



Australian Government

Department of Health

headspace PMHC MDS Documentation

As at 31 October, 2023

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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. Data model

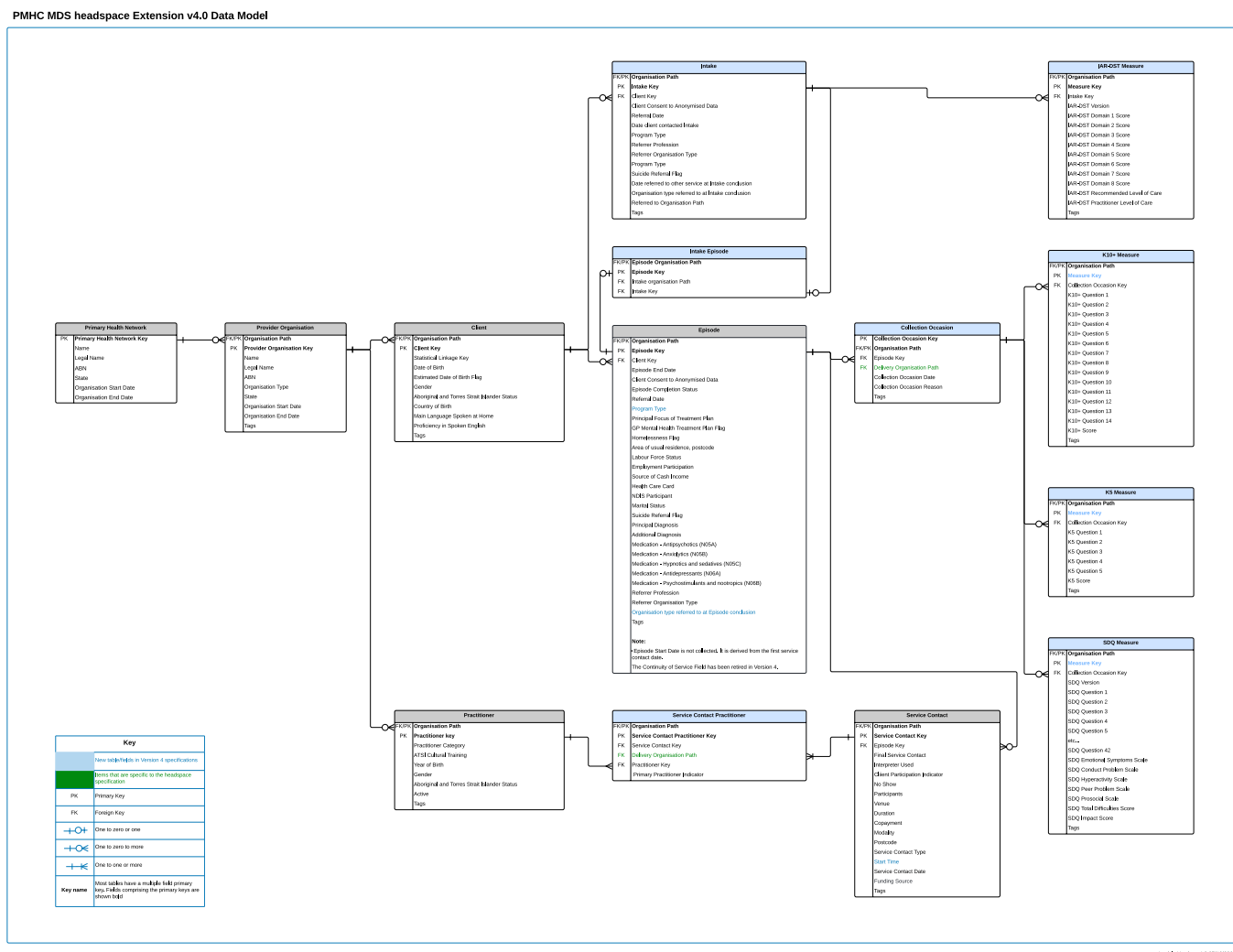


Fig. 1.1 *headspace data model within the PMHC MDS*

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

1.2. Record formats

1.2.1. 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
Key (key)	string	yes	A metadata key name.

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

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

key	value
type	HEADSPACE
version	4.0

1.2.2. Provider Organisation

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

1.2.3. Practitioner

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

1.2.4. Client

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

1.2.5. Episode

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

1.2.6. Service Contact

Same as standard [PMHC MDS Service Contact](#).

1.2.7. 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 1.2 Service contact practitioner record layout

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

1.2.8. Outcome Collection Occasion

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

Outcome Collection Occasions are managed by headspace via upload.

