



**Australian Government**

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**Department of Health**

# **Draft headspace PMHC MDS Documentation**

Version 4.0.0

As at 30 May, 2024

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## 1. Data model and specifications

headspace specifications are an extension of the Primary Mental Health Care Minimum Data Set (PMHC MDS); the current PMHC MDS Data model and specification rules still apply. These are available to be viewed at <https://docs.pmhc-mds.com/projects/data-specification/en/latest/index.html>.

## 1.1. Key concepts

See [PMHC MDS Key concepts](#) for an explanation of key concepts used in the PMHC MDS.

## 1.2. Data model

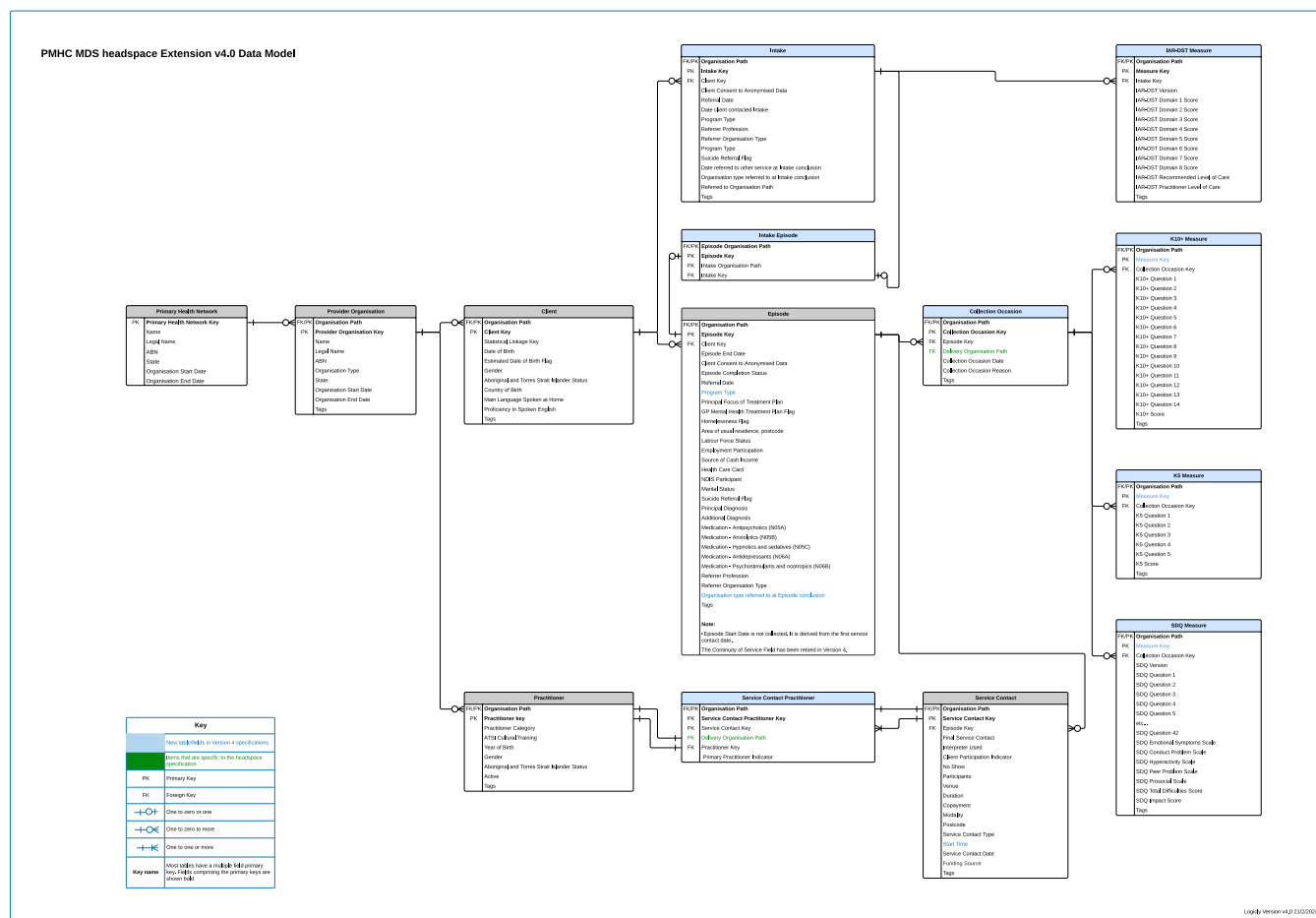


Fig. 1.1 *headspace data model within the PMHC MDS*

**Note:** [PMHC MDS Collection Occasion records](#) for more details about Collection Occasion records.

### 1.3. Record formats

### 1.3.1. Metadata

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

Table 1.1 Metadata record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
<a href="#">Key</a> (key)	string	yes	A metadata key name.
<a href="#">Value</a> (value)	string	yes	The metadata value.

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

key	value
type	HEADSPACE
version	4.0

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### 1.3.2. Provider Organisation

Same as standard [PMHC MDS Provider Organisation](#).

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### 1.3.3. Practitioner

Same as standard [PMHC MDS Practitioner](#).

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### 1.3.4. Client

Same as standard [PMHC MDS Client](#).

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### 1.3.5. Intake

Same as standard [PMHC MDS Intake](#).

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### 1.3.6. Intake Episode

Same as standard [PMHC MDS Intake Episode](#).

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### 1.3.7. Episode

See [PMHC MDS Episode](#) for definition of an episode.

Episodes are managed by headspace via upload.

