Faculty of Arts

McGill Training and Human Resource Development Project

Language Training Program

Findings and Recommendations of the
Lexicon Evaluation Committee

Prepared by Sky McLaughlin and Jim Rogers

August 2006

List of Lexicons Reviewed

Glossary of Social Services
Department of the Secretary of State of Canada. Translation Bureau.
Minister of Supply and Services, 1983.
ISBN-0-662-52338-5

Glossary of Health Services
Terminology Bulletin 243. Translation Bureau.
Minister of Public Works and Government Services. Canada, 1999.
ISBN-0-660-61002-7

Moisan, Daniel, Terminologue.
Lexique élémentaire – à l'usage des médecins
Office québécois de la langue française. 1983. Éditeur officiel du Québec.
ISBN-2-550-10286-X

Primer in Medical English
These photocopies are marked 'For private use only'. They appear to be photocopies of a typed list prepared by individuals (faculty members?) of the University of Toronto. No date is mentioned.   Included are extracts from the Glossary of Terms commonly used by Physical Therapists in English-French-German-Spanish as published by the World Confederation for Physical Therapy.

Amyot, Alice
Ma petite mémoire
2003. Pierrefonds, Québec : Les Éditions Plume au vent.
ISBN-2-980175-1-7-Y

Au secours / Help : A Medical Communications Guide
Published by the American Women's Club of Geneva in collaboration with the Henry Dunant Institute of Geneva. Geneva, 1990.
ISBN-2-88044-024-6

French – English vocabulary: médicine et soins médicaux
Photocopies, but no bibliographical information.

French/English Lexicon – Child Welfare, Centres of Excellence for Children's Well-being, Toronto. http://www.cecw-cepb.ca/lexicon_f.html

List of technical and popular medical terms: French
http://users.ugent.be/~rvdstich/engloss/FR/lijstc.html

Lexique médical bilingue
VB Plus, Inc., École de formation en entreprise.2005. Montréal.

Executive summary

The Lexicon Committee, formed in early July 2006, is composed of three members proposed by the network partners and two language specialists from the THRDP. The committee members who review the lexicons which are the subject of this report are: Sarah Finlayson a school social worker from the Gaspé region, Isabel Sullivan an ESL specialist from Laval University and Marion Standish with a background in nursing, nurse management and ESL and Sky McLaughlin and Jim Rogers from the McGill Project. The committee convened via telephone conference on July 18, 2006 to review the suggested criteria for evaluating lexicons which was prepared by Sky McLaughlin and Jim Rogers. The committee agreed in principle to the general evaluation categories that were outlined and also decided to add more categories as they arose naturally during the process of reviewing the lexicons. During this telephone conference, the invited members shared their extensive experience in the fields of healthcare and ESL and also shared what experience they had using lexicons. This discussion and sharing of experience served as a fruitful generator of ideas and evaluation criteria before reviewing the lexicons. After the telephone conference seven lexicons were sent to each member, with a deadline of August 3rd set for the submission of an evaluative report. This report is a synthesis of the Committee's findings and general recommendations. The committees' final ratings of each lexicon conclude this report.

The full texts of the invited committee members' findings and recommendations are available from the THRDP offices at McGill University in Montreal.

General Findings and Recommendations

The Committee's review of the lexicons has led to the identification of a number of characteristics that would make a lexicon suitable as a reference and/or pedagogical material for ESL learners who are professionals in the health and social services domain. Each of these characteristics should be kept in mind when choosing a lexicon for professionals or when in the process of designing lexical materials for pedagogic purposes.

- Organized by subject/theme/function, including sections for particular medical specialties
- Organized in two columns – English/French, French/English so that it can be used by native speakers of either language
- Includes phrases, expressions and questions in ways that provide an example of real-life practitioner/client interaction
- Includes phrases/terms from the pharmaceutical domain, including medical and street names for medications as well as instructions for administering medication
- Includes synonyms of the superordinate term so that professionals can develop their vocabulary base and have a broad knowledge base that will help them in unfamiliar situations
- Consistently pairs medical and common terms, and even abbreviations if appropriate
- Does not include false cognates
- Includes only those terms which are in current usage and are appropriate and sensitive
- Includes lexical items necessary to describe a wide range of emotions
- Includes clearly and properly labelled diagrams where appropriate (e.g. parts of the body; medical equipment; hospital wards; etc.)

Of all of the lexicons reviewed, the committee agrees that the Au Secours/HELP lexicon is the most comprehensive and would be more applicable to the needs of professionals in the healthcare field than the others. Details justifying this recommendation are included in the following tables, however a brief overview of the positive elements of this lexicon is included here, as well as a note about its drawbacks.

The Au Secours/HELP lexicon could be useful for healthcare professionals trying to improve their English for the following reasons:

- It is well organized by specific types of health problems/issues and it is broken down into sections for various medical specialities
- It contains not only lists of vocabulary items, but also phrases and expressions useful when communicating with patients/clients
- French and English words are distinguished by the use of two different fonts
- The lexicon includes clearly labelled diagrams which can be a valuable on-site resource as well the foundation of "doable" units of instruction in the classroom
- The vocabulary is authentic and is in current usage
- The vocabulary could be useful in eliciting dialogue in the classroom
- The lexicon includes examples of real-life contexts in which the language items are generally used, including both perspectives of patient-practitioner and practitioner-patient communication

Despite its potential usefulness, there remain two significant drawbacks:

- The lexicon needs to be updated to reflect current usage in terms of recent diseases (e.g. SARS) and more modern diagnostic techniques, as well as diseases (e.g. diabetes) which are becoming more prevalent in modern society
- This lexicon would not really be appropriate for social/mental health workers because there are a number of terms included in the mental illness section which are either inappropriate or not in current use

It is a general finding that each of the lexicons reviewed would have to be significantly adapted in order to be useful in the fields of social work/mental health. Attached as an appendix to this document is a suggested glossary of terms which could be a starting point in the creation of any social work/mental health lexical materials for pedagogical/reference purposes. The glossary includes the words which are relevant from all of the lexicons reviewed, as well as a number of terms encountered regularly by committee member Sarah Finlayson, a social worker in elementary and secondary schools. It is her recommendation that when selecting terms for a lexicon, it would be useful to consult the DSM-IV, which is the standard classification of mental disorders used by mental health professionals in the United States (and Canada) and is applicable in a wide array of contexts and used by clinicians and researchers in a number of different fields.

It is another general finding that, when reviewing the lexicons from the perspective of their usefulness to social workers/mental health professionals, there should be a vocabulary base of legal terms and emotional language (e.g. grief and defence mechanisms).

The report now continues in a table-based, visual format with an overview of the findings and recommendations for each individual lexicon.

COMMITTEE MEMBER	**LEXICON: GLOSSARY OF SOCIAL SERVICES** Department of the Secretary of State of Canada. Translation Bureau. Minister of Supply and Services, 1983. ISBN-0-662-52338-5
Sarah Finlayson (Background in Social Work – elementary and secondary schools)	**Relevance** - Although some terms are outdated, the majority of the words are relevant to the field of social work **Appropriateness/Authenticity** - There are a number poorly translated and/or outdated/inappropriate words which have been identified and listed **Organization** - The organization would make it difficult and frustrating to use - More useful to have French and English terms separated by column - Alphabetical order **Recommendation** - It is more helpful for learners/practitioners to have the terminology grouped by category, topic, subject, areas of practice, etc. - If arranged more coherently, these terms could possibly form the basis of a more practical lexicon resource for professionals in the field of social services
Isabel Sullivan (Background in ESL education)	**Relevance** - Useful for both teachers and students **Appropriateness/Authenticity** - Geared towards medical terms - Do not always reflect patient-user vocabulary - Do not include common expressions that patients/clients might use - Contain several false cognates **Organization** - Organized only alphabetically, not by topic **Recommendation** - More suitable as collections in a reference library, a central place in institutions for consultation
Marion Standish (Background in Nursing, Nurse Management and ESL education)	**Relevance** - Specific to the needs of social workers and youth protection workers **Appropriateness/Authenticity** - The words are appropriate, although there are a handful of poor translations/false cognates and a few instances of words not in current use - Not enough alternative vocabulary/synonyms - No phrases to draw on for communicative activities **Organization** - The words are organized by alphabetical order in French and English and could be confusing at first glance - There is no organization in terms of subject/topic/theme **Recommendation** - There are no examples of conversations with clients nor any phrases on which to build dialogue, so this would probably be best used for writing reports in an office setting - This lexicon would need to include the words used to describe emotions
Jim Rogers (McGill ESL Specialist and Distance Learning Specialist)	**Appropriateness/Authenticity** - The terminology appears appropriate and authentic, but the terms are very general in nature, many of which are simply cognates (note: beware of false cognates) **Organization** - Usefulness of its system of organization is not readily apparent **Recommendation** - Not a useful pedagogical tool as there are no phrases or other useful building blocks for communicative activities

COMMITTEE MEMBER	LEXICON: GLOSSARY OF SOCIAL SERVICES Department of the Secretary of State of Canada. Translation Bureau. Minister of Supply and Services, 1983. ISBN-0-662-52338-5
Sky McLaughlin (McGill ESL Specialist)	**Relevance** - It appears that the majority of the words are relevant to the field of social work, but since it was published in 1983 the terms may not reflect current usage **Appropriateness/Authenticity** - Because it is dated, there are some words which are no longer appropriate (e.g. handicapped vs. disabled) - The lexicon includes only words and not phrases or expressions used in daily language - The words are not contextualized in examples of real-life interaction between practitioners and clients **Organization** - The organization is only in long lists of French and English words without being divided into themes or functions - It would be useful to have English/French and French/English for native users of both languages **Recommendation** - It would be more helpful for learners/practitioners to have the lexical items grouped by category, topic, subject, areas of practice, etc.