Table 1.3 Collection Occasion record layout

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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Collection Occasion Key (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.
Episode Key (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.
Collection Occasion Date (collection_occasion_date)	date	yes	The date of the collection occasion.
Collection Occasion Reason (reason_for_collection)	string	yes	<ol style="list-style-type: none"> 1 Episode start 2 Review 3 Episode end
Collection Occasion Tags (collection_occasion_tags)	string	—	List of tags for the collection occasion.

1.2.9. Measures

1.2.9.1. Measures during an Episode

1.2.9.1.1. IAR-DST

In the standard PMHC MDS data specification, the IAR-DST is recorded against the Intake record. headspace do not have the same concept of Intake, so the IAR-DST is being recorded against the Episode record.

Table 1.4 IAR-DST record layout

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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Measure Key (measure_key)	string (2,50)	yes	This is a number or code assigned to each instance of a measure. The Measure Key is unique and stable for each instance of a measure at the level of the organisation.
Intake Key (intake_key)	string (2,50)	yes	This is a number or code assigned to each intake. The Intake Key is unique and stable for each intake at the level of the organisation.
IAR-DST - Version (iar_dst_version)	string	yes	1 DST specified by National PHN Guidance Initial Assessment and Referral for Mental Healthcare version 1.05
IAR-DST - Domain 1 - Symptom Severity and Distress (Primary Domain) (iar_dst_domain_1)	string	yes	0 No problem in this domain 1 Mild or sub diagnostic 2 Moderate 3 Severe 4 Very severe
IAR-DST - Domain 2 - Risk of Harm (Primary Domain) (iar_dst_domain_2)	string	yes	0 No identified risk in this domain 1 Low risk of harm 2 Moderate risk of harm 3 High risk of harm 4 Very high risk of harm
IAR-DST - Domain 3 - Functioning (Primary Domain) (iar_dst_domain_3)	string	yes	0 No problems in this domain 1 Mild impact 2 Moderate impact 3 Severe impact 4 Very severe to extreme impact

Data Element (Field Name)	Type (min,max)	Required	Format / Values
IAR-DST - Domain 4 - Impact of Co-existing Conditions (Primary Domain) (iar_dst_domain_4)	string	yes	0 No problem in this domain 1 Minor impact 2 Moderate impact 3 Severe impact 4 Very severe impact
IAR-DST - Domain 5 - Treatment and Recovery History (Contextual Domain) (iar_dst_domain_5)	string	yes	0 No prior treatment history 1 Full recovery with previous treatment 2 Moderate recovery with previous treatment 3 Minor recovery with previous treatment 4 Negligible recovery with previous treatment
IAR-DST - Domain 6 - Social and Environmental Stressors (Contextual Domain) (iar_dst_domain_6)	string	yes	0 No problem in this domain 1 Mildly stressful environment 2 Moderately stressful environment 3 Highly stressful environment 4 Extremely stressful environment
IAR-DST - Domain 7 - Family and Other Supports (Contextual Domain) (iar_dst_domain_7)	string	yes	0 Highly supported 1 Well supported 2 Limited supports 3 Minimal supports 4 No supports

Data Element (Field Name)	Type (min,max)	Required	Format / Values
IAR-DST - Domain 8 - Engagement and Motivation (Contextual Domain) (iar_dst_domain_8)	string	yes	0 Optimal 1 Positive 2 Limited 3 Minimal 4 Disengaged
IAR-DST - Recommended Level of Care (iar_dst_recommended_level_of_care)	string	yes	1 Level 1 - Self Management 1+ Level 1 or above - Review assessment on Contextual Domains to determine most appropriate placement 2 Level 2 - Low Intensity Services 2+ Level 2 or above - Review assessment on Contextual Domains to determine most appropriate placement 3 Level 3 - Moderate Intensity Services 3+ Level 3 or above - Review assessment on Contextual Domains to determine most appropriate placement 4 Level 4 - High Intensity Services 4+ Level 4 or above - Review assessment on Contextual Domains to determine most appropriate placement 5 Level 5 - Acute and Specialist Community Mental Health Services

Data Element (Field Name)	Type (min,max)	Required	Format / Values
IAR-DST - Practitioner Level of Care (iar_dst_practitioner_level_of_care)	string	yes	<ol style="list-style-type: none"> 1 Level 1 - Self Management 2 Level 2 - Low Intensity Services 3 Level 3 - Moderate Intensity Services 4 Level 4 - High Intensity Services 5 Level 5 - Acute and Specialist Community Mental Health Services 9 Not stated
IAR-DST - Tags (iar_dst_tags)	string	—	List of tags for the measure.

1.2.9.2. K10+

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

1.2.9.3. K5

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

1.2.9.4. SDQ

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

1.3. Definitions

1.3.1. 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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1.3.2. 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.
-

1.3.3. 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](#)

1.3.4. 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.

1.3.5. 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.