Table 1.2 Episode record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
<a href="#">Organisation Path</a> (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation that is responsible for the Episode of Care.
<a href="#">Episode Key</a> (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.
<a href="#">Client Key</a> (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.
<a href="#">Episode End Date</a> (episode_end_date) METeOR: <a href="#">730859</a>	date	—	The date on which an <i>Episode of Care</i> is formally or administratively ended
<a href="#">Client Consent to Anonymised Data</a> (client_consent)	string	yes	1: Yes 2: No
<a href="#">Episode Completion Status</a> (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
<a href="#">Referral Date</a> (referral_date)	date	yes	The date the referrer made the referral.
<a href="#">Program Type</a> (program_type)	string	yes	6: headspace

Data Element (Field Name)	Type (min,max)	Required	Format / Values
<a href="#">Principal Focus of Treatment Plan</a> (principal_focus)	string	yes	<b>1:</b> Psychological therapy <b>2:</b> Low intensity psychological intervention <b>3:</b> Clinical care coordination <b>4:</b> Complex care package <b>5:</b> Child and youth-specific mental health services <b>6:</b> Indigenous-specific mental health services <b>7:</b> Other
<a href="#">GP Mental Health Treatment Plan Flag</a> (mental_health_treatment_plan)	string	yes	<b>1:</b> Yes <b>2:</b> No <b>3:</b> Unknown <b>9:</b> Not stated/inadequately described
<a href="#">Homelessness Flag</a> (homelessness)	string	yes	<b>1:</b> Sleeping rough or in non-conventional accommodation <b>2:</b> Short-term or emergency accommodation <b>3:</b> Not homeless <b>9:</b> Not stated / Missing
<a href="#">Area of usual residence, postcode</a> (client_postcode) METeOR: 429894	string	yes	The Australian postcode of the client.
<a href="#">Labour Force Status</a> (labour_force_status) METeOR: 621450	string	yes	<b>1:</b> Employed <b>2:</b> Unemployed <b>3:</b> Not in the Labour Force <b>9:</b> Not stated/inadequately described
<a href="#">Employment Participation</a> (employment_participation) METeOR: 269950	string	yes	<b>1:</b> Full-time <b>2:</b> Part-time <b>3:</b> Not applicable - not in the labour force <b>9:</b> Not stated/inadequately described

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Source of Cash Income (income_source) METeOR: 386449	string	yes	<b>0:</b> N/A - Client aged less than 16 years <b>1:</b> Disability Support Pension <b>2:</b> Other pension or benefit (not superannuation) <b>3:</b> Paid employment <b>4:</b> Compensation payments <b>5:</b> Other (e.g. superannuation, investments etc.) <b>6:</b> Nil income <b>7:</b> Not known <b>9:</b> Not stated/inadequately described
Health Care Card (health_care_card) METeOR: 605149	string	yes	<b>1:</b> Yes <b>2:</b> No <b>3:</b> Not Known <b>9:</b> Not stated
NDIS Participant (ndis_participant)	string	yes	<b>1:</b> Yes <b>2:</b> No <b>9:</b> Not stated/inadequately described
Marital Status (marital_status) METeOR: 291045	string	yes	<b>1:</b> Never married <b>2:</b> Widowed <b>3:</b> Divorced <b>4:</b> Separated <b>5:</b> Married (registered and de facto) <b>6:</b> Not stated/inadequately described
Suicide Referral Flag (suicide_referral_flag)	string	yes	<b>1:</b> Yes <b>2:</b> No <b>9:</b> Unknown

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Principal Diagnosis (principal_diagnosis)	string	yes	<b>100:</b> Anxiety disorders (ATAPS) <b>101:</b> Panic disorder <b>102:</b> Agoraphobia <b>103:</b> Social phobia <b>104:</b> Generalised anxiety disorder <b>105:</b> Obsessive-compulsive disorder <b>106:</b> Post-traumatic stress disorder <b>107:</b> Acute stress disorder <b>108:</b> Other anxiety disorder <b>200:</b> Affective (Mood) disorders (ATAPS) <b>201:</b> Major depressive disorder <b>202:</b> Dysthymia <b>203:</b> Depressive disorder NOS <b>204:</b> Bipolar disorder <b>205:</b> Cyclothymic disorder <b>206:</b> Other affective disorder <b>300:</b> Substance use disorders (ATAPS) <b>301:</b> Alcohol harmful use <b>302:</b> Alcohol dependence <b>303:</b> Other drug harmful use <b>304:</b> Other drug dependence <b>305:</b> Other substance use disorder <b>400:</b> Psychotic disorders (ATAPS) <b>401:</b> Schizophrenia <b>402:</b> Schizoaffective disorder <b>403:</b> Brief psychotic disorder <b>404:</b> Other psychotic disorder <b>501:</b> Separation anxiety disorder <b>502:</b> Attention deficit hyperactivity disorder (ADHD) <b>503:</b> Conduct disorder <b>504:</b> Oppositional defiant disorder <b>505:</b> Pervasive developmental disorder <b>506:</b> Other disorder of childhood and adolescence <b>601:</b> Adjustment disorder <b>602:</b> Eating disorder <b>603:</b> Somatoform disorder <b>604:</b> Personality disorder <b>605:</b> Other mental disorder <b>901:</b> Anxiety symptoms <b>902:</b> Depressive symptoms <b>903:</b> Mixed anxiety and depressive symptoms <b>904:</b> Stress related



