

Glossary

Absolute homelessness: a situation in which an individual or family either has no housing at all or is staying in a temporary form of shelter.

Acute phase (of illness): a worsening of a person's positive psychotic symptoms, often leading to out-of-control or bizarre behaviour. Anti-psychotic medications are given to eliminate or reduce these symptoms.

Addiction: a compulsive need for and use of a habit-forming substance, such as heroin, nicotine or alcohol.

Advocacy: refers to activities that are used to raise the profile of an issue and mobilize the forces necessary to change public opinion, policy and practice.

Anti-depressant: medication for the treatment of depression.

Anti-psychotic: medication for the treatment of psychosis.

Assertive Community Treatment (ACT): an approach where support and treatment options are offered to residents where they live. ACT teams are a multidisciplinary group of mental health, substance use and social service specialists that provide a full range of services in a way that respects residents' individual choices and acknowledges individual needs.

Assisted living: personal care and hospitality services provided in a private housing unit with a lockable door.

Bipolar disorder: a mood disorder characterized by periods of elevation in mood and depressive episodes.

Case management: a process used to coordinate appropriate services and supports for people in need. A case manager works with an individual to meet his/her individual needs and coordinates mental health, social work, educational, health, vocational, transportation, advocacy, respite care, and recreational services, as needed.

Cognitive therapy: (*also known as cognitive behaviour therapy*) a therapy aimed at assisting a person to deal with some mental health problems by focusing on the way in which they interpret and react to their experience.

Concurrent disorder: see co-occurring disorder.

Continuum of care: (also known as continuity of care) a progression of services that one moves through to receive support or treatment, usually beginning with preventative care from a primary physician who may refer the patient to a specialist in an outpatient setting. Further along the continuum, the patient may receive acute care in a hospital or long-term care in a residential

home. By providing continuity of care, the continuum focuses on prevention and early intervention for those who have been identified as high risk and provides easy transition from service to service as needs change.

Co-occurring disorder: when a person is affected by two diagnoses at the same time. In terms of psychotic disorders, the term means a person has both a mental illness, such as schizophrenia, and a substance abuse or alcohol problem.

Delusions: fixed beliefs that have no basis in reality.

Depression: a mood disorder represented by feelings of sadness, loneliness, despair, low self-esteem, withdrawal from interpersonal contact with others, and symptoms such as difficulty sleeping and a decreased appetite.

Drug-induced psychosis: use of, or withdrawal from alcohol and drugs, can be associated with the appearance of psychotic symptoms. Sometimes these symptoms will rapidly resolve as the effects of the substances wear off. In other cases, the illness may last longer, but begin with a drug-induced psychosis.

Dual diagnosis: see co-occurring disorder.

Emergency/crisis shelter: short-term shelter for people in crisis. Some emergency shelters also provide meals and support services to individuals who stay there.

Evidence-based practice: a successful approach for which there is strong research demonstrating effectiveness in assisting consumers to achieve desired outcomes.

Fetal Alcohol Spectrum Disorder (FASD): a condition that results from prenatal alcohol exposure. The defects that are part of fetal alcohol syndrome are irreversible and can include serious physical, mental and behavioural problems.

Forensic Assertive Community Treatment (FACT): an emerging model for preventing arrest and incarceration of adults with severe mental illness and substance use problems who have substantial histories of involvement with the criminal justice system.

Genetic disposition: a term to describe the degree to which an individual is at genetic risk of an illness being passed on from one generation to the next.

Governance: a body of representatives who develop and manage consistent policies, processes and decision-making. The governing body also monitors and evaluates the effectiveness of the program/project to ensure funding is being used properly.

Harm reduction: a philosophy that focuses on the risks and consequences of a particular behaviour, rather than the behaviour itself. Harm reduction recognizes that a drug-free society is an unrealistic and impractical goal. In terms of substance use, it means focusing on strategies to reduce harm from high-risk use, rather than insisting on abstinence.

Hallucinations: unusual perceptions, such as hearing sounds or voices that are not there.

Housing first: a concept that provides residents with immediate access to a place of their own without requiring treatment or sobriety as a precondition for housing.

Inpatient care: health care services provided at a traditional hospital-based facility where patients stay overnight to be monitored.

Low barrier housing: also known as “housing first”, low barrier housing is housing for residents who are homeless or at high risk of homelessness but are not yet willing to participate in treatment. Low-barrier housing offers supervision and access to support services via the assertive community treatment program.

