

| Term   | Definition  |
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| <b>Access to means</b>                         | In the context of a risk assessment, 'access to means' is one part of a risk assessment and is about a person's ability to access a method used to harm themselves or others. The means included in a risk assessment are different for every consumer, but some examples may include household utensils, firearms, rope, poisons, and medications.   |
| <b>Authorised person</b>                       | As specified in the Mental Health Act 2016 an Authorised person includes: <ul style="list-style-type: none"> <li>• an administrator of an authorised MH service</li> <li>• an ambulance officer</li> <li>• a health practitioner</li> <li>• a police officer</li> <li>• a corrective services officer</li> <li>• youth detention employee.</li> </ul>   |
| <b>Authorised Doctor</b>                       | A 'doctor' is a person registered under the Health Practitioner Regulation National Law to practice as a medical practitioner and has the necessary competencies, as to be an authorised doctor. These competencies are outlined in <a href="#">Chief Psychiatrist Policy: Appointment of Authorised Doctors and Authorised Mental Health Practitioners</a>   |
| <b>Authorised Mental Health Practitioner</b>   | A 'health practitioner' is a person registered under the Health Practitioner Regulation National Law, or another person who provides health services, including, for example, a social worker and has the necessary competencies, as to be an authorised mental health practitioner. These competencies are outlined in <a href="#">Chief Psychiatrist Policy: Appointment of Authorised Doctors and Authorised Mental Health Practitioners</a> |
| <b>Authorised Psychiatrist</b>                 | An authorised doctor who is a psychiatrist is an authorised psychiatrist.   |
| <b>Capacity</b>                                | Capacity, for a person, means the person is capable of: <ul style="list-style-type: none"> <li>• understanding the nature and effect of decisions about the matter; and</li> <li>• freely and voluntarily making decisions about the matter; and being able to communicate the decisions in some way.</li> </ul>  |
| <b>Care plan</b>                               | A care plan is a 'long term' management plan which can also include goals to mitigate future risk. Goal target dates will be a matter of weeks and months and are aligned with a person's recovery plan.  |
| <b>Carer responsibilities</b>                  | Care responsibility of a child, partner, elderly person, person with a disability who may or may not be a relative.   |
| <b>Child Protection Liaison Officer (CPLO)</b> | A nominated Queensland Health employee who provides a single point of contact regarding a child protection matter for Queensland Health Staff.  |
| <b>Child safety</b>                            | A domain of risk that relates to the protection of children's physical, psychological, emotional and sexual wellbeing, irrespective of whether the child is a consumer of a mental health service.  |
| <b>Child safety notification</b>               | The process of notifying Child Safety Services of the concerns you have about a child. The criteria for determining whether a child 'may be in need of protection' are:   |

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|   | <ol style="list-style-type: none"> <li>1. child has suffered, is suffering or is at risk of suffering significant harm</li> <li>2. there may not be a parent able/willing to protect the child.</li> </ol> <p>The <i>Child Protection Act 1999</i> specifies that it doesn't matter how the harm was or is likely to be caused but includes physical, emotional or sexual abuse or neglect as possible causes.</p>   |
| <b>Collateral information</b>                                       | Collateral information is information gathered with consent of the consumer or legal guardian. Sources may include other people who know the consumer (for example family, carers or friends), medical records (CIMHA & ieMR) or other services and teams from which the person is receiving intervention or with whom they have contact.  |
| <b>Collaboration</b>  | In the context risk assessment and management, collaboration is bringing together the support persons (for example family, carers and service providers) with the united purpose of assessing and developing ways to improve (or sustain) a person's safety to self and others.  |
| <b>Community Forensic Outreach Service (CFOS) or CYFOS in CYMHS</b> | CFOS or CYFOS (in CYMHS) provides consultation/liaison services to assist mental health services to safely manage persons who are on forensic orders; have forensic issues; and/or are at risk of becoming involved in the criminal justice system.  |