Data Element (Field Name)	Type (min,max)	Required	Format / Values
			905: Other 999: Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Additional Diagnosis (additional_diagnosis)	string	yes	<b>000:</b> No additional diagnosis <b>100:</b> Anxiety disorders (ATAPS) <b>101:</b> Panic disorder <b>102:</b> Agoraphobia <b>103:</b> Social phobia <b>104:</b> Generalised anxiety disorder <b>105:</b> Obsessive-compulsive disorder <b>106:</b> Post-traumatic stress disorder <b>107:</b> Acute stress disorder <b>108:</b> Other anxiety disorder <b>200:</b> Affective (Mood) disorders (ATAPS) <b>201:</b> Major depressive disorder <b>202:</b> Dysthymia <b>203:</b> Depressive disorder NOS <b>204:</b> Bipolar disorder <b>205:</b> Cyclothymic disorder <b>206:</b> Other affective disorder <b>300:</b> Substance use disorders (ATAPS) <b>301:</b> Alcohol harmful use <b>302:</b> Alcohol dependence <b>303:</b> Other drug harmful use <b>304:</b> Other drug dependence <b>305:</b> Other substance use disorder <b>400:</b> Psychotic disorders (ATAPS) <b>401:</b> Schizophrenia <b>402:</b> Schizoaffective disorder <b>403:</b> Brief psychotic disorder <b>404:</b> Other psychotic disorder <b>501:</b> Separation anxiety disorder <b>502:</b> Attention deficit hyperactivity disorder (ADHD) <b>503:</b> Conduct disorder <b>504:</b> Oppositional defiant disorder <b>505:</b> Pervasive developmental disorder <b>506:</b> Other disorder of childhood and adolescence <b>601:</b> Adjustment disorder <b>602:</b> Eating disorder <b>603:</b> Somatoform disorder <b>604:</b> Personality disorder <b>605:</b> Other mental disorder <b>901:</b> Anxiety symptoms <b>902:</b> Depressive symptoms <b>903:</b> Mixed anxiety and depressive symptoms

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			<b>904:</b> Stress related <b>905:</b> Other <b>999:</b> Missing
<a href="#">Medication - Antipsychotics (N05A)</a> (medication_antipsychotics)	string	yes	<b>1:</b> Yes <b>2:</b> No <b>9:</b> Unknown
<a href="#">Medication - Anxiolytics (N05B)</a> (medication_anxiolytics)	string	yes	<b>1:</b> Yes <b>2:</b> No <b>9:</b> Unknown
<a href="#">Medication - Hypnotics and sedatives (N05C)</a> (medication_hypnotics)	string	yes	<b>1:</b> Yes <b>2:</b> No <b>9:</b> Unknown
<a href="#">Medication - Antidepressants (N06A)</a> (medication_antidepressants)	string	yes	<b>1:</b> Yes <b>2:</b> No <b>9:</b> Unknown
<a href="#">Medication - Psychostimulants and nootropics (N06B)</a> (medication_psychostimulants)	string	yes	<b>1:</b> Yes <b>2:</b> No <b>9:</b> Unknown
<a href="#">Referrer Profession</a> (referrer_profession)	string	yes	<b>1:</b> General Practitioner <b>2:</b> Psychiatrist <b>3:</b> Obstetrician <b>4:</b> Paediatrician <b>5:</b> Other Medical Specialist <b>6:</b> Midwife <b>7:</b> Maternal Health Nurse <b>8:</b> Psychologist <b>9:</b> Mental Health Nurse <b>10:</b> Social Worker <b>11:</b> Occupational therapist <b>12:</b> Aboriginal Health Worker <b>13:</b> Educational professional <b>14:</b> Early childhood service worker <b>15:</b> Other <b>98:</b> N/A - Self referral <b>99:</b> Not stated

Data Element (Field Name)	Type (min,max)	Required	Format / Values
<a href="#">Referrer Organisation Type</a> (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 19: Housing service 20: Centrelink 21: Other 98: N/A - Self referral 99: Not stated

Data Element (Field Name)	Type (min,max)	Required	Format / Values
<a href="#">Organisation type referred to at Episode conclusion</a> (organisation_type_referred_to_at_episode_conclusion)	string	—	<p> <b>0:</b> None/Not applicable  <b>1:</b> General Practice  <b>2:</b> Medical Specialist Consulting Rooms  <b>3:</b> Private practice  <b>4:</b> Public mental health service  <b>5:</b> Public Hospital  <b>6:</b> Private Hospital  <b>7:</b> Emergency Department  <b>8:</b> Community Health Centre  <b>9:</b> Drug and Alcohol Service  <b>10:</b> Community Support Organisation NFP  <b>11:</b> Indigenous Health Organisation  <b>12:</b> Child and Maternal Health  <b>13:</b> Nursing Service  <b>14:</b> Telephone helpline  <b>15:</b> Digital health service  <b>16:</b> Family Support Service  <b>17:</b> School  <b>18:</b> Tertiary Education institution  <b>19:</b> Housing service  <b>20:</b> Centrelink  <b>21:</b> Other  <b>22:</b> HeadtoHelp / HeadtoHealth Hub  <b>23:</b> Other PHN funded service  <b>24:</b> AMHC  <b>99:</b> Not stated </p> <p>Multiple space separated values allowed</p>
<a href="#">Episode Tags</a> (episode_tags)	string	—	List of tags for the episode.

### 1.3.8. Service Contact

See [PMHC MDS Service Contact](#) for definition of a service contact.

Service contacts are managed by headspace via upload.

*Table 1.3 Service contact record layout*

Data Element (Field Name)	Type (min,max)	Required	Format / Values
<a href="#">Organisation Path</a> (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation that is responsible for the Episode of Care.
<a href="#">Service Contact Key</a> (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.