COMMITTEE MEMBER	LEXIXCON: GLOSSARY OF HEALTH SERVICES Terminology Bulletin 243. Translation Bureau. Minister of Public Works and Government Services. Canada, 1999. ISBN-0-660-61002-7
Sarah Finlayson (Background in Social Work – elementary and secondary schools)	**Relevance** - Seems useful for practitioners to study or review before working in the field of health services **Appropriateness/Authenticity** - The terms are appropriate and up to date - Has indicated the terms which are relevant for social workers **Organization** - Usefully organized into two columns, one for French-English and one for English-French **Recommendation** - Could possibly serve as a general reference for reading/writing reports, notes, etc.
Isabel Sullivan (Background in ESL education)	**Relevance** - Useful for both teachers and students **Appropriateness/Authenticity** - Geared towards medical terms - Do not always reflect patient-user vocabulary - Do not include common expressions that patients/clients might use - Contain several false cognates **Organization** - Organized only alphabetically, not by topic **Recommendation** - More suitable as collections in a reference library, a central place in institutions for consultation
Marion Standish (Background in Nursing, Nurse Management and ESL education)	**Relevance** - Possibly relevant for translators, archivists and nurses, nurse administrators **Appropriateness/Authenticity** - Words listed are common terminology used in healthcare establishments - Has no phrases or expressions, although there are some brief descriptions of procedures/techniques - A few poor translations notes - Not specific to special units or work stations

COMMITTEE MEMBER	LEXIXCON: GLOSSARY OF HEALTH SERVICES Terminology Bulletin 243. Translation Bureau. Minister of Public Works and Government Services. Canada, 1999. ISBN-0-660-61002-7
	- Language used is not common for nurse aids, clients or families - Terms are very technical so of limited use for conversation with clients **Organization** - Words only organized in terms of alphabetical order, not by function or topic - Since it is only organized in English and then French it would be useful for unilingual speakers **Recommendation** - Could be used as reference material for ESL teachers, but there are no phrases included for soliciting information from patients, nor is there a vocabulary base for social workers or receptionists
Jim Rogers (McGill ESL Specialist and Distance Learning Specialist)	
Sky McLaughlin (McGill ESL Specialist)	**Relevance** - Appears to be a good reference resource for a range of professionals in the healthcare field, but not practical as an on the job reference - Not comprehensive enough for social workers/ mental health practitioners **Appropriateness/Authenticity** - Words appear to be in common usage, but there are no phrases or expressions or questions - Words are not placed in the context of real-life interaction between practitioner/client **Organization** - Very usefully organized in two sections – both English/French and French/English so it is easy to use by native speakers of both languages - Only organized alphabetically, not by medical specialty or by topic/function **Recommendation** - Could be used as a self-study guide by professionals or as a word bank by teachers, but there are no building blocks for communication to be developed into ready-made classroom materials

COMMITTEE MEMBER	Moisan, Daniel, Terminologue. **LEXICON: LEXIQUE ÉLÉMENTAIRE – A L'USAGE DES MÉDECINS** 1983. Office québécois de la langue française. Éditeur officiel du Québec.
Sarah Finlayson (Background in Social Work – elementary and secondary schools)	**Relevance** – Most relevant for doctors and medical professionals - A number of terms have been marked which would be relevant for social workers **Appropriateness/Authenticity** - A number of translation errors identified **Organization** - Not organized by subject and therefore very difficult to use as a quick reference on the job **Recommendation** - Could possibly be helpful when writing or reading reports, notes, etc.
Isabel Sullivan (Background in ESL education)	**Relevance** - Useful for both teachers and students **Appropriateness/Authenticity** - Geared towards medical terms - Do not always reflect patient-user vocabulary - Do not include common expressions that patients/clients might use - Contain several false cognates

COMMITTEE MEMBER	Moisan, Daniel, Terminologue. **LEXICON: LEXIQUE ÉLÉMENTAIRE – A L'USAGE DES MÉDECINS** 1983. Office québécois de la langue française. Éditeur officiel du Québec.
	Organization - Organized only alphabetically, not by topic **Recommendation** - More suitable as collections in a reference library, a central place in institutions for consultation
Marion Standish (Background in Nursing, Nurse Management and ESL education)	**Relevance** - Designed for doctors, but appropriate for nurses and other health professionals **Appropriateness/Authenticity** - Most words seem appropriate, but some are very technical - No phrases, expressions or questions or provided as a basis for dialogue or looking at language in interaction - Only a few words offer a second meaning (e.g. synonym) **Organization** - Words listed only by alphabetical order in separate English and French sections, therefore more helpful for unilingual persons - Not practical for use on the job **Recommendation** - Might be used as reference material for ESL teachers, but in itself it is not helpful for stimulating conversation - Might be useful for translators of medical documents - To be more useful it would need to include phrases, expressions and models of communication between practitioner and client
Jim Rogers (McGill ESL Specialist and Distance Learning Specialist)	**Relevance/Appropriateness/Authenticity** - A list of technical vocabulary which appears to reflect current usage - Most relevant for physicians and possibly 2nd/3rd line nurses **Organization** - Organized by alphabetical lists and therefore not particularly useful for quick reference **Recommendation** - From a pedagogical perspective, there are no phrases or building blocks necessary for communicative activities - Perhaps usable only as a reference for written tasks
Sky McLaughlin (McGill ESL Specialist)	**Relevance** - Useful for teachers as a general word bank but not as a teaching tool; a very general reference document for practitioners **Appropriateness/Authenticity** - Seems to include mainly medical terms - Words not situated in examples of practitioner/client interaction - Does not include common phrases or expressions that patients/clients might use - Doesn't provide examples of how to elicit information from patients (questioning skills) **Organization** - Organized only alphabetically, not by topic - Usefully organized by both French/English and English/French **Recommendation** - More suitable as a reference document that professionals could consult at their own leisure rather than on the job - Provides a word bank for teachers, but a lot of work would have to be done to make classroom materials from this list of words

COMMITTEE MEMBER	**LEXICON: PRIMER IN MEDICAL ENGLISH** (Handwritten title) These photocopies are marked 'For private use only'. They appear to be photocopies of a typed list prepared by individuals (faculty members?) of the University of Toronto. No date is mentioned. Included are extracts from the Glossary of Terms commonly used by Physical Therapists in English-French-German-Spanish as published by the World Confederation for Physical Therapy.
Sarah Finlayson (Background in Social Work – elementary and secondary schools)	
Isabel Sullivan (Background in ESL education)	
Marion Standish (Background in Nursing, Nurse Management and ESL education)	
Jim Rogers (McGill ESL Specialist and Distance Learning Specialist)	**Relevance** - Seems useful for nurses **Appropriateness/Authenticity** - The phrases appear to be out-dated and not part of normal, un-forced conversation between practitioner and client - Words/phrases are general and technical terms not always paired with common terms **Organization** - Organized by topic **Recommendation** - Too out-dated to consider
Sky McLaughlin (McGill ESL Specialist)	**Relevance** - The information appears useful for a range of healthcare professionals, but probably most suitable to the needs of nurses **Appropriateness/Authenticity** - The lexicon includes a number of phrases, expressions and questions used for eliciting information from patients, but they appear to be quite out-dated and a little too formal to be examples of real-life interactions between practitioner/client - The phrases/questions are only what practitioners would use; there is no predicted/common responses from patients to help practitioners cope with unfamiliar situations - Words/phrases are general and technical terms not always paired with common terms **Organization** - Organized very broadly by topic/medical specialty **Recommendation** - Probably too out-dated to consider - Not comprehensive enough - Doesn't include enough information for social workers / mental health professionals

COMMITTEE MEMBER	Amyot, Alice. 2003. **LEXICON: MA PETITE MÉMOIRE** Les Éditions Plume au vent, Pierrefonds, Québec. ISBN-2-980175-1-7-Y
Sarah Finlayson (Background in Social Work – elementary and secondary schools)	**Relevance** - Helpful for students or new medical personnel working in French as there are no English translations - Seems most relevant to nursing and medical secretary programs **Appropriateness/Authenticity** - The vocabulary includes a number of useful themes, including emotions (including also grief and defence mechanisms) and indicators of a range of general mental illnesses **Recommendation** - List of terms describing phobias not useful as practitioners are more likely to use the terms of diagnosis as set out in the DSM-IV - A section on mental illness could be included in a lexicon for social workers following the DSM-IV terminology, yet accompanied by common names
Isabel Sullivan (Background in ESL education)	**Relevance** - Offers a model that students might be familiar with (i.e. familiar in format but not overpowering in bulk) **Appropriateness/Authenticity** - The vocabulary section is succinct - The section on the physical exam might be better tailored to various levels of understanding and the particular functions of the healthcare workers - The sections on personality issues and symptoms of stress might provide useful vocabulary for social workers and mental health professionals **Recommendation** - There are aspects of this lexicon which might be incorporated into a new lexicon, especially the vocabulary items describing/naming medical specialities and conditions as well as the pharmaceuticals and general phrases for prescription instructions and possible complications/side-effects
Marion Standish (Background in Nursing, Nurse Management and ESL education)	**Recommendation** - Not recommended for use in teaching French-speaking health-care workers enrolled in a conversational ESL course because it is a French-only lexicon
Jim Rogers (McGill ESL Specialist and Distance Learning Specialist)	**Recommendation** - As this is a French-French lexicon, it is not of particular value in the teaching of English
Sky McLaughlin (McGill ESL Specialist)	**Relevance** - Not relevant to English language learners because there is no English translation **Appropriateness/Authenticity** - Appears on first glance to be very comprehensive and up-to-date **Organization** - There are some aspects of the organization which might be useful to keep in mind: each body part/function has a list of adjectives which describe the conditions which might affect it - The pocket size would likely make it useful as an on the job reference for professionals **Recommendation** - This lexicon is not useful because it doesn't contain English equivalents - There are some very useful ideas that would likely be of benefit in a French/English lexicon: measurements; abbreviations; diagnostic terms and methods; names of medical conditions; common note-taking symbols and terms; the meanings of common medical prefixes (root

