

A glossary of mental health and primary care terms

Introduction

This glossary provides definitions for commonly used terms within mental health contexts. It also includes terms specific to primary care and WA Primary Health Alliance (WAPHA). It is intended that this glossary be referenced alongside WAPHA's other Mental Health Factsheets. WAPHA acknowledges that language and terminology can be contextual.

The National Framework for Recovery-Oriented Mental Health Services: Policy and Theory¹ outlines the importance and sensitivities regarding language and mental health. When describing a person experiencing mental illness, there is an increasing emphasis on the adoption of people-centred language descriptors such as individual or person with a lived experience, in preference to descriptors that focus on deficits, or relationships to services (such as client, service user or patient). The term consumer has also been widely accepted and utilised by people with lived experience of mental illness.

Alliance Against Depression The European Alliance Against Depression (known as the Alliance Against Depression in Australia) is an international non-profit organisation delivering world's best practice in optimising the care of people with depression, anxiety and preventing suicidal behaviour through a community based four-level-intervention framework.

Allied health workforce This term refers to a range of health professionals, including Aboriginal Health Practitioners, Dental Practitioners, Nurse Practitioners, Nurses, Midwives, Occupational Therapists, Pharmacists and Physiotherapists.

Anxiety disorder A chronic condition characterized by an excessive and persistent sense of apprehension, with physical symptoms such as sweating, palpitations, and feelings of stress.

AOD Alcohol and other Drugs.

Better Access Medicare rebates under the Better Access to psychiatrists, psychologists and GPs through the Medicare Benefits Scheme (Better Access) initiative are available for patients with a mental illness to receive up to ten individual and up to ten group allied mental health services per calendar year. See also Medicare Benefits Schedule (MBS).

Burden of disease A measure used to assess and compare the relative impact of different diseases and injuries on populations².

Care coordination Deliberate, person-centred organisation of consumer care and support activities between providers to facilitate self-management, appropriate care, health outcomes and greater efficiency. Care Coordination is also used to refer to the provision of assistance to consumers to navigate the service system, and to link with appropriate services (both mental health and related).

Carer A person who cares for or otherwise supports a person living with mental illness. A carer has a close relationship with the person living with mental illness and may be a family member, friend, neighbour or member of a broader community³.

Co-design In a Primary Health Network (PHN) commissioning context, co-design brings together various stakeholders as a mechanism for better informing and supporting commissioning by harnessing a range of views, ideas and experience.

Co-design goes beyond consultation, and involves PHNs working closely with providers, communities, other stakeholders and potentially other co-commissioners, who are affected by or attempting to address health needs. Effective co-design helps to ensure that patient experience and needs are central in

1 Australian Department of Health. *A National Framework for recovery-oriented mental health services: policy and theory - Language through a recovery lens*, 2013

2 Australian Government Department of Health. *The Fifth National Mental Health and Suicide Prevention Plan*. Canberra: Commonwealth of Australia. 2017

3 Australian Government Department of Health (2017).

the commissioning process. It is equivalent to the Involve and Collaborate level in the International Association for Public Participation's Participation Spectrum⁴.

The National Mental Health Consumer and Carer Forum defines co-Design within mental health contexts as, 'Identifying and creating an entirely new plan, initiative or service, that is successful, sustainable and cost-effective, and reflects the needs, expectations and requirements of all those who participated in, and will be affected by the plan'⁵.

Co-production When people whose outcomes are the focus of policy, education, commissioning, community action, or services, are equal partners in deciding and implementing how to achieve those outcomes. Co-production is a higher level of political participation characterised by equal and active partnership, that can include co-delivery, co-design, co-governance, co-evaluation and co-commissioning. It is equivalent to the Involve and Collaborate level in the International Association for Public Participation's Participation Spectrum⁶.

The National Mental Health Consumer and Carer Forum defines Co-Production within mental health contexts as, 'Implementing, delivering and evaluating supports, systems and services, where consumers, carers and professionals work in an equal and reciprocal relationship, with shared power and responsibilities, to achieve positive change and improved outcomes.'⁷

Collaborative care More than one service provider working in a coordinated way with people, their families, care providers, and communities to deliver the highest quality of care across multiple settings.