Data Element (Field Name)	Type (min,max)	Required	Format / Values
<a href="#">Episode Key</a> (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.
<a href="#">Service Contact Date</a> (service_contact_date) METeOR: <a href="#">494356</a>	date	yes	The date of each mental health service contact between a health service provider and patient/client.
<a href="#">Service Contact Type</a> (service_contact_type)	string	yes	<b>0:</b> No contact took place <b>1:</b> Assessment <b>2:</b> Structured psychological intervention <b>3:</b> Other psychological intervention <b>4:</b> Clinical care coordination/liaison <b>5:</b> Clinical nursing services <b>6:</b> Child or youth specific assistance NEC <b>7:</b> Suicide prevention specific assistance NEC <b>8:</b> Cultural specific assistance NEC <b>9:</b> Psychosocial support <b>98:</b> ATAPS <b>99:</b> Missing
<a href="#">Postcode</a> (service_contact_postcode) METeOR: <a href="#">429894</a>	string	yes	The Australian postcode where the service contact took place.
<a href="#">Modality</a> (service_contact_modality)	string	yes	<b>0:</b> No contact took place <b>1:</b> Face to Face <b>2:</b> Telephone <b>3:</b> Video <b>4:</b> Internet-based
<a href="#">Participants</a> (service_contact_participants)	string	yes	<b>1:</b> Individual client <b>2:</b> Client group <b>3:</b> Family / Client Support Network <b>4:</b> Other health professional or service provider <b>5:</b> Other <b>9:</b> Not stated
<a href="#">Venue</a> (service_contact_venue)	string	yes	<b>1:</b> Client's Home <b>2:</b> Service provider's office <b>3:</b> GP Practice <b>4:</b> Other medical practice <b>5:</b> Headspace Centre <b>6:</b> Other primary care setting <b>7:</b> Public or private hospital <b>8:</b> Residential aged care facility <b>9:</b> School or other educational centre <b>10:</b> Client's Workplace <b>11:</b> Other <b>12:</b> Aged care centre - non-residential <b>98:</b> Not applicable (Service Contact Modality is not face to face) <b>99:</b> Not stated

Data Element (Field Name)	Type (min,max)	Required	Format / Values
<a href="#">Duration</a> (service_contact_duration)	string	yes	<b>0:</b> No contact took place <b>1:</b> 1-15 mins <b>2:</b> 16-30 mins <b>3:</b> 31-45 mins <b>4:</b> 46-60 mins <b>5:</b> 61-75 mins <b>6:</b> 76-90 mins <b>7:</b> 91-105 mins <b>8:</b> 106-120 mins <b>9:</b> over 120 mins <b>99:</b> Missing
<a href="#">Copayment</a> (service_contact_copayment)	number	yes	0 - 999999.99
<a href="#">Client Participation Indicator</a> (service_contact_participation_indicator) METeOR: <a href="#">494341</a>	string	yes	<b>1:</b> Yes <b>2:</b> No
<a href="#">Interpreter Used</a> (service_contact_interpreter)	string	yes	<b>1:</b> Yes <b>2:</b> No <b>9:</b> Not stated
<a href="#">No Show</a> (service_contact_no_show)	string	yes	<b>1:</b> Yes <b>2:</b> No
<a href="#">Final Service Contact</a> (service_contact_final)	string	yes	<b>1:</b> No further services are planned for the client in the current episode <b>2:</b> Further services are planned for the client in the current episode <b>3:</b> Not known at this stage
<a href="#">Start Time</a> (service_contact_start_time)	time	yes	The start time of each mental health service contact between a health service provider and patient/client.

Data Element (Field Name)	Type (min,max)	Required	Format / Values
<a href="#">Funding Source</a> (funding_source)	string	yes	<p>0: Flexible funding pool - Not Otherwise Stated</p> <p>11: Flexible funding pool - Low intensity</p> <p>12: Flexible funding pool - Youth Severe</p> <p>13: Flexible funding pool - Child and Youth</p> <p>14: Flexible funding pool - Psychological therapies for hard to reach</p> <p>15: Flexible funding pool - Services for People with Severe Mental Illness</p> <p>16: Flexible funding pool - Suicide Prevention - Indigenous</p> <p>17: Flexible funding pool - Suicide Prevention - General</p> <p>18: Indigenous Mental Health</p> <p>19: Commonwealth Psychosocial Support</p> <p>20: Psychological Treatment in Residential Aged Care Facilities</p> <p>21: Emergency Response - Bushfire Recovery 2020</p> <p>22: Emergency Response - Flood 2022</p> <p>23: Head to Health program</p> <p>24: Head to Health Kids Hubs</p> <p>25: Norfolk Island</p> <p>26: National Suicide Prevention Trial</p> <p>27: Way Back Support Service</p> <p>60: headspace Grant</p> <p>61: MBS</p> <p>62: In Kind</p> <p>63: Other Government Funding - State: EMHSS</p> <p>64: Other Government Funding - State: onespace</p> <p>65: Other Government Funding - State: Victorian Pathways Integration - headspace/ CYMHS</p> <p>66: Other Government Funding - State: NSW COVID Support</p> <p>67: Other Government Funding - State: NSW COVID Recovery</p> <p>68: Other Government Funding - State: Bilaterals - Service Integration</p> <p>69: Other Government Funding - State: Other State</p> <p>70: Other Government Funding - Commonwealth: VIC COVID-19</p> <p>71: Other Government Funding - Commonwealth: NSW COVID Support</p> <p>72: Other Government Funding - Commonwealth: Early Career Program</p> <p>73: Other Government Funding - Commonwealth: Other Commonwealth</p> <p>97: Other funding source – no Commonwealth/State Funding</p> <p>98: Unknown/Not stated</p> <p>99: Missing</p>
<a href="#">Service Contact Tags</a> (service_contact_tags)	string	—	List of tags for the service contact.



