Australian Government

Department of Health

PMHC-MDS Data Specification

Version 2.0.0

As at 3 September, 2021

Table of Contents

1. Reporting arrangements

1.1. Reporting data

PHNs and their service providers are able to either export data from their client systems and upload to the PMHC MDS or enter data manually via the data entry interface.

The system is able to accept data for any period in which the provider organisation is active, either in its entirety or partially. Please note the section below regarding timeliness.

Accepting data for any period allows organisations to upload corrections when erroneous data has been identified. Allowing partial uploads allows for submission of data by separate providers without the need for the PHN to aggregate all data prior to upload.

Where associated unique keys match (e.g. Patient Key or Episode Key) these records will be replaced, if the key is new, a new record will be created.

Data may be uploaded in either Excel or CSV format.

1.2. Reporting timeliness

Records must be reported to the MDS within 31 days of the activity which generated them. For example if a client was added to the system on the 12th of November 2016 their client record must be added to the MDS on or before the 13th of December 2016. Similarly, if a service contact occurred on that date, the data associated with that contact must be submitted to the MDS by 13th of December 2016 also.

The Department accesses information within the MDS for internal planning and governance purposes therefore data in the MDS needs to be current to ensure the accuracy of the data produced for the Department.

1.3. Inputs to help replicate system generated reports

Organisations frequently replicate the system reports at a local level for their own auditing purposes.

Some reports, such as the Out series reports, use extra inputs that cannot be generated locally.

These inputs are being supplied here to assist organisations who wish to replicate the system reports.

1.3.1. Outcome Measure Standard Deviations

Outcome Measure Standard Deviations will be updated in the second half of August each year.

Current version:

Download PMHC Outcome Measure Standard Deviations 2021 as XLSX.

Previous versions:

- [Download PMHC Outcome Measure Standard Deviations 2020 as XLSX.](#)

1.4. Support arrangements

Support is available to PHNs and their third party developers to assist with implementing upload facilities in existing client management systems. For those PHNs who do not upload via a client management system, documentation and support is available to manually enter data via a web data entry interface.

2. Identifier management

PMHC MDS keys are case sensitive and must have between 2- 50 valid unicode characters. Where data is being exported from client systems, these keys can be auto generated, providing that a key does not change once it is assigned.

2.1. Managing Provider Organisation Keys

Provider Organisations will be created and managed by Primary Health Networks (PHNs) through a user interface. Each PHN must create their own Provider Organisations before any data can be uploaded. Each Provider Organisation will need to be assigned a unique key. It is the responsibility of the PHN to assign and manage these keys.

2.2. Managing Client Keys

Client records will be created and managed by Provider Organisations via the upload and data entry interface. Each Client record needs to be assigned a unique key in order to facilitate adding/updating/deleting each item when uploading data. Once assigned, this key cannot change.

The Client Key will be managed by the Provider Organisation, however, the PHN may decide to play a role in coordinating assignment and management of these client keys.

Initially the Department wanted these keys to be unique across the PHN in order to ensure that there is a single key for a client within the PHN, and will continue to be investigate options for the PMHC MDS implementation of a Master Client Index during Stage Two of development.

2.3. Managing Practitioner, Episode and Service Contact Keys

The Practitioner Key, Episode Key, Service Contact Key will be created and managed by Provider Organisations.

The PMHC MDS specification requires each of these keys to be unique and stable at the Provider Organisation level.

Each record needs to be assigned a unique key in order to facilitate adding/updating/deleting each item when uploading/entering data. These keys will be created and managed by the Provider Organisation.

2.4. Managing Outcome Collection Occasion Keys

The Outcome Collection Occasion Key will be created and managed by Provider Organisations.

The PMHC MDS specification requires each of these keys to be unique and stable at the Provider Organisation level. Collection Occasion keys are allowed to be duplicated if different measures are collected on the same day for the same reason and episode. You cannot have the same collection occasion key for different collection occasions with the same measure.

This requirement has been implemented to allow a future version of the specification to separate outcome collection occasions and measures so that multiple measures can be associated with the one collection occasion.

Each record needs to be assigned a unique key in order to facilitate adding/updating/deleting each item when uploading/entering data. These keys will be created and managed by the Provider Organisation.

If you still have questions after reading this information, please visit the Department's responses to Questions about Unique Identifiers and 'Keys'

3. Data model and specifications

3.1. Data model

Fig. 3.1 PMHC data model

Note: PMHC Collection Occasion data model for more details about Collection Occasion records.

Key

PK	Primary Key
FK	Foreign Key
+——o+	One to zero or one
+——o<	One to zero or more

K10+ Measure

FK	Organisation Path
FK	Episode Key
PK	Collection Occasion Key
	K10+ - Question 1
	K10+ - Question 2
	K10+ - Question 3
	K10+ - Question 3
	K10+ - Question 4
	K10+ - Question 5
	K10+ - Question 6
	K10+ - Question 7
	K10+ - Question 8
	K10+ - Question 9
	K10+ - Question 10
	K10+ - Question 11
	K10+ - Question 12
	K10+ - Question 13
	K10+ - Question 14
	K10+ - Score
	K10+ - Tags

Collection Occasion

FK	Organisation Path
FK	Episode Key
PK	Collection Occasion Key
	Collection Occasion - Measure Date
	Collection Occasion - Reason
	Collection Occasion - Tags

K5 Measure

FK	Organisation Path
FK	Episode Key
PK	Collection Occasion Key
	K5 - Question 1
	K5 - Question 2
	K5 - Question 3
	K5 - Question 3
	K5 - Question 4
	K5 - Question 5
	K5 - Score
	K5 - Tags

SDQ Measure

FK	Organisation Path

Fig. 3.2 PMHC Collection Occasion data model

Note: See PMHC data model for more details about how Collection Occasion records fit into the overall structure.

3.2. Key concepts

3.2.1. Primary Health Network

Primary Health Networks (PHNs) have been established by the Australian Government with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

3.2.2. Provider Organisation

The Provider Organisation is the business entity that the PHN has commissioned to provide the service.

See Provider Organisation for the data elements for a provider organisation.

3.2.3. Practitioner

The Practitioner is the person who is delivering the service.

See Practitioner for the data elements for a practitioner.

3.2.4. Client

The Client is the person who is receiving the service.

See Client for the data elements for a client.

3.2.4.1. Active Client

An **active client** is a client who has had one or more Service Contacts in a reference reporting period.

3.2.5. Episode

For the purposes of the PMHC MDS, an *Episode of Care* is defined as a more or less continuous period of contact between a client and a PHN-commissioned provider organisation/clinician that starts at the point of first contact, and concludes at discharge. Episodes comprise a series of one or more Service Contacts. This structure allows for a logical data collection protocol that specifies what data are collected when, and by whom. Different sets of PMHC MDS items are collected at various points in the client's engagement with the provider organisation. Some items are only collected once at the episode level, while others are collected at each *Service Contact*.

Three business rules apply to how the *Episode of Care* concept is implemented across PHN-commissioned services:

- **One episode at a time for each client, defined at the level of the provider organisation**

  While an individual may have multiple *Episodes of Care* over the course of their illness, they may be considered as being in only one episode at any given point of time for **any particular PHN-commissioned provider organisation**. The implication is that the care provided by the organisation to an individual client at any point in time is subject to only one set of reporting requirements.

- **Episodes commence at the point of first contact.** The episode start date will be derived from the first service contact regardless of no show state as long as there is a service contact that isn't a no show. Therefore, if there is no attended service contact the episode is uncommenced.

  Some examples:

  - If a service contact occurs on the 1/1/2018 that is recorded as a no show then the episode is uncommenced.
  - If a service contact occurs on the 1/1/2018 that is recorded as a no show and another service contact occurs on the 2/1/2018 that is attended then the episode start date is derived as 1/1/2018.

- **Discharge from care concludes the episode**

  Discharge may occur clinically or administratively in instances where contact has been lost with the client. A new episode is deemed to commence if the person re-presents to the organisation.

See Episode for the data elements for a episode.

3.2.5.1. Active Episode

An **active episode** is an episode with one or more Attended Service Contacts recorded in a reference reporting period.

3.2.6. Service Contact

- Service contacts are defined as the provision of a service by a PHN commissioned mental health service provider for a client where the nature of the service would normally warrant a dated entry in the clinical record of the client.
- A service contact must involve at least two persons, one of whom must be a mental health service provider.
- Service contacts can be either with the client or with a third party, such as a carer or family member, and/or other professional or mental health worker, or other service provider.
- Service contacts are not restricted to face-to-face communication but can include telephone, internet, video link or other forms of direct communication.
- Service provision is only regarded as a service contact if it is relevant to the clinical condition of the client. This means that it does not include services of an administrative nature (e.g. telephone contact to schedule an appointment).

  Definition based on METeOR: 493304 with modification.

3.2.6.1. Attended Service Contact

An attended service contact is one that is not marked as 'No show'.

See Service Contact for the data elements for a service contact.

3.2.7. Outcome Collection Occasion

A Collection Occasion is defined as an occasion during an Episode of Care when the required outcome measure is to be collected. At a minimum, collection of outcome data is required at both Episode Start and Episode End, but may be more frequent if clinically indicated and agreed by the client.

Measures will be the Kessler Psychological Distress Scale K10+ (in the case of Aboriginal and Torres Strait Islander clients, the K5) as well as the Strengths & Difficulties Questionnaires.

See Outcome Collection Occasion for the data elements for an outcome collection occasion.

3.3. Record formats

3.3.1. Metadata

The Metadata table must be included in file uploads in order to identify the type and version of the uploaded data.

Table 3.1 Metadata record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Key (key)	string	yes	A metadata key name.
Value (value)	string	yes	The metadata value.

For this version of the specification the required content is shown in the following table:

key	value
type	PMHC
version	2

3.3.2. Provider Organisation

See Provider Organisation for the definition of a provider organisation.

Provider Organisation data is for administrative use within the PMHC MDS system. It is managed by the PHN's via the PMHC MDS administrative interface, it cannot be uploaded.

Table 3.2 Provider Organisation record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Organisation Path (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.
Organisation Key (organisation_key)	string (2,50)	yes	A sequence of characters which uniquely identifies the provider organisation to the Primary Health Network. Assigned by the Primary Health Network.
Provider Organisation - Name (organisation_name)	string (2,100)	yes	The name of the provider organisation.
Provider Organisation - Legal Name (organisation_legal_name)	string	—	The legal name of the provider organisation.
Provider Organisation - ABN (organisation_abn)	string (11)	yes	The Australian Business Number of the provider organisation.

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Provider Organisation - Type (organisation_type)	string	yes	1 Private Allied Health Professional Practice 2 Private Psychiatry Practice 3 General Medical Practice 4 Private Hospital 5 Headspace Centre 6 Early Youth Psychosis Centre 7 Community-managed Community Support Organisation 8 Aboriginal Health/Medical Service 9 State/Territory Health Service Organisation 10 Drug and/or Alcohol Service 11 Primary Health Network 12 Medicare Local 13 Division of General Practice 98 Other 99 Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Provider Organisation - State (organisation_state) METeOR: 613718	string	yes	1 New South Wales 2 Victoria 3 Queensland 4 South Australia 5 Western Australia 6 Tasmania 7 Northern Territory 8 Australian Capital Territory 9 Other Territories
Provider Organisation - Start Date (organisation_start_date)	date	yes	The date on which a provider organisation started delivering services.
Provider Organisation - End Date (organisation_end_date)	date	yes	The date on which a provider organisation stopped delivering services.
Provider Organisation - Tags (organisation_tags)	string	—	List of tags for the provider organisation.

3.3.3. Practitioner

See Practitioner for the definition of a practitioner.

Practitioner data is intended to provide workforce planning data for use regionally by the PHN and nationally by the Department. It is managed by the provider organisations via either the PMHC MDS administrative interface or upload.

Table 3.3 Practitioner record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Organisation Path (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.
Practitioner Key (practitioner_key)	string (2,50)	yes	A unique identifier for a practitioner within the responsible provider organisation. Assigned by either the PHN or Provider Organisation depending on local procedures.

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Practitioner - Category (practitioner_category)	string	yes	1 Clinical Psychologist 2 General Psychologist 3 Social Worker 4 Occupational Therapist 5 Mental Health Nurse 6 Aboriginal and Torres Strait Islander Health/ Mental Health Worker 7 Low Intensity Mental Health Worker 8 General Practitioner 9 Psychiatrist 10 Other Medical 11 Other 12 Psychosocial Support Worker 13 Peer Support Worker 99 Not stated
Practitioner - ATSI Cultural Training (atsi_cultural_training)	string	yes	1 Yes 2 No 3 Not required 9 Missing / Not recorded
Practitioner - Year of Birth (practitioner_year_of_birth)	gYear	yes	gYear

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Practitioner - Gender (practitioner_gender) ABS	string	yes	**0** Not stated/ Inadequately described **1** Male **2** Female **3** Other
Practitioner - Aboriginal and Torres Strait Islander Status (practitioner_atsi_status) METeOR: 291036	string	yes	**1** Aboriginal but not Torres Strait Islander origin **2** Torres Strait Islander but not Aboriginal origin **3** Both Aboriginal and Torres Strait Islander origin **4** Neither Aboriginal or Torres Strait Islander origin **9** Not stated/ inadequately described
Practitioner - Active (practitioner_active)	string	yes	**0** Inactive **1** Active
Practitioner - Tags (practitioner_tags)	string	—	List of tags for the practitioner.

3.3.4. Client

See Client for definition of a client.

Clients are managed by the provider organisations via upload.

Table 3.4 Client record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Organisation Path (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.
Client Key (client_key)	string (2,50)	yes	This is a number or code assigned to each individual client referred to the commissioned organisation. The client identifier must be unique and stable for each individual within the Provider Organisation. Assigned by either the PHN or Provider Organisation depending on local procedures.
Client - Statistical Linkage Key (slk) METeOR: 349510	string (14,40)	yes	A key that enables two or more records belonging to the same individual to be brought together.
Client - Date of Birth (date_of_birth) METeOR: 287007	date	yes	The date on which an individual was born.
Client - Estimated Date of Birth Flag (est_date_of_birth)	string	yes	1 Date of birth is accurate 2 Date of birth is an estimate 8 Date of birth is a 'dummy' date (ie, 09099999) 9 Accuracy of stated date of birth is not known

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Client - Gender (client_gender) ABS	string	yes	0 Not stated/ Inadequately described 1 Male 2 Female 3 Other
Client - Aboriginal and Torres Strait Islander Status (client_atsi_status) METeOR: 291036	string	yes	1 Aboriginal but not Torres Strait Islander origin 2 Torres Strait Islander but not Aboriginal origin 3 Both Aboriginal and Torres Strait Islander origin 4 Neither Aboriginal or Torres Strait Islander origin 9 Not stated/ inadequately described

Data Element (Field Name)	Type (min,max)	Required	Format / Values	
Client - Country of Birth (country_of_birth) METeOR: 459973 ABS	string (4)	yes	1101	Australia
			1102	Norfolk Island
			1199	Australian External Territories, nec
			1201	New Zealand
			1301	New Caledonia
			1302	Papua New Guinea
			1303	Solomon Islands
			1304	Vanuatu
			1401	Guam
			1402	Kiribati
			1403	Marshall Islands
			1404	Micronesia, Federated States of
			1405	Nauru
			1406	Northern Mariana Islands
			1407	Palau
			1501	Cook Islands
			1502	Fiji
			1503	French Polynesia
			1504	Niue
			1505	Samoa
			1506	Samoa, American
			1507	Tokelau
			1508	Tonga
			1511	Tuvalu

Data Element (Field Name)	Type (min,max)	Required	Format / Values	
			1512	Wallis and Futuna
			1513	Pitcairn Islands
			1599	Polynesia (excludes Hawaii), nec
			1601	Adelie Land (France)
			1602	Argentinian Antarctic Territory
			1603	Australian Antarctic Territory
			1604	British Antarctic Territory
			1605	Chilean Antarctic Territory
			1606	Queen Maud Land (Norway)
			1607	Ross Dependency (New Zealand)
			2102	England
			2103	Isle of Man
			2104	Northern Ireland
			2105	Scotland
			2106	Wales
			2107	Guernsey
			2108	Jersey
			2201	Ireland
			2301	Austria
			2302	Belgium

Data Element (Field Name)	Type (min,max)	Required	Format / Values	
			2303	France
			2304	Germany
			2305	Liechtenstein
			2306	Luxembourg
			2307	Monaco
			2308	Netherlands
			2311	Switzerland
			2401	Denmark
			2402	Faroe Islands
			2403	Finland
			2404	Greenland
			2405	Iceland
			2406	Norway
			2407	Sweden
			2408	Aland Islands
			3101	Andorra
			3102	Gibraltar
			3103	Holy See
			3104	Italy
			3105	Malta
			3106	Portugal
			3107	San Marino
			3108	Spain
			3201	Albania
			3202	Bosnia and Herzegovina
			3203	Bulgaria
			3204	Croatia
			3205	Cyprus

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			3206 The former Yugoslav Republic of Macedonia
			3207 Greece
			3208 Moldova
			3211 Romania
			3212 Slovenia
			3214 Montenegro
			3215 Serbia
			3216 Kosovo
			3301 Belarus
			3302 Czech Republic
			3303 Estonia
			3304 Hungary
			3305 Latvia
			3306 Lithuania
			3307 Poland
			3308 Russian Federation
			3311 Slovakia
			3312 Ukraine
			4101 Algeria
			4102 Egypt
			4103 Libya
			4104 Morocco
			4105 Sudan
			4106 Tunisia
			4107 Western Sahara
			4108 Spanish North Africa

Data Element (Field Name)	Type (min,max)	Required	Format / Values	
			4111	South Sudan
			4201	Bahrain
			4202	Gaza Strip and West Bank
			4203	Iran
			4204	Iraq
			4205	Israel
			4206	Jordan
			4207	Kuwait
			4208	Lebanon
			4211	Oman
			4212	Qatar
			4213	Saudi Arabia
			4214	Syria
			4215	Turkey
			4216	United Arab Emirates
			4217	Yemen
			5101	Myanmar
			5102	Cambodia
			5103	Laos
			5104	Thailand
			5105	Vietnam
			5201	Brunei Darussalam
			5202	Indonesia
			5203	Malaysia
			5204	Philippines
			5205	Singapore
			5206	Timor-Leste

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			6101 China (excludes SARs and Taiwan)
			6102 Hong Kong (SAR of China)
			6103 Macau (SAR of China)
			6104 Mongolia
			6105 Taiwan
			6201 Japan
			6202 Korea, Democratic People's Republic of (North)
			6203 Korea, Republic of (South)
			7101 Bangladesh
			7102 Bhutan
			7103 India
			7104 Maldives
			7105 Nepal
			7106 Pakistan
			7107 Sri Lanka
			7201 Afghanistan
			7202 Armenia
			7203 Azerbaijan
			7204 Georgia
			7205 Kazakhstan
			7206 Kyrgyzstan
			7207 Tajikistan
			7208 Turkmenistan
			7211 Uzbekistan
			8101 Bermuda

Data Element (Field Name)	Type (min,max)	Required	Format / Values	
			8102	Canada
			8103	St Pierre and Miquelon
			8104	United States of America
			8201	Argentina
			8202	Bolivia
			8203	Brazil
			8204	Chile
			8205	Colombia
			8206	Ecuador
			8207	Falkland Islands
			8208	French Guiana
			8211	Guyana
			8212	Paraguay
			8213	Peru
			8214	Suriname
			8215	Uruguay
			8216	Venezuela
			8299	South America, nec
			8301	Belize
			8302	Costa Rica
			8303	El Salvador
			8304	Guatemala
			8305	Honduras
			8306	Mexico
			8307	Nicaragua
			8308	Panama
			8401	Anguilla
			8402	Antigua and Barbuda

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			8403 Aruba
			8404 Bahamas
			8405 Barbados
			8406 Cayman Islands
			8407 Cuba
			8408 Dominica
			8411 Dominican Republic
			8412 Grenada
			8413 Guadeloupe
			8414 Haiti
			8415 Jamaica
			8416 Martinique
			8417 Montserrat
			8421 Puerto Rico
			8422 St Kitts and Nevis
			8423 St Lucia
			8424 St Vincent and the Grenadines
			8425 Trinidad and Tobago
			8426 Turks and Caicos Islands
			8427 Virgin Islands, British
			8428 Virgin Islands, United States
			8431 St Barthelemy
			8432 St Martin (French part)
			8433 Bonaire, Sint Eustatius and Saba

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			8434 Curacao
			8435 Sint Maarten (Dutch part)
			9101 Benin
			9102 Burkina Faso
			9103 Cameroon
			9104 Cabo Verde
			9105 Central African Republic
			9106 Chad
			9107 Congo, Republic of
			9108 Congo, Democratic Republic of
			9111 Cote d'Ivoire
			9112 Equatorial Guinea
			9113 Gabon
			9114 Gambia
			9115 Ghana
			9116 Guinea
			9117 Guinea-Bissau
			9118 Liberia
			9121 Mali
			9122 Mauritania
			9123 Niger
			9124 Nigeria
			9125 Sao Tome and Principe
			9126 Senegal
			9127 Sierra Leone
			9128 Togo

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			9201 Angola
			9202 Botswana
			9203 Burundi
			9204 Comoros
			9205 Djibouti
			9206 Eritrea
			9207 Ethiopia
			9208 Kenya
			9211 Lesotho
			9212 Madagascar
			9213 Malawi
			9214 Mauritius
			9215 Mayotte
			9216 Mozambique
			9217 Namibia
			9218 Reunion
			9221 Rwanda
			9222 St Helena
			9223 Seychelles
			9224 Somalia
			9225 South Africa
			9226 Swaziland
			9227 Tanzania
			9228 Uganda
			9231 Zambia
			9232 Zimbabwe
			9299 Southern and East Africa, nec
			9999 Unknown

Data Element (Field Name)	Type (min,max)	Required	Format / Values	
Client - Main Language Spoken at Home (main_lang_at_home) METeOR: 460125 ABS	string (4)	yes	1101	Gaelic (Scotland)
			1102	Irish
			1103	Welsh
			1199	Celtic, nec
			1201	English
			1301	German
			1302	Letzeburgish
			1303	Yiddish
			1401	Dutch
			1402	Frisian
			1403	Afrikaans
			1501	Danish
			1502	Icelandic
			1503	Norwegian
			1504	Swedish
			1599	Scandinavian, nec
			1601	Estonian
			1602	Finnish
			1699	Finnish and Related Languages, nec
			2101	French
			2201	Greek
			2301	Catalan
			2302	Portuguese
			2303	Spanish
			2399	Iberian Romance, nec
			2401	Italian
			2501	Maltese

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			2901 Basque
			2902 Latin
			2999 Other Southern European Languages, nec
			3101 Latvian
			3102 Lithuanian
			3301 Hungarian
			3401 Belorussian
			3402 Russian
			3403 Ukrainian
			3501 Bosnian
			3502 Bulgarian
			3503 Croatian
			3504 Macedonian
			3505 Serbian
			3506 Slovene
			3507 Serbo-Croatian/ Yugoslavian, so described
			3601 Czech
			3602 Polish
			3603 Slovak
			3604 Czechoslovakian, so described
			3901 Albanian
			3903 Aromunian (Macedo-Romanian)
			3904 Romanian
			3905 Romany

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			3999 Other Eastern European Languages, nec
			4101 Kurdish
			4102 Pashto
			4104 Balochi
			4105 Dari
			4106 Persian (excluding Dari)
			4107 Hazaraghi
			4199 Iranic, nec
			4202 Arabic
			4204 Hebrew
			4206 Assyrian Neo-Aramaic
			4207 Chaldean Neo-Aramaic
			4208 Mandaean (Mandaic)
			4299 Middle Eastern Semitic Languages, nec
			4301 Turkish
			4302 Azeri
			4303 Tatar
			4304 Turkmen
			4305 Uygur
			4306 Uzbek
			4399 Turkic, nec
			4901 Armenian
			4902 Georgian
			4999 Other Southwest and Central Asian Languages, nec

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			5101 Kannada
			5102 Malayalam
			5103 Tamil
			5104 Telugu
			5105 Tulu
			5199 Dravidian, nec
			5201 Bengali
			5202 Gujarati
			5203 Hindi
			5204 Konkani
			5205 Marathi
			5206 Nepali
			5207 Punjabi
			5208 Sindhi
			5211 Sinhalese
			5212 Urdu
			5213 Assamese
			5214 Dhivehi
			5215 Kashmiri
			5216 Oriya
			5217 Fijian Hindustani
			5299 Indo-Aryan, nec
			5999 Other Southern Asian Languages
			6101 Burmese
			6102 Chin Haka
			6103 Karen
			6104 Rohingya
			6105 Zomi

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			6199 Burmese and Related Languages, nec
			6201 Hmong
			6299 Hmong-Mien, nec
			6301 Khmer
			6302 Vietnamese
			6303 Mon
			6399 Mon-Khmer, nec
			6401 Lao
			6402 Thai
			6499 Tai, nec
			6501 Bisaya
			6502 Cebuano
			6503 Ilokano
			6504 Indonesian
			6505 Malay
			6507 Tetum
			6508 Timorese
			6511 Tagalog
			6512 Filipino
			6513 Acehnese
			6514 Balinese
			6515 Bikol
			6516 Iban
			6517 Ilonggo (Hiligaynon)
			6518 Javanese
			6521 Pampangan

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			6599 Southeast Asian Austronesian Languages, nec
			6999 Other Southeast Asian Languages
			7101 Cantonese
			7102 Hakka
			7104 Mandarin
			7106 Wu
			7107 Min Nan
			7199 Chinese, nec
			7201 Japanese
			7301 Korean
			7901 Tibetan
			7902 Mongolian
			7999 Other Eastern Asian Languages, nec
			8101 Anindilyakwa
			8111 Maung
			8113 Ngan'gikurunggurr
			8114 Nunggubuyu
			8115 Rembarrnga
			8117 Tiwi
			8121 Alawa
			8122 Dalabon
			8123 Gudanji
			8127 Iwaidja
			8128 Jaminjung
			8131 Jawoyn

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			8132 Jingulu
			8133 Kunbarlang
			8136 Larrakiya
			8137 Malak Malak
			8138 Mangarrayi
			8141 Maringarr
			8142 Marra
			8143 Marrithiyel
			8144 Matngala
			8146 Murrinh Patha
			8147 Na-kara
			8148 Ndjebbana (Gunavidji)
			8151 Ngalakgan
			8152 Ngaliwurru
			8153 Nungali
			8154 Wambaya
			8155 Wardaman
			8156 Amurdak
			8157 Garrwa
			8158 Kuwema
			8161 Marramaninyshi
			8162 Ngandi
			8163 Waanyi
			8164 Wagiman
			8165 Yanyuwa
			8166 Marridan (Maridan)
			8171 Gundjeihmi
			8172 Kune