COMMITTEE MEMBER	Amyot, Alice. 2003. **LEXICON: MA PETITE MÉMOIRE** Les Éditions Plume au vent, Pierrefonds, Québec. ISBN-2-980175-1-7-Y
	words) so that word meanings can be recognized through their roots

COMMITTEE MEMBER	**LEXICON: AU SECOURS / HELP** Published by the American Women's Club of Geneva in collaboration with the Henry Dunant Institute of Geneva. Geneva, 1990.
Sarah Finlayson (Background in Social Work – elementary and secondary schools)	**Relevance** - A practical guide for medical personnel, including nurses, doctors, nurse aids, home-care workers, etc. **Appropriateness/Authenticity** - There is a long list of poorly translated words as well as words that are too formal - The section on mental illness is not very comprehensive and many of the terms are out of date **Organization** - Well organized by specific types of problems/health issues - Words are distinguished clearly through the use of different fonts for French and English - The diagrams are very helpful and can help with quick reference in the workplace **Recommendation** - A helpful tool when faced directly with English speaking clientele
Isabel Sullivan (Background in ESL education)	**Relevance** - The makeup of each class and its level determines how valuable any medical lexicon can be to the group, but it could be used with students ranging from beginners to strong intermediates **Appropriateness/Authenticity** - The General Care section includes a lot of vocabulary which can foster dialogue - The admission and medical history forms include lots of valuable vocabulary which can also be used in dialogue - There are a lot of terms describing culture and religion (very important in a multi-cultural society) - Temperature charts and conversion formulas helpful when dealing with American tourists - Good general vocabulary in the areas of pharmacy and generic pharmaceuticals, hospital rooms and equipment (some also with diagrams) - A number of phrases and questions, including terms to describe medical conditions and follow directions for taking medication **Organization** - Since this lexicon is organized in sections, it is possible to develop "doable" units of instruction - The diagrams of the human body and skeleton are very useful for vocabulary development **Recommendation** - This text is the most comprehensive of all and is perhaps a tool for the classroom and a reference document for institutions and organizations - Materials developed from the sections of the lexicon could be adapted to different styles of learning - Materials developed from the lexicon could eventually become a website for teachers and students, making it easier to update as needed - The website could incorporate oral/pronunciation practice (e.g. offering weekly news from the world of medicine and encouraging students to engage with English materials a little bit every day) -The text does need some updating in terms of current usage, more common/recent diseases (e.g. SARS) and current diagnostic techniques
Marion	**Relevance** - Useful for hospital/clinic workers, including receptionists and for specialist services such as

COMMITTEE MEMBER	LEXICON: AU SECOURS / HELP Published by the American Women's Club of Geneva in collaboration with the Henry Dunant Institute of Geneva. Geneva, 1990.
Standish (Background in Nursing, Nurse Management and ESL education)	obstetrics, neurology and geriatrics **Appropriateness/Authenticity** - Translations are good and in current use - Phrases are self-explanatory and relevant to service with the general population - There is a good paring of common and technical terms, in the words lists and on the diagrams **Organization** - The phrases/questions are usefully organized into two categories: patient to professional and professional to patient - Sections are well-defined and words are grouped together by subject/topic **Recommendation** - Specific sections of this lexicon could be made available on wards/work units - Specific sections could be shown to the patient if healthcare worker is not able to make him/herself understood - The lexicon is a good resource for ESL teachers to develop materials on healthcare topics - The lexicon doesn't include specific lexical items for social workers or psychologists so these should be added
Jim Rogers (McGill ESL Specialist and Distance Learning Specialist)	**Relevance** - Could be suitable for a variety of nurses and also possibly social workers with the addition of key vocabulary **Appropriateness/Authenticity** - Words seem to appropriate and in common usage - There are a number of common terms paired with technical words **Organization** - Organized into sections by topic/function and is the most accessible of all the lexicons for teachers to design teaching units **Recommendation** - There is a nice mix of phrases as well as specific vocabulary that could be developed into lessons with the assistance of a nurse/social worker
Sky McLaughlin (McGill ESL Specialist)	**Relevance** - This lexicon could be useful for a wide range of healthcare practitioners (but probably not social workers) and also probably suitable as an ESL classroom material **Appropriateness/Authenticity** - The language included in the lexicon seems to be very comprehensive, appropriate and in common usage - The lexicon is based on phrases and expressions within real healthcare interaction (there are lots of examples of how the word is actually used in a typical healthcare encounter) **Organization** - This lexicon is very well organized by medical specialty and by topic/function - It usefully includes practitioner/client interaction as well as client/practitioner interaction so that the practitioner can have some idea of the types of things his/her client is likely to say in certain situations - The diagrams are very useful for vocabulary development **Recommendation** - This text is the most comprehensive of all - This lexicon could be useful for the teacher and students, as well as an on the job resource for practitioners (if it were pocket-size) - The diagrams could be used as ESL learning materials - The phrases/expressions/questions for each medical specialty lend themselves to good dialogue practice in the classroom - The text would need to be checked by professionals in the field to ensure that it contains current terms

COMMITTEE MEMBER	LEXICON: AU SECOURS / HELP Published by the American Women's Club of Geneva in collaboration with the Henry Dunant Institute of Geneva. Geneva, 1990.
	- Would need to be amended to include terms specific to social work

COMMITTEE MEMBER	LEXICON: FRENCH – ENGLISH VOCABULARY: MEDICINE ET SOINS MEDICAUX Photocopies, but no bibliographical information.
Sarah Finlayson (Background in Social Work – elementary and secondary schools)	**Relevance** – Most relevant for doctors and medical professionals, including nurses, nurse aids and, to a limited extent, social workers - A number of terms have been marked which would be relevant for social workers **Appropriateness/Authenticity** - The words generally seem appropriate, but it would be helpful to add some common phrases as well as questions/answers in common usage in the workplace **Organization** - Not practical for the workplace because the organization is by alphabetical order rather than topic - Having both a French-English and English-French side did make usage easier - English and French terms were helpfully divided into two separate columns **Recommendation** - Could prove helpful as a reference for writing and/or reading reports, notes, etc.
Isabel Sullivan (Background in ESL education)	**Relevance** - Useful for both teachers and students **Appropriateness/Authenticity** - Geared towards medical terms - Do not always reflect patient-user vocabulary - Do not include common expressions that patients/clients might use - Contain several false cognates **Organization** - Organized only alphabetically, not by topic **Recommendation** - More suitable as collections in a reference library, a central place in institutions for consultation
Marion Standish (Background in Nursing, Nurse Management and ESL education)	**Relevance** - Suitable for general health care workers **Appropriateness/Authenticity** - Vocabulary is in current use - No phrases or expressions - Where common terms are included, they are not paired with technical terms - The vocabulary is not specific to the various types of specialized services **Organization** - Words are listed in alphabetical order both in French and in English - Words are not grouped by function/topic/speciality area etc. **Recommendation** - This is not suitable as a classroom material, although it could be used in limited ways by ESL students for homework - This lexicon could be easily replaced by a medical French/English dictionary - Generally the lexicon is incomplete and does not contain expressions/phrases which would be helpful in conversing with English-speaking clientele
Jim Rogers (McGill ESL Specialist and	**Appropriateness/Authenticity** - The words are very general in nature and are often cognates, sometimes false cognates - Nurses may already know many of these words

Distance Learning Specialist)	**Organization** - Simply an alphabetical list of words not arranged by topic or function **Recommendation** - Difficult to envision this being used as anything other than a reference since there are no phrases upon which to build communication
Sky McLaughlin (McGill ESL Specialist)	**Relevance** - A very general word list that could be used as a reference by teachers and professionals **Appropriateness/Authenticity** - Vocabulary appears to be in current use - There are no phrases or expressions modelling real-life interaction between client/practitioner - Where common terms are included, they are not paired with technical terms - The vocabulary is not specific to the various types of specialized services **Organization** - Words are listed in alphabetical order both in French/English and in English/French which makes it useful for both native speakers of French and English - Words are not grouped by function/topic/speciality area etc. **Recommendation** - This could be a resource for professionals but it wouldn't be practical as an on the job reference because the terms are not grouped according to specialty/function

COMMITTEE MEMBER	**LEXICON: FRENCH/ENGLISH LEXICON – CHILD WELFARE,** Centres of Excellence for Children's Well-being, Toronto. http://www.cecw-cepb.ca/lexicon_f.html
Sarah Finlayson (Background in Social Work – elementary and secondary schools)	**Relevance** - Seems relevant for social workers, particularly in the areas of child protection, day-care services, teaching and school social work **Appropriateness/Authenticity** - The terms included appear to be very relevant and up to date - Terms are practical and are in common usage in the context of child protection and child welfare - Notes have been made regarding a few odd/incorrect/inappropriate terms **Recommendation** - Would include most of the words from this glossary in a social work lexicon
Isabel Sullivan (Background in ESL education)	**Relevance** - Useful for both teachers and students **Appropriateness/Authenticity** - Geared towards medical terms - Do not always reflect patient-user vocabulary - Do not include common expressions that patients/clients might use - Contain several false cognates **Organization** - Organized only alphabetically, not by topic **Recommendation** - More suitable as collections in a reference library, a central place in institutions for consultation
Marion Standish (Background in Nursing, Nurse Management and	**Relevance** - Designed for a specific group of professionals associated with youth protection work **Appropriateness/Authenticity** - Words seem appropriate, but there are no phrases from which to build communicative classroom activities - Common terms are not included, but the vocabulary seems self-explanatory