1.3.6. 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.

1.3.7. 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

1.3.8. 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.

1.3.9. 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 organisation.

Field name

episode_key

Data type

string (2,50)

Required

yes

1.3.10. 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.

1.3.11. 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 PHN funded
- 1 headspace Grant
- 2 MBS
- 3 In Kind
- 4 Other Government Funding - Federal
- 5 Other Government Funding - State
- 6 Other
- 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 to be used in conjunction with the Wayback Extension.

97 - Other funding source - no Commonwealth Funding

This category can only to 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.

1.3.12. IAR-DST - Domain 1 - Symptom Severity and Distress (Primary Domain)

An initial assessment should examine severity of symptoms, distress and previous history of mental illness. Severity of current symptoms and associated levels of distress are important factors in assigning a level of care and making a referral decision. Assessing changes in symptom severity and distress also forms an important part of outcome monitoring.

Field name

iar_dst_domain_1

Data type

string

Required

yes

Domain

- 0 No problem in this domain
- 1 Mild or sub diagnostic
- 2 Moderate
- 3 Severe
- 4 Very severe

Notes

Please refer to [IAR-DST Domain 1 - Symptom Severity and Distress \(Primary Domain\)](#)

1.3.13. IAR-DST - Domain 2 - Risk of Harm (Primary Domain)

An initial assessment should include an evaluation of risk to determine a person's potential for harm to self or others. Results from this assessment are of fundamental importance in deciding the appropriate level of care required.

Field name

iar_dst_domain_2

Data type

string

Required

yes

Domain

- 0 No identified risk in this domain
- 1 Low risk of harm
- 2 Moderate risk of harm
- 3 High risk of harm
- 4 Very high risk of harm

Notes

Please refer to [IAR-DST Domain 2 - Risk of Harm \(Primary Domain\)](#)

1.3.14. IAR-DST - Domain 3 - Functioning (Primary Domain)

An initial assessment should consider functional impairment caused by or exacerbated by the mental health condition. While other types of disabilities may play a role in determining what types of support services may be required, they should generally not be considered in determining mental health intervention intensity within a stepped care continuum.

Field name

iar_dst_domain_3

Data type

string

Required

yes

Domain

- 0 No problems in this domain
- 1 Mild impact
- 2 Moderate impact
- 3 Severe impact
- 4 Very severe to extreme impact

Notes

Please refer to [IAR-DST Domain 3 - Functioning \(Primary Domain\)](#)

1.3.15. IAR-DST - Domain 4 - Impact of Co-existing Conditions (Primary Domain)

Increasingly, individuals are experiencing and managing multi-morbidity (coexistence of multiple conditions including chronic disease). An initial assessment should specifically examine the presence of other concurrent health conditions that contribute to (or have the potential to contribute to) increased severity of mental health problems and/or compromises the person's ability to participate in the recommended treatment.

Field name

iar_dst_domain_4

Data type

string

Required

yes

Domain

- 0 No problem in this domain
- 1 Minor impact
- 2 Moderate impact
- 3 Severe impact
- 4 Very severe impact

Notes

Please refer to [IAR-DST Domain 4 - Impact of Co-existing Conditions \(Primary Domain\)](#)

1.3.16. IAR-DST - Domain 5 - Treatment and Recovery History (Contextual Domain)

This initial assessment domain should explore the individual's relevant treatment history and their response to previous treatment. Response to previous treatment is a reasonable predictor of future treatment need and is particularly important when determining appropriateness of lower intensity services.

Field name

iar_dst_domain_5

Data type

string

Required

yes

Domain

- 0 No prior treatment history
- 1 Full recovery with previous treatment
- 2 Moderate recovery with previous treatment
- 3 Minor recovery with previous treatment

4 Negligible recovery with previous treatment

Notes

Please refer to [IAR-DST Domain 5 - Treatment and Recovery History \(Contextual Domain\)](#)

1.3.17. IAR-DST - Domain 6 - Social and Environmental Stressors (Contextual Domain)

This initial assessment domain should consider how the person's environment might contribute to the onset or maintenance of a mental health condition. Significant situational or social complexities can lead to increased condition severity and/or compromise ability to participate in the recommended treatment. Unresolved situational or social complexities can limit the likely benefit of treatment. Furthermore, understanding the complexities experienced by the individual (with carer/support person perspectives if available), may alter the type of service offered, or indicate that additional service referrals may be required (e.g., a referral to an emergency housing provider).