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			8173 Kuninjku
			8174 Kunwinjku
			8175 Mayali
			8179 Kunwinjkuan, nec
			8181 Burarra
			8182 Gun-nartpa
			8183 Gurr-goni
			8189 Burarran, nec
			8199 Arnhem Land and Daly River Region Languages, nec
			8211 Galpu
			8212 Golumala
			8213 Wangurri
			8219 Dhangu, nec
			8221 Dhalwangu
			8222 Djarrwark
			8229 Dhay'yi, nec
			8231 Djambarrpuyngu
			8232 Djapu
			8233 Daatiwuy
			8234 Marrangu
			8235 Liyagalawumirr
			8236 Liyagawumirr
			8239 Dhuwal, nec
			8242 Gumatj
			8243 Gupapuyngu
			8244 Guyamirrilili
			8246 Manggalili

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			8247 Wubulkarra
			8249 Dhuwala, nec
			8251 Wurlaki
			8259 Djinang, nec
			8261 Ganalbingu
			8262 Djinba
			8263 Manyjalpingu
			8269 Djinba, nec
			8271 Ritharrngu
			8272 Wagilak
			8279 Yakuy, nec
			8281 Nhangu
			8282 Yan-nhangu
			8289 Nhangu, nec
			8291 Dhuwaya
			8292 Djangu
			8293 Madarrpa
			8294 Warramiri
			8295 Rirratjingu
			8299 Other Yolngu Matha, nec
			8301 Kuku Yalanji
			8302 Guugu Yimidhirr
			8303 Kuuku-Ya'u
			8304 Wik Mungkan
			8305 Djabugay
			8306 Dyirbal
			8307 Girramay
			8308 Koko-Bera
			8311 Kuuk Thayorre

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			8312 Lamalama
			8313 Yidiny
			8314 Wik Ngathan
			8315 Alngith
			8316 Kugu Muminh
			8317 Morrobalama
			8318 Thaynakwith
			8321 Yupangathi
			8322 Tjungundji
			8399 Cape York Peninsula Languages, nec
			8401 Kalaw Kawaw Ya/Kalaw Lagaw Ya
			8402 Meriam Mir
			8403 Yumplatok (Torres Strait Creole)
			8504 Bilinarra
			8505 Gurindji
			8506 Gurindji Kriol
			8507 Jaru
			8508 Light Warlpiri
			8511 Malngin
			8512 Mudburra
			8514 Ngardi
			8515 Ngarinyman
			8516 Walmajarri
			8517 Wanyjirra
			8518 Warlmanpa
			8521 Warlpiri

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			8522 Warumungu
			8599 Northern Desert Fringe Area Languages, nec
			8603 Alyawarr
			8606 Kaytetye
			8607 Antekerrepenh
			8611 Central Anmatyerr
			8612 Eastern Anmatyerr
			8619 Anmatyerr, nec
			8621 Eastern Arrernte
			8622 Western Arrarnta
			8629 Arrernte, nec
			8699 Arandic, nec
			8703 Antikarinya
			8704 Kartujarra
			8705 Kukatha
			8706 Kukatja
			8707 Luritja
			8708 Manyjilyjarra
			8711 Martu Wangka
			8712 Ngaanyatjarra
			8713 Pintupi
			8714 Pitjantjatjara
			8715 Wangkajunga
			8716 Wangkatha
			8717 Warnman
			8718 Yankunytjatjara

Data Element (Field Name)	Type (min,max)	Required	Format / Values	
			8721	Yulparija
			8722	Tjupany
			8799	Western Desert Languages, nec
			8801	Bardi
			8802	Bunuba
			8803	Gooniyandi
			8804	Miriwoong
			8805	Ngarinyin
			8806	Nyikina
			8807	Worla
			8808	Worrorra
			8811	Wunambal
			8812	Yawuru
			8813	Gambera
			8814	Jawi
			8815	Kija
			8899	Kimberley Area Languages, nec
			8901	Adnymathanha
			8902	Arabana
			8903	Bandjalang
			8904	Banyjima
			8905	Batjala
			8906	Bidjara
			8907	Dhanggatti
			8908	Diyari
			8911	Gamilaraay
			8913	Garuwali
			8914	Githabul

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			8915 Gumbaynggir
			8916 Kanai
			8917 Karajarri
			8918 Kariyarra
			8921 Kaurna
			8922 Kayardild
			8924 Kriol
			8925 Lardil
			8926 Mangala
			8927 Muruwari
			8928 Narungga
			8931 Ngarluma
			8932 Ngarrindjeri
			8933 Nyamal
			8934 Nyangumarta
			8935 Nyungar
			8936 Paakantyi
			8937 Palyku/ Nyiyaparli
			8938 Wajarri
			8941 Wiradjuri
			8943 Yindjibarndi
			8944 Yinhawangka
			8945 Yorta Yorta
			8946 Baanbay
			8947 Badimaya
			8948 Barababaraba
			8951 Dadi Dadi
			8952 Dharawal
			8953 Djabwurrung

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			8954 Gudjal
			8955 Keerray-Woorroong
			8956 Ladji Ladji
			8957 Mirning
			8958 Ngatjumaya
			8961 Waluwarra
			8962 Wangkangurru
			8963 Wargamay
			8964 Wergaia
			8965 Yugambeh
			8998 Aboriginal English, so described
			8999 Other Australian Indigenous Languages, nec
			9101 American Languages
			9201 Acholi
			9203 Akan
			9205 Mauritian Creole
			9206 Oromo
			9207 Shona
			9208 Somali
			9211 Swahili
			9212 Yoruba
			9213 Zulu
			9214 Amharic
			9215 Bemba
			9216 Dinka

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			9217 Ewe
			9218 Ga
			9221 Harari
			9222 Hausa
			9223 Igbo
			9224 Kikuyu
			9225 Krio
			9226 Luganda
			9227 Luo
			9228 Ndebele
			9231 Nuer
			9232 Nyanja (Chichewa)
			9233 Shilluk
			9234 Tigre
			9235 Tigrinya
			9236 Tswana
			9237 Xhosa
			9238 Seychelles Creole
			9241 Anuak
			9242 Bari
			9243 Bassa
			9244 Dan (Gio-Dan)
			9245 Fulfulde
			9246 Kinyarwanda (Rwanda)
			9247 Kirundi (Rundi)
			9248 Kpelle
			9251 Krahn

Data Element (Field Name)	Type (min,max)	Required	Format / Values	
			9252	Liberian (Liberian English)
			9253	Loma (Lorma)
			9254	Lumun (Kuku Lumun)
			9255	Madi
			9256	Mandinka
			9257	Mann
			9258	Moro (Nuba Moro)
			9261	Themne
			9262	Lingala
			9299	African Languages, nec
			9301	Fijian
			9302	Gilbertese
			9303	Maori (Cook Island)
			9304	Maori (New Zealand)
			9306	Nauruan
			9307	Niue
			9308	Samoan
			9311	Tongan
			9312	Rotuman
			9313	Tokelauan
			9314	Tuvaluan
			9315	Yapese
			9399	Pacific Austronesian Languages, nec
			9402	Bislama

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			9403 Hawaiian English
			9404 Norf'k-Pitcairn
			9405 Solomon Islands Pijin
			9499 Oceanian Pidgins and Creoles, nec
			9502 Kiwai
			9503 Motu (HiriMotu)
			9504 Tok Pisin (Neomelanesian)
			9599 Papua New Guinea Languages, nec
			9601 Invented Languages
			9701 Auslan
			9702 Key Word Sign Australia
			9799 Sign Languages, nec
			9999 Unknown
Client - Proficiency in Spoken English (prof_english) METeOR: 270203	string	yes	**0** Not applicable (persons under 5 years of age or who speak only English) **1** Very well **2** Well **3** Not well **4** Not at all **9** Not stated/ inadequately described

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Client - Tags (client_tags)	string	—	List of tags for the client.

3.3.5. Episode

See Episode for definition of an episode.

Episodes are managed by the provider organisations via upload.

Table 3.5 Episode record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Organisation Path (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.
Episode Key (episode_key)	string (2,50)	yes	This is a number or code assigned to each episode. The Episode Key is unique and stable for each episode at the level of the Provider Organisation.
Client Key (client_key)	string (2,50)	yes	This is a number or code assigned to each individual client referred to the commissioned organisation. The client identifier is unique and stable for each individual within the Provider Organisation.

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Episode - End Date (episode_end_date) METeOR: 614094	date	—	The date on which an *Episode of Care* is formally or administratively ended
Episode - Client Consent to Anonymised Data (client_consent)	string	yes	**1** Yes **2** No
Episode - Completion Status (episode_completion_status)	string	—	**0** Episode open **1** Episode closed - treatment concluded **2** Episode closed administratively - client could not be contacted **3** Episode closed administratively - client declined further contact **4** Episode closed administratively - client moved out of area **5** Episode closed administratively - client referred elsewhere **6** Episode closed administratively - other reason
Episode - Referral Date (referral_date)	date	—	The date the referrer made the referral.

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Episode - Principal Focus of Treatment Plan (principal_focus)	string	yes	1 Psychological therapy 2 Low intensity psychological intervention 3 Clinical care coordination 4 Complex care package 5 Child and youth-specific mental health services 6 Indigenous-specific mental health services 7 Other 8 Psychosocial Support
Episode - GP Mental Health Treatment Plan Flag (mental_health_treatment_plan)	string	yes	1 Yes 2 No 3 Unknown 9 Not stated/ inadequately described
Episode - Homelessness Flag (homelessness)	string	yes	1 Sleeping rough or in non-conventional accommodation 2 Short-term or emergency accommodation 3 Not homeless 9 Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Episode - Area of usual residence, postcode (client_postcode) METeOR: 429894	string	yes	The Australian postcode of the client.
Episode - Labour Force Status (labour_force_status) METeOR: 621450	string	yes	1 Employed 2 Unemployed 3 Not in the Labour Force 9 Not stated/ inadequately described
Episode - Employment Participation (employment_participation) METeOR: 269950	string	yes	1 Full-time 2 Part-time 3 Not applicable - not in the labour force 9 Not stated/ inadequately described

Data Element (Field Name)	Type (min,max)	Required	Format / Values	
Episode - Source of Cash Income (income_source) METeOR: 386449	string	yes	0	N/A - Client aged less than 16 years
			1	Disability Support Pension
			2	Other pension or benefit (not superannuation)
			3	Paid employment
			4	Compensation payments
			5	Other (e.g. superannuation, investments etc.)
			6	Nil income
			7	Not known
			9	Not stated/ inadequately described
Episode - Health Care Card (health_care_card) METeOR: 605149	string	yes	1	Yes
			2	No
			3	Not Known
			9	Not stated
Episode - NDIS Participant (ndis_participant)	string	yes	1	Yes
			2	No
			9	Not stated/ inadequately described

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Episode - Marital Status (marital_status) METeOR: 291045	string	yes	1 Never married 2 Widowed 3 Divorced 4 Separated 5 Married (registered and de facto) 6 Not stated/ inadequately described
Episode - Suicide Referral Flag (suicide_referral_flag)	string	yes	1 Yes 2 No 9 Unknown

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Episode - Principal Diagnosis (principal_diagnosis)	string	yes	100 Anxiety disorders (ATAPS) 101 Panic disorder 102 Agoraphobia 103 Social phobia 104 Generalised anxiety disorder 105 Obsessive-compulsive disorder 106 Post-traumatic stress disorder 107 Acute stress disorder 108 Other anxiety disorder 200 Affective (Mood) disorders (ATAPS) 201 Major depressive disorder 202 Dysthymia 203 Depressive disorder NOS 204 Bipolar disorder 205 Cyclothymic disorder 206 Other affective disorder 300 Substance use disorders (ATAPS)

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			301 Alcohol harmful use
			302 Alcohol dependence
			303 Other drug harmful use
			304 Other drug dependence
			305 Other substance use disorder
			400 Psychotic disorders (ATAPS)
			401 Schizophrenia
			402 Schizoaffective disorder
			403 Brief psychotic disorder
			404 Other psychotic disorder
			501 Separation anxiety disorder
			502 Attention deficit hyperactivity disorder (ADHD)
			503 Conduct disorder
			504 Oppositional defiant disorder
			505 Pervasive developmental disorder

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			506 Other disorder of childhood and adolescence
			601 Adjustment disorder
			602 Eating disorder
			603 Somatoform disorder
			604 Personality disorder
			605 Other mental disorder
			901 Anxiety symptoms
			902 Depressive symptoms
			903 Mixed anxiety and depressive symptoms
			904 Stress related
			905 Other
			999 Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Episode - Additional Diagnosis (additional_diagnosis)	string	yes	**000** No additional diagnosis **100** Anxiety disorders (ATAPS) **101** Panic disorder **102** Agoraphobia **103** Social phobia **104** Generalised anxiety disorder **105** Obsessive-compulsive disorder **106** Post-traumatic stress disorder **107** Acute stress disorder **108** Other anxiety disorder **200** Affective (Mood) disorders (ATAPS) **201** Major depressive disorder **202** Dysthymia **203** Depressive disorder NOS **204** Bipolar disorder **205** Cyclothymic disorder **206** Other affective disorder

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			300 Substance use disorders (ATAPS)
			301 Alcohol harmful use
			302 Alcohol dependence
			303 Other drug harmful use
			304 Other drug dependence
			305 Other substance use disorder
			400 Psychotic disorders (ATAPS)
			401 Schizophrenia
			402 Schizoaffective disorder
			403 Brief psychotic disorder
			404 Other psychotic disorder
			501 Separation anxiety disorder
			502 Attention deficit hyperactivity disorder (ADHD)
			503 Conduct disorder
			504 Oppositional defiant disorder

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			505 Pervasive developmental disorder
			506 Other disorder of childhood and adolescence
			601 Adjustment disorder
			602 Eating disorder
			603 Somatoform disorder
			604 Personality disorder
			605 Other mental disorder
			901 Anxiety symptoms
			902 Depressive symptoms
			903 Mixed anxiety and depressive symptoms
			904 Stress related
			905 Other
			999 Missing
Episode - Medication - Antipsychotics (N05A) (medication_antipsychotics)	string	yes	1 Yes 2 No 9 Unknown
Episode - Medication - Anxiolytics (N05B) (medication_anxiolytics)	string	yes	1 Yes 2 No 9 Unknown

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Episode - Medication - Hypnotics and sedatives (N05C) (medication_hypnotics)	string	yes	1 Yes 2 No 9 Unknown
Episode - Medication - Antidepressants (N06A) (medication_antidepressants)	string	yes	1 Yes 2 No 9 Unknown
Episode - Medication - Psychostimulants and nootropics (N06B) (medication_psychostimulants)	string	yes	1 Yes 2 No 9 Unknown

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Episode - Referrer Profession (referrer_profession)	string	yes	1 General Practitioner 2 Psychiatrist 3 Obstetrician 4 Paediatrician 5 Other Medical Specialist 6 Midwife 7 Maternal Health Nurse 8 Psychologist 9 Mental Health Nurse 10 Social Worker 11 Occupational therapist 12 Aboriginal Health Worker 13 Educational professional 14 Early childhood service worker 15 Other 98 N/A - Self referral 99 Not stated

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Episode - Referrer Organisation Type (referrer_organisation_type)	string	yes	1 General Practice 2 Medical Specialist Consulting Rooms 3 Private practice 4 Public mental health service 5 Public Hospital 6 Private Hospital 7 Emergency Department 8 Community Health Centre 9 Drug and Alcohol Service 10 Community Support Organisation NFP 11 Indigenous Health Organisation 12 Child and Maternal Health 13 Nursing Service 14 Telephone helpline 15 Digital health service 16 Family Support Service 17 School 18 Tertiary Education institution

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			19 Housing service **20** Centrelink **21** Other **98** N/A - Self referral **99** Not stated
Episode - Continuity of Support (continuity_of_support)	string	yes	**1** Yes **2** No **9** Not stated/ inadequately described
Episode - Tags (episode_tags)	string	—	List of tags for the episode.

3.3.6. Service Contact

See Service Contact for definition of a service contact.

Service contacts are managed by the provider organisations via upload.

Table 3.6 Service contact record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Organisation Path (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Service Contact Key (service_contact_key)	string (2,50)	yes	This is a number or code assigned to each service contact. The Service Contact Key is unique and stable for each service contact at the level of the Provider Organisation.
Episode Key (episode_key)	string (2,50)	yes	This is a number or code assigned to each episode. The Episode Key is unique and stable for each episode at the level of the organisation.
Practitioner Key (practitioner_key)	string (2,50)	yes	A unique identifier for a practitioner within the provider organisation.
Service Contact - Date (service_contact_date) METeOR: 494356	date	yes	The date of each mental health service contact between a health service provider and patient/ client.

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Service Contact - Type (service_contact_type)	string	yes	0 No contact took place 1 Assessment 2 Structured psychological intervention 3 Other psychological intervention 4 Clinical care coordination/ liaison 5 Clinical nursing services 6 Child or youth specific assistance NEC 7 Suicide prevention specific assistance NEC 8 Cultural specific assistance NEC 9 Psychosocial support 98 ATAPS
Service Contact - Postcode (service_contact_postcode) METeOR: 429894	string	yes	The Australian postcode where the service contact took place.

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Service Contact - Modality (service_contact_modality)	string	yes	0 No contact took place 1 Face to Face 2 Telephone 3 Video 4 Internet-based
Service Contact - Participants (service_contact_participants)	string	yes	1 Individual client 2 Client group 3 Family / Client Support Network 4 Other health professional or service provider 5 Other 9 Not stated

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Service Contact - Venue (service_contact_venue)	string	yes	1 Client's Home 2 Service provider's office 3 GP Practice 4 Other medical practice 5 Headspace Centre 6 Other primary care setting 7 Public or private hospital 8 Residential aged care facility 9 School or other educational centre 10 Client's Workplace 11 Other 12 Aged care centre - non-residential 98 Not applicable (Service Contact Modality is not face to face) 99 Not stated

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Service Contact - Duration (service_contact_duration)	string	yes	**0** No contact took place **1** 1-15 mins **2** 16-30 mins **3** 31-45 mins **4** 46-60 mins **5** 61-75 mins **6** 76-90 mins **7** 91-105 mins **8** 106-120 mins **9** over 120 mins
Service Contact - Copayment (service_contact_copayment)	number	yes	0 - 999999.99
Service Contact - Client Participation Indicator (service_contact_participation_indicator) METeOR: 494341	string	yes	**1** Yes **2** No
Service Contact - Interpreter Used (service_contact_interpreter)	string	yes	**1** Yes **2** No **9** Not stated
Service Contact - No Show (service_contact_no_show)	string	yes	**1** Yes **2** No

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Service Contact - Final (service_contact_final)	string	yes	1 No further services are planned for the client in the current episode 2 Further services are planned for the client in the current episode 3 Not known at this stage
Service Contact - Tags (service_contact_tags)	string	—	List of tags for the service contact.

3.3.7. Outcome Collection Occasion

See Outcome Collection Occasion for definition of an outcome collection occasion.

Individual item scores will eventually be required, however, it is noted that in the short term there are issues with collecting individual item scores. Therefore, as a transitional phase, reporting overall scores/subscales will be allowed.

Outcome collection occasions are managed by the provider organisations via upload.

PMHC MDS requires the use of one of the following three required outcome collection occasions measures, as follows:

- **For adults (18+ years)** - Kessler Psychological Distress Scale K10+ is the prescribed measure, with the option to use the K5 for Aboriginal and Torres Strait Islander people if that is considered more appropriate.
- **For children and young people (up to and including 17 years)** - the Strengths & Difficulties Questionnaires (SDQ) is the prescribed tool. The specified versions include the parent-report for 4-10 years and 11-17 years; and the self-report for 11-17 years.

Please note: For adolescents, clinician-discretion is allowed, and that the K10+ or K5 may be used, even though the person is under 18 years

3.3.7.1. Collection Occasion - Tags

The PMHC data entry interface has been updated to support multiple measures collected at each collection occasion. For this reason a Collection Occasion - Tags field exists in the data entry interface but not in the data specification.

Please refer to the Tags field for the measure type that you are collecting:

- K10+ - Tags
- K5 - Tags
- SDQ - Tags

For Wayback measures please refer to the Wayback data specification at Collection Occasion - Tags

3.3.7.2. K10+

As noted above, reporting individual item scores will eventually be required. In the short term, respondents can either report all 14 item scores or report the K10 total score as well as item scores for the 4 extra items in the K10+.

Table 3.7 K10+ record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Organisation Path (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.
Collection Occasion Key (collection_occasion_key)	string (2,50)	yes	This is a number or code assigned to each collection occasion of outcome measures. The Collection Occasion Key is unique and stable for each collection occasion at the level of the organisation.
Episode Key (episode_key)	string (2,50)	yes	

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Collection Occasion - Measure Date (measure_date)	date	yes	The date the measure was given.
Collection Occasion - Reason (reason_for_collection)	string	yes	1 Episode start 2 Review 3 Episode end
K10+ - Question 1 (k10p_item1)	string	yes	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time 9 Not stated / Missing
K10+ - Question 2 (k10p_item2)	string	yes	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time 9 Not stated / Missing
K10+ - Question 3 (k10p_item3)	string	yes	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time 9 Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
K10+ - Question 4 (k10p_item4)	string	yes	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time 9 Not stated / Missing
K10+ - Question 5 (k10p_item5)	string	yes	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time 9 Not stated / Missing
K10+ - Question 6 (k10p_item6)	string	yes	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time 9 Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
K10+ - Question 7 (k10p_item7)	string	yes	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time 9 Not stated / Missing
K10+ - Question 8 (k10p_item8)	string	yes	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time 9 Not stated / Missing
K10+ - Question 9 (k10p_item9)	string	yes	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time 9 Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
K10+ - Question 10 (k10p_item10)	string	yes	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time 9 Not stated / Missing
K10+ - Question 11 (k10p_item11)	integer	yes	0 - 28, 99 = Not stated / Missing
K10+ - Question 12 (k10p_item12)	integer	yes	0 - 28, 99 = Not stated / Missing
K10+ - Question 13 (k10p_item13)	integer	yes	0 - 89, 99 = Not stated / Missing
K10+ - Question 14 (k10p_item14)	string	yes	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time 9 Not stated / Missing
K10+ - Score (k10p_score)	integer	yes	10 - 50, 99 = Not stated / Missing
K10+ - Tags (k10p_tags)	string	—	List of tags for the collection occasion.

When the client's responses to Q1-10 are all recorded as 1 'None of the time', they are not required to answer questions 11-14. Where a question has not been answered please select a response of 'Not stated / missing'.

3.3.7.3. K5

As noted above, reporting individual item scores will eventually be required. In the short term, respondents can either report all 5 item scores or report the K5 total score.

Table 3.8 K5 record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Organisation Path (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.
Collection Occasion Key (collection_occasion_key)	string (2,50)	yes	This is a number or code assigned to each collection occasion of outcome measures. The Collection Occasion Key is unique and stable for each collection occasion at the level of the organisation.
Episode Key (episode_key)	string (2,50)	yes	
Collection Occasion - Measure Date (measure_date)	date	yes	The date the measure was given.
Collection Occasion - Reason (reason_for_collection)	string	yes	1 Episode start 2 Review 3 Episode end
K5 - Question 1 (k5_item1)	string	yes	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time 9 Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
K5 - Question 2 (k5_item2)	string	yes	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time 9 Not stated / Missing
K5 - Question 3 (k5_item3)	string	yes	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time 9 Not stated / Missing
K5 - Question 4 (k5_item4)	string	yes	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time 9 Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
K5 - Question 5 (k5_item5)	string	yes	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time 9 Not stated / Missing
K5 - Score (k5_score)	integer	yes	5 - 25, 99 = Not stated / Missing
K5 - Tags (k5_tags)	string	—	List of tags for the collection occasion.

3.3.7.4. SDQ

Extensive support materials are available on the SDQ developers' website, including copies of the various versions of the instrument, background information and scoring instructions. See http://www.sdqinfo.com. There are six versions (parent-report and youth-self report) currently specified format PMHC MDS reporting.

The "1" versions are administered on admission and are rated on the basis of the proceeding 6 months. The "2" follow up versions are administered on review and discharge and are rated on the basis of the previous 1 month period.

The versions specified for PMHC MDS reporting are:

- PC1 - Parent Report Measure for Children aged 4-10, Baseline version;
- PC2 - Parent Report Measure for Children and Adolescents aged 4-10, Follow up version;
- PY1 - Parent Report Measure for Youth aged 11-17, Baseline version;
- PY2 - Parent Report Measure for Youth aged 11-17, Follow up version;
- YR1 - Youth self report measure (11-17), Baseline version; and
- YR2 - Youth self report measure (11-17), Follow up version.

We acknowledge that there is also a parent-report for 2-4 years; and teacher versions for all the years (2-4; 4-10 and 11-17) but that these are not to be reported the PMHC-MDS.

Please note that the item numbering in the SDQ versions is deliberately non sequential because it covers all items in all versions, both to indicate item equivalence across versions and to assist data entry, especially of translated versions. The table below indicates the items that are included in each version, the rating periods used and the broad content covered by each item.

Informant		Parent				Young Person	
Age range		4-10		11-17		11 - 17	
Application		Baseline	Followup	Baseline	Followup	Baseline	Followup
Rating period		6 months	1 month	6 months	1 month	6 months	1 month
		Version					
Items	Item Content						
		PC1	PC2	PY1	PY2	YR1	YR2
1-25	Symptoms	✓	✓	✓	✓	✓	✓
26	Overall	✓	✓	✓	✓	✓	✓
27	Duration	✓	X	✓	X	✓	
28-33	Impact	✓	✓	✓	✓	✓	✓
34-35	Follow up progress	X	✓	X	✓	X	✓
36-38	Cross-Informant information	✓	X	✓	X	X	X
39-42	Cross-Informant information	X	X	X	X	✓	X

As noted above, reporting individual item scores will eventually be required. In the short term, respondents can either report all 42 item scores or report the SDQ subscale scores.

3.3.7.4.1. SDQ items and Scale Summary scores

The first 25 items in the SDQ comprise 5 scales of 5 items each. It is usually easiest to score all 5 scales before working out the Total Difficulties score. For data entry, the responses to items should always be entered the same way (see below), but they are not all scored the same way. Somewhat True is always scored as 1, but the scoring of Not True and Certainly True varies with each item (see Table 5). For each of the 5 scales the score can range from 0-10 if all 5 items were completed. Scale scores can be prorated if at least 3 items were completed.