ESL education)	**Organization** - No division of vocabulary by function or topic - From French to English only so not suitable for a unilingual Anglophone (e.g. ESL teacher trying to utilize the lexicon in a classroom) **Recommendation** - This lexicon might be useful in the context of writing reports or translating forms, but important words relating to court appearances and legal terms are missing
Jim Rogers (McGill ESL Specialist and Distance Learning Specialist)	**Appropriateness/Authenticity** - The terminology appears appropriate and authentic, but the terms are very general in nature, many of which are simply cognates (note: beware of false cognates) **Organization** - Usefulness of its system of organization is not readily apparent **Recommendation** - Not a useful pedagogical tool as there are no phrases or other useful building blocks for communicative activities - It is an advantage that it is web-based and therefore easily accessible – this may be a characteristic to keep in mind
Sky McLaughlin (McGill ESL Specialist)	**Relevance** - Is designed for professionals in the field of child protection so it may be of limited use for professionals outside of this group **Appropriateness/Authenticity** - There are a number of poor translations and false cognates - Some inappropriate or out-dated words - Does not include common expressions that patients/clients might use **Organization** - Organized only alphabetically, not by topic **Recommendation** - Even for those working in the field of child protection, this is not a particularly comprehensive lexicon and would be of limited use

COMMITTEE MEMBER	**LEXICON: LIST OF TECHNICAL AND POPULAR MEDICAL TERMS: FRENCH** http://users.ugent.be/~rvdstich/engloss/FR/lijstc.html (Note from SH: unable to find this url)
Sarah Finlayson (Background in Social Work – elementary and secondary schools)	
Isabel Sullivan (Background in ESL education)	
Marion Standish (Background in Nursing, Nurse Management and	

ESL education)	
Jim Rogers (McGill ESL Specialist and Distance Learning Specialist)	**Appropriateness/Authenticity** - Poor definitions for vocabulary items **Recommendation** - As this is a French-French lexicon, it is not of particular value in the teaching of English
Sky McLaughlin (McGill ESL Specialist)	**Relevance** - Easily accessible to all healthcare practitioners because it is web-based **Appropriateness/Authenticity** - Words seem appropriate, but there are no phrases from which to build communicative classroom activities **Organization** - No division of vocabulary by function or topic - French words and French definitions only **Recommendation** - This lexicon is French/French so it is not useful for professionals as a resource for learning English

COMMITTEE MEMBER	**LEXICON: LEXIQUE MEDICAL BILINGUE** 2005. Montréal :.VB Plus, Inc., École de formation en entreprise.
Sarah Finlayson (Background in Social Work – elementary and secondary schools)	**Relevance** - Useful for medical and health services receptionists and office staff **Appropriateness/Authenticity** - Terms included are appropriate and authentic (excluding the admission/information forms) - Includes practical words lists for dates, times, typical questions and expressions used on the phone and in-person - The admission/information documents(forms) contained several poor translations and uncommon phrases **Organization** - Well organized by topic, theme and situation - User friendly in the workplace; useful Table of Contents **Recommendation** - Could be used in relevant workplace situations when interacting with clientele - Could also be a useful tool for writing and reading basic medical related documents
Isabel Sullivan (Background in ESL education)	**Relevance** - Useful for administrators - Useful in any general business environment - Not suitable for Social Workers **Appropriateness/Authenticity** - Has some very poor translation errors and also some *Franglais* - Inconsistent use of determiners - Included a good deal of useful sentences for the business environment - Useful expressions for receptionists, but excludes email, website and cell phone info. - The waivers (forms) for surgical procedures are not client friendly - Cultural factors basically ignored - Focus on hospital admission phrases, some of which could be questionable in regard to confidentiality **Organization** - Generally organized only alphabetically, although there was an attempt to organize by topic in Cardiology - Terms listed by French/English **Recommendation** - Contains a great deal of medical jargon making it not very client friendly

COMMITTEE MEMBER	**LEXICON: LEXIQUE MEDICAL BILINGUE** 2005. Montréal :.VB Plus, Inc., École de formation en entreprise.
	- Not appropriate as a work station reference tool - Could be a reference tool for teachers (a good teacher can always use poor examples to point out what should NOT be said) - Needs to be updated – many facts of life in 2006 are overlooked
Marion Standish (Background in Nursing, Nurse Management and ESL education)	**Relevance** - Useful for administrators - Possibly useful for purchasing agents **Appropriateness/Authenticity** - Vocabulary and expressions are in current use in healthcare settings - Useful terms for directions to and inside the hospital **Organization** - Most of the document is presented using French to English translation - There are some useful explanations for patients taking specialized tests (English only) - Not useful for Francophone healthcare workers because they would need to be able to understand the meaning and sense of the instructions to answer any questions and concerns their patient might have - The organization of vocabulary is divided into specialized field of workers, making it easily accessible by healthcare workers **Recommendation** - The document is useful because it is divided into specific areas and specialities, but it is important to note that the quantity of expressions is limited - The document only partially covers the needs of healthcare workers; many areas are not covered - Could be useful for purchasing agents (stock and supplies) - Could be used by teachers for role-play situations; the expressions/vocabulary by specific topic would be useful for students - The English-only documents could be useful in class for reverse comprehension
Jim Rogers (McGill ESL Specialist and Distance Learning Specialist)	**Appropriateness/Authenticity** - Terms seem to be accurate although it is not clear how useful they are - The phrases given are contrived and not very authentic **Organization** - Very confusingly organized in a mixture of topic and function which is not readily apparent **Recommendation** - An experienced teacher could probably use this lexicon as a resource for ideas to develop classroom materials but it could not be used directly in the class - Might be useful for nurses, but only if it is organized more functionally
Sky McLaughlin (McGill ESL Specialist)	**Relevance** - It appears that the lexicon is quite technical and would be perhaps useful for administrators and/or receptionists **Appropriateness/Authenticity** - There are words which seem to be very poorly translated - Some culturally inappropriate/insensitive expressions - The words are sometimes contextualized in examples of real-life interaction between practitioners and clients (e.g. sometimes phrases/questions/answers are usefully included) **Organization** - The organization is by topic/specialty with alphabetical word lists within each topic - Organized by French/English only **Recommendation** - Could be used as a reference tool by teachers and in some limited cases, professionals

Conclusions

On August 16th, the Lexicon Committee met by telephone conference for two purposes: 1) to confirm that each individual's findings were correctly conveyed in the report's synthesis and 2) to reach a final consensus in terms of rating the lexicons according to the agreed upon criteria.

Regarding the first purpose, only Sarah Finlayson and Isabel Sullivan wished to make any additions to the report. They both requested it be noted that the Bases de donnees - lexique de protection de la jeunesse is not comprehensive. This note has been added to the appropriate table above.

Regarding the second purpose, the Committee reached a final consensus for defining the evaluation criteria applied to the lexicons. Each criterion is rated on a scale of one to seven, with one being the lowest and seven being the highest. The evaluation criteria are defined as follows:

Definitions of Evaluation Criteria:

1. Authenticity/Current Usage   1   2   3   4   5   6   7
The language in the lexicon is current to today and used by professionals in health and social services settings. The language is both applicable to both general situations and situations which require particular cultural sensitivity and/or discretion.

Comments:

2. Organization   1   2   3   4   5   6   7
The lexicon is organized in such a way that the language required is easily accessible for a particular professional for a particular institutional situation.

Comments:

3. Examples in Use   1   2   3   4   5   6   7
The lexicon has language that is presented contextually so that professionals using it understand how the language might be used in specific practitioner/patient interactions.

Comments:

In addition to the three criteria just outlined, consensus was reached on the following broad issues for each lexicon:

1. Comprehensiveness/Targeted Audience:
Who could make the best use of the lexicon?

2. Possible Use:
a. Professional:
How might the targeted professionals use this lexicon?

b. Teacher:
What might a teacher be able to do with this lexicon?

Consensus ratings for each lexicon:

Help / Au Secours	
	Evaluation:
	1. Authenticity/Current Usage 6.75
	A lot of useful language although some is dated. There are also some translation errors.
	2. Organization 6
	Well organized. As if the patient was an Anglophone and the worker was a francophone.
	3. Examples in Use 6
	A great tool- focus on individual nurses and clinical workers
	Comprehensiveness/Targeted Audience:
	Nurses, receptionists, other health attendants. Social workers who work in intake and assessment.
	Possible Use:
	1. Professional:
	How might the targeted professionals use this lexicon?
	Reference desk- notebook. Used to show patients- diagrams
	2. Teacher:
	What might a teacher be able to do with this lexicon?
	Useful for the classroom- Units are doable
	Broken down into topics
Medecine & Soins Medicaux	
	Evaluation:
	1. Authenticity/Current Usage 4
	Poor translations, no common expressions, could be replaced by a French English dictionary.
	2. Organization 2.5
	Alphabetic, not topical
	3. Examples in Use 2.5
	No common expressions a client might use. Layman's language is important.
	Comprehensiveness/Targeted Audience:
	General Health Care. Nursing assistants, receptionists. Not clinical limited use for social workers.
	Possible Use:
	1. Professional:
	How might the targeted professionals use this lexicon?
	Reference material. Not useful for conversation.
	2. Teacher:
	What might a teacher be able to do with this lexicon?
	Reference tool (although others are better)

French/English Lexicon – Child Welfare, Centre for Excellence for Children's Wellbeing,	**Evaluation:** **1. Authenticity/Current Usage 6** Up to date – but not comprehensive. Appropriate for youth protection. **2. Organization 3.5** Alphabetical- no columns for French – English. **3. Examples in Use 4.5** Words are good but they are not given in the context of their use. **Comprehensiveness/Targeted Audience:** Social Workers- especially those working with children: child protection, schools, day care. Nurses working with youth. **Possible Use:** **1. Professional:** *How might the targeted professionals use this lexicon?* Translate documents. Not useful for general conversation- possibly for psychological conversation **2. Teacher:** *What might a teacher be able to do with this lexicon?* Reference tool.
Glossary of Social Services	**Evaluation:** **1. Authenticity/Current Usage 3.5** Not complete. Out dated. **2. Organization 2.25** Alphabetical list. Frustrating to use - took a while to figure out. **3. Examples in Use 2.5** Doesn't respond to the needs of the practitioner. Too old- not the best reference. **Comprehensiveness/Targeted Audience:** Front line workers, managers, general tool. Possibly social services. **Possible Use:** **1. Professional:** *How might the targeted professionals use this lexicon?* Writing reports. Translating documents. **2. Teacher:** *What might a teacher be able to do with this lexicon?* Reference library- if it was the only one you had.

