TAKING ISSUE

Today I Wear a Blue Hat, Too

In this issue, Amy Watson offers us a moving personal account entitled "Today I Wear a Blue Hat"—and much to my surprise I am a featured character in her account.

Watson is a mental health services researcher and frequent contributor to Psychiatric Services as an author and a peer reviewer, but until she submitted her contribution to the Personal Accounts column, I did not know that she had a history as a user of mental health services. Of course, why would I know, and why would it have mattered to me? Well, it turns out that when we first met, I made a comment about ways to reduce prejudice and discrimination concerning individuals who have used mental health services. I suggested, only half in jest, that if every one of us who had ever used mental health services wore a blue hat as a sign, the exposure to one another might go a long way toward reducing the sense of diminished worth some people associate with using mental health services. It would reveal the common prevalence of lifetime mental health service use. At the time, I did not explicitly say that I would join in wearing a blue hat as a user of mental health services, although I think I implied it. Watson explains that at the time she was hesitant to disclose her history as a service user and felt that others would need to be braver and "come out" before she would wear a blue hat. Well, I am fine with joining her in the parade in my own blue hat.

Research tells us that the most powerful force in reducing prejudice and discrimination is exposure to individuals who are in recovery from a mental disorder or who admit to having been in some form of behavioral health treatment. That was the point of my suggestion for wearing a blue hat. But it takes more than a blue hat to reduce prejudice and discrimination. It is also critical that we do not refer to individuals who use mental health services as "the mentally ill," just as we do not refer to individuals who use general medical services as "the physically ill." We use person-first language as editorial policy in *Psychiatric Services* and encourage it in all publications and general usage. It is not just a political correctness. Doing so adds precision to our thinking. When the *Washington Post* reported on the passage of insurance parity legislation, the news story characterized it as improved coverage for "the mentally ill," but I wrote a letter correcting the editor. Parity is improved coverage for all of us.

Join the blue-hat brigade. Help make mental health service use a sign of caring to be a healthier person.—Howard H. Goldman, M.D., Ph.D., *Editor*, Psychiatric Services

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