		Not True	Some-what True	Certainly True	
Standard Values for Data Entry		**0**	**1**	**2**	**Summa**
Data element	**SDQ Item number and description**		**Item Score**		
Emotional Symptoms Scale					0-10
Item 03	Often complains of headaches ...	0	1	2	
Item 08	Many worries or often seems worried	0	1	2	
Item 13	Often unhappy, depressed or tearful	0	1	2	
Item 16	Nervous or clingy in new situations ...	0	1	2	
Item 24	Many fears, easily scared	0	1	2	
Conduct Problem Scale					0-10
Item 05	Often loses temper ...	0	1	2	
Item 07	**Generally well behaved** ...	**2**	**1**	**0**	
Item 12	Often fights with other children ...	0	1	2	
Item 18	Often lies or cheats	0	1	2	
Item 22	Steals from home, school ...	0	1	2	
Hyperactivity Scale					0-10
Item 02	Restless, overactive ...	0	1	2	
Item 10	Constantly fidgeting ...	0	1	2	
Item 15	Easily distracted ...	0	1	2	

		Not True	Some-what True	Certainly True	
	Standard Values for Data Entry	**0**	**1**	**2**	**Summa**
Data element	**SDQ Item number and description**		**Item Score**		
Item 21	**Thinks things out before acting**	**2**	**1**	**0**	
Item 25	**Good attention span** ...	**2**	**1**	**0**	
Peer Problem Scale					0-10
Item 06	Rather solitary, prefers to play alone	0	1	2	
Item 11	**Has at least one good friend**	**2**	**1**	**0**	
Item 14	**Generally liked by other children**	**2**	**1**	**0**	
Item 19	Picked on or bullied ...	0	1	2	
Item 23	Gets along better with adults ...	0	1	2	
Prosocial Scale					0-10
Item 01	Considerate of other people's feelings	0	1	2	
Item 04	Shares readily with other children ...	0	1	2	
Item 09	Helpful if someone is hurt ...	0	1	2	
Item 17	Kind to younger children	0	1	2	
Item 20	Often volunteers to help others ...	0	1	2	
SDQ Total Difficulties Score = Sum of Scales below					0-40
	Emotional Symptoms Scale	0-10			
	Conduct Problem Scale	0-10			
	Hyperactivity Scale	0-10			
	Peer Problem Scale	0-10			

- *NB. Bold items indicate reverse scoring*

3.3.7.4.2. Scoring the SDQ

The standard values for coding individual Item responses are 0 (Not True), 1 (Somewhat True), 2 (Certainly True) and 9 (Missing data).

For completed items (response coded 0,1,2) the Item scores are usually the same as the standard values. Them exceptions are item 07, 11, 14, 21 and 25. These items are "reverse-scored", that is, the standard value is mapped to Item scores as follows: 0->2, 1->1, 2->0.

Summary scores are only calculated if at least three of the five items have been completed (that is, coded 0, 1 or 2). Otherwise the summary score is set to missing. For the Summary scores, the missing value used should be 99.

The Summary scores are computed using the equation shown below, with the result being rounded to the nearest whole number. In the first 25 SDQ questions, each summary scale is composed of five items.

Summary score = (sum of item scores/number of valid completed items) x number of items

The simplest way to calculate the total difficulties score is to add up the following summary scores with the result being rounded to the nearest whole number.

Total score = Emotional Scale + Conduct Scale + Hyperactivity Scale + Peer Problem Scale

However, some of the summary scores may be missing. The rule is if more than one summary score is missing the Total Score is set to missing, value 99.

Items 28-32 are not completed if respondents have answered "No" to Item 26, which asks for an overall opinion about difficulties being present. In this case, all Item responses for Items 27 through 33 should be coded "8" for "not applicable", and the impact score should be coded to zero. Item 27 is not included in the Impact Score since it assesses the chronicity of the difficulties- the length of time they have been present. Item 33 is not included in the Impact Score, since it assess the burden on others rather than on the child/youth.

The coded Item Responses for the remaining Items 28 through 32 have to be mapped to their Item Scores before adding up. This mapping is the same for all, namely: 0->0, 1->0, 2->1, 3->2.

Table 3.9 SDQ record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Organisation Path (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.
Collection Occasion Key (collection_occasion_key)	string (2,50)	yes	This is a number or code assigned to each collection occasion of outcome measures. The Collection Occasion Key is unique and stable for each collection occasion at the level of the organisation.
Episode Key (episode_key)	string (2,50)	yes	
Collection Occasion - Measure Date (measure_date)	date	yes	The date the measure was given.
Collection Occasion - Reason (reason_for_collection)	string	yes	1 Episode start 2 Review 3 Episode end

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ Collection Occasion - Version (sdq_version)	string	yes	**PC101** Parent Report Measure 4-10 yrs, Baseline version, Australian Version 1 **PC201** Parent Report Measure 4-10 yrs, Follow Up version, Australian Version 1 **PY101** Parent Report Measure 11-17 yrs, Baseline version, Australian Version 1 **PY201** Parent Report Measure 11-17 yrs, Follow Up version, Australian Version 1 **YR101** Self report Version, 11-17 years, Baseline version, Australian Version 1 **YR201** Self report Version, 11-17 years, Follow Up version, Australian Version 1

Data Element (Field Name)	Type (min,max)	Required	Format / Values	
SDQ - Question 1 (sdq_item1)	string	yes	**0**	Not True
			1	Somewhat True
			2	Certainly True
			7	Unable to rate (insufficient information)
			9	Not stated / Missing
SDQ - Question 2 (sdq_item2)	string	yes	**0**	Not True
			1	Somewhat True
			2	Certainly True
			7	Unable to rate (insufficient information)
			9	Not stated / Missing
SDQ - Question 3 (sdq_item3)	string	yes	**0**	Not True
			1	Somewhat True
			2	Certainly True
			7	Unable to rate (insufficient information)
			9	Not stated / Missing
SDQ - Question 4 (sdq_item4)	string	yes	**0**	Not True
			1	Somewhat True
			2	Certainly True
			7	Unable to rate (insufficient information)
			9	Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values	
SDQ - Question 5 (sdq_item5)	string	yes	0	Not True
			1	Somewhat True
			2	Certainly True
			7	Unable to rate (insufficient information)
			9	Not stated / Missing
SDQ - Question 6 (sdq_item6)	string	yes	0	Not True
			1	Somewhat True
			2	Certainly True
			7	Unable to rate (insufficient information)
			9	Not stated / Missing
SDQ - Question 7 (sdq_item7)	string	yes	0	Not True
			1	Somewhat True
			2	Certainly True
			7	Unable to rate (insufficient information)
			9	Not stated / Missing
SDQ - Question 8 (sdq_item8)	string	yes	0	Not True
			1	Somewhat True
			2	Certainly True
			7	Unable to rate (insufficient information)
			9	Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 9 (sdq_item9)	string	yes	0 Not True 1 Somewhat True 2 Certainly True 7 Unable to rate (insufficient information) 9 Not stated / Missing
SDQ - Question 10 (sdq_item10)	string	yes	0 Not True 1 Somewhat True 2 Certainly True 7 Unable to rate (insufficient information) 9 Not stated / Missing
SDQ - Question 11 (sdq_item11)	string	yes	0 Not True 1 Somewhat True 2 Certainly True 7 Unable to rate (insufficient information) 9 Not stated / Missing
SDQ - Question 12 (sdq_item12)	string	yes	0 Not True 1 Somewhat True 2 Certainly True 7 Unable to rate (insufficient information) 9 Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 13 (sdq_item13)	string	yes	0 Not True 1 Somewhat True 2 Certainly True 7 Unable to rate (insufficient information) 9 Not stated / Missing
SDQ - Question 14 (sdq_item14)	string	yes	0 Not True 1 Somewhat True 2 Certainly True 7 Unable to rate (insufficient information) 9 Not stated / Missing
SDQ - Question 15 (sdq_item15)	string	yes	0 Not True 1 Somewhat True 2 Certainly True 7 Unable to rate (insufficient information) 9 Not stated / Missing
SDQ - Question 16 (sdq_item16)	string	yes	0 Not True 1 Somewhat True 2 Certainly True 7 Unable to rate (insufficient information) 9 Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 17 (sdq_item17)	string	yes	**0** Not True **1** Somewhat True **2** Certainly True **7** Unable to rate (insufficient information) **9** Not stated / Missing
SDQ - Question 18 (sdq_item18)	string	yes	**0** Not True **1** Somewhat True **2** Certainly True **7** Unable to rate (insufficient information) **9** Not stated / Missing
SDQ - Question 19 (sdq_item19)	string	yes	**0** Not True **1** Somewhat True **2** Certainly True **7** Unable to rate (insufficient information) **9** Not stated / Missing
SDQ - Question 20 (sdq_item20)	string	yes	**0** Not True **1** Somewhat True **2** Certainly True **7** Unable to rate (insufficient information) **9** Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 21 (sdq_item21)	string	yes	**0** Not True **1** Somewhat True **2** Certainly True **7** Unable to rate (insufficient information) **9** Not stated / Missing
SDQ - Question 22 (sdq_item22)	string	yes	**0** Not True **1** Somewhat True **2** Certainly True **7** Unable to rate (insufficient information) **9** Not stated / Missing
SDQ - Question 23 (sdq_item23)	string	yes	**0** Not True **1** Somewhat True **2** Certainly True **7** Unable to rate (insufficient information) **9** Not stated / Missing
SDQ - Question 24 (sdq_item24)	string	yes	**0** Not True **1** Somewhat True **2** Certainly True **7** Unable to rate (insufficient information) **9** Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 25 (sdq_item25)	string	yes	0 Not True 1 Somewhat True 2 Certainly True 7 Unable to rate (insufficient information) 9 Not stated / Missing
SDQ - Question 26 (sdq_item26)	string	yes	0 No 1 Yes - minor difficulties 2 Yes - definite difficulties 3 Yes - severe difficulties 7 Unable to rate (insufficient information) 9 Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 27 (sdq_item27)	string	yes	0 Less than a month 1 1-5 months 2 6-12 months 3 Over a year 7 Unable to rate (insufficient information) 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) 9 Not stated / Missing
SDQ - Question 28 (sdq_item28)	string	yes	0 Not at all 1 A little 2 A medium amount 3 A great deal 7 Unable to rate (insufficient information) 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) 9 Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 29 (sdq_item29)	string	yes	0 Not at all 1 A little 2 A medium amount 3 A great deal 7 Unable to rate (insufficient information) 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) 9 Not stated / Missing
SDQ - Question 30 (sdq_item30)	string	yes	0 Not at all 1 A little 2 A medium amount 3 A great deal 7 Unable to rate (insufficient information) 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) 9 Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 31 (sdq_item31)	string	yes	0 Not at all 1 A little 2 A medium amount 3 A great deal 7 Unable to rate (insufficient information) 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) 9 Not stated / Missing
SDQ - Question 32 (sdq_item32)	string	yes	0 Not at all 1 A little 2 A medium amount 3 A great deal 7 Unable to rate (insufficient information) 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) 9 Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values	
SDQ - Question 33 (sdq_item33)	string	yes	0	Not at all
			1	A little
			2	A medium amount
			3	A great deal
			7	Unable to rate (insufficient information)
			8	Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
			9	Not stated / Missing
SDQ - Question 34 (sdq_item34)	string	yes	0	Much worse
			1	A bit worse
			2	About the same
			3	A bit better
			4	Much better
			7	Unable to rate (insufficient information)
			8	Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
			9	Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 35 (sdq_item35)	string	yes	**0** Not at all **1** A little **2** A medium amount **3** A great deal **7** Unable to rate (insufficient information) **8** Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) **9** Not stated / Missing
SDQ - Question 36 (sdq_item36)	string	yes	**0** No **1** A little **2** A lot **7** Unable to rate (insufficient information) **8** Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) **9** Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 37 (sdq_item37)	string	yes	0 No 1 A little 2 A lot 7 Unable to rate (insufficient information) 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) 9 Not stated / Missing
SDQ - Question 38 (sdq_item38)	string	yes	0 No 1 A little 2 A lot 7 Unable to rate (insufficient information) 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) 9 Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 39 (sdq_item39)	string	yes	0 No 1 A little 2 A lot 7 Unable to rate (insufficient information) 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) 9 Not stated / Missing
SDQ - Question 40 (sdq_item40)	string	yes	0 No 1 A little 2 A lot 7 Unable to rate (insufficient information) 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) 9 Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 41 (sdq_item41)	string	yes	**0** No **1** A little **2** A lot **7** Unable to rate (insufficient information) **8** Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) **9** Not stated / Missing
SDQ - Question 42 (sdq_item42)	string	yes	**0** No **1** A little **2** A lot **7** Unable to rate (insufficient information) **8** Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) **9** Not stated / Missing
SDQ - Emotional Symptoms Scale (sdq_emotional_symptoms)	integer	yes	0 - 10, 99 = Not stated / Missing
SDQ - Conduct Problem Scale (sdq_conduct_problem)	integer	yes	0 - 10, 99 = Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Hyperactivity Scale (sdq_hyperactivity)	integer	yes	0 - 10, 99 = Not stated / Missing
SDQ - Peer Problem Scale (sdq_peer_problem)	integer	yes	0 - 10, 99 = Not stated / Missing
SDQ - Prosocial Scale (sdq_prosocial)	integer	yes	0 - 10, 99 = Not stated / Missing
SDQ - Total Difficulties Score (sdq_total)	integer	yes	0 - 40, 99 = Not stated / Missing
SDQ - Impact Score (sdq_impact)	integer	yes	0 - 10, 99 = Not stated / Missing
SDQ - Tags (sdq_tags)	string	—	List of tags for the collection occasion.

3.4. Definitions

3.4.1. Client - Aboriginal and Torres Strait Islander Status

Whether a person identifies as being of Aboriginal and/or Torres Strait Islander origin, as represented by a code.

Field name

client_atsi_status

Data type

string

Required

yes

Domain

1 Aboriginal but not Torres Strait Islander origin

2 Torres Strait Islander but not Aboriginal origin

3 Both Aboriginal and Torres Strait Islander origin

4 Neither Aboriginal or Torres Strait Islander origin

9 Not stated/inadequately described

Notes

> **Code 9 is not to be available as a valid answer to the questions but is**

> intended for use:

> - Primarily when importing data from other data collections that do not contain mappable data.
>
> - Where an answer was refused.
>
> - Where the question was not able to be asked prior to completion of assistance because the client was unable to communicate or a person who knows the client was not available.

METeOR

> 291036

3.4.2. Client - Country of Birth

The country in which the client was born, as represented by a code.

Field name

> country_of_birth

Data type

> string (4)

Required

> yes

Domain

> **1101**   Australia
>
> **1102**   Norfolk Island
>
> **1199**   Australian External Territories, nec
>
> **1201**   New Zealand
>
> **1301**   New Caledonia
>
> **1302**   Papua New Guinea
>
> **1303**   Solomon Islands
>
> **1304**   Vanuatu
>
> **1401**   Guam
>
> **1402**   Kiribati

1403	Marshall Islands
1404	Micronesia, Federated States of
1405	Nauru
1406	Northern Mariana Islands
1407	Palau
1501	Cook Islands
1502	Fiji
1503	French Polynesia
1504	Niue
1505	Samoa
1506	Samoa, American
1507	Tokelau
1508	Tonga
1511	Tuvalu
1512	Wallis and Futuna
1513	Pitcairn Islands
1599	Polynesia (excludes Hawaii), nec
1601	Adelie Land (France)
1602	Argentinian Antarctic Territory
1603	Australian Antarctic Territory
1604	British Antarctic Territory
1605	Chilean Antarctic Territory
1606	Queen Maud Land (Norway)
1607	Ross Dependency (New Zealand)
2102	England
2103	Isle of Man
2104	Northern Ireland
2105	Scotland

2106	Wales
2107	Guernsey
2108	Jersey
2201	Ireland
2301	Austria
2302	Belgium
2303	France
2304	Germany
2305	Liechtenstein
2306	Luxembourg
2307	Monaco
2308	Netherlands
2311	Switzerland
2401	Denmark
2402	Faroe Islands
2403	Finland
2404	Greenland
2405	Iceland
2406	Norway
2407	Sweden
2408	Aland Islands
3101	Andorra
3102	Gibraltar
3103	Holy See
3104	Italy
3105	Malta
3106	Portugal
3107	San Marino

3108	Spain
3201	Albania
3202	Bosnia and Herzegovina
3203	Bulgaria
3204	Croatia
3205	Cyprus
3206	The former Yugoslav Republic of Macedonia
3207	Greece
3208	Moldova
3211	Romania
3212	Slovenia
3214	Montenegro
3215	Serbia
3216	Kosovo
3301	Belarus
3302	Czech Republic
3303	Estonia
3304	Hungary
3305	Latvia
3306	Lithuania
3307	Poland
3308	Russian Federation
3311	Slovakia
3312	Ukraine
4101	Algeria
4102	Egypt
4103	Libya
4104	Morocco

4105	Sudan
4106	Tunisia
4107	Western Sahara
4108	Spanish North Africa
4111	South Sudan
4201	Bahrain
4202	Gaza Strip and West Bank
4203	Iran
4204	Iraq
4205	Israel
4206	Jordan
4207	Kuwait
4208	Lebanon
4211	Oman
4212	Qatar
4213	Saudi Arabia
4214	Syria
4215	Turkey
4216	United Arab Emirates
4217	Yemen
5101	Myanmar
5102	Cambodia
5103	Laos
5104	Thailand
5105	Vietnam
5201	Brunei Darussalam
5202	Indonesia
5203	Malaysia

5204	Philippines
5205	Singapore
5206	Timor-Leste
6101	China (excludes SARs and Taiwan)
6102	Hong Kong (SAR of China)
6103	Macau (SAR of China)
6104	Mongolia
6105	Taiwan
6201	Japan
6202	Korea, Democratic People's Republic of (North)
6203	Korea, Republic of (South)
7101	Bangladesh
7102	Bhutan
7103	India
7104	Maldives
7105	Nepal
7106	Pakistan
7107	Sri Lanka
7201	Afghanistan
7202	Armenia
7203	Azerbaijan
7204	Georgia
7205	Kazakhstan
7206	Kyrgyzstan
7207	Tajikistan
7208	Turkmenistan
7211	Uzbekistan
8101	Bermuda

8102	Canada
8103	St Pierre and Miquelon
8104	United States of America
8201	Argentina
8202	Bolivia
8203	Brazil
8204	Chile
8205	Colombia
8206	Ecuador
8207	Falkland Islands
8208	French Guiana
8211	Guyana
8212	Paraguay
8213	Peru
8214	Suriname
8215	Uruguay
8216	Venezuela
8299	South America, nec
8301	Belize
8302	Costa Rica
8303	El Salvador
8304	Guatemala
8305	Honduras
8306	Mexico
8307	Nicaragua
8308	Panama
8401	Anguilla
8402	Antigua and Barbuda

8403	Aruba
8404	Bahamas
8405	Barbados
8406	Cayman Islands
8407	Cuba
8408	Dominica
8411	Dominican Republic
8412	Grenada
8413	Guadeloupe
8414	Haiti
8415	Jamaica
8416	Martinique
8417	Montserrat
8421	Puerto Rico
8422	St Kitts and Nevis
8423	St Lucia
8424	St Vincent and the Grenadines
8425	Trinidad and Tobago
8426	Turks and Caicos Islands
8427	Virgin Islands, British
8428	Virgin Islands, United States
8431	St Barthelemy
8432	St Martin (French part)
8433	Bonaire, Sint Eustatius and Saba
8434	Curacao
8435	Sint Maarten (Dutch part)
9101	Benin
9102	Burkina Faso

9103	Cameroon
9104	Cabo Verde
9105	Central African Republic
9106	Chad
9107	Congo, Republic of
9108	Congo, Democratic Republic of
9111	Cote d'Ivoire
9112	Equatorial Guinea
9113	Gabon
9114	Gambia
9115	Ghana
9116	Guinea
9117	Guinea-Bissau
9118	Liberia
9121	Mali
9122	Mauritania
9123	Niger
9124	Nigeria
9125	Sao Tome and Principe
9126	Senegal
9127	Sierra Leone
9128	Togo
9201	Angola
9202	Botswana
9203	Burundi
9204	Comoros
9205	Djibouti
9206	Eritrea

9207 Ethiopia

9208 Kenya

9211 Lesotho

9212 Madagascar

9213 Malawi

9214 Mauritius

9215 Mayotte

9216 Mozambique

9217 Namibia

9218 Reunion

9221 Rwanda

9222 St Helena

9223 Seychelles

9224 Somalia

9225 South Africa

9226 Swaziland

9227 Tanzania

9228 Uganda

9231 Zambia

9232 Zimbabwe

9299 Southern and East Africa, nec

9999 Unknown

Notes

Standard Australian Classification of Countries (SACC), 2016 4-digit code (ABS Catalogue No. 1269.0) SACC 2016 is a four-digit, three-level hierarchical structure specifying major group, minor group and country. 9999 is used when the information is not known or the client has refused to provide the information.

Organisations are encouraged to produce customised lists of the most common languages in use by their local populations from the above resource. Please refer to Country of Birth for help on designing forms.

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ABS

http://www.abs.gov.au/ausstats/abs@.nsf/mf/1269.0

3.4.3. Client - Date of Birth

The date on which an individual was born.

Field name

date_of_birth

Data type

date

Required

yes

Notes

- The date of birth must not be before January 1st 1900.

- The date of birth must not be in the future.

- If the date of birth is unknown, the following approaches should be used:

  - If the age of the person is known, the age should be used to derive the year of birth

  - If the age of the person is unknown, an estimated age of the person should be used to estimate a year of birth

  - An actual or estimated year of birth should then be converted into an estimated date of birth using the following convention: 0101Estimated year of birth.

  - If the date of birth is totally unknown, use 09099999.

  - If you have estimated the year of birth make sure you record this in the 'Estimated date of birth flag'

METeOR

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3.4.4. Client - Estimated Date of Birth Flag

The date of birth estimate flag records whether or not the client's date of birth has been estimated.

Field name

est_date_of_birth

Data type

string

Required

yes

Domain

1	Date of birth is accurate
2	Date of birth is an estimate
8	Date of birth is a 'dummy' date (ie, 09099999)
9	Accuracy of stated date of birth is not known

3.4.5. Client - Gender

The term 'gender' refers to the way in which a person identifies their masculine or feminine characteristics. A persons gender relates to their deeply held internal and individual sense of gender and is not always exclusively male or female. It may or may not correspond to their sex assigned at birth.

Field name

client_gender

Data type

string

Required

yes

Domain

0	Not stated/Inadequately described
1	Male
2	Female
3	Other

Notes

1 - M - Male

Adults who identify themselves as men, and children who identify themselves as boys.

2 - F - Female

Adults who identify themselves as women, and children who identify themselves as girls.

3 - X- Other

Adults and children who identify as non-binary, gender diverse, or with descriptors other than man/boy or woman/girl.

ABS

http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/ 1200.0.55.012Main%20Features12016?opendocument&tabname=Summary&prodno=1200.0.55.012&issue=2016&num

3.4.6. Client Key

This is a number or code assigned to each individual client referred to the commissioned organisation. The client identifier must be unique and stable for each individual within the Provider Organisation. Assigned by either the PHN or Provider Organisation depending on local procedures.

Field name

client_key

Data type

string (2,50)

Required

yes

Notes

Client keys must be unique within each Provider Organisation. The Client Key will be managed by the Provider Organisation, however, the PHN may decide to play a role in coordinating assignment and management of these client keys. Clients should not be assigned multiple keys within the same Provider Organisation.

Client keys are case sensitive and must be valid unicode characters.

See Managing Client Keys

3.4.7. Client - Main Language Spoken at Home

The language reported by a client as the main language other than English spoken by that client in his/her home (or most recent private residential setting occupied by the client) to communicate with other residents of the home or setting and regular visitors, as represented by a code.

Field name

main_lang_at_home

Data type

string (4)

Required

yes

Domain

1101 Gaelic (Scotland)

1102 Irish

1103 Welsh

1199 Celtic, nec

1201 English

1301 German

1302 Letzeburgish

1303 Yiddish

1401 Dutch

1402 Frisian

1403 Afrikaans

1501 Danish

1502 Icelandic

1503 Norwegian

1504 Swedish

1599 Scandinavian, nec

1601 Estonian

1602 Finnish

1699 Finnish and Related Languages, nec

2101 French

2201 Greek

2301 Catalan

2302 Portuguese

2303	Spanish
2399	Iberian Romance, nec
2401	Italian
2501	Maltese
2901	Basque
2902	Latin
2999	Other Southern European Languages, nec
3101	Latvian
3102	Lithuanian
3301	Hungarian
3401	Belorussian
3402	Russian
3403	Ukrainian
3501	Bosnian
3502	Bulgarian
3503	Croatian
3504	Macedonian
3505	Serbian
3506	Slovene
3507	Serbo-Croatian/Yugoslavian, so described
3601	Czech
3602	Polish
3603	Slovak
3604	Czechoslovakian, so described
3901	Albanian
3903	Aromunian (Macedo-Romanian)
3904	Romanian
3905	Romany

3999   Other Eastern European Languages, nec

4101   Kurdish

4102   Pashto

4104   Balochi

4105   Dari

4106   Persian (excluding Dari)

4107   Hazaraghi

4199   Iranic, nec

4202   Arabic

4204   Hebrew

4206   Assyrian Neo-Aramaic

4207   Chaldean Neo-Aramaic

4208   Mandaean (Mandaic)

4299   Middle Eastern Semitic Languages, nec

4301   Turkish

4302   Azeri

4303   Tatar

4304   Turkmen

4305   Uygur

4306   Uzbek

4399   Turkic, nec

4901   Armenian

4902   Georgian

4999   Other Southwest and Central Asian Languages, nec

5101   Kannada

5102   Malayalam

5103   Tamil

5104   Telugu

5105	Tulu
5199	Dravidian, nec
5201	Bengali
5202	Gujarati
5203	Hindi
5204	Konkani
5205	Marathi
5206	Nepali
5207	Punjabi
5208	Sindhi
5211	Sinhalese
5212	Urdu
5213	Assamese
5214	Dhivehi
5215	Kashmiri
5216	Oriya
5217	Fijian Hindustani
5299	Indo-Aryan, nec
5999	Other Southern Asian Languages
6101	Burmese
6102	Chin Haka
6103	Karen
6104	Rohingya
6105	Zomi
6199	Burmese and Related Languages, nec
6201	Hmong
6299	Hmong-Mien, nec
6301	Khmer

6302 Vietnamese

6303 Mon

6399 Mon-Khmer, nec

6401 Lao

6402 Thai

6499 Tai, nec

6501 Bisaya

6502 Cebuano

6503 Ilokano

6504 Indonesian

6505 Malay

6507 Tetum

6508 Timorese

6511 Tagalog

6512 Filipino

6513 Acehnese

6514 Balinese

6515 Bikol

6516 Iban

6517 Ilonggo (Hiligaynon)

6518 Javanese

6521 Pampangan

6599 Southeast Asian Austronesian Languages, nec

6999 Other Southeast Asian Languages

7101 Cantonese

7102 Hakka

7104 Mandarin

7106 Wu

7107	Min Nan
7199	Chinese, nec
7201	Japanese
7301	Korean
7901	Tibetan
7902	Mongolian
7999	Other Eastern Asian Languages, nec
8101	Anindilyakwa
8111	Maung
8113	Ngan'gikurunggurr
8114	Nunggubuyu
8115	Rembarrnga
8117	Tiwi
8121	Alawa
8122	Dalabon
8123	Gudanji
8127	Iwaidja
8128	Jaminjung
8131	Jawoyn
8132	Jingulu
8133	Kunbarlang
8136	Larrakiya
8137	Malak Malak
8138	Mangarrayi
8141	Maringarr
8142	Marra
8143	Marrithiyel
8144	Matngala

