

Beyond Words

**An outline framework for
developing culturally sensitive
language guidance in mental
health services**

**Rethink
Mental
Illness**

In partnership with



About This Resource

This resource has been developed through a series of network discussions, sessions and workshops exploring **strengthening inclusion and anti-racist practice within mental health care** with Experts by Experience from global majority communities. Throughout these conversations, people consistently identified language as a critical factor shaping experiences of care, trust, inclusion and belonging when seeking support for their mental health.

Language was described as a source of both harm and healing. When language fails to recognise people's identities, experiences and cultures, individuals may feel misunderstood, stereotyped or excluded. This can create barriers to engaging with services or receiving the right care at the right time, reinforce existing inequalities and mistrust in services. On the contrary, when language reflects people's lived realities and enables them to describe themselves authentically, it can strengthen relationships, improve communication and contribute to more equitable care.

This resource is not intended to be a definitive language guide or a list of approved words. Instead, it shares learning from the Rethink Mental Illness IMPACT Network to provide a co-produced outline framework that mental health services, organisations and providers can take forward and put into practice alongside communities. This includes guidance to co-develop culturally sensitive language practice that reflects local contexts, identities and experiences. This can be done across NHS, social care settings, voluntary sector and community groups – anywhere that wishes to strengthen their ways of working with and for all local communities.

This resource is a starting point for developing a locally-owned and collaborative framework. It does not speak on behalf of all communities and recognises that language preferences vary between individuals and over time. The learning and insights shared draw on lived experience, professional expertise and co-production, using a theory of change approach to outline the change we want to see, the activities required to achieve it, and the outcomes and outputs we hope to create.



What Are We Trying to Change?

Language matters because it is not neutral. It influences assessment, diagnosis, care planning, risk and safety planning, therapeutic relationships, workforce development, research and service design. Language has the power to shape how people are seen, understood and treated. When people can describe themselves authentically and feel understood, language can support dignity, belonging, partnership and more equitable care.



People we spoke with emphasised how deficit-based language such as 'hard to reach communities', 'non-compliant patients' and 'difficult service users' can unintentionally misdirect responsibility and blame. These terms often position people as the problem rather than encouraging services to examine the barriers they may have created. This is important as the words used by professionals can often become accepted “truth” and labels placed on individuals and communities. Professional terminology can feel inaccessible, exclusionary or disempowering, preventing trust and understanding from being built between staff and the people they seek to support.

People also highlighted concerns about homogenising language, including terms such as 'BAME', 'ethnic minorities' and 'diverse communities', which can obscure and flatten important differences between communities and lived experiences. Where possible, it is crucial to use specific language when appreciating nuances across culture, identity and experience. For example, a consideration raised during a workshop reflected on experiences as a Black woman living with mental illness and the concept of 'misogynoir', describing how racism, sexism and mental health stigma could not be understood in isolation from one another.

Homogeneous language often fails to capture the reality of these intersecting identities and can overlook the distinct ways that discrimination and exclusion are experienced. This reinforces the importance of guidance that recognises intersectionality and supports people to describe themselves in ways that accurately reflect their identities and experiences.

A further concern was the absence of open conversations about racism, racial trauma, institutional and systemic racism and discrimination within mental health services. People emphasised that culturally sensitive language guidance must create space for these conversations rather than avoiding them.

Who Will Lead the Change?

People from affected communities are the experts of their own experience and should be placed at the heart of co-production processes. This includes within leadership positions with clear roles and the necessary support to share their expertise. For example, how language impacts them and their communities and what terminology is meaningful and what is exclusionary.

This input should carry equal weight to professional expertise. Co-production is crucial to this approach and should run throughout the process, from identifying issues through to implementation and review. Identifying who is responsible for implanting changes and when progress is reviewed will strengthen impact and sustainability.

Recognition of people's time and expertise should also be in place, such as through payment and expenses.

In order for this approach to succeed, there should be support and buy-in with senior leadership commitment, organisational accountability and funding, and a willingness to listen, learn and adapt.



What Do We Mean by Culturally Sensitive Language?

For the purpose of this resource, culturally sensitive language is language that recognises, respects and responds to people's identities, cultures, histories, lived experiences and preferred ways of describing themselves.

