

The NAMI Editorial Guide

Whether you're writing a blog or article, an email or a web page, this reference document will provide guidance on NAMI's voice, tone, audience and language preferences when it comes to writing for the public.

Note: For style, grammar and punctuation, we follow [AP Style](#).

Voice

NAMI's voice is casual and conversational. We are a "friendly guide" to our audience, leading them through difficult and intimidating topics and breaking them down in a language that they can understand. We educate when appropriate, and act as a shoulder to lean on when someone needs support. We aim to inspire hope and encourage engagement.

NAMI's voice is:

- Professional / reliable / accurate
- Friendly
- Casual and conversational
- Helpful / informative
- Positive, but also realistic

NAMI's Voice = The Trusted Friend

You want to write as if you're a professional giving advice to a good friend. We want to be welcoming, inclusive and meet people where they are. We speak to them in a way that sounds natural.

Examples:

1. Original: Individuals with disabilities, including mental illness, deserve fair and equal treatment in the workplace. The Americans with Disabilities Act and the Rehabilitation Act of 1973 are two federal laws that prohibit discrimination against individuals with disabilities on the job.

NAMI version: People with mental illness deserve fair treatment at work. The Americans with Disabilities Act is just one federal law that prohibits discrimination in the workplace.

2. Original: This part of the program covers the predictable stages of emotional reactions among family members dealing with the challenges of mental illness and the lived experience of raising a child with a mental illness.

NAMI version: Taking care of a child with mental health challenges can cause a great deal of stress for your whole family. This part of the program includes common scenarios of the emotional reactions that can affect the rest of your household.

3. Original: It'll be okay if you get a friend or family member involved. Don't worry; you can make it through this.

NAMI version: Talking to a doctor or a trusted friend or family member is the first step toward understanding your mental health symptoms and getting help.

Tone

There's a difference between voice and tone. You always speak with the same voice, but your tone changes. You might speak in one tone to your closest friends and family, but in a different tone with your boss. Your tone also changes depending on the emotional state of the person or situation you're addressing.

For example, we are more to-the-point in the "Learn About" area of our website, but gentler and more hopeful in our "Find Support" areas. Just like in regular life, your tone changes depending on the situation.

When you're writing, always remember the NAMI audience you're writing for. Also consider the reader's state of mind: are they concerned about a loved one's welfare during a crisis? Are they relaxed, but looking for everyday tips for living with mental illness? Tone has measurable impact on readers' perceptions of NAMI's friendliness and trustworthiness.

Audience

When writing content, it's important to consider who you are addressing. Are they familiar with NAMI? Are you asking for something or are you providing support?

Here are NAMI's main audience categories to consider:

- **Caregiver** – Parent of a newly diagnosed child or long-term caregiver of adult child living with MI
- **Individual with mental illness** – Young adult or adult living with MI
 - Youth / young adults
 - Veterans / active duty servicemembers
- **Advocate** – Friend of individual living with MI or individual wanting to get engaged with the cause
- **Donor** – Family member, community leader or company/organization who wants to support NAMI for its efforts

Language

NAMI-Specific Language

NAMI

The national office of NAMI is simply referred to as NAMI, not NAMI National. When talking to the public, it's preferred to say, "your local NAMI" to reference NAMI affiliate offices in localities and states throughout the country. When talking to the field, using the terms "NAMI State Organizations" and "NAMI Affiliates" is the proper format. These can be abbreviated to "NSOs" and "NAs," respectively.

NAMI Education Programs

The first mention of a NAMI signature program should always include “NAMI.” It does not need to be in subsequent mentions, except for NAMI Homefront. Due to copyright details, NAMI Homefront must always include “NAMI” as part of the program name, even in subsequent mentions. Example: NAMI Family-to-Family and NAMI Homefront have helped thousands of families. Family-to-Family is a remarkable program. NAMI Homefront is also a remarkable program.

NAMI SIGNATURE PROGRAMS



NAMIWalks

When referring to NAMIWalks there should be no space between “NAMI” and “Walks.” If you have already referenced NAMIWalks, you may later refer to it as “Walks” if necessary.

NAMI National Convention

“NAMIcon(year)” or “NAMI National Convention” are the acceptable uses when talking about the convention. “NAMIcon” can be listed without the year upon subsequent mentions. Do not use “NAMI Convention” or “National NAMI Convention” or “NAMI Annual convention.” You can use “convention” lowercased when you are not using the official name of the event.

Mental Health Terminology

Mental Health

Refers to the larger umbrella of mental and emotional well-being – mental illness is part of mental health.

Mental Illness / Mental Health Conditions

Refers to a diagnosed condition. “Mental health condition” is the preferred term for youth and for translated materials addressing cultural groups.

