



Mental  
Health  
Europe

# Guidelines for **gender-inclusive** language in mental health



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1.



# Introduction: Mental Health Europe perspective on gender and gender-related language in mental health

Gender is one of the “intersectional traits” to be considered within the framework of the psychosocial model of mental health. According to this model mental health is deeply entwined with the socio-cultural context in which a person lives<sup>1</sup> and, consequently it stresses the influence of the dynamic interplay between psychological and social determinants on mental health and well-being. Therefore, rather than addressing mental health as an issue of the single individual, this model focuses on the barriers and systemic inequalities that people face through their life because of the particular socio-economic and environmental situation they live in. It addresses ways in which these barriers can be overcome through different forms of support, including social inclusion, community-based mental health services and destigmatisation, paving the way to recovery. In this lens, society’s structural barriers related to gender, whether that is in policies, services, or other fields, are understood to inevitably influence a person’s mental health.

Limited access to education, employment as well as healthcare services can exacerbate disparities in mental health outcomes, more so when there is the additional issue of gender-related discrimination. For instance, it is observed how economic disparities between genders, such as wage gaps<sup>2</sup>, can expose individuals to different levels of financial stress, thus affecting their mental well-being. The psychosocial burdens created by these structural inequalities may lead to increased experiences of anxiety, depression, and other mental health problems<sup>3</sup>. In addition, gender bias in healthcare may result in inadequate support, as individuals’ experiences of distress could be discarded when read through a gender-stereotypical lens.

In addition to the structural inequalities linked to gender, it is necessary to point out the influence that gender-related language has on mental health. Language plays a crucial role in setting or challenging gender stereotypes and expectations, and the implications of gender-biased language are far-reaching: from the impact on a person’s sense of self to the reinforcement of stereotypes and the perpetuation of traditional roles in work, society and households. Gender-related language is in fact deeply intertwined with the societal discourse, and it often affects our understanding of a person’s identity and the place they have or should have in society.

Gender-biased language, whether that is related to sexism, harmful gender stereotypes or gender-based discrimination, can have seriously negative impact on someone’s mental health. When language is used in a careless way by perpetuating gender stereotypes, we create an unsafe environment where societal stigmatization of gender non-conforming individuals can subject people to heavy psychosocial stress, contributing to experiencing mental health challenges.

On the other hand, gender-neutral language can be used as a tool to deconstruct those biases, as it actively bypasses references to gender in the attempt to foster

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1. Mental Health Europe, *Promoting Understanding of the Psychosocial Model of Mental Health* (2023)

2. European Commission, *Equal Pay? Time to close the gap. Factsheet* (2022).

3. Emily A. Kuhl, Ph.D, *Gender Pay Gap Contributes to Increased Rates of Depression and Anxiety Among Women* (2016).

inclusivity. This inclusivity clearly extends beyond the realm of language, and it encourages a more comprehensive understanding of people's experience, including but not limited to their emotional life and mental health. When language mirrors care, respect and understanding, we create an environment where gender becomes a relevant and yet not discriminatory trait of someone's identity. Lastly, traditional gender roles may further determine different ways of expressing emotions or seeking help, potentially impacting the ability to cope with stress factors and life challenges.

These guidelines address the influence of gender-related language on mental health and explore how breaking down societal expectations around gender by employing gender-sensitive and gender-neutral language can contribute to creating a more inclusive environment that supports diverse mental health needs. The guidelines also provide practical examples of gender-biased language and new approaches towards a gender-inclusive language that can support good mental health. Lastly, given the relevance that media play in representing both gender stereotypes and mental health issues per se and in combination, these guidelines present tips for media practices that are sensitive to both gender and mental health aspects.

# 2.

## Unconscious biases



In 1995, Greenwald and Banaji<sup>4</sup> proposed a distinction between two forms of social attitudes and beliefs. On the one hand, there are explicit attitudes and beliefs – thoughts and feelings about social groups that are relatively more controlled, deliberate, and reflective of conscious, personal values. On the other hand, there are implicit attitudes and beliefs – thoughts and feelings about social groups that are relatively automatic, uncontrolled, and inaccessible to introspective access. What Greenwald and Banaji confirmed is that we cannot easily look into our own minds understanding or controlling those implicit thoughts. We need to work on ourselves to identify, address and deconstruct them.

From a theoretical perspective, biases can manifest as prejudiced perceptions, attitudes toward, or beliefs about an individual or group, and these biases have the power to affect behaviours<sup>5</sup>. Unconscious gender biases are defined as unintentional and automatic mental associations based on gender, stemming from traditions, norms, values, culture and/or experience<sup>6</sup>. But, from a practical point of view, what are unconscious biases? How do they creep into our heads and influence us? And how do they operate?

