



ADULT MENTAL HEALTH DAY SERVICE

MODEL OF CARE

June 2018

ABBREVIATIONS

ACT	Australian Capital Territory
ACTPAS	ACT Patient Administration System
AMHDS	Adult Mental Health Day Service
AMHU	Adult Mental Health Unit
CALD	Culturally and Linguistically Diverse
CM	Clinical Manager
CMHT	Community Mental Health Team
GP	General Practitioner
LAI	Long Acting Injectable
LGBTI	Lesbian Gay Bisexual Transgender and Intersex
MDT	Multidisciplinary Team
MAJICER	Mental Health, Alcohol and Drug Service, Justice Health, Integrated Care Record
MHJHADS	Mental Health Justice Health and Alcohol and Drug Services
MHS	Mental Health Service
PTO	Psychiatric Treatment Order
RN	Registered Nurse
TL	Team Leader
UCH	University of Canberra Hospital

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EXECUTIVE SUMMARY

The Adult Mental Health Day Service (AMHDS) has been running as an interim program at the Belconnen Community Health Centre designed to improve access to a range of mental health services which were previously not readily available to people living in the community. The AMHDS contributes to the continuum of mental health services provided across the Division of Mental Health Justice Health Alcohol and Drug Services (MHJHADS) through ACT Health.

The AMHDS will be re-locating to the University of Canberra Hospital in July 2018. The Model of Care (MoC) has been in operation as an interim model since 2015 and is being reviewed prior to the move to UCH.

The AMHDS delivers effective evidence-based and recovery-focused interventions to people living in the community to help enhance their quality of life and/or improve their functional status and to support progress in the individual's recovery journey. The AMHDS offers a variety of programs, including a number of group-based interventions and other specialist services that were previously not readily available, particularly within public mental health systems. The target group of AMHDS are people who are living in the community and who experiencing moderate to severe mental health conditions.

The AMHDS offers a range of programs, including but not limited to: individual and group psychological therapy; specialized medication services; psychoeducation; art and creative therapies, healthy lifestyle and living skills programs, as well as access to a range of other broader health and community services.

The AMHDS assists people in their journey of recovery by offering opportunities in a safe and supportive environment to address challenges and develop the skills and resources that will promote successful community living and an enhanced quality of life.

These services are provided as an integral component of the care continuum for adults with a mental illness as their journey may require acute care, sub-acute care, rehabilitation, day services and community based services. The services within the AMHDS can be accessed by people referred from an acute care, rehabilitation or from community mental health teams

DESCRIPTION OF SERVICE

The AMHDS has capacity for treatment of 25 adults aged 18 – 65 years and will offer programs to meet various needs including support services and programs to circumvent an acute psychiatric admission where possible, day treatment therapies, transitional support for those exiting acute services and reintegrating back into the community, intensive psychological therapy and extended treatment and recovery programs to meet specific consumer needs.

The primary function of the AMHDS is to offer a multidisciplinary approach to the biopsychosocial assessment and treatment of people with moderate to severe mental illness in a supportive and recovery oriented environment. The primary goal of the service will be to optimise symptom relief, build capacity for self-management and resilience, and develop skills and resources for living in the community.

The AMHDS complements existing services and enhances available options for intensive treatment, therapy and rehabilitation available through community mental health teams, inpatient units, and the adult mental health rehabilitation unit.

KEY VISION

The key vision for the AMHDS is to provide a service of excellence for people through:

- An efficient and effective person- and carer-centred service
- A service delivery system that provides treatment and therapeutic programs for adults aged 18 – 65 years
- Integrated service provision between acute and community services and the AMHDS
- The provision of programs to cater for a wide range of needs including therapy, rehabilitation, medication administration and relapse prevention strategies.

