DISCLAIMER

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Queensland Transcultural Mental Health Centre
PO Box 6623
Upper Mt Gravatt, Q 4122
TEL: (07) 3167-8333
FAX: (07) 3167-8322
FOREWARD

The Queensland Mental Health Policy Statement for People of Non-English Speaking Backgrounds highlights the difficulties in accessing mental health services by people from culturally and linguistically diverse backgrounds for linguistic and cultural reasons.

The Policy Statement points out that mental illness is a disorder that requires effective communication between the mental health professional and the consumer in order to be able to provide effective treatment. It is widely acknowledged that language is a significant barrier for people from culturally and linguistically diverse backgrounds with mental disorders and severe mental health problems.

This publication is one of a series of glossaries developed by the Queensland Transcultural Mental Health Centre (QTMHC). It is available in 12 community languages and contains a compilation of some of the more common mental health terms used in mental health settings, as well as an overview of the mental health system and services.

With this publication, the QTMHC has endeavoured to develop a practical resource to enhance the skills of interpreters who do not have access to mental health training and for those working in regional settings.

I commend the efforts and contributions of all those involved in this project, particularly the Project Reference Group.

Rita Prasad-Ildes
Manager
Queensland Transcultural Mental Health Centre
September 2006
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The development of the Glossary of Mental Health Terms has been initiated and co-ordinated by the Queensland Transcultural Mental Health Centre, Queensland Health.

The primary aim of this publication is to assist interpreters and bilingual staff to familiarise themselves with mental health terminology in English, Italian, Chinese, Spanish and Vietnamese prior to an interpreting session. As such it does not represent a substitute for formal training, but merely constitutes an element of skill development.

The Glossary contains the most commonly used mental health terms, in English, Chinese, Italian, Spanish and Vietnamese; and includes information on mental health services and relevant non-government resources available at the community level which will assist the reader to better understand the diverse range of services available in the mental health sector.

Practitioners using this manual should note that some of the terminology contained in this Glossary (i.e. case management, integration, networks, etc.) has its roots in Anglo-cultural norms which permeate through the health bureaucracy. The terminological content of this publication allows the reader to cross reference any of the special terminology used in the introductory chapters.

The terminology contained in this Glossary has been checked by relevant mental health professionals and endorsed by the reference group which consisted of representatives from the Translating and Interpreting Service (TIS), Multicultural Affairs Queensland (MAQ), the National Accreditation Authority for Translators and Interpreters (NAATI) and the Queensland Branch of the Australian Institute of Interpreters and Translators Inc. (AUSIT).
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Terry Leahy & Anna Mantovan  Translating and Interpreting Service, Department of Immigration and Multicultural Affairs
Tony Tri  Australian Institute of Interpreters and Translators
<table>
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<th>ACRONYMS</th>
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<tr>
<td>AUSIT</td>
<td>The Australian Institute of Interpreters and Translators</td>
</tr>
<tr>
<td>MAQ</td>
<td>Multicultural Affairs Queensland</td>
</tr>
<tr>
<td>NAATI</td>
<td>National Accreditation Authority for Translators and Interpreters</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and linguistically diverse</td>
</tr>
<tr>
<td>NESB</td>
<td>Non-English Speaking Background</td>
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<tr>
<td>QTMHC</td>
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<td>TCCS</td>
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CHAPTER 1: MENTAL HEALTH IN QUEENSLAND

In Queensland, mental health treatment and rehabilitation services are provided by primary health care providers and specialised mental health services. These are delivered by a specialist mental health workforce. Under the National and State Mental Health Plans these services are targeted particularly at those people with mental disorders and complex mental health problems.

In order to manage health services effectively across the state, Queensland Health is structured into three Area Health Services (Southern, Central and Northern) and 38 Health Service Districts. A Health Service District is usually centred around the local hospital. District mental health services provide a range of specialised mental health services to children, young people, adults and older people within geographically defined boundaries. These services provide integrated and coordinated treatment options for people with mental disorders or severe mental health problems in community and inpatient settings. They provide a range of services in inpatient, and community care settings using a case management approach. The district mental health services are mainstreamed with general health services and have well developed relationships with other government and non-government sector service providers.

In four (4) Districts, extended inpatient services are provided on a supra-district basis from psychiatric hospital facilities. Private psychiatric services are also key providers of secondary and tertiary mental health services.
District mental health services

The district mental health services listed below can be used as a primary source of contact. For districts servicing regional, rural and remote parts of Queensland, local mental health services such as community nurses and mental health workers are also listed. Child and Youth Mental Health Services are available in most of the districts.

Banana Health Service District

BANANA MENTAL HEALTH SERVICE
Biloela Hospital
2 Hospital Road
BILOELA  Q  4715
PH: 4997-1479  FAX: 4997-1475

Bayside Health Service District

WYNNUM ADULT MENTAL HEALTH SERVICE
New Lindum Road
WYNNUM WEST  Q  4178
PH: 3893-8404  FAX: 3348-7352

REDLANDS ADULT MENTAL HEALTH SERVICE
Redland Hospital
Weippin Street
CLEVELAND  Q  4163
PH: 3488-3777  FAX: 3488-3776

BAYSIDE CHILD & YOUTH MENTAL HEALTH SERVICE
Redlands Hospital
PO Box 585
CLEVELAND  Q  4162
PH: 3488-3638  FAX: 3488-3645

REDLAND COMMUNITY MENTAL HEALTH SERVICE
Weippin Street
CLEVELAND  Q  4163
PH: 3488-3665  FAX: 3488-3776

Bowen Health Service District

BOWEN COMMUNITY MENTAL HEALTH SERVICE
Ayr Hospital
AYR  Q  4807
PH: 4783-0890  FAX: 4783-0898

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English – Chinese, Italian, Spanish and Vietnamese
Bundaberg Health Service District

BUNDABERG INTEGRATED MENTAL HEALTH SERVICE
Bundaberg Base Hospital
273 Bourbong Street
BUNDABERG Q 4670
PH: 4150-2600  FAX: 4150-2639

BUNDABERG CHILD & YOUTH MENTAL HEALTH SERVICE
273 Bourbong Street
BUNDABERG Q 4670
PH: 4150-2620  FAX: 4150-2629

Cairns Health Service District

CAIRNS BASE HOSPITAL
Mental Health Unit
The Esplanade
CAIRNS Q 4870
PH: 4050-6333  FAX: 4031-1628

CAIRNS ADULT MENTAL HEALTH SERVICE
165 Sheridan Street
NORTH CAIRNS Q 4870
PH: 4050-3100  FAX: 4031-6053

CAIRNS CHILD & YOUTH MENTAL HEALTH SERVICE
165 Sheridan Street
CAIRNS NORTH Q 4870
PH: 4050-3100  FAX: 4031-6053

COOKTOWN MENTAL HEALTH SERVICE
Multipurpose Health Centre
PO Box 268N
COOKTOWN Q 4871
PH: 4069-5270  FAX: 4069-5617

REMOTE AREA MENTAL HEALTH SERVICE
19 Aplin Street
CAIRNS Q 4870
PH: 4046-8556  FAX: 4046-8555
Cape York Health Service District

CAPE YORK MENTAL HEALTH SERVICE
Northern Avenue
WEIPA  Q  4874
PH: 4090-6243   FAX: 4069-7840

Central Highlands Health Service District

CENTRAL HIGHLANDS MENTAL HEALTH SERVICE
69 Hospital Road
EMERALD  Q  4720
PH: 4983-9700  FAX: 4983-9719

Central West Health Service District

CENTRAL WEST MENTAL HEALTH SERVICE
Duck Street
LONGREACH  Q  4730
PH: 4658-3344   FAX: 4658-3496

Charleville Health Service District

CHARLEVILLE MENTAL HEALTH SERVICE
2 Eyre Street
CHARLEVILLE  Q  4470
PH: 4650-5300  FAX: 4650-5320

ST GEORGE CHILD & YOUTH MENTAL HEALTH SERVICE
St George Hospital
Victoria Street
ST GEORGE  Q  4487
PH: 4620-2222  FAX: 4620-2200

Charters Towers Health Service District

CHARTERS TOWERS REHABILITATION UNIT
35 Gladstone Road
CHARTERS TOWERS  Q  4820
PH: 4787-5200  FAX: 4787-4620
Fraser Coast Health Service District

MARYBOROUGH HOSPITAL
Mental Health Inpatient Unit
185 Walker Street
MARYBOROUGH Q 4650
PH: 4122-8455  FAX: 4122-8445

Integrated Mental Health Service
185 Walker Street
MARYBOROUGH Q 4650
PH: 4122-8455  FAX: 4122-8445

FRASER COAST COMMUNITY MENTAL HEALTH SERVICE
Maryborough Community Health Centre
167 Neptune Street
MARYBOROUGH Q 4650
PH: 4122-8777  FAX: 4122-8785

FRASER COAST COMMUNITY MENTAL HEALTH SERVICE
28 Torquay Road
PIALBA Q 4655
PH: 4128-5400  FAX: 4128-5499

Gladstone Health Service District

GLADSTONE COMMUNITY MENTAL HEALTH SERVICE
164-170 Goondoon Street
GLADSTONE Q 4690
PH: 4972-3466  FAX: 4972-9099
Gold Coast Health Service District

GOLD COAST HOSPITAL
Mental Health Inpatient Unit
108 Nerang Street
SOUTHPORT Q  4215
PH: 5571-8211  FAX: 5571-8909

GOLD COAST INTEGRATED MENTAL HEALTH SERVICE
PO Box 554
SOUTHPORT Q  4215
PH: 5571-8211  FAX: 5571-8909

SOUTHPORT ADULT COMMUNITY MENTAL HEALTH SERVICE
Hot Tomato
60 High Street
SOUTHPORT Q  4215
PH: 5537-0655  FAX: 5537-0642

PALM BEACH ADULT COMMUNITY MENTAL HEALTH SERVICE
9 Fifth Avenue
PALM BEACH Q  4221
PH: 5525-5661  FAX: 5525-5666

SOUTHPORT CHILD & YOUTH MENTAL HEALTH SERVICE
Hot Tomato
60 High Street
SOUTHPORT Q  4215
PH: 5537-0622  FAX: 5537-0614

BURLEIGH HEADS CHILD & YOUTH MENTAL HEALTH SERVICE
18 Park Avenue
BURLEIGH HEADS Q  4220
PH: 5586-1444  FAX: 5586-1400

Gympie Health Service District

GYMPIE MENTAL HEALTH SERVICE
20 Alfred Street
GYMPIE Q  4570
PH: 5489-8777  FAX: 5489-8779

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English – Chinese, Italian, Spanish and Vietnamese
Innisfail Health Service District

INNISFAIL MENTAL HEALTH SERVICE
Community Health Centre
87 Rankin Street
INNISFAIL Q 4860
PH: 4061-5327   FAX: 4061-5355

Logan-Beaudesert Health Service District

LOGAN HOSPITAL
Mental Health Unit
Cnr Armstrong & Loganlea Roads
MEADOWBANK Q 4131
PH: 3299-8465   FAX: 3299-8879

BEENLEIGH ADULT MENTAL HEALTH SERVICE
10 - 12 Mt Warren Boulevard
MTWARREN PARK Q 4207
PH: 3290-9855   FAX: 3290-9805

LOGAN CENTRAL ADULT MENTAL HEALTH SERVICE
97-103 Wembley Road
LOGAN CENTRAL Q 4114
PH: 3290-8999   FAX: 3208-2912

BEENLEIGH CHILD & YOUTH MENTAL HEALTH SERVICE
10-18 Mt Warren Blvd
MTWARREN PARK Q 4207
PH: 3290-9866   FAX: 3290-9860

LOGAN CHILD & YOUTH MENTAL HEALTH SERVICE
91 Wembley Road
LOGAN CENTRAL Q 4114
PH: 3290-0500   FAX: 3208-0242

Mackay Health Service District

MACKAY BASE HOSPITAL
Acute Care Unit
475 Bridge Road
MACKAY Q 4740
PH: 4968-6385   FAX: 4968-6032
YERONGA CHILD & YOUTH MENTAL HEALTH SERVICE
51 Park Road
YERONGA  Q  4104
PH: 3848-8011   FAX: 3892-1425

INALA CHILD & YOUTH MENTAL HEALTH SERVICE
7 Kittyhawk Avenue
INALA  Q  4077
PH: 3372-5577   FAX: 3879-1483

EARLY COMMUNITY COUNSELLING AND OUTREACH
7 Kittyhawk Avenue
INALA  Q  4077
PH: 3372-5577   FAX: 3879-1483

ADOLESCENT DRUG & ALCOHOL WITHDRAWAL SERVICE (ADAWS)
38 Clarence Street
SOUTH BRISBANE  Q  4101
PH: 3840-8400   FAX: 3840-2839

Moranbah Health Service District

MORANBAH MENTAL HEALTH SERVICE
142 Mills Avenue
MORANBAH  Q  4744
PH: 4941-4680   FAX: 4941-4690

Mt Isa Health Service District

MT ISA BASE HOSPITAL
30 Camooweal Street
MT ISA  Q  4825
PH: 4744-4444   FAX: 4745-4576

MT ISA INTEGRATED MENTAL HEALTH SERVICE
26 - 28 Camooweal Street
MT ISA  Q  4825
PH: 4744-7103   FAX: 4744-7134

North Burnett Health Service District

GAYNDAH COMMUNITY MENTAL HEALTH SERVICE
69 Wharton Street
GAYNDAH  Q  4625
PH: 4161-3571   FAX: 4161-3598

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MONTO COMMUNITY MENTAL HEALTH SERVICE
69 Wharton Street
GAYNDAH Q 4625
PH: 4161-3571  FAX: 4161-3598

Northern Downs Health Service District

DALBY MENTAL HEALTH SERVICE
Hospital Road
DALBY Q 4405
PH: 4669-0501  FAX: 4669-0704

CHINCHILLA MENTAL HEALTH SERVICE
Chinchilla/Tara Community Health
CHINCHILLA Q 4413
PH: 4662-7711  FAX: 4668-9704

Princess Alexandra Hospital & Health Service District

PA HOSPITAL
Mental Health Unit
Ipswich Road
WOOLLOONGABBA Q 4102
PH: 3240-5249  FAX: 3240-5354

PA HOSPITAL
Aged Care Mental Health Service
Ipswich Road
WOOLLOONGABBA Q 4102
PH: 3240-2606

WEST END MENTAL HEALTH SERVICE
175 Melbourne Street
WEST END Q 4101
PH: 3846-9400  FAX: 3846-7957

CONTINUING CARE NORTH SERVICE
360 Ipswich Road
ANNERLEY Q 4101
PH: 3240-5656  FAX: 3240-5676

INALA COMMUNITY MENTAL HEALTH SERVICE
64 Wirraway Parade
INALA Q 4077
PH: 3714-1555  FAX: 3275-5355
Prince Charles Hospital & Health Service District

PRINCE CHARLES HOSPITAL
Mental Health Unit
Rode Road
CHERMSIDE Q 4032
PH: 3350-8111  FAX: 3350-8614

PRINCE CHARLES HOSPITAL
Mental Health Extended Care Unit - Medium Secure
Rode Road
CHERMSIDE Q 4032
PH: 3212-5731  FAX: 3212-5707

ASPLEY COMMUNITY MENTAL HEALTH SERVICE
776 Zillmere Road
ASPLEY Q 4034
PH: 3263-8888  FAX: 3263-4709

CHERMSIDE COMMUNITY MENTAL HEALTH SERVICE
Prince Charles Hospital
Rode Road
CHERMSIDE Q 4032
PH: 3212-5114  FAX: 3212-5117

PINE RIVERS COMMUNITY MENTAL HEALTH SERVICE
400 Gympie Road
STRATHPINE Q 4500
PH: 3482-9800  FAX: 3482-9834

SANDGATE COMMUNITY MENTAL HEALTH SERVICE
Dolphin House, Eventide
Beaconsfield Terrace
BRIGHTON Q 4017
PH: 3631-7499

COMMUNITY CARE UNIT
568a Gympie Road
STRATHPINE Q 4500
PH: 3205-7985  FAX: 3205-6397

QEII Hospital & Health Service District (See Princess Alexandra Hospital & Health Service District)
ROYAL BRISBANE HOSPITAL
Adult & Older People Inpatient Units
J Floor, Mental Health Centre
Herston Road
HERSTON Q 4029
PH: 3636-8111  FAX: 3636-1166

INTEGRATED MENTAL HEALTH SERVICES
Royal Brisbane Hospital
Herston Road
HERSTON Q 4029
PH: 3636-8111  FAX: 3636-1166

HERSTON MENTAL HEALTH SERVICE
Royal Brisbane Hospital
Herston Road
HERSTON Q 4029
PH: 3636-8111  FAX: 3636-1166

INNER NORTH BRISBANE MENTAL HEALTH SERVICE
162 Alfred Street
FORTITUDE VALLEY Q 4006
PH: 3834-1606  FAX: 3252-9152

ADOLESCENT MENTAL HEALTH INPATIENT UNIT
Mental Health Centre
Herston Road
HERSTON Q 4029
PH: 3636-1179  FAX: 3636-1166

GERIATRIC PSYCHIATRY OUTREACH SERVICE
Mental Health Centre, E Floor
Herston Road
HERSTON Q 4029
PH: 3636-1148  FAX: 3636-5627

INTEGRATED FORENSIC MENTAL HEALTH SERVICE
42 Albert Street
BRISBANE Q 4000
PH: 3221-2511  FAX: 3221-6060

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Royal Children’s Hospital & Health Service District

CHILD & YOUTH MENTAL HEALTH SERVICE
PO BOX 1507
FORTITUDE VALLEY Q 4006
PH: 3835-1408  FAX: 3839-8191

adolescent forensic unit
Cnr Rogers & Water Streets
SPRING HILL Q 4004
PH: 3835-1499  FAX: 3832-5642

CHILD & FAMILY THERAPY UNIT
Royal Children’s Hospital
Cnr Herston Road & Bramston Terrace
HERSTON Q 4029
PH: 3636-7878

pine rivers child & youth mental health service
586 Old Gympie Road
STRATHPINE Q 4500
PH: 3881-9999  FAX: 3889-6833

nundah child & youth mental health service
31-33 Robinson Road
NUDHAQ 4012
PH: 3266-3377  FAX: 3266-2011

enoggera child & youth mental health service
289 Wardell Street
ENOGGERA Q 4051
PH: 3355-9666  FAX: 3354-3748

South Burnett Health Service District

cherbourg mental health service
Cherbourg Hospital
CHERBOURG Q 4605
PH: 4169-8900  FAX: 4169-8901

south burnett mental health service
166 Youngman Street
KINGAROY Q 4610
PH: 4162-9220  FAX: 4162-9221

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Southern Downs Health Service District

SOUTHERN DOWNS DISTRICT MENTAL HEALTH SERVICE
56 Locke Street
WARWICK Q  4370
PH: 4661-3901

Sunshine Coast & Gympie Health Service District

NAMBOUR GENERAL HOSPITAL
Mental Health Service
Block 6, Hospital Road
NAMBOUR Q  4560
PH: 5470-6061   FAX: 5470-6295

COMMUNITY ASSESSMENT TREATMENT TEAM
100 Sixth Avenue
MAROOCHDORE Q  4558
PH: 5459-6900   FAX: 5479-1829

MAROOCHDORE CHILD & YOUTH MENTAL HEALTH SERVICE
15 Beach Road
MAROOCHDORE Q  4558
PH: 5479-3777   FAX: 5479-3902

CONTINUING CARE TEAM
100 Sixth Avenue
MAROOCHDORE Q  4558
PH: 5459-6900   FAX: 5443-7047

EXTENDED CARE PROGRAM (COMMUNITY INITIATIVES TEAM)
Community Care Unit
6 Lady Musgrave Drive
MOUNTAIN CREEK Q  4557
PH: 5452-4444   FAX: 5452-4400

GYMPIE MENTAL HEALTH SERVICE
20 Alfred Street
GYMPIE Q  4570
PH: 5489-8777   FAX: 5489-8779

AGED CARE PROGRAM
Nambour General Hospital
Hospital Road
NAMBOUR Q  4560
PH: 5470-6371   FAX: 5470-6127

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Tablelands Health Service District

TABLELANDS DISTRICT MENTAL HEALTH SERVICE
Atherton Health Centre
Louise Street
ATHERTON Q 4883
PH: 4091-0213  FAX: 4091-0209

MAREEBA COMMUNITY MENTAL HEALTH SERVICE
PO Box 143
MAREEBA Q 4880
PH: 4092-9171  FAX: 4092-9170

Toowoomba Health Service District

TOOWOOMBA GENERAL HOSPITAL
Acute & Community Services Management Unit
Pechey Street
TOOWOOMBA Q 4350
PH: 4616-5204  FAX: 4616-5244

BAILLIE HENDERSON HOSPITAL
Hogg Street
TOOWOOMBA Q 4350
PH: 4699-8888  FAX: 4699-8933

CHILD & YOUTH MENTAL HEALTH SERVICE
Unara Health Village
Toowoomba Hospital
TOOWOOMBA Q 4350
PH: 4616-6843  FAX: 4616-6955

TOOWOOMBA CHILD & YOUTH MENTAL HEALTH SERVICE
23 Joyce Street
TOOWOOMBA Q 4350
PH: 4631-6956  FAX: 4631-6955

Torres Strait & Northern Peninsula Health Service District

THURSDAY ISLAND MENTAL HEALTH SERVICE
Douglas Street
THURSDAY ISLAND Q 4875
PH: 4069-2300  FAX: 4069-2045
BAMAGA MENTAL HEALTH SERVICE
Bamaga Community Health
PO Box 95
BAMAGA Q 4876
PH: 4069-3200  FAX: 4069-3332

Townsville Health Service District

TOWNSVILLE GENERAL HOSPITAL
Acute Mental Health
100 Angus Smith Drive
DOUGLAS Q 4811
PH: 4796-3000  FAX: 4796-3001

TOWNSVILLE GENERAL HOSPITAL
Secure Mental Health Unit
100 Angus Smith Drive
DOUGLAS Q 4811
PH: 4796-3880  FAX: 4796-3881

TOWNSVILLE ADULT MENTAL HEALTH SERVICE
Townsville Hospital
VINCENT Q 4814
PH: 4799-9480  FAX: 4796-3001

TOWNSVILLE CHILD & YOUTH MENTAL HEALTH SERVICE
138 Thuringowa Drive
KIRWAN Q 4817
PH: 4799-9004  FAX: 4799-9001

KIRWAN EXTENDED CARE & TREATMENT REHABILITATION UNIT
138 Thuringowa Drive
KIRWAN Q 4817
PH: 4799-9800  FAX: 4799-9801

KIRWAN MENTAL HEALTH ACQUIRED BRAIN INJURY UNIT
138 Thuringowa Drive
KIRWAN Q 4817
PH: 4799-9800  FAX: 4799-9801

West Moreton Health Service District

IPSWICH HOSPITAL
Mental Health Unit
Chelmsford Avenue
IPSWICH Q 4305
PH: 3810-1520  FAX: 3810-1545
Background

The Qld Transcultural Mental Health Centre is a resource and support unit within Queensland Health on mental health issues for people from culturally and linguistically diverse (CALD) backgrounds. It was established in 1995 to implement the Queensland Non-English Speaking Background (NESB) Mental Health Policy Statement and has an ongoing role in the planning and operation of mainstream mental health services in Queensland to improve their quality, accessibility and appropriateness to people from CALD.

Roles and responsibilities

To work with mental health services in Queensland to improve accessibility and cultural responsiveness to people from CALD, the Qld Transcultural Mental Health Centre has the following services and programs available:

- Transcultural Clinical Consultation Service (drawing on over 140 bilingual mental health consultants covering 65 languages).
- Education, training and development.
- Promotion, prevention, early intervention and stigma reduction projects in multicultural communities.
- Multicultural information and resources, including a resource library.
- Statewide liaison including the coordination and support of 13 multicultural mental health coordinators based in district mental health services across the state.
- CALD consumer and carer participation, support and development.
- Transcultural input into program and policy development, implementation and review.

Location

The Qld Transcultural Mental Health Centre is a statewide service and operates from within the Division of Mental Health, Princess Alexandra Hospital and Health Service District. The Centre uses the extensive telemedicine facilities available within Queensland Health to facilitate access to its services and programs statewide.
Resources

The Centre has an extensive range of books, journal articles, training materials, video and audio tapes and translated mental health information which is available to clinicians, carers, workers and communities.

The Centre is also a consortium member of Multicultural Mental Health Australia, the national program on multicultural mental health and suicide prevention, which ensures access to a broad range of interstate and international resources.

Other activities

QTMHC also manages a range of externally funded projects and initiatives relating to service and resource development and research.
Transcultural Clinical Consultation Service (TCSS)

The Transcultural Clinical Consultation Service (TCSS) is a key service offered by the QTMHC. The TCSS can assist mental health clinicians throughout Queensland to provide culturally appropriate services to people of CALD backgrounds and their carers through case discussion, information and advice. The TCSS can also provide a bilingual/bicultural mental health consultant, matched to the consumer’s language and cultural background to clarify or confirm assessments or diagnoses and assist in the development and review of individual care plans, provide psycho-education to the consumer and/or family, etc.

If the bilingual/bicultural mental health consultant is based at a different location from the consumer and his/her case manager, telemedicine can be utilised. This ensures that consultations with the bilingual/bicultural mental health professional can proceed, regardless of where the worker is located.

The service does not take away the case management responsibility from the consumer’s case manager and clinical responsibility remains with the referring service, but is designed to support and resource mental health clinicians to work with clients of NESB.

TCSS also accepts referrals from non-mental health services, particularly multicultural sector organisations, and friends and family members of CALD consumers, and will assist in facilitating access to the appropriate service.

What is Telemedicine

Telemedicine is an audio-visual, or video-conferencing communication system. Images are relayed to a television or computer screen so that people can see each other during their appointment or consultation. Queensland Health has numerous sites video-conferencing sites throughout Queensland.

How the TCC works

Mental health clinicians, community workers, people with mental health problems and carers can contact the Transcultural Clinical Consultation Service directly by telephone to speak to an intake worker.

The intake worker’s role is to discuss, clarify and negotiate an appropriate course of action. In all cases where the referral is made by someone other than a case manager, the intake worker will first consult with the case manager. The referral process includes obtaining consent from the consumer being referred for the referring service to release information to the TCSS.

All referrals are discussed in a weekly TCSS review meeting by the TCSS team. The TCSS team consists of a coordinator, clinical specialists and a part-time consultant psychiatrist who has clinical oversight of the work undertaken by the TCSS.
If a bilingual/bicultural consultant is required, the clinical specialist will engage the appropriate professional and coordinate an appointment time at an appropriate location, usually the local mental health service, between the consumer and the professional - either face to face, or via Telemedicine. The clinical specialist maintains a central coordination and communication role between all parties involved in the case, usually the referrer, consumer, bilingual mental health consultant and at times, additional support services.

The cost for engaging a bilingual/bicultural consultant and use of Telemedicine will be covered by the Queensland Transcultural Mental Health Centre.

The TCSS does not replace the use of interpreters, it provides a specialist consultation and liaison service focused on addressing cultural barriers in assessment, treatment and follow up care. The service operates from 8.30am to 4.30pm, Monday to Friday and can be contacted by telephone (07) 3240-2833, fax (07) 3240-2282 or E-Mail: tccs@health.qld.gov.au.
CHAPTER 2: MULTICULTURAL MENTAL HEALTH NON-GOVERNMENT ORGANISATIONS

Multicultural Centre for Mental Health and Well-Being Inc
48 Shottery Street
Yeronga  Q  4104
Ph. (07) 3848-1600
Fax (07) 3848-1699
Email: admin@harmonyplace.org.au

Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)
50 Shottery Street
Yeronga  Q  4101
Ph. (07) 3391-6677
Fax (07) 391-6388
Email: admin@qpastt.org.au

Mental Health Awareness & Access Project
Townsville Migrant Resource Centre
PO Box 1858
Townsville  Q  4810
Ph. (07) 4772-4800
Fax (07) 4772-1840
Email: mrc.townsville@bigpond.com
CHAPTER 3: DEFINITION OF MENTAL HEALTH TERMS IN ENGLISH

A

**Acculturation problem**
Problem involving adjustment to a different culture (eg. following migration).

**Acute**
Recent onset of severe clinical symptoms of mental illness.

**Acute inpatient service**
A service that provides assessment and short-term intensive treatment, as a part of the continuum of care, for people experiencing acute episodes of mental illness who cannot be treated more appropriately in other community settings.

**Acute Stress Disorder**
Anxiety, fear and other symptoms that occur within one (1) month after exposure to an extreme traumatic stressor.

**Addiction**
A state of dependence produced by the habitual taking of drugs, including alcohol, characterised by compulsion, loss of control and continued patterns of use despite negative consequences.

**Adjustment disorder**
Development of clinically significant emotional or behavioural symptoms in response to a psychological stressor such as family bereavement or break up of relationship.

**Adolescence**
Period of growth and development from puberty to maturity.

**Adulthood**
Stage of growth and development that follows adolescence.

**Advocate**
Person who intercedes for and acts on behalf of a client when the client is unable to do so, and may be a professional or lay person.
**Against medical advice (AMA)**
Departure from inpatient psychiatric treatment that is initiated by a voluntary client, against the recommendation of the care givers.

**Age-related cognitive decline**
A decline in cognitive functioning, including memory and reasoning, as a result of the aging process.

**Aggression**
Physical or verbal behaviour that is forceful or hostile and enacted to intimidate others.

**Agoraphobia**
Fear and anxiety about being in places or situations from which escape may be difficult (or embarrassing), or in which help may not be available in the event of having a panic attack. Fear of the outdoors or going out, especially alone. It is the most common phobia.

**Alzheimer's Disease**
A disease characterised by confusion, memory failure, disorientation, restlessness, speech disturbances, and an inability to carry out purposeful movements. The disease usually begins in later middle life with slight defects in memory and behaviour and occurs with equal frequency in men and women. The only treatment is palliative care.