It is characterised by:

- **Curiosity:** Seeking understanding rather than making assumptions
- **Respect:** Using language people recognise and value
- **Reflection:** Considering impact as well as intent
- **Inclusion:** Creating opportunities for involvement and belonging
- **Anti-Racism:** Actively challenging language that perpetuates inequality
- **Compassion:** Recognising racial trauma without judgement or stigma

Multiple understandings of wellbeing should be recognised including distress, healing and recovery that may be understood and expressed differently across cultures, communities and faith traditions. Culturally sensitive frameworks respect diverse sources of wellness, including family, community, spirituality, prayer, cultural practices and other forms of support that may sit alongside or outside clinical models of care.

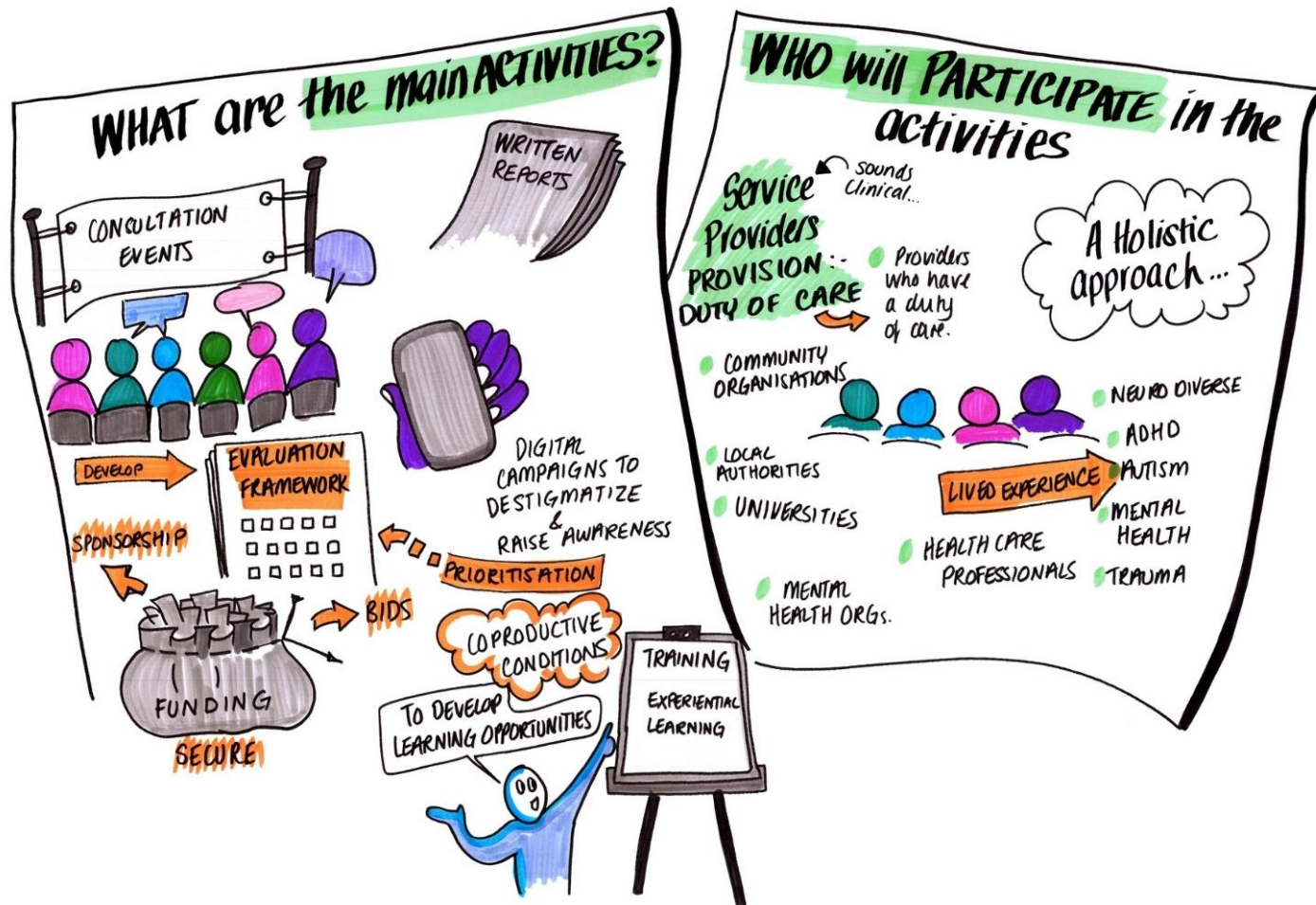
What Are the Key Activities?

