy.

It is important to remember that not all students or families have positive or neutral relationships with healthcare providers. There are other providers or roles that can support someone in mental distress, e.g., Elders, community counsellors, and faith leaders.

There may also be barriers that prevent a student from wanting to seek care, including negative past experiences, shame and/or stigma.

18.

**If a mental health need is identified and a plan is established** – and if the family wishes to share with the school – the school counsellor may recommend ways to support the student.

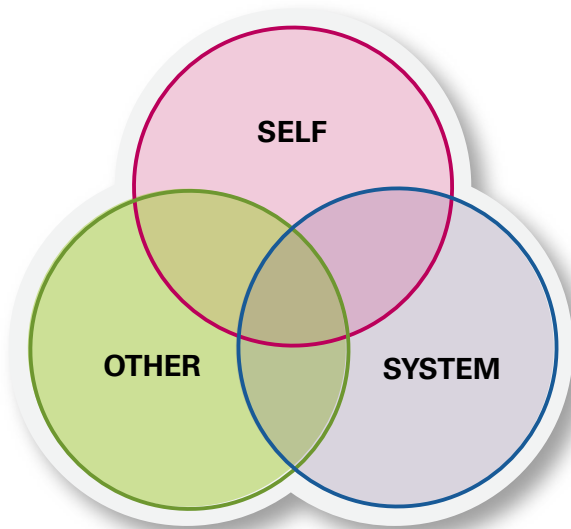
The school or school-based team can work with the student and their family to support the student’s learning needs. An Individual Education Plan, Student Learning Plan or Student Support Plan may be developed if a student has a mental health challenge that requires support and/or intervention.

19.

**Educator well-being is important**, not only as a goal in its own right, but also because it directly impacts the health and well-being of others, student learning and the learning environment.

The following inter-connected components contribute to educator well-being:

**Self-care:** This includes nutrition, sleep, physical activity, and social-emotional practices and skills (e.g. self-awareness, self-compassion and self-regulation). The same skills and practices that are important for students are important for adults as well.



**Relationships and environments:** It is important for educators to support each other. The nature of relationships and the environment at work can have a significant positive or negative impact on well-being.

**Systemic policies and practices:** Certain policies, practices, or ways of being at work can contribute to, or become a barrier to well-being.

“

**Although the focus of the Mental Health in Schools Strategy is mental health promotion for students, we also know that the well-being of the adults in the system is just as important.**

”

Source: [BC Mental Health in Schools Strategy](#)

## Conclusion

This introductory guide is intended to build a shared, basic understanding about how schools can promote mental health and wellness and harm reduction-based approaches to substance use. It highlights the importance of understanding the multiple facets of mental health, mental disorders, substance use, intervention and treatment.

Building mental health and substance use literacy in a school community benefits us all. It enables educators, students and others to use, and teach others how to use, accurate terminology, reduce stigma, and effectively support child and youth mental health.

All members of the school community can help to build a safe and inclusive environment, develop social emotional skills, and expand their understanding about the effects of trauma on student mental health. School communities can collaboratively work together with partners to promote and implement practices that foster the well-being of all students.