Glossary of Health Services	**Evaluation:** **1. Authenticity/Current Usage 6** More currant than others. Appropriate with better translations. **2. Organization 3.5** Alphabetical list. **3. Examples in Use 3.6** Not consistent. No expressions. Sporadic expressions. **Comprehensiveness/Targeted Audience:** Front line workers, possibly social workers in hospitals. **Possible Use:** **1. Professional:** *How might the targeted professionals use this lexicon?* General reference. Writing reports. Translating documents. **2. Teacher:** *What might a teacher be able to do with this lexicon?* Reference tool.
Lexique Élémentaire	**Evaluation:** **1. Authenticity/Current Usage 4.5** Some translation errors. Very technical, designed for doctors. Little use for preposes. **2. Organization 4.4** Topical but hard to find your way around it because it is so technical. **3. Examples in Use 4.7** Very technical- not a lot of practioner-patient interaction examples. **Comprehensiveness/Targeted Audience:** Doctors and nurses **Possible Use:** **1. Professional:** *How might the targeted professionals use this lexicon?* Translating documents. Reference. **2. Teacher:** *What might a teacher be able to do with this lexicon?* Provide some background for teachers- a review of the health field.
Lexique medical bilingue VB Plus Inc.	**Evaluation:** **1. Authenticity/Current Usage 4.75** The language is appropriate and up-to-date except for the admission and information forms. There are some poor/inaccurate translations, awkward and/or

uncommon phrases and some culturally inappropriate vocabulary/expressions.

2. Organization   4.4
Organized by topic, theme and situation, with alphabetized word lists in each topic.

3. Examples in Use   4.4
Includes specific examples of typical questions/answers that would be encountered in the work environment, but it is not totally comprehensive.

Comprehensiveness/Targeted Audience:
Could be used by administrators.

Possible Use:
1. Professional:
How might the targeted professionals use this lexicon?
Could be used as a reference document for answering phone calls or responding in person to common questions/requests. May also be used as a reference tool for reading and writing, at a basic medical terminology level. Could also be useful for purchasing agents (stocks and supplies).

2. Teacher:
What might a teacher be able to do with this lexicon?
Could be used in role-play situations, and the English-only documents for reverse comprehension. Could also be used by teachers to highlight what NOT to say.

Lexicon	Audience	Authenticity	Organisation	Examples	Total Score
HELP/Au Secours	Nurses Receptionists Social Workers	6.75	6	6	18.75/21
French/English Lexicon – Child Welfare	Social workers in the youth sector	6	3.5	4.5	14/21
Lexique Elementaire	Nurses	4.5	4.4	4.7	13.6/21
Lexique medical bilingue VB Plus	Receptionists Administrators	4.75	4.4	4.4	13.5/21
Glossary of Health Services	1st line social workers in hospitals	6	3.5	3.6	13.1/21
Medecine & Soins Medicaux	1st line health care professionals	4	2.5	2.5	9/21
Glossary of Social Services	1st line social service workers	3.5	2.25	2.5	8.25/21

Appendix A

Suggested Glossary – Social Work
by Sarah Finlayson

Introduction

I have collected some of the terms and phrases that I think would be helpful to have in a social work glossary. I have tried to amalgamate as many as possible into this document. Essentially, I identified and compiled key words from the 7 lexicons that I reviewed and added terms I felt were still missing. None of the lexicons were comprehensive enough to reflect the wide range of practice areas in social work, however many did contain important terms that could be grouped with others to create a decent social work lexicon.

The major gap that I see, after having reviewed the lexicons, is that there is a need for a comprehensive social work glossary that would be relevant to social workers in the variety of professional settings. Perhaps specific social work glossaries related to particular fields of social work practice would also be a helpful solution.   I think that a comprehensive social work glossary, or specific glossaries, should include terminology related to the following professional fields of social work practice:

Adoption
Adult Justice and Corrections
Advocacy
Bereavement counselling
Child Protection/Child welfare
Community and home support services (for physically and intellectually challenged)
Crisis Intervention/Emergency response
Employee Assistance
Family planning
Geriatrics
Immigration
Marital counselling
Oncology
Paediatrics
Palliative care
Psychiatry/Mental health
Research
School
Sexual Assault/Abuse
Substance Abuse and Addictions
Youth Justice and Corrections

I do not, however, think that the glossary would need to be organised strictly according to these practice areas. I believe that it would be best to have a glossary organised by the type of problem, which in many cases, divides along the same lines of fields of practice anyway. Perhaps a section with general terms and words that are important across contexts would be helpful to have at the beginning (e.g. general social work terms, feelings, family members).

I thought that «Au Secours» was the best organised lexicon of those that I reviewed. I liked that it was organised by types of health problems. I think that this type of format would be the most

useful for a social work glossary as it would allow professionals and students working in the field to reference relevant terms quickly and efficiently.

I have suggested terms from the lexicons that I reviewed and have also included words that I come across frequently in the workplace. Some of the information has been taken from other sources and will include a reference wherever relevant.

Sky McLaughlin and Jim Rogers, Montreal 2006

Suggested Glossary – Social Work

General social work terms:

Assessment/Evaluation
Case conference
Case conference
Case history
Case work
Caseload
Casework
Collaboration
Community
Community development worker
Community organizer
Community outreach worker
Confidentiality
Consent
Counselling

Crisis intervention
Empowerment
Intervention
Poverty
Prevention
Refer
Referral
Social assistance
Social history
Social welfare
Social worker
Street worker
Support
Therapy
Treatment

Family systems:

Aunt
Babysitter
Blended family
Brother
Child support
Cousin
Custody
Divorce/divorced
Father
Grandfather (maternal)
Grandfather (paternal)
Grandmother (maternal)
Grandmother (paternal)
Great aunt
Great grandfather
Great grandmother
Great uncle

Guardian
Half brother
Half sister
Mother
Only child
Separation/separated
Sibling
Single parent; single mother, single father
Sister
Step brother
Step family
Step father
Step mother
Step sister
Supervised visits
Uncle

Feelings / Emotions

Social worker: How are you feeling?
The respondent: I feel/I am feeling

Abandoned	Hesitant
Aggressive	Isolated
Angry, mad	Jealous
Anxious	Lonely
Ashamed	Sad
Bored	Scared
Confused	Stressed
Depressed	Tired, exhausted
Disappointed	Weak
Embarrassed	Upset
Excited	Weak
Frustrated	Worried
Guilty	
Happy	

Assessment / evaluation questions:

Client: I feel sad, anxious, angry, etc.

Social worker: How long have you felt this way?

Client: For…
- an hour
- a day
- several/many days
- a month
- several/many months
- a year
- forever, as long as I can remember

Social worker: Why do you think you are feeling sad, lonely, etc?
              Are you having problems in your life?

Client: I am having problems because of /with
- My family
- My children / my child
- My spouse
- My colleagues
- The death of a loved one
- Alcohol
- Drugs
- The law
- My mental health
- My physical health
- My financial situation

OR
Social worker: Have you experienced any recent changes in your life?
(taken and translated from the list in Ma Petit Memoire; from Holmes)

Sky McLaughlin and Jim Rogers, Montreal 2006

- the death of a spouse
- divorce
- separation
- imprisonment
- death of a parent
- physical trauma or illness
- marriage
- job loss
- reconciliation with spouse
- retirement
- change in the state of health of a family member
- pregnancy
- sexual problems
- arrival of a new family member
- change in job duties
- change in financial situation
- death of a close friend
- career change
- change in frequency of disputes with spouse
- debt
- modification of responsibilities
- child leaving the family home
- difficulties with family-in-law
- outstanding personal achievements
- return or leave from the workplace for women
- staring or finishing school
- change in living conditions
- change in personal routines
- problems with employer/boss
- change in hours of work or work conditions
- moving
- change of school
- change in leisure activity
- change in religious activity
- change in social activity
- change in sleep habits
- change in frequency of family contact
- change in eating habits
- holidays
- Christmas
- minor offence

Social worker: Have you ever talked to a

- Psychiatrist
- Psychologist
- Doctor
- Counsellor
- Social worker
- Nurse
- Teacher
- Parent

about this situation/problem?

