



LANGUAGE GUIDE

A guide designed to support the use of respectful terminology when discussing mental health, autism, neurodiversity, forensic mental health, and youth justice.



If you ever feel uncertain about the language to use when discussing mental health and related topics, you are not alone.

We want to encourage open, ongoing conversations about mental health. Increased awareness and understanding of these topics strengthens our collective ability to support the individuals, families, and communities we serve.

Kinark Language Guide

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Language evolves

This language guide offers insights into terminology that is considered respectful and appropriate when discussing topics of autism, mental health, neurodiversity, forensic mental health, and youth justice at the time of publication. Please note that language evolves alongside our growing understanding of people's experiences, identities, and needs. As such, the guidance within this resource reflects current best practices and perspectives but may change over time.

This guide will be reviewed and updated on an ongoing basis; however, readers are encouraged to approach language with openness and flexibility, recognizing that terms considered appropriate today may shift in the future as communities, research, and lived experiences continue to shape how we communicate.



Autism Language Guide

Do we capitalize ‘autism’?

In alignment with the Autism Alliance of Canada and our [guiding language principles](#), Kinark respects the individuality of the clients we work with. If a client does not have a language preference, we will treat the word autism as a common noun and it will not be capitalized. However, when using identity-first language, please capitalize Autistic when used in reference to a person or community.

How does Kinark handle person-first vs identity-first language?

We recognize the varying positions and preferences individuals have between the use of person-first language (e.g., individual with autism) and identity-first language (e.g., Autistic individual). To respect the agency, the individuals and families we support, and the diversity of voices within the autism community, Kinark Autism Services will use such terms interchangeably throughout our materials.

When do we use ‘Autism Spectrum Disorder’?

The American Psychiatric Association changed the term autism to Autism Spectrum Disorder (ASD) in 2013. ASD is now an umbrella term that covers the different levels of autism. The autism spectrum includes conditions that providers used to consider separate, including autism, Asperger syndrome, and pervasive developmental disorder – not otherwise specified (PDD-NOS). Aspergers (ASD level 1) is no longer a recognized term, as it was officially removed from the Diagnostic and Statistical Manual of Mental Disorders in 2013. We have heard from Autistic individuals that they prefer the label of having autism, not ASD. As such, Kinark only refers to ASD when speaking about diagnosis/diagnostic criteria.

Puzzle piece imagery and autism

In alignment with neurodiversity-affirming language and values, puzzle pieces as a symbol or image to represent autism is no longer appropriate.

Understand, that the puzzle piece imagery or symbols can unintentionally imply:

- That autistic people are “missing a piece” or are incomplete
- That they are something to be “solved”

Instead, feel free to use the following imagery:

- The rainbow infinity symbol – representing neurodiversity and the infinite diversity of minds.
- The gold infinity symbol – specific to autism acceptance (gold references the chemical symbol Au).



Autism Language

Terms to Avoid	Terms to Use
Autistic person is “suffering from autism”	Autistic person / person with autism
Has autism spectrum disorder (when unnecessary in casual or community context)	Is autistic
High-functioning / Low-functioning	Describe specific support needs (e.g., “requires daily living support,” “independent in communication”)
Mild / Severe autism	Autistic person with lower / higher support needs
Normal children / Neurotypical children (when contrasting in value-based way)	Non-autistic children / neurotypical children (neutral use only)
Autism epidemic	Rising autism diagnoses / increased identification
Afflicted with autism	Autistic
Symptoms of autism (in non-clinical discussion)	Autistic traits / characteristics / experiences
Special needs	Support needs / access needs
Autism awareness	Autism acceptance / neurodiversity celebration
Behavioural problems	Behaviours of concern / interfering behaviours / specific description of the behaviour
Temper tantrum (for older autistic youth)	Meltdown / shutdown
Obsessive interests	Deep interests / focused interests / special interests
“On the spectrum” (when used vaguely or dismissively)	Autistic (if confirmed and appropriate)
Everyone is a little autistic	Autism is a distinct neurotype with a spectrum of presentations
Cure autism	Support autistic people

Child and Youth Mental Health Language

How do we appropriately refer to mental health conditions?

When referring to a client or individual's mental health concerns, we aim to be as specific as possible while avoiding negative wording like "issues/problems". Always aim to use the language that the individual client uses for themselves whenever possible.

How does Kinark handle person-first vs identity-first language?

We recognize the varying positions and preferences individuals have between the use of person-first language (e.g., individual with a mental health condition, or child with a disability) and identity-first language (e.g., neurodivergent child). To respect the agency, the individuals and families we support, and the diversity of voices within the community we serve, Kinark will use such terms interchangeably throughout our materials.

When do we use the term complex needs?

The term "complex needs" should not be used as a euphemism for "difficult". Complex needs refers to co-occurring conditions, when describing intersecting clinical and social determinants, or when documenting multi-system involvement.