8146	Murrinh Patha
8147	Na-kara
8148	Ndjebbana (Gunavidji)
8151	Ngalakgan
8152	Ngaliwurru
8153	Nungali
8154	Wambaya
8155	Wardaman
8156	Amurdak
8157	Garrwa
8158	Kuwema
8161	Marramaninyshi
8162	Ngandi
8163	Waanyi
8164	Wagiman
8165	Yanyuwa
8166	Marridan (Maridan)
8171	Gundjeihmi
8172	Kune
8173	Kuninjku
8174	Kunwinjku
8175	Mayali
8179	Kunwinjkuan, nec
8181	Burarra
8182	Gun-nartpa
8183	Gurr-goni
8189	Burarran, nec
8199	Arnhem Land and Daly River Region Languages, nec

8211 Galpu

8212 Golumala

8213 Wangurri

8219 Dhangu, nec

8221 Dhalwangu

8222 Djarrwark

8229 Dhay'yi, nec

8231 Djambarrpuyngu

8232 Djapu

8233 Daatiwuy

8234 Marrangu

8235 Liyagalawumirr

8236 Liyagawumirr

8239 Dhuwal, nec

8242 Gumatj

8243 Gupapuyngu

8244 Guyamirrilili

8246 Manggalili

8247 Wubulkarra

8249 Dhuwala, nec

8251 Wurlaki

8259 Djinang, nec

8261 Ganalbingu

8262 Djinba

8263 Manyjalpingu

8269 Djinba, nec

8271 Ritharrngu

8272 Wagilak

8279 Yakuy, nec

8281 Nhangu

8282 Yan-nhangu

8289 Nhangu, nec

8291 Dhuwaya

8292 Djangu

8293 Madarrpa

8294 Warramiri

8295 Rirratjingu

8299 Other Yolngu Matha, nec

8301 Kuku Yalanji

8302 Guugu Yimidhirr

8303 Kuuku-Ya'u

8304 Wik Mungkan

8305 Djabugay

8306 Dyirbal

8307 Girramay

8308 Koko-Bera

8311 Kuuk Thayorre

8312 Lamalama

8313 Yidiny

8314 Wik Ngathan

8315 Alngith

8316 Kugu Muminh

8317 Morrobalama

8318 Thaynakwith

8321 Yupangathi

8322 Tjungundji

8399	Cape York Peninsula Languages, nec
8401	Kalaw Kawaw Ya/Kalaw Lagaw Ya
8402	Meriam Mir
8403	Yumplatok (Torres Strait Creole)
8504	Bilinarra
8505	Gurindji
8506	Gurindji Kriol
8507	Jaru
8508	Light Warlpiri
8511	Malngin
8512	Mudburra
8514	Ngardi
8515	Ngarinyman
8516	Walmajarri
8517	Wanyjirra
8518	Warlmanpa
8521	Warlpiri
8522	Warumungu
8599	Northern Desert Fringe Area Languages, nec
8603	Alyawarr
8606	Kaytetye
8607	Antekerrepenh
8611	Central Anmatyerr
8612	Eastern Anmatyerr
8619	Anmatyerr, nec
8621	Eastern Arrernte
8622	Western Arrarnta
8629	Arrernte, nec

8699	Arandic, nec
8703	Antikarinya
8704	Kartujarra
8705	Kukatha
8706	Kukatja
8707	Luritja
8708	Manyjilyjarra
8711	Martu Wangka
8712	Ngaanyatjarra
8713	Pintupi
8714	Pitjantjatjara
8715	Wangkajunga
8716	Wangkatha
8717	Warnman
8718	Yankunytjatjara
8721	Yulparija
8722	Tjupany
8799	Western Desert Languages, nec
8801	Bardi
8802	Bunuba
8803	Gooniyandi
8804	Miriwoong
8805	Ngarinyin
8806	Nyikina
8807	Worla
8808	Worrorra
8811	Wunambal
8812	Yawuru

8813	Gambera
8814	Jawi
8815	Kija
8899	Kimberley Area Languages, nec
8901	Adnymathanha
8902	Arabana
8903	Bandjalang
8904	Banyjima
8905	Batjala
8906	Bidjara
8907	Dhanggatti
8908	Diyari
8911	Gamilaraay
8913	Garuwali
8914	Githabul
8915	Gumbaynggir
8916	Kanai
8917	Karajarri
8918	Kariyarra
8921	Kaurna
8922	Kayardild
8924	Kriol
8925	Lardil
8926	Mangala
8927	Muruwari
8928	Narungga
8931	Ngarluma
8932	Ngarrindjeri

8933	Nyamal
8934	Nyangumarta
8935	Nyungar
8936	Paakantyi
8937	Palyku/Nyiyaparli
8938	Wajarri
8941	Wiradjuri
8943	Yindjibarndi
8944	Yinhawangka
8945	Yorta Yorta
8946	Baanbay
8947	Badimaya
8948	Barababaraba
8951	Dadi Dadi
8952	Dharawal
8953	Djabwurrung
8954	Gudjal
8955	Keerray-Woorroong
8956	Ladji Ladji
8957	Mirning
8958	Ngatjumaya
8961	Waluwarra
8962	Wangkangurru
8963	Wargamay
8964	Wergaia
8965	Yugambeh
8998	Aboriginal English, so described
8999	Other Australian Indigenous Languages, nec

9101	American Languages
9201	Acholi
9203	Akan
9205	Mauritian Creole
9206	Oromo
9207	Shona
9208	Somali
9211	Swahili
9212	Yoruba
9213	Zulu
9214	Amharic
9215	Bemba
9216	Dinka
9217	Ewe
9218	Ga
9221	Harari
9222	Hausa
9223	Igbo
9224	Kikuyu
9225	Krio
9226	Luganda
9227	Luo
9228	Ndebele
9231	Nuer
9232	Nyanja (Chichewa)
9233	Shilluk
9234	Tigre
9235	Tigrinya

9236	Tswana
9237	Xhosa
9238	Seychelles Creole
9241	Anuak
9242	Bari
9243	Bassa
9244	Dan (Gio-Dan)
9245	Fulfulde
9246	Kinyarwanda (Rwanda)
9247	Kirundi (Rundi)
9248	Kpelle
9251	Krahn
9252	Liberian (Liberian English)
9253	Loma (Lorma)
9254	Lumun (Kuku Lumun)
9255	Madi
9256	Mandinka
9257	Mann
9258	Moro (Nuba Moro)
9261	Themne
9262	Lingala
9299	African Languages, nec
9301	Fijian
9302	Gilbertese
9303	Maori (Cook Island)
9304	Maori (New Zealand)
9306	Nauruan
9307	Niue

9308 Samoan

9311 Tongan

9312 Rotuman

9313 Tokelauan

9314 Tuvaluan

9315 Yapese

9399 Pacific Austronesian Languages, nec

9402 Bislama

9403 Hawaiian English

9404 Norf'k-Pitcairn

9405 Solomon Islands Pijin

9499 Oceanian Pidgins and Creoles, nec

9502 Kiwai

9503 Motu (HiriMotu)

9504 Tok Pisin (Neomelanesian)

9599 Papua New Guinea Languages, nec

9601 Invented Languages

9701 Auslan

9702 Key Word Sign Australia

9799 Sign Languages, nec

9999 Unknown

Notes

Australian Standard Classification of Languages (ASCL), 2016 4-digit code (ABS Catalogue No. 1267.0) or 9999 if info is not known or client refuses to supply.

The ABS recommends the following question in order to collect this data: Which language does the client mainly speak at home? (If more than one language, indicate the one that is spoken most often.)

Organisations are encouraged to produce customised lists of the most common countries based on their local populations from the above resource. Please refer to Main Language Spoken at Home for help on designing forms.

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ABS

http://www.abs.gov.au/ausstats/abs@.nsf/mf/1267.0

3.4.8. Client - Proficiency in Spoken English

The self-assessed level of ability to speak English, asked of people whose first language is a language other than English or who speak a language other than English at home.

Field name

prof_english

Data type

string

Required

yes

Domain

0   Not applicable (persons under 5 years of age or who speak only English)

1   Very well

2   Well

3   Not well

4   Not at all

9   Not stated/inadequately described

Notes

0 - Not applicable (persons under 5 years of age or who speak only English)

Not applicable, is to be used for people under 5 years of age and people who speak only English.

9 - Not stated/inadequately described

Not stated/inadequately described, is not to be used on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where the item has not been collected.

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3.4.9. Client - Statistical Linkage Key

A key that enables two or more records belonging to the same individual to be brought together.

Field name

slk

Data type

string (14,40)

Required

yes

Notes

System generated non-identifiable alphanumeric code derived from information held by the PMHC organisation.

Supported formats:

- 14 character SLK

- a Crockford encoded sha1 hash of a 14 character SLK. This must be 32 characters in length.

- a hex encoded sha1 hash of a 14 character SLK. This must be 40 characters in length.

SLK values are stored in sha1_hex format.

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3.4.10. Client - Tags

List of tags for the client.

Field name

client_tags

Data type

string

Required

no

Notes

A comma separated list of tags.

Organisations can use this field to tag records in order to partition them as per local requirements.

Tags can contain lower case letters (or will get lowercased), numbers, dashes, spaces, and `!` . Leading and trailing spaces will be stripped. e.g. `priority!, nurse required, pending-outcome-1` would all be legitimate.

Tags beginning with an exclamation mark (!) are reserved for future use by the Department. e.g. `!reserved, ! reserved, !department-use-only` .

3.4.11. Collection Occasion - Measure Date

The date the measure was given.

Field name

measure_date

Data type

date

Required

yes

Notes

For Date fields, data must be recorded in compliance with the standard format used across the National Health Data Dictionary; specifically, dates must be of fixed 8 column width in the format DDMMYYYY, with leading zeros used when necessary to pad out a value. For instance, 13th March 2008 would appear as 13032008.

If the date the measure was given is unknown, 09099999 should be used.

- The measure date must not be before 1st January 2016.

- The measure date must not be before Episode - Referral Date

- The measure date must not be after Episode - End Date

- The measure date must not be in the future.

3.4.12. Collection Occasion - Reason

The reason for the collection of the outcome measures on the identified Outcome Collection Occasion.

Field name

reason_for_collection

Data type

string

Required

yes

Domain

1   Episode start

2   Review

3   Episode end

Notes

1 - Episode start

Refers to an outcome measure undertaken at the beginning of an Episode of Care. For the purposes of the PMHC MDS protocol, episodes may start at the point of first Service Contact with a new client who has not been seen previously by the organisation, or a first contact for a new Episode of Care for a client who has received services from the organisation in a previous Episode of Care that has been completed.

2 - Review

Refers to an outcome measure undertaken during the course of an Episode of Care that post-dates Episode Start and pre-dates Episode End. An outcome measure may be undertaken at Review for a number of reasons including:

- in response to critical clinical events or changes in the client's mental health status;

- following a client-requested review; or

- other situations where a review may be indicated.

3 - Episode end

Refers to the outcome measures collected at the end of an Episode of Care.

3.4.13. Collection Occasion Key

This is a number or code assigned to each collection occasion of outcome measures. The Collection Occasion Key is unique and stable for each collection occasion at the level of the organisation.

Field name

collection_occasion_key

Data type

string (2,50)

Required

yes

Notes

Collection Occasion Keys must be generated by the organisation to be unique at the Provider Organisation level and must persist across time. Collection Occasion keys are allowed to be duplicated if different measures are collected on the same day for the same reason and episode. You cannot have the same collection occasion key for different collection occasions with the same measure. See Managing Collection Occasion Keys

Collection Occasion Keys are case sensitive and must be valid unicode characters.

3.4.14. Episode - Additional Diagnosis

The main additional condition or complaint co-existing with the Principal Diagnosis or arising during the episode of care.

Field name

additional_diagnosis

Data type

string

Required

yes

Domain

000   No additional diagnosis

100   Anxiety disorders (ATAPS)

101   Panic disorder

102   Agoraphobia

103   Social phobia

104   Generalised anxiety disorder

105   Obsessive-compulsive disorder

106   Post-traumatic stress disorder

107   Acute stress disorder

108   Other anxiety disorder

200   Affective (Mood) disorders (ATAPS)

201   Major depressive disorder

202   Dysthymia

203	Depressive disorder NOS
204	Bipolar disorder
205	Cyclothymic disorder
206	Other affective disorder
300	Substance use disorders (ATAPS)
301	Alcohol harmful use
302	Alcohol dependence
303	Other drug harmful use
304	Other drug dependence
305	Other substance use disorder
400	Psychotic disorders (ATAPS)
401	Schizophrenia
402	Schizoaffective disorder
403	Brief psychotic disorder
404	Other psychotic disorder
501	Separation anxiety disorder
502	Attention deficit hyperactivity disorder (ADHD)
503	Conduct disorder
504	Oppositional defiant disorder
505	Pervasive developmental disorder
506	Other disorder of childhood and adolescence
601	Adjustment disorder
602	Eating disorder
603	Somatoform disorder
604	Personality disorder
605	Other mental disorder
901	Anxiety symptoms
902	Depressive symptoms

903   Mixed anxiety and depressive symptoms

904   Stress related

905   Other

999   Missing

Notes

Additional Diagnosis gives information on conditions that are significant in terms of treatment required and resources used during the episode of care. Additional diagnoses should be interpreted as conditions that affect client management in terms of requiring any of the following:

- Commencement, alteration or adjustment of therapeutic treatment

- Diagnostic procedures

- Increased clinical care and/or monitoring

Where the client one or more comorbid mental health conditions in addition to the condition coded as the Principal Diagnosis, record the main condition as the Additional Diagnosis.

The following responses have been added to allow mapping of ATAPS data to PMHC format.

- 100: Anxiety disorders (ATAPS)

- 200: Affective (Mood) disorders (ATAPS)

- 300: Substance use disorders (ATAPS)

- 400: Psychotic disorders (ATAPS)

Note: These four codes should only be used for Episodes that are migrated from ATAPS MDS sources that cannot be described by any other Diagnosis. It is expected that the majority of Episodes delivered to clients from 1st July, 2017 can be assigned to other diagnoses.

These responses will only be allowed on episodes where the original ATAPS referral date was before 1 July 2017

These responses will only be allowed on episodes with the !ATAPS flag.

For further notes on the recording of diagnosis codes see Principal Diagnosis.

3.4.15. Episode - Area of usual residence, postcode

The Australian postcode of the client.

Field name

client_postcode

Data type

string

Required

yes

Notes

A valid Australian postcode or 9999 if the postcode is unknown or the client has not provided sufficient information to confirm their current residential address.

The full list of Australian Postcodes can be found at Australia Post.

When collecting the postcode of a person's usual place of residence, the ABS recommends that 'usual' be defined as: 'the place where the person has or intends to live for 6 months or more, or the place that the person regards as their main residence, or where the person has no other residence, the place they currently reside.'

Postcodes are deemed valid if they are in the range 0200-0299, 0800-9999.

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3.4.16. Episode - Client Consent to Anonymised Data

An indication that the client has consented to their anonymised data being provided to the Department of Health for statistical purposes in planning and improving mental health services.

Field name

client_consent

Data type

string

Required

yes

Domain

1 Yes

2 No

Notes

1 - Yes

The client has consented to their anonymised data being provided to the Department of Health for statistical purposes in planning and improving mental health services. The client's data will be included in reports and extracts accessible by the Department of Health.

2 - No

The client has not consented to their anonymised data being provided to the Department of Health for statistical purposes in planning and improving mental health services. The client's data will be excluded from reports and extracts accessible by the Department of Health.

All data can be uploaded, regardless of consent flag.

All data will be available to PHNs to extract for their own internal data evaluation purposes.

3.4.17. Episode - Completion Status

An indication of the completion status of an *Episode of Care*.

Field name

episode_completion_status

Data type

string

Required

no

Domain

0   Episode open

1   Episode closed - treatment concluded

2   Episode closed administratively - client could not be contacted

3   Episode closed administratively - client declined further contact

4   Episode closed administratively - client moved out of area

5   Episode closed administratively - client referred elsewhere

6   Episode closed administratively - other reason

Notes

In order to use code 1 (Episode closed - treatment concluded) the client must have at least one service contact. All other codes may be applicable even when the client has no service contacts.

0 or Blank - Episode open

The client still requires treatment and further service contacts are required.

1 - Episode closed - treatment concluded

No further service contacts are planned as the client no longer requires treatment.

2 - Episode closed administratively - client could not be contacted

Further service contacts were planned but the client could no longer be contacted.

3 - Episode closed administratively - client declined further contact

Further service contacts were planned but the client declined further treatment.

4 - Episode closed administratively - client moved out of area

Further service contacts were planned but the client moved out of the area without a referral elsewhere. Where a client was referred somewhere else *Episode Completion Status* should be recorded as code 5 (Episode closed administratively - client referred elsewhere).

5 - Episode closed administratively - client referred elsewhere

Where a client still requires treatment, but a different service has been deemed appropriate or a client has moved out of the area so has moved to a different provider.

6 - Episode closed administratively - other reason

Where a client is no longer being given treatment but the reason for conclusion is not covered above.

Episode Completion Status interacts with two other data items in the PMHC MDS - *Service Contact - Final*, and *Episode End Date*.

Service Contact - Final

Collection of data for *Service Contacts* includes a *Service Contact - Final* item that requires the service provider to indicate whether further Service Contacts are planned. Where this item is recorded as 'no further services planned', the *Episode Completion Status* should be recorded as code 1 (Episode closed - treatment concluded) code 3 (Episode closed administratively - client declined further contact), code 4 (Episode closed administratively - client moved out of area), or code 5 (Episode closed administratively - client referred elsewhere). Selection of coding option should be that which best describes the circumstances of the episode ending.

Episode End Date

Where a Final Service Contact is recorded *Episode End Date* should be recorded as the date of the final Service Contact.

3.4.18. Episode - Continuity of Support

Is the client a Continuity of Support Client?

Field name

continuity_of_support

Data type

string

Required

yes

Domain

1   Yes

2   No

9   Not stated/inadequately described

Notes

Introduced 1 July 2019

Similar challenges to Psychosocial Support are faced with the Continuity of Support initiative. The important issues here are:

- The proposed changes to be made for the Psychosocial Support measure should accommodate most requirements for Continuity of Support clients.

- The one important difference is that CoS clients are a highly specific cohort – those currently in Commonwealth funded PIR, PHaMS and D2DL measures found to be ineligible for the NDIS. These clients should be readily identified.

- CoS clients need to have a marker in the PMHC MDS data that allows the cohort to be identified for separate reporting.

1 - Yes

The person was a client of the Personal Helpers and Mentors (PHaMs), Partners In recovery (PIR) and/or Day to Day Living (D2DL) programs and has been found to be ineligible for the National Disability Insurance Scheme (NDIS).

2 - No

9 - Not stated/inadequately described

It is expected that most **new clients** recorded as CoS clients will have their episodes classified as Psychosocial Support.

For existing clients who have an active (not closed) episode of care who become CoS clients after 1 July 2019, there is no need to close the current episode. PHNs may however wish to change the Principal Focus of Treatment Plan to Psychosocial Support if this better reflects the overall episode goals. Alternatively, PHNs may choose to close the existing episode and commence a new episode. This decision can be made locally.

Services delivered under the new CoS arrangements should be coded as Psychosocial Support in the Service Contact Type field. This is not intended to restrict CoS clients to only Psychosocial Support services. Contact Types delivered to CoS clients can vary across the full range (e.g., they could receive psychological therapy-type service contacts). However, where services are delivered under the CoS arrangements it is essential that they be coded as Psychosocial Support contacts to enable monitoring and reporting of the new CoS measure.

As the new measure does not commence until 1 July 2019, all clients in active episodes prior to that date should be coded as 'No'. This will be implemented by Strategic Data in the PMHC MDS as a system-wide change for all existing clients in active episodes as at 30 June 2019. Changes made to those existing clients from 1 July 2019 can then be made locally.

3.4.19. Episode - Employment Participation

Whether a person in paid employment is employed full-time or part-time, as represented by a code.

Field name

employment_participation

Data type

string

Required

yes

Domain

1   Full-time

2   Part-time

3   Not applicable - not in the labour force

9   Not stated/inadequately described

Notes

Applies only to people whose labour force status is employed. (See metadata item Labour Force Status, for a definition of 'employed'). Paid employment includes persons who performed some work for wages or salary, in cash or in kind, and persons temporarily absent from a paid employment job but who retained a formal attachment to that job.

1 - Full-time

Employed persons are working full-time if they: (a) usually work 35 hours or more in a week (in all paid jobs) or (b) although usually working less than 35 hours a week, actually worked 35 hours or more during the reference period.

2 - Part-time

Employed persons are working part-time if they usually work less than 35 hours a week (in all paid jobs) and either did so during the reference period, or were not at work in the reference period.

9 - Not stated / inadequately described

Is not to be used on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where the item has not been collected.

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3.4.20. Episode - End Date

The date on which an *Episode of Care* is formally or administratively ended

Field name

episode_end_date

Data type

date

Required

no

Notes

- The episode end date must not be before 1st January 2016.

- The episode end date must not be in the future.

An *Episode of Care* may be ended in one of two ways:

- clinically, consequent upon conclusion of treatment for the client and discharge from care; or

- administratively (statistically), where contact with the client has been lost by the organisation prior to completion of treatment or other factors prevented treatment being completed.

Episode End Date interacts with two other data items in the PMHC MDS - *Service Contact - Final*, and *Episode Completion Status*.

Service Contact - Final

Collection of data for *Service Contacts* includes a *Service Contact - Final* item that requires the service provider to indicate whether further *Service Contacts* are planned. Where this item is recorded as 'no further services planned', the date of the final *Service Contact* should be recorded as the *Episode End Date*.

Episode Completion Status

This field should be recorded as 'Episode closed treatment concluded' when a *Service Contact - Final* is recorded. The *Episode Completion Status* field can also be manually recorded to allow for administrative closure of episodes (e.g., contact has been lost with a client over a prolonged period - see *Episode Completion Status* for additional guidance). Where an episode is closed administratively, the *Episode End Date* should be recorded as the date on which the organisation made the decision to close episode.

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3.4.21. Episode - GP Mental Health Treatment Plan Flag

An indication of whether a client has a GP mental health treatment plan. A GP should be involved in a referral where appropriate however a mental health treatment plan is not mandatory.

Field name

mental_health_treatment_plan

Data type

string

Required

yes

Domain

1   Yes

2   No

3   Unknown

9   Not stated/inadequately described

3.4.22. Episode - Health Care Card

An indication of whether the person is a current holder of a Health Care Card that entitles them to arrange of concessions for Government funded health services.

Field name

health_care_card

Data type

string

Required

yes

Domain

1	Yes
2	No
3	Not Known
9	Not stated

Notes

Details on the Australian Government Health Care Card are available at: https://www.humanservices.gov.au/customer/services/centrelink/health-care-card

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3.4.23. Episode - Homelessness Flag

An indication of whether the client has been homeless in the 4 weeks prior to the current service episode.

Field name

homelessness

Data type

string

Required

yes

Domain

1	Sleeping rough or in non-conventional accommodation
2	Short-term or emergency accommodation
3	Not homeless
9	Not stated / Missing

Notes

1 - Sleeping rough or in non-conventional accommodation

Includes sleeping on the streets, in a park, in cars or railway carriages, under bridges or other similar 'rough' accommodation

2 - Short-term or emergency accommodation

Includes sleeping in short-term accommodation, emergency accommodation, due to a lack of other options. This may include refuges; crisis shelters; couch surfing; living temporarily with friends and relatives; insecure accommodation on a short term basis; emergency accommodation arranged in hotels, motels etc by a specialist homelessness agency.

3 - Not homeless

Includes sleeping in own accommodation/rental accommodation or living with friends or relatives on a stable, long term basis

9 - Not stated / Missing

Not stated / Missing

Select the code that best fits the client's sleeping arrangements over the preceding 4 weeks. Where multiple options apply (e.g., client has experienced more than one of the sleeping arrangements over the previous 4 weeks) the following coding hierarchy should be followed:

- If code 1 applied at any time over the 4 week period, code 1

- If code 2 but not code 1 applied at any time over the 4 week period, code 2

- Otherwise Code 3 applies

3.4.24. Episode Key

This is a number or code assigned to each episode. The Episode Key is unique and stable for each episode at the level of the Provider Organisation.

Field name

episode_key

Data type

string (2,50)

Required

yes

Episode Keys must be generated by the organisation to be unique at the Provider Organisation level and must persist across time. Creation of episode keys in this way allows clients to be merged (where duplicate Client Keys have been identified) without having to re-allocate episode identifiers since they can never clash. See Managing Episode Keys

Episode Keys are case sensitive and must be valid unicode characters.

A recommended approach for the creation of Episode Keys is to compute random UUIDs.

3.4.25. Episode - Labour Force Status

The self-reported status the person currently has in being either in the labour force (employed/unemployed) or not in the labour force, as represented by a code.

Field name

labour_force_status

Data type

string

Required

yes

Domain

1   Employed

2   Unemployed

3   Not in the Labour Force

9   Not stated/inadequately described

Notes

1 - Employed

Employed persons are those aged 15 years and over who met one of the following criteria during the reference week:

- Worked for one hour or more for pay, profit, commission or payment in kind, in a job or business or son a farm (employees and owner managers of incorporated or unincorporated enterprises).

- Worked for one hour or more without pay in a family business or on a farm (contributing family workers).

- Were employees who had a job but were not at work and were:

- away from work for less than four weeks up to the end of the reference week; or

- away from work for more than four weeks up to the end of the reference week and

- received pay for some or all of the four week period to the end of the reference week; or

- away from work as a standard work or shift arrangement; or

- on strike or locked out; or

- on workers' compensation and expected to return to their job.

- Were owner managers who had a job, business or farm, but were not at work.

2 - Unemployed

Unemployed persons are those aged 15 years and over who were not employed during the reference week, and:

- had actively looked for full time or part time work at any time in the four weeks up to the end of the reference week and were available for work in the reference week; or

- were waiting to start a new job within four weeks from the end of the reference week and could have started in the reference week if the job had been available then.

Actively looked for work includes:

- written, telephoned or applied to an employer for work;

- had an interview with an employer for work;

- answered an advertisement for a job;

- checked or registered with a Job Services Australia provider or any other employment agency;

- taken steps to purchase or start your own business;

- advertised or tendered for work; and

- contacted friends or relatives in order to obtain work.

3 - Not in the labour force

Persons not in the labour force are those aged 15 years and over who were not in the categories employed or unemployed, as defined, during the reference week. They include people who undertook unpaid household duties or other voluntary work only, were retired, voluntarily inactive and those permanently unable to work.

9 - Not stated/inadequately described

Includes children under 15 (0-14 years)

3.4.26. Episode - Marital Status

A person's current relationship status in terms of a couple relationship or, for those not in a couple relationship, the existence of a current or previous registered marriage, as represented by a code.

Field name

marital_status

Data type

string

Required

yes

Domain

1   Never married

2   Widowed

3   Divorced

4   Separated

5   Married (registered and de facto)

6   Not stated/inadequately described

Notes

Refers to the current marital status of a person.

2 - Widowed

This code usually refers to registered marriages but when self-reported may also refer to de facto marriages.

4 - Separated

This code refers to registered marriages but when self-reported may also refer to de facto marriages.

5 - Married (registered and de facto)

Includes people who have been divorced or widowed but have since re-married, and should be generally accepted as applicable to all de facto couples, including of the same sex.