Child Protection terms:

Abandonment
Abuse
Abuser
Access
Adolescent
Adoption
Adult
Age-inappropriate sexual behaviour
At-risk population
Attachment
Attachment disorder
Attitudes
Behaviour endangering others
Behaviour problems
Child
Child development
Child rearing approach
Child rearing attitude
Childhood history of maltreatment
Child-in-care
Children's rights
Corporal punishment
Correctional facility – youth
Criminal charges
Culture
Custody
Depression
Destruction of property
Detention centre
Developmental delay
Developmental problem
Director of child welfare or child protection services
Disclosure

Domestic violence
Emotional problem
Exploitation
Exposure of genitals
Failure to provide the necessities of life
Failure to supervise or protect leading to physical harm
Failure to supervise or protect leading to sexual abuse
False allegations
Family preservation
Family unity
Fondle, fondled, fondling
Foster care
Foster home
Foster parents
Gangs
Genitals, genitalia
Group home
Guardianship
High-risk
Homeless, homelessness
Homicide
Inappropriate discipline/punishment
Inappropriate sexual behaviour
Independent living
Intergeneration cycle
Intergenerational abuse
Intergenerational violence
Investigation
Kinship
Long term effects
Mediation
Negative peer group

Neglect; emotional, physical
Non-organic failure to thrive
Parent-adolescent/teenager conflict
Parent-child conflict
Parental absence
Parenting skills
Permanency
Permanent ward
Permitting criminal behaviour
Perpetrator
Physical abuse
Physical environment
Pornography
Poverty
Prevention
Private parts
Prostitution
Protective factors
Quebec – Child and Youth Protection Act
Refusal of custody
Religion, religious beliefs
Reported child abuse
Research related terms
Risk factors
Running away from home

School absenteeism
School performance
Self-harming behaviour
Sexual abuse
Sexual assault
Sexual harassment
Sexually active
Sexually transmitted infections (STIs)
Shaken baby syndrome
Short-term effects
Social support
Spouse abuse
Substance abuse
Substantiated claim
Suicide, attempted suicide
Suspected
Temporary ward
Touch, touched, touching
Unemployed, unemployment
Victim
Witness of family/domestic violence
Women's shelter
Young offender (under Youth Justice Act)

Child protection phrases:

Social worker: Please explain what happened.
Child: My Mom/Dad/other person

- Hit
- Pinched
- Bit
- Slapped
- Pushed
- Punched
- Kicked
- Burned
- Shot
- Stabbed
- Cut
- Touched
- Poked

me in/on the   List of body parts and diagram of human body

- Arm
- Back
- Bottom, bum, backside
- Breast
- Calf
- Cheek
- Ear
- Elbow

- Eye
- Face
- Foot
- Forearm
- Forehead
- Hand
- Head
- Hip
- Knee

- Leg
- Mouth
- Neck
- Nose
- Penis
- Shoulder
- Stomach
- Thigh
- Vagina

Research terms:

Administrative region	Outcomes
Bi-variate analysis	Peer reviewed
Centre-supported research	Policy
Data analysis	Policy-makers
Dataset	Prevalence
Ecological models	Qualitative research
Epidemiology	Quantitative research
Etiology	Research design
Government	Sample design
Grants	Sample size
Legislation	Significance
Literature review	Socio-demographic characteristics
Longitudinal studies	Stakeholders
Mean	Standard deviation
Measurement	State-of-knowledge review
Median	
Meta-analysis	

Family violence terms:

Abuse	Neglect
Assault	Pattern of abuse
Broken/fractured bone/bones	Peace bond
Bruise	Physical abuse
Child abuse	Psychological abuse
Court orders	Rape
Cut	Scrape
Cycle of violence	Sexual abuse
Elder abuse	Sexual assault
Emotional abuse	Spousal abuse
Financial abuse	Wife abuse

Grief / Bereavement

Acceptance	Hope
Anger	Loneliness
Bargaining	Mourning
Blame	Pain
Denial	Shock
Fear	Stages of grief
Guilt	Understanding

Child behaviour terms:

Consequences
Discipline
Negative reinforcement
Positive reinforcement
Respect
Responsibilities
Rewards
Self-control
Structure
Individualised education plan
Temper tantrum

Parent to social worker: My child has

- A learning disability
- A physical disability
- Aggression
- Difficulty being separated from parents
- Difficulty getting along with other children
- Eating problems
- Excessive fears
- Poor academic achievement
- Problems paying attention
- Problems with authority
- Sleeping problems: nightmares, restlessness
- Speech problems
- Temper tantrums

Justice and Corrections:

- arrest, arrested, arresting
- charge, charged, charging
- conditional
- court
- court worker
- dismissal
- hearing
- indictable offence
- jail, prison, correctional facility, detention centre
- judge
- jury

- lawyer
- legal aid
- parole
- pending
- police officer
- probation
- sentence, sentenced, sentencing
- summary offence
- the Canadian Criminal Code
- trial
- Youth Justice Act

Substance use terms:

Drugs - a list with both street names and chemical names would be helpful.

Adapted from National Institute on Drug Abuse website:
http://www.nida.nih.gov/DrugPages/DrugsofAbuse.html

Substance: Category and Name	Examples of *Commercial* and Street Names	How Administered	*Intoxication Effects*/Potential Health Consequences
Cannabinoids			*euphoria, slowed thinking and reaction time, confusion, impaired balance and coordination*/cough, frequent respiratory infections; impaired memory and learning; increased heart rate, anxiety; panic attacks; tolerance, addiction
Hashish	boom, chronic, gangster, hash, hash oil, hemp	swallowed, smoked	
marijuana	blunt, dope, ganja, grass, herb, joints, Mary Jane, pot, reefer, sinsemilla, skunk, weed	swallowed, smoked	
Depressants			*reduced anxiety; feeling of well-being; lowered inhibitions; slowed pulse and breathing; lowered blood pressure; poor concentration*/fatigue; confusion; impaired coordination, memory, judgment; addiction; respiratory depression and arrest, death
barbiturates	*Amytal, Nembutal, Seconal, Phenobarbital;* barbs, reds, red birds, phennies, tooies, yellows, yellow jackets	V/injected, swallowed	*Also, for barbiturates—sedation, drowsiness*/depression, unusual excitement, fever, irritability, poor judgment, slurred speech, dizziness, life-threatening withdrawal.
benzodiazepines (other than flunitrazepam)	*Ativan, Halcion, Librium, Valium, Xanax;* candy, downers, sleeping pills, tranks	swallowed, injected	
flunitrazepam	*Rohypnol;* forget-me pill, Mexican Valium, R2, Roche, roofies, roofinol, rope, rophies	swallowed, snorted	*for benzodiazepines—sedation, drowsiness*/dizziness *for flunitrazepam*—visual and gastrointestinal disturbances, urinary retention, memory loss for the time under the drug's effects
GHB	*gamma-hydroxybutyrate;* G, Georgia home boy, grievous bodily harm, liquid ecstasy	swallowed	*for GHB*—drowsiness, nausea/vomiting, headache, loss of consciousness, loss of reflexes, seizures, coma, death
methaqualone	*Quaalude, Sopor, Parest;* ludes, mandrex, quad, quay	injected, swallowed	*for methaqualone— euphoria*/depression, poor reflexes, slurred speech, coma

Sky McLaughlin and Jim Rogers, Montreal 2006

Dissociative Anesthetics			Increased heart rate and blood pressure, impaired motor function/memory loss; numbness; nausea/vomiting
ketamine	*Ketalar SV;* cat Valiums, K, Special K, vitamin K	injected, snorted, smoked	*Also, for ketamine—at high doses, delirium, depression, respiratory depression and arrest*
PCP and analogs	*phencyclidine;* angel dust, boat, hog, love boat, peace pill	injected, swallowed, smoked	*for PCP and analogs—possible decrease in blood pressure and heart rate, panic, aggression, violence*/loss of appetite, depression
Hallucinogens			altered states of perception and feeling; nausea; persisting perception disorder (flashbacks)
LSD	*lysergic acid diethylamide;* acid, blotter, boomers, cubes, microdot, yellow sunshines	swallowed, absorbed through mouth tissues	*Also, for LSD and mescaline— increased body temperature, heart rate, blood pressure; loss of appetite, sleeplessness, numbness, weakness, tremors*
mescaline	buttons, cactus, mesc, peyote	swallowed, smoked	*for LSD —persistent mental disorders*
psilocybin	magic mushroom, purple passion, shrooms	swallowed	*for psilocybin—nervousness, paranoia*
Opioids and Morphine Derivatives			pain relief, euphoria, drowsiness/nausea, constipation, confusion, sedation, respiratory depression and arrest, tolerance, addiction, unconsciousness, coma, death
codeine	*Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine;* Captain Cody, Cody, schoolboy; (with glutethimide) doors & fours, loads, pancakes and syrup	injected, swallowed	*Also, for codeine—less analgesia, sedation, and respiratory depression than morphine*

Fentanyl and fentanyl analogs	*Actiq, Duragesic, Sublimaze;* Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash	injected, smoked, snorted	*for heroin—staggering gait*
heroin	*diacetylmorphine;* brown sugar, dope, H, horse, junk, skag, skunk, smack, white horse	injected, smoked, snorted	
morphine	*Roxanol, Duramorph;* M, Miss Emma, monkey, white stuff	injected, swallowed, smoked	
opium	*laudanum, paregoric;* big O, black stuff, block, gum, hop	swallowed, smoked	
oxycodone HCL	*Oxycontin;* Oxy, O.C., killer	swallowed, snorted, injected	
hydrocodone bitartrate, acetaminophen	*Vicodin;* vike, Watson-387	swallowed	
Stimulants			*increased heart rate, blood pressure, metabolism; feelings of exhilaration, energy, increased mental alertness*/rapid or irregular heart beat; reduced appetite, weight loss, heart failure, nervousness, insomnia
amphetamine	*Biphetamine, Dexedrine;* bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	injected, swallowed, smoked, snorted	
cocaine	*Cocaine hydrochloride;* blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot	injected, smoked, snorted	*Also, for amphetamine—rapid breathing*/ tremor, loss of coordination; irritability, anxiousness, restlessness, delirium, panic, paranoia, impulsive behavior, aggressiveness, tolerance, addiction, psychosis
MDMA (methylenedioxy-methamphetamine)	Adam, clarity, ecstasy, Eve, lover's speed, peace, STP, X, XTC	swallowed	*for cocaine—increased temperature*/chest pain,

