

# GLOSSARY OF KEY TERMS

## Command Hallucinations to Enact Violence

It is not uncommon for consumers to experience auditory hallucinations which direct them to act in certain ways. In some circumstances, consumers recognise these hallucinations as psychotic phenomena and are able to ignore these directions. Command hallucinations have been linked to violence when the consumer experiences auditory hallucinations which direct them to be violent, and the consumer has a history of behaving in accordance with the commands of the 'voices'. Having a history of acting on the commands, even the harmless commands, increases the risk of acting on commands to be violent as does command hallucinations accompanied by negative affect or delusions consistent with the hallucinations.

## Delusional Jealousy

Delusional jealousy is sometimes known as morbid jealousy or Othello Syndrome. Delusional jealousy involves irrational thoughts and emotions, often associated with extreme behaviour, in which the consumer is preoccupied with a belief that their partner is being unfaithful. The evidence they cite for their beliefs is irrational and their response to these beliefs can be excessive. Individuals with morbid jealousy interpret evidence of infidelity from irrelevant occurrences and refuse to change their beliefs in the face of conflicting information. Individuals may suffer from morbid jealousy even when their partner has been unfaithful, however they continue to cite irrational evidence for ongoing infidelity and their response to their beliefs is unusual or extreme. For example, a man whose wife had an affair 10 years ago, is now accusing her of having another affair. He often calls his wife at work and if she does not answer the phone on the first ring he believes it is because she is with another man, even if she answers the phone on the second ring. When she is not at work he refuses to let her go anywhere without him, believing that her lover(s) are hiding everywhere waiting for her, including in their home bathroom.

## High Risk Psychotic Phenomenon

High risk psychotic phenomenon refers to psychotic symptoms which have been associated with significant violence. The presence of any one of these symptoms should result in further exploration of violence risk and a V-RAM. In most instances, the involvement of a specialist forensic service, such as a CFOS or CYFOS, should be sought. High risk psychotic phenomenon includes: misidentification delusions, delusional jealousy, command hallucinations to harm others, and threat / control override symptoms. These symptoms are further defined below.

## Misidentification Delusions

Misidentification delusions are those in which the consumer consistently misidentifies persons, places, objects or events. There are subcategories of misidentification delusions, including:

*Capgras Syndrome* – a delusional belief that a person or persons have been replaced by another entity, for example, they believe that their loved one has actually been taken over or replaced by a “double”, “imposter”, “alien” or is a “clone.”

*Frégoli Syndrome* – a delusional belief that a person well known to the consumer is pretending to take on the appearance of someone else whom the patient encounters, for example, a patient who believes that their case manager is actually their boss in disguise.

*Intermetamorphosis* - a syndrome in which a consumer believes that familiar persons have exchanged identities.

Subjective Doubles – symptoms wherein a consumer believes that they have a doppelganger or there exists another person who looks exactly like them who may or may not be pretending to be them.

## Multidisciplinary Team Review

At present, a specific definition of multidisciplinary team has not been enshrined in Queensland Health policy. This is so that individual services can use local procedures based on the staffing and service needs unique to that service. Clinicians are encouraged to utilise local procedures when conducting multidisciplinary team reviews. However, it is relevant to note that, for the purposes of the Framework, a multidisciplinary team review can be called in an ad-hoc fashion to accommodate situations that cannot wait until the next scheduled review.

## Problem Behaviours

Problem behaviours are behaviours which place a consumer at risk of incurring criminal charges, and have the potential to result in significant harm to others.

Problem behaviours include:

- threats to kill or significantly harm others
- stalking (repeated unwanted contact)
- problematic sexual behaviours
- fire-setting, and
- fixation with a cause, issue or person which has the potential to lead to the consumer engaging in serious harm.

## Senior Clinicians

Within the Framework, 'senior clinicians' are considered as HP4 and NG7 and above, and registrars with appropriate supervision and/ or formal entrustment by consultant psychiatrists. It is acknowledged that circumstances may not always allow for this to occur, though the expectation is that a clinician undertaking a Tier 2 assessment would have appropriate level of training and expertise in their context, approved by the relevant mental health service.

## Threat / Control Override Symptoms

These symptoms involve a consumer feeling gravely threatened, for example having a delusional belief that they are in danger, and a belief that external forces are overriding their self-control. The presence of both feeling threatened and controlled by an external is necessary to meet the definition of Threat / Control Override Symptoms.

## Violence

“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” (WHO, 1996).

# ACRONYMS

**CIMHA**

Consumer Integrated Health Application

**PSP**

Principal Service Provider