6 - Not stated/inadequately described

> This code is not for use on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where the item has not been collected.

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3.4.27. Episode - Medication - Antidepressants (N06A)

Whether the client is taking prescribed antidepressants for a mental health condition as assessed at intake assessment, as represented by a code.

Field name

> medication_antidepressants

Data type

> string

Required

> yes

Domain

> 1   Yes
>
> 2   No
>
> 9   Unknown

Notes

> The N06A class of drugs a therapeutic subgroup of the Anatomical Therapeutic Chemical Classification System, a system of alphanumeric codes developed by the World Health Organisation (WHO) for the classification of drugs and other medical products. It covers drugs designed for the depressive disorders.
>
> Details of drugs included in the category can be found here: http://www.whocc.no/atc_ddd_index/?code=N06A

3.4.28. Episode - Medication - Antipsychotics (N05A)

Whether the client is taking prescribed antipsychotics for a mental health condition as assessed at intake assessment, as represented by a code.

Field name

medication_antipsychotics

Data type

string

Required

yes

Domain

1	Yes
2	No
9	Unknown

Notes

The N05A class of drugs a therapeutic subgroup of the Anatomical Therapeutic Chemical Classification System, a system of alphanumeric codes developed by the World Health Organisation (WHO) for the classification of drugs and other medical products. It covers drugs designed for the treatment of psychotic disorders.

Details of drugs included in the category can be found here: http://www.whocc.no/atc_ddd_index/?code=N05A

3.4.29. Episode - Medication - Anxiolytics (N05B)

Whether the client is taking prescribed anxiolytics for a mental health condition as assessed at intake assessment, as represented by a code.

Field name

medication_anxiolytics

Data type

string

Required

yes

Domain

1	Yes
2	No
9	Unknown

Notes

The N05B class of drugs a therapeutic subgroup of the Anatomical Therapeutic Chemical Classification System, a system of alphanumeric codes developed by the World Health Organisation (WHO) for the classification of drugs and other medical products. It covers drugs designed for the treatment of disorders associated with anxiety and tension.

Details of drugs included in the category can be found here: http://www.whocc.no/ atc_ddd_index/?code=N05B

3.4.30. Episode - Medication - Hypnotics and sedatives (N05C)

Whether the client is taking prescribed hypnotics and sedatives for a mental health condition as assessed at intake assessment, as represented by a code.

Field name

medication_hypnotics

Data type

string

Required

yes

Domain

1   Yes

2   No

9   Unknown

Notes

The N05C class of drugs a therapeutic subgroup of the Anatomical Therapeutic Chemical Classification System, a system of alphanumeric codes developed by the World Health Organisation (WHO) for the classification of drugs and other medical products. It covers drugs designed to have mainly sedative or hypnotic actions. Hypnotic drugs are used to induce sleep and treat severe insomnia. Sedative drugs are prescribed to reduce excitability or anxiety.

Details of drugs included in the category can be found here: http://www.whocc.no/ atc_ddd_index/?code=N05C

3.4.31. Episode - Medication - Psychostimulants and nootropics (N06B)

Whether the client is taking prescribed psychostimulants and nootropics for a mental health condition as assessed at intake assessment, as represented by a code.

Field name

    medication_psychostimulants

Data type

    string

Required

    yes

Domain

    1   Yes

    2   No

    9   Unknown

Notes

    The N06B class of drugs a therapeutic subgroup of the Anatomical Therapeutic Chemical Classification System, a system of alphanumeric codes developed by the World Health Organisation (WHO) for the classification of drugs and other medical products. It covers drugs designed to attention-deficit hyperactivity disorder (ADHD) and to improve impaired cognitive abilities.

    Details of drugs included in the category can be found here: http://www.whocc.no/atc_ddd_index/?code=N06B

3.4.32. Episode - NDIS Participant

Is the client a participant in the National Disability Insurance Scheme?, as represented by a code.

Field name

    ndis_participant

Data type

    string

Required

    yes

Domain

    1   Yes

    2   No

    9   Not stated/inadequately described

3.4.33. Episode - Principal Diagnosis

The Principal Diagnosis is the diagnosis established after study to be chiefly responsible for occasioning the client's care during the current Episode of Care.

Field name

    principal_diagnosis

Data type

    string

Required

    yes

Domain

    100   Anxiety disorders (ATAPS)

    101   Panic disorder

    102   Agoraphobia

    103   Social phobia

    104   Generalised anxiety disorder

    105   Obsessive-compulsive disorder

    106   Post-traumatic stress disorder

    107   Acute stress disorder

    108   Other anxiety disorder

    200   Affective (Mood) disorders (ATAPS)

    201   Major depressive disorder

    202   Dysthymia

    203   Depressive disorder NOS

    204   Bipolar disorder

205	Cyclothymic disorder
206	Other affective disorder
300	Substance use disorders (ATAPS)
301	Alcohol harmful use
302	Alcohol dependence
303	Other drug harmful use
304	Other drug dependence
305	Other substance use disorder
400	Psychotic disorders (ATAPS)
401	Schizophrenia
402	Schizoaffective disorder
403	Brief psychotic disorder
404	Other psychotic disorder
501	Separation anxiety disorder
502	Attention deficit hyperactivity disorder (ADHD)
503	Conduct disorder
504	Oppositional defiant disorder
505	Pervasive developmental disorder
506	Other disorder of childhood and adolescence
601	Adjustment disorder
602	Eating disorder
603	Somatoform disorder
604	Personality disorder
605	Other mental disorder
901	Anxiety symptoms
902	Depressive symptoms
903	Mixed anxiety and depressive symptoms
904	Stress related

905   Other

999   Missing

Notes

Diagnoses are grouped into 8 major categories (9 for Additional Diagnosis):

- 000 - No additional diagnosis (Additional Diagnosis only)

- 1xx - Anxiety disorders

- 2xx - Affective (Mood) disorders

- 3xx - Substance use disorders

- 4xx - Psychotic disorders

- 5xx - Disorders with onset usually occurring in childhood and adolescence not listed elsewhere

- 6xx - Other mental disorders

- 9xx except 999 - No formal mental disorder but subsyndromal problems

- 999 - Missing or Unknown

The Principal Diagnosis should be determined by the treating or supervising clinical practitioner who is responsible for providing, or overseeing, services delivered to the client during their current episode of care. Each episode of care must have a Principal Diagnosis recorded and may have an Additional Diagnoses. In some instances the client's Principal Diagnosis may not be clear at initial contact and require a period of contact before a reliable diagnosis can be made. If a client has more than one diagnosis, the Principal Diagnosis should reflect the main presenting problem. Any secondary diagnosis should be recorded under the Additional Diagnosis field.

The coding options developed for the PMHC MDS have been selected to balance comprehensiveness and brevity. They comprise a mix of the most prevalent mental disorders in the Australian adult, child and adolescent population, supplemented by less prevalent conditions that may be experienced by clients of PHN-commissioned mental health services. The diagnosis options are based on an abbreviated set of clinical terms and groupings specified in the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV-TR). These code list summarises the approximate 300 unique mental health disorder codes in the full DSM-IV to a set to 9 major categories, and 37 individual codes. Diagnoses are grouped under higher level categories, based on the DSM-IV. Code numbers have been assigned specifically for the PMHC MDS to create a logical ordering but are capable of being mapped to both DSM-IV and ICD-10 codes.

Options for recording Principal Diagnosis include the broad category 'No formal mental disorder but subsyndromal problems' (codes commencing with 9). These codes should be used for clients who present with problems that do not meet threshold criteria for a formal diagnosis - for example, people experiencing subsyndromal symptoms who may be at risk of progressing to a more severe symptom level.

Each category has a final entry for capturing other conditions that don't meet the more specific entries in the category. This includes the 'No formal mental disorder but subsyndromal problems' category. Code 905 ('Other symptoms') can be used to capture situations where a formal mental disorder has not be diagnosed, but the symptoms do not fall under the more specific 9XX series entries. The 905 code should not be used where there is a formal but unlisted mental disorder. In such a situation code 605 ('Other mental disorder') should be used.

Reference: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Copyright 2000 American Psychiatric Association.

The following responses have been added to allow mapping of ATAPS data to PMHC format.

- 100: Anxiety disorders (ATAPS)

- 200: Affective (Mood) disorders (ATAPS)

- 300: Substance use disorders (ATAPS)

- 400: Psychotic disorders (ATAPS)

Note: These four codes should only be used for Episodes that are migrated from ATAPS MDS sources that cannot be described by any other Diagnosis. It is expected that the majority of Episodes delivered to clients from 1st July, 2017 can be assigned to other diagnoses.

These responses will only be allowed on episodes where the original ATAPS referral date was before 1 July 2017

These responses will only be allowed on episodes with the !ATAPS flag.

3.4.34. Episode - Principal Focus of Treatment Plan

The range of activities that best describes the overall services intended to be delivered to the client throughout the course of the episode. For most clients, this will equate to the activities that account for most time spent by the service provider.

Field name

principal_focus

Data type

string

Required

yes

Domain

1   Psychological therapy

2	Low intensity psychological intervention
3	Clinical care coordination
4	Complex care package
5	Child and youth-specific mental health services
6	Indigenous-specific mental health services
7	Other
8	Psychosocial Support

Notes

Describes the main focus of the services to be delivered to the client for the current Episode of Care, selected from a defined list of categories.

Service providers are required to report on the 'Principal Focus of Treatment Plan' for all accepted referrals. This requires a judgement to be made about the main focus of the services to be delivered to the client for the current Episode of Care, made following initial assessment and modifiable at a later stage. It is chosen from a defined list of categories, with the provider required to select the category that best fits the treatment plan designed for the client.

Principal Focus of Treatment Plan is necessarily a judgement made by the provider at the outset of service delivery but consistent with good practice, should be made on the basis of a treatment plan developed in collaboration with the client. It should not be confused with Service Type which is collected at each Service Contact.

1 - Psychological therapy

The treatment plan for the client is primarily based around the delivery of psychological therapy by one or more mental health professionals. This category most closely matches the type of services delivered under the previous ATAPS program where up to 12 individual treatment sessions, and 18 in exceptional circumstances, could be provided. These sessions could be supplemented by up to 10 group-based sessions.

The concept of 'mental health professionals' has a specific meaning defined in the various guidance documentation prepared to support PHNs in implementation of reforms. It refers to service providers who meet the requirements for registration, credentialing or recognition as a qualified mental health professional and includes:

- Psychiatrists

- Registered Psychologists

- Clinical Psychologists

- Mental Health Nurses;

- Occupational Therapists;

- Social Workers

- Aboriginal and Torres Strait Islander health workers.

2 - Low intensity psychological intervention

The treatment plan for the client is primarily based around delivery of time-limited, structured psychological interventions that are aimed at providing a less costly intervention alternative to 'standard' psychological therapy. The essence of low intensity interventions is that they utilise nil or relatively little qualified mental health professional time and are targeted at people with, or at risk of, mild mental illness. Low intensity episodes can be delivered through a range of mechanisms including:

- use of individuals with appropriate competencies but who do not meet the requirements for registration, credentialing or recognition as a mental health professional;

- delivery of services principally through group-based programs; and

- delivery of brief or low cost forms of treatment by mental health professionals.

3 - Clinical care coordination

The treatment plan for the client is primarily based around delivery of a range of services where the overarching aim is to coordinate and better integrate care for the individual across multiple providers with the aim of improving clinical outcomes. Consultation and liaison may occur with primary health care providers, acute health, emergency services, rehabilitation and support services or other agencies that have some level of responsibility for the client's clinical outcomes. These clinical care coordination and liaison activities are expected to account for a significant proportion of service contacts delivered throughout these episodes.

Activities focused on working in partnership and liaison with other health care and service providers and other individuals to coordinate and integrate service delivery to the client with the aim of improving their clinical outcomes. Consultation and liaison may occur with primary health care providers, acute health, emergency services, rehabilitation and support services, family, friends, other support people and carers and other agencies that have some level of responsibility for the client's treatment and/or well-being.

4 - Complex Care Package

The treatment plan for the client is primarily based around the delivery of an individually tailored 'package' of services for a client with severe and complex mental illness who is being managed principally within a primary care setting. The overarching requirement is that the client receives an individually tailored 'package' of services that bundles a range of services that extends beyond 'standard' service delivery and which is funded through innovative, non-standard funding models. Note: As outlined in the relevant guidance documentation, only three selected PHN Lead Sites with responsibilities for trialling work in this area are expected to deliver complex care packages. A wider roll-out may be undertaken in the future pending results of the trial.

5 - Child and youth-specific mental health services

The treatment plan for the client is primarily based around the delivery of a range of services for children (0-11 years) or youth (aged 12-24 years) who present with a mental illness, or are at risk of mental illness. These episodes are characterised by services that are designed specifically for children and young people, include a broader range of both clinical and non-clinical services and may include a significant component of clinical care coordination and liaison. Child and youth-specific mental health episodes have substantial flexibility in types of services actually delivered.

6 - Indigenous-specific services

The treatment plan for the client is primarily based around delivery of mental health services that are specifically designed to provide culturally appropriate services for Aboriginal and Torres Strait Islander peoples.

7 - Other

The treatment plan for the client is primarily based around services that cannot be described by other categories.

8 - Psychosocial support

Episodes of care should be classified as Psychosocial Support (code 8) where the treatment plan for the client is primarily based around the delivery of psychosocial support services. Psychosocial support services are defined for PMHC MDS purposes as services that focus on building capacity and stability in one or more of the following areas:

- social skills and friendships, family connections;

- managing daily living needs;

- financial management and budgeting;

- finding and maintaining a home;

- vocational skills and goals, including volunteering;

- educational and training goals;

- maintaining physical wellbeing, including exercise;

- building broader life skills including confidence and resilience.

These services are usually delivered by a range of non-clinical providers including peer support workers with lived experience of mental illness

Services delivered to clients receiving episodes of care classified as Psychosocial Support may receive the full range of services as described in the Service Contact Type data item, for example, assessment, care coordination and so forth. However, in general, where the Principal Focus of Treatment Plan is coded as Psychosocial Support there should be an expectation that the majority of services provided will be of a

psychosocial support nature. Further details on the relationship between the episode of care concept and service contacts is available at https://docs.pmhc-mds.com/faqs/concepts-processes/data-definitions.html#episode-one-at-a-time

PHNs may wish to advise specific commissioned organisations solely funded from their Psychosocial Support Schedule that all episodes of care should be coded as Psychosocial Support, or leave it to the discretion of service providers.

Clients who are recorded as NDIS recipients would not usually be recorded as receiving a Psychosocial Support episode of care. The National Psychosocial Support guidance material states explicitly that these services are designed for individuals who have significant psychosocial disability but do not meet NDIS eligibility criteria.

Episodes of care delivered to individuals who are recorded as Continuity of Support clients (see below) may be reported as Psychosocial Support.

3.4.35. Episode - Referral Date

The date the referrer made the referral.

Field name

referral_date

Data type

date

Required

no

Notes

For Date fields, data must be recorded in compliance with the standard format used across the National Health Data Dictionary; specifically, dates must be of fixed 8 column width in the format DDMMYYYY, with leading zeros used when necessary to pad out a value. For instance, 13th March 2008 would appear as 13032008.

- The referral date must not be before 1st January 2014.

- The referral date must not be in the future.

3.4.36. Episode - Referrer Organisation Type

Type of organisation in which the referring professional is based.

Field name

referrer_organisation_type

Data type

string

Required

yes

Domain

1 General Practice

2 Medical Specialist Consulting Rooms

3 Private practice

4 Public mental health service

5 Public Hospital

6 Private Hospital

7 Emergency Department

8 Community Health Centre

9 Drug and Alcohol Service

10 Community Support Organisation NFP

11 Indigenous Health Organisation

12 Child and Maternal Health

13 Nursing Service

14 Telephone helpline

15 Digital health service

16 Family Support Service

17 School

18 Tertiary Education institution

19 Housing service

20 Centrelink

21 Other

98 N/A - Self referral

99 Not stated

Notes

Medical Specialist Consulting Rooms includes private medical practitioner rooms in public or private hospital or other settings.

Public mental health service refers to a state- or territory-funded specialised mental health services (i.e., specialised mental health care delivered in public acute and psychiatric hospital settings, community mental health care services, and s specialised residential mental health care services).

Not applicable should only be selected in instances of Self referral.

3.4.37. Episode - Referrer Profession

Profession of the provider who referred the client.

Field name

referrer_profession

Data type

string

Required

yes

Domain

1 General Practitioner

2 Psychiatrist

3 Obstetrician

4 Paediatrician

5 Other Medical Specialist

6 Midwife

7 Maternal Health Nurse

8 Psychologist

9 Mental Health Nurse

10 Social Worker

11 Occupational therapist

12 Aboriginal Health Worker

13   Educational professional

14   Early childhood service worker

15   Other

98   N/A - Self referral

99   Not stated

Notes

New arrangements for some services delivered in primary mental health care allows clients to refer themselves for treatment. Therefore, 'Self' is a response option included within 'Referrer profession'.

3.4.38. Episode - Source of Cash Income

The source from which a person derives the greatest proportion of his/her income, as represented by a code.

Field name

income_source

Data type

string

Required

yes

Domain

0   N/A - Client aged less than 16 years

1   Disability Support Pension

2   Other pension or benefit (not superannuation)

3   Paid employment

4   Compensation payments

5   Other (e.g. superannuation, investments etc.)

6   Nil income

7   Not known

9   Not stated/inadequately described

Notes

This data standard is not applicable to person's aged less than 16 years.

This item refers to the source by which a person derives most (equal to or greater than 50%) of his/her income. If the person has multiple sources of income and none are equal to or greater than 50%, the one which contributes the largest percentage should be counted.

This item refers to a person's own main source of income, not that of a partner or of other household members. If it is difficult to determine a 'main source of income' over the reporting period (i.e. it may vary over time) please report the main source of income during the reference week.

Code 7 'Not known' should only be recorded when it has not been possible for the service user or their carer/family/advocate to provide the information (i.e. they have been asked but do not know).

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3.4.39. Episode - Suicide Referral Flag

Identifies those individuals where a recent history of suicide attempt, or suicide risk, was a factor noted in the referral that underpinned the person's needs for assistance at entry to the episode, as represented by a code.

Field name

suicide_referral_flag

Data type

string

Required

yes

Domain

1   Yes

2   No

9   Unknown

3.4.40. Episode - Tags

List of tags for the episode.

Field name

episode_tags

Data type

string

Required

> no

Notes

> A comma separated list of tags.
>
> Organisations can use this field to tag records in order to partition them as per local requirements.
>
> Tags can contain lower case letters (or will get lowercased), numbers, dashes, spaces, and `!` . Leading and trailing spaces will be stripped. e.g. `priority!, nurse required, pending-outcome-1` would all be legitimate.
>
> Tags beginning with an exclamation mark (!) are reserved for future use by the Department. e.g. `!reserved, ! reserved, !department-use-only` .

3.4.41. Key

A metadata key name.

Field name

> key

Data type

> string

Required

> yes

3.4.42. K5 - Question 1

In the last 4 weeks, about how often did you feel nervous?

Field name

> k5_item1

Data type

> string

Required

> yes

Domain

> **1**   None of the time

2	A little of the time
3	Some of the time
4	Most of the time
5	All of the time
9	Not stated / Missing

Notes

When reporting total score use '9 - Not stated / Missing'

3.4.43. K5 - Question 2

In the last 4 weeks, about how often did you feel without hope?

Field name

k5_item2

Data type

string

Required

yes

Domain

1	None of the time
2	A little of the time
3	Some of the time
4	Most of the time
5	All of the time
9	Not stated / Missing

Notes

When reporting total score use '9 - Not stated / Missing'

3.4.44. K5 - Question 3

In the last 4 weeks, about how often did you feel restless or jumpy?

Field name

k5_item3

Data type

string

Required

yes

Domain

1	None of the time
2	A little of the time
3	Some of the time
4	Most of the time
5	All of the time
9	Not stated / Missing

Notes

When reporting total score use '9 - Not stated / Missing'

3.4.45. K5 - Question 4

In the last 4 weeks, about how often did you feel everything was an effort?

Field name

k5_item4

Data type

string

Required

yes

Domain

1	None of the time
2	A little of the time
3	Some of the time
4	Most of the time

5 All of the time

9 Not stated / Missing

Notes

When reporting total score use '9 - Not stated / Missing'

3.4.46. K5 - Question 5

In the last 4 weeks, about how often did you feel so sad that nothing could cheer you up?

Field name

k5_item5

Data type

string

Required

yes

Domain

1 None of the time

2 A little of the time

3 Some of the time

4 Most of the time

5 All of the time

9 Not stated / Missing

Notes

When reporting total score use '9 - Not stated / Missing'

3.4.47. K5 - Score

The overall K5 score.

Field name

k5_score

Data type

integer

Required

yes

Domain

5 - 25, 99 = Not stated / Missing

Notes

The K5 Total score is based on the sum of K5 item 1 through 5 (range: 5-25).

The Total score is computed as the sum of the item scores. If any item has not been completed (that is, has not been coded 1, 2, 3, 4, 5), it is excluded from the calculation and not counted as a valid item. If any item is missing, the Total Score is set as missing.

For the Total score, the missing value used should be 99.

When reporting individual item scores use '99 - Not stated / Missing'

3.4.48. K5 - Tags

List of tags for the collection occasion.

Field name

k5_tags

Data type

string

Required

no

Notes

A comma separated list of tags.

Organisations can use this field to tag records in order to partition them as per local requirements.

Tags can contain lower case letters (or will get lowercased), numbers, dashes, spaces, and `!` . Leading and trailing spaces will be stripped. e.g. `priority!, nurse required, pending-outcome-1` would all be legitimate.

Tags beginning with an exclamation mark (!) are reserved for future use by the Department. e.g. `!reserved, ! reserved, !department-use-only` .

3.4.49. K10+ - Question 1

In the past 4 weeks, about how often did you feel tired out for no good reason?

Field name

k10p_item1

Data type

string

Required

yes

Domain

1   None of the time

2   A little of the time

3   Some of the time

4   Most of the time

5   All of the time

9   Not stated / Missing

Notes

When reporting total score use '9 - Not stated / Missing'

3.4.50. K10+ - Question 2

In the past 4 weeks, about how often did you feel nervous?

Field name

k10p_item2

Data type

string

Required

yes

Domain

1   None of the time

2   A little of the time

3   Some of the time

4   Most of the time

5   All of the time

9   Not stated / Missing

Notes

When reporting total score use '9 - Not stated / Missing'

3.4.51. K10+ - Question 3

In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?

Field name

k10p_item3

Data type

string

Required

yes

Domain

1   None of the time

2   A little of the time

3   Some of the time

4   Most of the time

5   All of the time

9   Not stated / Missing

Notes

When reporting total score use '9 - Not stated / Missing'

3.4.52. K10+ - Question 4

In the past 4 weeks, how often did you feel hopeless?

Field name

k10p_item4

Data type

string

Required

yes

Domain

1	None of the time
2	A little of the time
3	Some of the time
4	Most of the time
5	All of the time
9	Not stated / Missing

Notes

When reporting total score use '9 - Not stated / Missing'

3.4.53. K10+ - Question 5

In the past 4 weeks, how often did you feel restless or fidgety?

Field name

k10p_item5

Data type

string

Required

yes

Domain

1	None of the time
2	A little of the time
3	Some of the time
4	Most of the time

5 All of the time

9 Not stated / Missing

Notes

When reporting total score use '9 - Not stated / Missing'

3.4.54. K10+ - Question 6

In the past 4 weeks, how often did you feel so restless you could not sit still?

Field name

k10p_item6

Data type

string

Required

yes

Domain

1 None of the time

2 A little of the time

3 Some of the time

4 Most of the time

5 All of the time

9 Not stated / Missing

Notes

When reporting total score use '9 - Not stated / Missing'

3.4.55. K10+ - Question 7

In the past 4 weeks, how often did you feel depressed?

Field name

k10p_item7

Data type

string

Required

yes

Domain

1	None of the time
2	A little of the time
3	Some of the time
4	Most of the time
5	All of the time
9	Not stated / Missing

Notes

When reporting total score use '9 - Not stated / Missing'

3.4.56. K10+ - Question 8

In the past 4 weeks, how often did you feel that everything was an effort?

Field name

k10p_item8

Data type

string

Required

yes

Domain

1	None of the time
2	A little of the time
3	Some of the time
4	Most of the time
5	All of the time
9	Not stated / Missing

Notes

When reporting total score use '9 - Not stated / Missing'

3.4.57. K10+ - Question 9

In the past 4 weeks, how often did you feel so sad that nothing could cheer you up?

Field name

k10p_item9

Data type

string

Required

yes

Domain

1	None of the time
2	A little of the time
3	Some of the time
4	Most of the time
5	All of the time
9	Not stated / Missing

Notes

When reporting total score use '9 - Not stated / Missing'

3.4.58. K10+ - Question 10

In the past 4 weeks, how often did you feel worthless?

Field name

k10p_item10

Data type

string

Required

yes

Domain

> **1** None of the time
>
> **2** A little of the time
>
> **3** Some of the time
>
> **4** Most of the time
>
> **5** All of the time
>
> **9** Not stated / Missing

Notes

> When reporting total score use '9 - Not stated / Missing'

3.4.59. K10+ - Question 11

In the past four weeks, how many days were you totally unable to work, study or manage your day to day activities because of these feelings?

Field name

> k10p_item11

Data type

> integer

Required

> yes

Domain

> 0 - 28, 99 = Not stated / Missing

Notes

> When the client's responses to Q1-10 are all recorded as 1 'None of the time', they are not required to answer questions 11-14. Where this question has not been answered a response of '99 - Not stated / Missing' should be selected.

3.4.60. K10+ - Question 12

Aside from those days, in the past four weeks, how many days were you able to work or study or manage your day to day activities, but had to cut down on what you did because of these feelings?

Field name

k10p_item12

Data type

integer

Required

yes

Domain

0 - 28, 99 = Not stated / Missing

Notes

When the client's responses to Q1-10 are all recorded as 1 'None of the time', they are not required to answer questions 11-14. Where this question has not been answered a response of '99 - Not stated / Missing' should be selected.

3.4.61. K10+ - Question 13

In the past four weeks, how many times have you seen a doctor or any other health professional about these feelings?

Field name

k10p_item13

Data type

integer

Required

yes

Domain

0 - 89, 99 = Not stated / Missing

Notes

When the client's responses to Q1-10 are all recorded as 1 'None of the time', they are not required to answer questions 11-14. Where this question has not been answered a response of '99 - Not stated / Missing' should be selected.

3.4.62. K10+ - Question 14

In the past four weeks, how often have physical health problems been the main cause of these feelings?

Field name

k10p_item14

Data type

string

Required

yes

Domain

1   None of the time

2   A little of the time

3   Some of the time

4   Most of the time

5   All of the time

9   Not stated / Missing

Notes

When the client's responses to Q1-10 are all recorded as 1 'None of the time', they are not required to answer questions 11-14. Where this question has not been answered a response of '99 - Not stated / Missing' should be selected.