Talking About Mental Illness

Use person-first language

A person is not defined by a condition, and someone should not be addressed as such.

For example:

A person *experiences* bipolar disorder — they’re not bipolar.

A person *experiences* mental illness— they don’t belong to a group called “the mentally ill.”

This applies to mental health conditions and when referring to individuals from a racialized, social or cultural group.

Don’t use mental health conditions as adjectives

You shouldn’t call someone “OCD” because they like to organize or say the weather is “bipolar” because it keeps changing. This undermines legitimate diagnoses.

Avoid stigmatizing language

Don’t refer to someone as “crazy,” “psychotic” or “insane” For people going through challenging symptoms beyond their control, it can be very harmful to be labeled by words with negative connotations. Additionally, the casual use of these words when unrelated to mental illness can perpetuate stigma and discrimination.

Don’t use the term “others” or “abnormal”

Referring to people experiencing mental illness as “others” or “abnormal” creates an “us versus them” narrative. This can make people experiencing mental illness seem inferior, different and as though they’re the outliers of society — which they are not.

Be cautious when talking about suicide

We strictly follow the [suicide reporting guidelines](#):

AVOID...	INSTEAD...
✗ Describing or depicting the method and location of the suicide.	✓ Report the death as a suicide; keep information about the location general.
✗ Sharing the content of a suicide note.	✓ Report that a note was found and is under review.
✗ Describing personal details about the person who died.	✓ Keep information about the person general.
✗ Presenting suicide as a common or acceptable response to hardship.	✓ Report that coping skills, support, and treatment work for most people who have thoughts about suicide.
✗ Oversimplifying or speculating on the reason for the suicide.	✓ Describe suicide warning signs and risk factors (e.g. mental illness, relationship problems) that give suicide context.
✗ Sensationalizing details in the headline or story.	✓ Report on the death using facts and language that are sensitive to a grieving family.
✗ Glamorizing or romanticizing suicide.	✓ Provide context and facts to counter perceptions that the suicide was tied to heroism, honor, or loyalty to an individual or group.
✗ Overstating the problem of suicide by using descriptors like “epidemic” or “skyrocketing.”	✓ Research the best available data and use words like “increase” or “rise.”
✗ Prominent placement of stories related to a suicide death in print or in a newscast.	✓ Place a print article inside the paper or magazine and later in a newscast.

Culture and Identity Terminology

We refrain from using “minority” or “diverse” when referring to individuals or groups identifying as non-white, non-heterosexual and/or non-cisgender.

The word “diverse” should represent how we, as people who are all different, are different from one another. However, it often gets misused to describe how someone is different from being white, heterosexual and cisgender. Using language this way implies that diversity is the addition of non-normative elements to the “dominant” environment, which others those who are being labeled as “diverse.”

“Minority” is not always accurate considering there are certain racialized groups who actually make up half or a majority of the population.

Underrepresented groups / Overrepresented groups

We use underrepresented or overrepresented group to talk about specific populations, depending on the context.

For example:

The Black community is underrepresented when it comes to receiving adequate mental health care and overrepresented when it comes to the prison population.

Person / People of Color (POC)

“POC” refers to a person or group who identify as non-white.

Racialized groups

The term “racialized groups” refers groups of people who are viewed collectively by their race due to their perceived shared experiences related to cultural, social, economic and other factors. We favor this term over “racial groups.”

Black

Black refers to people in the entire Black diaspora and are based on the experience of Blackness in the U.S. It could include immigrants of different cultures that are perceived Black even if they self-identify differently due to another dimension of cultural identity.

The “B” in “Black” should always be uppercase.

African American

Under the larger umbrella of the Black community the term African American represents those whose origin is from the African continent but history and life experience is reflective of the U.S.

Latinx

Refers to people with Latin American ancestry (Central America, South America or the Caribbean). Since the Spanish language is typically gendered, the term Latinx is used to eliminate a binary choice (male vs. female) that is limiting and excluding to trans individuals and others who identify as fluid or non-binary.

The use of Latino/Latina is also permitted for anyone who would prefer to identify with these terms.

Hispanic

Refers to people who have ancestors from Spain or other Spanish-speaking countries.

Indigenous population

Refers to those who are native to the U.S.

Asian American and Pacific Islander (AAPI)

Refers to people whose ancestry is from Asian countries or Pacific islands.

LGBTQI

Refers to people who identify as lesbian, gay, bisexual, transgender, queer, questioning or intersex.

TGNC

Refers to people who identify as transgender and/or gender nonconforming.

Non-binary language

Our preference is to minimize binary language so that our content is relatable for all audiences.