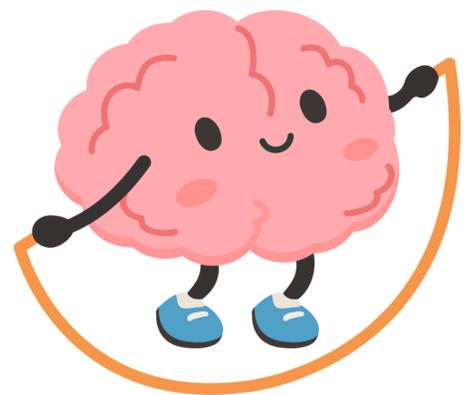
Remember: Neurodivergent (individual) - Neurodiverse (group)

- The term neurodivergent refers to an individual whose brain differences affect how their brain works.
- Neurodiverse refers to a group containing or made up of people who are not neurotypical.
- A person cannot be neurodiverse, because diverse refers to being made up of multiple different types. So remember, an individual can never be neurodiverse by definition, they are neurodivergent.

Neurodivergent vs. Autistic

Neurodivergent is not synonymous with autistic. Neurodivergence encompasses a broad range of neurological differences, of which autism is only one. Many forms of neurodivergence bear no resemblance or direct connection to autism.

The term neurodivergent should not be used as a euphemism for autistic. If you are trying to say that someone is autistic, it is appropriate and accurate to use the term autistic. Autism is not a negative word and should not be treated as such.



BETTER OUTCOMES. TOGETHER.

KINARK
CHILDREN AND YOUTH

Terms to avoid	Preferred terminology
<p>Mentally ill Mental health problems Mental health issues Behavioural problems</p>	<p>Mental health condition Mental health challenges Mental health concerns Person with a mental health condition Person living with a mental illness (when referring to a specific diagnosis) Specific description of the behaviour</p>
<p>Suffering from...</p>	<p>Living with, experiencing, or managing</p>
<p>Handicapped</p>	<p>Person with disabilities/differently abled</p>
<p>Normal</p>	<p>Neurotypical</p>
<p>Struggles with X...</p>	<p>Benefits from support with X...</p>
<p>Addict</p>	<p>Person with a substance use disorder</p>
<p>Neurodivergent conditions</p>	<p>Forms of neurodivergence Neurodivergent experiences</p>
<p>Commit suicide Successful/unsuccessful suicide attempt</p>	<p>Died by suicide Fatal or non-fatal suicide attempt</p>
<p>Symptoms (although perfectly fine in clinical documentation)</p>	<p>"traits" - when discussing neurodivergence or enduring characteristics "experiences" - in client-facing communication</p>

In practice...

- "Youth experiencing mental health challenges"
- "Families accessing mental health support"
- "Children and youth with diverse abilities"
- "Individuals with lived experience of mental health challenges"

Forensic Mental Health and Youth Justice

Language can influence perception. In forensic mental health and youth justice, the words we choose when discussing these topics can either reinforce stigma or promote dignity, accountability, and rehabilitation. Respectful, person-centred, and trauma-informed communication aligned with Ontario's legislative and clinical context is suggested.

In Ontario, youth justice is governed federally by the Youth Criminal Justice Act (YCJA). The YCJA emphasizes rehabilitation, reintegration, meaningful consequences, and reduced reliance on custody.

Some common acronyms in the Youth Justice space include:

- CAS - Children's Aid Society
- CYFSA - Ontario's Child, Youth and Family Services Act
- OCL - Office of the Children's Lawyer
- ORB - Ontario Review Board
- PO - Probation Officer
- YCJA - Youth Criminal Justice Act

Terms to Avoid	Preferred Terminology
Juvenile delinquent	Young person or youth
Criminal youth	Young person in conflict with the law
Offender	Young person who has been charged or found guilty
Inmate (adult corrections language)	Youth in custody
Jail or prison (adult corrections language)	Youth custody facility
Repeat offender	Youth with prior involvement in the justice system

Behaviour is not identity. Always remember to separate the young person from the behaviour in conversation.

Forensic Mental Health

Forensic mental health sits at the intersection of the legal and mental health systems. Youth may be involved due to court-ordered assessments, treatment needs, or diversion programming.

Terms to Avoid	Preferred Terminology	Reasoning
Mentally ill offender	Young person with a mental health concern	Person-first language reduces stigma.
Crazy or unstable	Experiencing acute mental health symptoms	Clinical, non-judgmental language.
Manipulative	Using maladaptive coping strategies	Focuses on function of behaviour.
Non-compliant	Experiencing barriers to engagement	Explores context rather than blame.
Dangerous	Presenting a risk of harm	Risk language is more precise and less stigmatizing.

Youth in forensic contexts often have histories of trauma, adversity, or systemic marginalization. The language used should reflect this reality without excusing harmful behaviour.

Forensic Mental Health

Terms to Avoid (Deficit-Based)	Preferred Terminology (Strength-Based)
Troubled youth	Youth with complex needs
High-risk kid	Youth with elevated support needs
Gang-involved youth	Youth involved in gang activity or youth at risk of gang involvement
Attention-seeking	Seeking connection or unmet needs

Legal accuracy is critical

Be mindful of terminology that reflects the youth justice process in Ontario specifically:

- Charged vs. convicted
- Found guilty (youth court terminology)
- Extrajudicial measures or sanctions (diversion options under the YCJA)
- Probation order
- Community supervision
- Custody and supervision order

Avoid using adult criminal justice terminology unless it is legally appropriate for the specific case.

Information Sources

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