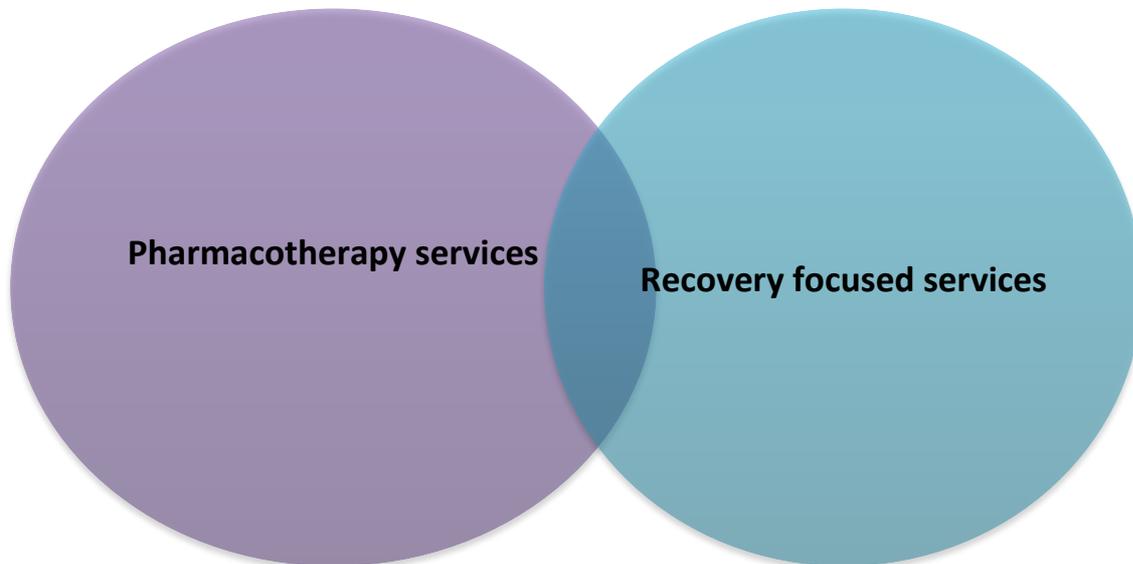
KEY FUNCTIONS

The key functions of the AMHDS are:

- To offer treatment, therapy and support to assist people on their recovery journey in an environment that is flexible and can offer intensive interventions without the need for inpatient admission
- To provide a range of psychological and recovery based programs to support people living with a mental illness to manage their difficulties, cope more effectively and live well in the community
- To offer people who require physical health interventions and monitoring due to medication protocols a supportive and therapeutic environment that allows for adequate supervision and support.

SERVICE STREAMS

To meet the various needs of people, the programs offered at the AMHDS are separated into two streams:



STREAM 1: PHARMACOTHERAPY SERVICES

Purpose: To provide pharmacological treatments including the initiation, ongoing administration, supervision and monitoring, education and other supports for people commencing on medications such as Clozapine or Olanzapine Long acting injectable (LAI).

The AMHDS provides a safe and therapeutic environment for people requiring monitoring after receiving particular medications by specialised nursing staff. People attending pharmacotherapy programs are provided with psychoeducation including identification and management of side effects of their medication/s and living skills activities to enhance their physical health whilst receiving their prescribed treatment.

STREAM 2: RECOVERY-FOCUSED SERVICES

Purpose: To deliver a range of therapeutic and supportive group programs that assist people to manage the effects of their mental illness and take an active role in their recovery. These programs include, but are not be limited to:

- Group therapy programs – including a broad range of educational and activities based interventions to empower people to take an active role in their recovery
- Living skills programs – targeted at building skills in a range of areas such as cooking, maintaining a home, and self-care, decision making skills, making advance care directives and self-advocacy support skills
- Psychological group therapy programs – for people experiencing symptoms of depression and anxiety, bipolar affective disorder, and trauma. These groups will use a Cognitive Behavioural Therapy model

- Healthy Lifestyle groups – aimed at those receiving antipsychotic medications and providing education and activities to address weight gain associated with pharmacotherapy, healthy eating, keeping cool, maintaining good health etc
- Art therapy and sensory modulation activities to assist people develop strategies to manage their emotional regulation.
- Alcohol and other drugs groups – aimed at people with co-morbid mental illness and substance use.
- Family and carer group programs aimed at increasing the capacity of family and carer’s to effectively support the people they care for.