Commissioning Defined by the Australian Government as, 'a strategic approach to purchasing that seeks to ensure that services meet the health needs of the population and contribute towards service and system improvement and innovation'⁸.

Community managed organisation (CMO) A not-for-profit, non-government organisation governed by a Board of Management⁹.

Community managed sector The community managed sector is predominantly made up of not-for-profit organisations providing community-based support services that help keep people well in the community. They provide prevention, early intervention and rehabilitation programs and psychosocial services that support recovery from mental illness. Some also provide treatment-related and counselling services¹⁰.

Community supports Non-clinical services in the community that assist people living with mental illness to live meaningful and contributing lives and support them in their recovery. These may include services that relate to daily living skills, self-care and self-management, physical health, social connectedness, housing, education and employment¹¹.

Co-morbidity The presence of one or more illnesses (or diseases) in a person, in addition to a primary disease or disorder.

Consumer A person living with a mental illness who uses, has used or may use a mental health service or program. Within the primary care sector, the term patient is also often used however this is not a term widely accepted in community services.

Co-production When people whose outcomes are the focus of policy, education, commissioning, community action, or services, are equal partners in deciding and implementing how to achieve those outcomes.

Cultural awareness An understanding of how a person's culture may inform their values, behaviours, beliefs and basic assumptions¹².

Culturally appropriate Encompassing the concepts of cultural awareness, cultural responsiveness, cultural safety and cultural security (see separate definitions), culturally appropriate refers to communication and engagement (including within healthcare and mental health service delivery contexts) that is respectful of cultural differences and tailored to meet specific cultural needs and expectations.

Cultural responsiveness Refers to healthcare services that are respectful of, and relevant to, the health beliefs, health practices, cultures and linguistic needs of Aboriginal and Torres Strait Islander consumer/patient populations and communities. Cultural responsiveness describes the capacity to respond to the health care issues of Aboriginal and Torres Strait Islander communities.

Cultural safety Identifies that health consumers are safest when health professionals have considered power relations, cultural differences and patients' rights. Part of this process requires health professionals to examine their own realities, beliefs and attitudes. Cultural safety is not defined by the health professional but is defined by the health consumer's experience—the individual's experience of care they are given, ability to access services and to raise concerns.

Cultural security Commitment to the principle that the construct and provision of services offered by the health system will

4 International Association of Public Participation. IAP2 Spectrum of Public Participation. 2018. Downloaded from https://iap2.org.au/wp-content/uploads/2020/01/2018_IAP2_Spectrum.pdf

5 International Association of Public Participation (2018)

6 International Association of Public Participation (2018)

7 Powell et al (2017)

8 Australian Government Department of Health (confirm exact source)

9 Australian Government Department of Health (2017).

10 Australian Government Department of Health (2017).

11 Australian Government Department of Health (2017).

12 Centre for Cultural Diversity in Ageing. Available at www.culturaldiversity.com.au/

not compromise the legitimate cultural rights, values and expectations of Aboriginal and Torres Strait Islander people.

Culturally and linguistically diverse (CALD) People who come from a culturally and linguistically diverse background. This includes people who: have different cultural backgrounds; speak other languages besides English; follow different religions.

Depression A mood disorder where people experience prolonged feelings of being sad, hopeless, low and inadequate, with a loss of interest or pleasure in activities and often with suicidal thoughts or self-blame. People can experience low self-esteem and apathy or a feeling of emptiness.

Early Intervention The early identification of risk factors and provision of timely treatment, care or support to avoid detrimental impacts upon a person's health or development. In the context of mental health it is used to describe a co-ordinated approach to assisting a child, young person or adult through the early assessment and identification of risk factors, allowing the provision of timely treatment for problems to alleviate potential health problems. It is a term widely used in mental health, AoD and childhood development.

Evidence based practice Integrates and reviews the best available research evidence, with professional expertise and practical wisdom, to apply it to decision-making practices. It promotes the explicit, conscientious and judicious use of the best, most up-to-date research evidence to guide health care decisions. See also Evidence informed practice.

Funding stream Primary Health Networks (PHNs) receive funding from the Australian Department of Health through funding streams, each of which has rules and guidelines for how the funding can/should be used, PHN funding is provided through four streams of funding as follows: - operational funding - flexible funding - program funding (i.e. Mental Health, AoD) - innovation and incentive funding.

Gayaa Dhuwi (Proud Spirit) Declaration A declaration on Aboriginal and Torres Strait Islander leadership across all parts of the Australian mental health system to achieve the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples¹³.

Guidance material Developed by the Australian Government to support Primary Health Networks (PHN) in implementing the primary mental health care reform activities and managing the associated flexible funding. The guidance material provides clarity on core issues, sets out expectations of PHNs and provides best practice examples, where appropriate.

Head to Health A website provided by the Australian Department of Health, which brings together mental health specific apps, online programs, online forums, and phone services, as well as a range of digital information resources.

headspace provides early intervention mental health services to 12-25 year olds. The service is free or low cost and is designed to provide early access for young people and their families to receive the help they need for problems affecting their

wellbeing.

Health Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Health Service Providers (HSP) The WA health system is made up of the Department of Health as the 'System Manager', five HSPs and Health Support Services. Each HSP is responsible and accountable for the delivery of safe, high quality, efficient and economical health services to their local area. The five HSPs are:

- Child and Adolescent Health Service (CAHS)
- North Metropolitan Health Service (NMHS)
- South Metropolitan Health Service (SMHS)
- East Metropolitan Health Service (EMHS)
- WA Country Health Service (WACHS).

In other jurisdictions, the HSPs are known as Local Health Networks (LHNs).

Healthcare The organised provision of medical care to individuals or a community.

HealthPathways [HealthPathways WA](#) is a web-based portal with condition-specific 'pathways'. Each pathway supports clinicians with assessment, management and local referral information. The HealthPathways site is designed to be used at point of care primarily by general practitioners but is also available to hospital specialists, nurses and other health professionals across Western Australia.

Holistic An approach that recognises that wellbeing is made up of physical, emotional, mental and spiritual health and that people may have needs in one or more of these areas.

Integrated service delivery The organisation and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money. Integration is best seen as a continuum rather than as two extremes of integrated/ not integrated. It involves discussions about the organization of various tasks which need to be performed to provide a population with good quality health services. Integrated service delivery describes health and community care systems that work together in a coordinated way so that consumers can receive the care or support needed, in the right place, at the right time. It aims to shift focus towards the 'consumer journey'.

Integrated care can look different at different service levels. For the user, integration means health care that is seamless, smooth and easy to navigate. For providers, integration means that separate technical services, and their management support systems, are provided, managed, financed and evaluated either together or in a closely coordinated way. The way services and support systems are organised will differ within primary care facilities (such as a dispensary or health centre) compared with secondary or tertiary level hospitals. The aim is to provide services which are not disjointed for the user and which the user can easily navigate. For specialist care, the focus is on how to

¹³ Australian Government Department of Health (2017).

link specialist services to other services.

Integration Occurs when staff and organisations work across professional, institutional and jurisdictional boundaries to provide seamless care for people often with co-occurring problems (multi-morbidities). It requires the development of flexible and continuous processes and care pathways.

Intervention A singular or combination of program elements or strategies designed to produce behaviour changes or improve health status among individuals or an entire population. Interventions may include educational programs, new or stronger policies, improvements in the environment, or a health promotion campaign. Interventions are carried out to improve, maintain or assess the health of a person, in a clinical situation.

Joint Regional Plans The first action from the Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan) requires Health Service Providers and Primary Health Networks to jointly develop and publicly release joint regional mental health and suicide prevention plans by 2020. These joint plans will provide a regional platform for addressing many problems which people with lived experience of mental illness or suicide and their carers and families currently face. This includes fragmentation of services and pathways, gaps, duplication and inefficiencies in service provision, and a lack of person-centred care¹⁴.