Field name

iar_dst_domain_6

Data type

string

Required

yes

Domain

- 0 No problem in this domain
- 1 Mildly stressful environment
- 2 Moderately stressful environment
- 3 Highly stressful environment
- 4 Extremely stressful environment

Notes

Please refer to [IAR-DST Domain 6 - Social and Environmental Stressors \(Contextual Domain\)](#)

1.3.18. IAR-DST - Domain 7 - Family and Other Supports (Contextual Domain)

This initial assessment domain should consider whether informal supports are present and their potential to contribute to recovery. A lack of supports might contribute to the onset or maintenance of the mental health condition and/or compromise ability to participate in the recommended treatment.

Field name

iar_dst_domain_7

Data type

string

Required

yes

Domain

- 0 Highly supported
- 1 Well supported
- 2 Limited supports
- 3 Minimal supports
- 4 No supports

Notes

Please refer to [IAR-DST Domain 7 - Family and Other Supports \(Contextual Domain\)](#)

1.3.19. IAR-DST - Domain 8 - Engagement and Motivation (Contextual Domain)

This initial assessment domain should explore the person's understanding of the mental health condition and their willingness to engage in or accept treatment.

Field name

iar_dst_domain_8

Data type

string

Required

yes

Domain

- 0 Optimal
- 1 Positive
- 2 Limited
- 3 Minimal
- 4 Disengaged

Notes

Please refer to [IAR-DST Domain 8 - Engagement and Motivation \(Contextual Domain\)](#)

1.3.20. IAR-DST - Practitioner Level of Care

The individualised level of care assessed by the practitioner for the referral

Field name

iar_dst_practitioner_level_of_care

Data type

string

Required

yes

Domain

- 1 Level 1 - Self Management
- 2 Level 2 - Low Intensity Services
- 3 Level 3 - Moderate Intensity Services
- 4 Level 4 - High Intensity Services
- 5 Level 5 - Acute and Specialist Community Mental Health Services
- 9 Not stated

Notes

Please refer to [IAR-DST Levels of Care](#)

This field was added on 25/2/2021. IAR-DST data entered into the PMHC-MDS before 25/2/2021 will have the Practitioner Level of Care set to 9: Missing. All data entered after 25/2/2021 must use responses 1-5.

1.3.21. IAR-DST - Recommended Level of Care

The information gathered through the initial assessment is used to assign a recommended level of care and inform a referral decision. The levels of care are not intended to replace individualised assessment and care - rather to provide information to guide decision making.

Field name

iar_dst_recommended_level_of_care

Data type

string

Required

yes

Domain

- 1 Level 1 - Self Management
- 1+ Level 1 or above - Review assessment on Contextual Domains to determine most appropriate placement
- 2 Level 2 - Low Intensity Services
- 2+ Level 2 or above - Review assessment on Contextual Domains to determine most appropriate placement
- 3 Level 3 - Moderate Intensity Services
- 3+ Level 3 or above - Review assessment on Contextual Domains to determine most appropriate placement
- 4 Level 4 - High Intensity Services
- 4+ Level 4 or above - Review assessment on Contextual Domains to determine most appropriate placement
- 5 Level 5 - Acute and Specialist Community Mental Health Services

Notes

Please refer to [IAR-DST Levels of Care](#)

1.3.22. IAR-DST - Tags

List of tags for the measure.

Field name

iar_dst_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`.

1.3.23. IAR-DST - Version

The version of the IAR-DST collected.

Field name

iar_dst_version

Data type

string

Required

yes

Domain

1 DST specified by National PHN Guidance Initial Assessment and Referral for Mental Healthcare version 1.05

1.3.24. Intake Key

This is a number or code assigned to each intake. The Intake Key is unique and stable for each intake at the level of the organisation.

Field name

intake_key

Data type

string (2,50)

Required

yes

Notes

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

Creation of intake keys in this way allows clients to be merged (where duplicate Client Keys have been identified) without having to re-allocate intake identifiers since they can never clash.

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

1.3.25. 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.

1.3.26. 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.

1.3.27. K5 - Question 1

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

Field name

k5_item1

Data type

string

Required

yes

Domain

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

Notes

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

1.3.28. K5 - Question 2

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

Field name

k5_item2

Data type

string

Required

yes

Domain

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

Notes

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

1.3.29. K5 - Question 3

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

Field name

k5_item3

Data type

string

Required

yes

Domain

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

Notes

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

1.3.30. K5 - Question 4

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

Field name

k5_item4

Data type

string

Required

yes

Domain

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

Notes

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

1.3.31. K5 - Question 5

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

Field name

k5_item5

Data type

string

Required

yes

Domain

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

Notes

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

1.3.32. K5 - Score

The overall K5 score.

Field name

k5_score

Data type

integer

Required

yes

Domain

5 - 25, 99 = Not stated / Missing

Notes

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

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

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

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

1.3.33. K5 - Tags

List of tags for the measure.

Field name

k5_tags

Data type

string


Required

no

Notes

A comma separated list of tags.