3.4.63. K10+ - Score

The overall K10 score.

Field name

k10p_score

Data type

integer

Required

yes

Domain

10 - 50, 99 = Not stated / Missing

Notes

The K10 Total score is based on the sum of K10 item 01 through 10 (range: 10-50). Items 11 through 14 are excluded from the total because they are separate measures of disability associated with the problems referred to in the preceding ten items.

The Total score is computed as the sum of the scores for items 1 to 10. If any item has not been completed (that is, has not been coded 1, 2, 3, 4, 5), it is excluded from the total with the proviso that a competed K10 with more than one missing item is regarded as invalid.

If more than one item of items 1 to 10 are missing, the Total Score is set as missing. Where this is the case, the missing value used should be 99.

When reporting individual item scores use '99 - Not stated / Missing'.

3.4.64. K10+ - Tags

List of tags for the collection occasion.

Field name

k10p_tags

Data type

string

Required

no

Notes

A comma separated list of tags.

Organisations can use this field to tag records in order to partition them as per local requirements.

Tags can contain lower case letters (or will get lowercased), numbers, dashes, spaces, and `!`. Leading and trailing spaces will be stripped. e.g. `priority!, nurse required, pending-outcome-1` would all be legitimate.

Tags beginning with an exclamation mark (!) are reserved for future use by the Department. e.g. `!reserved, ! reserved, !department-use-only`.

3.4.65. Organisation Key

A sequence of characters which uniquely identifies the provider organisation to the Primary Health Network. Assigned by the Primary Health Network.

Field name

organisation_key

Data type

string (2,50)

Required

yes

Notes

Organisation Keys must be generated by the PHN to be unique and must persist across time. See Managing Provider Organisation Keys

Organisation keys are case sensitive and must be valid unicode characters.

3.4.66. Organisation Path

A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.

Field name

organisation_path

Data type

string

Required

yes

Notes

A combination of the Primary Health Network's (PHN's) Organisation Key and the Provider Organisation's Organisation Key separated by a colon.

Here is an example organisation structure showing the Organisation Path for each organisation:

Organisation Key	Organisation Name	Organisation Type	Commissioning Organisation	Organisatic
PHN999	Test PHN	Primary Health Network	None	PHN999
PO101	Test Provider Organisation	Private Allied Health Professional Practice	PHN999	PHN999:PC

3.4.67. Practitioner - Aboriginal and Torres Strait Islander Status

Whether a person identifies as being of Aboriginal and/or Torres Strait Islander origin, as represented by a code.

Field name

practitioner_atsi_status

Data type

string

Required

yes

Domain

1   Aboriginal but not Torres Strait Islander origin

2   Torres Strait Islander but not Aboriginal origin

3   Both Aboriginal and Torres Strait Islander origin

4   Neither Aboriginal or Torres Strait Islander origin

9   Not stated/inadequately described

Notes

Code 9 is not to be available as a valid answer to the questions but is

intended for use:

- Primarily when importing data from other data collections that do not contain mappable data.

- Where an answer was refused.

- Where the question was not able to be asked prior to completion of assistance because the client was unable to communicate or a person who knows the client was not available.

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3.4.68. Practitioner - Active

A flag to represent whether a practitioner is actively delivering services. This is a system field that is aimed at helping organisations manage practitioner codes.

Field name

practitioner_active

Data type

string

Required

yes

Domain

| 0 | Inactive |
| 1 | Active |

3.4.69. Practitioner - ATSI Cultural Training

Indicates whether a practitioner has completed a recognised training programme in the delivery of culturally safe services to Aboriginal and Torres Strait Islander peoples.

Field name

atsi_cultural_training

Data type

string

Required

yes

Domain

1	Yes
2	No
3	Not required
9	Missing / Not recorded

Notes

This item is reported by the practitioner and applies to service providers who are either:

- not of Aboriginal or Torres Strait Islander status; or

- are not employed by an Aboriginal Community Controlled Health Service.

1 - Yes

The practitioner has:

- undertaken specific training in the delivery of culturally appropriate mental health /health services for Aboriginal and Torres Strait Islander peoples. As a guide, recognised training programs include those endorsed by the Australian Indigenous Psychologists' Association (AIPA) or similar organisation; or

- undertaken local cultural awareness training in the community in which they are practising, as delivered or endorsed by the elders of that community or the local Aboriginal Community Controlled Health Service.

2 - No

The practitioner has not met the requirements stated above.

3 - Not required

This option is reserved only for practitioners who are of Aboriginal and Torres Strait Islander descent, or employed by an Aboriginal Community Controlled Health Service.

4 - Missing/Not recorded

This is a system code for missing data and not a valid response option for practitioners.

3.4.70. Practitioner - Category

The type or category of the practitioner, as represented by a code.

Field name

practitioner_category

Data type

string

Required

yes

Domain

1   Clinical Psychologist

2   General Psychologist

3   Social Worker

4   Occupational Therapist

5   Mental Health Nurse

6   Aboriginal and Torres Strait Islander Health/Mental Health Worker

7   Low Intensity Mental Health Worker

8   General Practitioner

9   Psychiatrist

10   Other Medical

11   Other

12   Psychosocial Support Worker

13   Peer Support Worker

99   Not stated

Notes

Practitioner category refers to the labour classification of the service provider delivering the Service Contact. Practitioners should be assigned to the code that best describes their role for which they are engaged to deliver services to clients. Practitioners are registered in the PMHC MDS by Provider Organisations, with each practitioner assigned a code that is unique within the organisation.

In most cases, Practitioner Category will be determined by the training and qualifications of the practitioner. However, in some instances, a practitioner may be employed in a capacity that does not necessarily reflect their formal qualifications. For example, a person with a social work qualification may be employed primarily as a peer support worker on the basis of their lived experience of a mental illness. In such instances, the practitioner should be classified as a peer support worker.

12 - Psychosocial Support Worker

Refers to practitioners who are principally employed to provide psychosocial support services to clients where the practitioner has specific training in the area (e.g., Cert 4 qualification) and cannot be better described by another category.

13 - Peer Support Worker

Refers to practitioners who are principally employed to provide support to clients on the basis of the practitioner's lived experience of mental illness.

Changes in effect from 1 January 2019

- Two new codes have been added to the existing Practitioner Category data item, to allow for Psychosocial Support Workers (new code 12) and Peer Support Workers (new code 13) who are typically employed in psychosocial support programs.

3.4.71. Practitioner - Gender

The term 'gender' refers to the way in which a person identifies their masculine or feminine characteristics. A persons gender relates to their deeply held internal and individual sense of gender and is not always exclusively male or female. It may or may not correspond to their sex assigned at birth.

Field name

practitioner_gender

Data type

string

Required

yes

Domain

0   Not stated/Inadequately described

1   Male

2   Female

3   Other

ABS

http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/1200.0.55.012Main%20Features12016?opendocument&tabname=Summary&prodno=1200.0.55.012&issue=2016&num

---

3.4.72. Practitioner Key

A unique identifier for a practitioner within the responsible provider organisation. Assigned by either the PHN or Provider Organisation depending on local procedures.

Field name

practitioner_key

Data type

string (2,50)

Required

yes

Notes

Practitioner Keys must be generated by the organisation to be unique at the Provider Organisation level and must persist across time. See Managing Practitioner Keys

Practitioner Keys are case sensitive and must be valid unicode characters.

3.4.73. Practitioner - Tags

List of tags for the practitioner.

Field name

practitioner_tags

Data type

string

Required

no

Notes

A comma separated list of tags.

Organisations can use this field to tag records in order to partition them as per local requirements.

Tags can contain lower case letters (or will get lowercased), numbers, dashes, spaces, and `!`. Leading and trailing spaces will be stripped. e.g. `priority!, nurse required, pending-outcome-1` would all be legitimate.

Tags beginning with an exclamation mark (!) are reserved for future use by the Department. e.g. `!reserved, ! reserved, !department-use-only`.

3.4.74. Practitioner - Year of Birth

The year the practitioner was born.

Field name

practitioner_year_of_birth

Data type

gYear

Required

yes

Domain

gYear

Notes

- The year of birth must not be in the future.

- The year of birth must be after 1900.

- If the year of birth is unknown, the following approaches should be used:

  ◦ If the age of the practitioner is known, the age should be used to derive the year of birth

  ◦ If the age of the practitioner is unknown, an estimated age of the practitioner should be used to estimate a year of birth

  ◦ If the date of birth is totally unknown, use 9999.

3.4.75. Provider Organisation - ABN

The Australian Business Number of the provider organisation.

Field name

organisation_abn

Data type

string (11)

Required

yes

3.4.76. Provider Organisation - End Date

The date on which a provider organisation stopped delivering services.

Field name

organisation_end_date

Data type

date

Required

yes

Notes

For Date fields, data must be recorded in compliance with the standard format used across the National Health Data Dictionary; specifically, dates must be of fixed 8 column width in the format DDMMYYYY, with leading zeros used when necessary to pad out a value. For instance, 13th March 2008 would appear as 13032008.

- If the organisation end date is unknown, use 09099999.

For validation rules please refer to Organisation.

3.4.77. Provider Organisation - Legal Name

The legal name of the provider organisation.

Field name

organisation_legal_name

Data type

string

Required

no

3.4.78. Provider Organisation - Name

The name of the provider organisation.

Field name

organisation_name

Data type

string (2,100)

Required

yes

3.4.79. Provider Organisation - Start Date

The date on which a provider organisation started delivering services.

Field name

organisation_start_date

Data type

date

Required

yes

Notes

For Date fields, data must be recorded in compliance with the standard format used across the National Health Data Dictionary; specifically, dates must be of fixed 8 column width in the format DDMMYYYY, with leading zeros used when necessary to pad out a value. For instance, 13th March 2008 would appear as 13032008.

For validation rules please refer to Organisation.

3.4.80. Provider Organisation - State

The state that the provider organisation operates in.

Field name

organisation_state

Data type

string

Required

yes

Domain

1   New South Wales

2   Victoria

3   Queensland

4   South Australia

5   Western Australia

6   Tasmania

7   Northern Territory

8   Australian Capital Territory

9   Other Territories

Notes

- Name is taken from Australian Statistical Geography Standard (ASGS) July 2011.

- Code is from Meteor with the addition of code for Other Territories.

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3.4.81. Provider Organisation - Tags

List of tags for the provider organisation.

Field name

    organisation_tags

Data type

    string

Required

    no

Notes

    A comma separated list of tags.

    Organisations can use this field to tag records in order to partition them as per local requirements.

    Tags can contain lower case letters (or will get lowercased), numbers, dashes, spaces, and `!` . Leading and trailing spaces will be stripped. e.g. `priority!, nurse required, pending-outcome-1` would all be legitimate.

    Tags beginning with an exclamation mark (!) are reserved for future use by the Department. e.g. `!reserved, ! reserved, !department-use-only` .

3.4.82. Provider Organisation - Type

The category that best describes the provider organisation.

Field name

    organisation_type

Data type

    string

Required

    yes

Domain

    1   Private Allied Health Professional Practice

    2   Private Psychiatry Practice

    3   General Medical Practice

    4   Private Hospital

5   Headspace Centre

6   Early Youth Psychosis Centre

7   Community-managed Community Support Organisation

8   Aboriginal Health/Medical Service

9   State/Territory Health Service Organisation

10   Drug and/or Alcohol Service

11   Primary Health Network

12   Medicare Local

13   Division of General Practice

98   Other

99   Missing

Notes

1 - Private Allied Health Professional Practice

The provider organisation is a group of single- or multi-discipline allied health practitioners operating as private service providers. This includes both group and solo practitioner entities.

2 - Private Psychiatry practice

The provider organisation is a Private Psychiatry practice. This includes both group and solo practitioner entities.

3 - General Medical Practice

The provider organisation is a General Medical Practice. This includes both group and solo practitioner entities.

4 - Private Hospital

The provider organisation is a private hospital. This includes for-profit and not-for-profit hospitals.

5 - Headspace Centre

The provider organisation is a Headspace centre, delivering services funded by the PHN.

Note: Headspace and Early Psychosis Youth Centres currently collect and report a standardised dataset to headspace National Office. Pending the future of these arrangements, reporting of the PMHC minimum data set is not required by those organisations previously funded through headspace National Office that transitioned to PHNs. Where new or additional services are commissioned by PHNs and delivered through

existing Headspace or Early Psychosis Youth Centres, local decisions will be required as to whether these services can be captured through headspace National Office sustem or are better reported through the PMHC MDS.

6 - Early Youth Psychosis Centre

The provider organisation is a Early Youth Psychosis Centre, delivering services funded by the PHN.

Note: See Note above re Headspace.

7 - Community-managed Community Support Organisation

The provider organisation is a community-managed (non-government) organisation that primarily delivers disability-related or social support services.

8 - Aboriginal Health/Medical Service

The provider organisation is an Aboriginal or Torres Strait Islander-controlled health service organisation.

9 - State/Territory Health Service Organisation

The provider organisation is a health service entity principally funded by a state or territory government. This includes all services delivered through Local Hospital Networks (variously named across jurisdictions).

10 - Drug and/or Alcohol Service Organisation

The provider organisation is an organisation that provides specialised drug and alcohol treatment services. The organisation may be operating in the government or non-government sector, and where the latter, may be for-profit or not-for-profit.

11 - Primary Heath Network

The PHN is the provider organisation and employs the service delivery practitioners. This may occur during the transition period as the PHN moves to a full commissioning role, or in cases of market failure where there is no option to commission external providers.

12 - Medicare Local

The provider organisation is a former Medicare Local entity.

13 - Division of General Practice

The provider organisation is a former Division of General Practice entity.

98 - Other

The provider organisation cannot be described by any of the available options.

3.4.83. SDQ Collection Occasion - Version

The version of the SDQ collected.

Field name

sdq_version

Data type

string

Required

yes

Domain

PC101   Parent Report Measure 4-10 yrs, Baseline version, Australian Version 1

PC201   Parent Report Measure 4-10 yrs, Follow Up version, Australian Version 1

PY101   Parent Report Measure 11-17 yrs, Baseline version, Australian Version 1

PY201   Parent Report Measure 11-17 yrs, Follow Up version, Australian Version 1

YR101   Self report Version, 11-17 years, Baseline version, Australian Version 1

YR201   Self report Version, 11-17 years, Follow Up version, Australian Version 1

Notes

Domain values align with those collected in the NOCC dataset as defined at https://webval.validator.com.au/spec/NOCC/current/SDQ/SDQVer

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3.4.84. SDQ - Conduct Problem Scale

Field name

sdq_conduct_problem

Data type

integer

Required

yes

Domain

0 - 10, 99 = Not stated / Missing

Notes

See SDQ items and Scale Summary scores for instructions on scoring the Conduct Problem Scale.

When reporting individual item scores use '99 - Not stated / Missing'.

3.4.85. SDQ - Emotional Symptoms Scale

Field name

sdq_emotional_symptoms

Data type

integer

Required

yes

Domain

0 - 10, 99 = Not stated / Missing

Notes

See SDQ items and Scale Summary scores for instructions on scoring the Emotional Symptoms Scale.

When reporting individual item scores use '99 - Not stated / Missing'.

3.4.86. SDQ - Hyperactivity Scale

Field name

sdq_hyperactivity

Data type

integer

Required

yes

Domain

0 - 10, 99 = Not stated / Missing

Notes

See SDQ items and Scale Summary scores for instructions on scoring the Hyperactivity Scale.

When reporting individual item scores use '99 - Not stated / Missing'.

3.4.87. SDQ - Impact Score

Field name

sdq_impact

Data type

integer

Required

yes

Domain

0 - 10, 99 = Not stated / Missing

Notes

See SDQ items and Scale Summary scores for instructions on scoring the Impact Score.

When reporting individual item scores use '99 - Not stated / Missing'.

3.4.88. SDQ - Peer Problem Scale

Field name

sdq_peer_problem

Data type

integer

Required

yes

Domain

0 - 10, 99 = Not stated / Missing

Notes

See SDQ items and Scale Summary scores for instructions on scoring the Peer Problem Scale.

When reporting individual item scores use '99 - Not stated / Missing'.

3.4.89. SDQ - Prosocial Scale

Field name

sdq_prosocial

Data type

integer

Required

yes

Domain

0 - 10, 99 = Not stated / Missing

Notes

See SDQ items and Scale Summary scores for instructions on scoring the Prosocial Scale.

When reporting individual item scores use '99 - Not stated / Missing'.

3.4.90. SDQ - Question 1

Parent Report: Considerate of other people's feelings.

Youth Self Report: I try to be nice to other people. I care about their feelings.

Field name

sdq_item1

Data type

string

Required

yes

Domain

0   Not True

1   Somewhat True

2   Certainly True

7   Unable to rate (insufficient information)

9   Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.91. SDQ - Question 2

Parent Report: Restless, overactive, cannot stay still for long.

Youth Self Report: I am restless, I cannot stay still for long.

Field name

sdq_item2

Data type

string

Required

yes

Domain

0   Not True

1   Somewhat True

2   Certainly True

7   Unable to rate (insufficient information)

9   Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.92. SDQ - Question 3

Parent Report: Often complains of headaches, stomach-aches or sickness.

Youth Self Report: I get a lot of headaches, stomach-aches or sickness.

Field name

sdq_item3

Data type

string

Required

yes

Domain

0   Not True

1   Somewhat True

2   Certainly True

| 7 | Unable to rate (insufficient information) |
| 9 | Not stated / Missing |

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.93. SDQ - Question 4

Parent Report: Shares readily with other children {for example toys, treats, pencils} / young people {for example CDs, games, food}.

Youth Self Report: I usually share with others, for examples CDs, games, food.

Field name

sdq_item4

Data type

string

Required

yes

Domain

0	Not True
1	Somewhat True
2	Certainly True
7	Unable to rate (insufficient information)
9	Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.94. SDQ - Question 5

Parent Report: Often loses temper.

Youth Self Report: I get very angry and often lose my temper.

Field name

sdq_item5

Data type

string

Required

yes

Domain

0   Not True

1   Somewhat True

2   Certainly True

7   Unable to rate (insufficient information)

9   Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.95. SDQ - Question 6

Parent Report: {Rather solitary, prefers to play alone} / {would rather be alone than with other young people}.

Youth Self Report: I would rather be alone than with people of my age.

Field name

sdq_item6

Data type

string

Required

yes

Domain

0   Not True

1   Somewhat True

2   Certainly True

7   Unable to rate (insufficient information)

9   Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.96. SDQ - Question 7

Parent Report: {Generally well behaved} / {Usually does what adults requests}.

Youth Self Report: I usually do as I am told.

Field name

sdq_item7

Data type

string

Required

yes

Domain

0   Not True

1   Somewhat True

2   Certainly True

7   Unable to rate (insufficient information)

9   Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.97. SDQ - Question 8

Parent Report: Many worries or often seems worried.

Youth Self Report: I worry a lot.

Field name

 sdq_item8

Data type

 string

Required

 yes

Domain

 0 Not True

 1 Somewhat True

 2 Certainly True

 7 Unable to rate (insufficient information)

 9 Not stated / Missing

Notes

 Required Versions: All

 When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.98. SDQ - Question 9

Parent Report: Helpful if someone is hurt, upset or feeling ill.

Youth Self Report: I am helpful if someone is hurt, upset or feeling ill.

Field name

 sdq_item9

Data type

 string

Required

 yes

Domain

   0   Not True

   1   Somewhat True

   2   Certainly True

   7   Unable to rate (insufficient information)

   9   Not stated / Missing

Notes

   Required Versions: All

   When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.99. SDQ - Question 10

Parent Report: Constantly fidgeting or squirming.

Youth Self Report: I am constantly fidgeting or squirming.

Field name

   sdq_item10

Data type

   string

Required

   yes

Domain

   0   Not True

   1   Somewhat True

   2   Certainly True

   7   Unable to rate (insufficient information)

   9   Not stated / Missing

Notes

   Required Versions: All

   When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.100. SDQ - Question 11

Parent Report: Has at least one good friend.

Youth Self Report: I have one good friend or more.

Field name

   sdq_item11

Data type

   string

Required

   yes

Domain

   0   Not True

   1   Somewhat True

   2   Certainly True

   7   Unable to rate (insufficient information)

   9   Not stated / Missing

Notes

   Required Versions: All

   When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.101. SDQ - Question 12

Parent Report: Often fights with other {children} or bullies them / {young people}.

Youth Self Report: I fight a lot. I can make other people do what I want.

Field name

   sdq_item12

Data type

   string

Required

yes

Domain

0 Not True

1 Somewhat True

2 Certainly True

7 Unable to rate (insufficient information)

9 Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.102. SDQ - Question 13

Parent Report: Often unhappy, depressed or tearful.

Youth Self Report: I am often unhappy, depressed or tearful.

Field name

sdq_item13

Data type

string

Required

yes

Domain

0 Not True

1 Somewhat True

2 Certainly True

7 Unable to rate (insufficient information)

9 Not stated / Missing

3.4.103. SDQ - Question 14

Parent Report: Generally liked by other {children} / {young people}

Youth Self Report: Other people my age generally like me.

Field name

sdq_item14

Data type

string

Required

yes

Domain

0   Not True

1   Somewhat True

2   Certainly True

7   Unable to rate (insufficient information)

9   Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.104. SDQ - Question 15

Parent Report: Easily distracted, concentration wanders.

Youth Self Report: I am easily distracted, I find it difficult to concentrate.

Field name

sdq_item15

Data type

string

Required

yes

Domain

0   Not True

1   Somewhat True

2   Certainly True

7   Unable to rate (insufficient information)

9   Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.105. SDQ - Question 16

Parent Report: Nervous or {clingy} in new situations, easily loses confidence {omit clingy in PY}.

Youth Self Report: I am nervous in new situations. I easily lose confidence.

Field name

sdq_item16

Data type

string

Required

yes

Domain

0   Not True

1   Somewhat True

2   Certainly True

7   Unable to rate (insufficient information)

9   Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.106. SDQ - Question 17

Parent Report: Kind to younger children.

Youth Self Report: I am kind to younger people.

Field name

sdq_item17

Data type

string

Required

yes

Domain

0   Not True

1   Somewhat True

2   Certainly True

7   Unable to rate (insufficient information)

9   Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.107. SDQ - Question 18

Parent Report: Often lies or cheats.

Youth Self Report: I am often accused of lying or cheating.

Field name

sdq_item18

Data type

string

Required

yes

Domain

0	Not True
1	Somewhat True
2	Certainly True
7	Unable to rate (insufficient information)
9	Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.108. SDQ - Question 19

Parent Report: Picked on or bullied by {children} / {youth}.

Youth Self Report: Other children or young people pick on me or bully me.

Field name

sdq_item19

Data type

string

Required

yes

Domain

0	Not True
1	Somewhat True
2	Certainly True

7   Unable to rate (insufficient information)

9   Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.109. SDQ - Question 20

Parent Report: Often volunteers to help others (parents, teachers, {other} children) / Omit 'other' in PY.

Youth Self Report: I often volunteer to help others (parents, teachers, children).

Field name

sdq_item20

Data type

string

Required

yes

Domain

0   Not True

1   Somewhat True

2   Certainly True

7   Unable to rate (insufficient information)

9   Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.110. SDQ - Question 21

Parent Report: Thinks things out before acting.

Youth Self Report: I think before I do things.

Field name

sdq_item21

Data type

string

Required

yes

Domain

0	Not True
1	Somewhat True
2	Certainly True
7	Unable to rate (insufficient information)
9	Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.111. SDQ - Question 22

Parent Report: Steals from home, school or elsewhere.

Youth Self Report: I take things that are not mine from home, school or elsewhere.

Field name

sdq_item22

Data type

string

Required

yes

Domain

0	Not True
1	Somewhat True
2	Certainly True

7   Unable to rate (insufficient information)

   9   Not stated / Missing

Notes

   Required Versions: All

   When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.112. SDQ - Question 23

Parent Report: Gets along better with adults than with other {children} / {youth}.

Youth Self Report: I get along better with adults than with people my own age.

Field name

   sdq_item23

Data type

   string

Required

   yes

Domain

   0   Not True

   1   Somewhat True

   2   Certainly True

   7   Unable to rate (insufficient information)

   9   Not stated / Missing

Notes

   Required Versions: All

   When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.113. SDQ - Question 24

Parent Report: Many fears, easily scared.

Youth Self Report: I have many fears, I am easily scared.

Field name

sdq_item24

Data type

string

Required

yes

Domain

0   Not True

1   Somewhat True

2   Certainly True

7   Unable to rate (insufficient information)

9   Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.114. SDQ - Question 25

Parent Report: Good attention span sees chores or homework through to the end.

Youth Self Report: I finish the work I'm doing. My attention is good.

Field name

sdq_item25

Data type

string

Required

yes

Domain

0   Not True

1   Somewhat True

2   Certainly True

7 Unable to rate (insufficient information)

9 Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.115. SDQ - Question 26

Parent Report: Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?

Youth Self Report: Overall, do you think that you have difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?

Field name

sdq_item26

Data type

string

Required

yes

Domain

0 No

1 Yes - minor difficulties

2 Yes - definite difficulties

3 Yes - severe difficulties

7 Unable to rate (insufficient information)

9 Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.116. SDQ - Question 27

Parent Report: How long have these difficulties been present?

Youth Self Report: How long have these difficulties been present?

Field name

sdq_item27

Data type

string

Required

yes

Domain

0   Less than a month

1   1-5 months

2   6-12 months

3   Over a year

7   Unable to rate (insufficient information)

8   Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)

9   Not stated / Missing

Notes

Required Versions: - PC101 - PY101 - YR101

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.117. SDQ - Question 28

Parent Report: Do the difficulties upset or distress your child?

Youth Self Report: Do the difficulties upset or distress you?

Field name

sdq_item28

Data type

string

Required

yes

Domain

0 Not at all

1 A little

2 A medium amount

3 A great deal

7 Unable to rate (insufficient information)

8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)

9 Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.118. SDQ - Question 29

Parent Report: Do the difficulties interfere with your child's everyday life in the following areas? HOME LIFE.

Youth Self Report: Do the difficulties interfere with your everyday life in the following areas? HOME LIFE.

