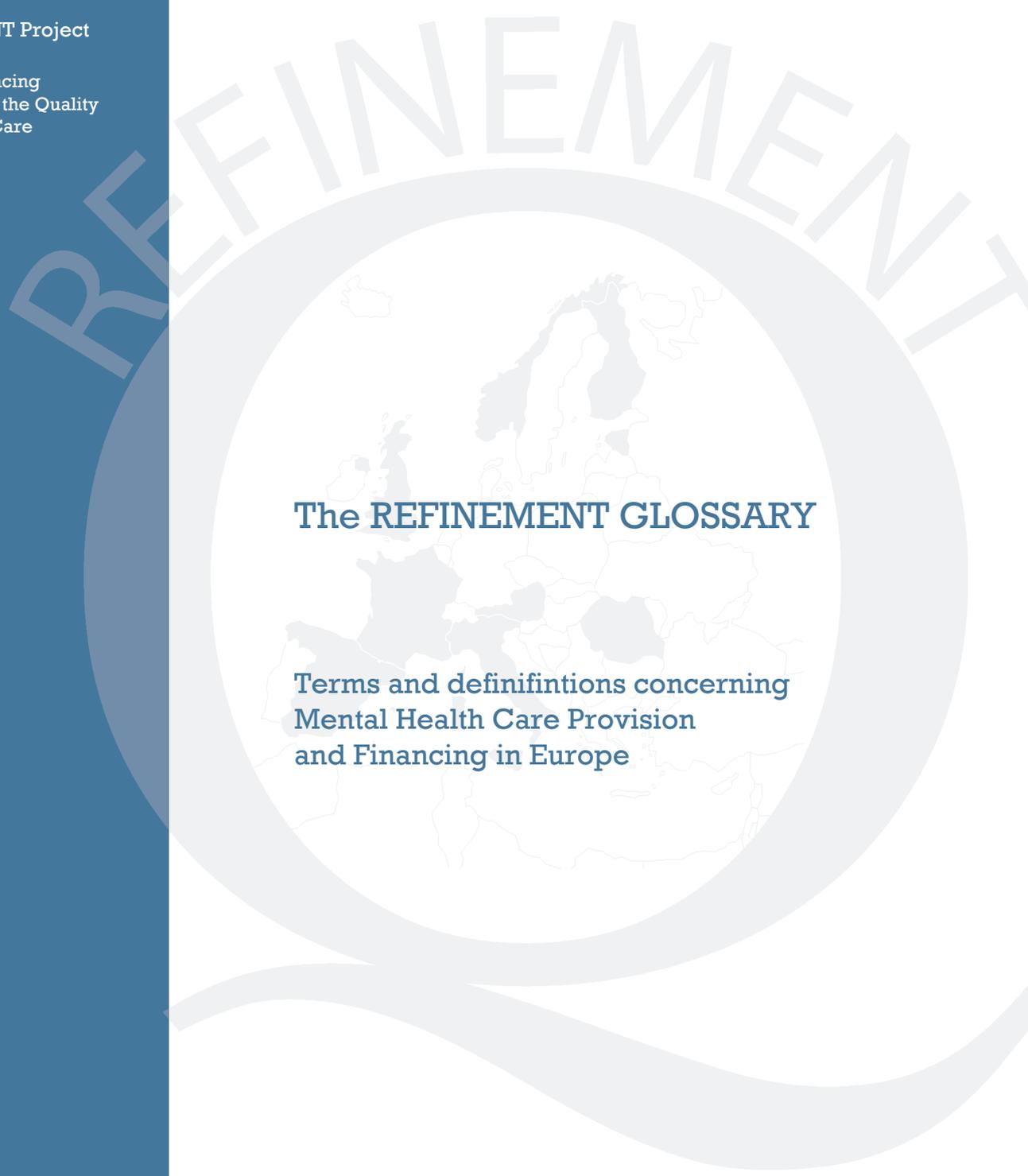




The REFINEMENT Project

Research on Financing
Systems' Effect on the Quality
of Mental Health Care



The REFINEMENT GLOSSARY

Terms and definitions concerning
Mental Health Care Provision
and Financing in Europe

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THE REFINEMENT PROJECT
(No 261459)



THE REFINEMENT GLOSSARY: Terms and definitions concerning Mental Health Care Provision and Financing in Europe

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PREFACE

Health information is expected to reach its target audience in a language they can understand (WHO, 2007). With this aim dictionaries and glossaries are officially provided in order to make health information more equitable and easier to use. For example, the Regional Office for the Eastern Mediterranean of the World Health Organization is engaged in bridging gaps and fostering understanding between people of different cultures and languages. It considers multilingual communication as an essential tool for improving health, strengthening health systems and providing essential health for all. Official definitions for health care are then provided through multilingual glossaries like the one by www.euro.who.int.

In line with the World Health Assembly's most recent resolution on multilingualism, adopted in 2008, with its five-year plan of action (2008-2013), the **REFINEMENT** project has produced its own glossary, i.e. a pragmatic and consistent way to define mental health care services. Actually, the **REFINEMENT** project had been developing from its very beginning a glossary of all terms used to identify the provision of services for mental health care across Europe. A specialist committee of experts from the **REFINEMENT** group has been collecting, verifying and adding nouns and definitions to a first draft of the glossary. Feedback, comments and information from all **REFINEMENT** partners have been taken into account to produce a final specific dictionary of terms referring to mental health services due at the end of the project. All definitions were based on official sources (existing glossaries, dictionaries, encyclopaedias, health reports and documents) which are reported in the References section. They were reformulated and adapted to the **REFINEMENT** context by a linguist, an English mother-tongue epidemiologist and the selected **REFINEMENT** glossary panel.

When preparing the initial version of the glossary, a preliminary discussion was whether its first aim was to be useful for the sole **REFINEMENT** project or whether it could also be addressed to take account of the needs of users from countries not included in **REFINEMENT**. If the first option would have made things apparently easier by choosing terms and definitions that only the nine **REFINEMENT** partners (Italy, Austria, Spain, England, Norway, Finland, France, Romania and Estonia) had to agree on, the second option gave us the chance to produce a linguistic tool of help for any future project in the psychiatric domain especially related to the costs of services (both health and social care) concerning mental health. The answer to this dilemma was that we wanted to prioritize usability for the project rather than global validity when conflicts may appear, and to try to reach only operational definitions of highly complex terms such as "Public/Private" where a final solution may be difficult.

During the different phases of the project (preparation of the tools, collection and analyses of the data etc.) different definitions were presented in order to start clarifying the meaning of each term and to find an agreement on its definition. A selected panel of experts from the **REFINEMENT** project produced the final version after a deep linguistic, as well as a practical/scientific discussion on the terms used in the **REFINEMENT** tools. This final official version is one element of the "**REFINEMENT decision support tool and manual**".

GLOSSARY LAYOUT

Terms in bold are listed in alphabetical order. For some terms synonyms are reported after "or". The correlated **REFINEMENT** tools are indicated by the acronyms in brackets: **F** (Fincento); **RM** (Remast); **RP** (Repato); and **RQ** (Requalit). When terms refer to the DESDE-LTC instrument (Salvador-Carulla et al., 2013) which is part of the REMAST tool, the combined acronym RM-DESDE-LTC is mentioned. Categories are added after the **REFINEMENT** tools acronyms and are: *Care and Treatment*; *Payment Mechanisms*; *Services Type*; and *Quality of Care*.

GLOSSARY

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24 hour acute (mobile or non-mobile) service (RM-DESDE-LTC, RQ; Services Types):

These are acute services which are available 24 hours a day, 7 days per week.

24 hour physician cover service (RM-DESDE-LTC, RQ; Services Types):

Facility within a hospital or within other residential **meso-organisation** or **service** (see definitions) where there is 24 hour cover by a registered physician (including medical residents). Services where cover is provided by medical pre-graduate students are excluded.

A

Acceptability (RQ; Quality of Care):

The way in which any service provider ensures that its services are adequate to satisfy the needs and the requirements of its users.

Access to Care (RQ; Quality of Care):

The perceptions and experiences of people as to their ease in having the opportunity to use a service in terms of location, time, and ease of approach.

Accessibility to care (RM-DESDE-LTC, RQ; Quality of Care):

Its main aim is to provide accessibility aids to users.

Accreditation System (RQ; Quality of Care):

A formal process by which a recognised body, usually a non-governmental organisation, assesses and recognises that a care organization meets applicable pre-determined and published standards. The accreditation follows a periodic on-site evaluation by a team of peer reviewers.

Activity Based Funding (ABF) System (F; Payment Mechanisms):

ABF is a financing mechanism that allocates funds to service providers (e.g. hospitals) according to the type and volume of activity they provide. Through ABF service providers are paid/reimbursed on the basis of the activity they undertake, i.e. payment varies according to the activity level. Usually ABF will make use of case-mix systems (see definition) to adjust the level of funding provided relative to clinical need. In other words ABF systems usually fund homogenous patients in the same way, with different levels of payment for different patient

groups. One example of an ABF system is the Diagnose Related Group (DRG) (see definition) approach to funding.

Activity Based Costing System (F; Payment Mechanisms):

See **Activity Based System**

Activity Based Payment System (F; Payment Mechanisms):

See **Needs-linked/related System**.

Activity Based System (F; Payment Mechanisms):

Costing methodology which assigns the cost of all the activities of an organization to their actual utilization. Indirect costs are then assigned to products to help minimize waste.

Acute Care (F; Care and Treatment):

Health care in which a patient is treated for a brief but severe episode of illness, such as an emergency or other trauma, or during recovery from surgery. Acute care is usually provided in a hospital and it may involve intensive or emergency care. In terms of treatment and patient condition, it is the opposite of **chronic care** (see definition). For mental health, this type of care concern all acute psychiatric illnesses.

Acute Psychiatric Hospitalisation (RP, RQ; Care and Treatment):

This term refers to all acute inpatient admissions in wards providing care with intensive medical and nursing support for patients in periods of acute psychiatric illness for a purpose related to the clinical and social management of their health condition. Patients are hospitalised when in crisis with a deterioration of their mental state, behavioural or social functioning which is related to their health condition. It encompasses treatment of illnesses and disorders in a relatively short amount of time.

Acute Psychiatric In-patient Admission (RP, RQ; Care and Treatment):

See **Acute Psychiatric Hospitalisation**.

Acute Psychiatric In-Patient Unit (RM; Services Type):

Psychiatric unit (or **BSIC**, see definition) where patients are admitted for mental health related care and/or treatment requiring the use of a bed overnight. The psychiatric unit is usually located within a hospital or clinic and provides acute care in emergency situations. There can be stand-alone acute psychiatric units as well.

Acute Psychiatric Service (RM-DESDE-LTC; Services Type):

Care that is generally provided because of a crisis, a deterioration of physical or mental state, behaviour or social functioning which is related to the user' health condition. This type of care may include treatment at home, short-term hospital stays, mobile care as well as emergency medical services.

Administrative Data (RQ; Other REFINEMENT terms):

Data primarily collected for the administration of a particular function.

Admission (RM, RQ; Care and Treatment):

The formal acceptance of a patient by a hospital or other inpatient healthcare facility. Room, board and continuous nursing service are provided and the patient generally resides at least over one night.

Aftercare (RP; Care and Treatment):

See **Follow-up Care**.

Anti-stigma Campaign (RQ; Quality of Care):

See **Stigma Campaign**.

Appropriateness (RQ; Quality of Care):

Services, care and treatment that meet the needs of patients, and have been demonstrated to be effective in the scientific literature.