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

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

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

`!reserved, ! reserved, !department-use-only`.

1.3.34. K10+ - Question 1

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

Field name

k10p_item1

Data type

string

Required

yes

Domain

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

Notes

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

1.3.35. K10+ - Question 2

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

Field name

k10p_item2

Data type

string

Required

yes

Domain

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

Notes

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

1.3.36. K10+ - Question 3

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

Field name

k10p_item3

Data type

string

Required

yes

Domain

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

Notes

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

1.3.37. K10+ - Question 4

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

Field name

k10p_item4

Data type

string

Required

yes

Domain

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

Notes

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

1.3.38. K10+ - Question 5

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

Field name

k10p_item5

Data type

string

Required

yes

Domain

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

Notes

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

1.3.39. K10+ - Question 6

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

Field name

k10p_item6

Data type

string

Required

yes

Domain

- 1 None of the time
- 2 A little of the time
- 3 Some of the time

- 4 Most of the time
- 5 All of the time
- 9 Not stated / Missing

Notes

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

1.3.40. K10+ - Question 7

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

Field name

k10p_item7

Data type

string

Required

yes

Domain

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

Notes

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

1.3.41. K10+ - Question 8

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

Field name

k10p_item8

Data type

string

Required

yes

Domain

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

Notes

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

1.3.42. K10+ - Question 9

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

Field name

k10p_item9

Data type

string

Required

yes

Domain

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

Notes

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

1.3.43. K10+ - Question 10

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

Field name

k10p_item10

Data type

string

Required

yes

Domain

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

Notes

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

1.3.44. K10+ - Question 11

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

Field name

k10p_item11

Data type

integer

Required

yes

Domain

0 - 28, 99 = Not stated / Missing

Notes

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

1.3.45. K10+ - Question 12

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

Field name

k10p_item12

Data type

integer

Required

yes

Domain

0 - 28, 99 = Not stated / Missing

Notes

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

1.3.46. K10+ - Question 13

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

Field name

k10p_item13

Data type

integer

Required

yes

Domain

0 - 89, 99 = Not stated / Missing

Notes

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

1.3.47. K10+ - Question 14

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

Field name

k10p_item14

Data type

string

Required

yes

Domain

- 1 None of the time
- 2 A little of the time

- 3 Some of the time
- 4 Most of the time
- 5 All of the time
- 9 Not stated / Missing

Notes

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

1.3.48. K10+ - Score

The overall K10 score.

Field name

k10p_score

Data type

integer

Required

yes

Domain

10 - 50, 99 = Not stated / Missing

Notes

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

The Total score is computed as the sum of the scores for items 1 to 10. If any item has not been completed (that is, has not been coded 1, 2, 3, 4, 5), it is excluded from the total

When items 01 through 10 has one item "not stated/missing" (value 9), the Total Score is pro-rated using the following formula:

$$\text{Total score} = \text{round}(\text{sum of valid item scores} / 9 * 10)$$

When items 01 through 10 has more than one item "not stated/missing" (value 9), the Total Score is set as invalid. Where this is the case, the "not stated/missing" (value 99) should be used.

For more information on scoring the K10+, please refer to page 58 of AMHOCN's Overview of clinician-rated and consumer self-report measures at https://www.amhocn.org/sites/default/files/publication_files/nocc_clinician_and_self-report_measures_overview_v2.1_20210913_1.pdf

When upload report individual item scores and use a Total Score '99 - Not stated / Missing', the PMHC MDS will calculate the total score.

1.3.49. K10+ - Tags

List of tags for the measure.

Field name

k10p_tags

Data type

string

Required

no

Notes

A comma separated list of tags.

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

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

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

!reserved, ! reserved, !department-use-only.

1.3.50. Measure Key

This is a number or code assigned to each instance of a measure. The Measure Key is unique and stable for each instance of a measure at the level of the organisation.

Field name

measure_key

Data type

string (2,50)

Required

yes

Notes

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

1.3.51. 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.

1.3.52. 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.

1.3.53. 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

1.3.54. 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.

1.3.55. 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.

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1.3.56. Practitioner Key

A unique identifier for a practitioner within the provider organisation.

Field name

practitioner_key

Data type

string (2,50)

Required

yes

1.3.57. 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
-

1.3.58. SDQ Collection Occasion - Version

The version of the SDQ collected.

Field name

sdq_version

Data type

string

Required

yes

Domain

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

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

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

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

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

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

Notes

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

1.3.59. SDQ - Conduct Problem Scale

Field name

sdq_conduct_problem

Data type

integer

Required

yes

Domain

0 - 10, 99 = Not stated / Missing

Notes

See [PMHC MDS SDQ items and Scale Summary scores](#) for instructions on scoring the Conduct Problem Scale.