Unconscious biases are the invisible architects of our communication. As the word suggests, people are very often not aware of having them and cannot identify them without appropriate information, training and/or psychotherapy. They are embedded within the fabric of our language, influencing our words' choice and daily interactions. Each one of us has inherited a cultural, social and emotional baggage that evolves over time but which marks our very personal position in the world, and our perception of others. That same baggage serves as a ground to perpetuate an understanding of what is deemed acceptable or appropriate to our eyes. And in time, it infiltrates our way of thinking and consequently our language. That is how unconscious biases operate.

If we consider the relationship between unconscious bias and mental health, we observe that they intertwine quite often. The following list outlines different types of unconscious bias that individuals internalize over time, including mental health professionals who are therefore influenced by them when interacting with the service users:

- Ageism: discriminating against someone because of their age;
- Affinity bias: this bias refers to our tendency to gravitate toward people similar to ourselves;
- Beauty bias: judging people, particularly women, based on how attractive we think they are;

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4. Greenwald, A. G., and Banaji, M. R., *Implicit social cognition: Attitudes, self-esteem, and stereotypes*. Psychological Review 102, 1 (1995): 4–27.

5. Gaddes R., Jacobson Z., Montgomery S. and Moore C., *Conscious and Unconscious Gender Bias. Insight Policy Research, Response to DACOWITS RFI 4* (2018).

6. International Labour Organization, *ACT/EMP Research Note. Breaking Barriers: Unconscious gender bias in the workplace* (2017), 3.



- Confirmation bias: refers to the tendency to look for or favour information that confirms our beliefs;
- Gender bias: this is the tendency to prefer one gender over another or assume that one gender is superior or better at something;
- Name bias: when you judge a person based on their name and perceived background;
- The halo/horns effect: this is the tendency to put someone on a pedestal or think more highly of them after learning something impressive about them or perceiving someone negatively after learning something negative about them;
- Weight bias: judging a person negatively because they are larger or heavier or smaller than average.<sup>7</sup>

**Unconscious biases deeply impact mental health care as well.** For example, people experiencing mental health distress are more likely to postpone or not receive care regarding physical illness because they are mistrusted by the health professionals and/or their family and caretakers who often think their physical symptoms are related to the mental health problem<sup>8</sup>. This type of bias stigmatises people with mental health issues as people who do not have self-awareness or agency over themselves, or whose claims and opinions are unreliable or less valuable. Another type of mental health bias can be observed in the case of women experiencing emotional distress or exhaustion reproductive care. Biases based on gender roles may diminish concerns due to normalised expectations around reproductive issues, overlooking exhaustion, experiences of anxiety, depression or physical pain. The normalization of women's pain in reproductive contexts might lead to dismissive attitudes, hindering proper mental health support. Consequently, women may experience emotional strain due to infertility, repeated miscarriages, or challenging pregnancies without receiving adequate psychological care. Another issue is delayed or lack of diagnosis in relation to illnesses that are judged to be men's or women's diseases, with evident consequences also on mental health. Recognizing and addressing these biases in mental health care is essential to provide empathetic and comprehensive mental health support tailored to women navigating healthcare services.

Research highlights how biases contribute to feelings of exclusion, anxiety, depression, and diminished self-worth<sup>9</sup>. Moreover, biases regarding mental health

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7. Banyan Treatment Centers, *Unconscious Bias and Mental Health: How It Affects You*, accessed December 2023.

8. Henderson, C. et al, Mental health-related stigma in health care and mental health-care settings, *Lancet Psychiatry* 1 (2014): 467-82.

9. Burgess, D., et al.. *The effect of perceived discrimination on the health of immigrant women*. *Journal of Immigrant and Minority Health* 22, 4 (2020): 756-763; Borrell C, Muntaner C, Gil-Gonzalez D, Artazcoz L, Rodriguez-Sanz M, Rohlfs I, Perez K, Garcia-Calvente M, Villegas R, Alvarez-Dardet C, *Perceived discrimination and health by gender, social class, and country of birth in a Southern European country*. *Prev Med* 50, 1-2 (2010): 86-92; Borrell C, Artazcoz L, Gil-Gonzalez D, Perez G, Rohlfs I, Perez K, *Perceived sexism as a health determinant in Spain*. *J Womens Health (Larchmt)* 19, 4 (2010):741-750.

issues may prevent people from seeking for help. Stigma further exacerbates disparities in support services, especially affecting people in vulnerable situations and minorities<sup>10</sup>. Recognizing and mitigating unconscious biases through intercultural and gender-sensitive competency training and promoting awareness are vital in ensuring equitable and effective mental health care. Wearing the famous “gender lens” and employing critical thinking helps dismantling biased behaviours by scrutinising how gender norms impact interpersonal interactions but also support and recovery. For example, by analysing how biases influence perceptions of mental health in different genders, practitioners can offer more tailored and empathetic care.

