

THE MYTH OF 1 IN 4 IS OVER
4 IN 4 IS THE NEW REALITY



WHY WE MUST UPDATE THE LANGUAGE
SURROUNDING MENTAL HEALTH

We've been told that 1 in 4 people will experience a mental health problem in their lifetime.

I don't think that's true.

I think it's 4 in 4.

The conversation around mental health has been framed with good intentions but limited understanding.

The "1 in 4" statistic gave us the belief that mental health is something that affects a minority of people while the rest of us remain outside of it, unaffected.

It gave us distance.

It allowed us to believe that mental health sits somewhere "over there," separate from everyday life.

But that belief - that mental health belongs to some people and the rest of us are fine - has simply never been true.

Let me ask you, how have you felt this week?

Stressed?

Exhausted?

Uncertain?

Lonely?

Pressured?

Have you struggled with too much responsibility...

Fear of change...

Poor sleep...

Overthinking?

These are not niche experiences had by 1 in 4 of the population. They're the reality of being human and they're experienced by us all.

They're not the edge of the human story. They're the centre.

Managing mental health is a human constant. Every single one of us has an internal world that shifts and responds to what we experience - pressure... loss... uncertainty... connection... joy... tiredness.

We're still trying to understand these experiences through a framework that wasn't built to hold their complexity, and nowhere is that more visible than in the language we use when we talk about mental health.

Language doesn't just describe reality - it shapes it.

Right now, we rely on language that compresses lived experience into labels:

"I'm anxious."

"I'm depressed."

"I'm not coping."

But these are incomplete translations of something more precise:

Pressure.

Burnout.

Grief.

Overload.

Loss of capacity.

When language is incomplete, understanding is incomplete, and so are responses. People start asking: "Does this count as a mental health issue?" "Is this anxiety or just stress?" "Am I actually depressed... or just failing to cope?"

Some people won't seek help because they think their problem is too small or irrelevant. We've become **scared to share** in case we're accused of looping, trauma bonding, or wound wallowing.

We outsource meaning to labels instead of trusting context.

Most people think: "I'm stressed... but I'm not having a mental health crisis." But that's like saying: "I'm not severely dehydrated... so I don't need water."

You don't wait until collapse before something matters. You respond to the early signs.

Mental health is the same. And yet we still speak in extremes: well or unwell. Coping or struggling. Human experience doesn't work like that. Someone can be functioning outwardly while feeling overwhelmed internally. Another person can be carrying grief and still experiencing moments of joy. People can be coping and also overwhelmed. Okay and not okay. We need language that allows for that.

For movement.

For contradiction.

For nuance.

When we label people as "well" or "unwell," we imply a fixed state as though human experience can be neatly categorised but that's not how people live. Most of us move through a spectrum sometimes within the same day feeling capable in one moment and overwhelmed in the next.

The language of diagnosis is creeping into everyday life. Words like “anxiety,” “trauma,” and “depression” are often used to describe very normal human responses to stress, uncertainty, or loss. On one hand, that reflects increased awareness which is a good thing, but on the other, it blurs the line between clinical conditions and ordinary human experience.

When everything becomes labelled, we lose the reality of being human.

We ask: **“What’s wrong with you?”** Which turns a person into a problem to be solved.

A more accurate question is: **“What's happening to you that makes this response make sense?”**

And even more useful: **“What conditions are you living in that are producing these feelings?”**

No one looks at a wilting plant and asks: “What’s wrong with you?” We change the conditions.

More light.

More water.

A better environment.

But with people, **we label the leaf** instead of **looking at the conditions.**

Underneath all of this is something subtle but powerful: most of our mental health language is problem focused. It starts from the assumption that something is wrong with the individual, rather than the circumstances.

We ask: **“What’s the matter?”** Instead of: **“What’s happening in your life?”** Or: **“What do you need right now?”**

That shift might sound small, but it changes everything. One positions a person as a problem. The other invites understanding.

Imagine if instead of saying: “I’m overwhelmed,” someone felt able to say: “I’ve taken on more than I have capacity for right now.” Or instead of: “I’m not coping,” they could say: “I need support with this.”

These aren’t softer phrases, they’re simply more precise. They point towards context. Towards needs. Towards possibility.

We need braver language that reflects reality as it’s actually lived and challenges the 1 in 4 myth. The difference between saying: “I’m depressed,” and saying: “I’ve been under sustained pressure, I’m exhausted, I’ve lost capacity, and I

need support,” may come from the same experience but it creates a completely different possibility for response.

If we want to genuinely improve mental health outcomes, we must start with the foundations of how we communicate. Language is not passive. It determines what we notice, what we ignore, what we think counts.

So don't just change the conversation. Change the language that builds it. The language we use doesn't just describe reality, it shapes it.

Recently, someone asked me: **“Is the conversation around mental health still relevant?”** The answer is yes, more than ever. Not only is it still relevant, it's become one of the defining conversations of our time.

But while awareness has increased, the language we use hasn't kept pace - and that gap matters.

We're still taking our cues from outdated ideas like “1 in 4” as if mental health belongs to a select group of people, separate from the rest of us but the reality is far more universal.

Far more human.

It's 4 in 4.

Every single one of us has a mental and emotional world that shifts, responds, struggles, and adapts. The problem isn't that more people are becoming unwell. It's that we're still using language that treats mental health as an exception instead of a constant. We're still feeling too much shame about our human complexities and offloading those difficult feelings in unhelpful ways.

If we want to move forward, we need to stop reducing people to labels and statistics and start making space for lived experience and context.

Changing our language around mental health starts with accepting that we all experience challenges with our mental health. 4 in 4. We must learn to be more accurate, more curious, more human in how we talk about them.

When we shift our language, we don't just change conversations, we change the way people experience themselves.

And if we can do that - if we can give ourselves the language to describe our inner world - without being reduced to a label - we move closer to something awareness campaigns alone can't achieve: **genuine understanding of what it means to be a human being navigating the complex world we live in.**

The Myth that it's 1 in 4 is over.

The Truth that it's 4 in 4 is the new mental health conversation.