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

1.3.60. SDQ - Emotional Symptoms Scale

Field name

sdq_emotional_symptoms

Data type

integer

Required

yes

Domain

0 - 10, 99 = Not stated / Missing

Notes

See [PMHC MDS SDQ items and Scale Summary scores](#) for instructions on scoring the Emotional Symptoms Scale.

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

1.3.61. SDQ - Hyperactivity Scale**Field name**

sdq_hyperactivity

Data type

integer

Required

yes

Domain

0 - 10, 99 = Not stated / Missing

Notes

See [PMHC MDS SDQ items and Scale Summary scores](#) for instructions on scoring the Hyperactivity Scale.

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

1.3.62. SDQ - Impact Score**Field name**

sdq_impact

Data type

integer

Required

yes

Domain

0 - 10, 99 = Not stated / Missing

Notes

See [PMHC MDS SDQ items and Scale Summary scores](#) for instructions on scoring the Impact Score.

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

1.3.63. SDQ - Peer Problem Scale

Field name

sdq_peer_problem

Data type

integer

Required

yes

Domain

0 - 10, 99 = Not stated / Missing

Notes

See [PMHC MDS SDQ items and Scale Summary scores](#) for instructions on scoring the Peer Problem Scale.

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

1.3.64. SDQ - Prosocial Scale

Field name

sdq_prosocial

Data type

integer

Required

yes

Domain

0 - 10, 99 = Not stated / Missing

Notes

See [PMHC MDS SDQ items and Scale Summary scores](#) for instructions on scoring the Prosocial Scale.

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

1.3.65. SDQ - Question 1

Parent Report: Considerate of other people's feelings.

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

Field name

sdq_item1

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.66. SDQ - Question 2

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

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

Field name

sdq_item2

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.67. SDQ - Question 3

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

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

Field name

sdq_item3

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.68. SDQ - Question 4

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

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

Field name

sdq_item4

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.69. SDQ - Question 5

Parent Report: Often loses temper.

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

Field name

sdq_item5

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.70. SDQ - Question 6

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

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

Field name

sdq_item6

Data type

string

Required

yes

Domain

- 0 Not True
- 1 Somewhat True

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

Notes

Required Versions: All

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

1.3.71. SDQ - Question 7

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

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

Field name

sdq_item7

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.72. SDQ - Question 8

Parent Report: Many worries or often seems worried.

Youth Self Report: I worry a lot.

Field name

sdq_item8

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.73. SDQ - Question 9

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

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

Field name

sdq_item9

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.74. SDQ - Question 10

Parent Report: Constantly fidgeting or squirming.

Youth Self Report: I am constantly fidgeting or squirming.

Field name

sdq_item10

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.75. SDQ - Question 11

Parent Report: Has at least one good friend.

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

Field name

sdq_item11

Data type

string

Required

yes

Domain

- 0 Not True
- 1 Somewhat True
- 2 Certainly True
- 7 Unable to rate (insufficient information)

9 Not stated / Missing

Notes

Required Versions: All

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

1.3.76. SDQ - Question 12

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

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

Field name

sdq_item12

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.77. SDQ - Question 13

Parent Report: Often unhappy, depressed or tearful.

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

Field name

sdq_item13

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.78. SDQ - Question 14

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

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

Field name

sdq_item14

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.79. SDQ - Question 15

Parent Report: Easily distracted, concentration wanders.

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

Field name

sdq_item15

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.80. SDQ - Question 16

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

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

Field name

sdq_item16

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.81. SDQ - Question 17

Parent Report: Kind to younger children.

Youth Self Report: I am kind to younger people.

Field name

sdq_item17

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.82. SDQ - Question 18

Parent Report: Often lies or cheats.

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

Field name

sdq_item18

Data type

string

Required

yes

Domain

- 0 Not True
- 1 Somewhat True

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

Notes

Required Versions: All

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

1.3.83. SDQ - Question 19

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

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

Field name

sdq_item19

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.84. SDQ - Question 20

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

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

Field name

sdq_item20

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.85. SDQ - Question 21

Parent Report: Thinks things out before acting.

Youth Self Report: I think before I do things.

Field name

sdq_item21

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.86. SDQ - Question 22

Parent Report: Steals from home, school or elsewhere.

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

Field name

sdq_item22

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.87. SDQ - Question 23

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

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

Field name

sdq_item23

Data type

string

Required

yes

Domain

- 0 Not True
- 1 Somewhat True
- 2 Certainly True
- 7 Unable to rate (insufficient information)

9 Not stated / Missing

Notes

Required Versions: All

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

1.3.88. SDQ - Question 24

Parent Report: Many fears, easily scared.