Field name

sdq_item29

Data type

string

Required

yes

Domain

0 Not at all

1 A little

2 A medium amount

3 A great deal

7 Unable to rate (insufficient information)

8   Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)

9   Not stated / Missing

Notes

Required Versions: All

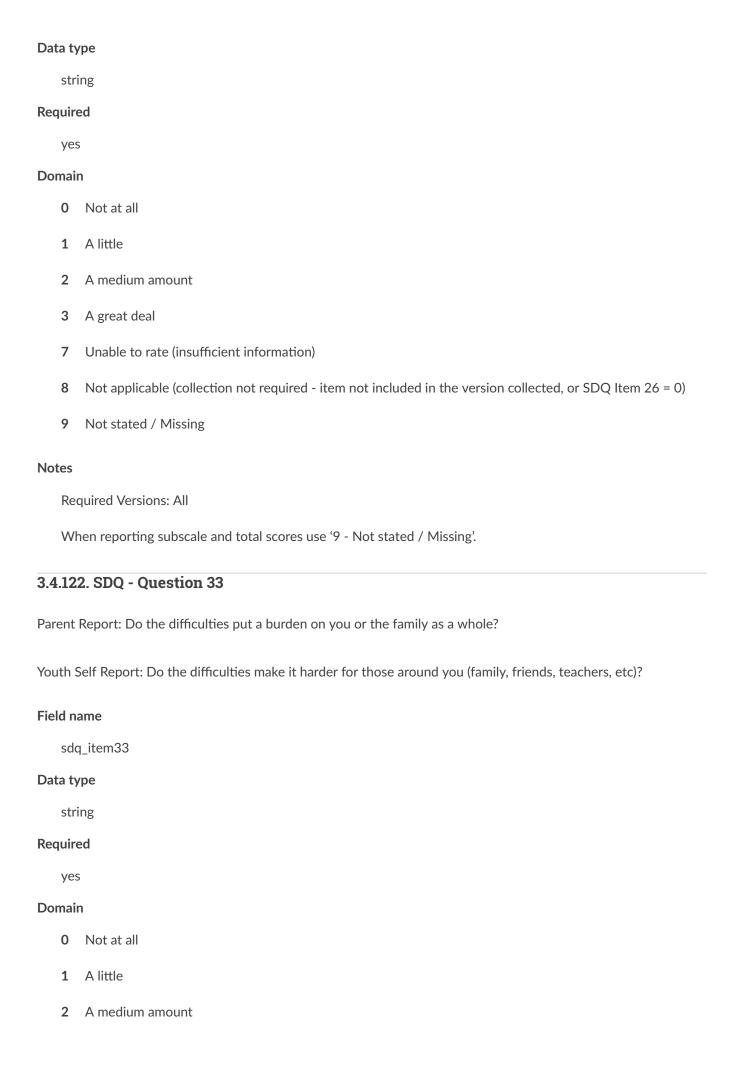When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.119. SDQ - Question 30

Parent Report: Do the difficulties interfere with your child's everyday life in the following areas? FRIENDSHIPS.

Youth Self Report: Do the difficulties interfere with your everyday life in the following areas? FRIENDSHIPS.

Field name

sdq_item30

Data type

string

Required

yes

Domain

0   Not at all

1   A little

2   A medium amount

3   A great deal

7   Unable to rate (insufficient information)

8   Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)

9   Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.120. SDQ - Question 31

Parent Report: Do the difficulties interfere with your child's everyday life in the following areas? CLASSROOM LEARNING.

Youth Self Report: Do the difficulties interfere with your everyday life in the following areas? CLASSROOM LEARNING

Field name

sdq_item31

Data type

string

Required

yes

Domain

0   Not at all

1   A little

2   A medium amount

3   A great deal

7   Unable to rate (insufficient information)

8   Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)

9   Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.121. SDQ - Question 32

Parent Report: Do the difficulties interfere with your child's everyday life in the following areas? LEISURE ACTIVITIES.

Youth Self Report: Do the difficulties interfere with your everyday life in the following areas? LEISURE ACTIVITIES.

Field name

sdq_item32

Data type

string

Required

yes

Domain

0   Not at all

1   A little

2   A medium amount

3   A great deal

7   Unable to rate (insufficient information)

8   Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)

9   Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.122. SDQ - Question 33

Parent Report: Do the difficulties put a burden on you or the family as a whole?

Youth Self Report: Do the difficulties make it harder for those around you (family, friends, teachers, etc)?

Field name

sdq_item33

Data type

string

Required

yes

Domain

0   Not at all

1   A little

2   A medium amount

3   A great deal

7   Unable to rate (insufficient information)

8   Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)

9   Not stated / Missing

Notes

Required Versions: All

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.123. SDQ - Question 34

Parent Report: Since coming to the services, are your child's problems:

Youth Self Report: 'Since coming to the service, are your problems:

Field name

sdq_item34

Data type

string

Required

yes

Domain

0   Much worse

1   A bit worse

2   About the same

3   A bit better

4   Much better

7   Unable to rate (insufficient information)

8   Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)

9   Not stated / Missing

Notes

Required Versions:

- PC201

- PY201

- YR201

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.124. SDQ - Question 35

Has coming to the service been helpful in other ways eg. providing information or making the problems bearable?

Field name

sdq_item35

Data type

string

Required

yes

Domain

0 Not at all

1 A little

2 A medium amount

3 A great deal

7 Unable to rate (insufficient information)

8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)

9 Not stated / Missing

Notes

Required Versions:

- PC201

- PY201

- YR201

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.125. SDQ - Question 36

Over the last 6 months have your child's teachers complained of fidgetiness, restlessness or overactivity?

Field name

sdq_item36

Data type

string

Required

yes

Domain

0 No

1 A little

2 A lot

7 Unable to rate (insufficient information)

8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)

9 Not stated / Missing

Notes

Required Versions:

- PC101

- PY101

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.126. SDQ - Question 37

Over the last 6 months have your child's teachers complained of poor concentration or being easily distracted?

Field name

sdq_item37

Data type

string

Required

yes

Domain

    0   No

    1   A little

    2   A lot

    7   Unable to rate (insufficient information)

    8   Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)

    9   Not stated / Missing

Notes

Required Versions:

- PC101

- PY101

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.127. SDQ - Question 38

Over the last 6 months have your child's teachers complained of acting without thinking, frequently butting in, or not waiting for his or her turn?

Field name

sdq_item38

Data type

string

Required

yes

Domain

    0   No

    1   A little

    2   A lot

    7   Unable to rate (insufficient information)

    8   Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)

    9   Not stated / Missing

Notes

Required Versions:

- PC101

- PY101

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.128. SDQ - Question 39

Does your family complain about you having problems with overactivity or poor concentration?

Field name

sdq_item39

Data type

string

Required

yes

Domain

0   No

1   A little

2   A lot

7   Unable to rate (insufficient information)

8   Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)

9   Not stated / Missing

Notes

Required Versions:

- YR101

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.129. SDQ - Question 40

Do your teachers complain about you having problems with overactivity or poor concentration?

Field name

sdq_item40

Data type

string

Required

yes

Domain

0   No

1   A little

2   A lot

7   Unable to rate (insufficient information)

8   Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)

9   Not stated / Missing

Notes

Required Versions:

- YR101

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.130. SDQ - Question 41

Does your family complain about you being awkward or troublesome?

Field name

sdq_item41

Data type

string

Required

yes

Domain

0   No

1   A little

2   A lot

7   Unable to rate (insufficient information)

8   Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)

9   Not stated / Missing

Notes

Required Versions:

- YR101

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.131. SDQ - Question 42

Do your teachers complain about you being awkward or troublesome?

Field name

sdq_item42

Data type

string

Required

yes

Domain

0   No

1   A little

2   A lot

7   Unable to rate (insufficient information)

8   Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)

9   Not stated / Missing

Notes

Required Versions:

- YR101

When reporting subscale and total scores use '9 - Not stated / Missing'.

3.4.132. SDQ - Tags

List of tags for the collection occasion.

Field name

    sdq_tags

Data type

    string

Required

    no

Notes

    A comma separated list of tags.

    Organisations can use this field to tag records in order to partition them as per local requirements.

    Tags can contain lower case letters (or will get lowercased), numbers, dashes, spaces, and `!` . Leading and trailing spaces will be stripped. e.g. `priority!, nurse required, pending-outcome-1` would all be legitimate.

    Tags beginning with an exclamation mark (!) are reserved for future use by the Department. e.g. `!reserved, ! reserved, !department-use-only` .

3.4.133. SDQ - Total Difficulties Score

Field name

    sdq_total

Data type

    integer

Required

    yes

Domain

    0 - 40, 99 = Not stated / Missing

Notes

    See SDQ items and Scale Summary scores for instructions on scoring the Total Difficulties Score.

    When reporting individual item scores use '99 - Not stated / Missing'.

3.4.134. Service Contact - Client Participation Indicator

An indicator of whether the client participated, or intended to participate, in the service contact, as represented by a code.

Field name

service_contact_participation_indicator

Data type

string

Required

yes

Domain

1   Yes

2   No

Notes

Service contacts are not restricted to in-person communication but can include telephone, video link or other forms of direct communication.

1 - Yes

This code is to be used for service contacts between a mental health service provider and the patient/ client in whose clinical record the service contact would normally warrant a dated entry, where the patient/client is participating.

2 - No

This code is to be used for service contacts between a mental health service provider and a third party(ies) where the patient/client, in whose clinical record the service contact would normally warrant a dated entry, is not participating.

Note: Where a client intended to participate in a service contact but failed to attend, Service Contact - Client Participation Indicator should be recorded as '1: Yes' and Service Contact - No Show should be recorded as '1: Yes'.

METeOR

494341

3.4.135. Service Contact - Copayment

The co-payment is the amount paid by the client per session.

Field name

service_contact_copayment

Data type

number

Required

yes

Domain

0 - 999999.99

Notes

Up to 6 digits before the decimal point; up to 2 digits after the decimal point.

The co-payment is the amount paid by the client per service contact, not the fee paid by the project to the practitioner or the fee paid by the project to the practitioner plus the client contribution. In many cases, there will not be a co-payment charged and therefore zero should be entered. Where a co-payment is charged it should be minimal and based on an individual's capacity to pay.

3.4.136. Service Contact - Date

The date of each mental health service contact between a health service provider and patient/client.

Field name

service_contact_date

Data type

date

Required

yes

Notes

For Date fields, data must be recorded in compliance with the standard format used across the National Health Data Dictionary; specifically, dates must be of fixed 8 column width in the format DDMMYYYY, with leading zeros used when necessary to pad out a value. For instance, 13th March 2008 would appear as 13032008.

- The service contact date must not be before 1st January 2014.

- The service contact date must not be in the future.

METeOR

494356

3.4.137. Service Contact - Duration

The time from the start to finish of a service contact.

Field name

service_contact_duration

Data type

string

Required

yes

Domain

0   No contact took place

1   1-15 mins

2   16-30 mins

3   31-45 mins

4   46-60 mins

5   61-75 mins

6   76-90 mins

7   91-105 mins

8   106-120 mins

9   over 120 mins

Notes

For group sessions the time for client spent in the session is recorded for each client, regardless of the number of clients or third parties participating or the number of service providers providing the service. Writing up details of service contacts is not to be reported as part of the duration, except if during or contiguous with the period of client or third party participation. Travel to or from the location at which the service is provided, for example to or from outreach facilities or private homes, is not to be reported as part of the duration of the service contact.

0 - No contact took place

Only use this code where the service contact is recorded as a no show.

3.4.138. Service Contact - Final

An indication of whether the Service Contact is the final for the current Episode of Care

Field name

service_contact_final

Data type

string

Required

yes

Domain

1   No further services are planned for the client in the current episode

2   Further services are planned for the client in the current episode

3   Not known at this stage

Notes

Service providers should report this item on the basis of future planned or scheduled contacts with the client. Where this item is recorded as 1 (No further services planned), the episode should be recorded as completed by:

- the date of the final Service Contact should be recorded as the Episode End Date

- the Episode Completion Status field should be recorded as 'Treatment concluded.

Note that no further Service Contacts can be recorded against an episode once it is marked as completed. Where an episode has been marked as completed prematurely, the Episode End Date can be manually corrected to allow additional activity to be recorded.

3.4.139. Service Contact - Interpreter Used

Whether an interpreter service was used during the Service Contact

Field name

service_contact_interpreter

Data type

string

Required

yes

Domain

> 1 Yes
>
> 2 No
>
> 9 Not stated

Notes

Interpreter services includes verbal language, non-verbal language and languages other than English.

1 - Yes

> Use this code where interpreter services were used during the Service Contact. Use of interpreter services for any form of sign language or other forms of non-verbal communication should be coded as Yes.

2 - No

> Use this code where interpreter services were not used during the Service Contact.

9 - Not stated

> Indicates that the item was not collected. This item should not appear as an option for clinicians, it is for administrative use only.

3.4.140. Service Contact - Modality

How the service contact was delivered, as represented by a code.

Field name

> service_contact_modality

Data type

> string

Required

> yes

Domain

> 0 No contact took place
>
> 1 Face to Face
>
> 2 Telephone
>
> 3 Video
>
> 4 Internet-based

Notes

0 - No contact took place

Only use this code where the service contact is recorded as a no show.

1 - Face to Face

- If 'Face to Face' is selected, a value other than 'Not applicable' must be selected for Service Contact Venue

- If 'Face to Face' is selected a valid Australian postcode must be entered for Service Contact Postcode. The unknown postcode is not valid.

2 - Telephone

Includes any voice based communication that does not use video, regardless of the technology used to provide the voice communication. For example, this could either be over land line telephone, mobile telephone, VoIP.

3 - Video

Includes any video based communication.

4 - Internet-based

Any internet based communications that do not fall into the 2 - Telephone or 3 - Video categories. This includes email communication, providing the communication would normally warrant a dated entry in the clinical record of the client, involving a third party, such as a carer or family member, and/or other professional or mental health worker, or other service provider.

Note: If Service Contact Modality is not 'Face to Face' the postcode must be entered as unknown 9999.

3.4.141. Service Contact - No Show

Where an appointment was made for an intended participant(s), but the intended participant(s) failed to attend the appointment, as represented by a code.

Field name

service_contact_no_show

Data type

string

Required

yes

Domain

    1   Yes

    2   No

Notes

    1 - Yes

        The intended participant(s) failed to attend the appointment.

    2 - No

        The intended participant(s) attended the appointment.

3.4.142. Service Contact - Participants

An indication of who participated in the Service Contact.

Field name

    service_contact_participants

Data type

    string

Required

    yes

Domain

    1   Individual client

    2   Client group

    3   Family / Client Support Network

    4   Other health professional or service provider

    5   Other

    9   Not stated

Notes

    1 - Individual

        Code applies for Service Contacts delivered individually to a single client without third party participants.
        Please refer to the Note below.

2 - Client group

Code applies for Service Contacts delivered on a group basis to two or more clients.

3 - Family / Client Support Network

Code applies to Service Contacts delivered to the family/social support persons of the client, with or without the participation of the client.

4 - Other health professional or service provider

Code applies for Service Contacts that involve another health professional or service provider (in addition to the Practitioner), with or without the participation of the client.

5 - Other

Code applies to Service Contacts delivered to other third parties (e.g., teachers, employer), with or without the participation of the client.

Note: This item interacts with Service Contact - Client Participation Indicator. Where Service Contact - Participants has a value of '1: Individual', Service Contact - Client Participation Indicator must have a value of '1: Yes'. Service Contact - No Show is used to record if the patient failed to attend the appointment.

3.4.143. Service Contact - Postcode

The Australian postcode where the service contact took place.

Field name

service_contact_postcode

Data type

string

Required

yes

Notes

A valid Australian postcode or 9999 if the postcode is unknown. The full list of Australian Postcodes can be found at Australia Post.

- If Service Contact Modality is not 'Face to Face' enter 9999

- If Service Contact Modality is 'Face to Face' a valid Australian postcode must be entered

- As of 1 November 2016, PMHC MDS currently validates that postcodes are in the range 0200-0299 or 0800-9999.

3.4.144. Service Contact - Tags

List of tags for the service contact.

Field name

service_contact_tags

Data type

string

Required

no

Notes

A comma separated list of tags.

Organisations can use this field to tag records in order to partition them as per local requirements.

Tags can contain lower case letters (or will get lowercased), numbers, dashes, spaces, and `!` . Leading and trailing spaces will be stripped. e.g. `priority!, nurse required, pending-outcome-1` would all be legitimate.

Tags beginning with an exclamation mark (!) are reserved for future use by the Department. e.g. `!reserved, ! reserved, !department-use-only` .

3.4.145. Service Contact - Type

The main type of service provided in the service contact, as represented by the service type that accounted for most provider time.

Field name

service_contact_type

Data type

string

Required

yes

Domain

0   No contact took place

1   Assessment

2   Structured psychological intervention

3   Other psychological intervention

4   Clinical care coordination/liaison

5   Clinical nursing services

6   Child or youth specific assistance NEC

7   Suicide prevention specific assistance NEC

8   Cultural specific assistance NEC

9   Psychosocial support

98   ATAPS

Notes

Describes the main type of service delivered in the contact, selected from a defined list of categories. Where more than service type was provided select that which accounted for most provider time. Service providers are required to report on Service Type for all Service Contacts.

Note: NEC is used for 'Not Elsewhere Classified'. For these records, only use these service types if they cannot be classified by any of the other service options.

0 - No contact took place

Only use this code where the service contact is recorded as a no show.

1 - Assessment

Determination of a person's mental health status and need for mental health services, made by a suitably trained mental health professional, based on the collection and evaluation of data obtained through interview and observation, of a person's history and presenting problem(s). Assessment may include consultation with the person's family and concludes with formation of problems/issues, documentation of a preliminary diagnosis, and a treatment plan.

2 - Structured psychological intervention

Those interventions which include a structured interaction between a client and a service provider using a recognised, psychological method, for example, cognitive behavioural techniques, family therapy or psycho education counselling. These are recognised, structured or published techniques for the treatment of mental ill-health. Structured psychological interventions are designed to alleviate psychological distress or emotional disturbance, change maladaptive behaviour and foster mental health. Structured psychological therapies can be delivered on either an individual or group basis, typically in an office or community

setting. They may be delivered by trained mental health professionals or other individuals with appropriate competencies but who do not meet the requirements for registration, credentialing or recognition as a mental health professional. Structured Psychological Therapies include but are not limited to:

- Psycho-education (including motivational interviewing)

- Cognitive-behavioural therapies

- Relaxation strategies

- Skills training

- Interpersonal therapy

3 - Other psychological intervention

Psychological interventions that do not meet criteria for structured psychological intervention.

4 - Clinical care coordination/liaison

Activities focused on working in partnership and liaison with other health care and service providers and other individuals to coordinate and integrate service delivery to the client with the aim of improving their clinical outcomes. Consultation and liaison may occur with primary health care providers, acute health, emergency services, rehabilitation and support services, family, friends, other support people and carers and other agencies that have some level of responsibility for the client's treatment and/or well being.

5 - Clinical nursing services

Services delivered by mental health nurses that cannot be described elsewhere. Typically, these aim to provide clinical support to clients to effectively manage their symptoms and avoid unnecessary hospitalisation. Clinical nursing services include:

- monitoring a client's mental state;

- liaising closely with family and carers as appropriate;

- administering and monitoring compliance with medication;

- providing information on physical health care, as required and, where appropriate, assist in addressing the physical health inequities of people with mental illness; and

- improving links to other health professionals/clinical service providers.

6 - Child or youth-specific assistance NEC

Services delivered to, or on behalf, of a child or young person that cannot be described elsewhere. These can include, for example, working with a child's teacher to provide advice on assisting the child in their educational environment; working with a young person's employer to assist the young person to their work environment.

Note: This code should only be used for Service Contacts that cannot be described by any other Service Type. It is expected that the majority of Service Contacts delivered to children and young people can be assigned to other categories.

7 - Suicide prevention specific assistance NEC

Services delivered to, or on behalf, of a client who presents with risk of suicide that cannot be described elsewhere. These can include, for example, working with the person's employers to advise on changes in the workplace; working with a young person's teacher to assist the child in their school environment; or working with relevant community-based groups to assist the client to participate in their activities.

Note: This code should only be used for Service Contacts that cannot be described by any other Service Type. It is expected that the majority of Service Contacts delivered to client's who have a risk of suicide can be assigned to other categories.

8 - Cultural specific assistance NEC

Culturally appropriate services delivered to, or on behalf, of an Aboriginal or Torres Strait Islander client that cannot be described elsewhere. These can include, for example, working with the client's community support network including family and carers, men's and women's groups, traditional healers, interpreters and social and emotional wellbeing counsellors.

Note: This code should only be used for Service Contacts that cannot be described by any other Service Type. It is expected that the majority of Service Contacts (see domains below) delivered to Aboriginal or Torres Strait Islander clients can be assigned to other categories.

9 - Psychosocial support

Service providers are required to report on Service Contact Type for every contact with a client. This requires a judgement about the main service delivered at each contact, selected from a small list of options, and based on the activity that accounted for most provider time. Service Contact Type complements Principal Focus of Treatment Plan by capturing information to understand the mix of services provided within an individual episode of care.

Service Contact Type should be coded as Psychosocial Support (code 9) where the main services delivered during the contact involved the delivery of psychosocial support services. Psychosocial support services are defined for PMHC MDS purposes as services that focus on building capacity and stability in one or more of the following areas:

- social skills and friendships, family connections;

- managing daily living needs;

- financial management and budgeting;

- finding and maintaining a home;

- vocational skills and goals, including volunteering;

- educational and training goals;

- maintaining physical wellbeing, including exercise;

- building broader life skills including confidence and resilience.

These services are usually delivered by a range of non-clinical providers including peer support workers with lived experience of mental illness.

Service Contacts recorded as psychosocial support may be delivered in all episodes of care, regardless of episode type. However, it is expected that they will be mainly associated with episodes where the Principal Focus of Treatment Plan is classified as Psychosocial Support.

98 - ATAPS

Services delivered as part of ATAPS funded referrals that are recorded and/or migrated into the PMHC MDS.

Note: This code should only be used for Service Contacts that are migrated from ATAPS MDS sources that cannot be described by any other Service Type. It is expected that the majority of Service Contacts delivered to clients from 1st July, 2017 can be assigned to other categories.

This response will not be allowed on service contacts delivered after 30 June 2018. (All ATAPS referrals should have concluded by that date).

This response will only be allowed on service contacts with the !ATAPS flag.

3.4.146. Service Contact - Venue

Where the service contact was delivered, as represented by a code.

Field name

service_contact_venue

Data type

string

Required

yes

Domain

1   Client's Home

2   Service provider's office

3   GP Practice

4   Other medical practice

5   Headspace Centre

6   Other primary care setting

7   Public or private hospital

8   Residential aged care facility

9   School or other educational centre

10   Client's Workplace

11   Other

12   Aged care centre - non-residential

98   Not applicable (Service Contact Modality is not face to face)

99   Not stated

Notes

Note that this data item concerns only where the service contact took place. It is not about where the client lives. Thus, if a resident of an aged care residential facility is seen at another venue (e.g., at a GP Clinic), then the Service Contact Venue should be recorded as 'GP Practice' (code 3) to accurately reflect where the contact took place.

Values other than '98 - Not applicable' only to be specified when Service Contact Modality is 'Face to Face'.

6 - Other primary care setting

This code is suitable for primary care settings such as community health centres.

8 - Residential aged care facility

Use this code when the client is seen at an aged care residential facility.

12 - Aged care centre - non-residential

Use this code when the client is seen at a non-residential aged care centre (e.g., community day program centre for older people).

98 - Not applicable (Service Contact Modality is not face to face)

This code must only to be used where the Service Contact Modality is not face to face

All other data items would be recorded as per the guidelines that apply to those items – there are no special requirements specific to delivery of services to residents of aged care facilities. For example, any of the episode of care types recorded under the Principal Focus of Treatment Plan may apply; similarly, service contacts delivered to aged care residents may be any of the options available in Service Contact Type field.

3.4.147. Service Contact Key

This is a number or code assigned to each service contact. The Service Contact Key is unique and stable for each service contact at the level of the Provider Organisation.

Field name

service_contact_key

Data type

string (2,50)

Required

yes

Notes

Service Contact Keys must be generated by the organisation to be unique at the Provider Organisation level and must persist across time. See Managing Service Contact Keys

Service Contact Keys are case sensitive and must be valid unicode characters.

3.4.148. Value

The metadata value.

Field name

value

Data type

string

Required

yes

3.5. Download Specification Files

Available for software developers designing extracts for the PMHC MDS, please click the link below to download the PMHC MDS Specification files:

- Specification zip

4. Upload specification

4.1. File requirements

Uploads will be rejected by our incoming data scanning system if they do not meet the following requirements:

- Must be either an Excel Workbook (.xlsx),
- OR a zip (.zip) file containing CSV files,
- AND must be less than 512MB

4.1.1. Excel Workbook (XLSX)

Excel files must be in XLSX format. The following versions of Excel support this format:

- Excel 2007 (v12.0)
- Excel 2010 (v14.0)
- Excel 2013 (v15.0)
- Excel 2016 (v16.0)

One XLSX file must be uploaded containing multiple worksheets - one worksheet for each format described below.

When saving your file, please choose the filetype 'Excel Workbook (.xlsx)'.

The filename of the Excel file doesn't matter as long as it has the file extension .xlsx

4.1.2. Zip file containting Comma Separated Values (CSV)

The CSV files must conform to RFC 4180.

In addition, CSV files must be created using UTF-8 character encoding.

CSV files must have the file extension .csv

Multiple CSV files must be uploaded - one CSV file for each format described below.

The CSV files must be compressed into a single file by zipping before upload. The filename of the zip file doesn't matter as long as it has the file extension .zip

4.1.3. File size

Files must be less than 512MB. The file size restriction prevents our systems from becoming unstable if extremely large files are uploaded. We will monitor if this limit causes issues for anyone and adjust it if necessary.

4.2. Files or worksheets to upload

The following files/worksheets can be uploaded to the PMHC MDS:

Table 4.1 Summary of files to upload

File Type	CSV filename	Excel worksheet name	Required
Clients	clients.csv	Clients	Required
Episodes	episodes.csv	Episodes	Required
Service Contacts	service-contacts.csv	Service Contacts	Required
K10+ Collection Occasions	k10p.csv	K10+	Required
K5 Collection Occasions	k5.csv	K5	Required
SDQ Collection Occasions	sdq.csv	SDQ	Required
Practitioners	practitioners.csv	Practitioners	Required for first upload and when practitioner information changes. Optional otherwise
Organisations	organisations.csv	Organisations	Optional only if the user has Organisation Management role
Metadata	metadata.csv	Metadata	Required

Each of the example files assumes the following organisation structure:

Organisation Key	Organisation Name	Organisation Type	Parent Organisation
PHN999	Test PHN	Primary Health Network	None
NFP01	Test Provider Organisation	Private Allied Health Professional Practice	PHN999

4.3. File format

Requirements for file formats:

- The first row must contain the column headings as defined for each file type.
- Each item is a column in the file/worksheet. The 'Field Name' must be used for the column headings. The columns must be kept in the same order.
- The second and subsequent rows must contain the data.
- Data elements for each file/worksheet are defined at Record formats.
- All files must be internally consistent. An example of what this means is that for every row in the episode file/worksheet, there must be a corresponding client in the client file/worksheet.
- All version 2.0 data uploads must include a Metadata file/worksheet. See Metadata file.

4.3.1. Metadata file

All version 2.0 data uploads must include a Metadata file/worksheet. - In the first row, the first cell must contain 'key' and the second cell must contain 'value' - In the second row, the first cell must contain 'type' and the second cell must contain 'PMHC' - In the third row, the first cell must contain 'version' and the second cell must contain '2.0'

i.e.:

key	value
type	PMHC
version	2.0

Data elements for the metadata upload file/worksheet are defined at Metadata.

Example metadata data:

- CSV metadata file.
- XLSX metadata worksheet.

4.3.2. Client format

The client file/worksheet is required to be uploaded each time.

Data elements for the client upload file/worksheet are defined at Client.

Example client data:

- CSV client file.
- XLSX client worksheet.

4.3.3. Episode file format

The episode file/worksheet is required to be uploaded each time.