The **first stage** is understanding the local context. Organisations should undertake a discovery phase by reviewing complaints data, people's feedback, workforce data, equality and diversity monitoring information, local demographics and other existing evidence.

Key exploratory questions include:

- Why are we doing this work?
- Which communities are most affected?
- What inequalities exist locally?
- Who is not currently being heard?





The **second stage** focuses on meaningful listening and outreach in a trauma informed approach. Discussions should explore identity, intersectionality, culture, faith, spirituality, experiences of care, experiences of racism and discrimination, language preferences relating to mental health, and what inclusion looks and feels like. These conversations can uncover gaps in knowledge and understanding while placing communities at the heart of identifying challenges and co-producing solutions. They can also help identify voices that are currently missing from the conversation, including people who are not currently served and who may require targeted outreach. Consider how people can be recognised and rewarded for the time, energy and expertise they are bringing to the work.

The **third stage** is applying learning. This may include developing practical guidance, tools and training; reviewing policies and procedures; improving accessible information; embedding learning into recruitment, induction and supervision processes; workforce development; supporting reflective practice; and ensuring staff are equipped to challenge harmful language and assumptions when they occur. Feedback loops should be embedded so that people are kept informed in what changes have been made as a result of what they have shared.

Thoughts on Identity, Wellbeing and Intersectionality

Listening undertaken as part of our Network highlighted how intersecting identities can shape experiences of mental health and care in ways that are not always immediately visible.

One example was around 'masking', where people may consciously or unconsciously conceal distress, adapt behaviour or suppress aspects of their identity to feel safer or avoid stigma. This can affect wellbeing and result in presentations that do not reflect a person's experiences.

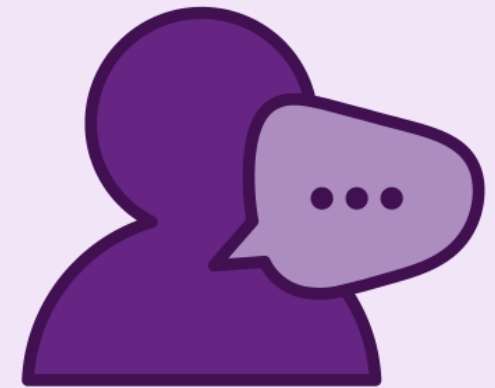
The discussion highlighted the risks of making assumptions based on appearance, communication style or perceived resilience, reinforcing the need for curiosity, understanding and meaningful dialogue.

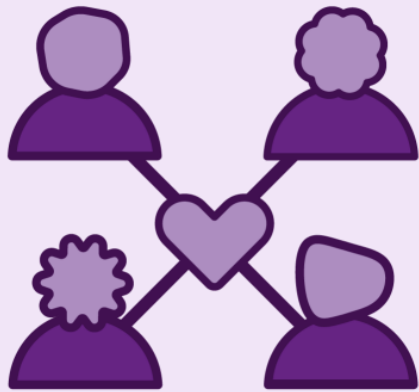
People reflected on the interaction between race and other aspects of identity, including disability, neurodivergence, migration status, sexual orientation and gender identity.

Experiences shared highlighted how neurodivergent people from racialised communities may be overlooked, misunderstood or viewed through cultural stereotypes. Others described how migration status and language barriers can influence engagement with and trust of services. For LGBTQ+ refugees and migrants, concealing aspects of identity may be a way of staying safe.

Different identities were highlighted as experiencing layers of discrimination simultaneously, such as 'misogynoir' and other examples mentioned above, creating additional barriers to accessing support and having experiences respected.

These discussions reinforced the importance of recognising intersectionality and avoiding approaches that reduce people to a single identity or characteristic.





Another important theme was the role of faith and spirituality in wellbeing. Experiences were shared where practices and beliefs were misunderstood, especially in the context of mental illness, and treated as barriers to recovery rather than sources of strength and support.

A lack of understanding can lead services to unintentionally pathologise or dismiss aspects of people's lives that are central to their identity and wellbeing. These reflections highlighted the need for a broader understanding of wellbeing that extends beyond Western clinical frameworks.

Culturally sensitive language should create space for conversations about faith, spirituality and culturally rooted healing practices without judgement or assumption.

Examples shared included prayer, spiritual reflection and community-based activities such as drumming circles. Experts by experience described how these activities can provide connection, purpose, emotional regulation, healing and support, yet are not always recognised within conventional approaches to mental health care.