However, there is no one-size-fits-all solution for unconscious gender bias. By questioning assumptions and acknowledging diverse gender experiences, we promote gender-inclusive practices, ensuring individuals receive comprehensive and respectful mental health support. Promoting self-awareness, talking to people with different backgrounds and experiences, opening discussions or offering training in the workplace about unconscious bias are seeds for fostering inclusive environments. “Project Implicit” provides [implicit association tests](#) on several possible topics. This type of tests can support awareness-raising.<sup>11</sup>

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10. Williams, D. R., et al., *Racism and health: evidence and needed research*. Annual Review of Public Health 40 (2019): 105-125.

11. Psychologists at Harvard, the University of Virginia and the University of Washington created “Project Implicit” to develop Hidden Bias Tests - called Implicit Association Tests, or IATs, in the academic world - to measure unconscious bias. The test can be found at [Test Yourself for Hidden Bias | Learning for Justice](#)

3.



Gender  
stereotypes

Unconscious biases are the silent roots of gender stereotypes. When unchecked, they transform into a stereotype as repeated biased beliefs or attitudes become fixed, influencing perceptions and leading to generalized and often oversimplified assumptions about a group or individuals. If left unchallenged, they fuel discriminatory behaviours both in the private sphere and in society. They will influence decision- and policy-making in all areas of life: education, employment, health care, social interactions, and so on. Recognizing the evolution from unconscious bias to stereotype is pivotal in preventing discrimination and fostering equitable environments that value individuality.

A gender stereotype is a preconceived idea where people are assigned characteristics and roles determined and limited by their gender<sup>12</sup>. Gender stereotypes define stereotypical roles and encompass societal expectations, behaviours, and norms considered appropriate or typical for individuals based on their perceived gender, influencing their roles and responsibilities within society (what are called gender roles). These become ingrained from an early age through education, socialisation, media, and interpersonal interactions, leading us to unconscious generalizations about genders and permeating our language, gendering it. Individuals often find themselves constrained within predefined societal norms that dictate their roles, capabilities, and opportunities. Gender stereotypes often take one of two forms:

- assuming all members of a category (such as a profession) share a gender, for example the assumption that all company directors are men and all secretaries are women;
- assuming that all members of a gender share a characteristic, for example believing that all women love to shop or that ‘boys don’t cry’. These stereotypes hurt people of all genders by placing expectations on what people should appear and behave.<sup>13</sup>

Authors such as Judith Butler and Simone de Beauvoir explored these concepts extensively. Simone de Beauvoir’s iconic phrase “One is not born, but rather becomes, a woman”<sup>14</sup> challenges essentialist views of gender. It asserts that gender, rather than an innate quality, is a result of societal conditioning. This statement confronts the idea that gender identity is predetermined by biology, emphasizing the social and cultural influences that shape one’s perception and experience of womanhood. It underscores the constructed nature of gender roles, urging a re-evaluation of societal norms and advocating for the acknowledgment of diverse experiences and identities beyond traditional gender binaries. Later, Judith Butler, known for her work “Gender Trouble”<sup>15</sup> defines gender stereotypes as societal

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12. The European Institute for Gender Equality, *Toolkit on Gender-sensitive Communication. A resource for policymakers, legislators, media and anyone else with an interest in making their communication more inclusive* (2019), 21.

13. Ibidem.

14. Simone De Beauvoir, *The Second Sex* (Gallimard, 1949).

15. Butler J., *Gender Trouble: Feminism and the Subversion of Identity* (Routledge, 1990).

norms and expectations that dictate behaviours, roles, and expressions based on perceived gender categories. Butler deconstructs these norms, highlighting their performative nature and their role in perpetuating inequalities within society.

Gender stereotypes underpin heteronormativity, cementing binary views of gender and sexuality. Binarism reinforces biases, erasing the spectrum of possible identities and relationships. This societal pressure marginalizes individuals, leading to experiences of stress, anxiety, and feelings of exclusion, impacting mental well-being for those embracing alternative relationship models.

Furthermore, gender stereotypes shape not only our perceptions of others, but also our own self-image. They construct a framework through which we view ourselves and engage with the world, often with profound consequences for mental health, fostering feelings of exclusion that can deeply influence one's sense of belonging and self-worth.

Recognizing and challenging these stereotypes become crucial in fostering inclusive and equitable communication, paving the way toward a more conscious and mindful interaction.

*How does language manifests gender-related stereotypes?* One prevalent example is the default use of the generic “he” as a pronoun, especially notable in certain professions like referencing doctors as “he.” This linguistic convention inherently excludes and erases the presence of women and non-binary individuals in these roles. Additionally, the persistent use of “he/she” rather than the more inclusive and neutral “they” further reinforces the binary concept of gender, disregarding the spectrum of identities beyond imposed binarism. Job titles often carry gendered connotations, with terms like “policeman” or “stewardess” subtly reinforcing stereotypical gender norms, omitting inclusivity by implying certain professions as inherently male or female dominated.