### 1.3.9. Service Contact Practitioner

See [PMHC MDS Service Contact Practitioner](#) for definition of a service contact practitioner.

Service contacts practitioners are managed by headspace via upload.

Table 1.4 Service contact practitioner record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
<a href="#">Organisation Path</a> (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.
<a href="#">Service Contact Practitioner Key</a> (service_contact_practitioner_key)	string (2,50)	yes	This is a number or code assigned to each service contact practitioner. The Service Contact Practitioner Key is unique and stable for each service contact practitioner at the level of the Provider Organisation.
<a href="#">Service Contact Key</a> (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.
<a href="#">Delivery Organisation Path</a> (delivery_organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.
<a href="#">Practitioner Key</a> (practitioner_key)	string (2,50)	yes	A unique identifier for a practitioner within the provider organisation.
<a href="#">Primary Practitioner Indicator</a> (primary_practitioner_indicator)	string	yes	1: Yes 2: No

### 1.3.10. Collection Occasion

See [PMHC MDS Collection Occasion](#) for a definition of an outcome collection occasion.

Collection Occasions are managed by headspace via upload.

Table 1.5 Collection Occasion record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
<a href="#">Organisation Path</a> (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.
<a href="#">Collection Occasion Key</a> (collection_occasion_key)	string (2,50)	yes	This is a number or code assigned to each collection occasion of service activities. The Collection Occasion Key is unique and stable for each collection occasion at the level of the organisation.
<a href="#">Episode Key</a> (episode_key)	string (2,50)	yes	This is a number or code assigned to each PMHC MDS episode. The Episode Key is unique and stable for each episode at the level of the organisation. This key must link to an existing episode within the PMHC MDS.

Data Element (Field Name)	Type (min,max)	Required	Format / Values
<a href="#">Delivery Organisation Path</a> (delivery_organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.
<a href="#">Collection Occasion Date</a> (collection_occasion_date)	date	yes	The date of the collection occasion.
<a href="#">Collection Occasion Reason</a> (reason_for_collection)	string	yes	<ul style="list-style-type: none"> <li>1: Episode start</li> <li>2: Review</li> <li>3: Episode end</li> </ul>
<a href="#">Collection Occasion Tags</a> (collection_occasion_tags)	string	—	List of tags for the collection occasion.

### 1.3.11. Measures

#### 1.3.11.1. Measures at Intake

##### 1.3.11.1.1. IAR-DST

Same as standard [PMHC MDS IAR-DST](#).

#### 1.3.11.2. Measures during an Episode

##### 1.3.11.3. K10+

Same as standard [PMHC MDS K10+](#).

##### 1.3.11.4. K5

Same as standard [PMHC MDS K5](#).

##### 1.3.11.5. SDQ

Same as standard [PMHC MDS SDQ](#).

## 1.4. Definitions

### 1.4.1. 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.

---

### 1.4.2. 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.

### 1.4.3. 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.

---

### 1.4.4. Client Key

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.

**Field name:**

client\_key

**Data type:**

string (2,50)

**Required:**

yes

### 1.4.5. 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, [Client Participation Indicator](#) should be recorded as '1: Yes' and [No Show](#) should be recorded as '1: Yes'.

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### 1.4.6. Collection Occasion Date

The date of the collection occasion.

**Field name:**

collection\_occasion\_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 activity was performed is unknown, 09099999 should be used.

- For an intake collection occasion, the collection date must not be before 1st January 2020, otherwise, the collection date must not be before 1st January 2016.
- The collection date must not be in the future.

---

### 1.4.7. Collection Occasion Key

This is a number or code assigned to each collection occasion of service activities. 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. See

See [Identifier Management](#)

---

### 1.4.8. Collection Occasion Reason

The reason for the collection of the service activities on the identified 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.

---

## 1.4.9. Collection Occasion Tags

List of tags for the collection occasion.

**Field name:**

collection\_occasion\_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`.

---

## 1.4.10. 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.

---



1.4.11. Delivery Organisation Path

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

Field name:  
delivery\_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	Organisation Path
PHN999	Test PHN	Primary Health Network	None	PHN999
PO101	Test Provider Organisation	Private Allied Health Professional Practice	PHN999	PHN999:PO101

1.4.12. 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
  - 99: Missing

**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.

---

**1.4.13. 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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#### 1.4.14. 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*.

---

### **1.4.15. 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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### 1.4.16. 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

**Notes:**

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 all other entity 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](#).

---

### 1.4.17. 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.

---

### 1.4.18. Final Service Contact

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.

---

### 1.4.19. Funding Source

The source of PHN Mental Health funds that are wholly or primarily funding the Service Contact.