Meaningful listening should therefore explore how different people and communities understand wellbeing, speak about mental health and mental illness, recognising that experiences and sources of wellness may be shaped by culture, faith and identity. Furthermore, practitioners should seek to create space for disclosure without expecting or pressing people to disclose.



Who Needs to Be Involved?

Meaningful guidance requires involvement from a broad range of communities and perspectives. This should include:

- Experts by experience from global majority communities
- Trusted grassroots community and faith leaders
- People who are underserved by services
- Mental health professionals
- NHS trusts
- Social care providers
- Researchers and academics
- Commissioners
- Policy-makers
- General public



Particular effort should be made to hear from voices that are often absent from engagement activities. There should be multiple routes and options for being involved and people should be given the opportunity to speak on behalf of themselves and independently as well as collectively and via leaders.



What Are the Key Outputs?

Outputs may include culturally sensitive language guidance, community-informed recommendations, staff training resources, language lessons for staff to communicate other than in English, access to trained interpreters and community-reviewed translations, reviews of policies and documentation, accessible information formats and translated materials, stronger community partnerships and mechanisms for ongoing feedback and review.

Medium-Term Outcomes

For Staff:

- Greater confidence discussing culture, race and identity
- Increased cultural understanding, empathy and compassion
- Improved understanding of racism and racial trauma
- More reflective and person-centred communication

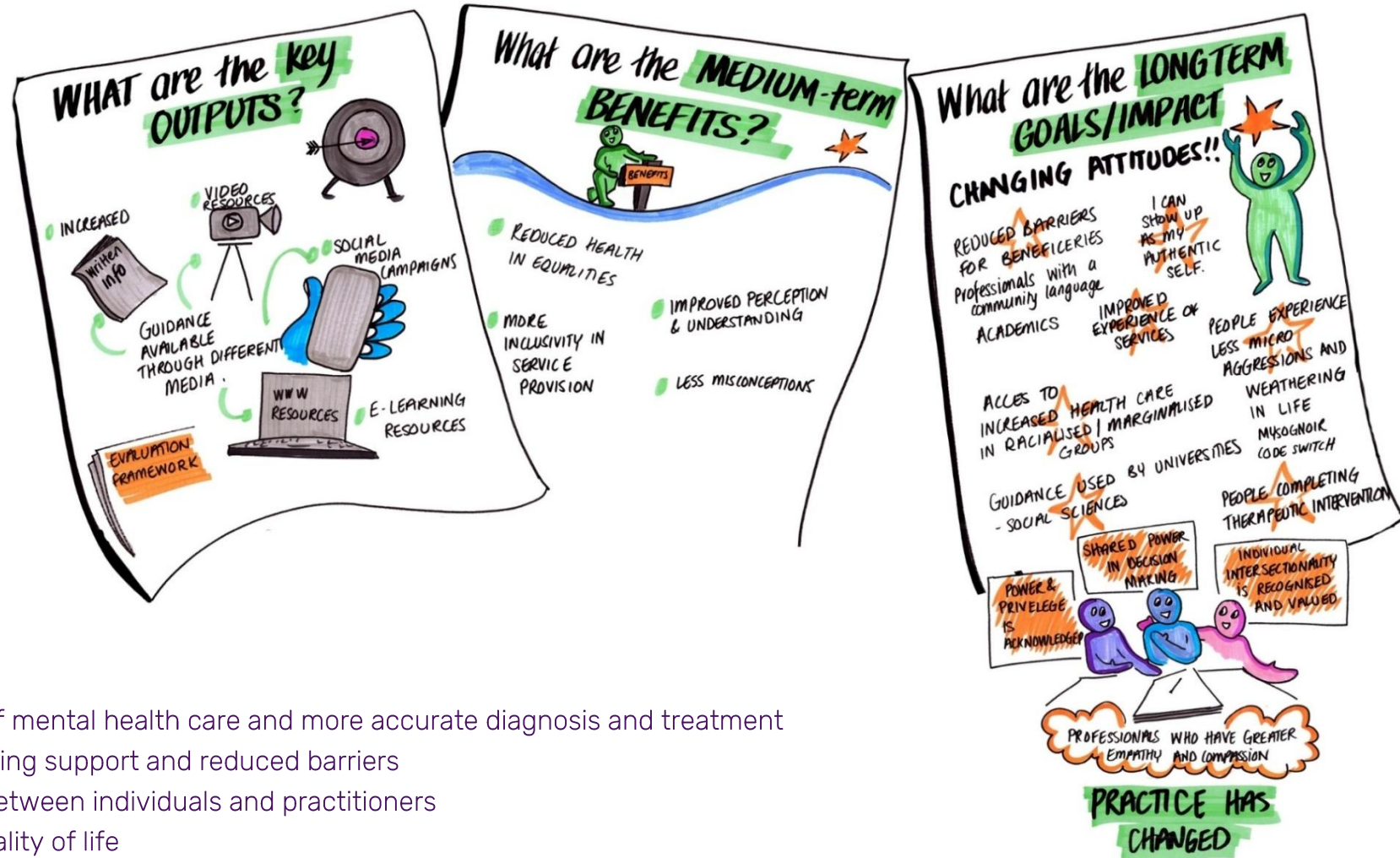
For Services:

- More inclusive policies and documentation
- Better engagement with communities and those needing support
- Reduced use of harmful language that places people as problems
- Improved accessibility and communication practices

For Communities:

- Greater sense of being heard, understood and respected
- Increased accessibility and trust in services
- Stronger feelings of belonging and inclusion
- Fewer experiences of erasure and stigma





Long-Term Impact

Individual Impact

- Improved experiences of mental health care and more accurate diagnosis and treatment
- Greater confidence seeking support and reduced barriers
- Stronger relationships between individuals and practitioners
- Better wellbeing and quality of life

Organisational Impact

- More equitable service delivery that reflects local communities
- Stronger and embedded anti-racist practice
- Increased workforce capability and better experiences for global majority staff
- Sustainable co-production and community listening with communities

System Impact

- Reduced inequalities in access, experience and outcomes
- Increased trust among racialised and global majority communities
- Greater recognition of racism and racial trauma within mental health care
- Mental health systems that are designed with communities, rather than for communities

Ultimately, culturally sensitive language becomes part of a wider shift from cultural oversight and institutional assumptions towards cultural curiosity, partnership and anti-racist practice.

Measuring Progress and Impact

Developing culturally sensitive language guidance should not be viewed as a one-off project. Success should be measured by whether services become more respectful, inclusive, culturally responsive and equitable and whether this leads to improved access, experience and outcomes for Black, racialised and global majority communities that they serve.

Process measures can include diversity data and number of people engaged in co-production, representation from underserved communities, attendance of appointments, completion of learning activities, policy reviews undertaken and leadership accountability.

Experience measures may include whether people feel respected, able to describe themselves in their own words, recognised in relation to culture and identity, and safe discussing racism, discrimination and racial trauma. Feedback may be gathered through surveys, interviews, community conversations and storytelling approaches.



Outcome measures can involve increased staff confidence, improved cultural understanding, reduced complaints relating to communication, improved engagement from previously underserved communities, greater availability of accessible information and stronger partnership working.

Evaluation should combine quantitative and qualitative evidence, therefore data should be reviewed alongside invited lived-experience, carer, family and staff feedback to understand the full picture.

Any guidance should be treated as a living resource. Organisations should review, update and refresh guidance and policies regularly with communities, transparently share learning and demonstrate how feedback has influenced practice and decision-making.