PRINCIPLES OF CARE

The following main principles for contemporary mental health services have been adopted to achieve the AMHDS aims:

ACCESS

Treatment and services will be provided in a timely and equitable manner that meets the needs of people, their family and carer’s and staff in an environment that is safe and comfortable. Linkages will be made between people and services across the Adult Mental Health Service and Community Sector. Referrals will be reviewed promptly within the AMHDS team and the outcome communicated to the person their carer if consent is provided and the referrer. The AMHDS will follow the MHJHADS no wrong door philosophy. The program will be accessible to people who also live with other disabilities, are from a culturally and linguistically diverse background or are Aboriginal or Torres Strait Islander people.

RECOVERY FOCUSED

The AMHDS foster a culture of hope and empowerment that values respectful and therapeutic relationships, building on the strengths and resources of the person, their family and their community.

Services promote autonomy, self-determination and awareness of rights and responsibilities. Service provision is guided by the aspirations, priorities, needs and preferences of the person and their family.

An emphasis is on promoting people’s physical, social and emotional wellbeing. Support will be provided to maintain or develop connection to, and participation in, the communities and activities that people value.

PERSON AND FAMILY CENTRED

The AMHDS is guided by recovery principles. Care is person-centered, holistic, and respond to the needs of the individual. Consideration is given to the uniqueness of the person including cultural and gender diversity. Clinicians work in collaboration with the person and involve their carer and family where appropriate.

COLLABORATION AND CONTINUITY OF CARE

The AMHDS work in collaboration with the person and their family and carer's, and in partnership with Adult Mental Health services and Community-based services, as well as the primary care sector. Services and supports are integrated to enable community linkages and continuity of care. The AMHDS participate in strategic liaison meetings and specific case conferences with relevant stakeholders and services where appropriate.

During the period of registration with the AMHDS additional supports and interventions may be identified to support people to achieve optimal recovery. People will be supported to access additional supports outside of the AMHDS, as required, including any government, non-government or community programs.

MULTIDISCIPLINARY

The AMHDS has a range of expertise to provide evidence-based intervention within a multidisciplinary framework. Holistic care is provided and supported by a multidisciplinary team including peer workers.

SAFETY AND QUALITY

The AMHDS provides a safe environment for people, staff and visitors. A trauma informed system of care will guide all clinical practices and interventions within the AMHDS. Services provided are evidence-informed and founded on contemporary and innovative research and practices. Staff are accountable and work within their scope of practice. Ongoing quality improvement activities are undertaken to ensure the service continues to develop and improve. An evaluation process occurs which incorporates the feedback and views of the person and their family or carer. Provision is also made for the ongoing development of services and staff.

TRAUMA INFORMED

Trauma can be defined as a real or perceived threat to life, body, integrity or sense of self, which can be cumulative across a person's lifespan. It is recognised that a high proportion of people accessing public mental health services have a history of trauma with some studies suggesting that up to 98 percent of this patient group having experienced at least one traumatic event in their lifetime .

The AMHDS aims to take a trauma informed approach to the provision of care by adopting eight-foundation principles:

1. instilling hope and empowerment through the adoption of recovery principles
2. understanding trauma and its impact on people using our service
3. ensuring users of the service feel both emotionally and physically safe
4. considering the cultural context of trauma for individuals from diverse backgrounds
5. taking a strengths based approach to recovery and care to support people in regaining control and autonomy

6. sharing power and governance by encompassing the lived experience in all levels of strategic development and change affecting the MHSSU
7. providing integrated care for people who use our service, their families and carers to include the extended treating team, community agencies and supports
8. developing authentic professional relationships

CLINICAL GOVERNANCE FRAMEWORK

Clinical governance provides a framework which ensures that organisations are accountable and have systems in place for continuous quality improvement to safe guard high standards of clinical care.

The AMHDS I operates according to the Governance Framework for Framework for Mental Health, Justice Health and Alcohol & Drug Services (2012) which describes the way in which MHJHADS work together to ensure high quality services to our community. The document provides a description of clinical, professional and corporate governance for our Division.