**Amphetamine**
A prescribed drug that has a marked stimulant action on the central nervous system. It produces a feeling of mental alertness and well being. Tolerance to amphetamine develops rapidly and prolonged use may lead to dependence.

**Amphetamine Use Disorder**
Presence of inappropriate behaviour or physiological changes that develop during, or shortly after, use of amphetamines or related substances.

**Anorexia Nervosa**
Eating disorder in which the person starves him/herself or uses other techniques such as vomiting, to induce weight loss. It is motivated by a false perception of being fat and/or phobia about becoming fat. It can be life threatening.

**Anxiety Disorder**
A form of neurosis in which anxiety dominates the person’s life. Examples are Acute Stress Disorder, Agoraphobia, Generalised Anxiety Disorder, Obsessive Compulsive Disorder, Panic Attack, Panic Disorder, Post Traumatic Stress Disorder, Separation Anxiety Disorder, Social Phobia, Specific Phobia, Substance-induced Anxiety Disorder.
**Attention Deficit/Hyperactive Disorder**
A disorder with a persistent pattern of inattention and/or hyperactivity and impulsivity.

**Authority**
The right of designated people to make decisions and issue commands.

**Avoidant Personality Disorder**
The essential feature of Avoidant Personality Disorder is a pervasive pattern of social inhibition, feelings of inadequacy and hypersensitivity to negative evaluation that begins by early adulthood and is present in a variety of contexts.

**Behavioural therapy**
Treatment based on the belief that psychological problems are the products of faulty learning and not the symptoms of an underlying disease. Treatment is directed at the problem or target behaviour and is designed for the particular person, not for the particular diagnostic label that has been given.

**Bereavement**
A reaction to the death of a loved one (e.g. feelings of sadness and associated symptoms such as insomnia, poor appetite and weight loss).

**Bipolar Affective Disorder**
A severe mental illness with repeated episodes of mania and depression. The person is usually well in the intervals between episodes.

**Brief psychotic disorder**
A disturbance that involves the sudden onset of at least one of the following positive psychotic symptoms: delusions, hallucinations, disorganised speech, etc.

**Bulimia Nervosa**
An eating disorder characterised by overeating followed by techniques to prevent weight gain, e.g. induced vomiting, use of laxatives. Can occur as a phase of Anorexia Nervosa.

**Case management/Case co-ordination**
The mechanism for ensuring continuity of care across inpatient and community settings, for access to and co-ordination of the range of services necessary to meet the individual and identified needs of a person within and outside the mental health service.
**Child or adolescent antisocial behaviour**
This category can be used when the focus of clinical attention is antisocial behaviour in a child or adolescent that is not due to a mental disorder (see also: Conduct Disorder and Impulse-Control Disorder).

**Childhood Disintegrative Disorder**
A developmental disorder occurring as a result of a brain disease such as Encephalitis in childhood. Symptoms include abnormalities of behaviour, progressing to psychosis.

**Chronic mental illness**
An illness or disorder which is severe in degree and persistent in duration. The symptoms may be permanent or episodic. There may also be a substantially diminished level of functioning in the primary aspects of daily living.

**Client**
A recipient of mental health services: may be a person, family, group or community.

**Cognitive Behavioural Therapy**
A psychological treatment approach which focuses on enabling the client/patient to adjust the way they think (i.e. their cognition) as well as adjust their behaviour in response to events and stimuli. This therapy recognises that cognition affects behaviour and behaviour affects cognition, therefore therapy must address both. Although cognitive behavioural therapy (CBT) is a recognised therapy within itself many psychological therapies integrate cognitive and behavioural approaches.

**Cognitive development**
The development of intelligence, conscious thought and reasoning that begins in infancy.

**Cognitive Disorder**
A disorder where the person shows decreased abilities in memory, problem solving, etc. It is generally associated with a general medical condition but could be a psychological impairment.

**Communication disorders**
A group of disorders where there are problems in communicating, either through difficulties in receiving language or in speech. Generally these disorders stem from a general medical condition such as a brain injury or stroke, or a developmental problem in children. Examples are: Expressive Language Disorder, Mixed Receptive-Expressive Language Disorder, Phonological Disorder, Stuttering and Communication Disorder Not Otherwise Specified.

**Community**
Group of people with common characteristics, locations or interests.
**Community mental health service**
Local treatment centre where community treatment is provided.

**Community support systems**
Resources that are used to bolster the natural support system (including the family) of chronically disabled people living in the community.

**Community treatment**
The provision of routine treatment and support services in a variety of community settings to people with mental disorders and serious mental health problems. These include clinic based services, outpatient services, domiciliary and other visiting services, and consultation and liaison services to general practitioners, primary health care and private sector providers.

**Compulsions**
Compulsions are repetitive behaviours (eg. hand washing, ordering, checking) or mental acts (eg. praying, counting, repeating words silently) the goal of which is to prevent or reduce anxiety or distress.

**Compulsive**
Irresistible impulsive behaviour in which a person feels compelled to carry out certain actions, such as repetitive hand washing based on a fear of contamination.

**Conduct Disorder**
A repetitive or persistent pattern of aggressive behaviour. It is usually recognised in childhood or adolescence and can lead to an Impulsive Personality Disorder.

**Conscious**
Being aware of the existence of one’s own mental state.

**Continuity of care**
The provision of barrier-free access to the necessary range of health care services and other support agencies, with the level of support and care varying according to individual needs.

**Coping**
Efforts directed towards how to manage stress, conflict and change.

**Counsellor**
A health professional that helps clients and families evaluate their patterns of problem solving and develop more effective ones.
Crisis
A turning point that results from a stressful event or a perceived threat to one’s well-being that cannot be readily solved by methods that have been successful in the past.

Culture-bound syndromes
Culture-bound syndromes are generally limited to specific societies or culture areas and are localised, folk, diagnostic categories that frame coherent meanings for certain repetitive, patterned and troubling sets of experiences and observations.

Cyclothymic Disorder
A disorder with marked swings of mood from cheerfulness to depression. These fluctuations are not as severe as those of Bipolar Affective Disorder.

Decompensation
Deterioration in a person’s ability to cope with life stresses, which may lead to the development of symptoms of psychological distress.

Defensive Functioning Scale
A test which is used to assess automatic psychological processes (or coping styles) which protect the person against anxiety and from the awareness of internal or external dangers or stressors.

Delirium
A disorder of mental processes accompanying organic brain disease. It may include illusions, hallucinations or extreme excitement.

Delirium tremens
Delirium associated with excessive use of alcohol, usually seen as a withdrawal symptom. Features include anxiety, tremors, sweating and vivid and terrifying visual and sensory hallucinations.

Delusion
Irrational belief that cannot be altered by rational argument. In mental illness it is often a false belief that the person is persecuted by others, or is a victim of physical disease.

Dementia
A chronic or persistent disorder of the mental processes due to organic brain disease. It is marked by short term memory loss, changes in personality, deterioration in personal care, impaired reasoning ability and disorientation.
**Dependence on substance**
The physical and/or psychological effects produced by the habitual taking of certain drugs, including alcohol, leading to a compulsion to continue to take the drug.

**Dependent Personality Disorder**
A disorder with a pervasive and excessive need to be taken care of that leads to submissive and clinging behaviour and fears of separation. This pattern begins by early adulthood.

**Depersonalisation Disorder**
A disorder in which the person feels unreal or strangely altered, or that the mind is becoming separated from the body. The person may feel like an automaton or as if he or she is living in a dream or a movie.

**Depression (psychiatric diagnosis)**
A mental state characterised by excessive sadness. Activity may be agitated and restless or slow and retarded. The person may experience feelings of worthlessness, despair and extreme pessimism. There are usually disruptions to sleep, appetite and concentration.