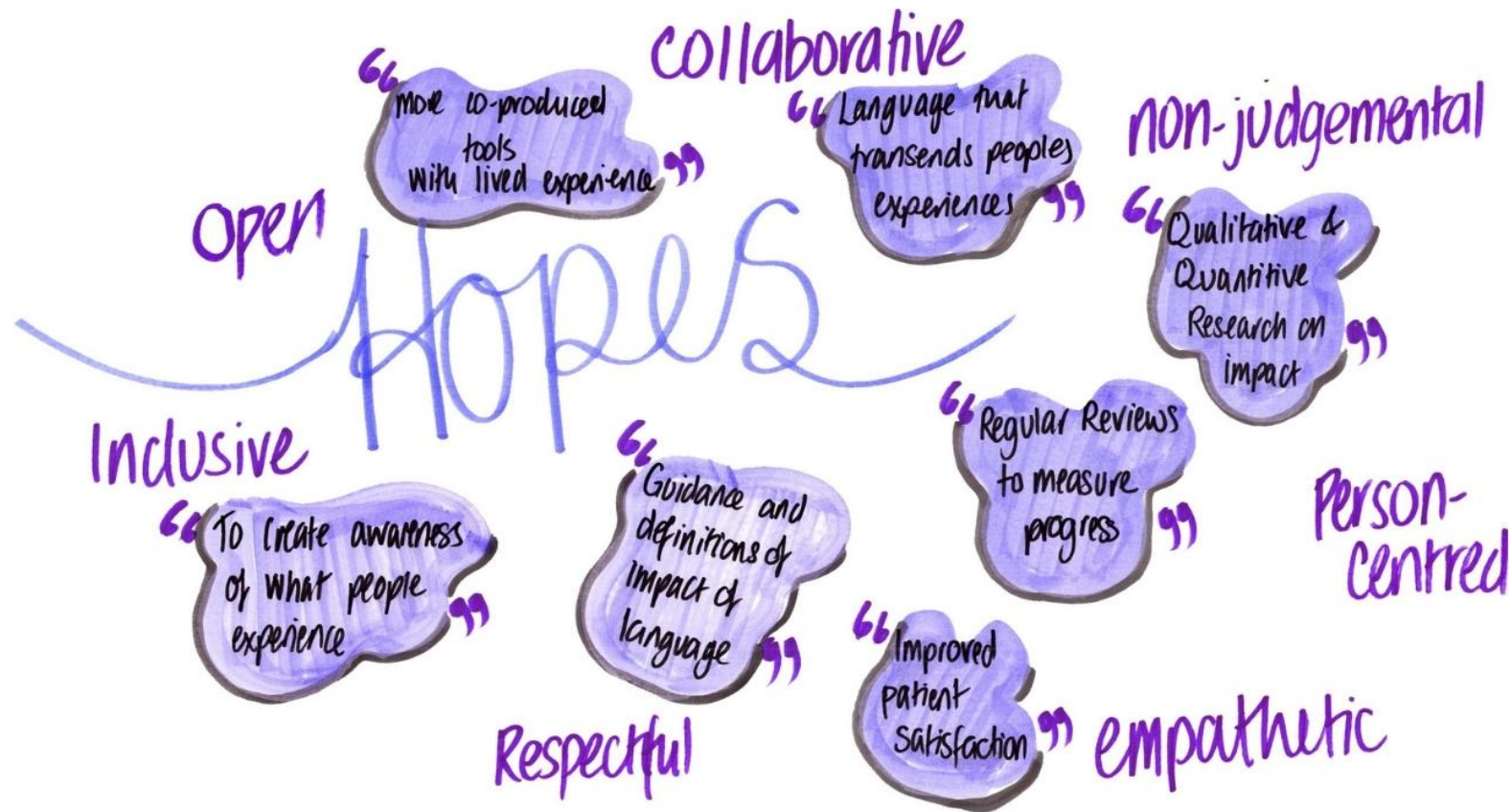
Example Evaluation Framework:

Area	Monitoring approach	Indicators
Co-production	Diversity monitoring data, feedback forms	Diversity of people engaged, number of engagement activities, community satisfaction with involvement
Workforce	Measures of attendance, feedback surveys	Staff confidence, cultural competency, training completion, reflective practice
Communication	Complaints data, website engagement rates	Review of policies, reduction in harmful terminology, accessibility of materials and information, multilingual staff
Experience	Surveys, examples and testimonies	Patient-reported experience measures, feelings of respect, belonging and inclusion
Access and Equity	Service appointment attendance and follow-up data	Uptake of services, engagement rates, reduction in disparities between groups
Trust and Relationships	Community listening events and workshops, insights and feedback forms	Community perceptions of services, partnership working, repeat engagement
System Change	Lived Experience Leadership Panel/Board and advisory groups	Evidence of anti-racist practice embedded in policies, commissioning and service design

Conclusion

Language has the power to shape how people experience mental health care. While changing language alone will not remove structural inequalities, it can act as a powerful catalyst for wider cultural and systemic change. The most meaningful guidance will always emerge from ongoing relationships with communities and from genuine curiosity, humility, compassion and anti-racist practice.

By embedding co-production, reflection and continuous learning into everyday practice, organisations can move beyond simply changing words towards transforming the way people experience care. In doing so, they can help create mental health services where people feel genuinely heard, understood and empowered to define themselves in their own terms. Ultimately, this work contributes to a broader vision of equitable, person-centred and culturally responsive mental health systems that are designed with communities, rather than for them.



Appendix

If you would like to learn more about the process of the Network and co-producing this resource, you can watch our video diary [here](#).

Visual minutes from workshop in full:

