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GLOSSARY and NOTES

Aboriginal—a person of Aboriginal descent who identifies as an Aboriginal and is accepted as such by the community in which he or she lives.1

Adult mental health service—an organisation that provides, as its core business, primary, secondary and, in some cases, tertiary treatments and support to adults with mental disorders and/or mental health problems. The mental health service should be specialised and complimentary to other health services. The definition includes service providers in both the private and public sector.2

Adult mental health worker—a person who works with adults with a mental disorder and/or mental health problem and their families.

AICAFHMA – Australian Infant Child Adolescent and Family Mental Health Association

ARAFMI - Association for Relatives and Friends of the Mentally Ill

AUSIENET – Australian Network for Promotion, Prevention and Early Intervention for Mental Health

Carer—'A person whose life is affected by virtue of close relationship and a caring role with a consumer'.3

Child—a person aged 0–18 years. The term 'young people' is also used to denote children but specifically refers to those aged more than 12 years.

Child and adolescent mental health service (CAMHS)—an organisation that provides, as its core business, primary, secondary and, in some cases, tertiary treatments and support to children and adolescents with mental disorders and/or mental health problems. The mental health service should be specialised and complimentary to other health services. The definition includes service providers in both the private and public sector.4

Child and adolescent mental health worker—a person who works with children and adolescents with a mental disorder and/or mental health problem and their families.

Child and family health service/worker—an organisation or individual practitioner who provides primary, secondary or tertiary health care services to children and/or families (examples include general practitioners, paediatricians, infant and maternal health nurses, community child health services, allied health practitioners, midwives and other peri-natal service providers).

Child protection services—agencies operating under state/territory legislation relating to the care and protection of children. Services provided include investigation into concerns regarding child maltreatment or neglect, assessment, case planning, protective intervention and supervision of children and families under relevant court orders.

COMIC – Children of Mentally Ill Consumers

Community service provider—an organisation that provides a direct welfare or social support service to individuals, groups and families in the community.

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Community service worker—a person who works with individuals, groups and families in the community to enhance their welfare.

Co-morbidity—'Co-existence in one person of more than one illness or disorder'.[5]

Complexity Theory- Evolutionary change process which is constant and occurs through interaction with other organisations or the environment, with multiple approaches occurring over time [5a]

Consumer—'A person making use of, or being significantly affected by, a mental health service'.[6]

Continuity of care—integration and linkage of components of individualised treatment and/or care across agencies according to individual needs.

COPMI – Children of Parents with a Mental Illness

Debriefing—the act of discussing or talking through a recent experience, such as a crisis.[7]

Early childhood —the first 6 years of childhood.

Early intervention—'Interventions targeting people displaying the early signs and symptoms of a mental health problem or mental disorder. Early intervention also encompasses the early identification of people suffering from a first episode of a disorder'.[8]

Education sector—systems and individual services that provide, as their core business, education to the community. The sector involves both private and publicly funded services and includes pre-schools, schools, universities and vocational training services.

Effectiveness—a measure of the extent to which a specific intervention, procedure, regimen, or service, when deployed in routine circumstances, does what it is intended to do for a specified population.[9]

Evidence-based practice—a process through which professionals use the best available evidence integrated with professional expertise to make decisions regarding the care of an individual. It is a concept which is now widely promoted in the medical and allied health fields and requires practitioners to seek the best evidence from a variety of sources; critically appraise the evidence; decide what outcome is to be achieved; apply the evidence in professional practice; and evaluate the outcome. Consultation with the client is implicit in this process'.[10]

Family—There is wide variation in the composition of Australian families which can include combinations of mother, father, same-sex parents, stepmother, stepfather, infants, children, young people, other family members, and non-related carers.[11]

Family preservation—In the context of this document, family preservation refers to the promotion and preservation of the wellbeing of families where children are at risk of being removed owing to concerns about their safety. Family preservation strategies include, but are not restricted to, increasing parenting skills and confidence, addressing poverty and housing issues, enhancing family relationships, and the provision of in-home intensive support at times of crisis.

Health—a state of complete physical, social and mental wellbeing, and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities.[12]

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Infants—children aged less than one year.[13]

Information services—services that provide information to the community, including via telephone 'information-lines', and websites.

Justice sector—systems and individuals that provide, as their core business, services in relation to law and justice in the community. The sector includes police, the courts and legal professionals.

Mental health promotion—'Action to maximise mental health and wellbeing among populations and individuals'.[14]

Mental health—the capacity of individuals and groups to interact with one another and their environment in ways that promote subjective wellbeing, optimal development and use of mental abilities (cognitive, affective and relational) and achievement of individual and collective goals consistent with justice.[15]

Mental health service—an organisation or individual that provides, as its core business, primary, secondary and, in some cases, tertiary treatments and support to children and/or adults with mental disorders and/or mental health problems. A mental health service should be specialised and complimentary to other health services. The definition includes services in both the private and public sector.[16]

Mental health workforce—the personnel employed in the provision of mental health services (see above). In Australia, five professions make up the bulk of the mental health workforce: mental health nursing, occupational therapy, psychiatry, psychology and social work.[17]

Mental illness/disorder—a significant impairment of an individual's cognitive affective and/or relational abilities which may require intervention and may be a recognised, medically diagnosable illness or disorder. Mental illnesses/disorders are of different types and degree of severity and some of the major mental disorders perceived to be public health issues are depression, anxiety, substance abuse disorders, psychosis and dementia.[18]

Organisational Development – planned change within an organisation focusing on people and involving overlap between individuals and organisational goals [5a]

Outcome—a measurable change in the health of an individual, or group of people or population, which is attributable to an intervention or series of interventions.[19]

Parent/s—'The person or people who are a child's primary care givers. There is wide variation in the composition of Australian families, and parenting can include combinations of mother, father, stepmother, stepfather, other family members, and non-related carers. Regardless of the combination, parents (both male and female) have a profound influence on child development and mental health'.[20]

Peri-natal—relating to the periods shortly before and shortly after the birth of a baby.

Prevention interventions—'Interventions that occur before the initial onset of the disorder to prevent the development of disorder. The goal of prevention interventions is to reduce the incidence and prevalence of mental health problems and mental disorders.'[21]

Protective factors—factors which help mitigate negative effects and adversities. They may be intrinsic to the individual (e.g. good social skills, temperament) or external to the individual (e.g. social support, cultural context).[22]

Respite care—a service that provides a break for people who have a caring responsibility (e.g. parents and young carers). It can be provided in the home or in another location.

Resilience—'Capacities within a person that promote positive outcomes, such as mental health and wellbeing, and provide protection from factors that might otherwise place the person at risk of adverse health outcomes. Factors that contribute to resilience include personal coping skills and strategies for dealing with adversity, such as problem-solving, good communication and social skills, optimistic thinking and help-seeking.'[23]

Risk factors—'Those characteristics, variables or hazards that, if present for a given individual, make it more likely that this individual, rather than someone selected at random from the general population, will develop a disorder'.[24]

Service provider—a person (usually with professional qualifications) who receives remuneration for providing services to people and/or families. The definition includes service providers in both the private and public sector.

Selective prevention interventions (for mental health)—interventions targeted to individuals or a subgroup of the population whose risk of developing mental disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of mental disorder.[25]

Social Worlds – change process involving constant and evolutionary process of one organisation interacting with other organisations or the environment and using difference of opinions and conflict to synthesise into new order [5a]

Stakeholder—any party to a transaction which has particular interests in its outcome.[26]

Strengths-based approach—a strengths-based approach involves starting with peoples' strengths and building upon them rather than focusing on deficits and failure. In the family context, it is based on the assumption that all parents have strengths to bring to the parenting task and that families are often the best people to develop their own solutions (although they may need help to do so).