**Depressive episode - major**
The essential feature of a major depressive episode is a period of at least two (2) weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities. In children and adolescents, the mood may be irritable rather than sad.

**Disability**
A chronic condition that makes a person unable to perform in a usual manner.

**Disability support services**
A range of service responses which enable the individual to live as independently as possible and be included in the ordinary life of their community.

**Disorganised type of Schizophrenia**
A disorder with disorganised speech, disorganised behaviour and flat or inappropriate mood. The disorganised speech may be accompanied by silliness and laughter that are not closely related to the content of the speech.

**Dissociative Fugue (formerly Psychogenic Fugue)**
A disorder in which the person leaves home or usual surroundings and wanders aimlessly, with inability to recall some or all of ones past. This is accompanied by confusion about personal identity or even the assumption of a new identity.
**Dissociative Identity Disorder (formerly Multiple Personality Disorder)**
The presence of two (2) or more distinct identities or personality states that recurrently take control of behaviour. In children, the symptoms cannot be attributed to imaginary playmates or other fantasy play.

**Dissociation**
The process whereby thoughts and ideas can be split off from consciousness and may function independently, thus allowing conflicting opinions to be held at the same time about the same object.

**Disthmic Disorder**
A chronically depressed mood that occurs for most of the day, more days than not, for at least two (2) years. Individuals with Disthmic Disorder describe their mood as sad or 'down in the dumps'. In children the mood may be irritable rather than depressed and required minimum duration is only one (1) year.

**District mental health service**
A structure that provides a range of specialist mental health service components delivered by specialist mental health professionals to a geographically defined population.

**DSM-IV**

**E**

**Eating disorders**
Severe disturbances of eating behaviour in which people starve themselves or use other techniques to induce weight loss. See also: Anorexia Nervosa and Bulimia Nervosa.

**Ego**
The part of the mind that develops from a person’s experience of the outside world and is most in touch with external realities.

**Electro Convulsive Therapy (ECT)**
A treatment for severe depression and sometimes for Schizophrenia and mania. A convulsion is produced by passing an electric current through the brain.

**Electroencephalogram (EEG)**
A tracing to record electrical discharges in the brain. The pattern of EEG reflects the state of the person’s brain and level of consciousness. EEG is used to detect and locate disease such as tumours and epilepsy.
Euphoria
A sense of extreme well-being and optimism, the absence of pain or stress which might be exaggerated in psychiatric cases.

Exhibitionism
Exposure of one’s genitals to a stranger.

Expressive Language Disorder
An impairment in expressive language development.

Extended inpatient services
Providing ongoing assessment, long-term treatment and rehabilitation on an inpatient basis, where a severe level of impairment exists. Treatment is focused on prevention of deterioration and reduction in impairment.

Family therapy
Psychotherapeutic treatment of the family as a unit to clarify and modify the ways they relate together and communicate.

Fetishism
Sexual attraction to an inappropriate object (known as a ‘fetish’). It may be part of the body, clothing, e.g. women’s underpants, bras, stockings, shoes, boots or other objects such as leather handbags, rubber sheets.

Flashbacks (Hallucinogen Persisting Perception Disorder)
A vivid involuntary reliving of the experiences during episodes of drug intoxication. The person must have had no recent hallucinogen intoxication and must show no current drug toxicity.

Foster care
Type of living arrangement by which clients are placed with selected families.

Frotteurism
Touching and rubbing against a non-consenting person as a means of sexual pleasure. The behaviour usually occurs in crowded places from which the individual can more easily escape arrest.

Functional overlay
A psychological condition which has caused or aggravated the physical symptoms.
Gender Identity Disorder
A strong and persistent gender identification, which is desire to be, or the insistence that one is, of the other sex.

Generalised Anxiety Disorder
A disorder with excessive anxiety and worry, occurring more days than not for a period of at least six (6) months about a number of events or activities.

Global Assessment of Relational Functioning (GARF) Scale
An assessment scale which can be used to indicate an overall judgment of the functioning of a family or other ongoing relationship on a hypothetical continuum ranging from competent relational functioning to a disrupted, dysfunctional relationship.

Hallucination
False sensory perception of something that is not really there. It may involve, vision, touch, taste or smell.

Histrionic Personality Disorder
A disorder with pervasive and excessive emotionality and attention-seeking behaviour. This pattern begins by early adulthood and is present in a variety of contexts.

HIV disease, Dementia due to
A dementia that is judged to be the direct consequence of Human Immunodeficiency Virus (HIV) disease.

Huntington’s Disease
A disease with involuntary jerky movements particularly affecting the shoulders, hips and face, and accompanied by a progressive dementia.

Hypersomnia
Excessive sleepiness for at least one (1) month as evidenced prolonged sleep episodes or by daytime sleep episodes occurring almost daily.

Hypoactive Sexual Desire Disorder
A deficiency or absence of sexual fantasies and desire for sexual activity which is causing marked distress or interpersonal difficulty.
Hypochondriasis
Preoccupation with fears of having, or the idea that one has a serious disease based on a misinterpretation of one or more bodily signs or symptoms.

Hypomanic episode
A distinct period during which there is a mild degree of mania or elevated mood that lasts at least four (4) days. This period must be accompanied by at least three (3) symptoms: decreased need for sleep, rapid and animated speech, flight of ideas, etc.

Hysteria
A neurosis, with emotional instability, repression, dissociation and physical symptoms such as paralysis. This is not the same as malingering and it should not be confused with psychopathic conditions.

Identity
The awareness of being a person separate and distinct from all others.

Illusion
A false perception due to misinterpretation of stimuli. For example, a person may misinterpret the conversation of others as the voices of enemies conspiring to destroy him or her.

Insanity
A degree of mental illness such that the affected person is not responsible for his/her actions or is not capable of entering into a legal contract. This term is used in legal rather than medical contexts.

Insight
A term which relates to the person’s recognition or lack of recognition that he/she has a mental illness.

Institutionalisation
Syndrome occurring to hospitalised clients, characterised by a loss of identity as a person, seeing oneself instead as a patient with total dependence on external sources of reinforcement, pleasure and affirmation. The person loses community living skills and feels uncomfortable in environments other than the institution.

Intake
Initial contact by clinical staff with a person referred to a mental health service. It involves the collection of information to assess the appropriateness of referral and enables a person to be directed to the most appropriate service response within or outside the mental health service.
Integration
Integration refers to the process whereby a mental health service becomes co-ordinated as a single specialist network and includes mechanisms which link intake and assessment and continuing treatment and case management to ensure continuity of care.

Intellectual disability
A disability caused by significantly sub-average general intellectual functioning that is accompanied by limitations in functioning in at least two (2) of the following skills areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, etc.

K

Kleptomania
A strong impulse to steal items, even though the items are not needed for personal use or for their monetary value.

Korsakoff’s Syndrome (Korsakoff’s Psychosis)
An organic disorder affecting the brain that results in a memory defect in which new information fails to be learnt although events from the past are still recalled. The most common cause is alcoholism, especially when this has led to a deficiency of vitamin B1.

L

Learning Disorder (formerly Academic Skills Disorders)
A disorder where the child/person shows achievement in standardised tests in reading, mathematics or written expression which is substantially below that expected for age, schooling and level of intelligence.

M

Male Orgasmic Disorder (formerly Inhibited Male Orgasm)
A persistent or recurrent delay in, or absence of, orgasm following a normal sexual excitement phase.

Malingering
Pretending to be ill, usually in order to avoid work or to gain attention or access to drugs.
Mania
A state of mind characterised by excessive cheerfulness and increased activity. The mood is euphoric and changes rapidly to irritability. Thought and speech are rapid to the point of incoherence and behaviour may be overactive, extravagant, overbearing. There may be grandiose delusions.