Discriminatory gendered language for women includes using diminutive terms like “girl” for professionals, assuming marital status via titles, or stereotyping roles as mothers or carers. Saying “playing/fighting like a girl” insinuates weakness, doing something “in a girly/manly way” emphasizes conformity to rigid gender norms associating “strength to masculinity” and “sensitivity to femininity”.<sup>16</sup> Expressions like “women are naturally apt at multitasking” perpetuate the assumption that women “know” how to and “chose” to do many and different tasks at the same time when in reality social norms position women and girls as the default providers of childcare and domestic work, expecting them to deploy much more energy on unpaid responsibilities. As a result of the time and energy spent on unpaid responsibilities, women are constrained in their capacity to seek income-generating opportunities, they are often unable to afford a reduction in the time and drudgery associated with unpaid care and domestic work. This reinforces expectations of unpaid domestic work as natural putting a strain on mental well-being, contributing to stress and perpetuating social consequences, i.e. women being less able to access paid work, be financially independent and

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16. ESCWA, *Gender-sensitive language. Guidelines*, accessed December 2023.

accumulate savings, assets or retirement income for their later years.

In the realm of the queer community, discriminatory or offensive gendered language for lesbians involves derogatory terms. Describing lesbians as “masculine” or “not real women” invalidates their gender expression. Slurs like “dyke” aim at demeaning or stigmatize their sexuality. Terms like “unnatural” invalidate their sexual orientation erasing their experiences within the LGBTQ+ community. Additionally, people often assume women’s and lesbians’ desires for traditional family roles, especially motherhood. Ungracious or uninformed comments imply that women “eventually want to have kids” dismissing any type of personal choice and invalidating their desire for diverse family structures beyond heteronormative expectations. Discriminatory gendered language for non-binary individuals includes misgendering, using deadnames, or denying their affirmed gender, which invalidates their identity and experiences.

Such language reinforces sexism lesbophobia and transphobia, creating an environment of exclusion and discrimination and taking a toll on mental health. It is therefore imperative to reshape language so that it reflects and embraces the diversity of gender identities, sexual orientations, paths of family as well as relationships.

**What can be done?** At individual level, we can encourage conscious awareness and foster dialogue that celebrates individual complexities. On a community-level, there are interventions and tools depending on the context. There are stereotypes instruments<sup>17</sup> to help people or groups to assess their level of exposure to harmful biases throughout their upbringing<sup>18</sup>, such as the genderbread person designed by Sam Killerman<sup>19</sup>, or initiate guided awareness-raising activities (in the workplace and/or other situations). For example, topics to cover in an awareness-raising session:<sup>20</sup>

- Understanding basic terminology and concepts around gender roles, gender identity, sexual orientation and gender expression;
- Addressing gender myths and stereotypes through evidence, cases, examples;
- Understanding obstacles faced by women and LGBTIQ+ people more broadly in society, including through laws, policies and practices;
- Understanding obstacles facing by women and/or LGBTIQ+ people in employment;

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17. Implicit project [Test Yourself for Hidden Bias | Learning for Justice](#); Test your knowledge and Practical tools, Chapter 5 and 6 in [European Institute of Gender Equality, Toolkit on Gender-sensitive Communication A resource for policymakers, legislators, media and anyone else with an interest in making their communication more inclusive](#) (2019).

18. European Commission, [Educational toolkits to help fight gender stereotypes: for primary and for secondary school](#) (2021).

19. Sam Killerman, [The Genderbread Person version 3](#) (2015).

20. Inspired by International Labour Organization, [Inclusion of lesbian, gay, bisexual, transgender, intersex and queer \(LGBTIQ+\) persons in the world of work: A learning guide](#) (2022), 46.

- Sharing examples of successful reaction against discriminatory gendered language in public or social occasions;
- Sharing principles of inclusive language policies as gender guidelines.

## The case of the trans community

Gender is expressed differently in different languages: for instance, adjectives in English are mostly gender-neutral, whereas other languages such as French, Italian, Spanish, German and so on adhere to a binary male/female construct.<sup>21</sup> Regardless of the language used, trans and non-binary people are more exposed to the harmful impact that gender language has on individuals because of their particular life experience. Most people perceive someone's gender (and therefore they choose pronouns, adjectives and appellatives for that person) according to a stereotypical and biased understanding of gender that does not take into consideration most gender non-conforming experiences. For instance, a person would use the word "sir" to address someone that presents traits that are stereotypically male, such as beard, lower voice pitch, bigger body size, and so forth. However, this quick and superficial reading does not take into consideration that trans women might have a lower voice pitch than most AFAB (assigned female at birth) women. In this example, a trans woman might then be regularly misgendered for a man, feeling disrespected, unseen, invalidated and ultimately left alone in a vulnerable position.

