

2011 Mental Health/ Substance Use Glossary

The following definitions and key terms based on revisions from staff in the WI DHS/Division of Mental Health and Substance Abuse Services/Bureau of Prevention Treatment and Recovery with external partner input.

Accommodation: Changes or adjustments in a work or school site, program, or job that makes it possible for an otherwise qualified employee or student with a disability to perform the duties or tasks required.

Addiction: Is a health condition in which an individual manifests a pathological pattern of use of alcohol, tobacco or other drugs that interact with brain systems of reward. Genetic, psychological, environmental, and cultural factors influence its onset and progression. Persons with addiction have altered motivational hierarchies so that they are preoccupied with procuring supplies of using substances that early in the illness can produce euphoria, and substance use persists despite a range of medical, family, occupational, legal, and other consequences. Individuals, families, and communities suffer when addiction is prevalent and not adequately treated.

Adapted from definitions of the American Society of Addiction Medicine

Affective (also referred to as Mood Disorders): A group of mental disorders (*e.g.*, manic episode, major depressive episode, bipolar disorders, & depressive disorder) involving a disturbance of mood, accompanied by either a full or partial manic or depressive syndrome that is not due to any other mental disorder. *Mental Health America of WI*

After Care: Following psychiatric hospitalization, a continuing program of rehabilitation designed to reinforce the effects of the therapy in a care plan or wellness plan; may include partial hospitalization, day hospital, or outpatient treatment or other community-based settings.

Antipsychotic medication (conventional) Available in the 1950s, conventional antipsychotic medications have proven effective in treating positive symptoms of schizophrenia such as hallucinations and delusions. *National Institute of Mental Health*

Antipsychotic medications (atypical) Introduced in the 1990s, atypical antipsychotics alleviate the positive symptoms of schizophrenia. *National Institute of Mental Health*

Anxiety disorders Mental disorders marked by physiological arousal, feelings of tension, and intense apprehension without apparent reason. *American Psychological Association*

AODA: means alcohol and other drug abuse.

Behavioral Health: refers to a state of mental/emotional being and/or choices and actions that affect wellness. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance use

disorders. This includes a range of problems from unhealthy stress to diagnosable and treatable diseases like serious mental illnesses and substance use disorders, which are often chronic in nature but from which people can and do recover. The term is also used to describe the services encompassed in systems that promote of emotional health, the prevention of mental and substance use disorders, substance use, and related problems, treatments and services for mental and substance use disorders, and recovery support. *National Framework for Quality Improvement in Behavioral Health Care SAMHSA June 2011 draft*

Best Practices: These are the best clinical or administrative practices available at the moment, given a certain situation, the consumer's or family's needs and desires, and resources available. A number of consumer-operated services fall into this category (e.g. WRAP, peer support). There is typically a strong research backing for these practices and they have been replicated in a variety of settings. This is one step down from EBPs and may sometimes be referred to as "exemplary practices." *Science to service SAMHSA*

Bipolar disorder: A mood disorder characterized by alternating periods of depression and mania. A person with bipolar disorder experiences alternating feelings of depression and feelings of intense energy or mania. Symptoms of the depressive stage include loss of interest in once enjoyed activities, changes in sleeping patterns, weight or appetite and fatigue or loss of energy. Symptoms of the manic stage include extreme happiness, rapid and often uncontrollable ideas, and poor judgment like extreme spending. *American Psychological Association*

***Chronic mental illness:** Wisconsin statutes define chronic mental illness as, "a mental illness which is severe in degree and persistent in duration, which causes a substantially diminished level of functioning in the primary aspects of daily living and an inability to cope with the ordinary demands of life, which may lead to an inability to maintain stable adjustment and independent functioning without long-term treatment and support which may be of lifelong duration." *Carabell *This definition does not include conditions from aging, alcohol or substance dependence or diagnosis of mental retardation.*

Community-based services and supports: are situated within and draws on the strengths, resilience, and resources of the community, including professional and non-professional organizations and groups, such as community-based service agencies, recovery community organizations, faith-based organizations, schools, civic groups, and others. *Onaje M. Salim Public Health Advisor, CSAT/DSCA/Co-Occurring and Homelessness Activities Branch*

Comprehensive, Continuous, Integrated System of Care Model: CCISC is both a framework and a process for designing a whole system of care around the complex needs of the individuals and families being served. In CCISC, all programs and providers of service in the system engage in partnership with other programs, along with the leadership of the system, and consumer and family stakeholders, to become welcoming, recovery-oriented, and co-occurring capable. *Minkoff & Cline 2004, 2005*

Consumer: Individuals who are receiving or have received mental health services either voluntarily or involuntarily and in that context, "consumer" is intended to include those who refer to themselves as survivors, ex-patients, ex-inmates, clients,

users or other similar terms. Mental health services includes those services, including vocational rehabilitation, employment services, housing services, social security and other services that are designed to be supportive of a person living their life to the fullest in the community of their choice. *National Mental Health's Consumers' Self-Help Clearing House*

Continuing Care: often referred to as aftercare, are substance abuse and other services that occur after primary treatment and are designed to be less intensive as the client progresses in treatment and establishes greater duration of abstinence. Continuing Care is essential for women since, even though they may have successfully completed a course of treatment, women who are recovering from substance abuse are more likely to be poor, with fewer job opportunities, and be the primary or only person caring for children or other family members while juggling multiple roles without the support from a partner (Forth-Finnegan, 1991; Lisansky-Gomberg, et al, 1984; Wilsnack & Cheloha, 1987; Miller, 1987; Van Den Bergh, 1991; Boyd, 1993; Goldberg, 1995; Lex, 1991). Women also generally begin the treatment process in far more psychological distress, with much lower self-esteem than men and little belief in their own self-efficacy (Colletti, 1998). They are also more likely to have a co-occurring mental health disorder. (Kessler, et al, 1997). Data indicates that women are more likely to stay in treatment during transitions to less intensive levels of care if the care is provided by the same treatment agency (Scott-Lennox et al. 2000). Women appear more likely to engage in continuing care if the primary treatment they received involved specialized programming for women (Claus et al.2007). *TIP 51 Substance Abuse Treatment: Addressing the Specific Needs of Women p. 181*

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