Assessment of Housing Quality (RQ; Quality of Care):

The measurement of different indicators of the quality of housing where quality corresponds to a healthy and safe environment. These indicators are both tools evaluating the objective state of the house and the subjective views of the residents of the house.

Association (RM; Services Type):

A group of people organized for a joint purpose a legal entity.

Availability (RM; Quality of Care):

The presence, location and readiness for use of services or other organisational units in a care organisation or a catchment area at a given time. A service is available when it is operable or usable upon demand to perform its designated or required function. Opening times and placement and workforce capacity are some indicators of care availability. Placement Capacity is the maximum number of beds in residential care and of places in day care in a care delivery organisation or a catchment area at a given time. Finally, workforce capacity is the maximum number of staff available in a care delivery organisation or in a catchment area at a given time. Care workforce capacity usually refers to paid staff providing direct care (e.g. it excludes voluntary care providers and administrative staff). It is typically measured in Full Time Equivalents (FTE) (see definition).

Availability of care (RM; Quality of Care):

See **Availability**.

Availability of services (RM; Quality of Care):

See **Availability**.

Average Length of Stay (ALoS) (RP, RQ; Care and Treatment):

A measure of how many days a patient, on average, spends in an inpatient facility. Hence, this measure, when applied to individuals or specific groups of patients, may be an indicator

of the severity of illness and resource use. It is often used as a comparison element to assess efficiency of resource usage between hospitals. It can be calculated by adding together the Length of Stay (LoS) of each patient and dividing this sum by the number of their admissions. Some computation methods are possible to help ensure comparability. For instance, date of discharge minus date of admission +1 (including day of admission) would be useful also in the calculation of bed occupancy with also use number of patient days (based on Los).

B

Basic Stable Input of Care (BSIC) (RM-DESDE-LTC; Other REFINEMENT terms):

Minimal set of inputs with temporal continuity and organisational stability for delivering health related care to a defined and identified group of users in a specific location. It is usually composed of an administrative unit with an organised set of structures and professionals. BSICs are the minimal micro-level functional systems of care organisation. Within the production model of health-related care (input-throughput-output), BSIC refers only to input functions of care that are stable and continuous over time and not to other organisational arrangements, tangible inputs (devices, facilities), or procedures (interventions)

Bed Occupancy (RM; Quality of Care):

The number of beds in hospital or other inpatient units occupied by patients in a specific period of time expressed as a percentage of the total beds available in the ward, specialty, hospital, area, or region. It is used to assess the demand for hospital beds and hence to gauge an appropriate balance between demand for health care and the number of beds. It can be calculated by dividing the sum of "inpatient days of care" (i.e. the sum of the total number of days in which each patient occupied a bed in a facility over a specific period of time) by the "bed days" (i.e. the multiplication of the number of available beds in the facility by the number of days in the period being analysed). For instance, as for the computation method, LoS is the date of discharge minus date of admission + 1.

Best-practice (core) Programmes (RQ; Quality of Care):

A whole program conferred either officially - by a government body, professional association, or other authoritative entity - or by published research results. A best practice program should be measurable (i.e. with clear goals whose progress can be easily measured), notably successful and replicable (i.e. it is structured and documented clearly enough so that it can be "replicated").

Block Contract System (F; Payment Mechanisms):

Under this system the provider has a contract to provide services for a defined population. The provider receives a defined funding and in return must meet the terms of the contract which often stipulates a defined set of services.

Block Grant (F; Payment Mechanisms):

A sum of money usually allocated by a statutory authority. It is given as a grant for discretionary use in funding programs, i.e. without major strict restriction on how the funds must be used (e.g. unrestricted grant in contrast to earmarked grants or categorical grants which may be spent only for specific purposes).

Bonus Payment (F; Payment Mechanisms):

An additional payment to the employees' and managers' base fixed salary. The bonus payment is used according to predefined criteria.

Budget (F; Payment Mechanisms):

The total sum of money allocated for a particular purpose or period of time.

Burn-out (RM, RQ; Quality of Care):

Long-term exhaustion and diminished interest in work of individuals who are exposed to an intense emotional involvement and become completely exhausted through overwork, lack of support by management, role conflicts, injustice and other organizational causes as well as personal characteristics like perfectionism, low self-esteem etc. The main components of burn-out are exhaustion, cynicism, and inefficacy.

C

Capitation (CAP) (F; Payment Mechanisms):

A method that can be used to determine the level of resources allocated to service purchasers as well as to pay service providers. For instance in the case of service providers payment is made per head of a defined population. The provider is paid a specified sum of money for the care of this population for a specified period of time. Payment is independent of services used. Ideally payments to purchasers and service providers are risk adjusted (weighted to take account of factors such as age and geographical location). Capitation systems are often linked to geographical location, for instance in the case of some primary care systems which require registration with a particular.

Capitation Based Payment (F; Payment Mechanisms):

See **Capitation**.

Capitation Payments (F; Payment Mechanisms):

See **Capitation**.

Capitation - Risk Adjusted (CAPR) (F; Payment Mechanisms):

Risk adjusted capitation is a capitation payment method through which payment rates are adjusted for risk by taking into account factors like age, sex, health status and prior health care utilisation as well as socio-demographic factors such as residence, income etc.

Caregiver (RQ; Services Type):

See **Carer**.

Care Provider (RM; Services Type):

An individual or an institution helping in identifying or preventing or treating illness or disability in a systematic way. An individual health care provider is also known as a health worker and may be a health care professional within medicine, nursing or allied health professions. An institutional health care provider is also known as a health facility and includes hospitals, clinics, primary care centres and other service delivery points.

Carer (RQ; Services Type):

Here this term refers to non-professional carers who provide support to family or friends who need help with various activities in daily life. Typically carers are not paid, but in some circumstances they can receive some financial compensation for their caring time.

Casemix System (F; Payment Mechanisms):

Casemix systems provides a method of classifying patients and associated costs. System of describing and quantifying provider workload, i.e the expected cost of activity based on a classification of the mix of patient treated. Casemix systems are used in different countries for a variety of purposes – clinical review, funding, monitoring, comparison, management, hospital planning and national planning. It can be applied to all types of care and care setting. In the case of funding the motivation is to base funding on measured activity and expected costs, rather than on less objective systems of resource allocation and to fund hospitals based on their "mix" of cases.

Casemix Adjustment (F; Payment Mechanisms):

The method of taking into account differences in patient case-mix in determining provider payment based on a system for patient classification (casemix systems). Casemix adjustment can be used in different types of payment systems.

Catchment Area (RM, RP; Other REFINEMENT terms):

A geographical area which determines entitlement to localised services, usually based on residency. These services are usually provided within the catchment area, but in the case of more specialist services may be provided elsewhere. See also **Sectorisation**.

Chronic Care (F; Care and Treatment):

Long-term medical care lasting usually more than 6 months especially for individuals with chronic mental impairment.

Chronic Disease (RM, RQ; Care and Treatment):

This term can have both medical and administrative definitions (e.g. some countries have specific reimbursement systems for patients with chronic conditions), but the medical definition is here considered. Chronic disease or illness is a long-term condition, lasting more

than 6 months, that is non-communicable and involves some functional impairment or disability and that is usually incurable.

Chronic Illness (RM, RQ; Care and Treatment):

See **Chronic Disease**.

Clinical Assessment (RQ; Quality of Care):

An evaluation of a patient's (mental) health condition and prognosis based on information gathered from multiple source of data including the patient's health and treatment history.

Clinical Record (RQ; Other REFINEMENT terms):

See **Record**.

Clubhouse (RM; Services Type):

A specific type of service modelled on a service first provided in New York in 1948. Clubhouse International, a multi-national non-profit organization helps communities around the world create sustainable solutions for mental illness by developing and nurturing new and existing Clubhouses. There are now over 300 clubhouses worldwide. They are community-based centres that offer members opportunities for friendship, employment, housing, education, and access to medical and psychiatric services through a single caring and safe environment, so members can achieve a sense of belonging and become productive members of society.

Coercive Treatment (RP, RQ; Care and Treatment):

See **Involuntary Status**.

Commissioning (F; Payment Mechanisms):

See **Commissioners**.

Commissioners (F; Payment Mechanisms):

Bodies at national or local level that hold a budget which they use to purchase services. Detailed contracts or service agreements may be drawn up with service providers as part of this process.

Common Mental Disorder (RP, RQ; Care and Treatment):

See **Common Mental Illness (CMI)**.

Common Mental Illness (CMI) (RP, RQ; Care and Treatment):

A group of mental disorders that frequently occur in primary care patients. They include depression, anxiety and somatization. Common mental health disorders, such as depression, generalized anxiety disorder, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and social anxiety disorder, may affect up to 15% of the population at any one time. (EXAMPLE: To enable data collection and country comparison, in RP CMI is only defined by a diagnosis of affective or anxiety disorder).

Community Care (RM, RQ; Care and Treatment):

Services (including mainly social services) and support to help people with care needs to live as independently as possible in their communities.

Community Follow-up Care (RM, RQ; Care and Treatment):

See **Community Care**.

Community Mental Health Centre (CMHC) (F, RP; Services Type):

Found in some countries, a CMHC is a mental health treatment centre located in a catchment area close to the homes of mental health service users. It features a series of comprehensive services performed by mental health professionals and all aimed at providing a coordinated program of continuing mental health care. Psychotherapeutic services can be inpatient, outpatient, therapeutic rehabilitation, emergency, day treatment, screening and personal care home services.

Community Mental Health Team (RP; Services Type):

A multi-professional team offering outpatient and mobile services which is often located in a neighbourhood catchment area close to the homes of service users. It may be based in a community mental health centre. Services may be delivered in people's own homes. Features include offering a series of comprehensive services by one or more team members, provision of continuity of care, linkages to a variety of health and social services, etc.

Community Rated Insurance (F; Payment Mechanisms):

All members of an insurance pool pay the same insurance premium regardless of individual risk. Thus, risk is pooled across the whole community.

Community Tenure (RP; Services Type):

Average number of days patients lived in the community between inpatient admissions (days between hospital discharge and readmission).

Community-based Service (RM, RQ; Services Type):

It is a service targeting a group of individuals or a geographic community, i.e. only a short distance from the users' residence. It is centred in and around a particular community which can be represented by cities, municipalities, schools etc. Services may be delivered at facilities in the local area, in other local settings or in service users' homes.

Comorbidity (RP; Care and treatment):

The presence of at least one or more additional disorders (or diseases) in addition to a primary disease or disorder.

Competitive Paid Employment (RQ; Quality of Care):

Employment where employees received the market wage rate. The ability to obtain competitive paid employment can be used as one measure of the quality of care provided to service users to help them reintegrate into the community.

Comprehensive Care (RC, RP; Care and Treatment):

See **Integrated Care**.

Consultation/Liaison Service (C/L Service) (F; Services Type):

A specialist within psychiatry dealing with the overlap of physical and mental health care. It provides timely psychiatric consultation to patients in medical/surgery units and utilises a multi-disciplinary team approach (psychiatry, psychology and nursing) for assessment and treatment. It mainly consists of psychiatric or psychological management, liaison with the referring treatment team, ongoing monitoring of mental health status during hospitalisation and facilitation of transfer to other mental health services.

Consultation (RM, RQ, RP; Care and treatment):

Meeting with a medical doctor to assess one's physical and/or psychological health status. It refers to the number of contacts with service and may include also contacts with non-medical staff within health care premises.