The usage of gendered language, when misapplied based on external assumptions, is a significant factor triggering gender dysphoria, namely the feeling of discomfort that trans and non-binary people might feel because of the discrepancy between their gender identity and biological sex. This feeling can exacerbate mental health challenges, contributing to increased experiences of depression, anxiety, social isolation, low self-esteem, and a pervasive sense of hopelessness. Biased gendered language then does not only invalidate the experiences of gender non-conforming individuals, but it can also promote sexist and transphobic attitudes, causing psychological distress on individuals across the whole gender spectrum.

Non-gendered language becomes then a tool to foster acceptance, validation, and a sense of belonging for trans and non-binary individuals. The validation given to gender non-conforming people when they are correctly gendered in alignment with their identity rather than assumptions positively impacts their mental health and sense of self-worth. Because trans and non-binary people are constantly exposed to covert and overt stigma and discrimination, the impact of a mindful use of gender-neutral and gender-sensitive language goes far beyond the simple linguistic habit. This positive practice makes trans and non-binary people feel

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21. However, it is worth mentioning that some binary languages are evolving and introducing gender neutral pronouns and adjective forms, such as the French "iel" or "ael" as a singular gender-neutral pronouns and the Spanish "todes."

seen, accepted and validated, and it ultimately support a more positive attitude towards themselves and towards life. Gendering people correctly –creates a sense of shared responsibility where the individual’s wellbeing is put at the forefront.

The following list contains a number of practices that can be put in place to create an inclusive environment for trans and non-binary people:

- Always introduce yourself with your name and pronouns in meetings, events and other settings: this creates a safe space for trans and non-binary people to disclose their name and pronouns and it makes them feel like the responsibility of inclusive practices is not solely on them;
- If you are unsure of someone’s pronouns, politely ask them for clarification;
- Respect the pronouns in people’s email signatures;
- Do not mention or ask questions about someone’s deadname or personal details regarding their transition;
- Remember that trans people are valid regardless of their medical transition: a trans man is a man even without taking testosterone or undergoing top-surgery;
- If you make a mistake, for instance if you use the wrong pronouns or you use a gendered word, apologise and move on;
- When you make a mistake, do not justify yourself with phrases such as “it’s so difficult for me,” “I am not used to it,” or “you know I mean well”: this makes trans and non-binary people feel like a burden to others and intensifies feelings of shame, guilt and social exclusion;
- If you are not used to use they/them pronouns, consider practicing by yourself or with friends to become more comfortable with them;
- Replace the expression “preferred pronouns” with “personal pronouns”: someone’s pronouns are not a preference that can be overlooked from time to time, but they are a state of things and they must be respected as such.<sup>22</sup>

These practices can be applied and further explored in all sectors, especially the healthcare one. When people interact with healthcare services, including mental health services, they are often in a vulnerable position and they are required to share personal details, including their gender. Being misgendered or wrongly addressed in a setting that should instead provide care and support is, unfortunately, a realistic fear that often prevents trans and non-binary people from seeking out help when needed. This might leave gender non-conforming people alone while experiencing mental health issues, adding stress to an already challenging moment. Ensuring that mental health service providers are aware of

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22. For more suggestions and a more comprehensive view on inclusive practices you can refer to Out&Equal *Best Practices for Non-Binary Inclusion in the Workplace*, and CIPE, *Inclusive Communication*



gender non-conforming people and of the inclusive practices necessary to make them feel seen, safe and valued should be made a priority.

# 4.

## Explaining the difference between gender-sensitive and gender-neutral



Gender-sensitive and gender-neutral approaches offer distinct strategies in tackling gender-related issues and promoting equality, each with its focus and methodologies.

A Gender-Sensitive Mental Health (GSMH) approach recognises the intersectional nature of gender, and it examines how people of different genders experience and are impacted by the processes, structures, and services they interact with daily.<sup>23</sup> It recognises that the antecedents, manifestations, and consequences of poor mental health are highly informed by our own physicality, social context and cultural environments<sup>24</sup> and it tailors interventions based on the diverse experiences and challenges individuals face due to societal norms. This method emphasizes understanding differences in experiences, perceptions, and vulnerabilities shaped by gender.<sup>25</sup> Factors affecting gender differences in mental health needs can be environmental, sociological or cultural. Within minoritized groups, gender can impact mental health in subtle ways. For example, women who wear the hijab can experience higher levels of racism than their male counterparts who do not wear religious identifiers. Similarly, being a person from an ethnic minority and being LGBTQI+ can result in poorer outcomes than for white LGBTQI+ people. Conversely, a gender-neutral approach aims to create equitable environment disregarding gender distinctions. Sexologist Anne Fausto-Sterling<sup>26</sup> advocates for a gender-neutral approach by challenging binary classifications, urging society to accommodate diverse gender identities. In employment, a gender-neutral strategy might involve implementing policies ensuring equal pay and opportunities for advancement without focusing on gender-specific issues.