Systems Theory – planned and intended change model involving clear goals, measurement and feedback [5a]

Torres Strait Islander—a person of Torres Strait Islander descent who identifies as a Torres Strait islander and is accepted as such by the community in which he or she lives.[27]

Young carer—a child or young person who 'provides care to another family member, usually a parent, who has a physical illness or disability, mental ill health, a sensory disability, is misusing drugs or alcohol, or who is frail'.[28]

Notes

[1] F. Al-Yaman, M. Bryant & H. Sergeant 2002, *Australia's Children: Their health and well-being 2002*, Australian Institute of Health and Welfare, Canberra, p. 315.

[2] Commonwealth Department of Health and Aged Care 1997, *National Standards for Mental Health*, Mental Health Branch, Canberra.

3Australian Health Ministers 1998, *Second National Mental Health Plan*, Australian Government Publishing Service, Canberra, p. 25.

[4] Commonwealth Department of Health and Aged Care 1997.

[5] Falkov 1998, p. 166.

[5a] Rhydderch, M., Elwyn, G, Marshall, M, Grol, R, (2004). Organisational Change Theory and the Use of Indicators in General Practice. Quality and Safety in Health Care. Vol.13: p. 213-217. [online]. URL: http://www.maturitymatrix.co.uk/ifpMM/pdf/organisationalchangearticle.pdf.

[6] Commonwealth Department of Human Services and Health 1995, *Mental Health Statement of Rights and Responsibilities*, AGPS, Canberra.

[7] Commonwealth Department of Health and Aged Care 1999, *Mental Health Promotion and Prevention National Action Plan*, Mental Health Branch, Canberra.

[8] Commonwealth Department of Health and Aged Care 2000b, *Promotion, Prevention and Early Intervention for Mental Health – A Monograph*, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra, p. 125.

[9] WHO (World Health Organisation) 2000, *WHOTERM Quantum Satis: A Quick Reference Compendium of Selected Key Terms Used In The World Health Report 2000*, WHO, Geneva.

[10] Commonwealth Department of Health and Aged Care 2000b, p. 126.

[11] Commonwealth Department of Health and Aged Care 2000b, p. 128.

[12] WHO 2000.

[13] Al-Yaman, Bryant & Sergeant 2002, p. 316.

[14] Australian Health Ministers 1998, p. 12.

[15] Australian Health Ministers 1998.

[16] Commonwealth Department of Health and Aged Care 1997.

[17] Commonwealth Department of Health and Ageing 2002, *National Practice Standards for the Mental Health Workforce*, Publications Production Unit, Commonwealth Department of Health and Ageing, Canberra.

[18] ADGP (Australian Divisions of General Practice) 2001, *Familiarisation Training – GP and Practice Manual – Better Outcomes in Mental Health Area Package*, ADGP, Canberra, p.7 and Commonwealth Department of Health and Aged Care 2000b, p. 3.

[19] Australian Health Ministers 1998, p. 27.

[20] Commonwealth Department of Health and Aged Care 2000b, p. 128.

[21] Commonwealth Department of Health and Aged Care 2000a, *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health*, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra, p. 6.

[22] A. Falkov (ed.) 1998, *Crossing bridges: Training resources for working with mentally ill parents and their children. Reader for managers, practitioners and trainers,* Pavilion Publishing for Department of Health, U.K., Brighton, East Sussex, p. 67.

[23] Commonwealth Department of Health and Aged Care 2000b, p. 130.

[24] P.J. Mrazek & R.J. Haggerty 1994, *Reducing the Risks for Mental Disorders: Frontiers for Preventive Intervention Research,* National Academy Press, Washington, DC, p. 127.

[25] Commonwealth Department of Health and Aged Care 2000a.

[26] WHO 2000.

[27] Al-Yaman, Bryant & Sergeant 2002, p. 315.

[28] S. Becker, J. Aldridge & C. Deardon 1998, *Young Carers and Their Families*, Blackwell Science, Oxford.