

# Glossary

## **Advance directive**

See Psychiatric advance directive.

## **Capabilities**

Capabilities for recovery-oriented practice and service delivery encompass underlying core principles, values, knowledge, attitudes and behaviours, skills and abilities. Individuals, teams and organisations need these capabilities in order to support people with mental health issues to live a meaningful and contributing life in their community of choice.

## **Carer**

A person of any age who provides personal care, support and assistance to another person because the other person has a disability, a medical condition, a mental illness or is frail (*Mental health statement of rights and responsibilities 2012*).

## **Clinical recovery**

Primarily defined by mental health professionals and pertains to a reduction or cessation of symptoms and 'restoring social functioning' (Victorian Department of Health 2011). See also Personal recovery.

## **Coercion**

Comprises seclusion and restraint—see definitions.

## **Diversity**

A broad concept that includes age, personal and corporate background, education, function and personality. Includes lifestyle, sexual orientation, ethnicity and status within the general community (*National Standards for Mental Health Services 2010*).

## **Forgotten Australians**

The estimated 500,000 Indigenous children, non-Indigenous children and child migrants who experienced care in institutions or outside a home setting in Australia during the twentieth century. Children were placed in a range of institutions including orphanages, homes and industrial or training schools that were administered variously by the state, religious bodies and other charitable or welfare groups (ASCARC 2004).

## **Involuntary treatment**

When a person is being treated for their illness without their consent and under mental health legislation, either in hospital or in the community. This may occur when mental health problems or disorders result in symptoms and behaviours that lead to a person's rights being taken away or restricted for a period of time (National Mental Health Commission 2012).

## **Lived experience**

The experience people have of their own or others' mental health issues, emotional distress or mental illness, and of living with, and recovering from, the impacts and consequences of their own or others' mental health issues, emotional distress or mental illness.



**Mental health practitioner**

A worker within a mental health service who provides treatment, rehabilitation or community health support for people with a mental illness or psychiatric disability (adapted from *National Standards for Mental Health 2010*). See also 'Mental health services'.

**Mental health services (MHS)**

Services with the primary function to provide treatment, rehabilitation or community health support targeted towards people with a mental illness or psychiatric disability. These activities are delivered from a service or facility that is readily identifiable as both specialised and serving a mental health care function (adapted from *National Standards for Mental Health Services 2010*).

**Mental health service system**

The mental health service system comprises services and programs in which the primary function is to provide promotion, prevention, early intervention, medical and psychiatric treatments and recovery support for people who experience mental health issues or mental illness, and/or their families, carers and support networks.

**Mental illness**

Disturbances of mood or thought that can affect behaviour and distress the person or those around them, so the person has trouble functioning normally. They include anxiety disorders, depression and schizophrenia (National Mental Health Commission 2012).

**Peer support**

People with a lived experience of mental health issues support each other in their recovery journey. Support may be formal or informal, voluntary or paid. It may be stand-alone support or part of an initiative, program, project or service, which is run either by peers themselves or by professional mental health service providers.

**Personal recovery**

Defined within Australia's national framework for recovery-oriented mental health services as being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues. See also Clinical recovery.

**Practice domain**

A field of practice.

**Psychiatric advance directive**

A written document that describes what treatment a person does or does not want if at some time in the future they are judged to be incapacitated from mental illness in such a way that their judgement is impaired or they are unable to communicate effectively. Typically it includes instructions about treatment options or designates authority for decision making (adapted from Washington State Department of Social and Health Services 2013). It is currently not legally binding in Australia. Also known as a mental health advance directive, advance agreement, or a Ulysses agreement in disability services.

**Recovery**

See Personal recovery and Clinical recovery.

**Recovery-oriented practice**

The application of sets of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations.



**Recovery-oriented service delivery**

Evidence-informed treatment, therapy, rehabilitation and psychosocial support that aim to achieve the best outcomes for people's mental health, physical health and wellbeing (Victorian Department of Health 2011a).

**Restraint**

Restraint is the restriction of an individual's freedom of movement by physical or mechanical means. This applies to consumers receiving specialist mental health care regardless of the setting (National Mental Health Seclusion and Restraint Project 2007–2009).

**Seclusion**

Seclusion is the confinement of the consumer at any time of the day or night alone in a room or area from which free exit is prevented (National Mental Health Seclusion and Restraint Project 2007–2009).

**Self-determination**

The right of individuals to have full power over their own lives. Self-determination starts with the basic ideas of freedom to design a life plan, authority to control some targeted amounts of resources, support that is highly individualised and opportunities to be a contributing citizen of the community (Nerney 2000).

**Self-management**

When people are in direct control of managing their mental health conditions. Self-management approaches focus on enabling the person to solve problems, set goals, identify triggers and indicators of deteriorating health, and respond to these themselves instead of always relying on clinician-led intervention. The common theme is a structured approach that develops over time and through experience (Crepaz-Keay 2010).

**Sensory modulation**

Involves supporting and guiding people (often in a designated sensory room) to become calm or shift an emotional state by using sensory tools such as sights, sounds, smells and movement, or modalities such as weighted blankets or massage chairs (Te Pou 2013).

**Stolen Generations**

Aboriginal and Torres Strait Islander Australians who were forcibly removed, as children, from their families and communities by government, welfare or church authorities and placed into institutional care or with non-Indigenous foster families (National Mental Health Commission 2012).

**Trauma**

Very frightening or distressing events may result in a psychological wound or injury or a difficulty in coping or functioning normally following a particular event or experience (Australian Psychological Society 2013). Also known as psychological trauma. Trauma can occur in individuals or collectively in communities. Trauma can also be transmitted from one generation to the next. Trauma can lead to serious long-term negative consequences.

**Ulysses agreement**

See Psychiatric advance directive.

**Values-based practice**

Derived from philosophical value theory and phenomenology, values-based practice complements evidence-based clinical practice in mental health care. It provides practical tools to support clinical decision making when complex and conflicting values are at play (Fulford & Stanghellini 2008).