While both approaches in the policy field aim for gender equality, their execution differs. Gender-sensitive strategies highlight disparities and tailor solutions considering gender differences whereas gender-neutral approaches aim for systemic change by removing gender as a defining factor, often through policies that promote equality without directly addressing gender disparities. Both approaches play crucial roles in addressing gender-related issues and fostering equality.

Likewise, gender-sensitive language and gender-neutral language are distinct approaches in communication, each aiming to address gender inclusivity but with different focuses and methodologies.

Gender-sensitive language, as advocated by authors like Judith Butler, prioritizes respecting and acknowledging diverse gender identities, emphasizing language that aligns and respect with individuals' self-identified genders. This approach seeks to affirm and validate various gender expressions, using language that

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23. National Women's Council Ireland, *Gender-sensitive Mental Health: Developing Policy and Services Which Meet the Particular Needs of Women and Girls* (2023), 26-27.

24. National Women's Council Ireland, *Gender-sensitive Mental Health: Developing Policy and Services Which Meet the Particular Needs of Women and Girls*, June (2023), 25.

25. Also supported by the works of Professor Carol Gilligan in Carol Gilligan, *In a Different Voice: Psychological Theory and Women's Development* (2016).

26. Anne Fausto-Sterling, *Sexing the Body: Gender Politics and the Construction of Sexuality* (2000).

reflects this understanding. For instance, using “they/them” pronouns for non-binary individuals or opting for gender-inclusive terms like “spouse” instead of “husband” or “wife” exemplifies a gender-sensitive approach.

On the other hand, gender-neutral language, championed by authors such as Anne Fausto-Sterling, aims to eliminate gender-specific assumptions or exclusions in language, seeking linguistic equality by avoiding terms that denote or imply gender. This approach focuses on language that does not specify gender, aiming to create a more equitable linguistic environment. For instance, using “they” as a singular pronoun or employing gender-neutral job titles like “server” instead of “waiter” or “waitress” aligns with a gender-neutral approach.

Ultimately, adopting an approach combining aspects of both strategies might offer a comprehensive solution, recognizing gender-specific challenges while avoiding gender assumptions or exclusions in communication, contributing to a more inclusive linguistic environment.

<b>Gender-sensitive language (gendered)</b>	<b>Gender-neutral language</b>
<ul style="list-style-type: none"> <li>• Recognition and respect for the diverse spectrum of gender identities.</li> <li>• Recognition individuals' self-identified genders.</li> <li>• Language usage embraces identities beyond the binary.</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on using terms that do not specify or assume gender.</li> <li>• Promotion of linguistic equality.</li> <li>• Language usage wishes to overcome binarism.</li> </ul>
<b>Examples</b>	
Father/mother	Parent/caregiver
Son/daughter	Child
Husband/wife, boyfriend/girlfriend	Partner/significant other
Businessman/businesswoman	Businessperson
Mankind	People, humanity
<i>Under the law, all women and men are equal.</i>	<i>Under the law, all people are equal.</i>
<i>*Gender-discriminatory language: under the law, all men are equal.</i>	

## Mental Health Europe's recommendations

<p>Make gender visible when <b>it is relevant for communication. Otherwise, adopt gender-neutral forms.</b></p> <p>Use the strategy of pairing feminine and masculine forms to make both genders visible in field of work that are perceived as male or female dominated.</p>	<p>Gender-neutral language <b>can sometimes “hide” women or LGBTQI+ minorities.</b> For instance, when “soldiers” “football players” “doctors” are referred to neutrally, the fact that there are also female or individuals belonging to the LGBTQI+ community is omitted or ignored. Therefore, the following options should be considered: cisgender woman, cisgender man, transgender woman, transgender man, non-binary.</p>
<p>Discriminatory language might involve occupational stereotypes. People easily associate female pronouns to say “nurses”, and male ones, to “scientists”. To counter stereotypes, it could be highlighted the presence of male nurses or female scientists.</p>	<p>A gender-neutral solution involves using terms like “care providers”, “clinicians” and “scientists” respecting diverse gender identities.</p>

## Examples for nouns, pronouns, titles, forms of address

### - **Nouns**

Although most nouns in English are not gendered (director, lawyer, teacher, doctor...), there are some who do have a gender marker. Knowing the gender-neutral alternative for a noun does not imply that the gendered one is wrong, but it serves as a useful exercise to reflect upon gender stereotypes and respect each person's individuality.

