



Suicide Prevention Resource Center

**FROM: The Way Forward: Interdepartmental Serious Mental Illness
Coordinating Committee: Glossary of Terms Used in the Report. (SPRC).**

The terms within this glossary appear within the report. Many of the definitions have been taken verbatim or adapted from federal websites and reports.

Access to care: The timely use of personal health services to achieve the best health outcomes. Attaining good access to care requires three discrete steps: gaining entry into the health care system, getting access to sites of care where patients can receive needed services, and finding providers who meet the needs of individual patients and with whom patients can develop a relationship based on mutual communication and trust (AHRQ, 2011).

Acute care: Short-term care provided in intensive care units, brief hospital stays, and emergency rooms for those who are severely intoxicated or dangerously ill (CSAT, 2005).

Behavioral health: A state of mental/emotional being and/or choices and actions that affect wellness. Substance use and misuse are one set of behavioral health problems. Others include (but are not limited to) serious psychological distress, suicide, and mental illness (SAMHSA, n.d.).

Bipolar disorder: A mental condition in which a person has wide or extreme swings in mood. Periods of feeling sad and depressed may alternate with periods of being very happy and active, or being cross or irritable (MedlinePlus, n.d.-a).

Block grant: A noncompetitive, formula grant mandated by Congress. Eligible entities must submit an annual application to demonstrate statutory and regulatory compliance in order to receive the formula-based funding. SAMHSA is responsible for two block grant programs: the Substance Abuse Prevention and

Treatment Block Grant (SABG) and the Community Mental Health Services Block Grant (MHBG) (SAMHSA, 2017b).

Coordinated care: Integrating the efforts of medical, behavioral health, and social service providers while addressing a person’s health and wellness (CIHS, n.d.).

Cognitive behavioral therapy: A therapeutic approach that seeks to modify negative or self-defeating thoughts and behavior. CBT is aimed at both thought and behavior change—that is, coping by thinking differently and coping by acting differently (CSAT, 2005).

Comorbidity: The existence of two or more illnesses in the same person. These illnesses can be physical or mental (NIMH, n.d.).

Continuing care: Care that supports a client’s progress, monitors his or her condition, and can respond to a return to substance use or a return of symptoms of mental disorder. It is both a process of post-treatment monitoring and a form of treatment itself. Sometimes referred to as “aftercare” (CSAT, 2005).

Co-occurring mental health and substance use disorder (a.k.a., co-occurring disorders): Co-existence of a substance use disorder and a mental health disorder at the same time (for example, alcohol dependence and depression). The combination of disorders can include any two or more of those identified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). This condition is sometimes referred to as comorbidity (SAMHSA, n.d.).

Coordinated specialty care: A type of treatment for first-episode psychosis that uses a team of specialists who work with the client to create a personal treatment plan. The specialists offer psychotherapy, medication management, CSC case management, family education/support, and supported employment/education, depending on the person’s needs and preferences. The client and the team work together to make treatment decisions, involving family members as much as possible (NIMH, n.d.).

Crisis services (also known as crisis care or crisis continuum): A continuum of services that are provided to people experiencing a psychiatric emergency. The

primary goal of these services is to stabilize and improve psychological symptoms of distress and to engage people in an appropriate treatment service to address the problem that led to the crisis. Core crisis services include 24-hour crisis stabilization/observation beds, short-term crisis residential services and crisis stabilization, mobile crisis services, 24/7 crisis hotlines, warm lines, psychiatric advance directive statements, and peer crisis services (SAMHSA, 2014).

Cultural appropriateness: In the context of public health, sensitivity to the differences among ethnic, racial, and/or linguistic groups and awareness of how people’s cultural background, beliefs, traditions, socioeconomic status, history, and other factors affect their needs and how they respond to services. Generally used to describe interventions or practices (SAMHSA, n.d.).

Culturally competent treatment: Cultural competence is the ability to interact effectively with people of different cultures. In practice, both individuals and organizations can be culturally competent. Culture is a term that goes beyond just race or ethnicity. It can also refer to such characteristics as age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession. Cultural competence means being respectful and responsive to the health beliefs and practices—and cultural and linguistic needs—of diverse population groups. Developing cultural competence is an evolving, dynamic process that takes time and occurs along a continuum (SAMHSA, 2016a).