Consumer Directed Payment (F, RM; Payment Mechanisms):

These are sums of money or cashless equivalents which are allocated to service users and/or their families. The service user can then choose what services to purchase. In some systems there are no restrictions on what can be purchased – they might buy a holiday or use money to pay a family carer. In other systems choice may be restricted to an approved list of services and/or service providers.

Contact (RM, RQ, RP; Care and treatment):

See **Consultation**.

Continuity of Mental Health Care (RP, RQ; Care and Treatment, Quality of Care):

The provision of barrier-free access to the necessary range of mental health care services over any given period of time, with the level of care varying according to individual needs. The concept of continuity of care is multi-axial and consists of several independent factors, like experiences, information, relations, context etc. It can be measured by the unplanned time lags during the treatment or lack of the appropriate treatment plan.

Convalescent Home (RM; Services Type):

See **Nursing Home**.

Co-occurring disorders (COD) (RQ; Care and Treatment):

See **Dual Diagnosis**.

Cooperative Care (RQ; Care and Treatment):

Especially used in health and social care in the UK, this term refers to cooperation between health and social care professionals and service users.

Coordinated Care (RC, RP; Care and Treatment):

See **Integrated Care**.

Coverage of Services (F; Payment Mechanisms):

Access to services for all at an affordable cost, where the majority of the costs of services are met by statutory authorities or social health insurance.

Crisis Intervention Team (RQ; Services Type):

See **Crisis Resolution Team**

Crisis Resolution Team (RQ; Services Type):

This team aims at responding to people in crisis by providing an assessment and treatment service. It is active 24 hours a day and it delivers acute mental health care in the community. The team is multi-professional (physicians, social workers, nurses staff etc.) and provide psychiatric assessment, outpatient psychotherapy, case management services and medication management services avoiding long waiting periods for patients.

Cultural Competence (RQ; Quality of Care):

The knowledge, attitudes and skills that a professional (including health and social care providers) require in order to provide appropriate care for people from minority population groups, including those with different languages and cultures.

Cultural Mediator (RQ; Services Type):

An individual, usually from a minority population group who is professionally qualified to act as a liaison and support between health and social care (and other) services and service users from the same minority population group.

D

Daily Fee (F; Payment Mechanisms):

A daily fee charged for the use of a service. In the case of health services it typically is charged in part to cover the hotel costs of inpatient care. In some cases these fees may have to be paid directly by service users; they may not always be reimbursed.

Daily Rate (F; Payment Mechanisms):

The service provider gets a fixed sum - regardless of the diagnosis - for each day on which a patient is in an institution -hospital, social care home. This fixed sum may depend on patient characteristics, not necessarily diagnosis, and may be graded according to length of stay, e.g. reduced daily rate after a certain length of stay. Unit of payment: Days.

Day Care (RM-DESDE-LTC, F; Services Type):

Care provision (i) is normally available to several consumers at a time (rather than delivering services to individuals one at a time); (ii) provide some combination of treatment for problems related to long-term care needs: e.g. providing a structured activity, or social contact and/or support; (iii) have regular opening hours during which they are normally

available: and (iv) expect consumers to stay at the facilities beyond the periods during which they have face-to-face contact with staff (i.e. the service is not simply based on individuals coming for appointments with staff and then leaving immediately after their appointments). The care delivery is usually planned in advance.

Day Hospital (F; Services Type):

A specific type of day care provided in a special clinical facility or a hospital setting where structured treatments, occupational programmes and diagnostic procedures may be performed. Service users return home or go to their usual hospital ward at the end of the day.

Day Treatment (RM; Care and Treatment):

See **Psychiatric Day Care**.

Defined Benefit Package (F; Payment Mechanisms):

A list of medical benefits, services and treatments that are usually deemed medically necessary, where provision is usually guaranteed by the government. Defined benefit packages are most common in health systems where insurers are significant.

De-institutionalisation (RM, RQ; Quality of Care):

The policy of moving severely mentally ill people out of institutions (like a mental hospital or clinic) and then closing part or all of these institutions. Over the longer term fewer mental health treatments are delivered in hospitals and more services are provided by community-based mental health services. The process started in earnest in high income countries in the second half of the twentieth century and the shift towards greater use of community care is ongoing.

Diagnosis of co-occurring disorders (RQ; Care and Treatment):

See **Dual Diagnosis**.

Diagnosis Related Activity Based Payment (F; Payment Mechanisms):

Health care providers are reimbursed a set amount for each individual treated according to their primary diagnosis. Tariffs for each category are usually set centrally by government or health insurers. Two different applications of DRG based financing system can be found; i) Fixed price systems: Tariffs are set in advance (prices are fixed, the sum of payments to all providers are variable), ii) Point systems: Tariffs are determined retrospectively based on the total number DRG-points produced by all providers in relation to the total available budget (prices are variable, the sum of payment to all providers are fixed). Sometimes DRGs are also used in other ways e.g. as part of a case-mix adjustment process to help estimate the potential budgets of health care providers. See **Diagnosis Related Group**.

Diagnosis Related Group (F; Payment Mechanisms):

A system of classifying patients into medically meaningful and homogenous groups in terms of cost of treatment, i.e. group of patients who share similar clinical attributes and consume similar levels of resources. The grouping is based on primary diagnosis and may also take

into account other factors such as different levels of severity of illness, length of stay, treatment on a day basis without overnight admission, or complicating factors including co-morbidities.

Direct Payment (F, RM; Payment Mechanisms):

See **Consumer Directed Payment**.

Disability (RM; Care and Treatment):

An umbrella term covering impairments (problems in body function or structure), activity limitations (difficulties in executing a task or action), and participation restrictions (problems in involvement in life situations). It is a complex phenomenon reflecting the interaction between features of a person's body and features of the society in which (s)he lives.

Disability Benefit (RM, RQ; Payment Mechanisms):

A financial payment made to individuals who have been assessed as having physical and/or mental health problems that lead to functional limitations.

Discharge Planning (RP, RQ; Care and Treatment):

A process by which an admitted inpatient's needs on discharge are anticipated, planned for or arranged in order to improve his/her engagement in outpatient aftercare.

Discrimination (RQ; Quality of Care):

Discrimination related to mental health has been defined as the behavioural consequences of stigma which act to the disadvantage of people who are stigmatised. Its importance can be seen in terms of impacts on personal relationships, parenting, childcare, health care utilisation, education, training, work and housing.

Disengagement from Mental Health Care (RP, RQ; Care and Treatment):

See **Dropout from Mental Health Care**.

Disincentive (F; Payment Mechanisms):

Defined as a factor, especially a financial disadvantage, that discourages a particular action.

Documented Discharge Plan (RP, RQ; Care and Treatment):

See **Discharge Planning**.

Domiciliary Care (RM, F; Services Type):

A home-based assessment and support service for people who need help with the activities of daily living. The service aims to help people live independently in their own homes and target groups covered can include people with disabilities, older people and all those with chronic physical and/or mental health problems.

DRG-based Payment (F; Payment Mechanisms):

See **Diagnosis Related Activity Based Payment**

Dropout from Mental Health Care (RP, RQ; Care and Treatment):

Inappropriate termination of mental health treatment after the initial contact or after further occasional contacts (EXAMPLE: In RP dropout from mental health care is defined as having no psychiatric outpatient contacts for at least 6 consecutive months).

Dual Diagnosis (RQ; Care and Treatment):

Dual diagnosis is a diagnostic term usually used to refer to an individual living with both a mental disorder and alcohol/substance abuse disorder.

E

Early Detection (RM, RQ; Care and Treatment):

See **Early Intervention**.

Early Intervention (RM, RQ; Care and Treatment):

A process of assessment and therapy provided to young people to prevent developmental disability, delay or detect psychosis.

Effectiveness (RQ; Quality of Care):

The extent to which any service or intervention achieves its intended outcomes in routine settings. If a service is deemed to be effective it has been shown to achieve its intended outcomes.

Efficiency (RQ; Quality of Care):

The capacity to produce the maximum output for a given input to any action or service or given the amount of outputs how to reduce the inputs needed, e.g. including the provision of a service to treat mental health disorders.

Emergency Care (F, RQ, RP; Care and Treatment):

See **Emergency Mental Health Care**.

Emergency Mental Health Care (F, RQ, RP; Care and Treatment):

All those services (e.g. delivered in a psychiatric hospital, psychiatric ward, or **emergency room** (see definition); mobile crisis intervention teams) which provide immediate treatment to both voluntary and involuntary patients 24 hours a day, 7 days a week. In many countries (e.g. Norway, the UK), the general emergency services are also likely to provide emergency services for people with mental health disorders, including for immediate treatment after deliberate self-harm or other suicidal acts. These are typically the first point of entry-which refer the patient to specific/acute psychiatric services.

Emergency Mental Health Treatment (F, RQ, RP; Care and Treatment):

See **Emergency Mental Health Care**.

Emergency Room (RQ; Services Type):

A medical treatment facility specializing in acute care of patients who present without prior appointment, either by their own means or by ambulance. The emergency department is usually found in a hospital or other primary care centre.

Emergency Service (RQ; Services Type):

Not to be confused with general emergency services, this refers to an organisation which ensure public safety and health. Staff responds to calls from police, healthcare professionals, clients, family members and the general public. Their job is to take quick action to deal with emergencies when they occur and with mental health crisis. Their services include mobile response for crisis assessment and resolution, referrals to mental health teams, healthcare professional or other agencies. They are normally active 24 hours a day.

Employee Morale (RM, RQ; Quality of Care):

See **Staff Morale**.

Employment Service (F; Services Type):

Employment services are usually funded and often provided by government. Their aim is to help people who are unemployed, or registered as unable to work because of disability, return to competitive employment. At a minimum services provided include information provision, employment guidance counselling and job searching. Perhaps less common are services related to employability or skills assessment, job coaching and supported employment, job matching and individualised career or job planning. Many employment services focus on the entire population, but there may also be specialist employment services may focus on the specific needs of people with mental health problems. See also **supported employment**.

Employment Support Services (F; Services Type):

See **Employment Service**.

Episode (RM, RQ; Care and Treatment):

A single noteworthy and critical event in the course of a prolonged illness.

Equity (RQ; Quality of Care):

The absence of systematic or potentially remediable differences in health status, access to healthcare and other services and health-enhancing environments, and treatment in one or more aspects of health across populations or population groups defined socially, economically, demographically or geographically within and across countries.

Evaluation Programmes (RQ; Quality of Care):

The systematic and objective assessment of the relevance, adequacy, progress, efficiency, effectiveness and impact of a course of actions, in relation to objectives and taking into account the resources and facilities that have been deployed.

Evidence Based Care (RQ; Care and Treatment):

The conscientious, explicit and judicious use of current best evidence in making decisions. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. The available evidence is often appraised and summarised in best practice recommendations or national guidelines for clinical practice.

Evidence Based Medicine (RQ; Care and Treatment):

See **Evidence Based Care**.

Evidence Based Practice (RQ; Care and Treatment):

See **Evidence Based Care**.

Examination of Physical Health (RQ; Care and Treatment):

See **Review of Physical Health**.

F

Facility (RM; Other REFINEMENT terms):

Something that is built, installed, or established to serve a particular purpose like a hospital.

Family Based Treatments (Care and Treatment):

Type of treatment aimed at solving problems and promoting health in the context of a family system.

Family Care (RM; Care and Treatment):

See **Informal Care**.

Family Doctor (F, RP; RQ; Services Type):

See **General Practitioner (GP)**.