**Field name:**

funding\_source

**Data type:**

string

**Required:**

yes

**Domain:**

- 0: Flexible funding pool - Not Otherwise Stated
- 11: Flexible funding pool - Low intensity
- 12: Flexible funding pool - Youth Severe
- 13: Flexible funding pool - Child and Youth
- 14: Flexible funding pool - Psychological therapies for hard to reach
- 15: Flexible funding pool - Services for People with Severe Mental Illness
- 16: Flexible funding pool - Suicide Prevention - Indigenous

- 17: Flexible funding pool - Suicide Prevention - General
- 18: Indigenous Mental Health
- 19: Commonwealth Psychosocial Support
- 20: Psychological Treatment in Residential Aged Care Facilities
- 21: Emergency Response - Bushfire Recovery 2020
- 22: Emergency Response - Flood 2022
- 23: Head to Health program
- 24: Head to Health Kids Hubs
- 25: Norfolk Island
- 26: National Suicide Prevention Trial
- 27: Way Back Support Service
- 60: headspace Grant
- 61: MBS
- 62: In Kind
- 63: Other Government Funding - State: EMHSS
- 64: Other Government Funding - State: onespace
- 65: Other Government Funding - State: Victorian Pathways Integration - headspace/ CYMHS
- 66: Other Government Funding - State: NSW COVID Support
- 67: Other Government Funding - State: NSW COVID Recovery
- 68: Other Government Funding - State: Bilaterals - Service Integration
- 69: Other Government Funding - State: Other State
- 70: Other Government Funding - Commonwealth: VIC COVID-19
- 71: Other Government Funding - Commonwealth: NSW COVID Support
- 72: Other Government Funding - Commonwealth: Early Career Program
- 73: Other Government Funding - Commonwealth: Other Commonwealth
- 97: Other funding source – no Commonwealth/State Funding
- 98: Unknown/Not stated
- 99: Missing

**Notes:**

Organisations must record this information for all new Service Contacts under the Version 4 specification.

**0 - Flexible funding pool - Not Otherwise Stated**

This response is only to be used for existing data entered under a Version 2 or HeadtoHelp Version 3 specification.

**23 - Head to Health program**

This includes Head to Health Adult Centres and Satellites, and pop-up clinics.

**25 - Norfolk Island**

This category only applies to services commissioned through the Central and Eastern Sydney PHN.

**27 - Way Back Support Service**

This category must only be used in conjunction with the Wayback Extension.

## 97 - Other funding source - no Commonwealth Funding

This category can only be used where a service is wholly funded by a non-PHN funding source such as State/Territory jurisdictional funds.

Where a service is co-funded by both PHN funds and State/Territory jurisdictional funds, the appropriate Funding Source category for PHN funding used to pay for the service should be selected unless otherwise advised by relevant guidance from the Department. Tags and/or other reporting measures can be used to differentiate co-funded arrangements.

---

### 1.4.20. 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

---

### 1.4.21. 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>



### 1.4.22. 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

### 1.4.23. 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.

---

### 1.4.24. Key

A metadata key name.

**Field name:**  
key

**Data type:**  
string

**Required:**  
yes

**Notes:**  
Current allowed metadata keys are *type* and *version*.

Please refer to [Metadata file](#) for an example of the metadata file/worksheet that must be used with this specification.

---

### 1.4.25. 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 on 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)

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## 1.4.26. 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.

#### 1.4.27. 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](http://www.whocc.no/atc_ddd_index/?code=N06A)

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#### 1.4.28. 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](http://www.whocc.no/atc_ddd_index/?code=N05A)

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### 1.4.29. 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](http://www.whocc.no/atc_ddd_index/?code=N05B)

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### 1.4.30. 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](http://www.whocc.no/atc_ddd_index/?code=N05C)

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### 1.4.31. 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](http://www.whocc.no/atc_ddd_index/?code=N06B)

---

### 1.4.32. 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.

---

### 1.4.33. 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

---

### 1.4.34. 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.

---

### 1.4.35. Organisation Path

A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation that is responsible for the Episode of Care.

**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	Organisation Path
PHN999	Test PHN	Primary Health Network	None	PHN999
PO101	Test Provider Organisation	Private Allied Health Professional Practice	PHN999	PHN999:PO101

---

### 1.4.36. Organisation type referred to at Episode conclusion

Type of organisation to which the the client was referred at the Episode conclusion.

**Field name:**

organisation\_type\_referred\_to\_at\_episode\_conclusion

**Data type:**

string

**Required:**

no

**Domain:**

- 0: None/Not applicable
- 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
- 22: HeadtoHelp / HeadtoHealth Hub
- 23: Other PHN funded service
- 24: AMHC
- 99: Not stated

Multiple space separated values allowed

**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).

---

### 1.4.37. 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/s), without the participation of the client or family support network.

**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 [Client Participation Indicator](#). Where [Participants](#) has a value of '1: Individual', [Client Participation Indicator](#) must have a value of '1: Yes'. [No Show](#) is used to record if the patient failed to attend the appointment.

---

### 1.4.38. 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.

**METeOR:**

[429894](#)

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### 1.4.39. Practitioner Key

A unique identifier for a practitioner within the provider organisation.

**Field name:**

practitioner\_key

**Data type:**

string (2,50)

**Required:**

yes

---

### 1.4.40. Primary Practitioner Indicator

An indicator of whether the practitioner was the primary practitioner responsible for the service contact.

**Field name:**

primary\_practitioner\_indicator

**Data type:**

string

**Required:**

yes

**Domain:**

1: Yes

2: No

---

### 1.4.41. 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 been 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.

---

#### **1.4.42. 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

**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.

---

### 1.4.43. Program Type

The overarching program area that an Intake or Episode record is associated with.

**Field name:**

program\_type

**Data type:**

string

**Required:**

yes

**Domain:**

6: headspace

**Notes:**

6 - headspace

All data reported through hAPI must use the headspace Program Type.

---

### 1.4.44. Referral Date

The date the referrer made the referral.