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

Field name

sdq_item24

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.89. SDQ - Question 25

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

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

Field name

sdq_item25

Data type

string

Required

yes

Domain

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

Notes

Required Versions: All

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

1.3.90. SDQ - Question 26

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

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

Field name

sdq_item26

Data type

string

Required

yes

Domain

- 0 No
- 1 Yes - minor difficulties
- 2 Yes - definite difficulties
- 3 Yes - severe difficulties
- 7 Unable to rate (insufficient information)
- 9 Not stated / Missing

Notes

Required Versions: All

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

1.3.91. SDQ - Question 27

Parent Report: How long have these difficulties been present?

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

Field name

sdq_item27

Data type

string

Required

yes

Domain

- 0 Less than a month
- 1 1-5 months
- 2 6-12 months
- 3 Over a year
- 7 Unable to rate (insufficient information)
- 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
- 9 Not stated / Missing

Notes

Required Versions: - PC101 - PY101 - YR101

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

1.3.92. SDQ - Question 28

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

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

Field name

sdq_item28

Data type

string

Required

yes

Domain

- 0 Not at all
- 1 A little

- 2 A medium amount
- 3 A great deal
- 7 Unable to rate (insufficient information)
- 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
- 9 Not stated / Missing

Notes

Required Versions: All

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

1.3.93. SDQ - Question 29

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

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

Field name

sdq_item29

Data type

string

Required

yes

Domain

- 0 Not at all
- 1 A little
- 2 A medium amount
- 3 A great deal
- 7 Unable to rate (insufficient information)
- 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
- 9 Not stated / Missing

Notes

Required Versions: All

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

1.3.94. SDQ - Question 30

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

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

Field name

sdq_item30

Data type

string

Required

yes

Domain

- 0 Not at all
- 1 A little
- 2 A medium amount
- 3 A great deal
- 7 Unable to rate (insufficient information)
- 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
- 9 Not stated / Missing

Notes

Required Versions: All

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

1.3.95. SDQ - Question 31

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

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

Field name

sdq_item31

Data type

string

Required

yes

Domain

- 0 Not at all
- 1 A little
- 2 A medium amount
- 3 A great deal

- 7 Unable to rate (insufficient information)
- 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
- 9 Not stated / Missing

Notes

Required Versions: All

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

1.3.96. SDQ - Question 32

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

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

Field name

sdq_item32

Data type

string

Required

yes

Domain

- 0 Not at all
- 1 A little
- 2 A medium amount
- 3 A great deal
- 7 Unable to rate (insufficient information)
- 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
- 9 Not stated / Missing

Notes

Required Versions: All

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

1.3.97. SDQ - Question 33

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

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

Field name

sdq_item33

Data type

string

Required

yes

Domain

- 0 Not at all
- 1 A little
- 2 A medium amount
- 3 A great deal
- 7 Unable to rate (insufficient information)
- 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
- 9 Not stated / Missing

Notes

Required Versions: All

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

1.3.98. SDQ - Question 34

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

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

Field name

sdq_item34

Data type

string

Required

yes

Domain

- 0 Much worse
- 1 A bit worse
- 2 About the same
- 3 A bit better
- 4 Much better

- 7 Unable to rate (insufficient information)
- 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
- 9 Not stated / Missing

Notes

Required Versions:

- PC201
- PY201
- YR201

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

1.3.99. SDQ - Question 35

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

Field name

sdq_item35

Data type

string

Required

yes

Domain

- 0 Not at all
- 1 A little
- 2 A medium amount
- 3 A great deal
- 7 Unable to rate (insufficient information)
- 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
- 9 Not stated / Missing

Notes

Required Versions:

- PC201
- PY201
- YR201

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

1.3.100. SDQ - Question 36

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

Field name

sdq_item36

Data type

string

Required

yes

Domain

- 0 No
- 1 A little
- 2 A lot
- 7 Unable to rate (insufficient information)
- 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
- 9 Not stated / Missing

Notes

Required Versions:

- PC101
- PY101

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

1.3.101. SDQ - Question 37

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

Field name

sdq_item37

Data type

string

Required

yes

Domain

- 0 No
- 1 A little
- 2 A lot

- 7 Unable to rate (insufficient information)
- 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
- 9 Not stated / Missing

Notes

Required Versions:

- PC101
- PY101

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

1.3.102. SDQ - Question 38

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

Field name

sdq_item38

Data type

string

Required

yes

Domain

- 0 No
- 1 A little
- 2 A lot
- 7 Unable to rate (insufficient information)
- 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
- 9 Not stated / Missing

Notes

Required Versions:

- PC101
- PY101

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

1.3.103. SDQ - Question 39

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

Field name

sdq_item39

Data type

string

Required

yes

Domain

- 0 No
- 1 A little
- 2 A lot
- 7 Unable to rate (insufficient information)
- 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
- 9 Not stated / Missing

Notes

Required Versions:

- YR101

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

1.3.104. SDQ - Question 40

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

Field name

sdq_item40

Data type

string

Required

yes

Domain

- 0 No
- 1 A little
- 2 A lot
- 7 Unable to rate (insufficient information)
- 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
- 9 Not stated / Missing

Notes

Required Versions:

- YR101

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

1.3.105. SDQ - Question 41

Does your family complain about you being awkward or troublesome?