Clinical governance activities are dynamic and changed as new evidence is reviewed. They are created in an environment and culture that:

- Encourages communication and feedback from all people affected by clinical practices
- Ensures best evidence-based practice is maintained and processes improved to ensure that services are “fit for purpose” in terms of accessibility, acceptability, effectiveness and equity
- Has strong leadership that supports team work, organisational values and positive culture change
- Gives opportunities for people to be involved in the decision-making related to their health care because they are the experts
- Incorporates strategies for individual and family/carer involvement in the planning of health care both at the clinical and organisational level.

Examples of current good clinical governance practices include undertaking clinical audits, maintaining staff training and education, critical incident reporting, risk assessment and management and responding to feedback.

DATA MANAGEMENT SYSTEM

MHJHADS has recently developed an Electronic Clinical Record (ECR), a new, single, clinical record system to replace the existing Mental Health Assessment Generation Information Collection (MHAGIC) database and paper based records.

Mental Health, Alcohol and Drug Service, Justice Health, Integrated Care Record (MAJICeR) will promote the following functions:

- Real time access to a shared electronic clinical record;

- Cross service clinical handover and communication;
- Integration with other clinical systems used by ACT Health; and
- Quick access to clinical summary information

The software program supports the effective communication of clinical information when people present to the public mental health system in Canberra including Emergency Departments at Canberra Hospital and Health Services (CH&HS) and Calvary Hospital.

Staff receive training on the use of MAJICeR. Any reports concerning breach of privacy or confidentiality are monitored by the MAJICeR support team and action relating to any breaches of confidentiality will be taken by senior management consistent with ACT Government IT policy.

Registration of demographic data and clinic management is done using the ACT Patient Administration System (ACTPAS) and this information migrates across to MAJICeR automatically.

Some paper clinical records will be stored securely in staff only access areas. Paper records will be scanned every 3 months and added to electronic record. Staff will be able to view the records via the Clinical Record Information System (CRIS).

It is recognized and accepted that people have the right to access personal data that is recorded as part of their engagement with the ADMHS. Access to medical records is done under the ACT Health Records (Privacy and Access) Act 1997 and fees may apply. Staff will assist people with their request and information on how to apply will be made available.

AMHDS FUNCTIONS AND FEATURES

This section provides information on the structure and functions of the AMHDS.

SERVICE USER CHARACTERISTICS

The AMHDS provide services for people:

- with moderate to severe mental illness, aged between 18 and 65 and
- who are willing to engage with services to identify goals, address challenges and progress their recovery; and
- who would benefit from a period of intensive assessment, therapy, rehabilitation and recovery services that will enhance services being delivered within the clinical management and/ or community mental health approach; and/or
- Who require monitoring or supervision when commencing or receiving pharmacological treatments such as Clozapine or Olanzapine Long-acting Injectable (LAI).

ENTRY CRITERIA

Entry criteria¹ for a person to be referred to the AMHDS include:

- The person is aged between 18 and 65; and
- The person has a primary diagnosis of a moderate to severe mental illness; and
- The person has an Adult Community Mental Health Team (ACMHT) clinical manager; and
- Referral information that suggests the person would benefit from specific AMHDS program/s; and
- The person is assessed as suitable, particularly in terms of their current wellbeing and safety; and
- The person (or guardian if relevant) consents and the person is willing to participate in the AMHDS program (note: this does not exclude people who are on a Psychiatric Treatment Order)

REFERRAL PATHWAY

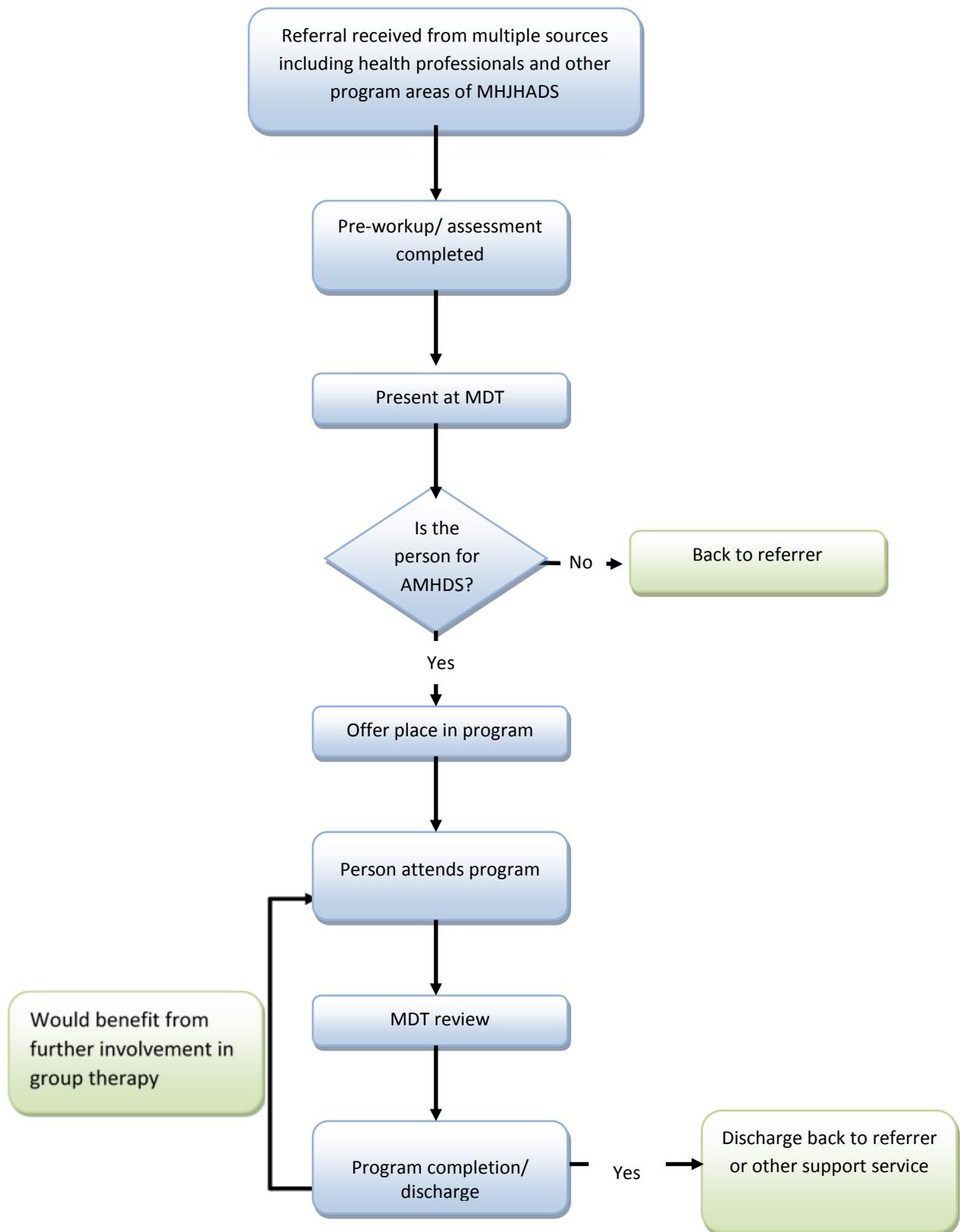
The referral pathway for the AMHDS is described below and also shown below in Diagram 1.

1. A person will access the AMHDS by a MHJHADS clinician referral. Referrals to the AMHDS may be initiated at a number of points in the continuum including, but not limited to:
 - An Adult Community Mental Health Team
 - MHJHADS Adult Mental Health Unit
 - Calvary Public Hospital Mental Health Inpatient Unit 2 North (2N)
 - Adult Mental health Rehabilitation Unit
2. Dependent on the particular program, specific referral information will be required. Information on each program will be made available for referring clinicians that describes each program's content, functions and aims, as well as the processes for referral and assessment. It is a requirement that this information is discussed with people prior to a referral being made.
3. Following receipt of the referral, a pre-commencement work-up/assessment is completed by the AMHDS clinician/s. This may involve interviewing the referred person and gathering any other required information from the person or the referrer to assess their suitability for the relevant program.
4. The referral will then be presented to the AMHDS Multidisciplinary Team to consider if the entry criteria have been adequately met to accept the referral. If the referral is not accepted, the AMHDS will discuss it with the referrer/person to in a timely manner to determine if any further information can be obtained that may assist in changing the determination.

¹ These entry criteria will generally be applied to all referrals. However, referrals which do not meet these criteria may still be considered on an individual case by case basis, and accepted under exceptional circumstances where a clear and reasonable rationale is provided.

5. If the referral is assessed as appropriate, the person and referrer are advised of this outcome and the person is then accepted into the program. Dependent on the particular program, further screening assessments or information may be required from the participant prior to commencement.
6. During the course of the program and at its completion, each participant's progress and outcomes will be discussed individually with them, as well as reviewed by the AMHDS Multidisciplinary Team.
7. Subsequent to completion of the specific program, discharge information will also be provided to the person and the referrer and other key stakeholders as required (e.g. family/carers, General Practitioner) regarding the outcomes and achievement of the person's goals.
8. If a person is unable to meet their specific objectives or goals, re-referral to a program will also be considered, if deemed appropriate.

Diagram 1: Referral pathway through the AMHDS



THERAPEUTIC INTERVENTIONS

A range of interventions are provided by the AMHDS based within a recovery-oriented framework. These programs will be predominantly run from the AMHDS 'central hub' at the UCH but for the purpose of increasing access to these services, some programs will also be available at other community health centres and external locations.

The AMHDS is staffed by a multidisciplinary team and a range of interventions are provided including:

- Group and individual programs
- Psychological therapies (e.g. Dialectical Behaviour Therapy, Acceptance and Commitment Therapy, Cognitive Behavioural Therapy)
- Occupational therapy assessments and intervention programs including sensory modulation
- Art and expressive therapies
- Medication and other medical/psychiatric interventions (e.g. Clozapine initiation and Olanzapine LAI clinics)
- Health education and healthy lifestyle programs
- Specialist services (e.g. Alcohol & Drug services, Neuropsychology, and Dietetics).

GROUP THERAPY AND SKILLS PROMOTION

The AMHDS provides a broad range of therapeutic interventions. Group therapy and skills programs are an integral component of this service. The aim is to motivate and equip people with the knowledge, skills and strategies to take an active role in their own recovery. These groups assist people in various phases of their recovery journey.

Group therapy is a powerful venue for individual growth and change. It can provide an environment of trust and safety to help the person build the skills to assist in their recovery journey and explore a broad range of personal concerns. The AMHDS will provide group programs aimed at reducing the impact of mental illness within a person's life as well as increasing skills and overall level of functioning. The group model supports holistic mental health care and the person's individual recovery journey.

Group programs delivered at the AMHDS include a range of interventions such as those targeted at relief from symptoms of anxiety, depression, borderline personality disorder and psychosis.

The AMHDS aims to create a non-institutional, safe and therapeutic environment where people with mental illness can receive treatment in an atmosphere that promotes autonomy, self-responsibility, care, and connection.

MEDICATION INITIATION AND MONITORING CLINICS

The AMHDS provide pharmacological treatments including the commencement, initiation supervision, monitoring, education and other supports for individuals commencing on Clozapine and those on Olanzapine Long Acting Injectable (LAI) within the community.

The AMHDS provides a safe and therapeutic environment for people requiring monitoring after receiving Olanzapine LAI by specialised nursing staff. People attending pharmacotherapy clinics will be provided with psychoeducation including identification and management of side effects of their medication/s and living skills activities to enhance their physical health whilst receiving their prescribed treatment. The AMHDS has introduced a program for the initiation of clozapine medication in the community. Previously, a hospital admission was required to commence this medication however it is now possible to have the medication commenced and for people to receive intensive monitoring and review for any potential adverse reactions by specialized nursing staff in an outpatient clinic setting. This allows the person to receive the treatment necessary in a timely fashion and be able to remain in their own home and engage in their daily activities whilst initiation of the pharmacotherapy occurs.