methamphetamine	*Desoxyn;* chalk, crank, crystal, fire, glass, go fast, ice, meth, speed	injected, swallowed, smoked, snorted	respiratory failure, nausea, abdominal pain, strokes, seizures, headaches, malnutrition, panic attacks
methylphenidate (safe and effective for treatment of ADHD)	*Ritalin;* JIF, MPH, R-ball, Skippy, the smart drug, vitamin R	injected, swallowed, snorted	*for MDMA—mild hallucinogenic effects, increased tactile sensitivity, empathic feelings*/impaired memory and learning, hyperthermia, cardiac toxicity, renal failure, liver toxicity
nicotine	cigarettes, cigars, smokeless tobacco, snuff, spit tobacco, bidis, chew	smoked, snorted, taken in snuff and spit tobacco	*for methamphetamine—aggression, violence, psychotic behavior*/memory loss, cardiac and neurological damage; impaired memory and learning, tolerance, addiction *for nicotine—additional effects attributable to tobacco exposure, adverse pregnancy outcomes, chronic lung disease, cardiovascular disease, stroke, cancer, tolerance, addiction*
Other Compounds			
anabolic steroids	*Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise;* roids, juice	injected, swallowed, applied to skin	*no intoxication effects*/hypertension, blood clotting and cholesterol changes, liver cysts and cancer, kidney cancer, hostility and aggression, acne; in adolescents, premature stoppage of growth; in males, prostate cancer, reduced sperm production, shrunken testicles, breast enlargement; in females, menstrual irregularities, development of beard and other masculine characteristics
inhalants	*Solvents (paint thinners, gasoline, glues), gases (butane, propane, aerosol propellants, nitrous oxide), nitrites (isoamyl, isobutyl, cyclohexyl);* laughing gas, poppers,	inhaled through nose or mouth	*stimulation, loss of inhibition; headache; nausea or vomiting; slurred speech, loss of motor coordination; wheezing*/unconsciousness, cramps, weight loss, muscle weakness, depression, memory impairment, damage to cardiovascular and nervous

	snappers, whippets		systems, sudden death

Abstinence
Addictive   Intoxication
Alcohol   Joint
Bad trip   Needle / syringe
Come down   Overdose
Dependence   Pipe
Detoxification   Process Addiction
Dry   Sexual Addiction
Gambling addiction   Smoke
Get drunk   Sniff / snort
Get high   Stoned
Inhale   Tolerance
Inject / shoot   Withdrawal

Adults and children with special needs:
-may have some overlap with medical lexicons
- may want to include a list of learning, physical and mental disorders

Activities of daily living   Respite
Disability   Special needs
Intellectual disability   Life skills
Mentally challenged   Social skills
Physical disability   Functional assessment
Physically challenged

Geriatrics

-    may have some overlap with medical lexicons, long term care, palliative care
-    Would need to speak with someone in this field for ideas

Psychiatry / Mental health

It would be good to include many of these disorders as listed in DSM-IV TR:
I have indicated some of the more common terms (based on my experience). These are listed in red font on the electronic copy and are highlighted on the hard copy.

Introduction from American Psychiatric Association website:
www.psych.org
Alphabetical DSM IV codes from psychNet-UK website:
http://www.psychnet-uk.com/dsm_iv/_misc/complete_tables.htm#Name

DSM
Diagnostic and Statistical Manual of Mental Disorders

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the standard classification of mental disorders used by mental health professionals in the United States. It is intended to be applicable in a wide array of contexts and used by clinicians and researchers of many different orientations (e.g., biological, psychodynamic, cognitive, behavioral, interpersonal, family/systems). DSM-IV has been designed for use across settings--inpatient, outpatient, partial hospital, consultation-liaison, clinic, private practice, and primary care, and with community populations and by psychiatrists, psychologists, social workers, nurses, occupational and rehabilitation therapists, counselors, and other health and mental health professionals. It is also a necessary tool for collecting and communicating accurate public health statistics. The DSM consists of three major components: the diagnostic classification, the diagnostic criteria sets, and the descriptive text.

Academic Problem	V62.3
Acculturation Problem	V62.4
Acute Stress Disorder	308.3
Adjustment Disorder Unspecified	309.9
Adjustment Disorder With Anxiety	309.24
Adjustment Disorder With Depressed Mood	309.0
Adjustment Disorder With Disturbance of Conduct	309.3
Adjustment Disorder With Mixed Anxiety and Depressed Mood	309.28
Adjustment Disorder With Mixed Disturbance of Emotions and Conduct	309.4
Adult Antisocial Behavior	V71.01

Adverse Effects of Medication NOS	995.2
Age-Related Cognitive Decline	780.9
Agoraphobia Without History of Panic Disorder	300.22
Alcohol Abuse	305.00
Alcohol Dependence	303.90
Alcohol Intoxication	303.00
Alcohol Intoxication Delirium	291.0
Alcohol Withdrawal	291.8
Alcohol Withdrawal Delirium	291.0
Alcohol-Induced Anxiety Disorder	291.8
Alcohol-Induced Mood Disorder	291.8
Alcohol-Induced Persisting Amnestic Disorder	291.1
Alcohol-Induced Persisting Dementia	291.2
Alcohol-Induced Psychotic Disorder With Delusions	291.5
Alcohol-Induced Psychotic Disorder With Hallucinations	291.3
Alcohol-Induced Sexual Dysfunction	291.8
Alcohol-Induced Sleep Disorder	291.8
Alcohol-Related Disorder NOS	291.9
Amnestic Disorder Due to General Medical Condition	294.0
Amphetamine Abuse	305.70
Amphetamine Dependence	304.40
Anorexia Nervosa	307.1
Antisocial Personality Disorder	301.7
Anxiety Disorder Due to General Medical Condition	293.89
Anxiety Disorder NOS	300.00

Asperger's Disorder	299.80
Attention-Deficit/Hyperactivity Disorder Combined Type	314.01
Attention-Deficit/Hyperactivity Disorder NOS	314.9
Attention-Deficit/Hyperactivity Disorder Predominantly hyperactive-Impulsive Type	314.01
Attention-Deficit/Hyperactivity Disorder Predominantly Inattentive Type	314.00
Autistic Disorder	299.00
Avoidant Personality Disorder	301.82
Bereavement	V62.82
Bipolar Disorder NOS	296.80
Bipolar I Disorder Most Recent Episode Depressed	296.5x
Bipolar I Disorder Most Recent Episode Hypomanic	296.40
Bipolar I Disorder Most Recent Episode Manic	296.4x
Bipolar I Disorder Most Recent Episode Mixed	296.6x
Bipolar I Disorder Single Manic Episode	296.0x
Bipolar I Disorder, Most recent episode Unspecified	296.7
Bipolar II Disorder	296.89
Body Dysmorphic Disorder	300.7
Borderline Intellectual Functioning	V62.89
Borderline Personality Disorder	301.83
Breathing-Related Sleep Disorder	780.59
Brief Psychotic Disorder	298.8
Bulimia Nervosa	307.51
Cannabis Abuse	305.20
Cannabis Dependence	304.30
Catatonic Disorder Due to General Medical Condition	293.89

Child or Adolescent Antisocial Behavior	V71.02
Childhood Disintegrative Disorder	299.10
Chronic Motor or Vocal Tic Disorder	307.22
Circadian Rhythm Sleep Disorder	307.45
Cocaine Abuse	305.60
Cocaine Dependence	304.20
Cognitive Disorder NOS	294.9
Communication Disorder NOS	307.9
Conduct Disorder	312.81
Conversion Disorder	300.11
Cyclothymic Disorder	301.13
Delirium Due to General Medical Condition	293.0
Delirium NOS	780.09
Delusional Disorder	297.1
Dementia Due to [Other General Medical Condition]	294.1
Dementia due to Creutzfeld-Jacob disease	290.10
Dementia Due to Head Trauma	294.1
Dementia Due to HIV Disease	294.9
Dementia Due to Huntington's Disease	294.1
Dementia Due to Parkinson's Disease	294.1
Dementia due to Pick's Disease	290.10
Dementia NOS or Amnestic Disorder NOS	294.8
Dementia of the Alzheimer's Type, With Early Onset, Uncomplicated	290.10
Dementia of the Alzheimer's Type, With Early Onset, With Delirium	290.11
Dementia of the Alzheimer's Type, With Early Onset, With Delusions	290.12

Dementia of the Alzheimer's Type, With Early Onset, With Depressed Mood	290.13
Dementia of the Alzheimer's Type, With Late Onset, Uncomplicated	290.0
Dementia of the Alzheimer's Type, With Late Onset, With Delirium	290.3
Dementia of the Alzheimer's Type, With Late Onset, With Delusions	290.20
Dementia of the Alzheimer's Type, With Late Onset, With Depressed Mood	290.21
Dependent Personality Disorder	301.6
Depersonalization Disorder	300.6
Depressive Disorder NOS	311
Developmental Coordination Disorder	315.4
Diagnosis or Condition Deferred on Axis I or Diagnosis Deferred on Axis II	799.9
Disorder of Infancy, Childhood, or Adolescence NOS	313.9
Disorder of Written Expression	315.2
Disruptive Behavior Disorder NOS	312.9
Dissociative Amnesia	300.12
Dissociative Disorder NOS	300.15
Dissociative Fugue	300.13
Dissociative Identity Disorder	300.14
Dyspareunia (Not Due to a General Medical Condition)	302.76
Dyssomnia NOS	307.47
Dysthymic Disorder	300.4
Eating Disorder NOS	307.50
Encopresis Without Constipation and Overflow Incontinence	307.7
Encopresis, With Constipation and Overflow Incontinence	787.6
Enuresis (Not Due to a General Medical Condition)	307.6
Exhibitionism	302.4