Manic episode
A distinct period during which there is an abnormally and persistently elevated, expansive or irritable mood. This period of abnormal mood must last at least one (1) week.

Manic-Depressive Psychosis (Bipolar Affective Disorder)
A severe mental illness with repeated episodes of mania and depression. The person is usually well in the intervals between episodes.

Mental health
A dynamic process in which a person’s physical, cognitive, affective, behavioural and social dimensions interact functionally with one another and with the environment.

Mental Health Act
The Act of Parliament governing the care of people with severe mental illness. The Act provides for involuntary admission and treatment of a person who is considered to be a danger to themselves or others.

Mental illness
Physical, cognitive, affective, behavioural and social patterns that interact dysfunctionally with the environment.

Mental status examination
Examination in which the following mental processes are reviewed: appearance and behaviour, thought content, sensorium and intellect, thought processes, emotional tone and insight.

Mixed Affective State
A Mixed Episode is characterised by a period of time (lasting at least one (1) week) in which the criteria are met, both for a Manic Episode and for a Major Depressive Episode, nearly every day. The individual experiences rapidly alternating moods (sadness, irritability, euphoria).

Mobile intensive treatment services
A service that provides long-term case management and assertive outreach to very vulnerable and disabled people living in the community with severe mental illness, enduring disability and complex needs. Without the provision of this service response, the person would be likely to have recurring admission to acute inpatient services.
N

**Narcissistic Personality Disorder**
A pervasive pattern of grandiosity, need for admiration and lack of empathy that begins by early adulthood and is present in a variety of contexts.

**Narcolepsy**
Repeated irresistible tendency to fall asleep in quiet surroundings or when engaged in monotonous activities.

**Narcosis**
A state of diminished consciousness or complete unconsciousness caused by the use of narcotic drugs which have a depressant effect on the central nervous system.

**Neurasthenia**
A set of psychological and physical symptoms, including fatigue, irritability, headache, dizziness, anxiety and intolerance of noise.

**Neurosis**
A mental illness in which insight is retained but there is a maladaptive way of behaving or thinking that causes suffering. For example, depression, anxiety, phobias or obsessions.

**Nicotine-induced Disorder (Nicotine withdrawal)**
The presence of a characteristic withdrawal syndrome that develops after the abrupt cessation of, or reduction in, the use of nicotine-containing products such as cigarettes followed by a prolonged period of daily use.

**Non-hospital based acute inpatient unit**
A facility that provides acute inpatient services located on a non-hospital site.

**Non-hospital based extended inpatient unit**
A facility that provides extended inpatient services located on a non-hospital campus.

**Norms**
Unspoken rules of conduct or standards of acceptable behaviour in a culture.

O

**Obsession**
A recurrent thought, feeling or action which the person cannot prevent, that is unpleasant and provokes anxiety.
**Obsessive-Compulsive Disorder (OCD)**
A disorder with persistent ideas, thoughts, impulses or images that are experienced as intrusive and inappropriate and that cause marked anxiety or distress.

**Obsessive-Compulsive Personality Disorder**
A disorder with a preoccupation with orderliness, perfectionism and mental and interpersonal control at the expense of flexibility, openness and efficiency.

**Occupational therapy**
A form of therapy in which clients are encouraged to perform useful tasks and develop interests that may either re-establish old skills and knowledge or initiate new ones. The aim is to reach the maximum level of function and independence in all aspects of daily life.

**Opioid Use Disorder (Opioid dependence)**
Dependence on opioid drugs such as heroin. Most individuals with Opioid Dependence will experience withdrawal on abrupt discontinuation of opioid substances.

**Orientation**
Awareness of oneself in time, space and place. Introduction given to staff and clients as they enter the unfamiliar environment of an inpatient unit.

**Outcome criteria**
Statements of measurable client goals that are expected to be reached as a result of therapeutic interventions.

**Outreach services**
A service that provides visiting specialist mental health services to people who are unable to access such services close to their own community. It includes regular visits from a mental health service located in a major population area, to rural and remote areas and the establishment of formal mechanisms for clinical consultation and support between visits. This is generally provided to rural and remote areas where there are no local mental health services or those areas with satellite mental health services.

**Panic Attack**
A sudden, unpredictable, intense episode of anxiety characterised by personality disorganisation, a fear of losing one’s mind, going crazy, being unable to control one’s behaviour, a sense of impending doom, helplessness and being trapped.
**Panic Disorder**
A disorder with recurrent, unexpected Panic Attacks followed by at least one (1) month of persistent concern about having another Panic Attack, worry about the possible implications or consequences of the Panic Attacks, or significant behavioural change related to the attacks.

**Personality**
An enduring disposition to act and feel in particular ways. These patterns are sometimes described by different dimensions, eg. extroverted, neurotic.

**Personality Disorder**
A disorder with deeply ingrained and maladaptive patterns of behaviour, persisting through many years, usually commencing in adolescence. The abnormality of the behaviour must be sufficiently severe that it causes suffering, either to the patient or to other people or both.

**Phobia**
Unrealistic fear or aversion to a situation or thing. Avoiding the feared situation may severely restrict one’s life and cause much suffering.

**Post Traumatic Stress Disorder**
A disorder which follows a traumatic event such as major disaster, rape, torture or accidents. Involves re-living the event and withdrawal from the external world.

**Primary health care**
The first level of contact with the health system (GPs, community health centres, etc.).

**Prognosis**
The prediction of the probable outcome of an illness over a given period of time.

**Psychiatric crisis response and treatment**
Provision of ongoing assessment, short-term interventions and treatment in the community for psychiatric crisis resolution. It includes the management of a person in an acute episode of mental illness with access to treatment options in a variety of settings to prevent admission to an acute inpatient unit.

**Psychiatrist**
A medical practitioner who has completed formal specialist training in the study of abnormal behaviour from a medical perspective. Psychiatrists are able to prescribe medication and authorise medical treatment to people suffering from psychiatric conditions. Psychiatrists provide diagnoses and can provide psychotherapy.
Psychoanalysis
A treatment modality based on Freudian constructs, the analysis of the relationship that the client develops with the psychoanalyst.

Psychogeriatric services
A component of the mental health service which targets older people with mental illness who require both specialised mental health and aged care expertise.

Psychologist
A person who has completed six years of training in the science of human behaviour. There are a number of types of psychologists involved in mental health. Clinical psychologists typically have an individual focus based on a medical model and work with clients presenting with psychiatric symptoms. Community psychologists also work in mental health settings but focus on the person in context of their community and culture and don’t utilise a medical model. Counselling psychologists typically deal with non-psychiatric conditions and generally do not utilise a medical model approach. Neuropsychologists focus on the relationship between neurology and psychology.

Psychomotor
Refers to the combination of physical and mental ability. The term is used for disorders in which muscular activities are affected by brain disturbance.

Psychosis
A severe disease or disorder of the mind characterised by derangement of personality and loss of contact with reality. There is often a lack of insight, although memory and intellect tend to remain intact.

Psychosomatic
Refers to the mind/body relationship. Usually refers to illnesses which are caused by the interaction of mental and physical factors.

Psychotherapy
Psychological methods for the treatment of mental disorders and psychological problems, eg. psychoanalysis, family therapy, group therapy.

Psychotropic drugs
Drugs which affect mood, eg. antidepressants, stimulants, tranquillisers.

Pyromania
A disorder where the person repeatedly starts fires. The person may be indifferent to the consequences to life or property caused by the fire, or they may derive satisfaction from the resulting property destruction.
Rationalisation
An unconscious defence mechanism where an individual uses a feasible and acceptable reason to explain irrational behaviour, motives or feelings.