| <b>Consumers' available resources</b>                               | Internal strengths and social resources (e.g. family members, community groups) to support safety and treatment planning) that are available to the person either physically, emotionally or culturally.   |
| <b>Continuity of care</b>   | Linkage of components of individualised treatment and intervention across health service agencies in response to the person's changing needs.  |
| <b>Continuum of care</b>  | The process of ongoing healthcare across the person's life stages and stages of recovery, and across the intervention spectrum from prevention and early intervention to treatment, and maintenance of wellness.   |
| <b>Coronial inquest</b>   | A coronial inquest is a court proceeding that occurs around a particular death. It may be called by the coroner in the public's best interest (e.g. to examine contributing factors to the death) or to establish cause of death.  |
| <b>Culturally and Linguistically Diverse (CALD)</b>                 | Persons from non-English speaking backgrounds, whose first language is not English, or from a minority culture.  |
| <b>Cultural Identity</b>  | <p>A person's cultural identity is uniquely personal and can only be described by the person. A person's cultural identity it is influenced by many factors that may include but is not limited to a person's Gender, race, ethnicity, age, physical and mental ability, language, Sexual orientation, religion, nationality and traditions and other social groupings.</p> <p>For those working in Queensland Health Mental Health, Alcohol and Other Drugs services, the <a href="#">'Ethnicity in CIMHA'</a> and <a href="#">'Gender and Pronouns in CIMHA'</a> fact sheets may assist your understanding and approach.</p> |
| <b>Domains of risk</b>  | <p>Risks are categorised into domains. The six commonly applied domains of risk used in risk assessment are:</p> <ul style="list-style-type: none"> <li>• suicide, self-harm, violence/aggression, vulnerability, treatment adherence, parental status/care of children.</li> </ul>  |

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| <b>Domestic violence (DV)</b>                | Refers to violence, abuse and intimidation between people who are currently or have previously been in an intimate relationship. Perpetrator uses violence to control and dominate the other person (White Ribbon.org.au). Can include sexual violence, physical violence, psychological /emotional violence, financial, spiritual, social, legal, reproductive violence, verbal abuse, neglect and stalking.<br>See also Family Violence below.   |
| <b>Dynamic risk factor</b>                   | Factors that increase risk which change over time and are amenable to intervention.  |
| <b>Emergency Examination Authority (EEA)</b> | Under the <i>Public Health Act 2005</i> , the EEA authority provisions apply if a police officer or ambulance officer reasonably believes that: <ul style="list-style-type: none"> <li>• a person’s behaviour indicates the person is at an immediate risk of serious harm (e.g. by threatening to commit suicide)</li> <li>• the risk appears to be the result of major disturbance in the person’s mental capacity caused by illness, disability, injury, intoxication or other reason, and</li> <li>• the person appears to require urgent examination, treatment or care.</li> </ul> If all these criteria are established, an officer may detain and transport a person to a ‘treatment or care place’. |
| <b>Examination Authority (EA)</b>            | EAs are issued by the Mental Health Review Tribunal.<br>An EA authorizes a doctor or authorized mental health practitioner to examine a person without that person’s consent to determine whether a Recommendation for Assessment should be made. See <a href="#">Chief Psychiatrist Practice Guidelines Examinations and Assessments</a>  |
| <b>Family and Child Connect</b>              | A service you can refer persons to who don’t reach the threshold for a report to Child Safety Services. Often the family has multiple or complex needs and would benefit from support services. <b>Obtain the families consent</b> and refer to Family and Child Connect (FaCC).   |
| <b>Family violence</b>                       | Refers to violence between family members (for example children and parents) as well as between intimate partners. For Aboriginal and Torres Strait Islander communities, the term ‘family violence’ rather than ‘domestic violence’ better reflects their understanding and experience of violence (whiteribbon.org.au).  |
| <b>Forensic order</b>                        | An order granted by a court under the criminal code, the Mental Health Court or the Minister.  |