Expressive Language Disorder	315.31
Factitious Disorder NOS	300.19
Factitious Disorder With Combined Psychological and Physical Signs and Symptoms	300.19
Factitious Disorder With Predominantly Physical Signs and Symptoms	300.19
Factitious Disorder With Predominantly Psychological Signs and Symptoms	300.16
Feeding Disorder of Infancy or Early Childhood	307.59
Female Dyspareunia Due to [General Medical Condition]	625.0
Female Hypoactive Sexual Desire Disorder Due to [General Medical Condition]	625.8
Female Orgasmic Disorder	302.73
Female Sexual Arousal Disorder	302.72
Fetishism	302.81
Frotteurism	302.89
Gender Identity Disorder in Adolescents or Adults	302.85
Gender Identity Disorder in Children or Gender Identity Disorder NOS	302.6
Gender Identity Disorder NOS	302.6
Generalized Anxiety Disorder	300.02
Hallucinogen Abuse	305.30
Hallucinogen Dependence	304.50
Hallucinogen Persisting Perception Disorder (Flashbacks)	292.89
Histrionic Personality Disorder	301.50
Hypersomnia Related to [General Medical Condition]	307.44
Hypoactive Sexual Desire Disorder	302.71
Hypochondriasis	300.7
Identity Problem	313.82
Impulse-Control Disorder NOS	312.30

Inhalant Abuse	305.90
Inhalant Dependence	304.60
Insomnia Related to [General Medical Condition]	307.42
Intermittent Explosive Disorder	312.34
Kleptomania	312.32
Learning Disorder NOS	315.9
Major Depressive Disorder Recurrent	296.3x
Major Depressive Disorder Single Episode	296.2x
Male Dyspareunia Due to [General Medical Condition]	608.89
Male Erectile Disorder	302.72
Male Erectile Disorder Due to [General Medical Condition]	607.84
Male Hypoactive Sexual Desire Disorder Due to [General Medical Condition]	608.89
Male Orgasmic Disorder	302.74
Malingering	V65.2
Mathematics Disorder	315.1
Medication-Induced Movement Disorder NOS	333.90
Medication-Induced Postural Tremor	333.1
Mental Disorder due to General Medical Condition	293.9
Mental Retardation, Severity Unspecified	319
Mild mental retardation	317
Mixed Receptive-Expressive Language Disorder	315.31
Moderate Mental Retardation	318.0
Mood Disorder Due to General Medical Condition	293.83
Mood Disorder NOS	296.90
Narcissistic Personality Disorder	301.81

Narcolepsy	347
Neglect of Child (if focus of attention is on victim)	995.5
Neuroleptic Malignant Syndrome	333.92
Neuroleptic-Induced Acute Akathisia	333.99
Neuroleptic-Induced Acute Dystonia	333.7
Neuroleptic-Induced Parkinsonism	332.1
Neuroleptic-Induced Tardive Dyskinesia	333.82
Nicotine Dependence	305.10
Nightmare Disorder	307.47
No Diagnosis or Condition on Axis I or Axis II	V71.09
Noncompliance With Treatment	V15.81
Obsessive-Compulsive Disorder	300.3
Obsessive-Compulsive Personality Disorder	301.4
Occupational Problem	V62.2
Opioid Abuse	305.50
Opioid Dependence	304.00
Oppositional Defiant Disorder	313.81
Oppositional Defiant Disorder	313.81
Other (or Unknown) Substance Abuse	305.90
Other (or Unknown) Substance Dependence	304.90
Other Female Sexual Dysfunction Due to [General Medical Condition]	625.8
Other Male Sexual Dysfunction Due to [General Medical Condition]	608.89
Pain Disorder Associated With Both Psychological Factors and a General Medical Condition	307.89
Pain Disorder Associated With Psychological Factors	307.80
Panic Disorder With Agoraphobia	300.21

Panic Disorder Without Agoraphobia	300.01
Paranoid Personality Disorder	301.0
Paraphilia NOS	302.9
Parasomnia NOS	307.47
Parent-Child Relational Problem	V61.20
Partner Relational Problem	V61.1
Pathological Gambling	312.31
Pedophilia	302.2
Personality Disorder Due to General Medical Condition	310.1
Personality Disorder NOS	301.9
Pervasive Developmental Disorder NOS	299.80
Phase of Life Problem	V62.89
Phencyclidine Abuse	305.90
Phencyclidine Dependence	304.90
Phonological Disorder	315.39
Physical abuse of adult (if focus of attention is on victim)	995.81
Physical abuse of child (if focus of attention is on victim)	995.5
Physical or Sexual Abuse of Adult	V61.1
Pica	307.52
Polysubstance Dependence	304.80
Posttraumatic Stress Disorder	309.81
Premature Ejaculation	302.75
Primary Hypersomnia	307.44
Primary Insomnia	307.42
Profound Mental Retardation	318.2

Psychological Factors Affecting Medical Condition	316
Psychotic Disorder Due to [General Medical Condition], With Delusions	293.81
Psychotic Disorder Due to [General Medical Condition], With Hallucinations	293.82
Psychotic Disorder NOS	298.9
Pyromania	312.33
Reactive Attachment Disorder of Infancy or Early Childhood	313.89
Reading Disorder	315.00
Relational Problem NOS	V62.81
Relational Problem Related to [a Mental Disorder or General Medical Condition]	V61.9
Religious or Spiritual Problem	V62.89
Rett's Disorder	299.80
Rumination Disorder	307.53
Schizoaffective Disorder	295.70
Schizoid Personality Disorder	301.20
Schizophrenia Undifferentiated Type	295.90
Schizophrenia, Catatonic Type	295.20
Schizophrenia, Disorganized Type	295.10
Schizophrenia, Paranoid Type	295.30
Schizophrenia, Residual Type	295.60
Schizophreniform Disorder	295.40
Schizotypal Personality Disorder	301.22
Sedative, Hypnotic, or Anxiolytic Abuse	305.40
Sedative, Hypnotic, or Anxiolytic Dependence	304.10
Selective Mutism	313.23
Separation Anxiety Disorder	309.21

Severe Mental Retardation	318.1
Sexual abuse of adult (if focus of attention is on victim)	995.81
Sexual abuse of child (if focus of attention is on victim)	995.5
Sexual Aversion Disorder	302.79
Sexual Disorder NOS	302.9
Sexual Dysfunction NOS	302.70
Sexual Masochism	302.83
Sexual or Physical Abuse or Neglect of Child	V61.21
Sexual Sadism	302.84
Shared Psychotic Disorder	297.3
Sibling Relational Problem	V61.8
Sleep Disorder Due to [General Medical Condition], Hypersomnia Type	780.54
Sleep Disorder Due to [General Medical Condition], Insomnia Type	780.52
Sleep Disorder Due to [General Medical Condition], Mixed Type	780.59
Sleep Disorder Due to [General Medical Condition], Parasomnia	780.59
Sleep Terror Disorder	307.46
Sleepwalking Disorder	307.46
Social Phobia	300.23
Somatization Disorder	300.81
Somatoform Disorder NOS	300.81
Specific Phobia	300.29
Stereotypic Movement Disorder	307.3
Stuttering	307.0
Substance [Amphetamine, Caffeine, Cannabis, Cocaine, Hallucinogen, Inhalant, Phencyclidine, Sedative*, Other (or Unknown)]-Induced Anxiety Disorder	292.89

Substance [Amphetamine, Caffeine, Cannabis, Cocaine, Hallucinogen, Inhalant, Nicotine, Opioid, Phencyclidine, Sedative*, Other (or Unknown)]-Related Disorder NOS	292.9
Substance [Amphetamine, Caffeine, Cocaine, Opioid, Sedative*, Other (or Unknown)]-Induced Sleep Disorder	292.89
Substance [Amphetamine, Cannabis, Cocaine, Hallucinogen, Inhalant, Opioid, Phencyclidine, Sedative*, Other (or Unknown)]-Induced Psychotic Disorder, With Delusions	292.11
Substance [Amphetamine, Cannabis, Cocaine, Hallucinogen, Inhalant, Opioid, Phencyclidine, Sedative*, Other (or Unknown)]-Induced Psychotic Disorder, With Hallucinations	292.12
Substance [Amphetamine, Cannabis, Cocaine, Hallucinogen, Inhalant, Opioid, Phencyclidine, Sedative*, Other (or Unknown)] Intoxication Delirium	292.81
Substance [Amphetamine, Cannabis, Cocaine, Hallucinogen, Inhalant, Opioid, Phencyclidine, Sedative*, Other (or Unknown)] Intoxication	292.89
Substance [Amphetamine, Cocaine, Hallucinogen, Inhalant, Opioid, Phencyclidine, Sedative*, Other (or Unknown)]-Induced Mood Disorder	292.84
Substance [Amphetamine, Cocaine, Nicotine, Opioid, Sedative*, Other (or Unknown)] Withdrawal	292.0
Substance [Amphetamine, Cocaine, Opioid, Sedative*, Other (or Unknown)]-Induced Sexual Dysfunction	292.89
Substance [Inhalant, Sedative*, Other (or Unknown)]-Induced Persisting Dementia	292.82
Substance [Sedative*, Other (or Unknown)] Withdrawal Delirium	292.81
Substance [Sedative*, Other (or Unknown)]-Induced Persisting Amnestic Disorder	292.83
Tic Disorder NOS	307.20
Tourette's Disorder	307.23
Transient Tic Disorder	307.21
Transvestic Fetishism	302.3
Trichotillomania	312.39
Undifferentiated Somatoform Disorder	300.81

Unspecified Mental Disorder (nonpsychotic)	300.9
Vaginismus (Not Due to a General Medical Condition)	306.51
Vascular Dementia, Uncomplicated	290.40
Vascular Dementia, With Delirium	290.41
Vascular Dementia, With Delusions	290.42
Vascular Dementia, With Depressed Mood	290.43
Voyeurism	302.82

Other mental health related terms:

Diagnosis
Dual disorders
Psychiatrist
Psychologist
Psychotropic medication
Stress
Suicidal ideation/thoughts
Suicide

Services:

Child protection services/ Child protective services
Food bank
Homeless shelter
Women's shelter
Needle exchange
Mental Health services; Psychiatric ward; psychiatric department
Home care services
Legal aid services
Health care services, hospital services
Detoxification Centre
Alcohol and Drug Treatment Centre

Other Suggested Topics:

Family planning
Immigration
Oncology
Palliative care
Therapy (therapeutic)