Regression
A return to more immature level of functioning.

Regulation
Involuntary admission and treatment under the provisions of the Mental Health Act.

Relational problem, parent-child
This category should be used when the focus of clinical attention is a pattern of interaction between parent and child (e.g. impaired communication, overprotection, inadequate discipline).

Relational problem, partner
When the focus of clinical attention is a pattern of interaction between spouse and partners characterised by negative communication (e.g. criticism) distorted communication (e.g. unrealistic expectations) or non-communication.

Relational problem, sibling
This category should be used when the focus of clinical attention is a pattern of interaction among siblings that is associated with clinically significant impairment in individual or family functioning or the development of symptoms in one or more siblings.

Relationship problems
Relational problems include patterns of interaction between or among members of a unit that are associated with clinically significant impairment in functioning, or symptoms among one or more members of the unit, or impairment in the functioning of the unit itself.

Religious or spiritual problem
This category can be used when the focus of clinical attention is a religious or spiritual problem. Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversions to a new faith, or questioning of spiritual values that may not necessarily be related to an organised church or religious institution.
Satellite mental health service
A service that provides intake and assessment, continuing treatment and case management and consultation and liaison from a small number of mental health professionals based in rural or non-provincial centres. These services are supported clinically and professionally by outreach mental health services from provincial and metropolitan mental health services (from within the district or from another district).

Schizoaffective Disorder
A disorder with an uninterrupted period of illness during which there is a Major Depressive, Manic or Mixed Episode concurrent with symptoms that meet criterion for Schizophrenia.

Schizophrenia
A severe mental illness characterised by a disintegration of the process of thinking, of contact with reality, and of emotional responsiveness. Delusions and hallucinations (especially of voices) are usual features, and the person may feel that thoughts, sensations and actions are controlled by or shared with others. The person may become socially withdrawn and lose energy.
No single cause of the disease is known. There are strong genetic factors in the causation and environmental stress can precipitate illness.

Secure treatment service
Provision of services for people with mental disorders or serious mental health problems who, based on clinical assessment, require treatment in a closed setting to ensure the safety of the person, the staff and the community. Three (3) levels of inpatient secure treatment are provided: acute inpatient secure treatment, extended secure treatment and high security treatment.

Self-concept
The sum total of perceptions, feelings and beliefs about oneself.

Self-determination
A person’s control of decisions that influence his or her life.

Self-efficacy
The belief in one’s own capacity to perform the actions needed to control events affecting one’s well-being and the ability to successfully execute the appropriate required behaviours.

Self-esteem
The evaluative internal image of oneself formed by the interaction of one’s experiences with influential variables in the environment.
Separation Anxiety Disorder
Excessive anxiety concerning separation from the home or from those to whom the person is attached.

Sexual masochism
Sexual pleasure derived from the experience of pain and/or humiliation.

Sexual sadism
Sexual excitement from inflicting pain or thinking about inflicting pain or humiliation on other people.

Sleepwalking Disorder (Somnambulism)
Repeated episodes walking about and performing other actions during sleep without later memory of doing so.

Sociopath
Person suffering chronic mental disorder characterised by anti-social behaviour and lack of guilt, and little capacity for forming emotional relationships with others.

Somatization Disorder
A disorder characterised by multiple recurrent changing physical symptoms such as back pain, the absence of physical disorders that could explain them.

Special care suite
A small dedicated self-contained facility located within a rural general hospital setting where short-term specialised treatment for a person experiencing an acute episode of mental illness is provided.

Specialised mental health service
Specifically designed health services for individual assessment, continuing treatment and rehabilitation for people with mental disorders and serious mental health problems. They also provide specialised consultation and liaison services to other agencies and include a component offering expert advice to facilitate rehabilitation and promotion programs.

Stigma
A sign of disgrace or shame associated with an illness.

Stress
Any factor that threatens the health of the body or has an adverse effect on its functioning such as injury, disease or worry. The existence of one form of stress tends to diminish resistance to other forms.
Substance withdrawal
Symptoms associated with abrupt stopping of excessive use of alcohol or drugs. Features may include anxiety, tremors, sweating and vivid and terrifying visual and sensory hallucinations.

Support groups
Groups of people who meet regularly to discuss specific problems that are common to all of them.

Symptoms
Characteristics by which diseases are recognised. The complaints which a patient presents.

Syndrome
Set of symptoms occurring together.

T

Team
A group of mental health professionals of different disciplines to democratically share expertise and develop a comprehensive therapeutic plan of action for clients. A client may be considered a member of a team.

Tic disorders
A tic is a sudden, rapid, recurrent, non-rhythmic, stereotyped movement or vocalisation. It is experienced as irresistible but can be suppressed for varying lengths of time. All forms of tic may be exacerbated by stress and attenuated during absorbing activities (eg. reading or sewing).

Trauma
Any injury - either physical or emotional.

U

Unspecified mental disorder
There are several circumstances in which it may be appropriate to assign this code: (1) for a specific mental disorder not included in the DSM-IV Classification, (2) when none of the available Not Otherwise Specified categories is appropriate, or (3) when it is judged that a non-psychotic mental disorder is present but there is not enough information available to diagnose one of the categories provided in the classification. In some cases, the diagnosis can be changed to a specific disorder after more information is obtained.
V

Values
Individualised rules by which people live.

Voluntary admission
Admission to a mental health unit for treatment that results from the client making the decision for admission and signing the necessary agreement for inpatient treatment.

Voyeurism
Obtaining sexual pleasure by watching other people undressing or having sex.
REFERENCES

DSM-IV: Diagnostic and Statistical Manual of Mental Health Disorders, 4th edition

Ten year Mental Health Strategy for Queensland, Qld Health
### Glossary of Mental Health Terms - 1997

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<td>Unidad externa de cuidados intensivos para pacientes internos</td>
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**R**

| Rationalisation               | 合理化                        | Razionalizzazione          | Racionalización              | Sự xác minh một tinh trạng không được chấp nhận |
| Regression                   | 倒退                         | Regressione                | Regresión/retroceso          | Sự thoát tiến                    |
| Relational Problem, Parent - Child | 父母 - 孩子關係問題     | Problema di rapporto tra genitore e bambino | Problema de relación padre-hijo | Trở ngai liên hệ, phù huynh-con cái |
| Relational Problem, Partner   | 配偶關係問題                  | Problema di rapporto con partner | Problema de relación con la pareja | Trở ngai liên hệ, phơi ngấu     |
| Relational Problem, Sibling    | 兄弟姐妹【同胞】關係問題     | Problema di rapporto con fratello/sorella | Problema de relación con un hermano | Trở ngai liên hệ, anh ch'i em  |
| Religious or Spiritual Problem | 宗教或屬靈問題                | Problema religioso o spirituale | Problema religioso o espiritual | Trở ngai về tôn giáo hoặc tinh thần |

**S**

<p>| Satellite Mental Health Service | 鄉村的精神保健服務              | Servizio satellite di sanità mentale | Servicio satélite de salud mental | Dịch Vụ Y Tế Tâm Thân Ngoại Vi |
| Schizoaffective Disorder       | 情感分裂式失常                  | Disturbo schizoaffectivo        | Trastorno esquizoafectivo       | Chủng loạn trí về cảm tình        |
| Schizophrenia                  | 精神分裂症                     | Schizofrenia                  | Esquizofrenia                  | Bệnh tâm thần phân liệt            |</p>
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<td>安全【保證】的治療服務</td>
<td>Servizio di cura sicura</td>
<td>Servicio de tratamiento bajo seguridad</td>
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<td>Autodeterminación, Independencia</td>
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