Different Types of Content

An **article** (for the NAMI Blog or Advocate membership magazine) is a piece of writing that provides advice, updates, lived experience or general information about mental illness.

An article:

- Has a direct point
- Is written from a first-person or third-person perspective
- Is, at maximum, 1,000 words long
- Can be time-specific or not
- Includes a byline
- Can be written by a variety of authors

A **web page** is an informative description/explanation that is thorough enough to provide clarity on a particular topic.

A web page:

- Is written from a third-person perspective
- Is, at maximum, 1,200 words long
- Is “evergreen” (not timely or date specific, more general)
- Has no byline, but represents the organization as a whole
- Should be written by a subject matter expert

A **personal story** is a casual and informal piece of writing that conveys an aspect of someone's mental health journey.

A personal story:

- Does not need to have a point or takeaway message
- Is written from a first-person perspective
- Is, at maximum, 700 words long
- Can be time-specific or not
- Can be anonymous

Writing Best Practices

Before you begin writing something, always ask yourself the following questions:

1. What is the purpose of this content? Example purposes include:
 - Driving traffic to the website
 - Educating
 - Increasing donations
 - Promoting programs
 - Activating advocates
2. Who's my audience? Example audiences include:
 - Caregivers
 - Individuals with mental illness
 - Youth / young adults
 - Veterans / active duty service members
 - Donors
 - Advocates
3. How will my reader use this information? And what is their emotional state? Options include:
 - To get answers – Who is NAMI? Do they have what I need?
 - To gather evidence – Why is NAMI a reputable source of information? Why should I donate to them?
 - To find support – Does NAMI understand me?

Get to the Point

Readers want to find what they're looking for as fast as possible. Try to include your main point early on in your piece. .

The Importance of Plain Language

The majority of Americans are at the literacy level of high school or below. The goal of plain language is to help the reader understand the content and information we are providing.

1. Use familiar words

- Aim to keep your writing as close to speech as possible (Ask: Would I talk this way in conversation?)
 - Avoid expressions, idioms, clichés and slang
 - Stay away from jargon, anything “inside baseball” and marketing lingo (“best ever”)
2. Be concise
- Reduce excess wording and focus on the main point
 - Ask: What do readers need to know? What are the essentials?
 - Keep sentences short and simple
3. Use the active voice
- Active voice is direct, concise, stronger and less awkward to read
 - Example: “The animals were rescued by the volunteers” should instead be phrased as, “The volunteers rescued the animals.”

A few things to keep in mind about plain language:

- You can be as specific as you need to be while still using clear language.
- It’s not “dumbing down.” Common words are more effective than jargon.
- It’s a more direct way of communicating what you want.
- It helps essential information stand out.

Use Engaging Titles

A title is the first piece of content people read. Often, it is the *only* piece of content people read. With that said:

- Tell readers something useful
- Keep to 5 words or less
- Avoid cute or faddish vocabulary
- Ensure it’s understandable, especially out of context of your article

Don’t be Abstract

Give pointed advice. Give readers something to act on. Saying “be there for your loved one” may sound nice, but it’s vague. Give them specific things they can do.

Make Sure Your Content is Relevant

Content should directly address the topic at hand. For example, if a page is about managing mental health in the workplace, you don’t need to include something about supported employment (that would be on a page about finding work).

Make Sure Your Content is Factually Accurate

In your writing, you should always fact-check:

- Statistics
- Research studies
- Medical information/treatment

- Diagnostic criteria
- Spelling of any names mentioned
- Academic degrees, if possible

If a study is mentioned, make sure it's:

- From a legitimate source
- Less than 10 years old

Make the Content Scannable

No one wants to read a giant wall of text. Use headings, subheads and bulleted lists to break up content. They can help cut the length and take the place of transitional sentences. And, most importantly, they help divide up your content so people can find what they need.

Use Bulleted Lists Strategically

Avoid ending bullet points with semicolons. Use a period after every bullet point that is a full sentence. Use no punctuation after bullets that are not complete sentences. Use all sentences or all fragments, not a mixture.

Make bullet points consistent in structure (punctuation, capitalization, verb tense). For example:

- Be consistent
- Match the first word in each point
- Make the bullet points easy to read

Bullet points are meant to be short. Additionally, there should not be more than 5-7 bullet points in one list. Avoid using transition words and phrases such as “secondly” or “another point.”

Don't Use Colloquial Phrases

Colloquial, or cliché, phrases are only understood by certain communities, like native English speakers.

For example:

Avoid saying: “If you are feeling under the weather, consult your doctor.”

Instead use: “If you are feeling sick, consult your doctor.”