LGBTIQ+ Indicates people and communities who identify as lesbian, gay, bisexual, trans, intersex and queer.

Lived experience (mental illness) People with lived experience are people who identify either as someone who is living with (or has lived with) mental illness or someone who is caring for or otherwise supporting (or has cared for or otherwise supported) a person who is living with (or has lived with) mental illness. People with lived experience are sometimes referred to as consumers and carers¹⁵. In the AOD sector, the preferred term is 'experiential knowledge'.

Low intensity In relation to mental health, a key service platform within a stepped care approach is provision of low intensity interventions. Premised on the principle of early intervention, support and self-management, they emphasise skill development, are short-term (up to three individual or group equivalent sessions) and highly focused. Interventions can be offered in a variety of formats (e.g. individual, group, telephone and web-based services, face-to-face and combinations of modalities). They offer an efficient, high quality service that people can access easily and directly, with or without needing a referral.

Medicare Benefits Schedule (MBS) A list of Medicare services

subsidised by the Australian government. Services include consultations, procedures and tests. Each item has a schedule fee, which is the amount that the government considers appropriate for these services. Service providers can charge more than the schedule fee, and this amount is known as the 'gap fee'.

Mental disorder See mental illness.

Mental health The World Health Organization defines mental health as a state of wellbeing in which every person realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community¹⁶.

Mental Health Commission There are Mental Health Commissions at both the national and state level. The National Mental Health Commission (NMHC) was established in 2012 to provide independent reports and advice to the community and government on what is working and what is not. The Western Australian Mental Health Commission (WA MHC) was founded in 2010. It strives to establish mental health, alcohol and other drug systems that meet the needs of Western Australia's population and deliver quality outcomes for individuals and their families. The WA MHC does not provide direct mental health services, but purchases services for the State from a range of providers including public Health Service Providers, non-government organisations and private service providers. The WA MHC is also responsible for the network of drug and alcohol treatment services and programs formerly provided or purchased by the Drug and Alcohol Office.

Mental health issues An individual may experience diminished cognitive, emotional or social abilities but not to the extent that the diagnostic criteria for a mental illness are met.

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 networks¹⁷.

Mental illness A clinically diagnosable disorder that significantly interferes with a person's cognitive, emotional or social abilities. Examples include anxiety disorders, depression, bipolar disorder, eating disorders, and schizophrenia¹⁸.

Mild moderate/severe (in relation to mental health):

- A mild mental health issue is when a person has a small number of symptoms that have a limited effect on their daily life.
- A moderate mental health issue is when a person has more

14 Integrated Regional Planning Working Group of the Mental Health Principal Committee, Commonwealth of Australian Governments Health Council. *Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services*. 2018.

15 Australian Government Department of Health (2017).

16 World Health Organization. *Promoting mental health: concepts, emerging evidence, practice (Summary Report)* Geneva: World Health Organization; 2004.

17 Australian Government Department of Health, *A National framework for recovery-oriented mental health services*. Commonwealth of Australia. Canberra, 2013.

18 Australian Government Department of Health (2017).

symptoms that can make their daily life much more difficult than usual.

- A severe mental health issue is when a person has many symptoms that can make their daily life extremely difficult. A person may experience different levels at different times.

Multi-morbidity Commonly defined as the presence of two or more chronic medical conditions in an individual. Multimorbidity can present several challenges in care particularly with higher numbers of coexisting conditions and related polypharmacy. See also 'co-morbidity'

National Disability Insurance Scheme (NDIS) The NDIS is a national program that supports people with a significant and permanent disability and their families and carers. It allows people to receive 'reasonable and necessary' funded supports.

National Disability Insurance Agency (NDIA) The NDIA is the independent statutory agency responsible for overseeing the NDIS.

National Standards for Mental Health Services Standards that assist in the development and implementation of appropriate practices and guide continuous quality improvement across the broad range of mental health services¹⁹.