**Field name:**

referral\_date

**Data type:**

date

**Required:**

yes

**Notes:**

The referral date is the date the client was originally referred to an MDS reporting service. Typically the referral is made by an external (non-MDS) provider - such as a general practitioner, but it may be another MDS reporting service or the client themselves.

Where there is a linked intake and treatment both the Intake and Episode records must use the same date - ie. the date the client was originally referred. The referral date is NOT the date that an intake service refers a client to a treatment organisation.

For clients who self refer, the referral date should be the date the client first contacted the intake service or provider organisation. For the intake of a client who self referred, the referral date will be the same as the Date client contact Intake.

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 for Intakes must not be before 1st January 2020.

- The referral date for Episodes must not be before 1st January 2014.
- The referral date must not be in the future.

Referral date was optional in specifications prior to Version 4. In Version 4 referral date has been made mandatory. In order to export and re-upload episode data that was uploaded or entered prior to Version 4 the value '09099999' will be used in data exports and allowed for existing episode data without a referral date. See [Episode Validations](#) for rules on how this value may be used.

---

#### 1.4.45. 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.

Where there is a linked intake and treatment, both the Intake and Episode records must use the same referrer organisation type - ie the intake service is NOT the referrer.

---

#### 1.4.46. 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'.

Where there is a linked intake and treatment, both the Intake and Episode records must use the same referrer profession - ie the intake service is not the referrer.

### 1.4.47. 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

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### 1.4.48. 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:**

PMHC MDS keys are case sensitive and must have between 2-50 valid unicode characters. Keys must start with A-Za-z0-9 (POSIX :alnum:).

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.

Keys must be generated by the organisation to be unique at the Provider Organisation level and must persist across time. Creation of keys in this way allows records to be merged (where duplicate keys of the same record type have been identified) without having to re-allocate keys since they can never clash.

A recommended approach for the creation of keys is to compute [random UUIDs](#).

---

### 1.4.49. Service Contact Practitioner Key

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

**Field name:**

service\_contact\_practitioner\_key

**Data type:**

string (2,50)

**Required:**

yes

**Notes:**

PMHC MDS keys are case sensitive and must have between 2-50 valid unicode characters. Keys must start with A-Za-z0-9 (POSIX :alnum:).

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.

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

Creation of keys in this way allows records to be merged (where duplicate keys of the same record type have been identified) without having to re-allocate keys since they can never clash.

A recommended approach for the creation of keys is to compute [random UUIDs](#).

---

### 1.4.50. 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.

---

### 1.4.51. 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
- 99: Missing

**Notes:**

Describes the main type of service delivered in the contact, selected from a defined list of categories. Where more than one 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.

## **99 - Missing**

To be used for headspace uploads only.

---

### **1.4.52. 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).

**METeOR:**[386449](#)

---

## 1.4.53. Start Time

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

**Field name:**

service\_contact\_start\_time

**Data type:**

time

**Required:**

yes

**Notes:**

Notes: Indicates the time at which the Service Contact began. Time should be recorded in 24-hour time in the format HH:MM. Leading zeroes are accepted but not required. For example, 8:30 in the morning could be 8:30 or 08:30 and 3:45 in the afternoon would be 15:45.

The end-of-day flag "24:00" may be used as a missing time value for any existing Service Contacts that have previously been added to the MDS without a start time. See [Validations for start date](#) are listed at [Service Contact Validations](#) for rules on how the end-of-day value may be used.

---

#### 1.4.54. 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 intake or 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

**Notes:**

Where there is a linked intake and treatment, both the Intake and Episode records must use the same suicide referral flag.

---

#### 1.4.55. Value

The metadata value.

**Field name:**

value

**Data type:**

string

**Required:**

yes

**Notes:**

Please refer to [Metadata file](#) for an example of the metadata file/worksheet that must be used with this specification.

---

#### 1.4.56. 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.

---

## 1.5. 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](#)

These files conform to the CSV on the Web (CSVW) standard that is defined at <https://csvw.org/>.

They are used:

- to generate the [Record formats](#) and [Definitions](#) sections of the data specification documentation
- in the first pass of upload validations

## 2. Upload specification

The headspace files/worksheets are an extension to the PMHC MDS. Files can be uploaded to the PMHC MDS manually via the web interface at <https://pmhc-mds.net/> or by using the API which is available at <https://api.pmhc-mds.net/>.

### 2.1. File requirements

Please refer to [PMHC MDS File types](#).

### 2.2. Files or worksheets to upload

All files must be internally consistent. An example of what this means is that for every HeadtoHelp episode, service contact and measures in an upload file, there must be a corresponding episode in the episodes file/worksheet. It also means that for every row in the episodes file/worksheet, there must be a corresponding client in the clients file/worksheet.

The following files/worksheets must be uploaded to the PMHC MDS as part of the headspace data specification:

*Table 2.1 Summary of files to upload*

File Type	CSV filename	Excel worksheet name	Required
<a href="#">Clients</a>	clients.csv	Clients	Required
<a href="#">Episodes</a>	episodes.csv	Episodes	Required
<a href="#">IAR-DST Measures</a>	iar-dst.csv	IAR-DST	Required
<a href="#">Service Contacts</a>	service-contacts.csv	Service Contacts	Required
<a href="#">Service Contact Practitioners</a>	service-contact-practitioners.csv	Service Contact Practitioners	Required
<a href="#">Collection Occasions</a>	collection-occasions.csv	Collection Occasions	Required
<a href="#">K10+ Measures</a>	k10p.csv	K10+	Required
<a href="#">K5 Measures</a>	k5.csv	K5	Required
<a href="#">SDQ Measures</a>	sdq.csv	SDQ	Required
<a href="#">Practitioners</a>	practitioners.csv	Practitioners	Required for first upload and when practitioner information changes. Optional otherwise
<a href="#">Organisations</a>	organisations.csv	Organisations	Optional, may only be included if the user has Organisation Management Role
<a href="#">Metadata</a>	metadata.csv	Metadata	Required

Example upload files can be found at [Example Upload files](#).