Family Medicine (F; Care and Treatment):

See **Primary Health Care (PC)**.

Fee for Service (FFS) (F; Payment Mechanisms):

In fee for service systems payment is made for units of service or specific procedure performed. In the case for health care services for instance, for a physician consultation or MRI scan. Fee for service systems are usually based on fee schedules which classify service provider activities with varying degrees of precision (Unit of payment: Specific fee per unit of service received/procedure performed or per contact).

Fixed Fee Per Client (F; Payment Mechanisms):

A specified fixed fee for a service provided to a client for a specified period of time

Flat Rate (F; Payment Mechanisms):

A fixed monetary fee received per case treated regardless of diagnostic group or severity of need. Flat rate fees can be used in different ways, per a fixed time period, per service user contact, per stay in an inpatient facility.

Follow-up Care (RP; Care and Treatment):

Care provided to individuals after discharge from hospital or other institutional care.

Forensic Inpatient Unit (RM; Services Type):

An inpatient unit that is exclusively maintained for the evaluation or treatment of people with mental disorders who are involved with the criminal justice system. These units can be located in mental hospitals, general hospitals, or elsewhere

Forensic Service (RM; RQ; Services Type):

A service providing assessment and treatment of people with a mental disorder and a history of criminal offending or at risk of offending. "Forensic" means related to or associated with legal issues. People may be referred for assessment by the police, courts, prison, other health or mental health services or justice agencies, and may have a mental illness or mental disorder. Treatment may be provided in the community, in hospital or in prison.

Formal Care (RM; Care and Treatment):

Professional paid help provided to people in need of health, social care and other support. Unpaid care is not usually considered to be formal care, even when provided by qualified individuals.

Formal Psychiatric Diagnosis (RQ; Care and Treatment):

The assessment by a psychiatrist of the presence of a mental health disorder in a patient. Such a mental health disorder is recognised and defined according to an official diagnostic manual like the DSM IV for instance.

Foundation (RM; Services Type):

An institution established with an initial large donation (endowment or legacy). It is often focused on charitable activities which can sometimes include research as well as the provision of services and other supports. The term is used in north America and continental Europe. In the UK and other British influenced countries the term charity is more common. See also **Registered Charity**.

Full-time Equivalent (FTE) (RM; Other REFINEMENT terms):

The workload expressed in terms of the number of days equivalent of one employee working full time, calculated as the ratio of the total number of paid hours during a specific period (part time, full time, contracted) by the number of working hours of full-time workers in that same period.

G

Gatekeeper (F, RP, RQ; Services Type):

A system whereby access to specialist and or hospital care is controlled by primary care or 'family' doctors. Such a system has two main aims: cost control and guidance to appropriate care providers. Individuals do not have direct access to secondary care and need a referral from their general practitioner to get access to a hospital or specialist health care.

In some cases gatekeeping systems are not mandatory, but voluntary and are often called soft gatekeeping systems. See also **Soft Gatekeeping**.

Gatekeeping (F, RP, RQ; Services Type):

See **Gatekeeper**.

Gate-keeping System (F, RP, RQ; Services Type):

See **Gatekeeper**.

General Health Care (RM; Care and Treatment):

Care provided in a hospital setting or within a community or at home. It includes all services and treatment aimed at improving a person's basic state of health, i.e. physical, mental and social well-being, without targeting specific diagnostic groups.

General Hospital (RP; Services Type):

A hospital not specialising in the treatment of particular illnesses or of patients of a particular sex or age group, but which is set up to deal with many kinds of disease and injury.

General Practice (F; Care and Treatment):

See **Primary Health Care (PC)**.

General Practitioner (GP) (F, RP; RQ; Services Type):

Single-handed practice or group practice of one/several general doctors/physicians with no secondary care specialisation.

Global Budget (F; Payment Mechanisms):

The service provider receives a fixed lump sum for the whole service for a certain time period (usually one year). This may be based on past ("historical") budgets or it may be determined based on an assessment of community need. It might also include an element of case-mix adjustment to take account of differences in population and past activity in terms of severity of cases treated. There are usually limited or no restrictions on how this budget may be then allocated to different activities delivered by the service provider, unless this is specified in a contract.

Group Practice (RP; Services Type):

A medical practice, which is run by several physicians. Such medical groups are often for general practice.

Group Treatment (RP; Care and Treatment):

Type of treatment that involves one or more providers working with several people at the same time.

Guidelines for Referral and Treatment (RP; Quality of Care):

Clinical practice guidelines are systematically developed statements to assist practitioners and patients make decisions about appropriate health care in specific circumstances.

H

Health Care Centre (RP, RQ; Services Type):

A health centre is a facility which is used for the provision of primary care services and a range of community health services.

Health Care Provider (RM; Services Type):

See **Care Provider**.

Health Care Specialist (F, RQ; Services Type):

See **Specialist Physician**.

Health Care System (RP, RQ; Services Type):

The organization of people, institutions, and resources to deliver health care services to meet the health needs of target populations.

Health Centre (RP, RQ; Services Type):

See **Health Care Centre**.

Health Insurance (RM; Payment Mechanisms):

A contract between the insured and the insurer to the effect that when specified events (determined in the insurance contract) occur the insurer will pay compensation either to the insured person or to the health service provider. There are two major forms of health insurance. One is **social health insurance** which is mandatory for most residents of a country. The other is **voluntary health insurance**, which can act as a complement or alternative to social health insurance. See also **social health insurance** and **voluntary health insurance**.

Health Professional (RM; Services Type):

See **Care Provider**.

Health System (RP, RQ; Services Type):

See **Health Care System**.

Health Worker (RM; Services Type):

See **Care Provider**.

Home Care (RM, RP, RQ; Care and Treatment):

See **Domiciliary Care**.

Home Aid (RM, F; Services Type):

See **Domiciliary Care**.

Home Help (RM, F; Services Type):

See **Domiciliary Care**.

Homelessness (RQ; Quality of Care):

A person without a permanent home, and therefore typically living on the street. Homeless does also refer to people without a permanent home who are staying temporarily with friends or in other temporary accommodation, such as night shelters.

Hospital (RM, RQ; Services Type):

The neutral term "hospital" refers to any institution based in one or more buildings providing medical and surgical treatment and nursing care for sick and injured people. This institution can also provide more specific treatment like obstetric or psychiatric care. Basically; it is a place where people who are ill are looked after by doctors (general practitioners or specialists), nurses and other health professionals.

Hospital Discharge (RQ; Care and Treatment):

A patient's release from a hospital or other inpatient facility authorised by a named doctor once the patient is sufficiently recovered.

Hospital Discharge Against Medical Advice (RP; Care and Treatment):

A patient chooses to leave a hospital or other inpatient facility before the treating physician recommends discharge.

Hospital In-patient Treatment Care (F, RC; Services Type):

See **Inpatient Mental Health Care**.

Hospital Stay (RP, RQ; Care and Treatment):

See **Acute Psychiatric Hospitalisation**.

Housing Support (F; Services Type)

See **Supported Housing**

I

Incentive (F; Payment Mechanisms):

Defined as a thing that motivated or encourages someone to do something. This can, for instance, include the use of financial rewards. See also **Disincentive**.

Income from Sales (F; Payment Mechanisms):

This source of funding describes the revenues raised from sales of goods and services, for example in sheltered workshops and enterprises.

Independent Variable (RP; Quality of Care):

See **Influencing Factor**.

Indicator of Quality of Care (RQ; Quality of Care):

A measure of performance of care. It describes one or more aspects of the quality of care of a service or a provider at one particular point in time or over a series of points in time

Individual Budget (F; Payment Mechanisms):

See **Consumer Directed Payment**.

Individual Placement and Support (IPS) (RQ; Quality of Care):

Individual placement and support (frequently abbreviated to IPS, and also known as evidence-based supported employment) is a variant of supported employment developed by Robert Drake & Gary Becker. Its overriding philosophy is that anyone is capable of working competitively in the community if the right kind of job and work environment can be found and the right kind of support provided. Thus, the primary goal is not to change the individual, but to find a natural match between the individual's strengths and experiences and a job in the community. Unlike traditional approaches to vocational rehabilitation, supported employment programmes do not undertake lengthy assessments or screen people for work readiness. People are not excluded because they are not 'ready' or because of prior work history, substance use or psychiatric symptoms. Individuals obtain employment and then have access to ongoing support from employment specialists and other professionals to help them maintain their employment for as long as they want. Employment specialists tend not to be mental health professionals by training: they are usually people who have skills and experience in vocational rehabilitation, human resources, marketing or occupational psychology and they may have personal experience of mental health problems. See also **Vocational Rehabilitation**.

Infirmary (RM, RQ; Services Type):

See **Hospital**.

Influencing Factor (RP; Quality of Care):

A factor that precedes, influences or predicts an incident or a result.

Influencing Variable (RP; Quality of Care):
See **Influencing Factor**.

Informal Care (RM; Care and Treatment):

Help and support (usually unpaid) that is provided to people who need help with activities of daily living by family, friends or neighbours. Informal carers often live in the same residence as the individual they are supporting.

Informal Payment (F; Payment Mechanisms):

Additional unofficial payment (in cash or goods) to obtain a good or service in addition to any formal payment that must be made. Informal payments have been most common in countries where the wages of professionals are very low; making an informal payment may mean that the service is received more rapidly.

Information on Care (RM-DESDE-LTC; Services Type):

Its main aim is to provide information and assessment to users. This care does not entail a subsequent monitoring/follow-up of the user.

Inpatient Care (RM; Care and Treatment):

Care provided with the use of a bed overnight.

Inpatient Care in Hospitals (F, RC; Services Type):

See **Inpatient Mental Health Care**.

Inpatient Episode at an Acute Psychiatric Ward or Department/Facility (either at a mental or a general hospital) (RP, RQ; Care and Treatment):

See **Acute Psychiatric Hospitalisation**.

Inpatient Mental Health Care (F, RC; Services Type):

Delivery of mental health care services on an inpatient basis, where at least one night is spent in the health care facility.

Inpatient Mental Health Service (F, RC; Services Type):

See **Inpatient Mental Health Care**.

Input Level (RQ; Quality of Care):

An indicator related to the structures, personnel and budget of a service, i.e. the structural characteristics of a healthcare organisation. In mental health, inputs consist of visible (mainly staff, facilities and budget) and invisible (experience, qualification and skills of staff, working relationship, legal and policy framework) resources.

Institution (RM; Services Type):

Facility which provides health care and related services mostly to individuals that are living in the facility (see also **Institutional Care**).

Institutional Care (RM-DESDE-LTC; Care and Treatment):

Residential care in a health or social care facility, like large residential **BSICs** (see definition) characterised by long-term stay for a defined population group, which usually have over 100 beds.

Institutionalisation (RM, RQ; Quality of Care):

The compulsory or voluntary commitment of an individual or a group to an institution such as a mental hospital, social care institution or other residential facility.

Integrated Care (RC, RP; Care and Treatment):

The management and delivery of health and social care services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health and social care systems.

Intensity of Care (RQ; Care and Treatment):

The levels of care received by a patient when hospitalised. It is calculated on the basis of the total time and staff mix of health care resources consumed by an individual patient during a specific episode of care.

Interdisciplinary Team (RP, RM; Services Type):

See **Multidisciplinary Team**.

Internist (F, RQ; Services Type):

See **Specialist Physician**.

Intervention (RQ; Care and Treatment):

An activity or set of activities aimed at modifying a process, course of action or sequence of events, in order to change one or several of their characteristics, such as performance or expected outcome.