Data elements for the episode upload file/worksheet are defined at Episode.

Example episode data:

- CSV episode file.
- XLSX episode worksheet.

4.3.4. Service Contact file format

The service contact file/worksheet is required to be uploaded each time.

Data elements for the service contact upload file/worksheet are defined at Service Contact.

Example service contact data:

- CSV service contact file.
- XLSX service contact worksheet.

4.3.5. K10+ Collection Occasion file format

The K10+ file/worksheet is required to be uploaded each time.

Data elements for the K10+ collection occasion upload file/worksheet are defined at K10+.

Example K10+ data:

- CSV K10+ file.
- XLSX K10+ worksheet.

4.3.6. K5 Collection Occasion file format

The K5 file/worksheet is required to be uploaded each time.

Data elements for the K5 collection occasion upload file/worksheet are defined at K5.

Example K5 data:

- CSV K5 file.
- XLSX K5 worksheet.

4.3.7. SDQ Collection Occasion file format

The SDQ file/worksheet is required to be uploaded each time.

Data elements for the SDQ collection occasion upload file/worksheet are defined at SDQ.

Example SDQ data:

- CSV SDQ file.
- XLSX SDQ worksheet.

4.3.8. Practitioner file format

The practitioner file/worksheet is required for the first upload and if there is a change in practitioners. It is optional otherwise. There is no harm in including it in every upload.

Data elements for the practitioner upload file/worksheet are defined at Practitioner.

Example practitioner data:

- CSV practitioner file.
- XLSX practitioner worksheet.

4.3.9. Organisation file format

This file is for PHN use only. The organisation file/worksheet is optional. It can be included to upload Provider Organisations in bulk or if there is a change in Provider Organisation details. There is no harm in including it in every upload.

Data elements for the Provider Organisation upload file/worksheet are defined at Provider Organisation.

Example organisation data:

- CSV organisation file.
- XLSX organisation worksheet.

4.3.10. Deleting records

- Records of the following type can be deleted via upload:

  - Client
  - Episode
  - Service Contact
  - K10+

- ◦ K5
- ◦ SDQ
- ◦ Practitioner

Organisation records *cannot* be deleted via upload. Please email support@pmhc-mds.com if you need to delete an organisation.

- An extra optional "delete" column can be added to each of the supported upload files/worksheets.
- If included, this column must be the third column in each file, after the organisation path and the record's entity key.
- To delete a record, include its organisation path and its entity key, leave all other fields blank and put "delete" in the "delete" column. Please note that case is important. "DELETE" will not be accepted.
- Marking a record as deleted will require all child records of that record also to be marked for deletion. For example, marking a client as deleted will require all episodes, service contacts and collection occasions of that client to be marked for deletion.
- While deletions can be included in the same upload as insertions/updates, we recommend that you include all deletions in a separate upload that is uploaded before the insertions/updates.

Example files showing how to delete via upload:

- XLSX file containing all the worksheets.
- CSV delete client file.
- CSV delete episode file.
- CSV delete service contact file.
- CSV delete K10+ file.
- CSV detete K5 file.
- CSV delete SDQ file.
- CSV delete practitioner file.

4.4. Frequently Asked Questions

Please also refer to Uploading data for answers to frequently asked questions about uploading data.

5. Data item summary

Table 5.1 Summary of data items

Metadata	Provider Organisation	Practitioner	Client	Episode	Service Contact
Key	Organisation Path	Organisation Path	Organisation Path	Organisation Path	Organisation Path
Value	Organisation Key	Practitioner Key	Client Key	Episode Key	Service Contact Key
	Provider Organisation - Name	Practitioner - Category	Client - Statistical Linkage Key	Client Key	Episode Key
	Provider Organisation - Legal Name	Practitioner - ATSI Cultural Training	Client - Date of Birth	Episode - End Date	Practitioner Key
	Provider Organisation - ABN	Practitioner - Year of Birth	Client - Estimated Date of Birth Flag	Episode - Client Consent to Anonymised Data	Service Contact - Date
	Provider Organisation - Type	Practitioner - Gender	Client - Gender	Episode - Completion Status	Service Contact - Type
	Provider Organisation - State	Practitioner - Aboriginal and Torres Strait Islander Status	Client - Aboriginal and Torres Strait Islander Status	Episode - Referral Date	Service Contact - Postcode
	Provider Organisation - Start Date	Practitioner - Active	Client - Country of Birth	Episode - Principal Focus of Treatment Plan	Service Contact - Modality
	Provider Organisation - End Date	Practitioner - Tags	Client - Main Language Spoken at Home	Episode - GP Mental Health Treatment Plan Flag	Service Contact - Participants
	Provider Organisation - Tags		Client - Proficiency in Spoken English	Episode - Homelessness Flag	Service Contact - Venue

Metadata	Provider Organisation	Practitioner	Client	Episode	Service Contact
			Client - Tags	Episode - Area of usual residence, postcode	Service Contact - Duration
				Episode - Labour Force Status	Service Contact - Copayment
				Episode - Employment Participation	Service Contact - Client Participation Indicator
				Episode - Source of Cash Income	Service Contact - Interpreter Used
				Episode - Health Care Card	Service Contact - No Show
				Episode - NDIS Participant	Service Contact - Final
				Episode - Marital Status	Service Contact - Tags
				Episode - Suicide Referral Flag	
				Episode - Principal Diagnosis	
				Episode - Additional Diagnosis	
				Episode - Medication - Antipsychotics (N05A)	
				Episode - Medication - Anxiolytics (N05B)	
				Episode - Medication - Hypnotics and sedatives (N05C)	

Metadata	Provider Organisation	Practitioner	Client	Episode	Service Contact
				Episode - Medication - Antidepressants (N06A)	
				Episode - Medication - Psychostimulants and nootropics (N06B)	
				Episode - Referrer Profession	
				Episode - Referrer Organisation Type	
				Episode - Continuity of Support	
				Episode - Tags	

Metadata	Provider Organisation	Practitioner	Client	Episode	Service Contact

6. Using the data specification to create client forms

Some consideration needs to be taken when designing forms based on this data specification.

6.1. Not stated/missing codes

Not stated/missing codes (normally code 9, 99, 999 or 9999) are not to be available as a valid answers to questions but is intended for use:

- Primarily when importing data from other data collections that do not contain mappable data.
- Where an answer was refused.
- Where the question was not able to be asked prior to completion of assistance because the client was unable to communicate or a person who knows the client was not available.

6.2. Country of Birth

Client - Country of Birth has a large permitted domain. It is not feasible to provide all allowed responses on a form. The Australian Bureau of Statistics recommends two standard question modules for Country of Birth:

- Detailed question module
- Short question module

6.2.1. Detailed question module

The detailed question module is the recommended module for Country of Birth. An example is:

```
Q. In which country [were you][was the person] born?

   Australia     q
   England       q
   New Zealand   q
   India         q
   Italy         q
   Vietnam       q
   Philippines   q
   South Africa  q
   Scotland      q
   Malaysia      q
   Other - Please specify.............
```

Form designers do not need to use the countries shown in this example. They should choose countries relevant to the population for their region. The "Other" response can then be mapped to a Client - Country of Birth during data entry.

6.2.2. Short question module

The short question module can be used where there are space constraints. An example is:

```
Q. In which country [were you][was the person] born?

   Australia    q
   Other - please specify.............
```

The "Other" response can then be mapped to a country code during data entry. This form has higher overheads as each response will need to be matched to a Client - Country of Birth during data entry.

6.3. Main Language Spoken at Home

Client - Main Language Spoken at Home has a large permitted domain. It is not feasible to provide all allowed responses on a form. The Australian Bureau of Statistics recommends two standard question modules for Main Language Spoken at Home:

- Detailed question module
- Short question module

6.3.1. Detailed question module

The detailed question module is the recommended module for Main Language Spoken at Home. An example is:

```
Q. [Do you][Does the person] speak a language other than English at home?
   (If more than one language, indicate the one that is spoken most often.)

   No, English      q
   Yes, Mandarin    q
   Yes, Italian     q
   Yes, Arabic      q
   Yes, Cantonese   q
   Yes, Greek       q
   Yes, Vietnamese  q
   Yes, Spanish     q
   Yes, Hindi       q
   Yes, Tagalog     q
   Yes, Other - Please Specify............
```

For self enumerated questionnaires, respondents should be instructed to mark one box only.

Form designers do not need to use the languages shown in this example. They should choose languages relevant to the population for their region. The "Other" response can then be mapped to a Client - Main Language Spoken at Home during data entry.

6.3.2. Short question module

The short question module can be used where there are space constraints. An example is:

```
Q. [Do you] [Does the person] speak a language other than English at home?

   No, English only    q
   Yes,  Other - please specify..............
```

The "Other" response can then be mapped to a country code during data entry. This form has higher overheads as each response will need to be matched to a Client - Main Language Spoken at Home during data entry.

7. Validation Rules

This document defines validation rules between items and record types. The domain of individual items is defined in Record formats.

7.1. Current Validations

- Practitioner
- Client
- Episode
- Service Contact
- K10+
- K5
- SDQ
- Organisation

7.1.1. Practitioner

1. Practitioner - ATSI Cultural Training must only be set to '3 - Not required' where Practitioner - Aboriginal and Torres Strait Islander Status is one of

   - '1: Aboriginal but not Torres Strait Islander origin'
   - '2: Torres Strait Islander but not Aboriginal origin'
   - '3: Both Aboriginal and Torres Strait Islander origin'

   or

   The organisation to which the practitioner belongs has Provider Organisation - Type set to '8: Aboriginal Health/Medical Service'

7.1.2. Client

1. Client - Date of Birth must not be before 1 January 1900 and must not be in the future

7.1.3. Episode

1. The Episode - End Date must not be before the Episode - Referral Date

2. Episode - Referrer Organisation Type must be set to '98: N/A - Self referral' if and only if Episode - Referrer Profession is also '98: N/A - Self referral'

3. A maximum of one episode shall be open per client

4. Where the Episode - Completion Status has been recorded using one of the 'Episode closed' responses (Response items 1-6), the episode must have an Episode - End Date, and/or episodes that have an Episode - End Date must have an Episode - Completion Status recorded using one of the 'Episode closed' responses (Response items 1-6)

5. On Episode - Principal Diagnosis and Episode - Additional Diagnosis the values:

   - '100: Anxiety disorders (ATAPS)'
   - '200: Affective (Mood) disorders (ATAPS)'
   - '300: Substance use disorders (ATAPS)'
   - '400: Psychotic disorders (ATAPS)'

   must only used where data has been migrated from ATAPS. The above responses must only be used under the following conditions:

   - The Episode - Referral Date was before 1 July 2017
   - The Episode - Tags field must contain the `!ATAPS` flag

6. The '4: Complex care package' response for Episode - Principal Focus of Treatment Plan must only be used by selected PHN Lead Sites

7. The `!ATAPS` tag must only be included in the Episode - Tags field where the Episode - Referral Date was before 1 July 2017

8. The Episode - End Date

   - must not be before 1 January 2016
   - and must not be before Provider Organisation - Start Date
   - and must not be after Provider Organisation - End Date
   - and must not be in the future

9. The Episode - Referral Date

   - must not be before 1 January 2014
   - and must not be before Provider Organisation - Start Date
   - and must not be after Provider Organisation - End Date
   - and must not be in the future

7.1.4. Service Contact

1. Where Service Contact - Final is recorded as '1: No further services are planned for the client in the current episode', the Episode - Completion Status must be recorded using one of the 'Episode closed' responses (Response items 1-6)

2. Where Service Contact - Final is recorded as '1: No further services are planned for the client in the current episode', the date of the Service Contact - Final must be recorded as the Episode End Date

3. Where an Episode - End Date has been recorded, a later Service Contact - Date must not be added

4. If Service Contact - Type is '0: No contact took place', Service Contact - No Show must be '1: Yes'

5. If Service Contact - Duration is '0: No contact took place', Service Contact - No Show must be '1: Yes'

6. If Service Contact - Modality is '0: No contact took place', Service Contact - No Show must be '1: Yes'

7. If Service Contact - Modality is not '1: Face to Face', Service Contact - Postcode must be 9999

8. If Service Contact - Modality is '1: Face to Face', Service Contact - Postcode must not be 9999

9. If Service Contact - Modality is '1: Face to Face', Service Contact - Venue must not be '98: Not applicable (Service Contact Modality is not face to face)'

10. On Service Contact - Type the value '98: ATAPS' must only be used where data has been migrated from ATAPS. The above response must only be used under the following conditions:

    - The Service Contact - Date was before 30 June 2018
    - The Service Contact - Tags field must contain the `!ATAPS` flag

11. If Service Contact - Participants is '1: Individual client' Service Contact - Client Participation Indicator must be '1: Yes'

12. The `!ATAPS` tag must only be included in the Service Contact - Tags field where the Service Contact - Date was before 30 June 2018

13. The Service Contact - Date

    - must not be before 1 January 2016
    - and must not be before Provider Organisation - Start Date
    - and must not be after Provider Organisation - End Date
    - and must not be in the future

7.1.5. K10+

1. If both item scores and a total score are specified, the item scores must add up to the total score (as per Scoring the K10+)

2. The Collection Occasion - Measure Date

    - must not be before 1 January 2016
    - and must not be before Episode - Referral Date
    - and must not be before Provider Organisation - Start Date
    - and must not be more than 7 days after Episode - End Date
    - and must not be after Provider Organisation - End Date
    - and must not be in the future

7.1.6. K5

1. If both item scores and a total score are specified, the item scores must add up to the total score (as per Scoring the K5)
2. The Collection Occasion - Measure Date

   - must not be before 1 January 2016
   - and must not be before Episode - Referral Date
   - and must not be before Provider Organisation - Start Date
   - and must not be more than 7 days after Episode - End Date
   - and must not be after Provider Organisation - End Date
   - and must not be in the future

7.1.7. SDQ

1. Use the table at SDQ Data Elements to validate the items that are used in each version of the SDQ
2. If both item scores and subscales are specified, the sum of the items must agree with the subscales score (as per Scoring the SDQ)
3. If both subscales and total score are specified, the sum of the subscales must agree with the total score (as per Scoring the SDQ)
4. The Collection Occasion - Measure Date

   - must not be before 1 January 2016
   - and must not be before Episode - Referral Date
   - and must not be before Provider Organisation - Start Date
   - and must not be more than 7 days after Episode - End Date
   - and must not be after Provider Organisation - End Date
   - and must not be in the future

7.1.8. Organisation

1. The Provider Organisation - Start Date

   - must not be before 1 January 2014 or before a commissioning organisation's start date
   - and must not be after the earliest Episode - Referral Date
   - and must not be after the earliest Service Contact - Date
   - and must not be after the earliest Collection Occasion - Measure Date
   - and must not be in the future

2. The Provider Organisation - End Date

   - must not be before 1 January 2014 or after a commissioning organisation's end date
   - and must not be before the latest Episode - Referral Date
   - and must not be before the latest Episode - End Date
   - and must not be before the latest Service Contact - Date
   - and must not be before the latest Collection Occasion - Measure Date
   - can be in the future

8. Test Data Sets

8.1. SLK Test Data Set

We are providing the following test data to allow developers to test their implementation of the SLK specification as defined at https://docs.pmhc-mds.com/data-specification/data-model-and-specifications.html#client-statistical-linkage-key.

8.1.1. SLK Generation Test Data

Table 8.1 Summary of files to upload

Explanation	First name	Last name	Birth Day	Birth Month	Birth Year	Gender	Expecte
Everything there	John	Stevens	7	6	1954	1	TEEOH070
Everything there, padded day and month	John	Stevens	07	06	1954	2	TEEOH070
A short last name	John	Bo	7	6	1954	3	O22OH070
A short first name	Jo	Stevens	7	6	1954	9	TEEO2070
No last name	John		7	6	1954	1	999OH070
No first name		Stevens	7	6	1954	2	TEE99070ϭ
No names at all			7	6	1954	3	999990706
No gender	John	Stevens	7	6	1954	9	TEEOH070
Non-alpha characters in the name	Jo,hn	St' e-vens	7	6	1954	1	TEEOH070
No birth day	John	Stevens		6	1954	1	
No birth month	John	Stevens	7		1954	1	
No birth year	John	Stevens	7	6		1	

Explanation	First name	Last name	Birth Day	Birth Month	Birth Year	Gender	Expecte
Non numeric inputs for dates	John	Stevens	a	b	1997`	z	
Default date of birth	John	Stevens	9	9	9999	1	TEEOH090
UTF8 character in the name	John	Amélie	7	6	1954	3	MEIOH070

Download SLK Generation Test Data as CSV.

8.1.2. SLK Validation Test Data

Table 8.2 Summary of files to upload

Explanation	SLK	Valid/Invalid
Every component valid	TEEOH070619541	Valid
Valid with padded 2s	O22N2070619543	Valid
Valid with unknown names	99999070619543	Valid
Too short	TEEOH07061954	Invalid
Too long	99999010119993x	Invalid
Gender not valid	99999010119935	Invalid
Invalid date	99999999999999	Invalid

Download SLK Validation Tests as CSV.

9. Reserved Tags

This document defines the Department reserved tags used to identify specific records types in the Primary Mental Health Care Minimum Data Set (PMHC MDS). Tags beginning with an exclamation mark (`!`) are reserved for future use by the Department.

Tags field definitions for each record type are available in Record formats.

9.1. !br20 - Australian Government Mental Health Response to Bushfire

PHNs in fire affected communities are funded through the *Australian Government Mental Health Response to Bushfire Trauma* to deliver services including:

- Front line emergency distress and trauma counselling, with up to 10 free mental health support sessions for individuals, families and emergency services personnel
- 'Surge capacity' mental health services to individuals and families who are affected, and
- Increased demand for headspace sites in fire affected areas.

The PMHC MDS reporting changes are designed to capture this funded service activity through the reserved Episode tag `!br20` .

9.1.1. PHNs who received funding

PHNs funded through the *Australian Government Mental Health Response to Bushfire Trauma* **must** apply the bushfire response tag to all episodes where one or more service contacts is funded by the response.

For these PHNs, the service provider should apply the bushfire response tag to:

9.1.1.1. New clients

- Who are accessing services funded through the *Australian Government Mental Health Response to Bushfire Trauma*
- Whose access to a mental health service was prompted by exposure to bushfire (e.g. their stated reason for approaching a service is their recent exposure to bushfire), and/or
- Whose mental health service need was significantly increased by their exposure to bushfire (e.g. based on the judgement of the service provider).

9.1.1.2. Existing clients

i.e. clients with an open episode.

- Who are accessing services funded through the *Australian Government Mental Health Response to Bushfire Trauma*, and/or
- Whose mental health service need was significantly increased by their exposure to bushfire (e.g. additional or higher intensity services are required).

9.1.2. PHNs who did not receive funding

PHNs who did not receive funding for *Australian Government Mental Health Response to Bushfire Trauma* activities may use the PMHC MDS reporting changes to capture the service response to bushfire trauma.

For these PHNs, the service provider should apply the bushfire response tag to:

9.1.2.1. New clients

- Whose access to a mental health service was prompted by exposure to bushfire (e.g. their stated reason for approaching a service is their recent exposure to bushfire), and/or
- Whose mental health service need was significantly increased by their exposure to bushfire (e.g. based on the judgement of the service provider).

9.1.2.2. Existing clients

i.e. clients with an open episode.

- Whose mental health service need was significantly increased by their exposure to bushfire (e.g. additional or higher intensity services are required).

9.1.3. How to apply the tag in the PMHC MDS Data Entry interface

The bushfire response tag is available for use on an episode record and is denoted `!br20`.

There are two ways to apply the tag through the PMHC MDS data entry interface:

1. Manual data entry by typing the tag `!br20` to the Episode tag field.

   - When entering data directly, episodes will need to be tagged with the string `!br20`. The data entry system already allows for the tagging of records and therefore it is possible to implement this immediately by communicating the instructions to users.
   - Please note the free text nature of the tag system increases the opportunity for errors because it is easy to mistype a tag. This should be emphasised in communications with users.

2. Tick the box labelled 'Australian Government Mental Health Response to Bushfire'.

   - This tick box automatically adds/removes the tag when ticked/unticked. This functionality will be available by 24 January 2020.

The checkbox is on the Episode add and edit screen:

- Ticking the checkbox will add the `!br20` tag to the tag field
- Typing the `!br20` tag into the tag box will also tick the checkbox
- Unticking the `!br20` checkbox will remove the `!br20` tag
- Deleting the `!br20` tag from the tag field will also untick the checkbox

9.1.4. Considerations for applying the !br20 tag in data uploads

Please refer to Considerations for applying reserved tags in data uploads

9.2. !covid19 - Australian Government HeadtoHelp hubs

The Australian Government is providing funding to Victorian PHNs to deliver services through HeadtoHelp hubs as part of its response to the mental health impact of COVID-19.

The department is implementing a new tag in the PMHC MDS to capture activity associated with the HeadtoHelp hubs.

This change only applies to PHNs in Victoria.

The department will introduce further data collection requirements for HeadtoHelp activity in the coming weeks and is consulting with PHNs. The Department will advise Victorian PHNs of new data collection requirements in future circular/s.

9.2.1. New 'Australian Government HeadtoHelp hubs' tag (!covid19)

The Department has introduced an 'Australian Government HeadtoHelp hubs' tag to the PMHC MDS.

All clients who either call the 1800 HeadtoHelp number or present in person at a HeadtoHelp hub and are identified as HeadtoHelp hub clients will be assessed through the 'HeadtoHelp Victorian Mental Health Hubs Intake Assessment and Referral Model of Care' as outlined in the contract. Clients will be referred to the most suitable service, which may be at a HeadtoHelp hub.

The PHN *must* apply 'Australian Government HeadtoHelp hubs' tag (!covid19) to episodes of care initiated for clients who have been referred to the hub through the IAR process and are receiving services funded through the HeadtoHelp hubs contracts.

9.2.2. How to apply the tag in the PMHC MDS Data Entry interface

The HeadtoHelp hubs tag is available for use on an episode record and is denoted `!covid19`.

There are two ways to apply the tag through the PMHC MDS data entry interface:

1. Manual data entry by typing the tag `!covid19` to the Episode tag field.

   - When entering data directly, episodes will need to be tagged with the string `!covid19`. The data entry system already allows for the tagging of records and therefore it is possible to implement this immediately by communicating the instructions to users.
   - Please note the free text nature of the tag system increases the opportunity for errors because it is easy to mistype a tag. This should be emphasised in communications with users.

2. Tick the box labelled 'Australian Government HeadtoHelp hubs (!covid19)'.

   - This tick box automatically adds/removes the tag when ticked/unticked.

The checkbox is on the Episode add and edit screen:

- Ticking the checkbox will add the `!covid19` tag to the tag field
- Typing the `!covid19` tag into the tag box will also tick the checkbox
- Unticking the `!covid19` checkbox will remove the `!covid19` tag
- Deleting the `!covid19` tag from the tag field will also untick the checkbox

9.2.3. Considerations for applying the !covid19 tag in data uploads

Please refer to Considerations for applying reserved tags in data uploads

9.2.4. Considerations for applying reserved tags in data uploads

Users of local third-party or in-house developed systems will need to address varying issues depending on the capability of the system. When considering options please be aware the PMHC MDS specification does not require that data is captured in the same manner as it is supplied during upload.

For example, an ideal solution could be to add an extensible multiple choice "Tags" field to local episode data entry screens. This could initially include an "Australian Government Mental Health Response to Bushfire" option thereby providing the organisation control over the possible tags that can be captured. By ensuring that additional options were easily added in the future such a field would support future special access programs without significant changes, as well as other purposes local or as requested by the Department.

An alternative approach, requiring less development, would be to extend an existing local field at the episode level with an "Australian Government Mental Health Response to Bushfire" option. This gives the organisation control over the values that may be selected.

In both of the above examples, development work would also be required in the data extraction process used to produce PMHC MDS compliant upload files. An endorsement of "Australian Government Mental Health Response to Bushfire" via either method would be converted to the tag !br20 on the extracted episode records where appropriate.

An alternative but not preferred option is that episode records could be uploaded and then subsequently manually tagged via the data entry interface. This would require significant manual processes and double handling but it is a use case supported by the PMHC MDS.

If you have queries about managing data upload processes please contact the PMHC MDS helpdesk at support@pmhc-mds.com.

10. Data Specification Change log

10.1. 9/9/2021

- Validation Rules

  - K10+ Current Validations

    - Updated the Collection Occasion - Measure Date validation so that it must not be more than 7 days after Episode - End Date
  - K5 Current Validations

    - Updated the Collection Occasion - Measure Date validation so that it must not be more than 7 days after Episode - End Date
  - SDQ Current Validations

    - Updated the Collection Occasion - Measure Date validation so that it must not be more than 7 days after Episode - End Date

10.2. 3/8/2021

- Reporting arrangements

  - Inputs to help replicate system generated reports

    - Added 2021 PMHC Outcome Measure Standard Deviations

10.3. 12/5/2021

- Data model and specifications

  - Service Contact - Modality - Updated and expanded the notes for each of the responses

10.4. 25/2/2021

- Upload specification

  - Renamed File Types to File requirements
  - Added File size

10.5. 12/2/2021

- Key concepts

  - Service Contact

    - Added Active Client
    - Added Active Episode

10.6. 18/11/2020

- Reporting arrangements

  - Added Inputs to help replicate system generated reports

10.7. 23/9/2020

- Data model and specifications

  - Organisation Path - Updated reference to *Parent Organisation* to *Commissioning Organisation*

10.8. 15/9/2020

- Reserved Tags

  - Added !covid19 - Australian Government HeadtoHelp hubs

10.9. 18/8/2020

- Data model and specifications

  - Record formats

    - Added Collection Occasion - Tags

10.10. 11/8/2020

- Identifier management

  - Added section Managing Outcome Collection Occasion Keys
- Data model and specifications

  - Data model

    - Updated the data model diagram to more accurately reflect the model between collection occasions and measures
  - Record formats

    - Collection Occasion Key

10.11. 23/1/2020

- Reserved Tags

  - Added !br20 - Australian Government Mental Health Response to Bushfire

10.12. 9/9/2019

- Key concepts

- Service Contact

  - Added Attended Service Contact

10.13. 14/8/2019

- Validation Rules

  - Service Contact Current Validations

    - Added individual notes where '0: No contact took place' is selected in any field, that Service Contact - No Show must be '1: Yes'

10.14. 21/6/2019

- Validation Rules

  - Moved SDQ Future Validations to the SDQ Current Validations.

    - Subscale and total difficulties scores are now calculated/validated against item scores provided, as per Scoring the SDQ.

10.15. 22/3/2019 - Version 2.0

- Data model and specifications

  - Record formats

    - Added Metadata
    - Provider Organisation

      - Removed Provider Organisation - Organisation Status
      - Added Provider Organisation - Start Date
      - Added Provider Organisation - End Date
    - Episode

      - Added Episode - Continuity of Support
- Upload specification

  - Updated File format to remove the requirement that the first row of each file/worksheet must include the columns Version,1.0. The first row must now contain the column headings as defined for each file type.
  - Added Metadata file