| <b>Forensic patient</b>                      | A person who is, or is liable to be, detained in an Adult Mental Health Service (AMHS) under a Forensic Order.   |
| <b>Forensic Liaison Officer (FLO)</b>        | Role includes oversight, monitoring and coordination of the care of forensic order as per the requirements of the Act and relevant state-wide policies. The FLO is the link between the Mental Health Service and Queensland Forensic Mental Health Services, which consists of the Community Forensic Mental Health Services (CFMHS) and state-wide coordinator positions. Other important services include the Community Forensic Outreach Service (CFOS), Court Liaison Service (CLS), and Prison Mental Health Service (PMHS).   |

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| <b>Foreseeable changes</b>                  | Changes that could quickly increase risk state. For example, the death of a loved one, loss of job, family court case etc.   |
| <b>Future risk factor</b>                   | Upcoming events or situations that are likely to occur in the near future, and that are likely to significantly change the risk a person, a family member, or support person experiences or is likely to experience. These should be grounded in the foreseeable future.   |
| <b>Immediate (acute) management plan</b>    | An 'immediate' or 'acute' risk management plan addresses immediate risks to the persons or others. In order to reduce immediate risks, the interventions must occur within hours or days.  |
| <b>Less restrictive approach</b>            | Less restrictive practices are essential to recovery. In terms of mental health, it is about creating an environment that supports a person's recovery and wellbeing, while preserving their dignity, rights and freedoms as much as possible.   |
| <b>Limited Community Treatment (LCT)</b>    | The treatment and care of a person in the community, including in the grounds and buildings of an authorised mental health service (other than an inpatient unit), for a period of not more than seven consecutive days.   |
| <b>Mental Health Act 2016</b>               | <p>The <a href="#">Mental Health Act 2016</a> has 3 main objectives:</p> <ol style="list-style-type: none"> <li>1. to improve and maintain the health and wellbeing of persons who have a mental illness who do not have the capacity to consent to be treated</li> <li>2. to enable persons to be diverted from the criminal justice system if found to have been of unsound mind at the time of committing an unlawful act or to be unfit for trial</li> <li>3. to protect the community if persons diverted from the criminal justice system may be at risk of harming others.</li> </ol> <p>The <i>Mental Health Act 2016</i> is built around two sets of principles - one set applies to persons who have, or may have, a mental illness and the other applies to victims of an unlawful act.</p> <p>The principles for <b>persons who have, or may have, a mental illness</b> are outlined in the MHA 2016 <a href="#">objects and principles fact sheet</a>.</p> <p>The principles for <b>victims of an unlawful act</b> are outlined in the MHA 2016 <a href="#">support for victims fact sheet</a>.</p> |
| <b>Mental Health Review Tribunal (MHRT)</b> | The <a href="#">MHRT</a> is an independent decision making body under the <i>Mental Health Act 2016</i> . Its primary purpose is to review the involuntary status of persons with a mental illness and/or intellectual disability. The MHRT hears applications for examination orders, approvals of regulated treatments (ECT), approvals of transfers of forensic patients outside of QLD.  |
| <b>Mental illness</b>                       | A condition characterized by a clinically significant disturbance of thought, mood, perception, or memory.   |
| <b>Population</b>                           | A well-defined collection of individuals with similar characteristics.   |
| <b>Positive risk management</b>             | The understanding that risk can never be completely eliminated, and treatment/care plans inevitably carry some risk. Positive Risk Management is the concept of working adaptively with risk to promote overall improvement in wellbeing.  |

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|   | Also referred to in relation to dignity of risk. See Recommendation 49 <a href="#">When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services (2016)</a> .  |
| <b>Prevention orientated risk formulation</b>           | Risk formulations which synthesize data into four distinct judgments to directly inform intervention plans: <ol style="list-style-type: none"> <li>1. risk status (the person's risk relative to a specified subpopulation)</li> <li>2. risk state (the person's risk compared to their baseline or other specified time points)</li> <li>3. available resources from which the person can draw in crisis, and foreseeable changes that may exacerbate risk.</li> </ol>   |