The overall aim of the AMHDS is to create a non-institutional, safe and therapeutic environment where people with mental illness can receive treatment in an atmosphere that promotes autonomy, self-responsibility, care, and connection.

SUPPORTING INDIVIDUAL NEEDS

It is acknowledged that people identify with a variety of cultural and/or ethnic backgrounds and may have diverse family and social networks, educational backgrounds, religious or other belief systems or socio-political views. It is important that these factors are considered and supported by cultural and gender sensitive practice. People who experience intellectual or other disabilities can be supported or receive assistance to seek additional supports that they may feel beneficial in maximizing their level of functioning.

MAINTAINING CULTURALLY SENSITIVE PRACTICE

The cultural sensitivities of Aboriginal and Torres Strait Islander People and Culturally and Linguistically Diverse (CALD) People are acknowledged and addressed.

The AMHDS ensures that it has capacity to meet cultural, gender and spiritual needs of people and their families by ensuring:

- Delivery of services that are sensitive to the social and cultural beliefs, values and practices of Aboriginal and Torres Strait Islander people and those from CALD backgrounds
- Communication with people and families/carers are in a language that they can understand, free from medical jargon with use of interpreters where required
- Recognition of and privacy for cultural and spiritual practice.
- Cultural diversity training is undertaken by all staff, including cultural awareness in regard to health service delivery to people from CALD and Aboriginal and Torres Strait Islander backgrounds
- With the person's consent, referral of Aboriginal and Torres Strait Islander person to the Aboriginal Liaison Officer (ALO).

LESBIAN, GAY, BISEXUAL, TRANSGENDER AND INTERSEX (LGBTI) PEOPLE

The AMHDS provides safe and supportive care for LGBTI people. The team strives to be sensitive to issues of sexuality, sex and gender diversity. The AMHDS promotes inclusive language and practices, cultural competency and staff education in order to support LGBTI people.

SUPPORTED DECISION MAKING

The AMHDS recognises that the ACT Mental Health Act includes supported decision making as a right of individuals with regard to all treatment and care decisions. The program will provide opportunities for support to be provided so that participants can participate to the greatest extent possible in decisions that affect them.

STAFFING PROFILE

To ensure the best possible community rehabilitation and recovery choices for people engaged with MHJHADS, the AMHDS is staffed by a multidisciplinary team. This approach supports best practice for care system delivery and allows for a framework of care coordination and resource allocation within Mental Health Services which is effective, efficient and transparent.

The staff at the AMHDS at UCH will include:

- Team Leader, Health Professional Officer (HPO) Level 4 (Nurse, Occupational Therapist, Psychologist, or Social Worker) - 1.0 Full-time Equivalent (FTE)
- HPO3 (Occupational Therapist, Psychologist or Social Worker) - 3.0 FTE
- HPO2 (Occupational Therapist, Psychologist or Social Worker) – 1.0FTE
- Registered Nurse Level 3.1 - 1.0 FTE
- Registered Nurse Level 2.1 – 1.0 FTE (Drug and Alcohol Nurse)
- Registered Nurse Level 1 – 1.0 FTE
- Staff specialist (Registrar) – 1.0 FTE
- Consultant Psychiatrist – 0.4 FTE

The AMHDS will also have access to a number of positions shared with the AMHRU including:

- HPO Level 1 (Psychologist Intern on MHJHADS rotation) – 1.0 FTE
- Art Therapist – 0.6 FTE
- Neuropsychologist – 0.6 FTE
- Dietitian – 0.2 FTE
- Peer worker – 1.4 FTE

- Exercise Physiologist – 1.0 FTE

The staffing profile for the AMHDS provides a person-centred approach to care in the context of ready access to several disciplines of health professionals to provide a comprehensive and well-coordinated complex care plan.

NOTE: Both community-managed agencies and the primary health care sector play an integral part in people's recovery and as such, the AMHDS MDT will work closely and in partnership within the broader community sector. In reach from other health and community services may be negotiated to provide additional services within the AMHDS.