Engagement: A client’s commitment to and maintenance of treatment in all of its forms. A successful engagement program helps clients view the treatment facility as an important resource (CSAT, 2005).

Evidence-based practice: A practice that is based on rigorous research that has demonstrated effectiveness in achieving the outcomes that it is designed to achieve (SAMHSA, n.d.).

Fidelity: Occurs when implementers of a research-based program or intervention (e.g., teachers, clinicians, counselors) closely follow or adhere to the protocols and techniques that are defined as part of the intervention (SAMHSA, n.d.).

First-episode psychosis: The first time a person experiences an episode of psychosis (see definition for psychosis) (NIMH, n.d.).

Homelessness: Not being able to find a stable and safe place to stay. People experiencing homelessness may find themselves in one of the following groups:

Unsheltered: Living on the streets, camping outdoors, or living in cars or abandoned buildings

Sheltered: Staying in emergency shelters or transitional housing

Doubled up: Staying with friends or family temporarily (SAMHSA, 2017c)

Implementation: A planned, coordinated group of activities, processes, and procedures designed to achieve a specific purpose. An intervention should have specified goals, objectives, and structured components (e.g., a defined curriculum, an explicit number of treatment or service hours, and an optimal length of treatment) to ensure the intervention is implemented with fidelity to its model (SAMHSA, n.d.).

Inpatient care: Health care that a person receives when admitted as an inpatient to a health care facility, such as a hospital or skilled nursing facility (CMS, n.d.).

Integrated treatment: Any mechanism by which treatment interventions for co-occurring disorders are combined within the context of a primary treatment relationship or service setting. It recognizes the need for a unified treatment approach to meet the substance abuse, mental health, and related needs of a client, and is the preferred model of treatment (CSAT, 2005).

Intervention: A strategy or approach intended to prevent an undesirable outcome (preventive intervention), promote a desirable outcome (promotion intervention), or alter the course of an existing condition (treatment intervention) (SAMHSA, n.d.).

Justice diversion program: A program that addresses the behavioral health needs of people involved in, or at risk of involvement in, the criminal justice system by

providing an array of community-based diversion services designed to keep people with behavioral health issues out of the criminal justice system while also addressing issues of public safety (SAMHSA, 2015).

Justice system: Term meant to be inclusive of both the criminal justice and juvenile justice systems.

Juvenile justice system: Youth under age 18 who are accused of committing a delinquent or criminal act are typically processed through a juvenile justice system. While similar to the adult criminal justice system in many ways—processes include arrest, detainment, petitions, hearings, adjudications, dispositions, placement, probation, and reentry—the juvenile justice process operates according to the premise that youth are fundamentally different from adults, both in terms of level of responsibility and potential for rehabilitation. The primary goals of the juvenile justice system, in addition to maintaining public safety, are skill development, habilitation, rehabilitation, addressing treatment needs, and successful reintegration of youth into the community (youth.gov, n.d.).

Major depression: A mood disorder. It occurs when feelings of sadness, loss, anger, or frustration get in the way of a person's life over a long period of time. It also changes how a person's body works (MedlinePlus, n.d.-b).

Outpatient: A structured service setting or program that provides ambulatory (not overnight) care delivered in a specialty mental health facility/hospital/center/clinic, specifically for the treatment of mental health clients. Care is generally provided for visits of 3 hours or less in duration and 1 or 2 days per week (SAMHSA, 2017a).

Outreach strategies (mental health): Approaches that actively seek out people in a community who may have substance use disorders and engage them in substance abuse treatment (CSAT, 2005).

Peer: In the context of peer support, a peer is a person who has lived experience with a psychiatric, traumatic, and/or addiction challenge, and may benefit from peer support (CIHS, n.d.).

Peer support: The process of giving and receiving nonclinical assistance to achieve long-term recovery from severe psychiatric, traumatic, or addiction challenges. This support is provided by peer supporters—people who have “lived experience” and have been trained to assist others in initiating and maintaining long-term recovery and enhancing the quality of life for people and their families. Peer support services are inherently designed, developed, delivered, evaluated, and supervised by peers in long-term recovery (CIHS, n.d.).