Field name

sdq_item41

Data type

string

Required

yes

Domain

- 0 No
- 1 A little
- 2 A lot
- 7 Unable to rate (insufficient information)
- 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
- 9 Not stated / Missing

Notes

Required Versions:

- YR101

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

1.3.106. SDQ - Question 42

Do your teachers complain about you being awkward or troublesome?

Field name

sdq_item42

Data type

string

Required

yes

Domain

- 0 No
- 1 A little
- 2 A lot
- 7 Unable to rate (insufficient information)
- 8 Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
- 9 Not stated / Missing

Notes

Required Versions:

- YR101

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

1.3.107. SDQ - Tags

List of tags for the measure.

Field name

sdq_tags

Data type

string

Required

no

Notes

A comma separated list of tags.

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

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

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

!reserved, ! reserved, !department-use-only.

1.3.108. SDQ - Total Difficulties Score

Field name

sdq_total

Data type

integer

Required

yes

Domain

0 - 40, 99 = Not stated / Missing

Notes

See [PMHC MDS SDQ items and Scale Summary scores](#) for instructions on scoring the Total Difficulties Score.

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

1.3.109. 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.

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1.3.110. 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](#).

1.3.111. 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](#).

1.3.112. 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.

1.3.113. 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 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.

1.3.114. 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.

1.3.115. 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.

1.3.116. 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.

1.4. 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.

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
Clients	clients.csv	Clients	Required
Episodes	episodes.csv	Episodes	Required
IAR-DST Measures	iar-dst.csv	IAR-DST	Required
Service Contacts	service-contacts.csv	Service Contacts	Required
Service Contact Practitioners	service-contact-practitioners.csv	Service Contact Practitioners	Required
Collection Occasions	collection-occasions.csv	Collection Occasions	Required
K10+ Measures	k10p.csv	K10+	Required
K5 Measures	k5.csv	K5	Required
SDQ Measures	sdq.csv	SDQ	Required
Practitioners	practitioners.csv	Practitioners	Required for first upload and when practitioner information changes. Optional otherwise

File Type	CSV filename	Excel worksheet name	Required
Organisations	organisations.csv	Organisations	Optional, may only be included if the user has Organisation Management Role
Metadata	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

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

Data elements for the Provider Organisation upload file/worksheet are defined at [PMHC MDS Provider Organisation..](#)

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

2.3.3. Client format

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

Data elements for the client upload file/worksheet are defined at [PMHC MDS Client](#).

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

2.3.4. 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 [PMHC MDS Episode](#).

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

2.3.5. IAR-DST format

The IAR-DST file/worksheet is required to be uploaded each time in the intake or combined intake/treatment service provider contexts.

Data elements for the IAR-DST upload file/worksheet are defined at [IAR-DST](#).

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

2.3.6. 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 [PMHC MDS Service Contact](#).

2.3.7. Service Contact Practitioner file format

The service contact practitioner file/worksheet is required to be uploaded each time in the treatment service provider or combined contexts.

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](#).

2.3.8. Collection Occasion file format

The collection occasion file/worksheet is required to be uploaded each time in the treatment service provider or combined contexts.

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

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

2.3.9. K10+ Collection Occasion file format

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

Data elements for the K10+ collection occasion upload file/worksheet are defined at [PMHC MDS K10+](#).

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

2.3.10. K5 Collection Occasion file format

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

Data elements for the K5 collection occasion upload file/worksheet are defined at [PMHC MDS K5](#).

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

2.3.11. SDQ Collection Occasion file format

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

Data elements for the SDQ collection occasion upload file/worksheet are defined at [PMHC MDS SDQ](#).

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

2.3.12. Practitioner file format

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

Data elements for the practitioner upload file/worksheet are defined at [PMHC MDS Practitioner](#).

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

2.4. 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 Provider Organisation	Headspace Centre	PHN999

- [XLSX file containing all the worksheets.](#)
- [CSV zip containing all the csv files.](#)

2.4.1. Deleting records

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

Example files showing how to delete via upload:

- [XLSX file containing all the worksheets.](#)
- [CSV zip containing all the csv files.](#)

2.5. Frequently Asked Questions

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

3. Data Specification Change log

3.1. ??/??/2023 - Draft Version 4.0

- Initial release.