Involuntary Outpatient Treatment (RP, RQ; Care and Treatment):

See **Involuntary Status**.

Involuntary Placement (RP, RQ; Care and Treatment):

See **Involuntary Status**.

Involuntary Status (RP, RQ; Care and Treatment):

Treatment and/or care of an individual with a mental disorder without obtaining their consent. This usually has to be determined by a quasi-legal process. This involuntary care is usually justified on grounds that an individual health status can be of harm for him/herself and the others.

Involuntary Stay (RQ; Care and Treatment):

Hospitalisation for a minimum of 24 hours without obtaining the consent of the service user.

K

Keyworker (RP; Services Type):

A person with defined responsibility towards a specific service user, usually with responsibility for service provision and the monitoring of care. Usually the first point of contact for an individual.

L

Legal System (RM; Other REFINEMENT terms):

The legal status of a service.

Length of Stay (LoS) (RM; Other REFINEMENT terms):

Date of discharge minus date of admission + 1 (if admission day is included which is logic in the calculation of bed occupancy rate)

Line Item Budget (F; Payment Mechanisms):

The service provider gets a fixed lump sum for the whole service for a certain time period, usually one year, without flexibility for the service to transfer money between cost groups.

List System with a Gatekeeper Function (F; Payment Mechanisms):

A cost-containment system through which primary care physicians assume responsibility for managing the health needs of members of the population registered with their practice.

Living Independently (RQ; Quality of Care):

Living in a private residence being in charge of one's life for daily activities, including personal life, accommodation or employment. For living independently self-determination, self-respect and equal opportunities are key concepts.

Living Skills (RQ; Quality of Care):

The skills needed to perform everyday tasks and maintain one's independence.

Local Area (RM, RP; Other REFINEMENT terms):

See **Catchment Area**.

Local Authority (RM, Other REFINEMENT terms):

Local tier of government that has responsibility for ensuring the provision of publicly funded services in a specified geographical area. It may also have the power to collect taxes.

Local Health Authority (RM; Other REFINEMENT terms):

An organisation that is officially responsible for ensuring the provision of publicly funded health services and facilities (in a specified geographical area).

Long Term Care (RM-DESDE-LTC; Care and Treatment):

This is a blanket term that brings together a range of services for persons who are dependent on help with basic activities of daily living (ADLs) over an extended period of time. This range includes medical and/or social services designed to help people who have disabilities or chronic care needs. Services may be short or long-term and may be provided in a person's home, in the community, or in residential facilities.

Long Term Residential Care (F, Services Type):

This type of care is provided in a residential setting such as a nursing home where service users live rather than living in their own home or family home. Paid staff or volunteers (families and friends are usually not involved in this type of care) help service users with everyday activities.

M

Macro Area (Other REFINEMENT terms):

It is a geographical area selected as a reference area in terms of representativeness. It must include the study area and it is recommended to choose a macro area with a population between 1,500,000 and 10,000,000 inhabitants, this could be identified as a NUTS1 or NUTS2.

Main Type of Care (MTC) (RM-DESDE-LTC; Other REFINEMENT terms):

It is the major descriptor of the **BSIC** (see definition) in relation to its more relevant, general and meaningful activity or 'generic care function'. Six descriptor levels define the MTC according to the health status of the user (acute/non acute), the category, intensity and other specification of the care activity

Management (RM; Other REFINEMENT terms):

The term refers to the responsibility for and control of a company or organisation.

Meals on Wheels (RM; Services Type):

A service which provides nutritious meals usually at a nominal fee to people in their own homes who are homebound and/or disabled who otherwise would be unable to maintain their dietary needs.

Medical Institution (RM, RQ; Services Type):

See **Hospital**.

Medical Office (F, RP; RQ; Services Type):
See **General Practitioner (GP)**.

Medication Management (RQ; Quality of Care):

The monitoring of the medications patients take to make sure the pharmacological therapy is appropriate and well followed. It is essential to ensure the patient avoids potentially dangerous drug interactions and other complications of his/her medication regimen.

Medium Intensity 24 Hours Physician Cover Hospital Service (RM-DESDE-LTC; Services Type):

Acute care facility with 24-hour physician cover in a health care facility where users are admitted due to a deterioration of their physical or mental state, behaviour or social functioning which is related to their health condition. Admissions are usually available within 24 hours and service users usually retain their own accommodation while admitted. This type of facility includes at least some secure beds and routine surveillance.

Mental Disorder (RP; Care and Treatment):

This is an umbrella term referring to many different disorders that affect the mind. These illnesses can be either non-psychotic (e.g. depression and anxiety) or psychotic (e.g. schizophrenia and bipolar disorder) or an organic brain disorder (i.e. a damage to brain tissue caused by diseases like dementia or alcoholism), a personality disorder (i.e. an enduring disturbance in the way a person interact with others) or an intellectual disability (e.g. a disability caused by problems with brain development). Generally speaking, a mental illness is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning.

Mental Health (RM; Other REFINEMENT terms):

The WHO defines mental health as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. The positive dimension of mental health is stressed in WHO's definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Mental Health Care (RM; Care and Treatment):

The provision of services, treatments, medications, programmes and all other health related actions aimed at maintaining and improving the emotional and mental wellbeing of people.

Mental Health Nurse (RQ; Services Type):
See **Psychiatric Nurse**.

Mental Health Outpatient Service (RP, F, RQ, RM; Services Type):
See **Outpatient Mental Health Service**.

Mental Health Patient (RP; Care and Treatment):

See **Mental Health Service User**.

Mental Health Plan (RM, RQ; Quality of Care):

The orderly process of defining mental health problems, identifying unmet needs and surveying the resources to meet them, establishing priority goals that are realistic and feasible, and projecting administrative action, concerned not only with the adequacy, efficacy and efficiency of mental health services but also with those factors of ecology and of social and individual behaviour that affect the mental health of the individual and the community.

Mental Health Policy (RM; Quality of Care):

A set of decisions or commitments, usually by national or local government, to pursue courses of action aimed at achieving defined goals for improving mental health, stating or inferring the values that underpin these decisions.

Mental Health Problem (RP; Care and Treatment):

See **Mental Disorder**.

Mental Health Service User (RP; Care and Treatment):

A person in contact with (mental) health services for a mental health problem.

Mental Health Specialist (RP; Services Type):

A mental health specialist is a person who has advanced training to work with those with mental illnesses and psychological issues. Examples are: Psychiatrist, psychologist, psychotherapist, clinical social worker, psychiatric nurse, etc.

Mental Hospital (RP, RQ; Services Type):

A specialist hospital for the care and treatment of people with acute or chronic mental illness.

Mental Illness (RP; Care and Treatment):

See **Mental Disorder**.

Mental Inpatient Care (F, RC; Services Type):

See **Inpatient Mental Health Care**.

Meso-organisation (RM; Services Type):

A care organisation which includes several services within the same location (i.e. a general hospital).

Met/Unmet Needs (RQ; Quality of Care):

Unmet need is defined as the lack of use of any formal health, social care and other appropriate services among individuals defining as having a need for care. Met need is the appropriate use of these services.

Mobile Care (F, RP; Care and Treatment):

See **Psychiatric Mobile Care**.

Mobile Clinic (F, RM-DESDE-LTC, RQ, RP; Services Type):

See **Mobile Mental Health Service**.

Mobile Mental Health Care (F, RP; Care and Treatment):

See **Psychiatric Mobile Care**.

Mobile Mental Health Service (F, RM-DESDE-LTC, RQ, RP; Services Type):

Health care and non-health care services that are delivered outside of hospitals or other ambulatory care facilities. Instead services may interact with patients in their own homes or in other settings in the areas in which they live. This for instance includes assertive outreach teams, social care provided at home and the like (EXAMPLES: Mobile outpatient service delivered at a patient home; Assertive outreach team (assertive community treatment); Home treatment team; Crisis resolution team, etc.).

Mobile Outpatient Service (F, RM-DESDE-LTC, RQ, RP; Services Type):

See **Mobile Mental Health Service**.

Monitoring Mechanism (RQ; Quality of Care):

The continuous oversight of an activity to assist in its supervision and to see that it proceeds according to plan. Monitoring involves the specification of methods to measure activity, use of resources, and response to services against agreed criteria.

Mortality Rate (RQ; Quality of Care):

The frequency of occurrence of death in a defined population over a specified time period.

See also **Standardised Mortality Rate**.

Multidisciplinary Team (RP, RM; Services Type):

A group of health, social care and other professionals who work in a coordinated fashion toward a common goal for people with mental health needs.

Multi-modal Treatment (RP, RQ; Care and Treatment):

Type of treatment which combines multiple techniques or co-operation between multiple organisations providing different services.

Multiprofessional Team (RP, RM; Services Type):

See **Multidisciplinary Team**.

Municipality (RM; Other REFINEMENT terms):

A political unit like a city, a town or a district with its own local government.

N

National Health System (RM; Other REFINEMENT terms):

The publicly funded health care system of a nation.

Need (RQ; Quality of Care):

Need is based on the population's ability to benefit from care including broad domains of health and social functioning, which are necessary to survive and prosper in the community. A need covers all aspects of an individual's life and mental wellbeing – for example accommodation, daytime activities, management of physical and mental health symptoms of poor health, childcare, money, psychosocial distress, and personal relationships.

Needs-linked/related System (F; Payment Mechanisms):

As with diagnosis related activity based payment except that payments are made usually for patients with similar levels of need, even though they may have different primary diagnoses.

Negative List (of pharmaceuticals) (F; Payment Mechanisms):

A specified list of drugs, technologies and health care procedures which in normal circumstances are not covered by the publicly funded health care system. This might for instance cover some forms of cosmetic surgery or in vitro fertilisation. These products are usually only available privately. They may be covered by voluntary health insurance.

Neuromodulation Treatment (Care and Treatment):

Biological, non-pharmacological therapies that involve the stimulation of various nerves in the central nervous system, such as electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), transcranial direct current stimulation (tDCS), deep brain stimulation (DBS), and vagus nerve stimulation (VNS).

Non Acute Psychiatric Care (RQ; Care and Treatment):

All types of psychiatric care (home health care, hospice, extended care, respite, rehabilitation, nursing facility, residential care, long-term care, geriatric care, adult day care etc.) which are addressed to patients with chronic mental health conditions.

Non-Governmental Organisation (NGO) (RM; Other REFINEMENT terms):

Any non-profit organisation that is recognised within local law. Many NGOs provide health and social care services; some advocate or lobby policymakers and other actors to improve service of provision and outcomes for their interest groups.

Non-health Care Service (F, RM; Services Type):

Services that are not funded or provided by public health care systems.

Non-health Service (F, RM; Services Type):

See **Non-health Care Service**.

Non-medical Service (F, RM; Services Type):

See **Non-health Care Service**.

Non-specialist Health Care (RM; Care and Treatment):

See **General Health Care**.

Nursing Home (RM; Services Type):

An institution providing residential care to people requiring continual (usually 24 h) nursing care and having significant difficulties in managing their daily living activities. Physical, occupational and other rehabilitation activities are provided within this setting which can be run publicly and/or privately.

O

Occupancy Rate (RQ; Quality of Care):

The average rate of bed occupancy in a hospital or residential service. This is usually calculated by multiplying the total number of beds available by the number of days in the year that these beds are available (usually between 300 and 350 days a year).

Occupational Health Care (RM; Care and Treatment):

Medical discipline focused on sustaining and promoting the health and ability to work of the population.

