

Glossary

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Aotearoa—‘Land of the Long White Cloud’, recognised as the indigenous word for New Zealand.

Caregiver or Carer—A person, usually a family member, who looks after a person with a disability or health problem, and who is unpaid.

Community—A collective of people identified by their common values and mutual concern for the development and wellbeing of their group or geographical area.

Community capacity—The characteristics of communities that affect their ability to mobilise, to and identify, , and address social and health problems.

Community development—Increasing the ability of communities, particularly marginalised communities, to work together to identify and take action on priorities defined as important by the communities themselves. Community action can be defined as action by a collective of people who mobilise and co-ordinate systems and resources to solve mutual problems or to pursue mutual goals.

Connectedness—A person’s sense of belonging with others.

Culturally appropriate services—Services responsive to, and respectful of, the history, traditions and cultural values of the different ethnic groups in society.

DAG—District Advisory Group for the Like Minds Like Mine programme.

Determinants of health—The range of personal, social, economic and environmental factors that determine the health status of individuals or populations.

Disability—Incapacity caused by congenital state, injury or age-related condition expected to last six months or more. A disability may or may not be associated with the need for assistance.

Disparity (or deprivation)—Socioeconomic or health inequality or difference relative to the local community or wider society to which an individual, family or group belongs.

District Health Boards—(DHBs) are organisations established to protect, promote and improve the health and independence of a geographically defined population. Each District Health Board will fund, provide or ensure the provision of services for its population.

Early intervention—Interventions targeting people displaying the early signs and symptoms of a mental problem or mental disorder.

Empowerment—A sense of own value and strength and a capacity to handle life’s issues.

Environment—Physical surroundings and conditions.

Equity (in health)—Fairness.

Evaluation—Assessment against a standard. Evaluations can assess both the process (of establishing a programme to deliver an outcome) and outcomes (ultimate objectives).

Hapū—Groups of whānau with common ancestral links; sub-tribe.

Health education—Providing information and teaching people how to behave safely and in a manner that promotes and maintains their health.

Inclusive society—A society that highly values our lives and continually enhances our full participation.

Intersectoral collaboration—Projects involving various sectors of society including central and local government agencies (health, education, welfare and so on), community organisations (IHC, CCS, churches, etc) and the private sector.

Intervention—A programme or series of programmes.

Iwi—Tribe.

Life skills development—Is treated here as a set of attributes that enable an individual to cope with challenges to both mental and physical functioning. It implies an attempt to improve, maintain and protect one's self-esteem, mastery of personal circumstances and a sense of coherence, all of which are considered as indicators of individual positive mental health.

Lifestyle—Lifestyle is a way of living based on identifiable patterns of behaviour based on an individual's choice, and influenced by the individual's personal characteristics, their social interactions and socioeconomic and environmental factors.

MHAC—Mental Health Advisory Committee.

Mental health and wellbeing—More than the absence of mental illness. It is the capacity of each of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual wellbeing that respects the importance of equity, social justice, interconnections and personal dignity (International Workshop in Toronto 1996).

Mental health problems—Diminished cognitive, emotional or social abilities, but not to the extent that the criteria for a mental disorder are met.

Mental illness or disorder—Any clinically significant behavioural or psychological syndrome characterised by the presence of distressing symptoms or significant impairment of functioning.

Monitoring—The performance and analysis of routine measurements, aimed at detecting changes.

NAG—National Advisory Group for the Like Minds Like Mine programme.

NGO—Non-governmental organisation.

Pacific peoples—The population of Pacific Island ethnic origin (for example, Tongan, Niuean, Fijian, Samoan, Cook Island Māori, and Tokelauan) incorporating people of Pacific Island ethnic origin born in New Zealand as well as overseas.

Partnership—The relationship of good faith, mutual respect and understanding and shared decision-making between the Crown and Māori.

Population-based interventions—Interventions targeted at populations, rather than individuals.

Population health—The health of groups, families and communities. Populations may be defined by locality, biological criteria such as age or gender, social criteria such as socioeconomic status, or cultural criteria such as whānau.

Positive mental health—Refers to mental health as a capacity to perceive, comprehend and interpret our surroundings, to adapt to them and to change them if necessary and to think and to communicate with each other (1999 Lahtinen et al).

Prevention—refers to interventions that are designed to prevent mental health disorders or problems from occurring. Prevention interventions can be:

- universal – targeted to the whole population (e.g. healthy cities).
- selective – targeted to individuals or groups at increased risk (e.g. post natal home visits for new mothers).
- indicated – targeted to individuals with early symptoms (e.g. grief therapy for individuals experiencing the loss of a close relative, partner or friend).

Primary health care—Essential health care based on practical, scientifically sound, culturally appropriate and socially acceptable methods. It is universally accessible to people in their communities, involves community participation, is integral to, and a central function of, the country's health system, and is the first level of contact with the health system.

PHO—Primary Health Organisation nominated to deliver primary health care under the core strategy.

Programme—A group of activities directed towards achieving defined objectives and targets.

Protective factors—Those factors that produce resilience to the development of psychological difficulties in the face of adverse risk factors.

Provider—An organisation or individual providing health disability services.

Public health—The science and art of promoting health, preventing disease and prolonging life through organised efforts of society.

Public health approaches—The goals of public health are to focus on the determinants of health, build strategic alliances and implement comprehensive programmes to promote public health.

Resilience—The ability to bounce back from social adversity. Dealing with adversity includes developing increased self-awareness, personal coping, decision-making and problem-solving skills, social skills and the ability to access and utilise mental health promoting resources.

Risk behaviour—An aspect of personal behaviour or lifestyle, an environmental exposure, or an inborn or inherited characteristic that is associated with an increased risk of a person developing a disease.

Self-esteem—A positive sense of self that is essential to personal wellbeing and individual vitality.

Sense of mastery—The extent to which people have control over their own lives.

Sense of coherence—An outlook and attitude that life is manageable and meaningful.

Settings approach—Links people to environments, organisations and whole populations.

Socioeconomic status—A relative position in the community as determined by occupation, income and amount of education.

Socio-economic disadvantage—A relative lack of financial and material means experienced by a group in society, which may limit their access to opportunities and resources that are available to the wider society.

Stressors—An event that occasions a stress response in a person.

Treaty of Waitangi—New Zealand's founding document. It establishes the relationship between the Crown and Māori as tangata whenua (indigenous peoples) and requires both the Crown and Māori to act reasonably towards each other and with utmost good faith.

Whānau—Reference to immediate and extended family members.

Whare tapa whā—The four cornerstones of health: wairua (spiritual), tinana (physical), hinengaro (psychological and emotional aspects) , whānau (family and extended social environment). The comparison is being made to the sturdy framework of a house.

Wellness—A dimension of health beyond the absence of disease or infirmity, including social, emotional and spiritual aspects of health.

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