# Glossary of terms.

## Content warning.

This glossary of terms contains content that may be distressing for some users. If affected, please contact a crisis support service.

References for specific terms can be found at the bottom of the page.

## Assisted suicide/assisted dying/euthanasia:

The terms euthanasia, assisted suicide and assisted dying are often used interchangeably. There are, however, important distinctions. Euthanasia refers to a range of interventions made by a person to end the life of another in order to relieve their suffering. Assisted suicide occurs when a person assists another person to take their own life, usually by providing the knowledge or the means to do so. The term assisted dying is generally used to refer only to assisted suicide for a person who is terminally ill. Euthanasia, assisted suicide and assisted dying are illegal in all Australian states and territories. The Victorian Legislative Assembly has passed the Voluntary Assisted Dying Bill, which will make assisted dying legal in Victoria when the Bill comes into effect in 2019.

## Attempted suicide:

Attempted suicide refers to any non-fatal suicidal behaviour. In some cases it can be difficult to determine if a person intended their actions to result in death.

## Best practice:

The procedures or programs that have been shown by evidence (such as research or results over time) to be the most effective or to achieve optimal outcomes.

## Contributing life:

A contributing life is one enriched with close social connections and daily activities that provide meaning and purpose. It is supported by having a safe and stable home and opportunities for education and good health care, and by being free from financial stress and uncertainty as well as discrimination.

## Evidence-based programs:

Programs that have undergone rigorous scientific evaluation or are based on demonstrated experience or information extracted from scientific literature.

## *Gayaa Dhuwi* (meaning Proud Spirit) Declaration:

This declaration outlines the importance of Aboriginal and Torres Strait Islander leadership across the Australian mental health system in order to achieve optimal mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.

## Help-seeking behaviour:

The process of a person actively asking for help or support in order to cope with adverse circumstances or problems. Help-seeking behaviour involves being able to recognise and express symptoms or problems as well as an understanding of how to access support and a willingness to do so.

## Intervention:

Actions or activities taken to improve a person or groups of people’s health and wellbeing, to prevent negative outcomes or to change the course of an existing condition. Interventions generally work to decrease risk factors or increase protective factors, and may target the whole of a population (universal), specific groups or segments of the population at higher risk for a particular problem (selective) or individuals who are showing early signs for mental ill-health or suicide (indicated).

## Lived experience of mental illness:

The personal experience of mental illness or caring for or otherwise supporting someone with mental illness.

## Lived experience of suicide:

The personal experience of suicide, suicidal thoughts or a suicide attempt. It also includes the personal experience of caring for someone during a suicidal crisis, bereavement by suicide or being touched by suicide in another way. For more information, please visit the [Lived Experience page](https://www.lifeinmindaustralia.com.au/about-suicide/lived-experience).

## Mental health:

This is a positive concept relating to resilience, enjoyment of life and social connection. This state of wellbeing increases the ability of individuals and communities to realise goals and potential, to cope with the normal stresses of everyday life, to work productively and to contribute to society.

## Mental health problem:

A mental health problem diminishes a person’s cognitive, emotional or social abilities but not to the extent that it meets the criteria for a mental illness diagnosis.

## Mental illness:

A mental illness is a clinically diagnosed disorder that significantly interferes with a person’s cognitive, emotional or social abilities. Examples include anxiety disorders, depression, bipolar disorder, eating disorders and schizophrenia.

## Postvention:

The intervention activities that are conducted after a suicide to help people cope with the loss and increase their resilience. These activities usually target family, friends, professionals, community members and others bereaved by the suicide, who may all be at an increased risk of suicide themselves.

## Prevention (mental illness):

Refers to activities that aim to prevent the development of mental illness. These generally focus on reducing the risk factors for mental illness and promoting mental health and wellbeing as well as early intervention and help-seeking behaviours.

## Prevention (suicide):

Suicide prevention aims to decrease the number of people who die by suicide or attempt suicide each year, focusing on reducing risk factors for suicide and enhancing protective factors that prevent suicide and suicidal behaviour. For more information, please visit the [suicide prevention page](https://www.lifeinmindaustralia.com.au/about-suicide/suicide-prevention).

## Priority population:

Groups of people who are identified as having higher rates of suicide and require greater or more focused support to reduce their risk factors and enhance their protective factors that prevent suicide or suicidal behaviours. For more information, please visit the [priority populations page](https://www.lifeinmindaustralia.com.au/about-suicide/other-population-groups).

## Protective factors:

Characteristics, capacities, relationships, circumstances or resources that can increase a person or community’s health and wellbeing and decrease the likelihood of suicidal behaviour. These factors may be present at the individual or family level or at broader social, cultural or institutional levels, although not all individuals or groups may be protected in the same ways or to the same extent. For more information, please visit the [protective factors page](https://www.lifeinmindaustralia.com.au/about-suicide/risk-and-protective-factors).

## Recovery:

Recovery is different for every person. With no single definition, recovery is best described as a process, sometimes ongoing and lifelong, defined and led by the person involved, through which they can achieve independence, self-esteem and a meaningful and contributing life in the community.

## Risk factors:

Characteristics, relationships, circumstances or events that can increase the likelihood of suicidal behaviour. These factors may be present at the individual or family level or at broader social, cultural or institutional levels, although not all individuals or groups may be effected in the same ways or to the same extent. Risk factors should not be confused with warning signs. For more information, please visit the [risk factors page](https://www.lifeinmindaustralia.com.au/about-suicide/risk-and-protective-factors).

## Self-harm:

Self-harm refers to a person intentionally causing pain or damage to their own body. This behaviour may be motivated by suicidal intent or non-suicidal intent (for example, as a way of expressing or controlling distressing feelings or thoughts). For more information, please visit the [self harm page](https://www.lifeinmindaustralia.com.au/self-harm).

## Social and Emotional Wellbeing:

Refers to the basis for both physical and mental health for Aboriginal and Torres Strait Islander peoples and communities. This holistic concept includes but extends beyond conventional concepts of mental health and mental illness, recognising the importance of cultural determinants of health such as relationships with family, kin and community, and connections to land and sea, culture, spirituality and ancestry, as well as social determinants such as employment, housing and education.

## Stigma:

Stigma refers to the negative opinions or stereotypes about particular characteristics, behaviours or illnesses that causes someone to exclude, shame or devalue a person or group of people. Negatives attitudes create prejudice which leads to negative actions and discrimination.

## Suicidal behaviours:

Suicidal behaviours include thinking about or planning a suicide (suicidal ideation), attempting suicide or a person taking their own life. See 'attempted suicide', 'suicidal ideation' and 'suicide'.

## Suicidal ideation:

Suicidal ideation refers to a person having thoughts of ending their own life. These thoughts may vary in intensity and duration from fleeting thoughts to a complete preoccupation with wanting to die. Although not all suicidal thoughts lead a person to suicide or attempt suicide, suicidal ideation should always be taken seriously.

## Suicide:

The act of deliberately ending one's life. In some cases it can be difficult to determine if a person intended their actions to result in death.

## Suicide attempt:

Attempted suicide refers to any non-fatal suicidal behaviour. In some cases it can be difficult to determine if a person intended their actions to result in death.

## Trauma:

Trauma generally refers to the mind or body’s reactions to an intense, stressful or shocking experience that exceeds that person’s ability to cope. Trauma can be individual experience, with the potential for people to react differently to similar life events based on their previous exposure, background and other protective or risk factors. Trauma can also be a collective experience, involving whole communities of people or passing from one generation to the next within families. In this sense, a person does not need to witness a distressing event but may experience trauma after hearing about the event, in dealing with its effects on others or through mechanisms like epigenetics where the trauma experienced by parents can affect their unborn children.

## Warning signs:

Warning signs are behaviours that may indicate a person has an increased or imminent risk of suicide. Warning signs may include but are not limited to behaviours such as talking about suicide, giving away possessions, or withdrawing from relationships or regular activities. For more information, please visit the [warning signs page](https://www.lifeinmindaustralia.com.au/about-suicide/risk-and-protective-factors/warning-signs).

Further definitions relating to suicide and mental ill-health can be found in *The fifth national mental health and suicide prevention plan*.

## References

## Assisted suicide/assisted dying/euthanasia:

Parliament of Victoria. (2017). [Research Papers: Voluntary Assisted Dying Bill 2017](https://www.parliament.vic.gov.au/publications/research-papers/download/36-research-papers/13834-voluntary-assisted-dying-bill-2017) [report].

## Attempted suicide:

Conversations Matter. (2013). [About suicide](http://www.conversationsmatter.com.au/supportinginformation/about-suicide) [webpage].

## Contributing life:

National Mental Health Commission. (2014). [*National contributing life survey project*](http://www.mentalhealthcommission.gov.au/our-work/national-contributing-life-survey-project.aspx)[report].

## Gayaa Dhuwi (Proud Spirit) declaration:

Dudgeon, P., Calma, T., Brideson, T., & Holland, C. (2016). The Gayaa Dhuwi (Proud Spirit) Declaration – a call to action for Aboriginal and Torres Strait Islander leadership in the Australian mental health system. *Advances in Mental Health*. 12 July.

## Help-seeking behaviour:

Ridani, R., Torok, M., Shand, F., Holland, C., Murray, S., Borrowdale, K., Sheedy, M., Crowe, J., Cockayne, N., Christensen, H. (2016). *An evidence-based systems approach to suicide prevention: Guidance on planning, commissioning, and monitoring*. Sydney: Black Dog Institute.

## Lived experience of mental illness:

Commonwealth of Australia. (2017). *The fifth national mental health and suicide prevention plan*. Canberra: Department of Health.

## Lived experience of suicide:

Roses in the Ocean. (2018). [Lived experience of suicide is...](http://rosesintheocean.com.au/lived-experience-suicide/) [webpage].

## Mental health:

World Health Organization (WHO). (1986). *Ottawa charter for health promotion*. Geneva: WHO.

## Mental health problems:

Commonwealth of Australia. (2017). *The fifth national mental health and suicide prevention plan*. Canberra: Department of Health.

## Mental illness:

Commonwealth of Australia. (2017). *The fifth national mental health and suicide prevention plan*. Canberra: Department of Health.

## Postvention

Ridani, R., Torok, M., Shand, F., Holland, C., Murray, S., Borrowdale, K., Sheedy, M., Crowe, J., Cockayne, N., Christensen, H. (2016). *An evidence-based systems approach to suicide prevention: Guidance on planning, commissioning, and monitoring*. Sydney: Black Dog Institute.

## Prevention (mental illness):

Commonwealth of Australia. (2017). *The fifth national mental health and suicide prevention plan*. Canberra: Department of Health.

## Prevention (suicide):

Commonwealth of Australia. (2017). *The fifth national mental health and suicide prevention plan*. Canberra: Department of Health.

## Priority population:

Commonwealth of Australia. (2017). *The fifth national mental health and suicide prevention plan*. Canberra: Department of Health.

## Recovery:

Commonwealth of Australia. (2014). [*National framework for recovery-oriented mental health services: Guide for practitioners and providers*](http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-recovgde)[report]. Canberra: Department of Health.

## Self-harm:

Beyond Blue. (2018). [Self-harm and self-injury](https://www.beyondblue.org.au/the-facts/self-harm-and-self-injury) [webpage].

## Social and emotional wellbeing:

Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Aboriginal and Torres Strait Islander social and emotional wellbeing. *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. 2nd edition. Perth: Telethon Institute for Child Health Research and Canberra: Department of the Prime Minister and Cabinet. 55-68.

## Stigma:

Commonwealth of Australia. (2017). *The fifth national mental health and suicide prevention plan*. Canberra: Department of Health.

## Suicidal behaviour:

Commonwealth of Australia. (2017). *The fifth national mental health and suicide prevention plan*. Canberra: Department of Health.

## Suicidal ideation:

Nock, M., Borges, G., Bromet, E. et al. (2008). [Suicide and suicidal behavior](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2576496/). *Epidemiological Reviews*, 30(1). 133-154.

## Suicide:

World Health Organization. (2014). [*Preventing suicide: A global imperative*](http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/)[report]. Geneva: WHO.

## Trauma:

Beyond Blue. (2018). [Experiencing trauma](https://www.beyondblue.org.au/the-facts/suicide-prevention/understanding-suicide-and-grief/experiencing-trauma) [webpage].

Healing Foundation. (2016). *A Theory of Change for Healing*. Canberra: Healing Foundation.