Needs assessment A systematic method of using evidence to identify the unmet health and healthcare needs of a population. All PHNs are required to complete a Needs Assessment every 3 years. The Needs Assessments look at what should be done and what can be done to address needs and are used to guide commissioning.

Older adults Those aged 65 years and over. For Aboriginal and Torres Strait Islander people old age is defined as over 50.

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 providers²⁰.

Peer worker Workers who have a lived experience of mental illness and who provide valuable contributions by sharing their experience of mental illness and recovery with others. Peer workers are employed across a range of service settings and perform a variety of roles, including providing individual support, delivering education programs, providing support for housing and employment, coaching and running groups and activities. See also Lived experience.

Performance and Quality Framework Refers to the Primary Health Network Performance and Quality Framework, which helps measure how the activities and functions delivered

by PHNs contribute towards achieving the PHN Program's objectives.

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 issues²¹.

Person-centered care Supports consumers and families to manage and organise their care and participate as fully informed partners in health system transformation at the practice, community, and policy levels. It is holistic care involving clinicians and support services in partnership with the people they care for. May also be referred to as 'patient-centred care' or 'human-centred care'.

Person-centred Treatment Care and support that places the person at the centre of their own care and considers the needs of the person's carers²².

Place based approach A way of addressing issues within a defined place, community or region by bringing together local people including community members, industry, health and social care experts to effectively address health issues.

Prevalence The proportion of people in a population found to have a condition at a certain point in time. It is arrived at by comparing the number of people found with a condition to the number of people studied. Prevalence is usually expressed as a fraction or percentage.

Prevention (mental illness) Action taken to prevent the development of mental illness, including action to promote mental health and wellbeing and action to reduce the risk factors for mental illness²³.

Primary care Generally the first point of contact for people living with mental health problems or mental illness and their carers. Primary care providers include general practitioners, nurses, allied health professionals, pharmacists and Aboriginal and Torres Strait Islander health workers²⁴.

Primary care practitioner The primary care practitioner provides general medical care and is responsible for overall care, including the coordination of medical specialists and supportive care. In addition to GPs, it may also include nurse practitioners and pharmacists.

Primary Health Network (PHN) Established by the Australian Government with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time. There are 31 PHNs across Australia, 3 of which are in WA.

19 Australian Government Department of Health (2017).

20 Australian Government Department of Health (2013).

21 Australian Government Department of Health (2013).

22 Australian Government Department of Health (2017).

23 Australian Government Department of Health (2017).

24 Australian Government Department of Health (2017).

Psychological therapies Short term (up to 10 individual and 10 group sessions), evidence based psychological interventions (e.g. cognitive behavioural therapy). Psychological therapies are primarily targeted to people with a diagnosable mild, moderate or in some cases, severe mental illness, or to people who have attempted, or are at risk of, suicide or self-harm, where access to other services is not appropriate. They are delivered by appropriately registered, credentialed and recognised mental health professionals (primarily clinical psychologists, mental health nurses, social workers, occupational therapists and Aboriginal mental health workers).

Psychosocial disability The term that mental health consumers and carers use to describe the disability experience of people with impairments and participation restrictions related to mental health conditions. These impairments and restrictions include loss of or reduced abilities to function, think clearly, experience full physical health and manage the social and emotional aspects of their lives.

Psychosocial support The term used to describe services to assist people with severe mental illness resulting in reduced psychosocial functional capacity who are not more appropriately supported through the National Disability Insurance Scheme (NDIS).

Recovery (mental illness) Consumers of Mental Health WA define recovery as a 'A personal process of attaining a life that is meaningful, empowered and fulfilling from the person's own perspective, irrespective of diagnosis and/or symptoms. Some people prefer the word "wellbeing" instead of "recovery" as a way of describing their personal journeys²⁵.' The National Framework for Recovery-Oriented Mental Health Services: Guide for Practitioners and Providers notes that central to all recovery paradigms are hope, self-determination, self-management, empowerment and advocacy. Also key is a person's right to full inclusion and to a meaningful life of their own choosing, free of stigma and discrimination. Some characteristics of recovery commonly cited are that it is a unique and personal journey; a normal human process; an ongoing experience and not the same as an end point or cure; a journey rarely taken alone; and nonlinear, with it being frequently interspersed with both achievement and setbacks²⁶. Note that the use of the term recovery within the alcohol and drug sector is not widely accepted. See also 'Personal 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 aspirations²⁷.