Occupational Medicine (RM; Care and Treatment):

See **Occupational Health Care**.

Occupational Health Services (RM; Care and Treatment):

See **Occupational Health Care**.

Occupational Therapy (OT) (RM, RQ; Services Type):

Occupational therapy is defined in the English National Health Service as the assessment and treatment of physical and psychiatric conditions using specific activities to prevent disability and promote independent function in all aspects of daily life. Occupational therapists work with people of all ages to help them overcome the effects of disability caused by physical or psychological illness, ageing or accident.

On-site Mental Health Worker (RP; Services Type):

Mental health specialists working in primary health care settings. Examples: Psychologists, counsellors, psychotherapists, mental health nurses, etc.

Other health or mental health worker (RM; Services Type):

Health or mental health worker possessing some training in health care or mental health care but not fitting in any of the defined professional categories (e.g. medical doctors, nurses, psychologists, social workers, occupational therapists). This definition includes non-doctor/non-nurse primary care workers, professional and paraprofessional psychosocial counselors, special mental health educators and auxiliary staff. It excludes general staff for support services within health or mental health care settings (e.g. cooking, cleaning staff, security).

Outcome Assessment (RM; Quality of Care):

The formal process of evaluation - preferably quantitative, but sometimes necessarily qualitative of interventions to achieve health and/or other outcomes. In the case of mental health, for example, it could evaluate the impact of interventions provided by the mental health system, the facilities and personnel that recommend them and the actions of those who are the targets of the interventions.

Outpatient Care (RM-DESDE-LTC, RP, RQ; Care and Treatment):

Care provision typically (i) involves contact between staff and consumers for some purpose related to management of their condition and its associated clinical and social difficulties and (ii) are not provided as a part of delivery of residential or day services.

Outpatient Facility (RP, F, RQ, RM; Services Type):

See **Outpatient Mental Health Service**.

Outpatient Mental Health Service (RP, F, RQ, RM; Services Type):

Setting in which mental health services are provided on an outpatient basis, without overnight stay - either mobile (when the facility is capable of being moved to different locations) or fixed (when the person seeking care must travel to a fixed service site). There is contact between staff and service users for some purpose related to management of their condition and its associated clinical and social difficulties. These services are not provided as a part of delivery of day care services; and they have at least some qualified health care professionals as staff members.

Outpatient Mental Health Visit (RQ; Services Type):

A meeting for treatment between a mental health care professional and a service user either on the premises of an outpatient service or another location, including a service user's home, in the case of mobile services.

Outpatient Service Contact (RQ; Services Type):

The count of the times a patient comes into contact with an outpatient service. Each contact is differentiated, i.e. counted once, which means that the same user of a service can report a higher number of contacts to that same service.

Out of pocket payment (F, Payment Mechanisms):

A charge that individuals must pay personally for the use of a service sometimes at the point of service and sometimes at a later point in time. In some cases a proportion or all of the out of pocket payment can be reimbursed. Out of pocket payments can take different forms, they can be a fixed fee or proportional to the total costs of the service received. There may also be ceiling on the maximum level of out of pocket payments in a defined time period. In the case of long stay residential care, especially care provided outside of the health sector, there may be substantial regular out of pocket payments for care, often charged by the week or month.

Owner of the Service (RM; Services Type):

The company, person or organisation that possesses the exclusive right to hold, use, convey, transfer and dispose of a service. This party can be either public or private.

P

Pathway of Care (RP; Care and Treatment):

A pattern of service utilisation with at least two service contacts in an observable sequence.

Patient Turnover (RP, Care and Treatment):

The number of hospital discharges from the ward, specialty, hospital, area, or region expressed as a percentage of the total beds available over a specified time period (often one year).

Patient Centredness (RQ; Quality of Care):

The degree to which the patient/user is placed at the centre of the delivery of services.

Payment Mechanism (RM, RP; Payment Mechanisms):

Different approaches to paying for goods and services.

Performance Assessment (RQ; Quality of Care):

A procedure to evaluate the quality of a service along one or more dimensions.

Performance Related Payment (RP; Payment Mechanisms):

This term covers a number of different payment mechanisms that reward service providers for the achievement of specific goals. These tend to be related more to the level of throughput rather than to achievement of specific clinical (or broader) quality related outcomes. It is rarely the dominant payment mechanism but a supplementary payment mechanism. Performance related payment mechanisms can include target payments; i.e. models where income is (partly) related to the provider reaching certain predefined targets and relative target payment; i.e. models where providers compete for a limited reward based on their internal rank. Some performance related payment schemes will also impose

penalties for “underachievement”; i.e. models where payment is withheld or even deducted when providers do not meet specific performance targets.

Period of Involuntary Status (RP, RQ; Care and Treatment):

See **Involuntary Status**.

Personal Budget (F, RM; Payment Mechanisms):

See **Consumer Directed Payment**.

Phase Level (RQ; Quality of Care):

It defines at which stage an indicator of mental health is: input or process or outcome. It is useful to measure the quality of care.

PHC Doctor (F; Services Type):

See **General Practitioner**.

Physical Health Review (RQ; Care and Treatment):

See **Review of Physical Health**.

Pooling (F; Payment Mechanisms):

Accumulation of prepaid revenues on behalf of a defined population. In most EU countries publicly collected funds for health tend to be pooled at national level, but there may be multiple pools when funds are also collected at sub-national level. Social health insurance funds may also have to pool their resources or participate in risk equalisation procedures to transfer money to those insurance funds whose members may have more risky profiles or who have lower levels of income due to the lower income of their members.

Positive list (of pharmaceuticals) (F; Payment Mechanisms):

Specified list of drugs, technologies and health care procedures that will be covered by publicly funded health care systems. Products not on the list in some cases will not be reimbursed by tax or social insurance funded systems. They might though be covered by voluntary health insurance. Positive lists are most often seen in countries with social health insurance schemes.

Postgraduate Medical Education (RP; Services Type):

See **Postgraduate Medical Training**.

Postgraduate Medical Internship (RP; Services Type):

See **Postgraduate Medical Training**.

Postgraduate Medical Residency (RP; Services Type):

See **Postgraduate Medical Training**.

Postgraduate Medical Training (RP; Services Type):

Period of supervised practice which newly graduated doctors are required to undertake before full registration is granted.

Practical Aid (RM, F; Services Type):

See **Domiciliary Care**.

Preauthorisation Requirement (RP; Payment Mechanisms):

Individuals must obtain prior authorisation from the relevant national or regional authority before they can guarantee that they can receive public funds for the utilisation of certain services.

Predictor Variable (RP; Quality of Care):

See **Influencing Factor**.

Prevention, primary (Services Type):

Actions both within and outside of health care systems that are designed to prevent the occurrence of disease and to promote health. These interventions often are targeted at the general population.

Prevention, secondary (Services Type):

Preventive actions both within and outside of the health care system that are targeted at individuals already identified to be at high risk of injury or disease.

Prevention, tertiary (Services Type):

Preventive actions, mostly delivered within the health care system, that are targeted at individuals already living with a health problem or injury. The objective is to reduce the risk of further disease related deterioration.

Primary Care Doctor (F; Services Type):

See **General Practitioner**.

Primary Care Physician (F; Services Type):

See **General Practitioner**.

Primary Health Care (F; Care and Treatment):

While used in different ways in different health care systems health medical care is often the first level of contact people have with the health system in relation to their health. In many countries it is used to refer to primary medical services such as general practitioner or family practice services provided by primary care physicians, nurse-practitioners (nurses with some prescribing powers) and practice-based colleagues such as nurses and physiotherapists. More broadly it can also refer to other community based services such as dentists, opticians and podiatrists.

Primary Medical Care (F; Care and Treatment):

See **Primary Health Care (PC)**.

Private Health Insurance (Payment Mechanisms):
See **Voluntary Health Insurance**.

Private for Profit (RM; Other REFINEMENT terms):
Established by an individual or a private association with the intention of making a profit, i.e. making money.

Private not for Profit (RM; Other REFINEMENT terms):
Legal entities that do not make profits; they are usually not subject to corporation tax and all financial surpluses of their activities are either reinvested in the service or used for charitable activities.

Process Level (RQ; Quality of Care):
Level of care such as the consumer's interaction with the healthcare system which includes technical and interpersonal components of care. It represents a range of actions which take place in the delivery of mental health care.

Prospective Payment (F; Payment Mechanisms):
Any system of providing funds to health care service providers in advance of any services being delivered.

Provider of Care (RM; Services Type):
See **Care Provider**.

Protection from Discrimination (RQ; Quality of Care):
A legislative provision to avoid any dismissal or lower wages or lack of success in obtaining a job, as well as participation in other activities, such as education or politics for people living with health problems or other risk categories for discrimination such as age, gender or ethnicity.

Psychiatric Ambulatory Care (RM; Services Type):
Same day care and support that does not involve an overnight stay.

Psychiatric Centre (F; Services Type):
A legal entity where mental health care services are concentrated. In this place a psychiatrist is usually available for medication management and a psychologist for testing and oversight. Other mental health professionals also provide help for service users.

Psychiatric Day Care (RM; Care and Treatment):
Day care specifically focused on people with mental health needs. See **Day Care** and **Day Hospital** for more on these services.

Psychiatric Department (F, RM ; Services Type):

A psychiatric department or ward which is an integral part of a general hospital that provides services for people with many different physical and mental health needs. The department or ward can be a division or floor or room inside a hospital or attached to it. Some of these hospitals will be part of universities and will provide clinical education and training as routine; non-university hospitals may not provide education and training.

Psychiatric Hospital (RP, RQ; Services Type):

See **Mental Hospital**.

Psychiatric Mobile Care (F, RP; Care and Treatment):

Mental health services which are not delivered at a mental health centre but instead delivered in many other locations in the community, including in a service user's home.

Psychiatric Mobile Service (F, RM-DESDE-LTC, RQ, RP; Services Type):

See **Mobile Mental Health Service**.

Psychiatric Nurse (RQ; Services Type):

A professional with at least a diploma in psychiatric nursing who caters to the needs of patients with learning or mental disorders. (S)he evaluates the needs of the patients, assisting and coordinating with doctors to ascertain the best treatment.

Psychiatric Outpatient Service (RP, F, RQ, RM; Services Type):

See **Outpatient Mental Health Service**.

Psychiatric Patient (RP; Care and Treatment):

See **Mental Health Service User**.

Psychiatric Practice (RP; Services Type):

Single-handed practice or group practice of one/several physician/s that are registered to practice psychiatry.

Psychiatric Service (FB; Services Type):

Any service providing approved programmes designed to assist recovery and manage mental illnesses. A psychiatric service can be mobile or not mobile, inpatient or outpatient, for emergencies or residential, long- or short-term. It can be provided in a person's home, in the community, in a hospital etc.

Psychiatrist (RM; Services Type):

A medical doctor who has received a university post-graduation in psychiatry with at least two years training in psychiatry.

Psychiatrist in Training (RM; Services Type):

A graduated physician spending at least two additional years in psychiatry residency learning the diagnosis and treatment of mental health.

Psychologist (RC; Services Type):

Generally, a graduate professional having received education and training from a university-level school of psychology. That of psychologist is a broader concept than clinical or therapist since a psychologist can be trained in organizational, occupational, educational, social, developmental etc. Whereas psychologists especially trained in clinical psychology are called clinical psychologists. However, in some countries, like Austria, psychologists are not allowed to practice psychotherapy without special training and psychotherapists do not need a degree in psychology.

