



## Glossary

**Acute services/treatment:** Specialist psychiatric care for people who present with acute episodes of mental illness. These episodes are characterised by recent onset of severe clinical symptoms of mental illness that have potential for prolonged dysfunction or risk to self and/or others. The treatment effort is focused upon symptom reduction with a reasonable expectation of substantial improvement.

**Advocacy:** Representing the concerns and interests of consumers and carers, speaking on their behalf, and providing training and support to enable them to represent themselves.

**Carer consultants:** People who have experience of caring for a person with a mental illness. They are employed by public mental health services, and have a good knowledge of the mental health system and the issues that are faced by families and other carers. Carer consultants provide emotional support, information and referral advice for families and carers. They also work with mental health staff in developing service responsiveness to the needs of carers and families.

**Community controlled services:** Aboriginal Community Controlled Health Services are primary health care services initiated, operated and controlled by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it (through a locally elected Board of Management). Services form a network, but each is autonomous and independent both of one another and of government.

**Community mental health teams:** Teams which may include: social workers; community psychiatric nurses; consumer and carer consultants; peer support workers; occupational therapists; psychologists and psychiatrists; and Aboriginal mental health workers. Community mental health teams provide a range of services in the community including: individual treatment programs; family interventions; short and long term support; and psycho-education.

**Consumer consultants:** Consumers who are employed to advise on and facilitate service responsiveness to people with a mental health problem or mental illness and the inclusion of their perspectives in all aspects of planning, delivery and evaluation of mental health and other relevant services.

**Criminal justice system:** Explicit rules (laws) created by political authorities and designated officials such as police, lawyers and judges to make, interpret and enforce rules, and the provision for punishment for those who offend and commit acts against the rules and society at large.

**Cultural competence:** A set of behaviours, attitudes and a culture within a system that respects and takes into account the person's cultural background, cultural beliefs, and their values and incorporates it into the way healthcare is delivered to that individual.

**Cultural respect and safety:** Cultural respect and safety is the recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander peoples and other cultural groups.

**Day programs:** Programs providing individual or group centre-based activities on a whole or part-day basis. They include but are not limited to: assessment; assertive life skills training; activities programs; diversional therapy; and pre-vocational training.

**Disability:** The effects of mental illness which severely impair functioning in different aspects of a person's life such as the ability to live independently, maintain friendships, maintain employment and to participate meaningfully in the community.

**Diversion:** A process which diverts mentally ill offenders away from the criminal justice system to the health and social care sectors. Diversion can occur at any stage of the criminal justice process: before arrest; after proceedings have been initiated; in place of prosecution; or when a case is being considered by the courts.

**Emotional resilience:** A feature of personality which contributes to mental health and well-being. In situations of significant adversity, emotional resilience enables a person to pursue their goals, to solve problems and to quickly regain emotional equilibrium. It also enables a person to cope more confidently and effectively in day-to-day life and to handle stress better than those who are less emotionally resilient.

**Forensic mental health services:** Services providing assistance to people who experience mental illness and are in contact with the adult criminal and juvenile justice systems.

**Incidence:** The proportion of individuals in a particular population who have a newly developed mental illness during a specific time period.

**Key performance indicators:** Achievable, measurable targets, used for goals and monitoring of performance.

**Meaningful participation:** The capacity of a person to engage in personal, educational, employment, social, political and other activities within their community in such a way that they are able to fully realise their potential and to feel socially valued and personally validated.

**Mental health problem:** Diminished cognitive, emotional or social abilities but not to the extent that the criteria for a mental illness are met.

**Mental illness:** A clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classification systems of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).

**Non-government mental health sector:** Private, not-for-profit, community-managed organisations that provide community support services for people affected by mental health problems and mental illness. Non-government organisations may promote self-help and provide support and advocacy services for people who have a mental health problem or a mental illness and carers or have a psychosocial rehabilitation role. Psychosocial rehabilitation and support services provided by non-government community agencies include housing support, day programs, prevocational training, residential services and respite care.

**Peer support:** Social and emotional support, frequently coupled with practical support, provided by people who have experienced mental health problems to others sharing a similar mental health condition. Peer support aims to bring about a desired social or personal change and may be provided on a financial or unpaid basis.

**Population health framework:** An understanding that the factors which impact on the mental health of individuals and populations are complex and occur in the events and settings of everyday life. A population health approach encourages a holistic approach to improving mental health and well-being. Interventions span the spectrum from prevention to recovery and relapse prevention across the lifespan.

**Prevalence:** The proportion of individuals in a particular population who have a mental illness during a specific period of time.

**Primary care services:** Community based services which often constitute the first point of contact for people experiencing a mental health problem or a mental illness and their families. The primary care sector includes general practitioners, emergency departments and community health centres.

**Private sector specialist mental health services:** The range of mental health care and services provided by psychiatrists, mental health nurses and allied mental health professionals in private practice. Private mental health services also include inpatient and day-only services provided by private hospitals, for which private health insurance funds pay benefits, and some services provided in general hospital settings.

**Public sector specialist mental health services:** The range of specialist mental health services provided by government locally, regionally and state-wide. Services include child and adolescent mental health services, adult mental health services and aged persons' mental health services and specialist state-wide services (e.g. forensic services).

**Psychiatric disability support services:** Services provided by the non-government sector including: physical health care; assertive outreach; advocacy services; peer support services; consumer-operated services; and programs addressing areas such as living skills, vocational training, accommodation support and respite care.

**Quality assurance:** Activities designed to evaluate, monitor and improve the quality of mental health services. Activities include monitoring of performance indicators, clinical audit including medical record audit, peer review, customer surveys, observational studies, quality reviews and quality improvement projects.

**Recovery:** A personal process of changing one's attitudes, values, feelings, goals, skills and /or roles. It involves the development of new meaning and purpose and a satisfying, hopeful and contributing life as the person grows beyond the effects of psychiatric disability. The process of recovery must be supported by individually-identified essential services and resources.

**Respite care:** Services for carers enabling them to 'take time out' from the role of direct carer. Respite may occur in the home and outside the home. Services include centre-based respite, recreational respite, cottage-style residential respite and one-on-one respite.

**Social inclusion:** Contemporary concepts of disadvantage often refer to social exclusion. Social *inclusion* refers to policies which result in the reversal of circumstances or habits which lead to social exclusion. Indicators of social inclusion are that all Australians are able to: secure a job; access services; connect with family, friends, work, personal interests and local community; deal with personal crisis; and have their voices heard.

**Social and emotional well-being:** An holistic Aboriginal definition of health that includes: mental health; emotional, psychological and spiritual well-being; and issues impacting specifically on well-being in Aboriginal and Torres Strait Islander communities such as grief, suicide and self-harm, loss and trauma.

**Supported accommodation:** Decent, safe, and affordable community-based housing combined with non-clinical and clinical supports and services which enable people with mental health problems and mental illness to live independently in the community. This also applies to people who may need 24 hour clinical support in a residential (long-stay inpatient) setting rather than an institutional setting.

**Whole-of-government, whole-of-community:** Public service agencies working across portfolio boundaries and in partnership with non-government organisations, private service agencies and individuals, and with the community at large to achieve a shared goal and an integrated response to particular mental health issues. Approaches can be formal and informal. They can focus on policy development, program management and service delivery.