### - **Pronouns**

Inclusive pronoun practices play a pivotal role in fostering a culture of respect, care and inclusivity. Inclusive pronoun practices are especially crucial for gender non-conforming people: the correct use of trans people's name and pronouns often brings a significantly positive impact on their mental health.

#### **a. Gendered pronouns: she/her/hers; he/him/his**

- *She regularly goes for long walk in the forest to support her mental health. I sometimes go with her when I feel a bit low.*
- *He regularly goes for a long walk in the forest to support his mental health. I sometime go with him when I feel a bit low.*

Gendered pronouns should be used according to a person's real gender and not according to the assumption of it. If you are unsure of a person's gender, it is usually safer to stick to the gender-neutral form and/or politely ask for which pronouns that person uses.

**b. Gender-neutral pronouns: singular they/them/theirs**

- *They regularly go for a long walk in the forest to support their mental health. I sometimes go with them when I feel a bit low.*

*They/them/theirs* is not the only inclusive gender-neutral English pronoun. People might use alternative forms called "neopronouns." Whatever the pronouns are, it's important that those are respected and used in both written and spoken form. If you are unsure of how to use a set of pronouns, you can ask to the person if they would like to explain it to you so you can avoid making mistakes.

- **Inclusive pronouns practices**

Assuming a person's gender according to their looks, voice, or other physical characteristics is a practice that highly exposes trans and non-binary people to misgendering and, at the same time, it overlooks cisgender people who might not present according to normative societal standards – for instance, a man wearing a skirt and nail polish might be wrongfully addressed as a non-binary person or trans woman whereas they just embrace a gender expression that does not adhere to normative masculinity. Therefore, it is always important to introduce yourself with your name and pronouns first, and invite others to do the same, if they feel comfortable. In this way, you are sending a clear message of awareness and support and you help in the creation of a safe environment where everyone can feel seen and acknowledged. Remember, if you make a mistake, apologise and correct yourself. Dwelling over a mistake over and over puts the person who has been misgendered in an exposed and uncomfortable position.

- **Titles**

The most common gendered titles are Mr./Mrs./Miss and Sir/Madam. These titles completely overlook gender non-conforming individuals who have to choose whether to be misgendered or addressed with the less triggering title. For instance, an AMAB (assigned male at birth) non-binary person who does not want to be misgendered as a man, might ask to be addressed as "Madam," simply because the female title might be less triggering than the male one. In recent years, the gender-neutral version Mx. has been introduced to correctly address non-binary individuals and, in general, to address anybody who's gender is unknown. The gender-neutral title Mx. can be found in all the most prominent English dictionaries.

Titles can be perceived as a form of respect, but they can also become a stressful experience for some people. If possible, avoiding titles and only using name and/or surname is a preferred practice.

- **Forms of address**

Although most nouns and adjectives in English are gender neutrals, there are still some gendered forms of address that are now obsolete. For instance, some nouns ending in -man can be replaced by their gender-neutral forms, such as (police officer for policeman/policewoman, spokesperson for spokesman, chair/chairperson for chairman).

These are some examples of gendered and gender-neutral forms.

<b>Gendered</b>	<b>Gender-neutral</b>
Ladies and gentlemen (to open a speech)	Good morning/hello everybody Dear colleagues/participants/ audience members
Dear Mr. Smith	Dear Mx. Smith Dear R. Smith (name/name initial and surname)
I talked to the girl at the door	I talked to the young person at the door
The speaker can use a visual presentation if he/she wants to (he/she “inclusive” form)	The speaker can use a visual presentation if they want to
The UN spokesman	The UN spokesperson

5.



# Gender representation and mental health in media



Media play a critical role in the perception and understanding that society at large has towards people with mental health issues. Magazines, newspapers, online articles, tv programmes, podcasts, and social media – just to name a few – provide easy-to-access content consumed by millions of people worldwide. Therefore, journalists, content creators and all those professionals involved in the creation of media content have a responsibility to report and portray people with mental health issues in a sensitive, respectful and realistic way to destigmatise mental health and promote a more compassionate understanding of people with mental ill-health.

The representation of gender and mental health poses a further challenge as it requires an intersectional approach where the representation of mental health issues has to be further analysed through a gender-sensitive lens. The portrayal of mental health in media calls for an understanding of the broader context in which those issues occur and of the consequences that the narrative and language could have. Questions such as, Is it relevant to mention that the person experienced mental health issues? What kind of language should be used to avoid stigmatisation? What structural barriers impacted the person's mental health? are necessary to promote narratives based on care and attention rather than sensationalism. When gender is added to the equation, more questions must be asked: How are gender stereotypes influencing the content? Does this content promote a biased representation of gender minorities? Does the writing style oversimplify complex information promoting harmful stereotypes of gender minorities or people with mental health issues? Lastly, it is important to remember that the role of media is not only to report but also to raise mental health awareness, promote understanding and advocate for tailored and accessible mental health support.