Psychopharmacological Therapy (RP; Services Type):

Use of psychoactive drugs in the treatment of mental illness.

Psychosocial Problem (RQ; Care and Treatment):

Any problem related to one's psychological development in and interaction with a social environment. It could refer to the lack of development or atrophy of the psychosocial self, often occurring alongside other physical, emotional or cognitive dysfunctions.

Psychotherapist (RC; Services Type):

Either a psychiatrist, a psychologist, a psychiatric nurse or a psychiatric social worker practicing psychotherapy, i.e. the treatment of mental health problems through talking and counselling and other psychological techniques designed to encourage communication of conflicts and insight into problems. In some countries, e.g. Austria, psychotherapists do not need a degree in psychology.

Public (RM; Other REFINEMENT terms):

Services that are funded through taxes or other public financing resources like social health insurance.

Public Corporation (RM; Services Type):

A company where the majority of shares are owned by national or local government.

Publicly Funded Health and Social Care Services (F; Payment Mechanisms):

Services that are paid for by government from taxes or by funds collected by social health insurance.

Q

Quality Dimension (RQ; Quality of Care):

A feature of the mental health system, i.e. a measure to be used as an indicator of the quality of care in mental health services.

Quality of Care (RQ; Quality of Care):

A multidimensional construction described as the structural characteristics of healthcare organisation inputs; processes of care and outcomes of care. Quality of care is then the balance across input-process-outcome.

Quality of Life (QoL) (RQ; Quality of Care):

A multidimensional concept given by physical wellbeing, material wellbeing, social wellbeing, emotional wellbeing, and development and activity. It is influenced by the interaction of objective life conditions, subjective feeling of wellbeing, and personal values and aspirations.

R

Readmission (RP, RQ; Care and Treatment):

A hospital admission that occurs within a specified time frame after discharge from the first admission.

Real Potential Users (RM; Other REFINEMENT terms):

The total population in the Study Area, excluding those who cannot benefit from specific services for reasons of age, gender, residence etc.

Re-approval of Involuntary Status (RQ; Care and Treatment):

The re-confirmation of the detention of a patient in a mental health facility according to the state law and procedures for a further period of time.

Recommendation (RQ; Quality of Care):

Any formal advice like regulations or protocols by health authorities for best practice and improved provision of care.

Record (RQ; Other REFINEMENT terms):

An account of a specific event (like, for instance, admission to a hospital) written in official registers.

Recovery (RM; Care and Treatment):

In mental health it is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is defined by 8 fundamental components: hope; medication/treatment; empowerment; support; education/knowledge; self-help; spirituality; employment/meaningful activity.

Referral (RP, RQ; Care and Treatment):

An authorisation from a medical profession to another medical facility or professional in the health and /or social care system. In gatekeeping system a referral is usually required from primary care doctors in order to access publicly funded specialist services.

Registered Charity (RM; Services Type)

A registered charity is a not for profit organisation, usually exempt from taxation, which may have been established by endowment, but which also raises revenue from ongoing donations, the sale of merchandise and the provision of services for public authorities. The term is most commonly used in the UK and Ireland, as well as in countries that have close connections to the UK. See also **Foundation**.

Rehabilitation (RQ; Care and Treatment):

It refers to all services which are a part of a programme aimed at enhancing social skills, facilitating integration into working life and developing independent living skills after an illness or an injury.

Rehabilitation Plan (RQ; Quality of Care):

An individual plan developed by a mental health care professional together with the patient to enhance her/his rehabilitation processes and personal recovery. It can include coordinated approaches by both government and non-government agencies and encompass clinical, psychosocial, vocational, physical and substance addiction aspects, according to patients' need.

Rehabilitative Care (RM; Care and Treatment):

The recovery from an illness or brain damage through specialised healthcare dedicated to improving, maintaining or restoring cognition to full, normal functions.

Rehospitalisation (RP, RQ; Care and Treatment):

See **Readmission**.

Reimbursement (RP; Payment Mechanisms):

Act of compensating someone for an expense incurred. Health care service providers may for instance be reimbursed by government or social health insurers for services providers. In some cases out of pocket payments by service users may also be reimbursed by government or insurance companies.

Relapse (RQ; Care and Treatment):

Regression after partial recovery from illness.

Remuneration (RP; Payment Mechanisms):

Payment or compensation received for the provision of a service.

Rescue Service (RQ; Services Type):

See **Emergency Service**.

Residential Care (RM-DESDE-LTC, RP, RQ; Care and Treatment):

Care provision of beds overnight for patients for a purpose related to the clinical and social management of their care needs -patients are not intended to sleep there solely because they have no home or are unable to reach home.

Residential Facility (F, RQ; Services Type):

A place where a group of people with mental health problems reside in a community setting. This live-in institution is licensed by or under an official authority and includes: room and board, supervision, support services and nursing care. Custodial care is also provided and a professional trained staff supervise the facility at least once a day.

Resource Allocation Formula (F, RM; Payment Mechanisms):

An approach to the distribution of pooled funds to service commissioners taking account of different potential indicators of need. For instance a formula might include weighted capitation payments adjusted for additional needs including morbidity, social deprivation and the unavoidable excess costs of providing health services in different geographical areas.

Resource Allocation Mechanism (F, RM; Payment Mechanisms):

See **Resource Allocation Formula**.

Responsiveness (RQ; Quality of Care):

The way a health system facilitates people to meet their legitimate non-health expectations.

Retrospective Payment System (F; Payment Mechanisms):

A cost reimbursement contract where the provider's own real costs are fully or partially reimbursed some time after the service has been delivered.

Review of Physical Health (RQ; Care and Treatment):

A review of mental health patients taking into account physiological conditions and lifestyle choices (smoking, diet and physical activity). This examination is aimed at excluding or stabilising problems which are physical in origin.

Risk Equalisation (F; Payment Mechanisms):

It involves payments by health insurers with lower risk members to health insurers with higher risk members. In broad terms, this is a mechanism to spread some of the claims costs of high risk members amongst all health insurers in the market in proportion to their market share. Risk equalisation is a common mechanism in countries with community rated health insurance systems. See also **Community Rated Insurance**.

Risk Rated Insurance (FA; Payment Mechanisms):

The calculation of insurance premiums according to the risk profile of an individual. This can take into account several factors such as age, gender and pre-existing medical conditions.

S

Safety (RQ; Quality of Care):

Dimension where the system has the right structure, renders services and obtains results in ways that prevent harm to the user, provider or environment.

Salary (F, RC; Payment Mechanisms):

Employees are paid a set wage for working for a set period of time. Remuneration is independent of volume of work done. Employees work within defined hours specified in contracts. Salaries may be negotiated at local level, but often are negotiated at a national level by budget holders. Overtime payments may also be made. In some cases contracts allow extra income to be earned through second jobs and private work after hours work.

Satisfaction of Care (RQ; Quality of Care):

See **Service User Satisfaction**.

Satisfaction with Services (RQ; Quality of Care):

See **Service User Satisfaction**.

Seamless Care (RC, RP; Care and Treatment):

See **Integrated Care**.

Seclusion (RQ; Quality of Care):

The supervised confinement of a mental health service user in a room, which may be locked. Its sole aim is to contain severely disturbed behaviour which is likely to cause harm to others.

Secondary Care (F, RP, RQ; Care and Treatment):

See **Secondary Health Care**.

Secondary Care Service (F, RC; Services Type):

See **Secondary Mental Health Care Service**.

Secondary Health Care (F, RP, RQ; Care and Treatment):

Medical care provided by a specialist or facility that requires more specialist knowledge, skill, or equipment than available in primary care.

Secondary Mental Health Care Service (F, RC; Services Type):

A specialist mental health service including psychiatric hospitals, psychiatric wards within general hospitals and community mental health services based more locally. These services can provide any combination of inpatient and outpatient care offering a range of treatments like psychiatric drugs but also therapy and counselling. Their staff include psychiatrists, psychiatric nurses, clinical psychologists, social workers, therapists and counsellors.

Sectorisation (RM; Other REFINEMENT terms):

Establishment of a catchment area where services are provided for all residents. For instance, there will be specific mental health service structures responsible for providing mental health services to everyone in the catchment area.

Self-help & Voluntary Care (RM-DESDE-LTC; Services Type):

Its main aim is to provide users with self-help or contact, with unpaid staff that offers **accessibility, information, day, outpatient and residential care** (see definitions).

Self-referral (RP; Services Type):

Individuals who refer themselves directly to a facility, institution or specialist in the health and social care system.

Serious Mental Illness (RP, RQ, RM; Care and Treatment):

See **Severe Mental Illness (SMI)**.

Service (RM-DESDE-LTC; Services Type):

Umbrella term that encompasses many different units of analysis in service research. At the micro-organisation level of care delivery it describes a combined and coordinated set of inputs (including structure, staff and organization) that can be provided to different user groups under a common domain (e.g. child care), to improve individual or population health, to diagnose or improve the course of a health condition and/or its related functioning.

Service outside the Health Care System (F, RM; Services Type):

See **Non-health Care Service**.

Service User (RM, RQ; Other REFINEMENT terms):

The term 'service user' is often used as an alternative to the use of the word patient when speaking about people with mental health problems who are in receipt of services. The term patient is seen as too 'passive', implying that individuals do not have a say over any treatment and support they receive. It has there been seen to be politically inappropriate by service user groups and many mental health professionals.

Service User Engagement (RP; Quality of Care):

Different mechanisms that facilitate discussions between services users and professional services. This may for instance help service users to have a greater say over any planned care.

Service User Satisfaction (RQ; Quality of Care):

The level of satisfaction expressed by the users of a service.

Services Inventory (RM; Services Type):

A list of services, organised into BSICs by their MTCs, for a specified geographical area. The inventory includes address, number of staff, opening times, users and contacts registered in a year, type of care provided etc. Services are coded through a specific classification tool. See also **BSICs** and **MTC**.

Service Mapping (RM; Services Type):

Service mapping is an instrument for a standardised description and classification of services within a defined geographical area. When mapping services, the different levels of service provision are also categorised. A visual representation of results can be given by plotting services on a map to indicate their spatial distribution.

Severe Mental Illness (SMI) (RP, RQ, RM; Care and Treatment):

SMI is usually defined as a psychotic or major affective disorder. It can also cover other disorders that lead to chronic disability. It can include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD) and borderline personality disorder. SMI have recurrent functional limitations on major life activities. The definition of SMI may take account of duration of illness and intensity of service utilisation (EXAMPLE: To enable data collection and country comparison, in RP SMI is only defined by the diagnosis of schizophrenia or bipolar disorder).

Shared Care (RQ; Care and Treatment):

See **Cooperative Care**.

Sheltered Employment (F, RQ; Services Type):

See **Vocational Rehabilitation Service**.

Single-handed (F, RC, RP; Services Type):

A service that is run by just one physician, although it may have other medical professionals, e.g. a single-handed GP practice would have just one primary care doctor, but could also have several practice nurses etc.

Social Care (RM, F; Care and Treatment):

Social care covers a wide range of services to help people live independently. It can include services provided in people's homes to help them with everyday activities of daily living as well as the provision of day services that individuals can choose to attend. Services are often funded and provided by local government or contracted to not for profit or for-profit organisations. See also **Social Welfare** and **Social Services**.

Social Services (RM; Services Type):

A wide range of services designed to support people to maintain their independence, enable them to play a fuller part in society, protect them in vulnerable situations and manage complex relationships. This covers social care services, but also other activities such as providing support to local communities and monitoring the safety of vulnerable people, such as children and older people. In some situations social services will be synonymous with social welfare services also providing final support, help with accommodation and education etc. See also **Social Care** and **Social Welfare**.