| <b>Protective factor</b>                                | Internal and external factors that decrease risk by buffering effects of exposure to risk factors. Strength of protective factor is determined by how accessible, available and valued they are to the person.  |
| <b>Queensland Health Victim Support Service (QHVSS)</b> | The <a href="#">QHVSS</a> helps victims by providing information and support regarding the forensic mental health system and processes; assisting victims to access entitlements; assisting victims in making statements and submissions; providing counselling, court support and referrals; and raising awareness of the needs of victims with staff of mental health and related services.   |
| <b>Rapport</b>  | Rapport is the ability to connect with a person in a way that creates a climate of trust and understanding. Therapeutic alliance is used synonymously with therapeutic rapport.   |
| <b>Recommendation for Assessment</b>                    | A doctor or authorised mental health practitioner may, within seven days of examining a person, make a recommendation for assessment with a person. A recommendation for assessment may be made if: <ul style="list-style-type: none"> <li>• the treatment criteria may apply to the person, and</li> <li>• there appears to be no less restrictive way for the person to receive treatment and care for their mental illness.</li> </ul> See <a href="#">Chief Psychiatrist Practice Guidelines Examinations and Assessments</a> |
| <b>Recovery</b>   | Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.   |
| <b>Recovery-orientated approach</b>                     | An approach that is sensitive to the uniqueness and needs of each individual. It supports people to make their own choices and set their own goals, and gives opportunities for living a meaningful, satisfying, and purposeful life as a contributing member of the community.   |
| <b>Recovery plan</b>                                    | A plan directed by the person which identifies their goals in working towards improving health and wellbeing. The plan also identifies strategies which help identify triggers and warning signs. Also called a wellness recovery action plan.  |
| <b>Risk Assessment (risk screen)</b>                    | The risk assessment or risk screen is the process of assessing risk, this information informs the risk summary and development of a risk management plan.<br>A risk assessment is one part of a larger general mental health assessment.  |
| <b>Risk formulation</b>                                 | A synthesis of evidence-based risk information regarding a person's immediate distress at a specific time that informs what resources are   |

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|                             | necessary to mitigate risk. The goal is not prediction, but to better understand the risk to inform how to reduce it in the short and long term.  |
| <b>Risk management</b>      | The clear statement of plans, actions (with time stamps), and responsibilities linked to minimising and/or managing identified risks.   |
| <b>Risk mitigation</b>      | Risk Mitigation is a practice of reducing the potential impact of risk. 'Risk mitigation strategy' is a term used to describes actions that are put in place to reduce risk.  |
| <b>Risk state</b>           | Person's risk compared to their baseline or other specific time points.   |
| <b>Risk status</b>          | Person's risk relative to a sub-population. For example, their risk compared to that of inpatient population with which the clinician/service is familiar.  |
| <b>Risk summary</b>         | A summary that integrates the six domains of risk prioritising the most salient. Includes risk mitigation strategies relevant to the risk domains.  |
| <b>Safety plan</b>          | A plan developed collaboratively between the person and clinician that documents strategies to reduce imminent risk. A safety plan identifies coping strategies and help seeking strategies to assist the person in times of crisis.  |
| <b>Self-harm</b>            | A domain of risk that relates to the direct, deliberate act of harming one's body without the intention to die (e.g. skin cutting, biting and scratching, head-banging and punching self, burning of skin, hair or eyelash pulling, overdoses of drugs or medication, inhalation of a harmful substance).   |
| <b>Sentinel event</b>       | A reportable clinical event or 'near event' which results in death or likely permanent harm which was not reasonably expected as an outcome of healthcare.  |