SPECIFIC AMHDS OPERATIONS

HOURS OF OPERATION

The AMHDS will operate between 08:30 and 17:00hrs, Monday to Friday.

PHYSICAL ENVIRONMENT

The AMHDS will operate from the University of Canberra Hospital (UCH) as a centralised hub adjacent to the AMHRU. The AMHDS will provide care in a purpose built environment that promotes safe and effective delivery of services for the people using the services, staff, and visitors. There are sufficient and appropriate rooms, space and amenities to cater for a range of different functions including group therapy programs and activities, administration areas, and private consultation and treatment rooms. The AMHDS have sufficient capacity to provide for up to 25 people/places at any one time. The décor, furnishings and layout including access to outdoor areas have been specifically designed and chosen to promote a non-clinical/non-institutional.

SMOKE FREE ENVIRONMENT

The ACT Health smoke free policy will apply to the University of Canberra Hospital including the AMHDS.

The goal of a smoke free environment is to provide a healthier environment and promote healthy lifestyles for consumers, carers and staff. The intention is not to enforce people to give up smoking but to lead a culture which is sensitive and supportive to consumers, visitors and staff in smoking reduction and cessation.

People referred to the AMHDS will already have been screened for tobacco smoking and assessed for level of nicotine dependence and will also be offered NRT to manage cravings or other therapeutic interventions offered as needed.

PERSONAL PROPERTY

People will be supplied with a locker at the AMHDS and be in charge of managing their property. Personal property, with the exception of materials required for programs, should be kept in the locker for the duration of the session.

CHANGES TO PRACTICE

The transfer of the AMHDS to the University of Canberra Hospital, provides an opportunity to deliver services in a purpose built facility that includes customised therapy and activity spaces along with access to outdoor spaces. Additional services and supports include access to increased psychological therapies, art therapy, neuropsychology assessments, dietetics and peers workers.

GLOSSARY

Access	Ability of consumers or potential consumers to obtain required or available services when needed within an appropriate time.
Assessment	Process of gathering information about a person with the purpose of making a diagnosis. The assessment is usually the first stage of a treatment process.
Clinical Handover	Handovers are key events in transitions between shifts and treating teams, including General Practitioners and the community teams or inpatient services, as well as within teams as part of how they divide their tasks.
Clinical Management	The provision of case coordination that includes the bio-psycho-social model with the inclusion of discipline specific therapeutic interventions.
Collaboration	A way of working together/co-operating to ensure consumers receive the services they most need.
Continuity of Care	Linkage of components of individualised treatment and care across health service agencies according to individual needs.
Documentation	Process of recording information in the health record and other documents that are a source of information; a written tangible record of care and services provided.
Integration	The process whereby inpatient and community components of a mental health service become coordinated as a single, specialist network and include mechanisms which link intake, assessment, crisis intervention, and acute, extended and ongoing treatment using a case management approach to ensure continuity of care.
Multidisciplinary Team	A team that is made up of a number of different disciplines such as psychiatry, psychology, social work, nursing and occupational therapy from both within and outside of the Division. They may include Consumer Consultants, Carer Consultants and Peer Workers

Person Centered	Approaches to service that embrace a philosophy of respect for partnership with people receiving the services. They involve a collaborative effort from consumers, their family and carer, friends and mental health professionals.
Recovery	Gaining and retaining hope, understanding one's abilities and limitations, engaging in an active life that has value and meaning, sense of personal autonomy, positive sense of self.
Rights	Something that can be claimed as justly, fairly, legally or morally one's own. A formal description of the services that consumers can expect and demand from an organization.
Referral Process	Systems and protocols that ensure linkages between services to support continuity of care and ensure that consumers of services are able to negotiate the system in a seamless and timely manner.
Safety and Quality	The safety of a health care system is defined by the National Health Performance Committee as relating to the avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered. Quality is a guiding principle in assessing how well the health system is performing in its mission to improve the health of Australians.
Treatment	Specific physical, psychological and social interventions provided by health professionals aimed at the reduction of impairment and disability and / or the maintenance of current level of functioning

*All glossary terms have been taken from the National Standards for Mental Health Services (2010)

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