### 2.3. File format

Same as standard [PMHC MDS File format](#).

#### 2.3.1. Metadata file

All headspace version 4.0 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 'HEADSPACE' - In the third row, the first cell must contain 'version' and the second cell must contain '4.0'

i.e.:

key	value
type	HEADSPACE
version	4.0

Data elements for the headspace metadata upload file/worksheet are defined at [Metadata](#).

Example Metadata files can be found at [Example Upload files](#).

#### 2.3.2. Organisation file format

Same as standard [PMHC MDS Organisation file format](#).

Example Organisation files can be found in the example files at [Example Upload files](#).

#### 2.3.3. Client format

Same as standard [PMHC MDS Client file format](#).

Example Client files can be found in the example files at [Example Upload files](#).

#### 2.3.4. Intake format

Same as standard [PMHC MDS Intake file format](#).

Example Intake files can be found in the example files at [Example Upload files](#).

### **2.3.5. IAR-DST format**

Same as standard [PMHC MDS IAR-DST file format](#).

Example IAR-DST files can be found in the example files at [Example Upload files](#).

### **2.3.6. Intake Episode format**

Same as standard [PMHC MDS Intake Episode file format](#).

Example Intake Episode files can be found in the example files at [Example Upload files](#).

### **2.3.7. 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 files can be found in the example files at [Example Upload files](#).

### **2.3.8. 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 files can be found in the example files at [Example Upload files](#).

### **2.3.9. Service Contact Practitioner file format**

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

Data elements for the service contact practitioner upload file/worksheet are defined at [Service Contact Practitioner](#).

Example Service Contact Practitioner files can be found in the example files at [Example Upload files](#).

### **2.3.10. Collection Occasion file format**

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

Data elements for the collection occasion upload file/worksheet are defined at [Collection Occasion](#).

Example Collection Occasion files can be found in the example files at [Example Upload files](#).

**2.3.11. K10+ Collection Occasion file format**

Same as standard [PMHC MDS K10+ file format](#).

Example K10+ files can be found in any of the example files at [Example Upload files](#).

**2.3.12. K5 Collection Occasion file format**

Same as standard [PMHC MDS K5 file format](#).

Example K5 files can be found in any of the example files at [Example Upload files](#).

**2.3.13. SDQ Collection Occasion file format**

Same as standard [PMHC MDS SDQ file format](#).

Example SDQ files can be found in any of the example files at [Example Upload files](#).

**2.3.14. Practitioner file format**

Same as standard [PMHC MDS Practitioner file format](#).

Example Practitioner files can be found in any of the example files at [Example Upload files](#).

**2.4. Deleting records**

Please refer to [PMHC MDS Deleting records](#)

Example files showing how to delete via upload can be found in any of the example files at [Example Upload files](#).

**2.5. Example Upload files**

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 01 Provider Organisation	Headspace Centre	PHN999
NFP02	Test 02 Provider Organisation	Headspace Centre	PHN999



Table 2.2 Summary of example upload files

Context	CSV zip	XLSX
headspace centre	<a href="#">HEADSPACE-4.0.0-centre.zip</a>	<a href="#">HEADSPACE-4.0.0-centre.xlsx</a>
Deleting records	<a href="#">HEADSPACE-4.0.0-centre-delete.zip</a>	<a href="#">HEADSPACE-4-0.0-centre-delete.xlsx</a>

## 2.6. Frequently Asked Questions

Please also refer to [Uploading data](#) for answers to frequently asked questions about uploading data.

## 3. Validation Rules

This document defines validation rules between items and record types. The domain of individual items is defined in [Record formats](#).

headspace specifications are an extension of the Primary Mental Health Care Minimum Data Set (PMHC MDS); the Version 4 PMHC MDS Data model and specification validation rules still apply. These are available to be viewed at <https://docs.pmhc-mds.com/projects/data-specification/en/v4/validation-rules.html>.

In addition, the following rules apply for the headspace specification:

### 3.1. Current Validations

#### 3.1.1. Service Contact Practitioner

In addition to the [standard Service Contact Practitioner rules](#):

1. [Delivery Organisation Path](#) and [Practitioner Key](#) must match to the [Organisation Path](#) and [Practitioner Key](#) of an existing PMHC practitioner within the PMHC MDS

#### 3.1.2. Collection Occasion

1. [Delivery Organisation Path](#) must be an existing PMHC Organisation within the PMHC MDS

## 4. Data Specification Change log

### 4.1. 23/2/2024

- [Data model and specifications](#)
  - [Data model](#)
    - Updated [headspace data model within the PMHC MDS](#) to show the organisational relationships between Service Contact/Service Contact Practitioner and Service Contact Practitioner/Practitioner
  - [Record formats](#)
    - Updated [Funding Source](#) to change references of *Federal* to *Commonwealth*
    - Updated [Funding Source](#) to change the description of response 97 from *Other funding source – no Commonwealth Funding* to *Other funding source – no Commonwealth/State Funding*

### 4.2. 12/2/2024

- [Data model and specifications](#)
  - [Record formats](#)
    - All headspace data must use the '6: headspace' [Program Type](#)

### 4.3. 8/2/2024 - Draft Version 4.0

- Initial release.