Manic depression: see bipolar disorder.

Medication noncompliance: not following a doctor’s recommendation. This is very common among clients who are supposed to be taking antipsychotic medications. In part, this isn’t any different from other medical conditions, such as high blood pressure, where noncompliance is also very common.

Mental illness: a term that refers to all different types of mental disorders, including disorders of thought, mood or behaviour. Mental illnesses can take many forms but generally cause distress and result in a reduced ability to function psychologically, socially, occupationally or interpersonally. Some examples include depression, anxiety disorders, schizophrenia and eating disorders—all of which are treatable.

Mood disorders: a set of psychiatric diagnoses in which the major problem is mood regulation. Mood may be too low (depression), too high (mania), or too high at some times and too low at others (bipolar disorder).

Negative symptoms: think of these symptoms as features that are “taken away” or “subtracted” from the individual. They refer to experiences that should be present, but are absent. Some examples of negative symptoms include: blunted emotions, lack of energy or drive.

Neuroleptics: a term sometimes used to refer to conventional antipsychotic medications because they cause neurological (extrapyramidal) side effects. Because the newer atypical antipsychotics are much less likely to cause extrapyramidal side effects, this term is not used to refer to the newer medications.

Neurotransmitters: a chemical that is used to transmit a message between nerve cells in the brain. Two neurotransmitters that are very important in the treatment of schizophrenia are dopamine and serotonin.

Outpatient care: (also known as ambulatory care) health care services provided at a facility where patients do not stay overnight.

Permanent supported housing: affordable, long-term rental housing with support services for low-income or homeless residents with severe mental illness or addictions.

Positive Symptoms: symptoms that are “added on”. They are features that are present but should be absent such as hallucinations and delusions.

Primary health care: professional health care received in the community, usually from a primary physician (general practitioner) or practice nurse. Primary health care covers a broad range of health and preventative services, such as health education, counseling, disease prevention and screening.

Prodrome: the first phase of a psychotic episode. The early warning signs are vague and hardly noticeable. There may be changes in the way some people describe their feelings, thoughts and perceptions.

Psychosis: describes conditions which affect the mind, where there has been some loss of contact with reality. When someone becomes ill in this way it is called a psychotic episode. Psychosis can lead to changes in mood and thinking and abnormal ideas, making it hard to understand how the person feels. First episode psychosis refers to the first time someone experiences psychotic symptoms or a psychotic episode.

Relative homelessness: a situation in which people's homes do not meet basic housing standards of:

- adequate protection from the elements
- access to safe water and sanitation
- secure tenure and personal safety
- within easy reach of employment, education and health care
- not costing more than 50 per cent of total income

Residential care: a facility with services for adults who can no longer live safely or independently on their own because of their complex health care needs.

SAMI: severe addictions and/or mental illness (SAMI).

Schizoaffective disorder: a disorder in which the person has the symptoms of both a major mood disorder, such as major depression or bipolar illness and schizophrenia.

Schizophrenia: a psychotic illness in which the changes in behaviour or symptoms have been continuing for a period of at least six months. Symptoms and length of illness vary from person to person. Contrary to previous beliefs, many people with schizophrenia lead happy and fulfilling lives, with many making a full recovery.

Schizophreniform disorder: this is just like schizophrenia except that the symptoms have lasted for less than six months.

Socio-economic factors: social and economic factors characterize an individual within the social structure. Factors include family income, individual and parental education level, individual and parental occupation, social status in the community, etc.

Stigma: a mark or sign of disgrace. For example, mental illness is feared because many of us do not understand it. This fear contributes to the stigma mental illness carries. Because of this stigma, many people hesitate to get help for mental illness for fear of being looked down upon.

Supported housing: affordable housing where tenants have access to support services in addition to housing. These services vary and can include: life skills training, income management, job training, medication management, medical care, social activities, rehabilitation programs and case management.

Tertiary care: specialized consultative care, usually on referral from a primary physician, by health care specialists who have access to diagnostic tools and treatment options. A cancer agency is a form of tertiary care.

Transitional housing: temporary housing sites to help bridge homeless residents from the street/shelter to permanent housing. Typically, tenants can remain in transitional housing for up to two or three years.

Wet housing: housing where tenants are not expected to abstain from using alcohol and other drugs, and where entering a rehabilitation program is not a requirement. Tenants have access to recovery services and get to decide if and when they use these services. Wet housing programs follow a harm reduction philosophy.