Social Firm (RM; Services Type):

A business created for the employment of people with a disability or disadvantage in the labour market.

Social Functioning (RQ; Quality of Care):

The ability to interact in the normal or usual way in society.

Social Health Insurance (F; Payment Mechanisms):

A social health insurance system is one where the policy-holder is obliged or encouraged to insure by the intervention of a third party (usually government). Social health insurance has two crucial characteristics. Firstly, the insured pay regular, usually wage-based (i.e. not related to risk) contributions. Secondly, independent quasi-public bodies usually act as the main managers of the system and as third party payers. Under certain conditions non-employed or self-employed people may also be covered.

Social Welfare Services (F; Services Type):

This term can cover many different services that provide financial and other support to individuals usually on the basis of entitlement (e.g. unemployment benefit) or need (housing assistance, help to find employment, rehabilitation etc). It can be provided directly by national or local government, but may be provided by the for profit and not-for-profit sectors under contract to the statutory authorities. Social care services can be considered as one type of social welfare service. See also **Social Care**.

Social Worker (RM, RQ; Services Type):

A professional with a graduate level qualification in the field of social work.

Soft Gatekeeping (F; Services Type):

Soft gatekeeping restricts the choice of specialists by voluntarily encouraging individuals to register with a primary care doctor or practice. 'Soft' gatekeeping is a term that has arisen within the context largely of some countries (France, Germany) where insurance systems are significant and where traditionally there has been a large degree of freedom of choice of providers. 'Soft' gatekeeping has been seen as providing the possibility for individuals to voluntarily choose to be subject to gatekeeping arrangements. There are usually financial or other incentives for the individual to make this choice. This is the case in France where voluntarily choosing a general practitioner (although in theory it could be a specialist rather than a GP). If an individual does not choose soft gatekeeping the rate of reimbursement is lower. In the French example there are also financial penalties if an individual who has chosen the soft gatekeeping option decides to visit a specialist without a referral. Well over 90% of the public have now chosen this option since the French scheme was introduced in 2005. See also **Gatekeeping**.

Single-handed (F, RC, RP; Services Type):

See **Single-handed**.

Specialist (F, RQ; Services Type):

See **Specialist Physician**.

Specialist Outpatient Service (RP, F, RQ, RM; Services Type):

See **Outpatient Mental Health Service**.

Specialist Stand-alone Outpatient Centre (F, RC; Services Type):

See **Stand-alone Outpatient Service**.

Specialized Outpatient Service (RP, F, RQ, RM; Services Type):

See **Outpatient Mental Health Service**.

Specialized Psychiatric Outpatient Service (RP, F, RQ, RM; Services Type):

See **Outpatient Mental Health Service**.

Staff Continuing Education (RQ; Quality of Care):

Education and training of staff to maintain the currency of their skills and qualifications. Local entities generally provide assistance in support of lifelong learning and continuing professional development.

Staff Morale (RM, RQ; Quality of Care):

The tone or spirit of mood of employees in any workplace. Good employee morale refers to a situation when most employees are well motivated and happy with the job that they do.

Stakeholder (RM; Other REFINEMENT terms):

Individuals or organisations that are affected by the actions of an organisation in which they have an interest. For example, the local community are stakeholders affected by the performance of their local health system. Other stakeholders can include service users and their families, service funders, the government, insurers, health and social welfare professionals etc.

Standardised Mortality Rate (RQ; Quality of Care):

The **Standardised Mortality Rate** can be expressed as the ratio of observed deaths in a specified population to expected deaths if the mortality was equal to that of the general population.

Stand-alone Outpatient Centre (F, RC; Services Type):

See **Stand-alone Outpatient Service**.

Stand-alone Outpatient Service (F, RC; Services Type):

An outpatient service which operates independently from other services and facilities. See also **Outpatient care**.

Stand-alone Psychiatric Facility (F; Services Type):

Establishment devoted firstly to the treatment and care of inpatients and outpatients with both acute and long term psychiatric disorders.

Stigma (RP, RQ; Quality of Care):

The assignment of negative perceptions to an individual because of perceived difference from the population at large; it may occur on the basis of many factors including race, age, disability or disfigurement, gender, sexual orientation, religion, mental or physical illness.

Stigma Campaigns (RQ; Quality of Care):

A campaign promoted to address the social stigma associated with mental illness. It can include many different activities such as different types of advertising campaigns, public events, radio and television programmes, sponsorship activities at sporting events etc, better inclusion of people with mental health problems, lobbying of politicians and arguing for anti-discrimination measures.

Stigmatisation (RP, RQ; Quality of Care):

See **Stigma**.

Study Area (Other REFINEMENT terms):

A discrete area within a project boundary in which mapping of services actually takes place. Study Areas should be delineated to logically group samples together, generally based on habitat or population stratification and/or logistical concerns. It preferably has a population between 200,000 and 1,500,000 inhabitants and should cover health district or a municipality (or have other administrative boundaries) served by a defined range of health services.

Substance Misuse (RQ; Care and Treatment):

The harmful use of substances (like drugs and alcohol) for non-medical purposes.

Suicide (RQ; Quality of Care):

It is defined as a death caused directly by intentional self-harm, including purposely self-inflicted poisoning or injury. It is sometimes used as an indicator of outcome of the quality of care of a health system or as one indicator of population health. The suicide rate may in particular be used as an indicator of the performance of mental health systems.

Support Model (RQ; Quality of Care):

A model to support people with mental health problems to return to employment. It is based on the concept that before it is necessary to be carefully trained on a range of skills so that people with mental health problems can handle real-world situations and afterwards be placed in work.

Supported Employment (FA, RQ; Services Type):

It refers to both the development of employment opportunities and on-going support for those individuals to maintain employment on the open labour market. It can provide

assistance such as job coaches, assistive technology, specialist job training and individually tailored supervision (EXAMPLE: Supported employment programs).

Supported Housing (RQ, RM; Services Type):

Support for independent housing can take different forms including houses or flats for one or more people without any on-site support, or blocks of houses or flats for single or shared use with an on-site manager or support worker providing support. In some cases residence will be time limited while in other instances it will be seen as a potential permanent dwelling.

Survey Data (RQ; Other REFINEMENT terms):

Data collected through survey methods and especially used for statistical analyses. They can be either personal or general, referring to individuals or to services for example.

Symptom (RQ; Care and Treatment):

A symptom is a subjective evidence of a disease whereas a sign is objective evidence. Only the patient can perceive it whereas a sign is apparent to the patient, the doctor and all the others.

I

Target Payment (TAR) (F; Payment Mechanisms):

See **Performance Related Payment**.

Tax Generated Revenue (F; Payment Mechanisms):

Income received by national and/or local government from any form of taxation of individuals or business.

Tax Revenue (F; Payment Mechanisms):

See **Tax Generated Revenue**.

Tele-assistance (RM; Services Type):

A service supporting people in their own home by using information technology systems, for instance to monitor their health status. It can be used to allow professionals to remotely assist each other, e.g. when a doctor remotely assists another doctor carrying out a medical or surgical act, or in assessing images, even within the framework of an emergency. Other examples include remotely assisting a first-aid worker or any person providing medical assistance to someone in danger while waiting for the arrival of the doctor.

Telecare (RM; Services Type):

See **Tele-assistance**.

Telehealth (RM; Services Type):

See **Tele-assistance**.

Tertiary Health Care (RP; Care and Treatment):

Tertiary care is specialised consultative health care, usually for inpatients and on referral from a primary or secondary health professional, in a facility that has personnel and facilities for advanced medical investigation and treatment.

Timeliness (RQ; Quality of Care):

The degree to which care is provided within the most beneficial or necessary time window.

Tool (Other REFINEMENT terms):

Any device or instrument to help perform an activity.

Toolkit (Other REFINEMENT terms):

A set of tools, such as a collection of information, resources, and advice for a specific subject area or activity, designed to be used together or in isolation for a particular purpose.

Train-and-Place Model (RQ; Quality of Care):

See **Support Model**.

Training Activity (RQ; Quality of Care):

Training of professionals according to evidence-based practices and the needs of the target population. In the case of REFINEMENT the focus has been on mental health-related training activities.

Trans-institutionalization (RM; Quality of Care):

Process through which the mentally ill are alternately and repeatedly routed between the mental health and criminal justice systems, i.e. from psychiatric hospitals to penal institutions. This process sees the increase of mentally ill in prisons followed by the reduction of mental hospital beds. It may also refer to the transfer of patients previously found in large mental hospitals to other "institutionalized" settings.

Travel Time to Service (RP; Quality of Care):

One-way travelling time by car between place of residence and place of service delivery.

U

"Under the table" Payment (F; Payment Mechanisms):

See **Informal Payment**.

Undetermined Intent (RQ; Quality of Care):

An indicator for cause of death used in mortality statistics for deaths from events where it is not clear if death was self-intentional. A proportion of these deaths will be from suicide.

User Charge (F; Payment Mechanisms):
See **Out of pocket payment**.

User Involvement (RP; Quality of Care):
See **Service User Engagement**.

Utilisation Rate (RQ, Quality of Care):

The percentage of the capacity (in terms of maximum number of potential users) of a service that is actually used (in terms of total real users) over a specific period of time. This percentage shows the relationship between the potential output of a service and its actual use.

V

Vocational Rehabilitation Service (F, RQ; Services Type):

A service to enhance and support people with long term health problems and disabilities to prepare for, obtain or return to employment. It can take many different forms. For example, a vocational rehabilitation counsellor helps the user throughout all this process by understanding the abilities, strengths, priorities and capabilities of the user.

Vocational Care (F, RQ; Services Type):

See **Vocational Rehabilitation Service**.

Voluntary Care (RM; Care and Treatment):

Unpaid services which are nonetheless provided by a non-profit and non-governmental organisation. Service provider does not receive public funding for the several social activities provided (e.g. visiting inpatients, working alongside the emergency services and providing support for disabled and sick people). Staff are unpaid and on a free voluntary basis. The aim of voluntary care facilities is to provide users with mental health need, with support, self-help or contact. There could exist in some countries voluntary organisations which are contracted and paid to provide services.

Voluntary Health Insurance (VHI) (F; Payment Mechanisms):

Health insurance that is taken up and paid for at the discretion of individuals or employers on behalf of individuals. VHI can be offered by public and quasi-public bodies and by for profit (commercial) organisations and non-profit private organisations. VHI may substitute for cover that would otherwise be available from the state, provide complementary cover for services excluded or not fully covered by the state (e.g. cover for co-payments) or provide supplementary cover for faster access and increased consumer choice.

Voucher (F; Payment Mechanisms):

A virtual or physical bond with a defined monetary value that can be exchanged for specific goods and services. Examples include vouchers that can be used to pay for training courses or for additional help at home.

W

Waiting time for regular service appointment (RP; Quality of Care):

Time between appointment scheduling and service provision.

Ward in General Hospital (F, RM ; Services Type):

See **Psychiatric Department**.

Work Integration Social Enterprise (WISE) (RM; Services Type):

See **Social Firm**.

Worker Morale (RM, RQ; Quality of Care):

See **Staff Morale**.

Work-related activity (RM-DESDE-LTC; Quality of Care):

A facility where users carry out an activity which closely resembles work for which payment would be expected in the open market, but where users are not paid or are paid less than 50% of the usual local expected wage for this form of work.

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