| <b>Sexual assault</b>       | Any forced sexual act or behaviour that is unwanted, unwelcome and uninvited, therefore without consent. It covers a broad range of sexual activities including rape.   |
| <b>Sexual disinhibition</b> | Sexual disinhibition is an inability to restrain sexual impulses and involves behaviour or talk which is considered inappropriate for a particular environment. Behaviours can exist on a continuum and can escalate in severity, from an increase in sexual thoughts through to indiscriminate sexual activity (New South Wales Ministry of Health, 2013). |
| <b>Sexual health</b>        | A state of physical, emotional, mental and social well-being in relation to sexuality (World Health Organization, 2016).  |
| <b>Sexual safety</b>        | Recognition, maintenance and mutual respect of the physical, psychological, emotional and spiritual boundaries between people (NSW Ministry of Health, 2013).   |
| <b>Static risk factor</b>   | Factors that increase risk which are stable over time and are not amenable to change e.g. age, gender, and history.   |
| <b>Stigma</b>               | Mental health stigma is a term used to describe the negative attitude experienced by those living with a mental illness from the larger community or specific services/people. A person may also experience self-stigma or internalised shame as a result of negative attitudes towards mental illness.   |
| <b>Strengths model</b>      | Strengths-based approaches concentrate on the inherent strengths of individuals, families, groups and organisations, deploying personal strengths to aid recovery and empowerment.  |

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| <b>Suicidal behaviour</b>                      | Self-inflicted, potentially injurious behaviour which demonstrates suicidal intent (to end one's life) e.g. attempted suicide.  |
| <b>Suicidal intent</b>                         | A conscious motivation to end one's life. Suicidal intent does not necessarily denote that an individual has made plans to end their life, or that they have access to the means to end their life.   |
| <b>Suicide</b>                                 | Death as a result of self-inflicted harm where the intention was to die.  |
| <b>Suicide ideation/<br/>suicidal thoughts</b> | Self-reporting thoughts of engaging in, or plans for, taking one's own life that may or may not lead to a suicide-related behaviour.  |
| <b>Trauma Informed Care</b>                    | A model that involves understanding, recognizing, and responding to the effects of all types of trauma, at both the organizational and clinical level. This can also include vicarious trauma and staff re-traumatization.  |
| <b>Treatment Non-adherence</b>                 | Sometimes referred to as Absent Without Approval (AWA), this domain of risk relates to the engagement of a person with mental health services in the past. This includes previous experiences and ability to engage with mental health services and occasions of absence from a mental health service, without prior approval, when the person has been mandated to attend a service. |
| <b>Treatment Authorities</b>                   | A <a href="#">treatment authority</a> authorises the treatment and care of a person for a mental illness without the person's consent. They are made by authorized doctors.   |
| <b>Treatment Support Orders (TSO)</b>          | Orders made by the Mental Health Court and the MHRT for persons charged with a serious offence to protect the safety of the community. TSOs involve less oversight than Forensic orders. See <a href="#">Treatment Support orders</a>   |
| <b>Triggers (risk)</b>                         | An event or condition (seen, heard, felt, thought about) that might cause a risk to occur.  |
| <b>Unknown risk factor</b>                     | Undisclosed factors, or factors that are unable to be determined during the assessment but are important for understanding risk.  |
| <b>Violence</b>                                | "The intentional use of physical force or power, threatened or actual against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation." <a href="#">World Health Organization, 2002</a>  |
| <b>Vulnerability risk</b>                      | A risk of exposure to damage or harm through personal or external factors. These may include static factors (e.g. history of domestic violence, cognitive impairment, low social support, poverty) and dynamic factors (impaired decision making, risk of victimization, self-neglect, increasing symptoms of mental illness).  |
| <b>Warning signs</b>                           | Internal or external indicators that mental health is deteriorating. Often occurring in the four domains of thought, feeling, behaviour and general interactions with the world.  |