Mental Health Europe invites media professionals and content creators of any kind to apply the following gender-sensitive guidelines when representing people with mental health issues in order to depict responsible portrayals that mitigate the risk of negatively affecting individuals in vulnerable situations, whether because of gender or mental health-related issues.

- Always gender people correctly and use the right pronouns.<sup>27</sup>
- Use gender-sensitive and gender-neutral language as outlined in the previous chapters.
- Put the person at the centre of the narrative by providing a realistic and not-stigmatising description of their background and conditions.
- Avoid using stigmatising and/or incorrect terminology related to both mental health and gender.<sup>28</sup>

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27. For an in-depth guide on the reporting and representation of trans and non-binary people, refer to Transgender Europe, *Trans Media Guide*.

28. Mental Health Europe, *Mental Health: The Power of Language – A Glossary of terms and words* (2023).

- Avoid using sensational headlines designed to provoke superficial curiosity instead of genuine interest.
- Beware of conscious and unconscious bias in the representation of both mental health and gender identity.
- Seek informed consent from the people involved in the story.
- Do not make assumptions about people's gender and/or mental health.
- Consult experts and people with lived experience who could provide more depth to the story.
- Seek the point of view of women or gender minorities within the team: it is important to make space for consultation and inclusive peer-review.
- Respect people's privacy: do not out anyone's gender or sexuality, and do not pressure people into sharing private material.
- Use sensitive images representing the events as closely as possible to avoid sensationalist use of visual content.
- When reporting about distressing events, consider adding a trigger warning at the beginning of the content.
- Avoid graphic descriptions of self-harm or physical violence.
- Shape communications in ways that foster understanding, acceptance and validation of people's identities.
- Share local mental health and gender-related helplines when relevant.

Inclusive and sensitive media representation contributes not only to destigmatise mental health, but it also challenges discriminatory behaviours related to other intersectionality traits. In fact, addressing the interplay between gender identity and mental health allows the media to spark a conversation about how gender identity influences the role that society gives to individuals and the effort that has to be made to free from those expectations. Such a reflection invites individuals to further explore how other traits, such as disability, race, class, and sexual orientation, influence people's lived experiences and their mental health. Ultimately, a diverse media representation can help break down societal barriers and encourage an honest discussion about mental health within various communities, even those where mental well-being is still a stigmatising concept. Gender and mental health-sensitive media representation is not just a reflection of the diversity and dignity of human experiences, but a catalyst for positive social change.

# 6.

## Glossary



**Cisgender:** A term that refers to a person who does not identify as trans.

**Discrimination:** Unequal or unfair treatment which can be based on a range of grounds, such as age, ethnic background, disability, sexual orientation or gender identity.

**Gender:** Refers to a social construct which places cultural and social expectations on individuals based on their assigned sex.

**Gender expression:** Refers to people's manifestation of their gender identity to others, by for instance, dress, speech and mannerisms. People's gender expression may or may not match their gender identity/identities, or the gender they were assigned at birth.

**Gender identity:** Refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms. Some people's gender identity falls outside the gender binary, and related norms.

**Gender non-conforming:** Refers to gender expressions other than male or female. Heteronormativity: Refers to the set of beliefs and practices that consider gender to be an absolute, unquestionable binary, and therefore describe and reinforce heterosexuality as a norm. It implies that people's gender, sex and sex characteristics are by nature and should always be aligned, and therefore heterosexuality is the only conceivable sexuality and the only way of being 'normal'.

**Non-binary:** Refers to gender identities other than male or female.

**Out:** Being openly gay, lesbian, bisexual, trans or intersex.

**Queer:** Previously used as a derogatory term to refer to LGBTI individuals in the English language, queer has been reclaimed by people who identify beyond traditional gender categories and heteronormative social norms. However, depending on the context, some people may still find it offensive. Also refers to queer theory, an academic field that challenges heteronormative social norms concerning gender and sexuality.

**Trans/Transgender:** Is an inclusive umbrella term referring to people whose gender identity and/or gender expression differ from the sex/gender they were assigned at birth.

It may include but is not limited to: people who identify as transsexual, transgender, transvestite/cross-dressing, androgyne, polygender, genderqueer, agender,

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29. ILGA-Europe, *Our Glossary*, accessed December 2023.

gender variant, gender non-conforming, or with any other gender identity and/or expression which does not meet the societal and cultural expectations placed on gender identity.

**Transition:** Refers to a series of steps people may take to live in the gender they identify with. A person's transition can be social and/or medical. Steps may include: coming out to family, friends and colleagues; dressing and acting according to one's gender; changing one's name and/or sex/gender on legal documents; medical treatments including hormone therapies and possibly one or more types of surgery.



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