Person-centered care (also known as patient-centered care): Means consumers have control over their services, including the amount, duration, and scope of services, as well as choice of providers. Person-centered care also is respectful and responsive to the cultural, linguistic, and other social and environmental needs of the individual (SAMHSA, 2016b).

Poverty: The Census Bureau uses a set of income thresholds that vary by family size and composition to determine who is in poverty. If a family’s total income is less than the family’s threshold, then that family and every person in it is considered in poverty (United States Census Bureau, 2017).

Practice standards: Rules or guidelines used as the basis for informed decision-making about acceptable work performance and practices. They are established by an authoritative entity through a collaborative process with input from a wide range of people who perform the work. Standards are based on values, ethics, principles, and competencies. Having a core set of standards is one important way to legitimize a field of practice. Practice standards generally have three basic components: 1) practice guidelines, 2) identification and description of core competencies, and 3) ethical guidelines or code of ethics (CIHS, n.d.).

Prevention strategies: Approaches that seek to prevent the onset of physical and behavioral health disorders. The Institute of Medicine has defined three types of prevention strategies:

- Universal prevention strategies address the entire population (such as national, local community, school, or neighborhood), with messages and programs to prevent or delay the development of behavioral health disorders.
- Indicated prevention strategies focus on preventing the onset or development of problems in people who may be showing early signs but are not yet meeting diagnostic levels of a particular disorder.
- Selective prevention strategies focus on specific groups viewed as being at higher risk for mental health disorders or substance use disorders because of highly correlated risk factors (for example, the children of parents with substance use problems) (SAMHSA, n.d.).

Primary care: The care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for people with any undiagnosed sign, symptom, or health concern (the “undifferentiated” patient) not limited by problem origin (biological, behavioral, or social), organ system, or diagnosis (CIHS, n.d.).

Psychosis: A mental disorder that is characterized by distinct distortions of a person’s mental capacity, ability to recognize reality, and relationships to others to such a degree that it interferes with that person’s ability to function in everyday life (CSAT, 2005).

Recovery: A process of change through which people improve their health and wellness, live a self-directed life, and strive to reach their full potential. Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery: health, home, purpose, and community (SAMHSA, n.d.).

Restrictive housing: Any type of detention that involves (1) removal from the general inmate population, whether voluntary or involuntary; (2) placement in a locked room or cell, whether alone or with another inmate; and (3) inability to leave the room or cell for the vast majority of the day, typically 22 hours or more. Even this definition, however, leaves substantial room for variation (DOJ, 2017).

Schizophrenia: A brain disorder that impacts the way a person thinks (often described as a “thought disorder”), and is characterized by a range of cognitive, behavioral, and emotional experiences that can include: delusions, hallucinations, disorganized thinking, and grossly disorganized or abnormal motor behavior. Although these symptoms are chronic and severe, significantly impairing occupational and social functioning, recovery is possible (SAMHSA, n.d.).

Service utilization: A measure of whether the program is reaching the appropriate target population (SAMHSA, n.d.).

Serious emotional disturbance (SED): Refers to children and youth who have had a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child’s role in family, school, or community activities (SAMHSA, 2017d).¹²

Serious mental illness (SMI): Refers to people age 18 or older, who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the diagnostic manual of the American Psychiatric Association that has resulted in functional impairment, which substantially interferes with or limits one or more major life activities. Serious mental illnesses include major depression, schizophrenia, and bipolar disorder, and other mental disorders that cause serious impairment (SAMHSA, 2017d).

Solitary confinement: See “restrictive housing” (DOJ, 2017).

Stigma: A negative association attached to an activity or condition. A cause of shame or embarrassment (CSAT, 2005).

Sustainability: The long-term survival and continued effectiveness of an intervention (SAMHSA, n.d.).

Symptomatology: The combined symptoms or signs of a disorder or disease (SAMHSA, n.d.).

Transition-age youth: People between ages 16 to 25. People in this age group are at high risk for substance use and mental health disorders, but they are also among those least likely to seek help (Development Services Group, Inc., 2016).

Treatment guidelines: Descriptions of best practices for assessment or management of a health condition (CIHS, n.d.).