Social and emotional wellbeing Refers to the Aboriginal and Torres Strait Islander view of health. This view is holistic and includes mental health and other factors such as the social, spiritual and cultural wellbeing of people and the broader

community²⁸.

Stepped care An evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to the individual's needs. While there are multiple levels within a stepped care approach, they do not operate in silos or as one directional steps, but rather offer a spectrum of service interventions. Stepped care is a different concept from step up/step down services. In a stepped care approach, a person presenting to the mental health system is matched to the intervention level that most suits their current need. An individual does not generally have to start at the lowest, least intensive level of intervention in order to progress to the next 'step'. Rather, they enter the system and have their service level aligned to their requirements.

Stigma A negative opinion or judgement held about certain people by individuals or society. Stigma against people with a mental illness involves inaccurate and hurtful representations of them as violent, comical or incompetent. This can be dehumanising and makes people an object of fear or ridicule. Stigma can occur in the media in the form of reports that refer to inaccurate stereotypes, sensationalise issues through unwarranted references to mental illness, misuse medical terminology, or use demeaning or hostile language. Self-stigma is the acceptance of prejudiced perceptions held by others. Stigma is a known barrier to accessing healthcare. people by individuals or society. Stigma against people with a mental illness involves inaccurate and hurtful representations of them as violent, comical or incompetent. This can be dehumanising and makes people an object of fear or ridicule. Stigma can occur in the media in the form of reports that refer to inaccurate stereotypes, sensationalise issues through unwarranted references to mental illness, misuse medical terminology, or use demeaning or hostile language. Self-stigma is the acceptance of prejudiced perceptions held by others. Stigma is a known barrier to accessing healthcare.

Suicidal behaviours A range of behaviours that include thinking about suicide (ideation), planning a suicide, attempting suicide and taking one's own life.

Telehealth The use of telecommunication techniques for the purpose of providing telemedicine, medical education and health education over a distance. Telehealth can increase access, decrease wait times and reduce inequity for those in regional areas.

Tertiary care Care provided by a facility, usually a hospital, by specialists. It generally requires referral from a primary or secondary care provider.

Trauma informed care and practice An organisational and practice approach to delivering health and human services directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and its

25 Consumers of Mental Health WA. Accessed at: <http://www.comhwa.org.au/about-us/definitions/> on 1 May 2020.

26 Australian Government Department of Health (2017).

27 Australian Government Department of Health (2013).

28 Australian Government Department of Health (2017).

prevalence in society. It is a strengths-based framework that emphasises physical, psychological and emotional safety for consumers, their families and carers, and service providers.






Treatment The management and care of a person to combat disease or illness. It involves the use of an intervention (or interventions) delivered by an appropriately skilled and qualified health professional, and the outcomes of this intervention should be measurable.

Treatment burden The impact of the work associated with being a patient (including medication management, self-monitoring, visits to the doctor and lifestyle changes) on the wellbeing of a person and their family and/or carers.

Treatment support Activities that assist individuals to access treatment, such as care coordination.

Underserviced groups In the context of mental health services commissioned by Primary Health Networks, underserviced groups refers to groups of people who experience barriers to accessing the Medicare Benefits Scheme Better Access Initiative. This may include people from rural and remote locations.



-  info@wapha.org.au
-  1300 855 702
-  /waphaphns
-  /WAPHA_PHNs
-  /company/wapha

This is one of a series of factsheets regarding mental health and primary health care, developed by WAPHA. Further factsheets and other resources can be found at www.wapha.org.au/mental-health-framework. The information in this factsheet was accurate at December 2020.